

How Far Yet to Go?

The Status of Women in Georgia 1970 and Today

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Foreword

“The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”

Justice Sandra Day O'Connor
US Supreme Court Justice

In her affirmation of reproductive rights in *Planned Parenthood v. Casey*, Justice Sandra Day O'Connor wrote, “The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.” All around us, women’s lives have changed as a result of reproductive freedom, autonomy and progressive movements for women’s rights and civil rights

What is the proper role of government with respect to the life, liberty, and pursuit of happiness for American women? This is a question to which an answer the ACLU has devoted considerable resources. In 1972, the ACLU Women’s Rights Project was founded by attorney Ruth Bader Ginsburg. The Women’s Rights Project works to ensure that women and their families can enjoy the benefits of full equality and participation in every sphere of society. Around the same time, the ACLU of Georgia was supporting attorney Margie Pitts Hames in her challenge to Georgia’s abortion statute. That effort resulted in *Doe v. Bolton*, a companion case to *Roe v. Wade*.

In 1972, the U.S. Congress passed the Equal Rights Amendment (ERA). A few years later, ERA Georgia was formed, and my mother, Jean Childs Young, and Atlanta civic leader Sherry Frank worked with a bi-racial coalition of women to promote the Equal Rights Amendment in Georgia. I still have a photo of my mother with Gloria Steinem during that campaign. Ultimately, the Georgia General Assembly rejected the ERA in 1982, and it still has not been ratified to this day.

In early 2019, the bill that became Georgia’s abortion ban law began moving through the General Assembly. Despite the valiant efforts of reproductive rights and justice organizations, allies, and pro-choice members of the state legislature, the legislation passed the House of representatives by two votes, setting the stage for the governor’s signature on May 7, 2019. On June 28, the ACLU and partners filed *SisterSong v. Kemp*, a federal lawsuit challenging the constitutionality of the abortion ban. As of this writing, a preliminary injunction prevents the law from taking effect.

The original plan for this report was to document the progress women in Georgia have made since 1970 and the decision in *Roe v. Wade*. As we looked at the data, we found that women in Georgia had indeed come a long way from their status in 1970. At the same time, indicators of equality and well-being for women in Georgia lagged behind our peers in other developed countries and other U.S. states. This fact stands in the context of Georgia’s ranking as the 9th largest

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economy among the states.

A survey of available indicators and rankings suggested that Georgia’s draconian abortion ban was a symptom of an even larger problem – decision-makers in the state of Georgia are failing Georgia’s women by nearly every measure of equality and well-being.

That being the case, we have reframed the report to present an overview of meaningful indicators of women’s equality and well-being – in health, education, income and employment, and in political influence. This report was prompted by an assault on reproductive

rights. These rights are necessary, but not sufficient by themselves for women to thrive and enjoy full equality in our society.

As we release this report, the COVID-19 pandemic is revealing greater fissures in our society. Women, and particularly women of color, are disproportionately impacted by the pandemic—more likely to lose their jobs, more likely to work in essential jobs on the frontlines of the pandemic; and more likely to struggle with school closures and the loss of childcare for their children. The pandemic gives this work even more urgency.

Our goal is to initiate a statewide conversation about the status of women in Georgia, assess how far we have to go to reach equality, and develop strategies for achieving the goal of genuine equality for all women in Georgia.

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Introduction

In April, 1970, *Atlanta Journal Constitution* (AJC) reporter Lorraine M. Bennet wrote an article headlined, “How Far Yet to Go, Baby? Some Atlanta Women in Revolt.” It focused on how the Atlanta Women’s Liberation Movement was the only organization in the metro area fighting discrimination against women whose members were publicly labeled “man-haters.” In one passage, a member responded, “Certainly Not!” Bennet goes on to write: “responds one member, a dark-eyed brunette with a masters degree” (40). By today’s standards, the fact that this article described the eye and hair color, as well as the education level of this member would be considered irrelevant. Was this “code” for describing a nontraditional southern woman?

Indeed, things have come a long way for the women of Georgia: in the workforce, in family life, education, employment income, healthcare, and in elected office. And yes, you can be a dark-eyed brunette with a master’s degree and belong to a women’s rights organization without being labeled a “man-hater.”

Georgia’s women make a significant contribution to the state’s GDP, now the ninth largest in the country. Yet Georgia continues to lag behind other states, the nation as a whole, and other developed Western countries on many measures of women’s equality and well-being: earnings parity, maternal mortality, family planning, family and maternity leave, and affordable childcare (Phadke, Ravi, and McGrew 2018). The poor status of reproductive health and justice in Georgia is compounded by the persistence of racial inequality, compromising the lives of women of color (Prather et al. 2018).

The nation’s maternal mortality rate of 17.2 per 100,000 births is high compared with other developed countries (Petersen et al. 2019). However, the states of Georgia, Indiana, and Louisiana have a mortality rate of 40 per 100,000 births, putting these states on par with Cape Verde, Malaysia, Turkmenistan, and Uzbekistan. Black women are disproportionately represented in the maternal mortality rate, with a rate of 42.8 nationally and 62.1 in the State of Georgia (Petersen et al. 2019; Yale Global Health Justice Partnership [GHJP] 2018). The U.S. is the only country among 41 nations that does not mandate any paid leave for new parents, although the share of moms who are working full- or part-time in the United States has increased over the past half-century from 51% to 72%, and almost half of two-parent families now include two full-time working parents (Pew Research Center 2015; Horowitz 2019).

California, New Jersey, Connecticut, Oregon, New York, Massachusetts, Washington, Rhode Island, Maine, Vermont, and Minnesota have their own family- and school-leave provisions; Georgia has none beyond the unpaid federal Family Medical Leave Act (FMLA; National Partnership for Women and Families [NPWF] 2018). The FMLA provides up to 12 weeks of unpaid leave during a 12-month period to care for a newborn, adopted or foster child, to care for a family member, or to attend to an employee’s own serious medical health condition (U.S. Department of Labor 2019).

The United States also lags behind other developed countries in child and infant care, ranking near the bottom of developed countries in the percentage of 3- to 5-year-old children enrolled in early care and education programs. In the nation, Georgia ranks 46th in childcare and young children’s education programs. In fact, WalletHub’s report (McCann 2019) ranks Georgia as one of the worst states in which to raise a family

Black women are disproportionately represented in the maternal mortality rate, with a national rate of 42.8 nationally and 62.1 in the State of Georgia

The reproductive-justice framework takes a holistic stance on the lives of women to underscore that women require complete control over their reproductive bodies to truly achieve equality.

(McCann 2020).

These issues fall under the general rubric of Reproductive Justice, defined as access not only to family planning (safe abortions and contraception), but also prenatal and postnatal care, work flexibility, and maternity and family leave, as well as access to affordable childcare for all women. These issues are vital for advances in women’s education, elected office, employment, and overall health, in other words, for women’s autonomy and liberty. Researchers show that in states with adequate reproductive health policies, women are more upwardly mobile (Finlay and Lee 2018).

Reproductive justice is the right to reproductive bodily control, including family planning (Ross and Sollinger 2017). The reproductive-justice framework takes a holistic stance on the lives of women to underscore that women require complete control over their reproductive bodies to truly achieve equality. It also highlights racial disparities in women’s healthcare, institutionalized by systemic racism.



In 1973, the U.S. Supreme Court ruled, through *Roe v. Wade*, that abortion bans are an unconstitutional infringement on a woman’s right to autonomy and privacy. In the written decision, the Court indicated that this right was fundamental to a woman’s life and future.¹ Nineteen years later, in the *Planned Parenthood of Southeastern Pennsylvania v. Casey* decision, Sandra Day O’Connor argued that a woman’s capacity

1 The Roe case challenged a Texas law prohibiting all but lifesaving abortions. The Supreme Court famously invalidated the law in 1973 on the grounds that the constitutional right to privacy encompasses a woman’s decision about whether to continue her pregnancy. Characterizing this right as “fundamental” to a woman’s “life and future,” the Court held that the state could not interfere with the abortion decision unless it had a compelling reason. Moreover, the Court concluded that a state could ban abortion only once the fetus became “viable” (usually at the beginning of the last trimester of pregnancy), and even then a woman had to have access to an abortion if it were necessary to preserve her life or health (American Civil Liberties Union 2010).

