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## An Analysis of State Sex Education Policies to Explore the Inlusiveness of School Based Sex Education

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An Analysis of State Sex Education Policies to Explore the Inclusiveness of School Based Sex  
Education

by

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A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Education Specialist  
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## **Abstract**

The purpose of this study was to analyze state policies related to sex education proposed between 2018 and 2022 to determine the extent to which sex education needs of LGBTQ youth were being addressed. Previous research has shown that, on average, both abstinence-only and comprehensive sex education curricula do not include information that is relevant to LGBTQ youth. Much of the information included in sex education curricula such as pregnancy prevention and the benefits and disadvantages of condoms are most relevant to youth who identify as heterosexual. Not receiving relevant and accurate sex education puts LGBTQ youth at risk for contracting diseases, engaging in unhealthy sexual relationships, and can contribute to the pathologizing of LGBTQ youth. Forty-nine State policies were reviewed and coded from 12 different states. Codes were used to create themes across selected state policies that relate to the extent to which sex education needs of LGBTQ youth are being addressed. An abstraction protocol was employed to elicit data related to proposed legislation containing LGBTQ-inclusive or exclusive language; proposed legislation being in support of comprehensive sex education or abstinence-only sex education; and whether proposed legislation was enacted into law. Additionally, three key informants (youth 14-21 years of age) were recruited from a community agency that provides services to LGBTQ youth and campus organizations at the University of South Florida to participate in semi-structured interviews to illuminate perceptions of the inclusivity of their sex education curricula.

This study found that proposed bills that contained LGBTQ-inclusive language required that sex education instruction be inclusive of LGBTQ individuals by defining terms such as

gender identity and sexual orientation, providing information about same sex relationships, and by requiring instruction to be culturally sensitive to minoritized populations. Thirteen out of sixteen LGBTQ-inclusive bills reviewed for this study were not passed into law. Key informants perceived their sex education curricula to be cis-normative and hetero-normative based on the lack of instruction on topics such as safe sex practices between same sex partners. Additionally, key informants reported that content was missing from their sex education courses such as STD maintenance and treatment, sexual orientation and gender identity, sexual consent, and forms of STD and pregnancy prevention other than abstinence.

Youth who do not receive inclusive and comprehensive sex education in the and feel that their identities and experiences are excluded are at risk for making uninformed decisions related to sex. They may not be aware of the most appropriate form of pregnancy/STI prevention modalities for their identities and chosen sexual activities. Youth may be unable to advocate for their sexual boundaries and be uninformed about steps to take in the event they are sexually assaulted. Additionally, lack of instruction that recognizes LGBTQ identities can contribute to the othering of those populations in school settings. Many practices in the public education system are based on state level education policy; the presence of inclusive sex education instruction and curricula implementation in schools starts with LGBTQ inclusive sex education legislation.

## **Chapter 1: Introduction**

In 2018, the teen birth rate in the U.S. for girls aged 15-19 was 17.4 per 1,000 girls (Livingston & Thomas, 2018). Furthermore, twenty-five percent of all new HIV infections in the U.S. and almost one-half of the 19 million new sexually transmitted infections (STI) each year are accounted for by youth ages 15-24 (Office of Disease Prevention and Health Promotion, 2019). Moreover, one in ten high school students experience physical violence from a romantic partner (National Institute of Justice, 2011). Researchers argue that sex education provides youth with the knowledge and skills they need to protect themselves from disease, unwanted pregnancies, and unhealthy relationships (Planned Parenthood, 2013). Sex education can also provide youth with the communication skills necessary to discuss contraception and activities they are and are not ready to engage in which contributes to youth delaying sex or having less sex (Planned Parenthood, 2013).

### **Background on Sex Education**

#### **History**

Sex education is information about body development, sexuality, sex, and relationships that provides skills to help students communicate and make appropriate decisions about sex and sexual health (Bridges & Hauser, 2014). Sex education was first offered in the United States in Chicago public schools in 1913 as a result of a social hygiene movement (Elia & Tokunaga, 2015). During the early twentieth century there was fear and anxiety associated with sexuality in American society due to “sexual acting out” (e.g., prostitutes spreading venereal disease, the

effects of masturbation on health; Elia & Tokunaga, 2015). Preventing disease and promoting Victorian sexual morality-- a moral order that required men to exercise self-control and avoid vices such as sexual promiscuity-- were the primary purposes of sex education (Cominos, 1963; Elia & Tokunaga, 2015). Students received sex education through biology, physical education, and health curricula (Elia & Tokunaga, 2015). Topics focused on reproductive anatomy and physiology, preventing diseases, and hygiene (Elia & Tokunaga, 2015). It was taught that sex was only to be had between married people to have children (Elia & Tokunaga, 2015). Eventually, sex education in Chicago public schools was cancelled due to the public being against sex and sexually transmitted infections (STIs) being discussed in the classroom (McCarty-Caplan, 2013).

In the 1950s, reformers of sex education created programs that were meant to reinforce traditional gender-roles instead of addressing human sexuality (McCarty-Caplan, 2013). In 1953, the Family Life Curriculum was introduced in public high schools and it did not include information about sex but instead taught cooking and sewing to girls and taught financial management and wood shop to boys (McCarty-Caplan, 2013). During the same year, *Sexual Behavior and the Human Female* (Kinsey & Pomeroy, 1953), a book about human sexual behavior, reported that approximately 10% of the U.S. population had a homosexual ideation or experience which conservative leaders interpreted as a threat (McCarty-Caplan, 2013). The Family Life Curriculum came as a reaction to this threat in which there was a call for sex education to include hetero-normative ideas (McCarty-Caplan, 2013). Thus, sex education in the United States evolved with the purpose of reinforcing beliefs that homosexuality is a danger to society, adolescent sexuality is immoral, and talking about sex causes social decline (McCarty-Caplan, 2013).



## **Sex education today**

Currently, there are two approaches to sex education: abstinence-only and comprehensive sex education. Abstinence-only curricula teaches students to refrain from having sex until marriage and discusses the ineffectiveness of birth control (Kohler, Manhart, & Lafferty, 2008). Abstinence-only sex education instructors often discourage sexual behaviors through fear tactics to associate shame and guilt with sexual activity (Leung et al., 2019). There is a focus on virginity, morality, and religious messages within this approach (Leung et al., 2019). Other abstinence-only curricula teach that HIV and other STI pathogens can permeate through condoms (United States House of Representatives Committee on Government Reform—Minority Staff Investigations Divisions, 2004). Those that advocate for abstinence-only curricula believe that educating students on where to access and how to use contraception will encourage sexual behaviors and increase the rates of STIs and teen pregnancy (Leung et al., 2019). Within an abstinence-only approach, there is limited information about contraception and biased findings of the failures of contraceptives are often reported (Leung, Shek, Leung, & Shek, 2019).

Community Based Abstinence Education (CBAE) is a program that was established to allow the federal government to give grants to private and public organizations for abstinence-only education (Kaiser Family Foundation, 2018). Faith-based groups receive a significant amount of abstinence-only funds. Shatz indicated that abstinence-only programs work to influence students' morals and provide responses to adolescent sexual behavior that aligns with religious tenants (2007). Some argue that federally funded abstinence-only education programs violate the Establishment Clause because they promote the moral views of a religious group instead of meeting secular purposes (Shatz, 2007). The Establishment Clause is a clause in the

bill of rights that states that “Congress shall make no law respecting an establishment of religion” (Shatz, 2007).

Comprehensive sex education curricula, on the other hand, provide information on methods of birth control for preventing pregnancy, condoms for preventing STIs, and abstinence (Kohler et al., 2008). Within this approach there is an emphasis on gender equality, participative learning, and human rights (Leung et al., 2019). One of its goals is to ensure that students have the skills and knowledge to make decisions related to sexual health (Leung et al., 2019). Comprehensive sex education is a form of values-based education that provides students with the opportunity to explore and define their individual values and the values of their families and communities (Alford, 2009). Students receive positive messages about sexuality and sex expression. Students learn that the correct use of latex condoms can reduce the risk of STIs and unwanted pregnancy (Alford, 2009). Students are encouraged to explore their own and their family’s religious values as they learn how those values may affect a person’s decisions about sex (Alford, 2009). Comprehensive sex education also provides accurate information about the option a woman has if she is experiencing an unwanted pregnancy such as carrying the pregnancy to term and raising the baby, carrying the pregnancy to term and placing the baby for adoption, or terminating the pregnancy through abortion (Alford, 2009).

Media literacy education (MLE) is one approach that can be used to teach comprehensive sex education (Scull, Malik, & Kupersmidt, 2014). MLE is a form of education that has been found to be effective at addressing how unhealthy media messages influence risky health decisions such as substance use, issues related to body image, and eating disorders (Scull, et al. 2014). Scull and his colleagues designed a study to examine the feasibility of the Media Aware Relationships (MAR) program which provides students with comprehensive sexual health

information and teaches them how to use that information to critically analyze media messages (2014). This study found that students' participation in the MAR program increased their intent to use a condom when having sex; increased their intent to talk to a partner, parent, or medical professional before having sex; increased their skepticism of media messages, and increased their media deconstruction skills (Scull, et al., 2014).

Despite the availability of abstinence-only and comprehensive sex education curricula, the literature does not provide clear information regarding the effectiveness of these approaches. According to the Center for Disease Control and Prevention (CDC), there is a lack of evidence-based models of comprehensive sex-education (Leung, Shek, Leung, & Shek, 2019). However, Weed and Erickson (2017) state that receiving comprehensive sex education increases the use of contraception and safe sex practices, reduces the number of sexual partners, delays the onset of sexual intercourse, and reduces the frequency of sexual intercourse. In contrast, abstinence-only programs have been found to be ineffective in delaying sex, decreasing the number of sexual partners, and preventing teen pregnancy or STIs (Elia & Tokunaga, 2015).

The decision about what type of sex education curricula to use in schools is left up to individual states; however, although there is federal funding available to states that choose to use abstinence-only sex education, there is not the same type of funding available for comprehensive sex education (Kohler et al., 2008; Planned Parenthood, 2019). At the individual state and local levels, lawmakers make decisions about what is and is not included in school-based sex education (Planned Parenthood, 2019). Despite the availability of federal funds for states that adopt the abstinence-only approach, the literature does not indicate that this is the primary reason states choose to adopt this approach. Information from the Guttmacher Institute (2019) indicates that the majority of U.S. states adopt an abstinence-only approach to sex education (see

Appendix B). When provided, 37 states' sex education content requirements include information on abstinence and of these 27 out of 37 require that abstinence be stressed (Guttmacher Institute, 2019). Eighteen states include information on the importance of sex within marriage (Guttmacher Institute, 2019). Twenty-two and twenty-five states include information on healthy decision-making and avoiding coercion, respectively (Guttmacher Institute, 2019).

The CDC lists 16 critical topics that should be included in sexual health education and according to a national survey, less than 50% of states include all 16 topics in their high school sex education curricula (Leung, 2019). Additionally, it was found that within 1 school year an average of 6.2 hours was spent on instruction of human sexuality and 4 hours or less was spent on instruction about HIV, STIs, and pregnancy prevention (Leung, 2019). Despite the current foci of sex education in schools, there seems to be more of a movement towards comprehensive sex education among parents. According to a national study conducted in 2017, approximately 94% of parents believe that topics such as puberty, healthy relationships, abstinence, birth control, STIs, and sexual orientation should be included in sex education curricula (Kantor & Levitz, 2017).

