

# Comprehensive Sex Education: Protecting Sexual and Reproductive Health in Georgia

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## THESIS

To empower students with accurate and inclusive information, the Georgia General Assembly and Georgia Board of Education should require statewide sex-education curricula to be medically correct and to include information about protective sexual practices, consent, and diverse sexualities.

## BACKGROUND & ANALYSIS

The state of Georgia has failed to protect the sexual and reproductive health of its citizens. In 2010, 60 percent of all pregnancies in the state were unintended—the second highest rate in the US.<sup>1</sup> Georgia also ranks in the top five states for rates of gonorrhea, syphilis, and chlamydia.<sup>2</sup> Despite these alarming statistics, Georgia public schools continue to offer sex education that omits the information necessary to prevent such outcomes.

Georgia law mandates sex and HIV education but does not require related curricula to be medically accurate, age-appropriate, culturally appropriate, unbiased, or secular. Instead, sex education in Georgia public schools must stress abstinence until marriage and emphasize the negative outcomes of adolescent sexual activity. Information about condoms, sexual orientation, consent, sexual coercion, healthy decision-making, and family communication is not required.<sup>3</sup> State laws also give local school boards broad discretion in developing and implementing sex-education curricula that comply with standards prescribed by the state board of education.<sup>4</sup> As a result, sex education in Georgia varies dramatically among schools. More than one-third of high schools statewide use an abstinence-based program called “Choosing the Best,” and in fiscal year 2017, only 13.4 percent of secondary schools provided information relevant to LGBTQ+ youth.<sup>5,6</sup> The incomplete and misleading education that Georgia adolescents currently receive fails to prepare them for reality and renders them vulnerable to unintended pregnancies, sexually transmitted infections (STIs), and unhealthy relationships.

## KEY FACTS

- 60 percent of all Georgia pregnancies were unintended in 2010, making Georgia’s the second highest rate in the US.<sup>i</sup>
- Georgia leads the nation in STI rates, ranking third in the country for gonorrhea, fourth for syphilis, and fifth for chlamydia.<sup>ii</sup>
- Georgia is one of 27 states that require sex-education curricula to stress abstinence as a method of pregnancy and STI prevention.<sup>iii</sup>
- Students who receive comprehensive sex education are 50 percent less likely to become pregnant than those who receive abstinence-only sex education.<sup>vii,viii,ix</sup>

## TALKING POINTS

- Sexual health and reproductive freedom depend on access to accurate, unbiased, and inclusive information.
- Georgia’s high rates of teen pregnancy and STIs indicate the failure of abstinence-centered sex education to prevent adverse outcomes.<sup>i,ii</sup>
- The nationwide pervasiveness of sexual assault and the disproportionate vulnerability of LGBTQ+ individuals to STIs and sexual violence underscore the need for education addressing consent and healthy relationships for students of all sexualities.<sup>xv,xvi,xvii</sup>
- Implementing a standardized, comprehensive sex-education curriculum across K–12 public schools would empower all Georgians to make informed and autonomous decisions about their sexual relationships and reproductive futures.

## THE POLICY IDEA

The Georgia General Assembly should amend Section 20-2-143 of the Official Code of Georgia Annotated to require inclusion of protective sexual practices, consent, and sexual orientation in statewide sex-education standards; to extend the required duration of education on sexual-abuse and sexual-assault prevention through grade 12; and to mandate that all sex-education curricula be medically accurate according to an independent committee of health professionals. The Georgia Board of Education should subsequently amend State Board Rule 160-4-2-.12, Comprehensive Health and Physical Education Program Plan, to comply with these amendments.

## POLICY ANALYSIS

Students who participate in comprehensive sex-education programs that cover HIV and contraception in addition to abstinence are at a 50 percent lower risk of pregnancy than students who receive abstinence-only education.<sup>7,8,9</sup> A nationwide study of successful comprehensive programs found that 40 percent were associated with delayed onset of sexual activity, reduced number of sexual partners, and increased condom use, while 60 percent were associated with a reduction in unprotected sex.<sup>10,11,12</sup>

Because many current sexuality education programs do not emphasize skills for healthy relationships, young people are especially at risk of violent relationships and rape.<sup>13,14</sup> Furthermore, LGBTQ+ individuals are disproportionately affected by sexual violence, HIV infection, and STIs.<sup>15,16,17</sup> Abstinence-only education fosters a hostile environment for LGBTQ+ youth by reproducing outdated gender stereotypes and homophobia.<sup>18</sup> Sexuality education that addresses healthy practices for all relationships, including relationships among LGBTQ+ individuals, would empower all youth to reduce miscommunication, conflict, and harm in romantic and sexual encounters.

The American College of Obstetricians and Gynecologists, the American Medical Association, the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics have all endorsed comprehensive programs as the gold standard of sexuality education. Furthermore, the Sexuality Information and Education Council of the United States, the Future of Sex Education, Advocates for Youth, and the United Nations Educational, Scientific, and Cultural Organization have already developed comprehensive sexuality-education curricula that would enable Georgia to circumvent the costly and tedious process of creating a new program.<sup>19,20,21,22</sup> These curricula include medically accurate facts about human development and information about interpersonal skills, and they encourage students to respect and affirm the sexual preferences and orientations of themselves and their peers. In 2014, DeKalb County began using such a curriculum, which included information about contraception options and interpersonal communication in alignment with the Centers for Disease Control and Prevention National Health Education Standards for Sexual Health and the National Sexuality Education Standards. Changes in DeKalb County's STI and teen pregnancy rates could be evaluated in comparison to abstinence-only counties in order to assess the curriculum's effectiveness and inform future expansions.<sup>23</sup>

## NEXT STEPS

We will assemble a committee of allies committed to reproductive justice to collaborate on research and advocacy efforts. These allies include the Medical Association of Georgia, Georgia Public Health Association, Georgia Association of Educators, Georgia Parent Teacher Association, GLSEN Atlanta, American Sexual Health Association, Sexuality Information and Education Council of the United States, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and Planned Parenthood Southeast. Building a coalition with these local, state, and national organizations will help us to present a united front and mobilize a diverse base of supporters while lobbying for the proposed policy change at the Georgia State Capitol. In particular, we will meet with State Rep. Brooks Coleman and State Sen. John Wilkinson to present the proposed policy change. We will encourage these legislators to introduce a bill that would amend Section 20-2-143 to require comprehensive sex education across all public K-12 schools in Georgia.

To comply with amended legislation, the state board of education should assemble an independent task force of health professionals, educators, and LGBTQ+ advocates to develop comprehensive sex-education requirements under State Board Rule 160-4-2-.12. The board should also establish a procedure for this task force to review all sex-education curricula proposed by local school boards for accuracy, objectivity, and inclusivity.

Our coalition will launch a coordinated social media campaign to raise awareness about the public health risks of abstinence-only sex education and encourage community members to support the proposed policy change by participating in public forums, engaging their state representatives, and calling for change in their local communities.

## ENDNOTES

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