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to equally participate in economic and social life links to control over her reproductive life and had done so since *Roe v Wade*.² In a powerful dissent to the 2007 Supreme Court decision upholding the first-ever federal ban on the partial-birth abortion method, Justice Ruth Bader Ginsburg argued that the core of the right to abortion “center[s] on a woman’s autonomy to determine her life’s course, and thus to enjoy equal citizenship stature” (Cornell Law School n.d.a).

Rights implicit and poised for further development by *Roe* and *Casey* are not restricted to a woman’s right to an abortion. In fact, the decisions are consistent with the Constitution’s “Liberty Doctrine.” According to a report published in 2018 by the Center for Reproductive Rights, “the Supreme Court has repeatedly recognized that any concept of liberty must include the right to make intimate decisions about family, relationships, bodily integrity, and autonomy” established by the Constitution’s 14th Amendment (1). The Liberty Doctrine circumscribes that women’s right to an abortion extends to other liberties afforded by the Constitution. However, such extended rights need to be legally codified. If *Roe* were to be overturned, the potential for further developing these extended rights would become improbable.

Not long after *Roe* was decided, conservative state legislatures, buoyed by the expanding “right to life” movement, began passing laws aimed at restricting access to safe abortion care. Typically, such laws took aim at areas *Roe* did not cover in specific language, such as abortion method, teenagers’ ability to consent, whether an abortion can be covered by Medicaid, and a reinterpretation of what “privacy” means. As a 2007 report from the Center for Reproductive Rights states: “No other right has been frontally attacked and so successfully undermined, and all in the course of over two decades—the same two decades that sustained advances in other areas of women’s rights including education and employment” (2). For example, between the nine-year period from 1995 to 2004, states passed nearly 400 measures blocking access to essential reproductive health services. As a result, reproductive health care has become increasingly out of reach for many women, particularly low-income women, women of color, young women, and women living in rural areas (Kaiser Family Foundation 2019a).

The strategy of slowly winnowing reproductive rights has given way to blunt-force removal of reproductive control and punishment for women. Georgia epitomizes this change with the passing of House Bill 481, arguably one of the most restrictive abortion bans in the country’s

2 “Justice O’Connor, Justice Kennedy, and Justice Souter announced the judgment of the Court and delivered the opinion of the Court with respect to Parts I, II, III, V A, V C, and VI, an opinion with respect to Part V E, in which Justice Stevens joins, and an opinion with respect to Parts IV, V B, and V D. Liberty finds no refuge in a jurisprudence of doubt. Yet 19 years after our holding that the Constitution protects a woman’s right to terminate her pregnancy in its early stages, *Roe v. Wade*, 410 U.S. 113 (1973), that definition of liberty is still questioned. Joining respondents as *amicus curiae*, the United States, as it has done in five other cases in the last decade, again asks us to overrule *Roe*. See Brief for Respondents 104-117; Brief for United States as *Amicus Curiae* 8” (Cornell Law School n.d.b).

history. House Bill 481 prohibits physicians from providing abortions after the detection of “embryonic or fetal cardiac activity,” which physicians place around six weeks of gestation. Although a federal judge granted an injunction blocking House Bill 481 temporarily, the fact that such a law was signed illustrates the dire straits in which the battle for women’s reproductive choice finds itself. Aside from the enjoined abortion ban law, Georgia already has a 20-week ban on abortions, requires parental notification for minors to obtain an abortion; mandates a 24-hour waiting period in every case, and does not provide public funding for abortions for low-income women (Guttmacher Institute, 2020).

To provide a broader sociological context for this complex and pressing issue, this paper reviews the social trends and rights of women in the State of Georgia in 1970 through today across the following dimensions: healthcare, family structure, education, employment, and elected office through a reproductive-justice frame. We explain why we use this frame, as well as describe its central principles. We then examine what it was like for Georgia’s women in 1970, what it is like for them today and provide the current Institute for Women’s Policy Research (IWPR, 2019) state rankings along these dimensions for Georgia. Lastly, we provide some initial policy recommendations.

Snapshot *Status of Women in Georgia Today*



- According to the latest American Community Survey (ACS) from the U.S. Census, White women comprise 50.6% of Georgia’s population, Black women 31%, Latinx women, 8%, Asian women, 3.3%, and all other groups considering themselves non-White, 2.7%.
- In addition to the enjoined abortion ban law, HB 481, Georgia already has a 20-week ban on abortions, requires parental notification for minors to obtain an abortion, mandates a 24-hour waiting period, and does not provide public funding for abortion care for low-income women.¹
- Of the 159 counties in the state, 70 are without OBGYN care.²
- In the nation, Georgia ranks 46th in childcare and young children’s education programs. In fact, WalletHub’s report ranks Georgia as one of the worst states to raise a family.³
- The maternal mortality rate in the United States is 17.2 per 100,000 births. Georgia has a rate of 40 per 100,000 births. The rate for Black women is 62.1 in the State of Georgia.⁴
- California, New Jersey, Connecticut, Oregon, New York, Massachusetts, Washington, Rhode Island, Maine, Vermont, and Minnesota have their own family- and school-leave provisions; Georgia

1 Guttmacher Institute. 2020. State Facts About Abortion: Georgia. March. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-georgia>.

2 Kaiser Family Foundation. 2019. “Giving Birth in Georgia Is Too Often a Deadly Event.” <https://khn.org/news/giving-birth-in-georgia-is-too-often-a-deadly-event/>.

3 McCann, A. 2020. “Best and Worst States to Raise a Family.” WalletHub. <https://wallethub.com/edu/best-states-to-raise-a-family/31065/#main-findings>.

4 Petersen, E., N. Davis, D. Goodman, S. Cox, N. Myers, E. Johnston, C. Syverson, et al. 2019. Morbidity and Mortality Weekly Report. Atlanta, GA: Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/index.html>. Yale Global Health Justice Partnership. 2018. When the State Fails: Maternal Mortality and Racial Disparity in Georgia. <https://law.yale.edu/yls-today/news/when-state-fails-maternal-mortality-and-racial-disparity-georgia>.

has none beyond the unpaid federal Family Medical Leave Act (FMLA).⁵

- The percentage of women with health insurance is 83.3, ranking the state at a dismal 48.⁶
- About 41% of employed women in Georgia are in managerial or professional occupations, which tend to require a four-year degree and often have higher wages.⁷
- Georgia women earn less than men, on average. Women in the state who work full time year-round earn an average of \$36,000 per year compared to \$44,000 for men.⁸
- If employed women in Georgia were paid the same as comparable men, their poverty rate would be reduced by nearly half and poverty among employed single mothers would drop by more than two-fifths.⁹
- In 1977 only 4.7% of the state legislature were women; by 2019, 30.5% were women.¹⁰
- The Education Law Center ranked Georgia 37th in its 2018 report evaluating fair school funding of all U.S. states, plummeting from its 22nd position in 2007. Georgia has cut approximately \$9 billion from public schools since 2003.¹¹
- In 2017, Georgia had the fourth highest rise in tuition rates for colleges and universities, with an increase of 73.4%, or a \$3,629 increase in overall tuition costs.¹²



5 National Partnership for Women and Families. 2018. Raising Expectations: A State-by-State Analysis of Laws that Help Working Family Caregivers. <https://www.nationalpartnership.org/our-work/economic-justice/raising-expectations.html>.

6 Institute for Women's Policy Research. 2019. "State of Women in the States—Georgia." <https://statusofwomendata.org/explore-the-data/state-data/georgia/>.

7 Georgia Budget and Policy Institute. 2016. Economic Opportunity Agenda for Georgia Women. https://gbpi.org/2016/economic-opportunity-agenda-for-georgia-women/#_edn23.