The curricula utilized for sex education also warrants consideration. Some curricula rely on outdated sources of information for others issues related to sex such as the dangers of legal abortion (United States House of Representatives Committee on Government Reform—Minority Staff Special Investigations Divisions, 2004). One curriculum, the name of which was not listed in reviewed sources, relies on data from the 1970s that states that abortions could cause sterility. However, professionals in the field of obstetrics have found that abortions do not alter fertility (United States House of Representatives Committee on Government Reform—Minority Staff Special Investigations Divisions, 2004).

## **Sex Education for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Youth**

Regardless of type (abstinence-only or comprehensive), sex education curricula are largely designed for heterosexual students, thus excluding other populations who are in need of appropriate sex education (Pingel, Thomas, Harmell, & Bauermeister, 2013; Gowen & Wings-Yanez, 2014). Members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) community are taught about the implications of unprotected heterosexual intercourse, and do not receive information on sexual orientation, gender identities, and non-heterosexual sex behaviors (Thomas, Harmell, & Bauermeister, 2013). Of the 21 states that have policies mandating sex education, only 9 require a discussion of sexual orientation that is inclusive of LGBTQ youth (Gowen & Wings-Yanez, 2014) (see Appendix C). Additionally, two federal funding streams, Teen Pregnancy Prevention Initiatives (TPPI) and Personal Responsibility Education Program (PREP), were created in 2010 to provide evidence-based, medically accurate, and age appropriate sex education (McCarty-Caplan, 2013). However, TPPI and PREP lack clear support for LGBTQ youth and perpetuate a heteronormative presentation of sex education content (McCarty-Caplan, 2013).

Implementing sex education curricula that excludes relevant information for LGBTQ students puts this group at risk for engaging in unhealthy sexual behaviors and experiencing difficulty with expressing sexual desires and intentions. LGBTQ students are affected by STIs at a disproportionate rate than their heterosexual peers, and not receiving the appropriate sexual health information contributes to this issue (McCarty-Caplan, 2013). Moreover, LGBTQ students who do not receive inclusive sex education can feel isolated, excluded, and like their existence does not matter (McCarty-Caplan, 2013). For example, in a study conducted with young men who have sex with men (YMSM), it was found that these men received inadequate

sex education in the school setting, did not feel prepared to protect themselves from STIs, and did not feel prepared to advocate for their sexual needs and/or desires (Pingel, Thomas, Harmell, & Bauermeister, 2013) When LGBTQ students do ask questions, they often are met with silencing tactics such as not answering questions asked about LGBTQ persons or issues (Gown & Wings-Yanez, 2014). Additionally, LGBTQ students are often pathologized in the classroom through discussions about the association between being gay and being at risk for HIV/AIDS, statements that suggest children of LGBTQ parents have difficulties, and teaching that it is dangerous to engage in sexual intercourse outside of vaginal intercourse (Gowen & Wings-Yanez, 2014). Sex education teachers who want to include information that addresses the needs of LGBTQ students have limited training opportunities related to how to integrate topics of sexuality into the classroom (McCarty-Caplan, 2013).

The literature, however, does provide various recommendations for making sex education more LGBTQ-inclusive. It is recommended that teachers learn about sexual orientation and gender identities so that their presentation of sex education topics is broader (Gowen & Wings-Yanez, 2014). All students, regardless of sexual orientation and gender identity, should be taught about different sexual and gender orientations (Gowen & Wings-Yanez, 2014). Schools also should seek out and implement curricula that were developed from diverse and informed perspectives (McCarty-Caplan, 2013). Finally, content presentation should be engaging and allow students to hear and discuss different viewpoints and experiences (McCarty-Caplan, 2013).

Health organizations such as the Society for Adolescent Medicine, the American Public Health Association, and the American Medical Association have distributed position papers and statements that express their support for LGBTQ inclusive sex education (A Call to Action, a briefing to the House of Representatives, 2015). In a sexual health briefing presented to the

House of Representatives in 2015, parents and community members were encouraged to become advocates by speaking to school boards, school administrators, school health advisory committees, and teachers about the need for LGBTQ inclusive sex education (A Call to Action, a briefing to the House of Representatives, 2015). Educators were called to create and implement LGBTQ-inclusive sex education curricula by utilizing resources such as Planned Parenthood, LGBTQ Issues in Schools, and “Responsive Classroom Curriculum for Lesbian, Gay, Bisexual, Transgender, and Questioning Students” in *Creating Safe and Supportive Learning Environments: A Guide for Working with Lesbian, Gay, Bisexual, and Questioning Youth and Families*” (A Call to Action, a briefing to the House of Representatives, 2015). Policymakers were called to remove legal barriers by working at the federal, state, and local levels to support funding for effective and inclusive sex education, as well as work to remove restrictions in policies so that sex education provides information beyond disease and pregnancy (A Call to Action, a briefing to the House of Representatives, 2015).

In 2019, 18 bills have been introduced in 11 states that require sex education to include information that addresses the needs of LGBTQ students. Some measures require that all students be taught about gender identity and sexual orientation (Nash, Keller, & Naide, 2019). At the federal level, Representative Barbara Lee (D-CA) and Senator Cory Booker (D-NJ) are working to reintroduce the Real Education for Healthy Youth Act (REHYA). This act provides youth with sex education that is medically accurate and comprehensive and amends current federal law so that it requires sex education to not stigmatize sex or shame LGBTQ students (Nash et al., 2019).

Florida, is one of nine states that does not have a legal sex education mandate (Lowen, 2019). Instead, local school boards have close to full authority to decide what information is

included in sex education curricula (Reeves, 2019). School officials select the curriculum that best reflects local values which causes variations between counties in the sex education students receive (Reeves, 2019). Lawmakers only require that abstinence be stressed during the implementation of sex education curricula (Reeves, 2019).

As of 2017, fifteen school districts in the state of Florida implemented a comprehensive health education policy that has a requirement for comprehensive sex and reproductive health education curricula (Florida Department of Education, 2019). According to the Florida Department of Education (2019), curricula should include information about abstinence being the only certain way to avoid pregnancy or STIs; the consequences of teenage pregnancy; the health benefits and potential side effects of contraception; responsible decision making, communication, and relationship skills; and the importance of family-child communication (Florida Department of Education, 2019). Instruction using these curricula would begin in 6<sup>th</sup> grade and continue through high school (Florida Department of Education, 2019). This change, in part, is a result of the high rate of STIs among adolescents in various counties throughout the state of Florida (Reeves, 2019). Since 2007, adolescents in Hillsborough and Pinellas counties, for example, have contracted chlamydia, gonorrhea, and syphilis at a rate higher than the state average annually (Reeves, 2019). Hillsborough and Pinellas counties are two of the fifteen counties that have chosen to implement comprehensive sex education instead of abstinence-only (Florida Department of Education, 2019). While some counties in Florida work to adopt a more comprehensive approach to sex education, there is little evidence that information that is inclusive of LGBTQ youth is being provided as that information was not outlined in the topics to be covered in the newly adopted comprehensive curricula (Reeves, 2019). Minimal legislation that addresses the sexual health needs of LGBTQ youth has perhaps contributed to the lack of



LGBTQ inclusive sex education curricula. As such, further examination of state level sex education policies is needed.

### **Purpose and Research Questions**

The literature of LGBTQ youth and sex education indicates that sex education curricula and instruction do not typically address LGBTQ issues. Although calls for more inclusivity in sex education curricula exist, more research is needed to inform more inclusive curricula. The present study seeks to examine existing and/or proposed state policy across the nation to explore whether existing and proposed state policies address the sex education needs of LGBTQ youth. This study analyzed recently proposed and/or enacted state policies across the United States that address sex education. Additionally, this study used key informant interviews to examine LGBTQ youth's perspectives regarding whether the sex education curriculum they received in high school is inclusive of their needs and experiences. In this study, inclusivity, will be defined as the content of sex education curriculum being applicable and useful to *all* students regardless of sexual orientation or gender identity.

Specific research questions will be:

- 1) How is the inclusivity of sex education addressed through existing and/or proposed state policy?
- 2) How do LGBTQ youth describe the inclusiveness of high school sex education in Florida?
- 3) What are the perspectives of LGBTQ youth regarding what content is missing from sex education curricula in local school districts in the state of Florida?

## **Research Paradigm**

### **Policy Analysis Approach**

This policy analysis was conducted based on a Rational Model. The process of policy analysis assumes that a problem exists that requires policy makers to make a decision (Carley, 1980). The policy issue must be defined in a way that is manageable; a single analysis cannot accurately capture the full complexity of a problem and therefore the analysis must focus on the most relevant effects of the identified problem (Carley, 1980). The effects of policy issues make up the decision space (Carley, 1980). The decision space outlines the range of choice education stakeholders have based on the effects or implications of various policies. A rational model contains five steps according to Carley (1980):

1. A problem which requires action is identified and goals, values, and objectives related to the problem are classified and organized.
2. All important possible ways of solving the problem or achieving goals and objectives are listed—these are alternative strategies, courses of action, or policies
3. The important consequences which would follow from each alternative strategy are predicted and the probability of those consequences occurring is estimated.
4. The consequences of each strategy are then compared to the goals and objectives identified above.
5. Finally, a policy or strategy is selected in which consequences most closely match goals and objectives, or the problem is most nearly solved, or most, benefit is got from equal cost, or equal benefit at least cost.

Carley identified several positives to rational analysis, two were found to be most relevant to the current study. Rational analysis fosters a systematic approach to examining policy issues and works to simplify the complex realities of policy issues for decision makers (Carley, 1980). In this study, policies were systematically coded, themed, and dissected through the process of abstraction. Rational analysis allows for cause and effect to be tested through identifying the implications of policy alternatives (Carley, 1980). The implications of both LGBTQ-inclusive and LGBTQ-exclusive policies on sex education practices were identified based on the results of the policy analysis and related literature. Carley also identified problems with the rational model. The rational model has been identified as divergent from reality because it is too comprehensive (Carley, 1980). At its most extreme, the rational model requires the collection of all data and the analysis of all possible policy alternatives and consequences that are relevant to the identified problem which prevents the researcher from clearly defining the decision space (Carley, 1980). What is most likely to be accomplished might be described as “limited or partial rationality” where only some alternatives and implications related to the defined problem are analyzed (Carley, 1980). Therefore, it is recommended that the rational model be viewed as a perspective on the policy issue rather than a technique.

A more recent article by Sok and No (2018), identified eight steps to policy analysis using a rational model: Identify and define the policy issue; gather the evidence; identify alternatives; determine the evaluation criteria; predict outcomes; discuss tradeoffs; make a decision; and tell the story. The problem identification step should frame the policy issue in a way that identifies a course of action (Sok & No, 2018). After defining the policy issue, relevant evidence must be gathered from the current literature. The researcher must identify relevant databases and key terms that will be used to find studies that provide evidence for the policy

issue (Sok & No, 2018). Policy alternatives include alternative courses of action or alternative intervention strategies to solve a problem (Sok & No, 2018). The evaluative criteria are the standards by which results of alternative actions are evaluated. Predicting outcomes of policy alternatives requires identifying the impact of those alternatives as well as policies being analyzed (Sok & No, 2018). Tradeoffs can be considered the pros and cons of policies and policy alternatives; the researcher must consider whether or not a policy is feasible to implement and what makes it feasible. When at the decision step, the researcher must play the role of the decision maker by using their own analysis to determine which alternatives should be adopted (Sok & No, 2018). Finally, in the tell the story step, the researcher should be able to present the basic information of the analysis to someone who is not familiar with the issue in a way that is easy to understand. It is also important in this step to show humanity in the presentation of the data and analysis. The researcher must show how possible solutions could impact the lives of real people affected by the policies being analyzed.

### **Qualitative Approach**

According to social constructivist theory, language, society, and culture are used to construct reality (Teater, 2015). Reality is also influenced by history, society, and culture. Constructing new knowledge is dependent on social interaction with others wherein the learner is a part of the social group. Within social constructivist theory, when individuals learn, they see the significance in a social experience or concept.

