

The SIECUS State Profiles



GEORGIA

GEORGIA'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have diligently pushed for a series of actions to advance sex education in Georgia at both state and local levels over the past decade. Georgia's health standards are currently undergoing review, providing advocates with an important opportunity to further sex education requirements statewide.

In 2018 Senator Lindsey Tippins championed [Senate Bill 401](#). Based on the model legislation referred to as "Erin's Law," the bill requires students in grades K-9 to receive instruction on sexual abuse and assault. The passage of Senate Bill 401 demonstrates the recognition of the need to address sexual assault and sexual abuse prevention in schools. In 2019, Representative Jasmine Clark introduced [House Bill 133](#). While unsuccessful, House Bill 133 sought to require schools to establish a medically accurate sex education and HIV/AIDS prevention instruction requirement. Further, Representative Debra Bazemore introduced [House Bill 10](#) in an unsuccessful attempt to require sex education curriculum to include instruction on the best practices for and risks associated with the use of tampons. These legislative efforts, partnered with the current review of the Georgia State Health Standards, leave advocates optimistic about future opportunities to advance sex education requirements across the state.

In addition to legislative efforts, advocates are working tirelessly to advance sex education in their communities. The Georgia Campaign for Adolescent Power & Potential (GCAPP), which has worked to advance sex education across Georgia over the past twenty years, has partnered with Georgia Family Planning Connections and the University of Georgia's Archway Program to implement comprehensive sex education in Crawford, Wilkinson, Glynn, and Colquitt counties. Further, through GCAPP's partnership with the [Working to Institutionalize Sex Ed \(WISE\)](#) initiative, they have been able to grow their reach from 36,000 students in 2014 to nearly 60,000 annually in 2019. GCAPP also offers a Youth Violence Prevention curriculum and provides technical assistance in implementing sex education in high priority districts through funds provided by the [Personal Responsibility and Education Program](#) (PREP) federal grant, and previously worked with the Georgia Department of Public Health's Adolescent Health & Youth Development Program.

Efforts provided by organizations such as GCAPP work to supplement the education students receive. Parents have also created coalitions in counties such as Gwinnett County to further advance sex education curriculum. While Georgia schools are required to teach sex education and AIDS prevention education, curriculum is not required to be comprehensive or medically accurate. Curriculum is required to emphasize abstinence and include instruction on peer pressure, sexual violence prevention, and healthy relationships, but is not required to include instruction on sexual orientation and gender identity or consent. Local school boards are largely responsible for establishing further curriculum requirements and advocates report that the quality of instruction varies greatly by district. Mandating local control of sex education curriculum presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive.

GEORGIA

While some districts teach the comprehensive FLASH curriculum, many others use abstinence only or “[sexual risk avoidance](#)” curriculum, called Choosing the Best. Such curriculum stigmatizes sexually active youth through shame and fear-based messaging, fails to include instruction relevant to LGBTQ youth, and includes biases about gender, sexual orientation, and pregnancy options. Students have even [reported](#) that they were instructed to suck on a hard candy and later spit it out to demonstrate how a woman becomes “dirty” after having sex.

Crisis Pregnancy Centers (CPCs), also referred to as fake clinics, attract individuals trying to access reputable reproductive health care and provide false, manipulative information about abortion care. Unfortunately, crisis pregnancy centers have increasingly received federal funding to deliver abstinence-only instruction [nationwide](#). In particular, students and parents in Gwinnett County, Georgia’s largest school district, have [raised concerns](#) about the impact that CPCs have had on the quality of sex education students receive. Beacon of Hope, an organization that provides sex education through their Speaking Words of Absolute Truth (SWAT) program, also manages CPCs in Gwinnett County.

Such discretion in sex education curriculum allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to resources to implement comprehensive sex education. Further marginalized youth, and Black youth in particular, in Georgia continuously face racist, systematic barriers to health care and education. These barriers result in disproportionate representation among adverse health outcomes, including young Black people representing over [60 percent](#) of new HIV diagnoses in 2014. Such stark representation among adverse health outcomes demonstrates the urgent need for culturally competent sex education in Georgia schools.

In addition to limited curriculum requirements, advocates report that a lack of funding, inadequate support in implementing curriculum, and reluctance of school districts to update sex education requirements all create significant barriers toward advancing sex education. To address these challenging barriers, GCAPP has routinely hosted “Community Conversations” throughout the state to determine the local needs of each community in implementing advanced sex education. In addition, GCAPP facilitates parent workshops and provides informational material to assist them in discussing sexuality with their children. To further ensure that youth receive comprehensive sex education, GCAPP has partnered with Kennesaw State University to offer Pre-Service Sex Education training for future educators.