8 Georgia Budget and Policy Institute. 2016. Economic Opportunity Agenda for Georgia Women. https://gbpi.org/2016/economic-opportunity-agenda-for-georgia-women/#_edn23.

9 Status of Women in the States. 2018. 2018 National Fact Sheet and State Fact Sheets. <https://statusofwomendata.org/publications/state-fact-sheets/>.

10 Center for American Women and Politics. 2020. State Fact Sheet—Georgia. https://www.cawp.rutgers.edu/state_fact_sheets/ga.

11 Owens, S. 2018. "Beyond Basic Education: Five Ways for Georgia to Fund Schools Fairly." Georgia Budget and Policy Institute. <https://gbpi.org/2018/beyond-basic-education-five-ways-for-georgia-to-fund-schools-fairly/>.

12 Georgia Budget and Policy Institute. 2017. Georgia Higher Education Data Book. https://gbpi.org/2019/georgia-higher-education-data-book-2019/#_edn2.

Reproductive Justice: a Holistic View of Women’s Wellness

Developed by women of color, the notion of reproductive justice seeks equality in women’s health. It emerged from frustration with the Women’s Health Movement, as reproductive justice founders believed inadequate attention was given to unique challenges facing women of color, many of whom had limited financial resources. One central argument of this framework has been that because reproductive health, rights, and justice intersect with women’s autonomy in the labor force, education, family planning, access to adequate healthcare, opportunities to run for elected office, environmental justice, and the right to community safety, policy solutions need to seek further gender and racial equity (Blueprint 2019). According to the latest American Community Survey (ACS) from the U.S. Census, White women comprise 50.6% of Georgia’s population, Black women 31%, Latinas 8%, Asian women, 3.3%, and all other groups considering themselves non-White, 2.7%. This comes to a total of 45.6% of non-White women in the state with almost 68% of minority women reporting as Black. Given this majority among women in the state, and to provide saliency to our examination, the reproductive-justice framework is most appropriate.

Over the years, the tenets of reproductive justice have extended to include broader overall community health and well-being. The 2019 Blueprint for the Sexual and Reproductive Health, Rights and Justice report includes five principles:

1. Ensure reproductive healthcare is accessible to all women, including adequate pre/postnatal care, paid family and maternity leave, and affordable infant and childcare;
2. Eliminate discriminatory barriers to healthcare;
3. Ensure research and innovation advance reproductive health, rights, and justice, now and in the future;
4. Ensure health, rights, justice, and wellness for all communities;
5. Ensure judges and executive officials advance reproductive health, rights, and justice.

Women In Georgia: a 50 Year View

Overview

The 1970s were a dramatically different time for women in the United States. The conditions of women’s health and healthcare, familial, educational, economic standing, and their stark underrepresentation in elected office created a broader societal structure where women were valued not as individuals but through their relationships to men and their children. In Georgia, this was also a time of bitter fighting over K-12 and postsecondary desegregation.

After *Brown v Board* in 1954, most southern states refused to comply, including Georgia. The fight for educational integration was led by Black women and girls, following the 1950s *Brown* decision. Barriers to women's rights were also compounded by the fact that they did not have control of their reproductive capabilities.

However, the 1970s also saw changes to national law that would fundamentally challenge the idea that women exist only to serve the needs of men and children, as well as widespread enforcement of school-desegregation orders. The *Roe v Wade* Supreme Court ruling in 1973 was a major victory for the existence of women as autonomous people by providing a constitutional right to abortion, thus control over their reproductive bodies. This also meant access to improved family planning including better access to birth control. Thus, this ruling had major implications for women's economic and educational opportunities.

If we look at the status of women in Georgia in 1970 and compare it to today, it is clear that women have made progress along a number of fronts, including the number of women who are employed in managerial roles, or as lawyers, in finance or medicine, just to name a few occupations. Women in Georgia have also made advances in education and elected office. Middle class women have access to far better women's healthcare. However, disparities continue to persist in the state across healthcare (high uninsured rate), family support (no paid family leave), education (segregation and high tuition), employment (gender pay gap), and elected office (too few women regardless of party affiliation). These trends are particularly salient for women of color or women of lower socioeconomic status.

One of the most alarming factors is that here we are in 2020 and Georgia's maternal mortality rate is 40 per 100,000 births, with Black mothers being disproportionately represented. Georgia also has no paid family leave other than the unpaid federal FMLA, and the state is ranked 46th in childcare and child-education programs. McCann (2020) ranks Georgia 38th for women's workplace environment, 22nd for education and health, and 46th for political empowerment. Their education and health statistics are based on averages and therefore do not represent inequities based on race and income.

Racism, Sexism, and Women's Healthcare

Although healthcare was certainly far less expensive in 1970, a body of empirical research emerged, documenting various sexist practices in women's healthcare, including reproductive health that put women at risk (Munch 2006). In addition, Georgia had the highest maternal mortality rate in the nation at 177 per 10,000 births (Rochat, Tyler, and Schoenbucher 1971). Approximately 7% of these deaths were attributed to non-hospital abortions, even though in 1968, Georgia passed an abortion law to increase access to safe hospital abortions (Abortion Law 1968). During the following five years, the White mortality rate from abortion decreased by 81% while the Black rate decreased by only 33% (Rochat, Tyler, and Schoenbucher 1971), leading

Of the 159 counties in the state, 70 are without OBGYN care (Kaiser Family Foundation 2019b).

health officials to deem this a “Black health problem.”

Emerging from such conditions in women’s health care was the Women’s Health Movement, aiming to provide adequate, non-gender-biased health care for women. Concurrently, Planned Parenthood clinics were expanding to provide healthcare for women. The Atlanta Feminist Women’s Health Center (AFWHC), founded in 1977, grew to become a vital center, providing reproductive care to women in the Southeast, regardless of socioeconomic status or race (Nelson 2015). Yet, AFWHC found itself in the stranglehold of a growing anti-abortion and feminist backlash in the year it was founded. Nevertheless, AFWHC was able to continue to “advocate, promote, and protect reproductive rights for all women” and to continue to provide self-help health education and reproductive health services to women who needed it (Nelson 2015, 166). Today, the Feminist Women’s Health Center continues to provide vital abortion and gynecological services while also serving as leaders in reproductive justice advocacy.

Georgia’s persistent high maternal mortality rate and unequal access to pre- and postnatal care demonstrate a serious lag today. In addition, racial disparities are stark. Black women are three to four times more likely to die giving birth in the United States than White women, and Black women in Georgia have a maternal mortality rate 62.1 per 100,000 live birth, compared with 27.1 for White women (GHJP 2018). Maternal mortality relates to several issues. Of the 159 counties in the state, 70 are without OBGYN care (Kaiser Family Foundation 2019b). According to the Kaiser Family Foundation Report (2019b), since 1994, 35 labor and delivery units have closed, mainly in rural hospitals, and such closures have accelerated in recent years as the state government is unwilling to expand Medicaid. Geographically, adequately equipped obstetrical centers are concentrated in the Atlanta Metropolitan Region. Outside metro Atlanta, 89% of counties lack a family practitioner who can perform live births, and 70% of counties lack a certified nurse midwife (Zertuche and Spelke 2014; Kaiser Family Foundation 2017). Thus, women in rural communities, regardless of race or ethnicity, are often subject to worse maternal healthcare when compared with their urban counterparts. Not only is access to pre- and postnatal care unevenly distributed across the state, too often for those who receive care, neither the women nor their healthcare professional know a problem exists until it is too late, as most maternal deaths occur after childbirth (Hart 2018).

Though Black women in Georgia are at much higher risk for maternal mortality, the rate for White women here is twice as high as the national average and higher than many other developed countries (Kaiser Family Foundation 2019b). Georgia has been ranked high in maternal mortality across the United States for at least a decade, but the situation is worse now than it was eight years ago (Hart 2018). Thus, even though the current rate is lower than in 1970, it continues to be disturbingly high.