I chose this theory as the framework for my study because much of the experiences I learned about from LGBTQ youth have been influenced by society and the culture of their communities as well as the culture of their school environments. The knowledge that was constructed through my interviews with study participants were a result of my interactions with

them during the interview process. To help construct valuable data and knowledge, I verbally engaged with participants beyond asking interview questions. As participants answered questions, I needed to respond and reflect on what participants shared, ask follow up questions, and self-disclose when necessary in an effort to create a social interaction that allowed participants to feel comfortable disclosing personal information. As the learner, I found there to be great significance in hearing about the sex education experiences of LGBTQ youth as it provided a human perspective to what the research tells us about LGBTQ-Exclusive sex education. I also found hearing about LGBTQ youth's sex education experiences significant because I am not a member of their community and as such, I constructed my knowledge with individuals from this community who provided first-hand accounts, opinions, and perspectives that I would not otherwise be privy to.

### **Significance of the Study**

State policies that include language that is inclusive of LGBTQ students can serve as a framework for policy makers from states that are lacking in LGBTQ-inclusive sex education policy. Results of this study also can provide direction to the developers of sex education curricula on what information is necessary to make sex education curricula more inclusive of LGBTQ students. Key informant interviews may provide researchers with preliminary information regarding the perspectives of LGBTQ youth regarding their experiences in sex education. This information may motivate researchers to conduct more studies that provide opportunities for the voices of LGBTQ youth to be heard. Researchers may conduct studies that highlight the sex education needs of LGBTQ youth based on needs expressed in key informant interviews. Researchers may be able to use the results of this study to inform a more in-depth analysis of the effects that sex education policy has on the implementation of sex education in

the classroom. Developers may include information about sexual orientation, gender identity, safe sex practices for same sex partners, etc. Teachers can also use the results of this study to inform the way they present sex education content as not to exclude their LGBTQ students. The results of this study may motivate teachers to learn more about topics related to LGBTQ-inclusive sex education. Relevant additions to the provided sex education curricula can be made by teachers to ensure LGBTQ students are receiving the information they need. Teachers using the information provided in this study can help limit the stigmatization of LGBTQ youth in their school communities. Results of this study may also influence state policies as they relate to guidelines and requirements for content included in sex education taught in public schools. More states may adopt policies that require LGBTQ inclusive content be taught in sex education courses if they better understand how LGBTQ students understand and experience current sex education curricula.

Receiving LGBTQ-inclusive sex education may lower their risk of contracting STI's and provide them with the knowledge necessary to make appropriate decisions about their sexual health. LGBTQ-inclusive sex education also has the potential to lower the mental health risks that exist for LGBTQ youth by destigmatizing their sexual experiences and normalizing their inclusion in conversations surrounding sex education.

### **Definition of Key Terms**

#### **LGBTQ- inclusive sex education**

LGBTQ- inclusive sex education is defined as the inclusion of components that are relevant to LGBTQ youth (Gowen & Winges-Yanez, 2013).

### **LGBTQ- exclusive sex education**

LGBTQ-exclusive sex education is defined as sex education materials or experiences that are disrespectful, or not relevant to LGBTQ youth (Gowen & Wings-Yanez, 2013).

### **Heteronormative**

Heteronormative is defined as content relating to or based on the presumption that heterosexuality is the only normal expression of sexuality (Merriam-Webster, 2019).

## **Chapter 2: Literature Review**

Sex education is information about body development, sexuality, sex, and relationships that provides skills to help students communicate and make appropriate decisions about sex and sexual health (Bridges & Hauser, 2014). Students receiving sex education should learn about sexual violence prevention, gender identity, sexual orientation, reproduction, puberty development, contraception and condoms, and abstinence (Bridges & Hauser, 2014). Sex education curricula should be research and evidence-based and provide developmentally appropriate and relevant information for all students regardless of identity or cultural background (Bridges & Hauser, 2014). However, sex education today typically does not meet these standards. This chapter will address the state of sex education today by reviewing the literature on (a) the history of sex education, (b) abstinence-only and comprehensive sex education, (c) LGBTQ youth issues in sex education curricula, and (d) inclusive sex education.

### **History of Sex Education in the United States**

In the early days of sex education, it was important that it not generate interest and curiosity about sex (Carter, 2004). Sex education was first offered in the United States in Chicago public schools in 1913 as a result of a social hygiene movement (Elia & Tokunaga, 2015). Students in secondary schools received sex education through biology, physical education, and health curricula (Elia & Tokunaga, 2015). Topics focused on reproductive anatomy and physiology, preventing diseases, and hygiene (Elia & Tokunaga, 2015). It was also taught that sex was only to be had between married people to have children (Elia & Tokunaga,



2015). During this time, efforts to teach sexual education were not sensitive to LGBTQ individuals, racial and ethnic issues, socioeconomic status, ability, and other identities (Elia & Tokunga, 2015). Due to disapproval from the public and city government, sex education lectures were cancelled after one semester (Carter, 2004). Those who opposed this sex education program argued that knowledge about sexual physiology, reproduction, and disease might corrupt young people's morals (Carter, 2004). It was also argued that instruction about sex was a part of moral education and as such, was the responsibility of the home and church (Carter, 2004). After the first attempt to introduce sex education in schools was met with opposition, individual high school principals in the Chicagoland area were offering without permission from their boards of education (Carter, 2004).

By 1927, 45% of high schools in the U.S. offered sex education, and 29% of those high schools developed programs that addressed personal and social adjustment, character and mental health, and physical health (Carter, 2004). Although sex education in some places included aims to address hygiene and prevent disease, researchers argue that sex education in the United States was established in the context of beliefs that homosexuality is a danger to society, adolescent sexuality is immoral, and talking about sex causes social decline (McCarty-Caplan, 2013). These notions resulted in the idea of abstinence-only until marriage instruction that has been present throughout the history of sex education in the U.S.

Beginning in the 1980s fundamentalist and religious conservative groups that were initially against school-based sex education started a movement for school-based abstinence-only education (Kendall, 2008). However, former president Ronald Reagan provided minimal funding for abstinence-only sex education through the Adolescent Family Life Act of 1980 (McCarty-Caplan, 2013), which began the trend of federal funding for abstinence-only education. During

Bill Clinton's term in the 1990s, a congressional bill was signed that allocated half a billion dollars for abstinence-only education as a part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Kendall, 2008). The increase in federal funding for abstinence-only education continued to increase until 2010 (Kendall, 2008). To receive abstinence-only federal funds, programs had to meet several guidelines. Guidelines defined abstinence-only education as a program that (Kendall, 2008):

A: Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.

B: Teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children.

C: Teaches that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, and other associated health problems.

D: Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.

E: Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.

G: Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.

H: Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

In the early 2000s U.S. states and individual school districts began to advocate more for the use of abstinence-only programs in sex education (Starkman & Rajami, 2002). At that time

34 states required that abstinence be covered and 25 states required that it be stressed, while only 19 states required that contraception be covered (Starkman & Rajami, 2002). However, in the late 2000s, the trend toward abstinence-only education ebbed in part due to comprehensive sex education programs developed during the 1990s and 2000s as the result of a call to reform sex education to broaden it beyond discussions of abstinence (Thompson, 2018). In fact, in 2009, out of the states that were eligible for federal funds for abstinence-only education, more than half refused the funds (McCarty-Caplan, 2013). When Barack Obama was elected to his first term, there was more political and popular support for more comprehensive sex education which ended the monopoly abstinence-only education had on federal funds (McCarty-Caplan, 2013). President Obama ended all funding for acts and policies that funded abstinence-only education and suggested that the funds be redistributed to support evidence-based, medically accurate, age-appropriate sex education (McCarty-Caplan, 2013). In 2010, two new strands of federal funds were created: Teen Pregnancy Prevention Initiatives (TPPI) and the Personal Responsibility Education Program (PREP). TPPI was a part of the Consolidation and Appropriations Act of 2010 that supported public and private organizations that provide sex education that is medically accurate and age appropriate to assist in reducing teen pregnancy. PREP was created under the Patient Protection and Affordable Care Act of 2010. PREP is meant to give young people medically accurate and age-appropriate, evidence-based sex education that reduces the risk of pregnancy and STIs. PREP provides funding for programs that teach about both abstinence and contraception. Funding for TPPI and PREP equals \$185 million annually.

### **The Status of Sex Education and Youth Outcomes in Florida**

Outcomes of youth in Florida indicate a need to investigate issues related to sex education for youth. In 2017, the teen birth rate per 1,000 females age 15-19 was 18.2 compared

to the national rate of 18.8 (CDC, 2019). Florida ranks 7<sup>th</sup> highest in the nation for reported cases of syphilis and 18<sup>th</sup> highest in the nation for average reported cases of STIs (CDC, 2019). There were 1,500 reported cases of bacterial STIs per 100,000 adolescents between the ages of 13 and 18 (Florida Department of Health, n.d.).

To address these issues, the Florida Department of Education has stipulated that curricula should include information about abstinence being the only certain way to avoid pregnancy or STIs; the consequences of teenage pregnancy; the health benefits and potential side effects of contraception; responsible decision making, communication, and relationship skills; and the importance of family-child communication (Florida Department of Education, 2019). Despite the comprehensive sex education language, vestiges of abstinence-only education are evident. Beginning in the 2007-2008 school year, high school students in the state of Florida had the option to take one-half credit of Physical Education and one-half credit of personal fitness or one credit of “Health Opportunities through Physical Engagement” (HOPE; SEICUS, 2010). HOPE teaches information on fitness, health concepts, and disease prevention including HIV/AIDS and other STIs (SEICUS, 2010). However, parents have the option to request that their student be exempt from instruction on HIV/AIDS within the HOPE curriculum (SEICUS, 2010). According to section 1003.46 of the Florida State Statutes: Health Education; Instruction in Acquired Immune Deficiency Syndrome, school boards in individual districts can provide education in Acquired Immune Deficiency Syndrome (AIDS) as a part of health education (Florida Department of Education, 2019). Instruction can include symptoms, risk factors, how to control the spread of the disease, and how it is transmitted (Florida Department of Education, 2019). However, if instruction in AIDS includes information about human sexuality, a school must teach the standard of abstinence from sex outside of marriage and the benefits of heterosexual

marriage, teach that abstinence is the only certain way to prevent pregnancy outside of marriage and STIs, teach that each student is responsible for their own behavior, and give information that is appropriate for age and grade (Florida Department of Education, n.d.).

### **Current Recommendations for Sex Education**

Contemporary views of sex education indicate that the school setting is a necessary place for sex education because sexual health can affect academic success, students may not receive this information outside of the school setting, and when given the proper information and training teachers are the qualified adults to provide youth with this information. According to the Centers for Disease Control and Prevention (CDC), students who do not engage in health risk behaviors earn higher grades than students who do engage in health risk behaviors. Unintended pregnancies and health-related problems contribute to absenteeism and dropout. Not only can providing sex education in the school setting contribute to academic success, but it also works to provide students with the skills and tools necessary to avoid health risk behaviors once they are finished with school and are more autonomous.

To address the need to promote sexually healthy behaviors, various groups have been developing standards. The National Sexuality Education standards were developed for students in grades K-12 for the purpose of addressing the inconsistency in sex education implementation nationwide (The Future of Sex Education Initiative, 2011). These standards cover anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, sexually transmitted diseases and HIV, healthy relationships, and personal safety. Within each standard there is information students should know by the end of one grade level and before entering the next (The Future of Sex Education Initiative, 2011). For example, within the standard of identity,

by the end of 2<sup>nd</sup> grade students should be able to identify differences and similarities in how boys and girls are expected to act (The Future of Sex Education Initiative, 2011).