Right now, advocates can take action to advance sex education in their community. After identifying what topics are missing from local sex education requirements, advocates can vocalize the importance of implementing specific elements of comprehensive sex education, such as trauma informed, culturally responsive curriculum that addresses the needs of youth of color and LGBTQ youth and includes instruction on consent. Advocates can also emphasize the importance of requiring curriculum to be evidence based and medically accurate. Further, advocates can contact their representatives to discuss the critical need for advancing sex education requirements and increasing funding to support the implementation of comprehensive sex education in districts that lack the capacity to do so. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Georgia schools are required to provide sex education and AIDS prevention education.
 - Curriculum is not required to be comprehensive.
 - Instruction must emphasize abstinence from sexual activity until marriage as an important personal goal.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent. However, curriculum must include instruction on accessing resources that provide accurate information about sexual assault and sexual violence.
- Parents may remove their children from all or part of sex education instruction with written notification. [This is referred to as an “opt-out” policy.](#)
- Georgia has no standard regarding medically accurate sex education instruction.

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2019 state legislative session as well as bills that have been introduced thus far in 2020. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Georgia’s profile.

2019 Legislative Session.

House Bill 10 (failed):

- Sought to require schools to provide instruction on the best practices for and risks associated with the use of tampons.

House Bill 133 (failed):

- Sought to require all sex education and HIV/AIDS instruction be medically accurate.

MORE ON SEX ED IN GEORGIA

STATE LAW

Schools in Georgia are required by [Georgia Code Annotated §§ 20-2-143](#) to teach sex education and AIDS prevention education. Georgia law mandates that the state board of education determines minimum guidelines that sex education programs must satisfy. The guidelines created by the board require instruction to “emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals.” In addition, [Georgia Board of Education Rule 160-4-2-.12](#) states that sex education instruction should address peer pressure and promote “high self-esteem, local community values, and abstinence from sexual activity as an effective method of prevention of pregnancy, STIs, and AIDS.” Local school boards are largely responsible for deciding specific subjects that education must cover, age-appropriate messages, and the grade level in which topics are introduced.

Parents or guardians may remove their children from all or part of sex and/or STI/HIV education by sending written notice to the school. [This is referred to as an “opt-out” policy.](#)

GEORGIA

STATE STANDARDS

The Georgia Department of Education has also established the [Georgia Performance Standards for Health Education](#) for grades K–12. The health education standards act as a “framework for local schools to use in order to create an instructional program that will enable their students to become healthy and capable of academic success.” Beginning in grade 8, health education standards require discussion on abstinence as the “most effective and healthy means for preventing sexually transmitted infections (STIs).” Sexual violence prevention instruction is included in grades K–12 standards.

STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics. Georgia’s 2020 session convened January 13, 2020.

2019 SESSION: ADJOURNED APRIL 2, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 10	REQUIRES SEX EDUCATION CURRICULUM TO INCLUDE INSTRUCTION ON THE BEST PRACTICES FOR AND RISKS ASSOCIATED WITH THE USE OF TAMPONS.	HOUSE WITHDRAWN, RECOMMITTED
HOUSE BILL 133	REQUIRES ALL SEX EDUCATION AND HIV/AIDS INSTRUCTION BE MEDICALLY ACCURATE.	FAILED TO PASS BEFORE THE END OF SESSION
HOUSE BILL 481	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	ENACTED
HOUSE BILL 546	PROHIBITS ANY PERSON FROM PERFORMING OR ATTEMPTING TO PERFORM AN ABORTION.	DIED IN THE HOUSE
HOUSE BILL 580	PROHIBITS ANY PERSON WHO IS AUTHORIZED TO PROVIDE COUNSELING FROM ENGAGING IN CONVERSION THERAPY WITH A MINOR.	DIED IN THE HOUSE
SENATE BILL 218	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE SENATE

LEGISLATIVE KEY

SEX EDUCATION
REPRODUCTIVE HEALTH CARE
SEXUAL ORIENTATION AND GENDER IDENTITY
HIV/AIDS (THAT IMPACTS YOUTH)

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and well-being. To learn more about Georgia's Youth Risk Behavior Survey (YRBS) results, [click here](#).

GEORGIA SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education topics](#) as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Georgia as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 19.0% of Georgia secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 33.0% of Georgia secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent

- 65.4% of Georgia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 96.5% of Georgia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 65.8% of Georgia secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 94.3% of Georgia secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 64.5% of Georgia secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 95.3% of Georgia secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

GEORGIA

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 57.3% of Georgia secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 89.3% of Georgia secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 28.8% of Georgia secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 46.1% of Georgia secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 42.8% of Georgia secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 74.9% of Georgia secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation

- 30.6% of Georgia secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 54.0% of Georgia secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression

- 27.9% of Georgia secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 56.9% of Georgia secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 37.6% of Georgia secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs.

To learn more about federal funding streams, [click here](#).