The broader social dynamics of Georgia illustrates why this is the case. Georgia is the fifth most impoverished state in the United States, and 18% of its population lives below the federal poverty line (Kaiser Family Foundation 2017). Racial disparities affect the composition of

those in poverty, with 31% of Black people, 27% of Latinos, and 9% of White people living below the poverty line (Kaiser Family Foundation 2017). Although the poor socioeconomic dynamics of Georgia certainly affect the health outcomes of residents, controlling for these dynamics does not erase the disparities between Black and White women with regard to maternal mortality (GHJP 2018) As GHJP (2018) states:

While social factors play an important role, they do not account entirely for the inequities in health status and outcomes between Black and White women [in Georgia]. As others have noted, past and present social and economic deprivation, lifelong exposure to racism, institutional discrimination, and contemporary policy decisions must also be taken into consideration when analyzing health risks. (p. 19)

Georgia joined 13 other states in not accepting the expansion of Medicaid mandated by the Affordable Care Act (ACA). The decision not to expand Medicaid coverage was estimated to affect the lives of 682,000 residents (Families USA 2018). At the same time, the provisions of the ACA concerning prescription drugs included birth control, expanding contraception access for women with insurance.

The GHJP (2018) argues that accessing care has three stages: (1) deciding to seek attention, (2) getting to care, and (3) receiving care. Data from Georgia show substantial disparities across all three stages (GHJP 2018). Barriers exist for all women of low socioeconomic status, with women of color overrepresented across all three dimensions. These women are not receiving adequate information to make informed decisions about their medical outcomes and are not receiving information that would help them access the federal and state-funded programs that are available (Meyer et al. 2016).

When considering getting to care, 17% of White women and 24% of Black women report not having a personal physician or healthcare provider (Kaiser Family Foundation 2015). Georgia has a high rate of women (between 50 to 60%) who rely on Medicaid to finance their births; however, physicians sometimes decide to see fewer Medicaid patients because of low reimbursements rates (Amnesty International 2010; Zertuche and Spelke 2014; Holgash and Heberlein 2019). Lower rates of serving Medicaid patients have racialized consequences, as 47% of all Medicaid recipients in Georgia are Black, despite Blacks being 30% of the population (Kaiser Family Foundation 2017). For the women who make it to the doctor's office, the care they receive can often be substandard. Researchers highlight that physicians in Georgia often hold stigmatizing attitudes about their female patients of lower socioeconomic status or women of color. Physicians appear to believe that these patients are less likely to follow proper guidelines associated with pregnancy and more likely to miss appointments, arrive late, and participate in risky maternal behaviors (Meyer et al. 2016). Black women often receive inferior medical treatment because of interpersonal and historically embedded institutional racism in healthcare settings (Hostetter and Klein 2018).

The current IWPR Rankings on health and healthcare do not include the maternal mortality rate for any state nor is it included in the reproductive rights categories. However, Georgia still does not have very good rankings: for women, the state ranks 36 for rates of heart-disease mortality (per 100,00), 45th for diabetes (population percent),

The percentage of women with health insurance is 83.3, ranking the state at a dismal 48.

and 50th for AIDS (per 100,000).

Women with health insurance is 83.3%, ranking the state at a dismal 48. Latina women have the lowest percentage of health insurance (53.8%) and Black women have a slightly lower percentage than White women (81.4% to 86%, respectively). Almost 84% of Asian women have health insurance. About 83% of women in the state have a household income that puts them above the federal poverty line, ranking the state 40th.

In terms of reproductive health, Black women in the state have the highest percentage (per 100,000) of infant mortality (9.7%) and low birth weight (13.4%). This is mainly because Black women are more likely to be exposed to negative social determinants of health; they experience higher rates of poverty, homelessness and housing insecurity, food insecurity and unreliable transportation which negatively impacts birth outcome as well as maternal mortality (National Partnership for Women and Families (NPWF, 2019). According to NPWF, unreliable transportation can also make it much more difficult for these women to access abortion care and recent restrictive abortion legislation has created even more obstacles.

For example, in 2012, the Georgia State Legislature passed a 20-week gestational age limit (HB954). At first, the law was partially banned, but by 2016, it had taken full effect (Advancing New Standards in Reproductive Health [ANSIRH] 2018). Usually, abortions at this stage of a pregnancy are conducted because of fetal abnormality or because of serious maternal health risks, and nationally, the rate is only 1% (American College of Obstetricians and Gynecologists 2019). As mentioned previously, this law requires parental notification for minors to obtain an abortion; mandates a 24-hour waiting period and does not provide public funding for abortions for low-income women (Guttmacher Institute, 2020).

Although HB954 has led to a decrease in late-term abortions, it also disproportionately impacts low-income women of color in the state and puts them at greater risk of maternal-health complications (ANSIRH 2018). Such restrictions disproportionately impact their ability to access abortion care for all the reasons stated above. As the 2019 NPWF report states:

The intersection of abortion restrictions and maternal health outcomes is particularly harmful to Black women. As described above, restrictions and bans on abortion care fall disproportionately on Black women and exacerbate existing health disparities, including in maternal health and maternal mortality. Black women also are more likely to face policy and structural barriers that inhibit their ability both to access abortion care and to have healthy pregnancies – policies like paid sick days, pay equity, affordable health insurance, access to contraception and freedom from pregnancy discrimination at work – that compound the impact of these intersecting issues in their lives

Dramatic Changes in Family Life

Women of the 1970s were more likely to have children younger, more likely to be married, and much less likely to work outside the home (Moen 1991; Pew Research Center 2015). The average age of women having a child was 21 (Bui and Miller 2018). Of the almost 80% of all women who were married, 9.4% were head of a household, and 54.5% had a child in the home (Blau 1998). In 1978, women were doing 26.7 hours of housework compared with 6.1 hours for men (Blau 1998). Only 10% of women reported their job and family life interfered with each other (Pew Research Center 2015). The childbearing rates for women by age level per 1,000 were 68.9 for girls and women ages 15 and 19, 167.8 for women 20 and 24 years, and 145.1 for women 25 and 29 years (Martin et al. 2018).

In 1970, 81% of households had children; 40% were headed by married couples with children under the age of 18 at home (Vespa, Lewis, and Kreider 2013; Statista 2020). The proportion of one-person households was 27% and the average number of people per household was 3.1 (Vespa, Lewis, and Kreider 2013). The Atlanta Regional Commission (ARC 2015) shows similar trends in Georgia. Fourteen percent of households with children were headed by a single parent, whereas the proportion of husband-wife families (with or without children) was 71%. Married couples earned more than single-parent households, but the number of single-parent households was much smaller than it is today. Government assistance for low-income families—the Assistance for Families with Dependent Children (AFDC)—had a monthly caseload in Georgia of 228,917 households (Office of Family Assistance 2004).

Despite the fact that family structure has changed dramatically since the 1970s, government support for low-income families continues to be undergirded by the assumption that most children in the United States will be born into or live in a traditional two-parent, one-breadwinner household (Boushey 2009). Most mothers are working outside of the home either in dual-income families, as the top income earner, or as the sole custodial parent of their children (Glynn 2019). Although most adults raising children are workers, U.S. and Georgia policies concerning families still assume that families have a full-time caregiver in the home. Women bear the brunt of this unfair assumption. Women are working similar hours to their male counterparts, but, on average, are paid less while being responsible for far more childcare and broader familial caregiving responsibilities (Parker 2015). Thus, contemporary women need more resources and support than ever before to care for their families.