The Sexuality Information Education Council of the United States (SIECUS) also created guidelines for students in grades K-12 (Elia & Eliason, 2010). SIECUS' guidelines focused specifically on comprehensive sex education and provides specific guidelines related to LGBTQ matters. This information will be reviewed below when I discuss the literature on LGBTQ inclusive sex education.

### **Research on Abstinence-only and Comprehensive Sex Education**

There are two common forms of sex education used in the United States, abstinence-only and comprehensive. Abstinence-only sex education teaches students that they should refrain from having sex until marriage and discusses the ineffectiveness of birth control methods (Kohler et al., 2008). Comprehensive sex education informs students about birth control methods that prevent pregnancy and condoms to prevent STIs while integrating messages about abstinence (Kohler et al., 2008). Supporters of abstinence-only programming believe that abstinence is the only completely effective way of preventing teen pregnancy, however there is limited evidence that abstinence-only programs are effective in convincing youth to delay sexual activity until marriage and avoiding pregnancy (Smith, Panisch, Malespin, & Pereira, 2017; Stanger-Hall & Hall, 2011, Starkman & Rajami, 2002). On the other hand, evidence has shown that comprehensive sex education has reduced rates of teen pregnancy and STIs (Starkman & Rajami, 2002). Students who experienced comprehensive sex education use contraception and practice safer sex when they become sexually active (Starkman & Rajami, 2002).

Stanger-Hall and Hall (2011) conducted a study to evaluate the abstinence-only approach to sex education in the U.S. and identify the most effective approach to reduce teen pregnancy rates. Researchers collected data on abstinence education; on sex education laws and policies for all 50 states; and on teen pregnancy, birth, and abortion rates (excluding North Dakota and Wyoming; Stanger-Hall & Hall, 2011). The following results describe the frequency with which abstinence and/or comprehensive sex education is referenced in state laws and policies. Twenty-one out of 48 states stressed abstinence-only education in their state laws and policies in 2005 and those states had an average teen pregnancy rate of 73.24 per 1000 teens compared to the national average of 72.2. Seven states emphasized abstinence education and those states had an average teen pregnancy rate of 61.86 per 1000 teens compared to the national average of 72.2. Some states combined abstinence and comprehensive approaches to sex education. Eleven states covered abstinence within a comprehensive sex education curriculum and those states had an average teen pregnancy rate of 56.36 per 1000 teens compared to the national average of 72.2. Nine states did not mention abstinence in their state laws or policies and those states had an average teen pregnancy rate of 58.78 per 1000 compared to the national average of 72.2. The results of this study suggest that less emphasis on abstinence in sex education is associated with lower rates of teen pregnancy.

Kohler, Manhart, and Lafferty (2008) conducted a study in which researchers used data from cycle 6 of the National Survey of Family Growth (NSFG) to examine whether the risk of STI and pregnancy differ based on the type of sex education adolescents receive. Researchers also wanted to know if teaching about contraception increases the risk of engaging in sexual activity before marriage. Researchers asked the adolescent subset of the NSFG who were aged 15-19 additional questions about sex education, sexual behavior, pregnancy, and STIs. The

sample included never married, heterosexual teens who reported no formal sex education, those who received formal sex education on “how to say no to sex” only, or those who received formal sex education covering both “saying no to sex” and teaching about birth control. Researchers examined three measures of adolescent sexual risk: engaging in vaginal intercourse (self-reported), pregnancy (total number reported by males and females), and STI (self-reported). The data collected were analyzed using a stratified weighted analysis.

Results showed that abstinence-only education had no significant association with an adolescent engaging in vaginal intercourse (Kohler et al., 2008). Results also showed a minor negative association between comprehensive sex education and vaginal intercourse. Adolescents who received comprehensive sex education were significantly less likely to report teen pregnancy when compared to adolescents who did not receive any sex education; however, there was not a significant association between abstinence-only sex education and teen pregnancy when compared to adolescents who did not receive sex education. There was no significant association between abstinence-only or comprehensive sex education with risk of STIs when compared to those who did not receive sex education. Overall, this study found that abstinence-only sex education did not significantly affect delaying sexual activity or minimizing the risk for teen pregnancy and STI. In contrast, comprehensive sex education had a significant association with reduced risk of teen pregnancy and a minor association with adolescents being less likely to become sexually active.

Both of the above studies found evidence that comprehensive sex education has stronger relationships with delaying sexual activity and with lower rates of teen pregnancy than abstinence-only sex education and delaying sexual activity and lower rates of teen pregnancy. Both studies used quantitative data to provide evidence for the level of effectiveness of each type



of curriculum, but they are not without limitations. For example, Kohler et al.'s (2008) study also had some sample limitations as the majority of respondents were white ( $M=76.7$ ), and respondents had to be heterosexual. A rationale was provided for why non-heterosexual respondents were excluded however their exclusion limits the generalizability of the study's results. Non-heterosexual respondents were excluded because sex education programs do not address "same-sex behaviors." This specific exclusion criterion also highlights an area that should be further explored; the effects of abstinence-only and/or comprehensive sex education on non-heterosexual teens' delaying of sexual activity and risk for STIs. There is limited research outlining the factors related to non-heterosexual teens' delaying of sexual activity. Some research has found that they initiate sexual activity during early adolescence (Rosario et al., 1999). Other studies have shown that LGBTQ youth are at greater risk for contracting STIs due to the limited information they are given about safe sex practices (Pingel et al., 2013; McCarty-Caplan, 2013). However, the relations between these outcomes and sex education have not been well established.

Kirby (2008) conducted a literature review to examine the impact of abstinence and comprehensive sex education programs on adolescent sexual behavior. To be included in this review, programs had to focus on middle school or high school age youth; be implemented in the U.S.; be a curriculum-based abstinence, sex, or STI/HIV education program; and focus on sexual behaviors. The research methods behind each program had to include an experimental or quasi-experimental design; measure program impact on: use of condoms, frequency of sex, initiation of sex, number of sexual partners, pregnancy rates, birth rates, and/or STI rates; measure impact on quickly changing behaviors (i.e., frequency of sex, sexual partners, use of contraception, etc.) for 3 months, and be completed in 1990 or later. Studies were identified by searching 10 databases,

reviewing 12 journals, contacting researchers, and reviewing reports. Eight studies of abstinence programs and forty-eight studies of comprehensive programs were included in this review.

Kirby (2008) found that two studies of abstinence curricula used a strict experimental design and statistical analyses and followed youth participants for 4 to 6 years. Results of those studies indicated that the curricula did not affect initiation of sex, age at initiation of sex, abstinence in the previous year, number of sexual partners, or use of condoms during sex. A third study examined the impact of a five-session curriculum focused on delaying initiation of sex. There were no significant positive effects on any behavior. The five remaining studies had weaker methods than the previously mentioned studies. These studies used quasi-experimental designs, had high rates of attrition, measured impact for a shorter period of time, and had weaker statistical analyses. Of these five studies, two found that the programs they evaluated delayed initiation of sexual activity. The remaining three studies found no significant effects on sexual behavior.

After comprehensive programs were reviewed, it was found that 47% of the programs delayed the initiation of sex and 29% of reviewed programs reduced the frequency with which adolescents engaged in sex (Kirby, 2007). Forty-six percent of programs reduced the number of sexual partners. Condom use was increased in 47% of reviewed programs and 44% of programs increased contraceptive use. Finally, sixty-two percent of reviewed programs reduced sexual risk behaviors. Positive results occurred more often in studies that employed an experimental design rather than a quasi-experimental design. It was found that effective comprehensive programs did the following during the curriculum development process: involved multiple people with knowledge in theory, research, sex and STI/HIV education; assessed the needs of the target population; specified health goals, behaviors affecting those goals, risk and protective factors

affecting behaviors, and activities to change those risk and protective factors; designed activities that were aligned with community values and available resources; and pilot tested the program (Kirby, 2007). Effective comprehensive programs included the following within the curriculum: clear health goals; focus on specific types of behaviors leading to the health goals; information about sexual psychosocial risk and protective factors that affect sexual behaviors; creation of a safe social environment for young people to participate; multiple activities to change each of the targeted risk behaviors and engage in protective factors; instructionally sound teaching methods; activities, instructional methods, and behavioral messages that were culturally and developmentally appropriate; topics were covered in a logical sequence (Kirby, 2007). While implementing the curriculum, effective programs did the following: gained support from appropriate authorities such as departments of health, school districts, etc.; selected, trained, and supervised educators to implement the curriculum; when needed, engaged in activities to recruit young people and overcome barriers to their involvement such as offering food; and implemented all activities with fidelity (Kirby, 2007).

Grossman, Tracy, Charmaraman, Ceder, and Ekrut (2014) conducted a study to assess the 3-year longitudinal impact of *Get Real* on delaying sex among middle school boys and girls. *Get Real: Comprehensive Sex Education That Works* is a sex education program designed for middle school students. (Grossman et al., 2014). This program was developed by the Planned Parenthood League of Massachusetts; a goal of this organization is to delay sexual intercourse. Each grade (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>) has 9 lessons that focus on relational skill-building as a way to make healthy choices in regards to sexual relationships. The curriculum is based on the theory of planned behavior. The curriculum includes 8 family activities in each grade that give parents the opportunity to share their values about sex and relationships. These activities help to increase

families' comfort in talking about these topics. Family activities include discussing media images of sexuality, talking about healthy and unhealthy relationships, answering true/false questions about HIV and AIDS, and practicing how to say no to unwanted activities. Preliminary research conducted on the impact of the first 9 lessons and additional family activities indicated that both are associated with lower rates of early sexual debut. In addition to the program, researchers also examined if there was a contribution of family activity on delaying sex among participants.

This study had a total of 2453 participants over 3 years. The curriculum was implemented in 24 middle schools. Students at each middle school were randomly assigned to a treatment or comparison group. Students in the treatment groups received the curriculum and students in the comparison group received the sex education program that was already in place at their schools. Participants took surveys at the beginning of 6<sup>th</sup>, beginning of 7<sup>th</sup>, and end of 8<sup>th</sup> grade to assess their change in knowledge, attitudes, and behaviors related to relationships and sexual health.

The results of this study indicate that girls who were a part of the intervention group had a rate of 22.4% for sexual debut, which was 15% lower than girls in the comparison group (Grossman et al., 2014). For boys in the intervention group, the rate of sexual debut was 33.2% which was 16% lower than for boys in the comparison group. Furthermore, it was found that 6<sup>th</sup> grade boys' delaying of sex was related to engaging in the family activities included in the Get Real curriculum.

## **LGBTQ Youth and Sex Education**

Research has shown that content included in sex education curricula does not address the needs of all populations of students. Many historically under-represented and marginalized

populations such as the LGBTQ community, racial minorities, students with disabilities, and women do not receive instruction in sex education that meets their specific needs. The following review of the literature focuses primarily on LGBTQ youth because they are a population that is not represented and at high risk for engaging in health risk behaviors and health problems (Elia and Tokunaga, 2015). These youth are more often affected by STIs than their heterosexual peers, however, sex education is often defined based on hetero-normative ideas (McCarty-Caplan, 2013). LGBTQ youth have a need for sex education, but they do not receive sex education that is relevant to their unique experiences. Many sex education programs, especially those that are abstinence-only convey expectations of heterosexual marriage or behavior and provide no information on sexual orientation, which can cause LGBTQ students to feel isolated, angry, and like their existence does not matter (Gowen & Wings-Yanez, 2014).

