Young People in Georgia Focus On Sexual And Reproductive Health

Across the United States, young people are at risk for unintended pregnancy and sexually transmitted infections (STIs), including HIV. Due to structural barriers and policies that do not support young people's rights to honest, medically-accurate information and services, Georgia youth face high rates of pregnancy, HIV, AIDS, and other STI diagnoses. Comprehensive sexuality education, health equity, and access to contraception are more important than ever to the health of young people in the state.

GEORGIA'S YOUTH POPULATION: AN OVERVIEW

- According to the 2014 American Community Survey, Georgia's population is disproportionately made up of people of color, at 60.4 percent white, 30.9 percent Black or African American, 3.5 percent Asian, 9.1 percent Hispanic or Latino, 0.3 percent American Indian, and less than 0.1 percent Native Hawaiian or Pacific Islander.¹
- As of 2014, just over one quarter of Georgia's population of 9.9 million is under the age of 18.¹ There are 1,422,199 young people ages 15-24 living in Georgia, making up 14.4 percent of the state's population.¹

SEXUAL HEALTH OUTCOMES: GEORGIA YOUTH HAVE HIGH RATES OF PREGNANCY, HIV, AND STIS

- Compared to the national average of 26.5 pregnancies per 1,000 young women ages 15-19, there were 30.5 per 1,000 young women in this age group in Georgia in 2013.²
 - Georgia's teen pregnancy rate ranked 12th highest in the United States that year.²
- The rate of HIV diagnoses among young people ages 13 to 24 in Georgia in 2013 was 100.8 per 100,000, which is more than double the national rate of 41.8 per 100,000 for this age group.^{3,4}
- Georgia has some of the highest rates of sexually transmitted infections among young people compared to the rest of the

United States. Among young people ages 15-24 in 2014, Georgia ranked 8th in the nation for reported cases of chlamydia, with an infection rate of 2,502.4 cases per 100,000, ranked 8th in the nation for reported cases of gonorrhea, with an infection rate of 552.2 cases per 100,000, and ranked 2nd in the nation for reported cases of primary and secondary syphilis, with an infection rate of 24.3 per 100,000.⁵

SOCIAL AND STRUCTURAL FACTORS PUT YOUTH OF COLOR AND LGBTQ YOUTH IN GEORGIA AT RISK

- In 2014, whereas 10 percent of White people in Georgia were living in poverty, 26 percent of Black people and 32 percent of Hispanic people in the state were living in poverty.⁶ Barriers to accessing healthcare services, such as poverty, contribute to any young person's ability and motivation to prevent unintended pregnancy, HIV, and STIs, and the disproportionate impact on Georgia's youth of color is quite alarming.
- The racial disparities in health outcomes in Georgia are stark:
 - 65 percent of new diagnoses of HIV infection in Georgia were among non-Hispanic Black people, who make up one third of the state's population. 13 percent of new diagnoses were among non-Hispanic white people, who make up 54 percent of the state's population. 5 percent of new diagnoses were among Hispanic and Latino people, who make up about 9 percent of the state's population.⁷
 - Pregnancy rates among Hispanic teenagers were the highest of any racial group in Georgia, and the highest among Hispanic teenagers in any state in 2010, at 113 pregnancies per 1000 women aged 15-19.⁸ And even though Black or African American people make up about a third of Georgia's population, 45 percent of the births to women under 20 years of age in Georgia in 2013 were to young Black or African American



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2000 M STREET NW, SUITE 750 WASHINGTON DC 20036 USA P:202.419.3420 F:202.419.1448 www.advocatesforyouth.org women.⁹ There are 12.6 times as many black women living with HIV, and 3.3 times as many Hispanic and Latina women living with HIV, than there are white women living with HIV.¹⁰

- LGBTQ youth in Georgia are not protected from marginalization, increasing their risk of HIV, STIs, and other negative health outcomes. In 2010, only 30% of school districts had LGBT specific-inclusive bullying prevention policies.¹¹ This places LGBT youth at a higher risk for depression, substance use, and sexual behaviors that places them at risk for HIV.
 - As a result, nationwide, including in the regional south, HIV rates for young men ages 13-24 who have sex with men have risen.¹²
 - Of HIV positive men ages 13 to 24 in Georgia who specified mode of transmission, 79.4 percent acquired the virus from male-to-male transmission.¹⁰

SEX EDUCATION IN GEORGIA

- While the state of Georgia mandates that sex education and HIV education be provided in schools, state law does not require it to be medically accurate, age appropriate, culturally appropriate, or unbiased. Georgia also allows for sex education to promote religion and requires that abstinence until marriage be stressed.¹³
- In 2014, only 34 percent of schools in Georgia taught the importance of using condoms and a mere 14 percent taught how to use a condom.¹⁴
- Research on comprehensive sexuality education has shown that young people who receive complete and accurate information about abstinence, condoms, and contraception were significantly less likely to be involved in teen pregnancy and were significantly more likely to use condoms once sexually active.¹⁵ Georgia is failing to provide its young people with information that fully supports their ability to make educated and responsible decisions about their reproductive and sexual health.
- In fiscal year 2014, the state of and local entities in Georgia received \$2,682,391 in abstinence education funds (with a mandatory match from the state), including the Title V State Abstinence Education Program and the Competitive Abstinence Education Program. Programs

which receive funds under this program use misleading information as well as fear and shame-based tactics like comparing students who have had sex to used chewing gum.¹⁶

CONCLUSION

Georgia's youth are at a serious risk for unintended pregnancy HIV, and STIs. Youth of color and LGBTQ youth are at disproportionate risk for these negative sexual health outcomes. Research demonstrates that comprehensive sexuality health education and access to contraceptive services can help young people protect their health and well-being in the face of these risks.¹⁷ In addition to helping young people choose healthier behaviors, we must also dismantle barriers to health equity- including poverty, lack of insurance, and poor education- and support structural interventions that allow all young people to build healthy lives.

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