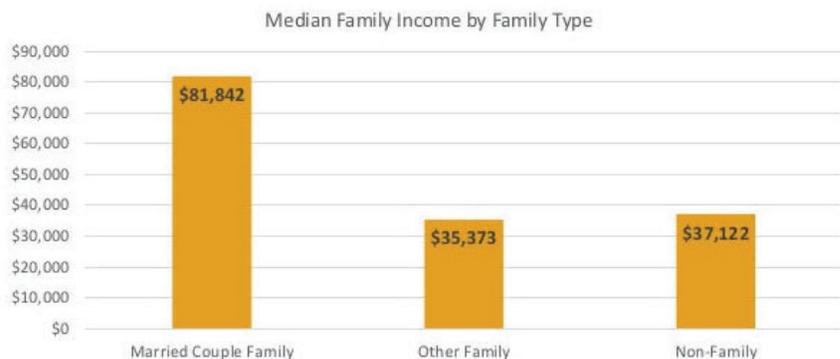
At the same time, women clearly have more choices about planning a family. According to the Census Bureau, in Georgia, the average age of women having children went from 21 to 26 years of age. Older motherhood has made it possible for women to gain more advanced education and employment opportunities. Nationally, family structure has changed so much that the traditional definition of family (e.g., husband and wife with 2.5 children) is becoming increasingly obsolete. Here are some national trends that also apply to Georgia:

1. Sixty-six percent of households are family households, down from 81% in 1970.
2. Between 1970 and 2012, the share of households comprising married couples with children under 18 halved, from 40% to 20%.
3. The proportion of one-person households increased by ten percentage points since 1970.
4. The average number of people per household declined from 3.1 to 2.6 (Vespa, Lewis, and Kreider 2013, p. 1).

ARC (2015) also analyzed the changing family structure in Georgia and found the following:

1. Almost 34% of families with children are now headed by a single-parent in the 10-county Atlanta region (more than doubling since 1970).
2. Every county in this region experienced a double-digit increase in single-parent households. Between 2000 and 2010, only Fulton County experienced a decrease.
3. The proportion of husband–wife families (with or without kids), conversely, has decreased dramatically, dropping to 46% since 1970.
4. Married-couple families continue to earn more; in fact, married couples earn more than twice as much annually as other family types and non-families.

Thus, families are becoming more diverse and smaller, and more people are choosing to live alone. Figure 1 from this ARC report illustrates the income disparity between married-couple families and other family types and non-families:



Despite these family-structure trends and income disparities, political officials have severely cut governmental support for familial caregiving activities. The ability for women to make autonomous decisions about their children and the ability to care for them is a central tenet

of Reproductive Justice. However, state policies fail to provide the resources or services necessary to support the women of Georgia as caregivers, particularly those with lower incomes.

In 1996, the federal government passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Many observers see this as one of the harshest changes to the welfare system since its implementation in the 1930s (Haberman 2016). The bill introduced the

contemporary program of Temporary Assistance to Needy Families, or TANF, which made work a requirement for receiving cash assistance and added time limits for cash benefits (Chamlin and Denney 2019). The time limits were severe: after two consecutive years on welfare or five years during one's lifetime, the state could cut welfare assistance. The time limits ushered in a new era where the poor would no longer be guaranteed support from the government, no matter how poor they were.

As a result, by the early 2000s, welfare caseloads reached their lowest levels in 30 years (Chamlin and Denney 2019). PRWORA and TANF legislation granted states vast power to decide how they would spend welfare funds and who would be able to receive them. Initially, mothers were able to find jobs in the booming economy of the late 1990s. However, the recessions of 2000 and 2008 pummeled the socioeconomic levels of many families, and the damage is still being felt by families today.

Many states, given their new powers of discretion, had already shuffled TANF money to other programs and were incapable of providing families the resources necessary to support them through the harsh recession (Haberman 2016). The Center on Budget and Policy Priorities concluded that TANF reaches few low-income families who need help. In 1996, 68 of 100 families received benefits from the government. In 2017, it was 23 of 100 families (Center on Budget and Policy Priorities 2017).

Georgia followed this trend. In 2017, Georgia disbursed about \$489 million in federal and state funds through the TANF program. However, only 30% of those funds were for the core activities of essential assistance, job training and support, and childcare (Center on Budget and Policy Priorities 2017). Georgia ranked 41st in the nation on TANF spending for these core activities (Center on Budget and Policy Priorities 2017). Georgia has been steadily cutting welfare recipients for the past 14 years. In 2008, about 20,808 received some form of welfare benefits; in 2019, the number dropped to 10,159, a drop of 51% (Prabhu 2019).

In 2017, only about six low-income families out of 100 received TANF assistance, compared to 31 in 2001 (Center on Budget and Policy Priorities 2017). Fred Brooks, a professor at Georgia State University's Andrew Young School of Policy Studies, found that the average welfare recipient in his study, typically a family of one adult, usually a woman, and two children, received only about \$230 a month in benefits (Brooks, Chaney, and Mack 2018). Those who found jobs through worker's training programs ended up in the low-paying industries of retail and food services (Brooks et al. 2018). The implications for these mostly female household heads and their children are persistent economic instability, which can lead to other issues such food insecurity and housing precarity.

The Georgia Budget and Policy Institute (GBPI) examined the Childcare and Parent Services (CAPS) subsidy programs that seek to support parents by making childcare more affordable through direct reimbursements to providers (GBPI 2019). The report found that, despite the program having a positive effect on the affordability

1 in 7 Georgia children who may be income-eligible for childcare assistance have access to the program (GBPI 2019).

When considering laws concerning parents, such as protections for pregnant workers, paid parental leave, and sick days, Georgia ranked in the second to lowest category of “D” for expecting and new parents.

of quality childcare, Federal Child Care Development Fund (CCDF) dollars only apply to a small share of Georgia’s families (GBPI 2019). The report found that only about 1 in 7 Georgia children who may be income-eligible for childcare assistance have access to the program (GBPI 2019).

The National Partnership for Women and Families (NPWF) released a comprehensive report analyzing the laws and regulations of states when considering how states support expecting and new parents (NPWF 2018). When considering laws concerning parents, such as protections for pregnant workers, paid parental leave, and sick days, Georgia ranked in the second to lowest category of “D” for expecting and new parents. Thus, Georgia provides no protections for its workers in the private sector and no protections for those who work in state government. Georgia is currently missing an opportunity to provide programs and social services that families rely on for quality childcare. Georgia fails in comparison with states like Massachusetts, which received an A in the report, that offer its citizens some form of paid family and medical leave, job-protected family leave and paid sick days, nursing mother’s workplace rights, and pregnancy accommodations (NPWF 2018).

This IWPR current rankings on work and family highlight both Georgia’s shortcomings and advances. The gender gap in labor-force participation for parents with children under six years of age is 25.7%, ranking the state 24th. Households with a breadwinner mother represent 51.9% of all households with children in the state. Single mothers comprise 54.2% of all female breadwinners. Couples with a female breadwinner represent 37.6% of all married couples.

Gender, Racial, Ethnic Pay Gap Barely Improved After Half Century of Progress

In 1970, women represented close to 40% of Georgia’s workforce, with 45% of married Georgia women working outside the home (GBPI 2018). Black women were more likely to work outside the home (Mandel and Semyonov 2014). The gross gender wage gap was 65.7%, and many occupations were largely segregated by gender (Roos and Reskin 1992). Black women without college degrees were often relegated to low-wage domestic work, an occupation excluded from the 1935 Social Security Act as it did not meet the definition of “regularly employed in commerce and industry” (Dewitt 2010).

In 1968, Dorothy Bolden, an Atlanta-based domestic worker, co-founded the National Domestic Workers Union of America (NDWUA). Bolden began organizing “maids,” using public bus-transfer hubs such as Five Points, which provided transit to the all-White northern part of the city where their jobs were located (Nadasen 2015). Ultimately, the NDWUA led to improved wages (Nadasen 2015). Domestic workers also



became entitled to Social Security benefits with the employer required to pay in. By the early 1970s, political and economic changes emerging from the 1960s, meant that Black women in Georgia were beginning to gain a foothold into higher paid clerical work (Sjoquist 2000).

In 1968, the American Medical Association (AMA) reported that of the nation's 99 Medical Schools, 51 of them enrolled 10% or fewer women. Schools reported showing pronounced bias against admitting women included Emory and the Medical College of Georgia. But in 1970, the National Organization for Women (NOW) filed a class-action lawsuit against U.S. medical schools, which quickly forced these schools to comply with federal civil rights legislation (Shrier et al. 2007). Subsequent laws at the federal level were passed: Title IX of the Higher Education Act Amendments of 1972 and the Public Health Service Act of 1975 (Department of Justice 2015). Both prohibited gender-based discrimination. Between 1970 and 1975, the number of women graduating from medical school tripled and continued to increase in the next several decades (Institute of Medicine 1983).