Estes (2017) conducted a study to examine the information lesbian, gay, and bisexual individuals learned from their parents and school regarding sex education. Ten in-depth interviews were conducted with 8 participants who were recruited from a public university in the southeast region of the U.S. All male participants identified as gay, three women identified as lesbian, two participants identified as pansexual lesbians, and one participant identified as bisexual. Participants were asked 21 open ended questions that examined the sex education participants received at home, contexts of conversations, sexual orientation, differing conversations once sexual orientation was revealed, sexual education received in school, and where participants got their sex education if it was not provided at home or school. Data collected from interviews were analyzed using a ground theory approach that consisted of two coding stages. Interview questions were used as broad coding categories and each category was

sub-coded based on themes that came from each category. A line-by-line coding process was used.

The first broad category identified was sex education at home (Estes, 2017). Within this category several themes emerged: the absence of sexual conversations that took place at home, discussing sexuality makes parents uncomfortable, parents assume sex education is taught in school and as a result do not engage in those conversations at home, parents who do engage in sexual conversations do so from a heterosexual lens, and parents lack knowledge about LGB sex. The second broad category identified was sex education at school. Within this category the following themes emerged: abstinence was the primary focus of school-based sex education, LGB individuals found sex education to be exclusionary and useless because of the heterosexual focus, and school-based sex education made LGB individuals feel invisible, unimportant, and unformed. The third broad category was participants obtaining sex education information on their own from outside sources. The theme that emerged in this category was the majority of information participants received regarding sexual health and behaviors came from media outlets.

The results of this study indicated that LGB individuals' perspectives were that they received inadequate and exclusive sex education in both the school and home setting. Discussions around sexual health and sex behaviors were heteronormative and did not provide information that is relevant to LGB youth. The limited availability of relevant information in sex education caused some LGB youth to seek out information on their own using media outlets. By gaining information from media outlets, LGB youth were still at risk for receiving inaccurate information. One limitation of this study was that all participants were out to their families; individuals who were not out to their families may have different experiences or interpretations

of sex education at home and at school. Another limitation of this study was the racial demographics of the study. Most participants were white. Future studies should strive for a more comprehensive sample.

Pingel, Thomas, and Bauermeister (2013) conducted a study to examine the experiences of young gay, bisexual, and/or questioning men (YGBQM) and assess their recommendations for developing sex education materials that are relevant to their sexuality and social realities. Participants included 30 YGBQM who resided in the state of Michigan and reported using dating websites in the 3 months prior to the study. The median age of participants was 22. Researchers used semi-structured interviews to gain information about young men who have sex with men's (YMSM) experiences with sex education, use of the internet to find information about sexuality and sexual health, ideas for future sex education programming for YMSM, coming out experiences, current and past online dating experiences, sexual behavior, and the use of preventative measures for HIV. Participants reported receiving insufficient information on sexual health from their schools' sex education programs and that their needs were left out of the program. YGBQM felt that they were not prepared to protect themselves from HIV/STIs and did not know how to advocate for their sexual needs and desires. When participants were asked what they learned in their school-based sex education, they commonly reported learning about abstinence, negative consequences, and also reported receiving limited information. When participants were asked what they would change about their sex education experience, they reported including different sexual orientations, gender identities, and honest presentations of sexual behaviors beyond vaginal-penile sex as needed changes. Participants also reported that they used the internet as a resource to supplement school-based sex education (Pingel, Thomas, & Bauermeister, 2013).

Gowen and Wings-Yanez (2014) conducted a qualitative study with the purpose of developing a framework of what it means for sex education to be inclusive of LGBTQ youth from the perspective of LGBTQ youth. In this study, inclusive was defined as “sexuality education components that are relevant to LGBTQ youth, whether or not sexual and/or gender identity are explicitly mentioned” (p. 789). Exclusive was defined as “sexuality education material and/or experiences that are not relevant and/or are disrespectful to LGBTQ youth based on their sexual or gender identity” (p. 789). Researchers conducted several focus groups with LGBTQ youth from five different youth groups. Sample questions included “What topics were covered in your sexuality education class?”, “Did you feel the topics/subjects were relevant to you?”, “What do you remember about the atmosphere of the class?”, and “What do you think schools can do to make sexual education more inclusive of queer youth?”.

Overall, all focus group discussions were dominated by themes of exclusivity. Gowen and Wings-Yanez (2014) identified three themes of exclusivity: silencing, hetero-centricity, and pathologizing. Silencing involved not addressing LGBTQ issues in discussions and took two forms, passive and active silencing. Passive silencing occurred when LGBTQ relevant discussion was not included in sexuality education. Passive silencing made participants feel like “freaks.” Active silencing occurred when questions related to LGBTQ people were raised, but teachers ignored or avoided the questions. In fact, many teachers stated that discussions of LGBTQ issues were not “allowed” in the classroom. In terms of hetero-centricity, in participants’ sex education classes, heterosexuality was perceived as the norm. The education focused on vaginal intercourse and pregnancy prevention. Finally, within the theme of pathologizing, teachers often associated being gay with risk for HIV/AIDS or other STIs, perceived that sexual activity outside of vaginal



intercourse is “dangerous,” and that children growing up with LGBTQ parents would have a difficult time.

However, Gowen and Wings-Yanez (2014) also found three themes for inclusive sexuality education: token acknowledgement in the classroom, discussions outside the classroom, and full inclusiveness. Within the theme of token acknowledgement, students stated that their sex education teachers briefly acknowledged persons of different sexual orientations but did not mention people of other gender identities. Within the theme of discussions outside the classroom, participants talked about teachers who were not willing to discuss LGBTQ issues during class but were willing to discuss them after class was no longer in session. In terms of full inclusiveness, a participant described a teacher who supported students of all sexual orientations and who shared his gay identity, a different student discussed a teacher who encouraged open discussion about sex and sexuality, and youth from a focus group in an urban setting reflected on times they felt included in the discussion of sexuality education. However, those instances were rare.

Both studies reviewed thus far provided perspectives that LGBTQ students and their experiences are excluded from sex education curricula. The interviews and focus groups that were used allowed the researcher to convey the unique experiences of sexual minorities and helped the reader understand their difficulties. Both studies included questions that explored participants experiences in sex education and the results of both studies provided specific suggestions for how to improve sex education from participants who felt they did not receive the education they needed. However, a limitation of both studies was that they were each conducted in one state. Pingel and colleagues (2013) conducted their study in Michigan and Gowen and Wings-Yanez (2014) conducted their study in Oregon. As a result, the results of these studies

may not resonate with or reflect the experiences of sexual minority youth in other states. A specific limitation to the Pingel et al. study is that they only used young, gay, bisexual, and queer/questioning males. Gowen and Wings-Yanez created a more diverse sample in terms of gender and identities by including females, and transgender youth in addition to lesbian, gay, and bisexual youth. Gowen and Wings-Yanez identified excluding heterosexual and cisgender youth as a limitation to this study. A future direction for studies on the topic of inclusive sex education would be including heterosexual and cisgender individuals so that they can also contribute their perceptions of what is needed to create inclusive sex education.

Proulx and colleagues (2018) examined the associations of LGBTQ inclusive sex education with mental health outcomes and school-based victimization in U.S. high school students. One of the greatest threats to the well-being of sexual minority youth (SMY) living in the U.S. is mental health problems. In 2015, 60% of lesbian, gay, and bisexual youth experienced persistent feelings of hopelessness or sadness compared to 25% of heterosexual youth. SMY are five times more likely to report attempting suicide than their heterosexual peers and are more likely to experience depression. According to the minority stress theory, there is a heightened prevalence of adverse mental health outcomes among SMY due to consistent exposure to stigmatization because of their minority status. SMY report that most sexuality-based stigmatization comes from peers in the school setting. Fifty-eight percent of LGBTQ youth report feeling unsafe at school and 71% report experiencing verbal harassment based on their sexual identity. LGBTQ students feel that there is less bullying and more inclusivity when LGBTQ history, events, or health issues are incorporated into sex education, English, or social sciences classes.

The purpose of the Proulx et al. (2018) study was to test whether a LGBTQ-inclusive sex education is associated with mental health disparities and victimization among SMY. Researchers used data from the 2015 Youth Risk Behavior Survey (YRBS) to determine if the proportion of schools teaching LGBTQ-inclusive sex education in a state was associated with mental health outcomes and bullying victimization in a representative sample of U.S. high school students. These associations were examined to see if there were significant differences between SMY and their heterosexual peers. Researchers hypothesized that the protective associations of LGBTQ-inclusive sex education would be stronger for SMY than for heterosexual youth. Two stage, cluster sampling was used to create representativeness for public high school students in grades 9-12 in their respective states. States were included in the analysis based on 3 criteria: YRBS results were authorized to be publicly released, students in the state reported their sexual identity, and the state agreed to release data from the 2014 SHP. The following states were included in the study: Arizona, Delaware, Florida, Kentucky, Maine, Michigan, New York, North Carolina, South Dakota, West Virginia, and Wyoming. Researchers measured depressive symptoms, suicidality, a plan to commit suicide, and whether participants experienced LGBTQ-inclusive sex education. Participants selected which sexual identity—heterosexual, gay/lesbian, bisexual, or not sure—described them best. Information about the presence of statewide LGBTQ antidiscrimination policies were also included.

The results of this study indicate that bisexual youth reported the highest frequency of depressive symptoms (62.8%), suicidal thoughts (44.6%), and making a suicide plan (39.3%) (Proulx, et al., 2018). Gay/lesbian youth reported the highest instances of bullying victimization in the school setting (34.2%). In terms of lower frequencies of depressive symptoms, students who were living in states with higher numbers of schools teaching LGBTQ-inclusive sex

education had a lower likelihood of depressive symptoms. Schools teaching LGBTQ-inclusive sex education was related to significantly lower likelihood of suicidal thoughts and making a suicide plan. Additionally, LGBTQ-inclusive sex education was not a significant predictor of experiencing bullying in the school setting. Finally, this study found a reduction in the likelihood of experiencing bullying in the past year among gay and lesbian youth when compared to heterosexual youth in states with a higher number of schools teaching LGBTQ-inclusive sex education.

In summary, the results of this study indicated that LGBTQ youth experience adverse mental health outcomes that have the potential to be improved through exposure to LGBTQ-inclusive sex education. Adverse mental health outcomes and bullying/victimization were negative implications of exclusive sex education. When information that is relevant to LGBTQ youth was included in sex education, students were less likely to experience depressive symptoms, contemplate suicide, make a suicide plan, and experience bullying/victimization.

Baams, Dubas, and van Aken (2017) provided an overview of sex education content based on reports from Dutch adolescents. Researchers hypothesized that the discussion of sexual orientation and gender within sex education predicts a decrease in the instances of LGBTQ name-calling over time and an increase in peers, school personnel, and LGBTQ youth's perceived willingness to intervene (Baams et al., 2017). Data for this study were collected from six high schools in the Netherlands. These schools represented urban, suburban, and rural areas in the Netherlands (Baams et al., 2017). To be included in this study, participants answered a question about their biological sex. Five-hundred seventy-seven adolescents were included in this study with 245 identifying as male and 332 identifying as female. Sexuality education was assessed based on the topics covered, extensiveness of sexuality education, and number of topics

covered in sexuality education. Sexual orientation and gender, STI prevention, relationships, and anatomy were the topics listed from which participants could select. A 5-point likert scale was used to report the frequency with which these topics were covered. The extensiveness of sex education was determined through summing the frequency of the above topics. The number of topics covered was examined through recoding the scale used to assess topics covered and extensiveness. Specifically, 1 and 0 on the likert scale were recoded as present and never, respectively. Instances of LGBTQ name-calling was assessed by asking the following question: “Sometimes people use phrases such as ‘gay’ or ‘fag’ that are derogatory toward gay, lesbian, and bisexual people. How often do you hear phrases like the above in school?” (p. 935). The frequency of hearing those phrases was reported using a 5-point likert scale. Perceived willingness to intervene was assessed using three items: “When present, how often do [teachers or other school staff] [other students] intervene when phrases like ‘gay’ or ‘fag’ are made?” (p. 935) and “How likely are you to intervene if you saw or heard harassment based on sexual orientation?” (p. 935). Participants’ reports to all three questions were on a 5-point likert scale.

