To: Representative Spencer Frye
From: RJ Daniels
Re: The State of Comprehensive Sex Education Programs in Georgia
Date: April 25, 2024

Problem Statement

In Georgia, sex education is required to be taught in all public schools, but the information provided in these programs does not have to be medically accurate or comprehensive. Due to this, many schools across Georgia have varying teachings of sex education, oftentimes with inaccurate information that harms students.

Background

Currently, Georgia public schools are required to teach sex education and AIDS prevention under Georgia Code Annotated §§ 20-2-143, and under these guidelines, instruction under this education must "emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals." This is the common description of the Abstinence Only Until Marriage sex education curriculum, which is currently the dominant curriculum in Georgia, and many states across the United States. However, as time progresses, it is becoming evident that this type of sex education curriculum is ineffective, as proven by its competitor, Comprehensive Sex Education.

According to the World Health Organization, Comprehensive Sex Education is a curriculum that "gives young people accurate, age-appropriate information about sexuality and their sexual and reproductive health, which is critical for their health and survival." This curriculum is designed to cover a range of topics such as sexuality and sexual/reproductive health, consent, bodily autonomy and anatomy, puberty and menstruation, sexually transmitted infections and prevention, contraception, and pregnancy, as well as many other topics. It is worth mentioning that not all schools that implement comprehensive sex education curricula are identical. Many schools tailor their comprehensive sex education programs to best fit their community. For example, counties with high teen birth rates may choose to focus more on instruction about contraception and pregnancy prevention, while still teaching about other topics, to reduce the teen birth rate in that area. Another example would be a school board deciding to focus on promoting safer sex practices and providing more resources to combat STI transmission if there was an outbreak in their school system.

Currently, in Georgia, according to the Georgia Department of Public Health, our state ranks 5th in gonorrhea and chlamydia transmission, as well as 20th in syphilis and 17th in congenital syphilis. According to data from the CDC, Georgia ranks 16th in teen births out of the 50 states, with a rate of 16.6 births per 1000 females (aged 16–19).

By just using two of the policies under the Comprehensive Sex Education Curriculum, we could see improved health outcomes such as decreased teen birth rates and STI transmission.

A quasi-experimental study performed by Nicholas Mark and Lawrence Wu, found that public schools that received more federal funding for comprehensive sex education, reduced teen birth rates at the county level by more than 3%. Comprehensive sex education has to provide medically accurate information concerning the prevention and treatment of STIs because, unlike abstinence-only sex education, comprehensive sex education provides students with resources about getting tested and treating STIs, as well as contraceptive methods to reduce risky sexual behaviors.

Landscape

While in the previous presidential election, Georgia became a swing state, voting majority Democratic in 2020, our state is still largely Republican in state and county-level government offices. For this reason, a change to comprehensive sex education from its current form would be met with political divisiveness and pushback from all stakeholders in this movement. Such a change in curriculum affects many key stakeholders, including parents, high school students, county-level public schools, and policymakers in Georgia's General Assembly.

In recent years, the conversation about parental rights in school systems has drastically increased, whether it's the conversation on vaccine mandates or book banning in school libraries. Regarding the state of sex education in Georgia, parents can opt out of their children receiving some or all parts of sex education instruction if they choose to. This choice would also not change with the implementation of comprehensive sex education. A change in sex education curriculum is already polarizing, so it is important that parents still have the decision to make choices about their children. However, it is important to note that because Comprehensive Sex Education provides a wide array of topics, parents will then be able to choose which topics they'd want, or not want, their child to learn about. Parents also have the option of receiving teaching material, that is factually and medically accurate, for the content they choose to opt out of their child for.

The majority of sex education teaching is done in high schools, making high school students another important stakeholder in the change in the sex education curriculum. While it is important and mentioned under the National Sexuality Education Standards that comprehensive sex education be applied to all school-aged children, however, because high school students are more sexually active and have higher rates of STI transmission and teen pregnancy compared to other school-aged groups, the pushback to implementing this curriculum in high school may be more widely accepted in comparison to the entire school system.

Public school systems are one of the main stakeholders that are also susceptible to facing political pushback if they are tasked with implementing comprehensive sex education in their schools. Since this is a polarizing topic in the political climate of Georgia, many schools will do whatever they can to be favorable to parents and the government systems that fund them.

Georgia's General Assembly, made up of state policymakers, is the last key stakeholder, as they are the ones that previously set and created the guidelines for the current Georgia Code of Sex Education in public schools. Georgia Representatives and Senators create, amend, and vote on bills and laws that are perceived to be done in the best interests of their constituents and the general public. However, comprehensive sex education also serves as an economic benefit, because decreased STI transmission also decreases healthcare costs for diagnosing and treating infections. A decrease in teen pregnancy rates also provides the benefit of increased high school graduation rates, which in turn puts more people into the workforce and boosts the economy in Georgia. With these benefits in mind, Georgia policymakers collectively are more likely to support Comprehensive Sex Education due to its economic benefits.

Options

1. Start the amendment process to the current code to include updated guidelines following the National Sexuality Education Standards. This option is the most polarizing yet unlikely choice to make an actual change in the state of sex education in Georgia. While, if possible, such a drastic change to the current sex education curriculums across Georgia would in the long run show improvements in teen birth rates and STI transmission, it is also necessary to be practical about the responses to such changes across counties in Georgia.
2. Start small with change. In the current political state of Georgia, a complete switch from abstinence-influenced sex education in schools to comprehensive sex education would be an unfavorable change in many school districts in Georgia. However, starting small with advocating for changes in the current curriculum, for example, changing the guidelines so that medically accurate and logical information is presented to students at the very least. With these smaller changes, over a few years, we will surely be able to see improvements in the risky sexual behaviors of young Georgians, like decreased teen birth rates and STI transmission, as well as improved general knowledge surrounding sexuality and behaviors.

Recommendations

As a proud Georgian, I'm able to see the good things Georgia excels at, like workforce and business development, our film industry, and our higher education system. However, as a proud public health major, I can say that Georgia should do better in regards to our sex education programs in public schools. Over the years, I have talked to numerous people about their experiences with sex education in their schools, and the conversation always comes back to the belief that it should be improved in Georgia. Many of us fill in the gaps in our knowledge on sex education with varying information from our friends, the internet, and other sources when it should've been taught to us in the one place trusted information should be presented as growing young adults; school. My honest recommendation for you is to aim for option 1, but start with option 2. Practicality is key if we want to see a real change that will benefit Georgians in the long run. I hope you consider the evidence I have presented to you and support the movement for a comprehensive sex education curriculum in Georgia.

Works Cited

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