A Status of Women in the States (2018) Factsheet indicates that today, Black women have the highest labor force participation rate, at 63.6% in the Georgia, and more than a third own businesses. A growing share of employed women in Georgia are in managerial or professional occupations. About 41% of women hold these positions, which tend to require a four-year degree and often have higher wages. Almost 41% of businesses in the state are owned by women, ranking it second in the nation. Thus, Georgia women have become a more significant part of its workforce, growing from 40% of workers in 1970 to nearly 48% in 2015 (GBPI 2016). Fifty-nine percent of married women work outside the home. Participation in the workforce for Georgia single mothers is 83%. In nearly 52% of all Georgia families with children, women are now breadwinners as sole providers or earners contributing at least 40% of their family's income (GBPI 2019). This share puts Georgia slightly above the national average. Clearly, earnings for Georgia women are increasingly crucial to the vitality of Georgia families and the state's economy.

For the first time ever, three of the nation's top medical associations are led by female physicians, all of whom also are based in Georgia.

In addition, for the first time ever, women are now the majority of all students enrolled in medical degree programs in U.S. medical schools. (Association of American Medical Colleges 2019). According to a 2019 Atlanta Business Chronicle written by Tammy Joyner, also for the first time ever, three of the nation's top medical associations are led by female physicians, all of whom also are based in Georgia. Dr. Patrice Harris is president of the AMA and the first Black woman to hold the post. Dr. Sally Goza of Fayetteville, Georgia is president of the American Academy of Pediatrics (AAP) and Dr. Jacqueline Fincher of Thomson, Georgia, is president of the American College of Physicians (ACP). In the state's medical schools—Augusta University's Medical College of Georgia, Morehouse School of Medicine, and Emory School of Medicine—women comprise more than half of the students (Joyner 2020).

Yet, despite this progress, Georgia women earn less than men, on average. Women in the state who work full time year-round earn an average of \$36,000 per year compared with \$44,000 for men. Median earnings for Georgia women working full time, year-round were only 70% of the average earnings for White men in the state (GBPI 2016). If women employed in Georgia were paid the same as men in comparable positions, their poverty rate would be reduced by nearly half and poverty among employed single mothers would drop by more than two-fifths (Status of Women in the States 2018).

If employed women in Georgia were paid the same as comparable men, their poverty rate would be reduced by nearly half and poverty among employed single mothers would drop by more than two-fifths (Status of Women in the States 2018).

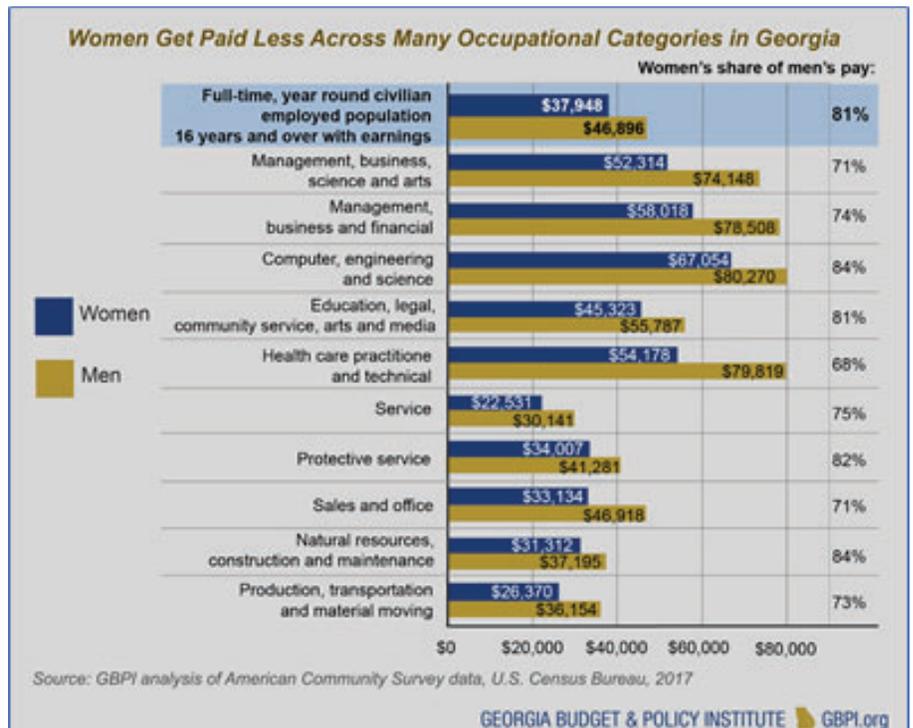


Fig. 2. Women get paid less across many occupational categories in Georgia.

The pay gap is even worse for women of color. The more significant gap is because of many factors, including differences in occupations and lower educational levels, as well as bias and discrimination in the workplace. Women of color are more likely to work in the low-wage

Women make 83 cents for every dollar man make, ranking Georgia 13th among states on the Gender Wage Ratio.

service sector partly because lower education levels for some women of color—particularly Black and Latina—create barriers for them in attempting to enter higher paying professional fields (GBPI 2016). Figure 2 illustrates this trend. The IWPR rankings for employment and earnings, as well as poverty and opportunity confirm some of these trends and add new information as well. Women employed in Georgia make 83 cents for every dollar men make, ranking Georgia 13th among states on the Gender Wage Ratio. For Millennials (16–34 years of age), the state ranked in the top ten at 6. More women hold managerial/professional jobs than men in the state (41.1 to 31.8 respectively), and this holds in the breakdown for all racial/ethnic categories but Asians: White women hold 46.6% (White men, 37.7%), Latinx, 22.4% (Latinx men 14.5%) and Black women, 35.1% (Black men 22.6%). Asian men hold 53% of managerial/professional jobs compared with Asian women (45.7%). Yet, 29% of all Georgia women hold low-wage jobs.

Although Georgia ranks second in the nation for percentage of women-owned businesses, the other rankings in this area are not very good, compounded by race and household status. Georgia’s second-best ranking is for the percentage of women with a bachelor’s degree or higher (31.5% for a ranking of 26). However, this varies by ethnicity and race. Asian women are more likely than any other group to have a bachelor’s degree or higher (50.2%)., followed by White women (33.1%), Black women (25.1%), and Latinx women (18.1%).

More Latinx women live below the federal poverty line (almost 25%) than any other group, with Black women following close behind at 23%, and White women rank the lowest at 12.9%. Households headed by single mothers with children living at home are far more likely to be living below the federal poverty line than any other group (42.6%). This ranks the state 33rd.

Race, Ethnicity Impact Women’s Educational Gains

Nationally, 66% of women received a high school diploma or a GED, and 11% held bachelor’s degrees in 1970 (U.S. Bureau of Labor Statistics 2017). Whereas Georgia mirrored these statistics in 1970, this was a time when higher education and K–12 were going through federally mandated desegregation. Although desegregation was based on the 1954 U.S. Supreme Court case, *Brown v. Board of Education*, which declared “separate but equal” unconstitutional, southern states including Georgia were slow to comply. However, in 1973, the U.S. Department of Health, Education, and Welfare ordered the Georgia Board of Regents to submit a desegregation plan for colleges and universities across the entire university system of Georgia (New Georgia Encyclopedia 2019). Although this mandate was a victory for advocates of integration, it took another decade for the system to become fully integrated.