The results of this study showed that 27.1% of students reported that sexual orientation and gender were never covered in their sex education course (Baams et al., 2017). The topics covered most often were STI prevention, relationships, and anatomy. Topics that were covered less often than those listed above were sexual orientation and gender. In general, the five sex education topics did not predict changes in the perceived willingness to intervene by teachers, school personnel, fellow students, and youth themselves when in the presence of LGBTQ name-calling and did not predict a decrease in the instances of LGBTQ name-calling. Among male participants it was found that frequently covering STI prevention in sex education was associated with an increase in willingness to intervene when witnessing LGBTQ name-calling. Frequently

covering relationships in sex education was associated with an increase in willingness to intervene by teachers or school personnel specifically. Among female participants, frequently covering anatomy in sex education was associated with increased willingness to intervene. Extensive sex education at the beginning of the school year was associated with an increase in willingness to intervene by teachers or school personnel over time. Additionally, an association between extensive sex education and an increase in the willingness to intervene by other students occurred for female students only. Extensive sex education was associated with an increase in willingness to intervene by themselves for males only. Finally, extensive sex education was associated with a decrease in instances of LGBTQ name-calling among females.

Hoefler and Hoefler (2017) used a qualitative approach to examine the impact of abstinence-only sex education curricula on young adults from the following marginalized populations: young women, youth of color, LGBTQ individuals, and gender-nonconforming. Interviews were used to gain information about what participants learned during their sex education classes; activities that took place during their sex education classes; what information they received about contraception, prevention, relationship skills, anatomy, and health; attitudes of their peers and educators toward the material; and how comfortable they felt asking questions and being open about their identities during class. Additionally, participants were asked to give recommendations for changes to the sex education curriculum they received.

Researchers employed thematic analysis to code interview transcripts, which resulted in six themes (Hoefler and Hoefler, 2017). Each theme was titled using a participant quote that best represented the ideas, themes, and common responses from participants. Only themes one, two, four, and six were included in this summary as the information within these themes relate best to the experiences of LGBTQ youth in sex education. The first theme was titled “Lack of

information and resources: ‘What’s the best way to go skiing? To not ski’” (p. 262). Participants shared their frustration with what they perceived to be a lack of information and resources about sex provided in the school setting. More than half of participants shared that they found answers to their questions about sex from unreliable sources such as friends or the internet. Some participants shared a desire to be sexually knowledgeable and to appear sexually knowledgeable to their peers. Overall, participants did not feel prepared to protect themselves in sexual situations or to engage in sexual situations. Information about alternatives to condoms, how to use condoms, how condoms work, human anatomy, homosexuality, bisexuality, transgender, and nonbinary gender identities were not provided.

The second theme was titled “Inclusion of sexist and heterosexist stereotypes: ‘Guys are like waffles, women are like pancakes’” (Hoefler & Hoefler, 2017, p. 264). Participants shared that their sex education classes often relied on stereotypes related to gender and sexual orientation. Stereotypes were explicitly included in class discussions, specifically those discussions that centered around gender dynamics. These harmful stereotypes were reinforced not only in their schools but in their communities as well. This led to “othering” of students with certain identities. A common problem participants noted about their experience in sex education is the separation of students identifying as male and students identifying as female. This resulted in a lack of information about one gender being taught to the other. Some participants noted that the separation also contributed to the idea that the anatomy of a woman is complicated, mysterious, and confusing. Almost all participants recalled classmates expressing insulting or dangerous stereotypes about LGBTQ students which were reinforced by sex education teachers.

The fourth theme was titled “Lack of emotional safety and need to hide: ‘Like having a heavy blanket spread across myself’” (Hoefler & Hoefler, 2017, p. 266). Participants reported not

feeling comfortable being or expressing themselves during sex education class. Participants who identified as LGBTQ hid their sexual orientations and/or gender identities because they felt a lack of emotional safety in their sex education class and in their school communities. These stereotypes also contributed to LGBTQ students feeling confused, vulnerable, and unwelcome.

The sixth theme was titled “Educator efforts to provide information and resources: ‘There are also other options, but I have to tell you this because I have to’” (Hoefler & Hoefler, 2017, p. 269). Approximately one quarter of participants described a teacher who provided safe and informative sex education. Some participants shared that their teachers disclosed that they were required to teach about abstinence but also made an effort to inform students about other options that exist.

Curran, Hubach, Durham, Kavanaugh, Vineyard and Croff (2017) conducted a study to examine the quality of sex education offered to gay and bisexual men who grew up in Oklahoma. Additionally, researchers assessed how gay and bisexual men compensated for the lack of inclusive sex education. The state of Oklahoma was identified for this study because it is a rural, socially conservative state that does not provide equality to gay and bisexual men based on laws that criminalize HIV. Data for this study were collected through interviews. Interview questions were grouped by the following domains: experience and expression of sexual identity, sexual partner seeking, and potential determinants of sexual risk. Questions within the sexual identity domain asked participants to describe their sexuality, if they used labels to describe their sexuality, and how open they were about their sexuality. Questions regarding participants’ use of geolocation applications were included in the sexual partner seeking domain. Finally, questions that required participants to recall the sex education they received, and discuss condom use and sexual practices were included in the potential determinants of sexual risk domain.



Three themes were identified that related to participants' experiences with sex education: (1) discussing sex is shameful and stigmatizing, (2) information provided in sex education was either not relevant to participants' experiences or inadequate in breadth, and (3) the lack of information provided forced participants to find alternative methods and resources to gain information (Currin et al., 2017). Within the first theme, participants noted that they experienced shame or punishment when they brought up topics related sex, sexuality, and sexual health (Currin et al., 2017). School systems often left the responsibility of educating students about sex and sexuality to families; however, the cultural norms within these communities did not allow for discussions of sexual health. Some participants shared that they never had a formal sex education class. Approximately 15% of participants shared that religion prevented them from accessing information about sexual health.

Within the second theme, participants who reported receiving formal sex education shared that the information provided was not applicable to their lives or was inadequate (Currin et al., 2017). Participants recalled sex education information focusing on hygiene, puberty, and heterosexual concerns such as pregnancy and the development of male-female dating relationships. Some participants shared that the delivery of sex education information was not timely because it was delivered after students became sexually active. Regarding the third theme, some participants reported that they gained information about sexual health from their friends, the internet, or visual media (Currin et al., 2017). Participants who reported that sexual health information was not discussed at home or in school found visual media to be an important alternative resource. Forms of visual media included commercials or advertisements television shows, and dating websites and applications.

## **Inclusive Sex Education**

Throughout the literature there are many recommendations for ways to make sex education more inclusive. This information can be useful to developers of sex education curricula, sex education teachers, and those who choose which sex education curricula are used in schools. Creating new, more inclusive curricula can take time to develop, however if teachers want to create a more inclusive climate regarding sex education they may be able to use these recommendations to supplement information in their curriculum. It is important to understand the experiences and perspectives of LGBTQ youth so that sex education curricula and the classroom presentation of these curricula are developed with this population in mind (McCarty-Caplan, 2013). Understanding how the current state of sex education marginalizes these youth and creates an environment in which they are not given sexual health information specific to their needs and are prevented from asking questions to gain more relevant information can inform teachers about where to fill in the gaps (McCarty-Caplan, 2013). Knowing that LGBTQ youth often feel pathologized, silenced, or unimportant may bring awareness to the fact that this is an underserved population that would benefit from intentional efforts to include them in the conversation about sexual health (Gowen & Wings-Yanez, 2014).

LGBTQ students need sex education curricula that affirms them by sending a message that all students in the class have value and includes the discussion of differences in the classroom (McCarty-Caplan, 2013). This message can be accomplished by including images of LGBTQ individuals in presented materials and using language that normalizes LGBTQ relationships and sexual activities. It is important that teachers learn about sexual orientations and gender identities so that they can present relevant information to LGBTQ students (Gowen & Wings-Yanez, 2014). When students ask questions about gender and sexuality, teachers who

have knowledge in this area can answer thoughtfully and in a manner that invites discussion (Elia and Eliason, 2010). This can include, but is not limited to, being able to answer questions about types of sexual intercourse beyond the insertion of a penis into a vagina, the appropriate methods of contraception for different types of sexual intercourse, defining terms related to sexual orientation and gender identity in age-appropriate terms, presenting sexual health risk factors that are disproportionately higher for LGBTQ youth, and using language that normalizes the experiences of LGBTQ youth as it relates to sexual health. Teachers should also familiarize themselves with LGBTQ resources they can suggest to their students, which can help individuals who feel uncomfortable asking questions during class (Gowen & Wings-Yanez, 2014). This use of resources can also prevent students from receiving incorrect information they find on their own through internet searches or discussions with peers. The Planned Parenthood website provides links and printable resources related to LGBTQ sexual health that can be made available to students. There should be a shift in focus from pregnancy prevention to STI prevention so that sex education is relevant to a wider range of students (Gowen & Wings-Yanez, 2014). Incorporating information on options for preventative practices and the harmful effects of STIs is relevant to all students including those in the LGBTQ community; dedicating an equal amount of time to instruction on STI prevention as pregnancy prevention is more inclusive. The discussion of LGBTQ issues in sex education may improve school safety and climate (Gowen & Wings-Yanez, 2014). In general, students are more engaged with content when learning is student driven and this also allows for students to learn how to listen to differing viewpoints while also engaging in discussions about difference (McCarty-Caplan, 2013).

Sex education curricula should also be medically and scientifically accurate (McCarty-Caplan, 2013). Students need a more detailed discussion of anatomy that includes information about penises and vaginas instead of just the reproductive system and can also help prepare young people for the biological changes that can happen if they go through hormonal treatment (Gowen & Wings-Yanez, 2014). All students who receive sex education would benefit from discussions about healthy and unhealthy relationships; this helps highlight the emotional aspect of sexuality (Gowen & Wings-Yanez, 2014).

### **Sex Education Policy**

Individual state governments are primarily responsible for the regulation of public schools (ED, 2021). As such, the quality of education offered in each state is impacted by differing state policies (ED, 2021). These state policies regulate curricula, instructional materials, teaching methods, education standards, etc. (ED, 2021).

Legislation related to sex education influences the type and effectiveness of sex education curricula and programs. Sex education legislation can also affect the social-emotional outcomes of LGBTQ students. A state-by-state comparison of health indicators conducted in 2017 found a correlation between states where LGBTQ students report bullying and LGBTQ exclusive language found in their sex education legislation (Rollston, Grolling, & Wilkinson, 2021). Oklahoma sex education legislation requires that students be taught that the primary cause of HIV/AIDS is homosexual activity (Rollston, Grolling, & Wilkinson, 2021). Of the states that reported to the Youth Risk Behavior Surveillance System (YRBSS) in 2017, Oklahoma had the highest percentage (48.3%) of LGBTQ students who reported bullying (Rollston, Grolling, & Wilkinson, 2017). Additionally, Alabama, Arizona, Mississippi, North Carolina, and Utah include exclusive language in their sex education legislation. The 2017 comparison found that

according to the YRBSS, 40.9% of LGBTQ high school students in Arizona reported bullying (Rollston, Grolling, & Wilkinson, 2017). Language related to sex education topics used in state level legislation contributes to what is taught in the classroom and subsequently, students' sexual health outcomes. States that do not have legislation requiring students be taught about contraception (i.e., Texas, Arkansas, Nevada) were found to have the lowest rates of contraception use among high school students as reported on the YRBSS (Rollston, Grolling, & Wilkinson, 2017).

