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04 December 2016

Below the Bible Belt: Promoting the Addition of Information on Birth Control in Abstinence-Only Sexual Education Curriculums in Georgia

Georgia has the highest maternal mortality rate in the United States, and is one of 37 states that places an emphasis on remaining sexually abstinent until marriage (Meyer et al., 2016). This, partnered with the historically conservative attitudes of parents in the state, makes accessing information surrounding birth control borderline impossible for students who wish to be sexually active without becoming pregnant. The lack of comprehensive sexual education is financially supported by Title V, § 510(b) of the Social Security Act, which provides very stringent guidelines for programs that are eligible to receive grants from the federal government. However, no comparable program exists for comprehensive sexual education, which requires information on HIV/AIDS, other sexually transmitted infections (STIs), contraception, and sexual anatomy. States with comprehensive sexual education have lower rates of teenage pregnancy, which shows a slight correlation to lowered maternal mortality. Therefore, sexual education that makes birth control more accessible should be required at a national level.

Teenagers in Georgia are young adults being raise in what is a historically conservative environment. This makes it highly unlikely that they will be able to access information about

birth control without being put into an environment that is specifically designed to bring their options to light. Introducing the information in a classroom setting allows the door to these conversations to open without a parent immediately assuming that their child is having sex. Along with that, it provides the student with a professional who can provide medically–sound information to answer any questions they may have about birth control.

One student, Avery*, a 2015 graduate from a Metro-Atlanta high school described her experience as “very conservative, with an abstinence-only method of teaching”. She noted that her school was in a rather well–off area, and that she didn’t really see many pregnant students there. When I asked why that was, she laughed and said, “You don’t get pregnant there. You just get ‘asked to leave’, and then transferred to [another local school]”. Avery’s sexual education started at a fairly young age– her first class was when she was eleven. But even at that young age, the instructors only seemed interested in scaring the children they were supposed to be educating. I asked her what she remembered from her experience in sexual education, and was given the following description of two classes in the three-day sequence:

“One instance that I remember is that the instructor brought out a medical glove. She said "This glove is 6 times thicker than a condom." and proceeded to rip the glove to pieces; I assume it was to scare us into thinking that condoms would break easily.

Another instance was that they passed out certain colors of Starbursts, with each color representing an STD, or if you were "clean". They used that to illustrate the statistics of catching an STD.”

These fearmongering tactics were likely meant to dissuade students from engaging in premarital sex, but Avery disclosed that she saw it doing the opposite. Instead of shying away from sex as a

whole, students would just not use condoms because they felt that they shouldn't waste their money on something that probably wouldn't work anyway. She also discussed how students were terrified to get pregnant because of how terrible the curriculum made it sound. Avery's fear is justified, as there is not a maternity leave policy for high school students; pregnant students must either take a time off to recover after having the child before returning to school, have an abortion, or drop out.

Georgia is also not required to provide to medically-accurate information in their sexual education programming. In Avery's experience, she knew only about condoms and the oxer-exaggerated risk of breaking. When she went into first doctor's appointment to be prescribed birth control, she knew nothing about hormonal contraceptives

"In middle and high school sex-ed courses. the only form of contraception we were told about were condoms. We weren't told about the pill, IUDs... I went into the doctor's office completely uninformed about anything other than condoms. When I was finally told about birth control, I was shocked by how much of a better option it seemed to be."

This is a rather common response of students under abstinence-only education curriculums, as "abstinence-only education programs are not allowed to teach their participants any methods to reduce the risk of pregnancy other than abstaining until marriage" (United States House of Representatives, 2004). This lack of information plays heavily into Thaddeus and Maine's Three Delays Model of Maternal Mortality (1994). When adapted for birth control, high schoolers seeking access to birth control are primarily impacted by the first delay. The delay in their decision to seek access to birth control is influenced not just by the lack of information surrounding birth control, but also the knowledge that, in most cases, they cannot provide

consent without their parents. Combine that with the difficulty they would have in making it to a provider if they cannot drive themselves and the steep cost of birth control when the prescription is not covered by an insurance plan, and the great unmet need for contraceptive use in high schoolers continues to follow previously observed trends for adolescents. This has been counteracted in three schools analyzed in Advocates For Youth's *Contraceptive Access at School-Based Health Centers: Three Case Studies*, in which school–based health facilities have confidentially dispensed contraceptives to students to assist in the elimination of the factors that would otherwise prevent access.

The freedom that comes with being on birth control, and consequently taking control of one's body, is a form of gender empowerment in and of itself. Avery's mother, when they were discussing birth control noted that "Condoms break and boys get lazy, so you shouldn't rely on them". Avery then took her mother's advice and applied it to every relationship since, establishing her stance on birth control before ever starting a physical relationship. However, sexual education programs that promote only abstinence do not allow for women in sexual relationships to take control of their own bodies, due to the presentations of gender stereotypes of both men and women as fact (United States House of Representatives 2004).

Because there are such high rates of adolescent birth rates in the United States, with 80% of these pregnancies being reported as unintentional, it is imperative that sexual education that requires information on birth control be implemented at a national level.

*Names have been changed to preserve confidentiality.

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Things to include

- Three Delays Model of maternal mortality
- Gender empowerment
- Sex Education
- Contraception Use, Met Need, Unmet Need and/or Non-Use
- Maternity leave → You don't get pregnant at Walton, you just get kicked out