In Georgia and other southern states, it was young women and girls who were the pioneers in schools and postsecondary education

(Devlin 2018). According to Devlin, all but a handful of the very early desegregation lawsuits were filed on behalf of girls or women, most of which began in the 1950s following the Brown decision. For example, in 1956 with the help of the NAACP, three African American women—Myra Payne Elliott, Barbara Pace Hunt and Iris Mae Welch—won the right in federal court to desegregate Georgia State University (then called Georgia State College of Business Administration; Daniels 2019). Although the three never got to attend based on Board of Regent rules—denying Welch admission because she was over 21 year of age; Elliot and Hunt because they were single mothers—their case helped pave the state’s slow road toward desegregation (Daniels 2019). In 1961, journalist Charlayne Hunter-Gault and orthopedic physician Hamilton E. Holmes, became the first African American students to be admitted to the University of Georgia after a year-long legal battle (Hunter-Gault 2018). Beverly Plummer Wilson was the first Black student at Albany High School in Albany, Georgia, walking through the front door surrounded by a spitball-throwing crowd in 1964 (Devlin 2018).

By 1970, federal enforcement of desegregation in Georgia had arrived, making the battle even more hostile. One of the outcomes was White flight as a response to desegregating public schools and the formation of all-White Christian academies (Logan, Oakley, and Stowell 2008). Another outcome was the firing of Black teachers because the Black school credentialing of teachers was different (Oakley, Stowell, and Logan 2009). All these factors meant the allocation of resources to public schools was not evenly distributed: schools with higher Black-student populations got less. When it came to teachers, Black women were disproportionately represented, so they were the ones who were fired (Oakley, Stowell, and Logan 2009).

Access to education has fundamentally changed the lives of women since the 1970s. Today, only 6% of women in the United States have not received a high school diploma or a GED compared with 34% in 1970 (U.S. Bureau of Labor Statistics 2017). When considering higher education, 42% of women hold bachelor’s degrees. Most Americans now believe that educational achievements are significant milestones in adult life and essential for attaining success in the United States (Vespa 2017). Although these statistics highlight progress toward the ideal of universal educational attainment for all women, vast educational inequalities endure that dampen the socioeconomic trajectory of certain groups of women in our country. Racial disparities persist. Although 36.2% of non-Latinx Whites hold bachelor’s degrees, only 22.5% of Black people and 15.5% of Latinxs hold bachelor’s degrees in the United States. While college education is understood to be a great equalizer in the United States, women receive much lower economic returns than their male counterparts, even though their graduation rates are higher (Flores 2016). In addition, 23% of undergraduate students in Georgia are parents, 46% of whom are single mothers (Institute for Women’s Policy Research [IWPR] 2020).

Consistent with national trends, in Georgia, more women graduate from college today than men. However, these statistics vary by race and ethnicity, as well as geography. Across all counties in the state,

31% of adults age 25 and over have a bachelor’s degree or above, and 39% have an associate degree or above. Yet postsecondary attainment rates are highest in metro Atlanta counties and lowest in rural areas. Figure 3 illustrates this trend (GBPI 2016).

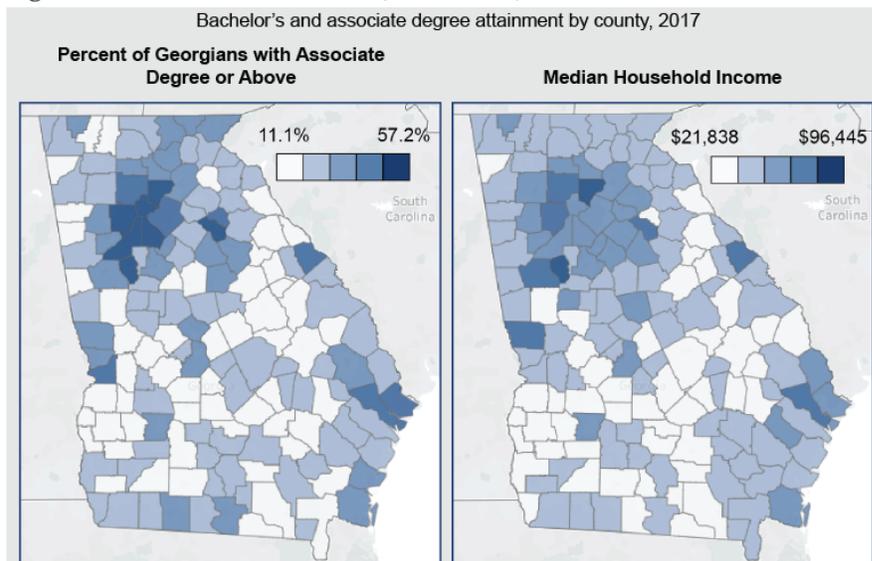


Fig. 3. The gap is worse for women of color.

Source: Institute for Women’s Policy Research Analysis of American Community Survey Microdata (Integrated Public Use Microdata Series, Version 6.0). Data are three-year (2012-2014) averages. Data include full-time, year-round workers aged 16 and older. Racial categories are non-Latinx. People with Latinx or Latino ethnicity may be of any race or two or more races.

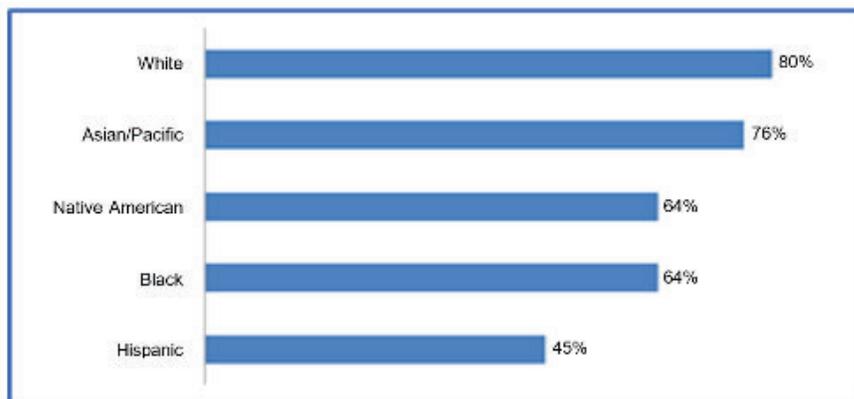


Fig. 4. Fewer than 1 in 3 Georgia adults has a bachelor’s degree.

Source: GBPI analysis of 2017 American Community Survey data, 5-year estimates, Table S1501, Georgia Budget and Policy Institute.

According to GBPI (2019), geographic differences in postsecondary-education attainment are compounded by large racial and ethnic disparities. Blacks and Latinxs are less likely to receive an associate’s

The Education Law Center ranked Georgia 37th in its 2018 report evaluating fair school funding of all U.S. states, plummeting from its 22nd position in 2007 (Owens 2018).

or higher degree than Whites and Asians. Postsecondary-education attainment among women in Georgia is also negatively affected by race and ethnicity. Black and Latinx women are less likely to receive an associate's or higher degree than White women because of a number of factors, including cost (making tuition a barrier without going into substantial debt), going to underfunded colleges or universities with higher dropout rates, and attending poorly performing K-12 public or charter schools (GBPI 2016).

Overall, spending on the state's public colleges and universities has also faced austerity cuts from Georgia lawmakers. Since the 2008 recession, Georgia has cut state funding for its colleges and universities by 12.4%, or about \$1,399 per student (Center on Budget and Policy Priorities 2017). Because of state cuts, in 2017 Georgia joined five other states with published tuitions rising by more than 60%. That year, Georgia had the fourth highest rise in tuition rates, with an increase of 73.4%, or a \$3,629 increase in overall tuition costs (Center on Budget and Policy Priorities 2017). The share of overall average tuition and fees for the state's public four-year university on household income rose to 15% overall. However, for Black and Latinx households, they rose 19.7% and 18.2%, respectively (Center on Budget and Policy Priorities 2017). As states cut back on funding, students suffer from even higher levels of college debt that they struggle to pay back for years. (Center for Microeconomic Data 2018). The cuts mean that these colleges/universities suffer from fewer faculty, courses, student services, and even the elimination of campuses, as well as exacerbating disparities described in the preceding paragraph.

Despite Georgia's GDP being 9th largest in the country, funding for K-12 in the state is a major issue.

Georgia has cut approximately \$9 billion from public schools since 2003 (Owens 2018). Inadequate funding means these under-resourced schools must make additional concessions such as increasing classroom sizes, eliminating advanced-placement or art electives, and laying off teachers to make ends meet (Rothstein 2004; Orfield and Lee 2005).