Legislation that lacks explicit language outlining the requirements of sex education curricula, programs, classes, etc., can contribute to instruction that is reflective of local or regional morals and values rather than based in scientific evidence (Rabbitte & Enriquez, 2018). Currently, there is a need for more sex education policy that is influenced by public health recommendations and scientific research (Rabbitte & Enriquez, 2018). It has been found that religious and political views influence sex education policy more often than scientific evidence and public opinion (Rabbitte & Enriquez, 2018).

## **Conclusion**

Literature in the area of sex education provides information about the effectiveness of both the abstinence-only and comprehensive approaches to sex education. Both Stanger-Hall and Hall (2011) and Kohler and colleagues (2008) found that there was a more evidence that comprehensive sex education delayed the initiation of sexual activity and lowered rates of teen pregnancy than there was for abstinence-only sex education. This could, in part, be due to the wider range of topics discussed in comprehensive sex education such as contraception, STI and pregnancy prevention, and abstinence (Kohler et al., 2008). While one approach to teaching sex

education better addresses the goals of sex education in the U.S.—preventing pregnancy—than the other, both approaches contribute to the marginalization of LGBTQ youth. Neither approach to sex education provide LGBTQ youth with information that is relevant to their specific sexual health needs which contributes to their disproportionate rates of STIs, unhealthy and uninformed decision making during sexual experiences, feelings of difference, mental health concerns, and bullying in the school setting (Gowen & Wings-Yanez, 2014; Pingel et al., 2013; Proulx et al., 2013; Baams et al., 2017). Future literature in this area should focus on the outcomes of LGBTQ youth who received LGBTQ-exclusive sex education by bringing attention to rates of STIs, adverse mental health outcomes, age of initiation of first sexual experience, and other relevant sexual health outcomes. An important first step to studying sexual health outcomes of LGBTQ youth, is examining state level sex education policy and whether the language in those policies address the sexual health needs of LGBTQ youth. School-based sex education practices could be influenced by the sex education policies in each state.

A review of sex education policy in the U.S. will provide insight into where LGBTQ-exclusive sex education is being taught. In certain states, this review may reveal a correlation between adverse sexual health outcomes and LGBTQ-exclusive language in their sex education policies. Sex education topics that are required and/or not permitted to be taught can be found in some sex education policies. Reviewing these policies will allow for future researchers to focus on what sexual health information LGBTQ youth are not getting so that there is evidence for what should be included in sex education curricula.

## **Chapter 3: Method**

### **Purpose and Research Questions**

The literature of LGBTQ youth and sex education indicates that sex education curricula and instruction do not typically address LGBTQ issues. Although calls for more inclusivity in sex education curricula exist, more research is needed to understand current trends in sex education policy across the nation and to inform more inclusive curricula. The present study sought to examine existing and/or proposed state-level sex education policy to determine the extent to which policies were inclusive of LGBTQ youth. This study analyzed recently proposed and/or enacted state policies across the United States that address sex education. Additionally, three key informants who identified as members of the LGBTQ community were interviewed about their experiences in their high school sex education courses and whether they perceived their experiences to be inclusive or exclusive to their needs.

Specific research questions:

- 1) How is the inclusivity of sex education addressed through existing and/or proposed state policy?
- 2) How do LGBTQ youth describe the inclusiveness of high school sex education in Florida?
- 3) What are the perspectives of LGBTQ youth regarding what content is missing from sex education curricula in local school districts in the state of Florida?

## **Phase 1: Policy Analysis, Research Paradigm**

Carley (1980) identified several positives to rational analysis, two were found to be most relevant to the current study. Rational analysis fosters a systematic approach to examining policy issues and works to simplify the complex realities of policy issues for decision makers (Carley, 1980). In this study, policies were systematically coded, themed, and dissected through the process of abstraction. Rational analysis allows for cause and effect to be tested through identifying the implications of policy alternatives (Carley, 1980). The implications of both LGBTQ-inclusive and LGBTQ-exclusive policies on sex education practices were identified based on the results of the policy analysis and related literature.

Sok and No (2018) warned that the steps in a rational model for policy analysis are not meant to be followed rigidly. Steps in a rational model are meant to assist in thinking through a policy issue but do not have to be followed exactly (Sok & No, 2018). For the purposes of this study, the following steps were followed based on a rational model: the policy issue was identified and defined, evidence of the policy issue was gathered through a literature review, criteria for evaluating policies were selected, policies were evaluated, consequences of the current policy issue was identified, and implications of policy alternatives were identified.

### **Search Strategy**

Proposed state policies related to sex education were identified, reviewed and coded. Proposed policies were identified using the Sexuality Information Education Center of the United States (SIECUS) website. When utilizing this website, policies were selected that addressed LGBTQ youth in any way and/or their sexual health needs. The SIECUS website allows users to search for policies by state. Selected states were entered into the search engine on the website



which opened a state profile that listed the sex education policies for that state in a table. Within the table, policies were organized by title, synopses, and key words related to the overall purpose of the bill. Policies with a title, language in the synopses or key words listed that was relevant to this study were identified. Those policies were reviewed in their entirety to verify they were relevant to this study before they were included in the analysis. Twelve states representing each region of the United States were included in this study through purposive selection. The following regions of the United States were represented in this study: Southern, Northeast, Midwest, and Western. The following states were included in this study: Alabama, California, Florida, Georgia, Idaho, Illinois, New Jersey, New York, Rhode Island, Utah, Washington, and Wisconsin. The intent of utilizing a regional selection of states was to create fair representation across the United States. It was expected that with all regions of the United States being represented, homogeneity and bias among state level political leanings would be avoided. Both geographic region and political leanings influence proposed, passed, and failed state education policy (Garrizmann, Roth, & Kleider, 2021). Proposed state policies included in this study were proposed between 2018 and 2022 and included language related to sex education. This resulted in forty-nine proposed and existing state policies that were analyzed.

### **Data Analysis**

Data in the abstraction table was organized by the following: who proposed the policy, if the policy passed or failed, the political leaning of the state where the policy was proposed, if the policy included language related to abstinence only sex education, if the policy included language related to comprehensive sex education, if the policy included language inclusive of LGBTQ youth, and if the policy included language exclusive to LGBTQ youth. The political leaning of the state was determined by which political party the majority of registered voters

voted with during the most recent presidential election. This information was extracted from the policy and put into the abstraction table for data analysis (see Appendix B).

Each policy was read to look for themes. Preliminary codes were identified while reviewing interview notes after each key informant interview. When analyzing the interview transcription, I determined if any preliminary codes remained relevant and identified new codes. Codes that were identified during the analysis of the pilot interview data were applied where applicable when reading policies. After my initial coding of the first policy, I read through the next policy using the first codes as a preliminary code dictionary and added new codes when necessary. As I created codes, I developed definitions for each code so that they were being appropriately applied throughout the data (Castelberry & Nolen, 2018). When a new code was developed, I checked previous policies to see if content that fits the definition of the code was present (Roulston, 2010). I stopped coding when no new codes could be identified through reviewing the data (Castelberry & Nolen, 2018). Additionally, the subheadings of the abstraction table were noted where applicable during the reading of each policy. Codes and abstraction table headings were noted through color coded annotations in the margins of each policy.

Once all of the data were coded, I looked for patterns within the codes that could be used to create themes. Themes captured the data that had codes that were related to each other and allowed me to display a broader categorization of data that related to my research questions (Castleberry & Nolen, 2018). I created themes by looking for repeating ideas, similarities, differences, analogies, participant terms, and linguistic connectors that existed within the coded data (Castleberry & Nolen, 2018). After I organized the coded data into themes, I looked for thematic patterns and looked for relationships between themes (Roulston, 2010). Thematic

patterns and relationships informed my interpretation of the data and allowed me to make connections to my original research questions. Finally, I used my interpretation of the data to provide responses to my research questions.

## **Phase 2: Key Informant Interviews**

The second phase of this study used key informant interviews to examine LGBTQ youth's perspectives regarding the sex education curriculum they received in high school and how inclusive it was of their needs and experiences.

### **Research Paradigm**

I utilized a qualitative design with a constructivist approach to address the research questions. Constructivism is a research paradigm that views human beings as those who actively construct knowledge (Coghlan & Brydon-Miller, 2014). Within this paradigm, reality is only known through knowledge constructions that are based on experience and socialization and are specific to those experiences. What researchers know about reality and their study topics is constructed by their interactions with their study participants. Instead of discovering knowledge, knowledge is created through the research process. Researchers who take a constructivist approach must examine how their previous experiences, interests, and the research context influence the research process. There is also a focus on the relationship between study participants and the researcher and the association between that relationship and the knowledge constructed during the study.

Knowledge about the perceptions of LGBTQ youth regarding the inclusivity of sex education was constructed through my interactions with the LGBTQ youth who participated in my study. Information about the inclusivity of sex education for LGBTQ youth was constructed

based on whether there was language that addressed the sex education needs of LGBTQ youth in proposed state policy and the specific experiences of LGBTQ youth who completed a sex education course. The memories, opinions, impressions, and reflections related to their sex education experience were used to answer my research questions. Selecting a research paradigm that allowed my participants to construct the knowledge that I wanted to gain through my study gave them a voice that might not have been heard otherwise.

### **Key informant interviews**

I conducted individual semi-structured key informant interviews with study participants. Semi-structured interviews were selected so that I could establish reciprocity between myself and the interviewee and have the flexibility to ask follow up questions based on responses from interviewees (Kallio, Pietila, Johnson, & Kangasniemi, 2016). Reciprocity is important because it allows participants to feel that they are receiving something in exchange for their participation (Corbin & Morse, 2003). I am benefiting from their interview because I am gathering data for my study while they may see the opportunity to share their stories, have their voices be heard, and to contribute to improving sex education for other LGBTQ youth as benefits to participating in the interview.

### **Sampling**

Participants were sampled from a community group in Tampa Florida and LGBTQ student organizations at the University of South Florida. The sample consisted of 3 youth who identify as members of the LGBTQ community between the ages of 14 and 22 who completed a sex education course during their high school education. It was likely that participants in this age group received high-school level sex education which may have covered topics in more detail

than elementary or middle school level sex education. Additionally, it is more likely that students are receiving sex education at the high school level than at the elementary or middle school level due to a health curriculum that covers topics related to sex education that is implemented in high schools across the state of Florida. Sex education curricula is covered during different grade levels depending on the school district, which is why I did not limit my age range to one that would exist in a particular grade level. It is likely case study participants attend(ed) high school in one of two large public school districts in the Tampa Bay area. High school students in both of these counties, and across the state of Florida, are exposed to the HOPE health curriculum that covers topics related to fitness, health concepts, and disease prevention including HIV/AIDS and other STIs (SEICUS, 2010). The Florida Department of Education stipulates that any sex education curricula or health curricula that covers topics related to sex education should include information about abstinence being the only certain way to avoid pregnancy or STIs; the consequences of teenage pregnancy; the health benefits and potential side effects of contraception; responsible decision-making, communication, and relationship skills; and the importance of family-child communication (Florida Department of Education, 2019).

