

The Real Education for Healthy Youth Act:

Honest, Age-appropriate Sexual Health Education For Responsible Decision Making

POLICY BRIEF

The Real Education for Healthy Youth Act of 2019 or “REHYA” (H.R.2720, S.1524) was reintroduced by Congresswoman Barbara Lee (D-CA13) and Senator Cory Booker (D-NJ) in May 2019. REHYA ensures federal funding is allocated to comprehensive sexual health education programs that provide young people with the skills and information they need to make informed, responsible, and healthy decisions. This legislation sets a standard for comprehensive sexual health education programs in the United States.

WHAT WOULD THE REAL EDUCATION FOR HEALTHY YOUTH ACT DO?

The Real Education for Healthy Youth Act outlines criteria for content in federally-funded sex education programs. The bill outlines a holistic approach to sexual health and provides funding for comprehensive sexual health education programs which:

- Recognize young people’s right to sexual health information;
- Define comprehensive sexual health education programs as those which include information on-
 - human development- including physical, social, and emotional development
 - healthy relationships- including communication, bodily autonomy and consent, gender-based violence and bullying, and gender stereotypes
 - healthy personal skills- including critical thinking, individual values, body positivity, safety using the internet, and accessing local services
 - sexual behaviors- including abstinence, delaying age of first sex, use of condoms and contraception, preventative medication and vaccinations, the relationship between substance abuse and sexual health, and obtaining sexual and reproductive health care
 - sexual health- including affirmative recognition of the roles that tradition, values, religion, and norms play on sexual health decision-making
 - gender, gender identity, and sexual orientation;

- Are evidence-based, or include characteristics of effective programs that have proven effective in changing the sexual behavior of young people;
- Provide medically accurate, culturally-responsive and age-appropriate information; and
- Are inclusive of lesbian, gay, bisexual, and transgender, and queer (LGBTQ) youth, and survivors of sexual abuse and assault.

The bill also eliminates and reprograms the Social Security Act Title V abstinence-only-until-marriage (AOUM) state grant program to fund the new REHYA grant programs. The House bill additionally requires that programs include information about pregnancy options, including parenting, adoption, and abortion.

WHO IS PROVIDED FUNDING UNDER THE REAL EDUCATION FOR HEALTHY YOUTH ACT?

REHYA ensures that federal funding is provided to institutions teaching comprehensive sexual health education to adolescents and college students, including departments of education; non-profit organizations; state, local and tribal organizations; departments of health; and institutions of higher education. REHYA prioritizes funding communities with high rates of health disparities in unintended pregnancy, STIs, and dating violence and sexual assault, as well as institutions of higher education that serve a large number of students of color and Pell grant recipients. In addition to grants for educating young people, funding is directed to pre-service and in-service teacher training for K-12 sex educators to increase effective teaching of comprehensive sexual health education.

WHY IS THE REAL EDUCATION FOR HEALTHY YOUTH ACT NECESSARY?

Almost forty percent of young people will have sex before they graduate high school¹; and 95 percent will have sex before they are married.² For young people to make healthy decisions about sex, we need to provide them the skills and information they need.

Young people are disproportionately impacted by STIs, including HIV, and unintended pregnancies.

- Approximately 53.8 percent of sexually active

“Almost forty percent of young people will have sex before they graduate high school¹; and ⁹⁵ percent will have sex before they are married.² For young people to make healthy decisions about sex, we need to provide them the skills and information they need.”

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students reported not using condoms at last intercourse.¹

- In 2018, 181,338 young people under 20 became pregnant and 725,157 young people between the ages of 20-24 became pregnant.³
- Nearly 4 out of 5 pregnancies were unintended among people aged 19 and younger.⁴
- The CDC reports that young people ages 15-24 account for almost half of the almost 2.3 million new STIs every year.⁵
- Youth ages 13 to 24 accounted for more 18.7 percent of new HIV Diagnoses in 2017.⁶
- Youth of color are disproportionately affected by the HIV/AIDS epidemic. Young African Americans accounted for 52.6 percent of HIV diagnoses among those 13-24. African American/Black young men who have sex with men (YMSM) accounted for nearly 52 percent of all YMSM ages 13-24 with HIV infection in 2017, followed by Hispanic/Latino YMSM (24.3 percent).⁷

Comprehensive sexual health education helps reduce the rates of STIs and unintended pregnancies among young people by providing complete and accurate information to help young people make responsible, informed decisions about sex and healthy relationships. Programs that incorporate elements of comprehensive sex education have not only been shown to reduce unintended pregnancies, HIV, and other STIs among youth; they also improve academic success, help youth develop healthier relationships, and delay sexual initiation.⁸ Yet, the government has allocated over 2.2 billion dollars, to date, to AOUM programs. Research has shown that young people in AOUM programs that promote “virginity pledges” still engage in sexual activity before marriage and are less likely to protect themselves when they do have sex.⁹

Surveys on research of youth around our nation have also reported high rates of bullying, harassment, and dating violence.

- 87.3 percent of LGBT students reported being

verbally harassed in 2017, 59.5 percent reported feeling unsafe, and LGBTQ students who experienced harassment were over three times as likely to have skipped school because of concerns about their safety.¹⁰

- Surveys show that 7.4 percent of high school students have been forced to have intercourse and 8 percent have experienced physical dating violence.¹¹

Comprehensive sex education can help combat the rise in dating violence and bullying among youth. Studies have led researchers to recommend that information on healthy relationships be integrated into sex education programs.¹² One study reported that students were 60 percent less likely to perpetrate forms of dating violence against a partner after being taught a safe dating curriculum.¹³ Research has shown that high school sex education prevents sexual assault in college. Furthermore, students who attend schools that use LGBTQ-inclusive curricula are less likely to feel unsafe at school because of their sexual orientation or gender expression and about a third less likely to miss school because of feeling unsafe or uncomfortable.¹⁴

PUBLIC OPINION ON COMPREHENSIVE SEXUAL HEALTH EDUCATION

Public opinion polls have consistently demonstrated that the majority of Americans support the teaching of comprehensive sex education to our nation’s young people. 98 percent of the engaged public favors courses that teach contraception in addition to abstinence starting in high school and 89 percent favor these courses starting in middle school.¹⁵ Three-quarters of millennials favor teaching comprehensive sex education in public schools.¹⁶ Furthermore, seven in ten Americans oppose federal funding for “abstinence-only” programs that do not teach about condoms and contraception.¹⁷

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CO-SPONSOR THE REAL EDUCATION FOR HEALTHY YOUTH ACT

- **Young people have the right to lead healthy lives. Providing them with honest, age appropriate comprehensive sexual health education is an integral part of helping them take personal responsibility for their health and well-being.**

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