An evaluation of the mechanisms Georgia uses to fund its public schools illustrates a significant way educational inequality persists in the state. For example, Georgia is among only eight other states failing to allocate supplementary funding to high-poverty districts through a state-sanctioned funding formula (Education Commission of the States 2019). Additional funding is only allocated to Early Intervention and Remedial Education Programs that ineffectually provide resources to Georgia's students who underperform on state-level standards (McKillip and Farrie 2019).

Violence Against Women

In 1964, Time Magazine published an article titled, "Psychiatry: The Wife Beater and His Wife." The reported described a study conducted by three psychiatrists in Massachusetts examining a small sample (N=137) of the beater and the beaten. They found that beaters tended to fall into the category of hard-working, respectable "mother's" boys and the beaten seemed to fit the pattern of aggressive, efficient,

masculine, and sexually frigid. Their conclusion was that these couples stayed together because each needed the other to balance out their emotional lives. Prior to the resurgence of the women's movement in the 1970s, this was an acceptable characterization of violence against women. Domestic violence and human trafficking have a long history in Georgia and other previously slave-owning and Jim Crow states, particularly against Black women (Hobson 2019).

Today 1 in 5 women and 1 in 7 men nationally have experienced severe physical violence by an intimate partner. According to the Georgia Commission on Family Violence (2018), Georgia is currently ranked 25th in the nation for its rate of men killing women. Nationally, transgender women, particularly those who are young and Black, have increasingly become victims of violent acts – with at least 22 murdered in 2019 (Burkholder 2019). More than 60 percent of such senseless murders have occurred in the South. Twenty-one of the 25 killed in 2017 were women of color, with three occurring in Georgia (Associated Press 2017). According to the Department of Justice, Georgia is one of four states with no hate crime laws – others include Arkansas, South Carolina and Wyoming (n.d.).

Georgia is also a center for human trafficking. According to Covenant House Georgia (2019), these are the most recent state trends in human trafficking:

1. Atlanta was named by the FBI as one of 14 U.S. cities with the highest rate of children used in prostitution.
2. In Georgia, 12,400 men purchase sex with young women in any given month.
3. Approximately 100 adolescent females are sexually exploited each night in Georgia.
4. In Georgia, adolescent females controlled by the child sex-trafficking trade are sexually exploited by an adult male on an average of three times per night.

Women in Elected Office

Far more women hold elected office in Georgia today than did in 1970. Yet, whereas Stacey Abrams came very close, Georgia has never had a female governor, nor a woman elected to the U.S. Senate in modern times. In general, women are more likely to be found in Georgia state or local office than in Congress. In December 2019, Governor Brian Kemp nominated Kelly Loeffler to the U.S. Senate. The only other female senator from the State of Georgia was Rebecca Latimer Felton, who served in the senate for one day (November 21–22, 1922) to fill the seat of a male senator who had died in office. Since 1940, seven Georgia women have been elected to the U.S House of Representatives.

Table 1. Women Serving in Congress

Name		Dates
Rebecca Latimer Felton(D)	U.S. Sen.	1922
Lucy McBath (D)	U.S. Rep.	2019–present
Karen Handel (R)	U.S. Rep.	2017–2018
Cynthia A. McKinney (D)	U.S. Rep.	2005–2006; 1993–2002
Denise Majette (D)	U.S. Rep.	2003–2004
Iris Faircloth Blicht (D)	U.S. Rep.	1955–1962
Helen Douglas Mankin (D)	U.S. Rep.	1946
Florence Reville Gibbs (D)	U.S. Sen.	1940
Kelly Loeffler (R)	U.S. Rep.	2019

Felton was appointed to fill a vacancy and became the first woman to serve in the U.S. Senate; she served for one day; Mankin was elected to fill a vacancy caused by resignation; Gibbs was elected to fill a vacancy caused by the death of her husband; and Handel won a special election in 2017. Source: Center for American Women and Politics.

In terms of statewide elected executives, the first women to be elected to one of these positions did not happen until 1995 (Linda Schrenko (R), Superintendent of Education). Since then, only five other women have been elected to these positions.

Table 2. Statewide Elected Executives

	Name	Dates
Public Service Comm	Tricia Pridemore (R)	2018–present
Sup. of Education	Kathy Cox (R)	2003–2010
Secretary of State	Karen Handel (R)	2007–2010
Public Service Comm	Angela Elizabeth Speir (R)	2003–2008
Secretary of State	Cathy Cox (D)	1999–2006
Sup. of Education	Linda Schrenko (R)	1995–2002

As of 2019, 15 of the 56 seats in the State Senate were filled by women, and 57 of the 180 in the House were filled by women with the total being 72 of 236 state seats. Georgia is ranked as the 22nd state in female representation. Although female representation is not on parity with the total female population of the state, more women in Georgia serve in the State Legislature than any other state in the South. The Center for American Women and Politics at Rutgers University tracks trends concerning women in state legislatures dating back to 1975, although the data is missing for that year. The trend is one of clear progress: In 1977 only 4.7% of the Georgia Legislature were women; by 2019, 30.5% were women (Center for American Women and Politics 2020).

Table 3. Women in Office by Level

Geographic Level	Female	Male
Georgia cities	29.7	70.3
Georgia school boards	37.1	62.9
Georgia counties	13.8	84.3
Georgia legislature	30.5	69.5
U.S. Congress	23.7	76.3

County numbers do not add up to 100 because of incomplete data. Source: Center for American Women and Politics (2020).

The IWPR Women’s Institutional Resources Index for Georgia ranks the state first in the nation. This index measures the number of institutional resources for women available in the state from a maximum of four, including a commission for women (established by legislation or executive order), a campaign training program for women, a women’s political action committee (PAC), and a state chapter of the National Women’s Political Caucus (NWPC). To score the states, each of the four components for this indicator was weighted equally at 0.5 points, for a total of 2.0 points. These scores were then used to rank the states on the indicator for resources available to women.

Conclusion and Initial Recommendations

The status of women in Georgia is embedded in a complex scaffolding, with progress and lags, opportunities and disparities. While the status of women in Georgia has certainly advanced since 1970, Georgia pales in comparison to many states in other regions of the country. Some of this lag can be attributed to the South’s history of regressive and segregationist social mores. Yet, a paradox emerges between opportunity and these disparities. Women—and particularly Black

women—are driving business ownership in the state; the educational attainment of women exceeds their male counterparts, workforce participation has risen— yet, equality remains a distant goal. As a 2016 report concerning the status of women in the South from the IWPR states,

The southern United States is a dynamic and influential region marked by innovation and economic opportunities for women, yet also a region where inequalities persist and many women—especially women of color and those who are immigrants—face challenges such as high unemployment, a large gender wage gap, abuse of their reproductive rights, and low levels of political representation. (IWPR 2016 p. 1)

Women in Georgia are far from the promise of full equality or even reaping the rewards of increased participation in the workplace, political participation and educational attainment. The following are initial recommendations to improve the status of women in Georgia:

1. The Georgia Legislature should ratify the Equal Rights Amendment (ERA) to the U.S. Constitution

The ERA would provide, for the first time, explicit constitutional recognition of the fundamental notion of gender equality.

2. Repeal Georgia’s HB 481 and other restrictions on access to abortion care.

The reproductive rights of Georgia’s women should be affirmed by the legislature and not rely on the courts for protection.

3. Fully implement the Affordable Care Act with full funding of Medicaid Expansion.

Women are the majority of those on Medicaid. Family planning services, maternal health, pre- and post-natal care would be available to hundreds of thousands more women in Georgia.

4. Mandate Paid Family Medical Leave.

Paid leave enables workers to take time off to address serious health and caregiving concerns without risking their lives and livelihoods.

5. Produce an Annual Report on the Status of Women in Georgia

A comprehensive report would shine a light on the status of women in Georgia and provide a common frame of reference for evidence-based policy making to improve women’s equality.

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