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(Original Signature of Member)

117TH CONGRESS  
1ST SESSION

# H. RES.

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Supporting the goals and ideals of the month of May as Sex Ed For All  
Month: Equity and Access for All.

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## IN THE HOUSE OF REPRESENTATIVES

Ms. JAYAPAL submitted the following resolution; which was referred to the  
Committee on \_\_\_\_\_

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# RESOLUTION

Supporting the goals and ideals of the month of May as  
Sex Ed For All Month: Equity and Access for All.

Whereas Sex Ed For All Month is a nationwide observance  
that calls on people to take action to invest so as to en-  
sure all young people have access to inclusive and honest  
sex education;

Whereas young people face vast systemic inequities and  
structural barriers to ensuring their lifelong health;

Whereas racial disparities persist in young people's sexual  
health, highlighting ongoing social inequities in access to  
sex education as well as sexual health services;

Whereas access to quality information and education about young people's sexual health is a critical step toward addressing disparities caused by structural barriers;

Whereas despite historic declines, the United States has the highest rate of unintended teen pregnancy among comparable countries and limited resources available for young parents;

Whereas young people aged 15 through 25 contract half of the 19 million sexually transmitted infections each year, despite making up only a quarter of the sexually active population;

Whereas young people under the age of 25 accounted for 1 in 5 new HIV transmissions;

Whereas three-quarters of LGBT students report harassment, 56 percent report feeling unsafe, and nearly a third skipped at least one day of school in the month prior to reporting due to concerns for their safety;

Whereas approximately 1 in 3 young women in the United States experiences physical, emotional, or verbal abuse from a dating partner;

Whereas sex education that includes information beyond abstinence has been found to delay sexual intercourse, increase condom or contraceptive use, reduce the number of partners among young people, and decrease physical aggression with intimate partners;

Whereas young people who received sex education are 50 percent less likely to experience an unintended pregnancy, 31 percent less likely to contract a sexually transmitted infection, and more likely to delay sexual activity and use contraception upon becoming sexually active;

Whereas sex education provides information about the prevention, treatment, and care of pregnancy, sexually transmitted infections, and interpersonal violence; the importance of consent as a basis for healthy relationships and for autonomy in health care; sexual orientation, gender roles, and gender discrimination; the historical and current conditions in which education and health systems, policies, programs, services, and practices have uniquely adversely impacted Black, indigenous, Latinx, Asian, Asian American and Pacific Islander, and other people of color;

Whereas sex education promotes gender equity, and is inclusive of young people with varying gender identities, gender expressions, and sexual orientations; safe and healthy relationships; and racial equity ensuring responsiveness to the needs of young people who are Black, indigenous, and other people of color;

Whereas sex education promotes and upholds the rights of young people to information that empowers them to make decisions about their bodies, health, sexuality, families, and communities in all areas of life; and

Whereas May of each year is now recognized as Sex Ed For All Month: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2           (1) supports the goals and ideals of Sex Ed For  
3       All Month;

4           (2) calls on all public and elected officials to ad-  
5       vocate for and invest in sex education legislation;

6           (3) encourages State and local governments, in-  
7       cluding their public health agencies, education agen-

1 cies, schools, and media organizations to recognize  
2 and support Sex Ed For All Month;

3 (4) commends the work of community and  
4 faith-based organizations, State education agencies,  
5 local education agencies, and health centers that are  
6 providing sex education to young people;

7 (5) prioritizes sex education programs that are  
8 evidence-informed, comprehensive in scope, confiden-  
9 tial, equitable, accessible, medically accurate and  
10 complete, age and developmentally appropriate, cul-  
11 turally responsive, trauma-informed, and resilience-  
12 oriented;

13 (6) discourages health education programs that  
14 withhold health-promoting or life-saving information  
15 about sexuality-related topics, including HIV; are  
16 medically inaccurate or incomplete; promote gender  
17 or racial stereotypes or are unresponsive to gender  
18 or racial inequities; fail to address the needs of sexu-  
19 ally active young people, pregnant or parenting  
20 young people, survivors of interpersonal violence, or  
21 youth of all physical, developmental, or mental abili-  
22 ties; fail to be inclusive of individuals with varying  
23 gender identities, gender expressions, and sexual ori-  
24 entations; or are inconsistent with the ethical im-  
25 peratives of medicine and public health;

1           (7) recommends implementation of sex edu-  
2           cation in schools and continued professional develop-  
3           ment for educators and administrative staff that  
4           work with young people; and

5           (8) calls for all youth-serving professionals, edu-  
6           cators, and decisionmakers who impact the lives of  
7           youth to take action to ensure access to inclusive  
8           and honest sex education for all young people.