Participants were sampled from a community group and campus organizations at the University of South Florida so that I would have more access to LGBTQ youth. This community group provides services to LGBTQ youth such as individual or group counseling, health resources, and a safe place to spend time and socialize with other youth in their community. A description of the study, its purpose, participation criteria and my email was shared through this organizations electronic communication platforms. I asked a staff member from the selected community group to ask youth that met the inclusion criteria to consider participating in the study on my behalf. It was emphasized that their decision to participate in this study would not

affect the services they receive from the community group. I asked for time to speak to youth who attend the community agency about the study and how they can contact me if they are interested in participating. The campus organizations that I sampled from were those whose purpose in some way met the needs of LGBTQ students. A flyer with a description of the study, its purpose, participation criteria and my email was shared with campus organizations so that their student members could review it and contact me if they are interested in participating. Participants that met the inclusion criteria were selected from those that emailed me expressing their desire to participate in the study.

### **Interview Process and Protocol**

Prior to beginning interviews participants signed an informed consent form or an assent form for participants under the age of 18 that outlined the purpose of the study, what they experienced throughout the study, and participants' rights to withdraw from the study at any time. Interviews were conducted virtually using a video conferencing platform. Parental consent for this study was waived for participants under the age of 18 in an effort to protect the privacy of participants whose parents were not aware of their sexual or gender identity. The interviews were tape recorded so that I was not distracted by hand note-taking while participants were answering interview questions and sharing their experiences (Whiting, 2008). All recordings were transcribed (Whiting, 2008; Gowen & Wings-Yanez, 2014). I transcribed each recorded interview by listening to the recording and typing what I heard verbatim (McLellan, Macqueen, & Neidig, 2003). Transcriptions included mispronunciations, grammatical errors, slang, nonverbal sounds, and omissions of sounds or syllables (McLellan et al., 2003). The transcriptions did not include any identifying information. Interview recordings, transcriptions, and the codebook were only seen by me and my faculty advisor and all documents used in this process were de-

identified. Individual key informant interviews were used with participants because of the sensitive nature of the research topic. Participants might have been uncomfortable disclosing their personal experiences related to sex education in front of their peers.

In-depth semi-structured key informant interviews were the chosen method of data collection for this study because I knew enough about the topic to develop questions that will frame discussion (Pingel et al., 2013; Morse & Richards, 2002). It was necessary that I presented the questions to participants in a way that evoked complex and detailed answers (Morse & Richards, 2002). I hoped, through the answers provided in response to these interview questions, to gain more insight into the experiences and perspectives of LGBTQ youth regarding sex education. This method of data collection allowed me to ask follow-up questions or clarify responses to prepared questions which further facilitated my gained insight and understanding (Whiting, 2008). Interview questions for students focused on their perceptions of the inclusivity of their sex education curriculum, whether their needs were met by the sex education curriculum, descriptions of their experience with the sex education curriculum, what information they felt was missing from the sex education curriculum, and what they would recommend be added to the sex education curriculum (see Appendix A). The questions in my interview protocol served as a guide that helped me and study participants construct the knowledge that I was working to gain. I worked to verbally engage with participants beyond the questions in the interview protocol in an effort to socially construct valuable knowledge.

My chosen interview style was the romantic style. A romantic style of interviewing recognizes the researcher's role in the study (Roulston, 2010). The interviewer is open about their interests in the research topic, and expresses their interest during the interview when appropriate. Rapport and trust are established between the interviewer and interviewee which

allows for intimate and self-revealing conversation. In a romantic interview, the interviewer is empathizing with the interviewee as they engage in an intimate conversation. Researchers who choose to engage in the romantic interviewing style, work to demonstrate reflexivity, awareness of their subjective positions in relation to the study participants, and how they generated quality data through their established rapport with participants. An assumption of romantic interviewing is the researcher is able to access the authentic selves of the participants through interview talk.

I chose to conduct my interviews using a romantic style because it aligned with my goals of engaging in reflexivity throughout my research process. Disclosing my research interests and why I chose to conduct my study helped me to remain self-aware as I interviewed each participant. The emphasis on rapport building within the romantic interview style aligned with my goal to make each participant feel comfortable enough to share details about what was likely a difficult time in their life. I believe participants felt more comfortable with an interview style that was more conversational where I was able to summarize and verbally reflect on what they said rather than a question-and-answer session. Additionally, the conversation and rapport building aspects of the romantic interview style aligned with how I engaged with students for whom I have provided mental health support during both my practicum and internship experiences.

### **Data Analysis**

I read each case study transcription and added notes and labels in the margins that helped me formulate codes (Roulston, 2010). The same coding process used for the policy analysis was applied to the analysis of key informant interview data. Refer to the data analysis section of the policy analysis for the steps of the coding process. Once all of the data was coded, I looked for patterns within the codes that could be used to create themes. Themes captured the data that had



codes that were related to each other and allowed me to display a broader categorization of data that related to my research questions (Castleberry & Nolen, 2018). I created themes by looking for repeating ideas, similarities, differences, analogies, participant terms, and linguistic connectors that exist within the coded data (Castleberry & Nolen, 2018). After I organized the coded data into themes, I looked for thematic patterns and looked for relationships between themes (Roulston, 2010). Thematic patterns and relationships informed my interpretation of the data and allowed me to make connections to my original research questions. Finally, I used my interpretation of the data to provide responses to my research questions.

According to social constructivist theory, language, society, and culture are used to construct reality (Teater, 2015). Reality is also influenced by history, society, and culture. Constructing new knowledge is dependent on social interaction with others wherein the learner is a part of the social group. Within social constructivist theory, when individuals learn, they see the significance in a social experience or concept. As I reviewed and analyzed my interview data, I worked to create codes and themes that highlighted how various societal and cultural factors have influenced the experiences the LGBTQ youth represented in my three case studies had in sex education. I also analyzed the role that I played in the construction of my data; my interactions with case study participants were integral to data construction as they influenced how much detail study participants disclosed regarding their sex education experiences.

### **Reflexivity/Researcher Role**

Reflexivity refers to my ability to be aware of and analyze the dynamics between myself and the individuals I am researching (Roulston, 2010). I must engage in critical self-reflection about the ways in which my social background, assumptions, and behavior effect the research process. It is important that I know who I am in relation to the research I am conducting.

I was in the 7<sup>th</sup> grade when my friend came out to me as bisexual. It was the first time someone told me about their sexuality and at that time she was the only person in my life that did not identify as heterosexual. I remember replying “ok” and we moved on to a new conversation. I went home that night and told my mom that my friend was bisexual and I remember her questioning how my friend knew she was bisexual and her stating that she was too young to know that about herself. My mother talked a lot about how she felt conflicted about her opinions about individuals in the LGBTQ community because of her religious views. My mom asking questions about my friend and stating that her religious views affected her opinions about LGBTQ individuals made me feel extremely defensive and I often accused her of being homophobic. I had a hard time taking the perspective of anyone who did not completely accept members of the LGBTQ community. I did not have to be taught to be accepting of LGBTQ individuals, and I was also not taught to discriminate against them. Same-sex relationships never made me uncomfortable and I did not understand why it made others uncomfortable. By the end of 8<sup>th</sup> grade, every member of my friend group identified as either gay or bisexual and I felt a responsibility to not only be their friend but serve as an ally. Other students at our school thought we were weird, some made homophobic remarks, and others gave my friends dirty looks as they engaged in public displays of affection with their same-sex partners. I felt a need to defend my friends while at school and speak up against negative things that were said about them. In high school I took a leadership role in our Gay Straight Alliance (GSA) and through that experience I learned more about gender identity and met students who identified as transgender. For a lot of our members, GSA was the only time they could speak freely about their sexuality and/or gender identity without being told by teachers it was not “school appropriate”. It was the only place at school they felt truly accepted. Spending time with my LGBTQ friends and classmates allowed

me to witness the discrimination, lack of understanding, silencing, microaggressions, and other difficulties they faced every day as they tried to be their authentic selves. I stood with my friends as others called them derogatory names. I yelled with them as they tried to defend themselves. I held their arms when they were so angry all they wanted to do was fight. I answered the phone when they called me in the middle of the night because their families did not understand their struggles. I helped them hide the cuts on their arms and legs because they could not find another way to express themselves. I feel that I have a deeper understanding of what LGBTQ youth experience in the school setting because of the strong relationships I had with a lot of the LGBTQ youth in my middle and high schools. As a teenager I felt it was my job to defend and be there for my friends, now, as an adult and future school-based practitioner, I feel it is my job to advocate for all LGBTQ youth.

I recognize that I still feel defensive when I hear others using language that would communicate that they are not in support of LGBTQ individuals, they think it is wrong to identify as anything other than heterosexual or cis-gender, or that they do not understand “those people”. I strongly feel that in this day and age we, as a society, should be more inclusive of everyone. I do my best to educate others on LGBTQ issues while remaining self-aware of the fact that I am not a member of the LGBTQ community and I am still learning about the issues that pertain that community; this creates limits to what I can educate others on and I do not speak beyond those limits. When I am presented with opportunities to educate others on topics that relate to the LGBTQ community, I work hard to not let my feelings of defensiveness negatively impact my interactions with the people I am working to educate. This is easiest for me when people desire to be educated and are open to stepping out of their comfort zone.

I am very passionate about social justice issues. I believe that conversations that surround social justice, diversity, and inclusion should be present in all settings. I find it especially important to engage in these conversations in educator training programs and in schools and universities. Educators work with diverse populations of students and it is imperative that they understand issues that effect minority populations. As an undergraduate student, I facilitated a diversity panel series that covered topics such as privilege, representation, and economic class. As a graduate student, I was a member of a social justice book group that was facilitated by students in my program. My passion for social justice is part of what motivated me to conduct this study. LGBTQ youth are an underrepresented and oppressed population whose educational needs are not being met by a system that is controlled by the majority population.

In addition to the reflexivity recorded here, I continued to be reflexive by participating in a bracketing interview where I discussed my research interests and what findings I expected from my study. A fellow researcher asked me questions regarding my research topic, my experiences related to my research topic, what I have learned from the literature on this topic, why I think the topic is important, and who I hoped to inform with my research. This researcher was a fellow colleague in the School Psychology program at the University of South Florida who is passionate about LGBTQ issues. This interview helped me investigate any assumptions I had about my research topic prior to conducting my study. The researcher developed an interview protocol that covered the information listed above. This interview protocol guided the bracketing interview. The bracketing interview took place prior to my first participant interview. Following each participant interview I wrote write down any thoughts and impressions that arose from those interactions, this allowed me to continue to reflect on my perspectives and role as a researcher.

## **Validity/Trustworthiness**

Tracy (2010) developed eight criteria for assessing the quality of qualitative research: worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethical, and meaningful coherence. I used the worthy topic criteria to evaluate the quality of my study. Worthy topics can emerge from recent societal or personal events, current political climates, and can raise the audience's level of awareness. I chose the worthy topic criteria because information from my study has the potential to raise my audience's awareness of the LGBTQ youth's sexual health risks, their sexual health education needs, the exclusion of information that is relevant to their needs from sex education curricula, and the negative outcomes for LGBTQ youth who do not receive LGBTQ inclusive sex education. My study was also timely because I conducted it during a time where more individuals were speaking out and taking action against systems that exclude LGBTQ individuals. Health organizations such as The Society for Adolescent Medicine, The American Public Health Association, and the American Medical Association have distributed position papers and statements that express their support for LGBTQ inclusive sex education (A Call to Action, a briefing to the House of Representatives, 2015). In a sexual health briefing presented to the House of Representatives in 2015, parents and community members were encouraged to become advocates by speaking to school boards, school administrators, school health advisory committees, and teachers about the need for LGBTQ inclusive sex education (A Call to Action, a briefing to the House of Representatives, 2015). LGBTQ individuals and advocates are finding ways to make their voices heard and my study provides an opportunity for LGBTQ youth to share their opinions, experiences, and make their voices heard.

Sincerity is the second criteria I used to examine the quality of my study. A study that is sincere is conducted by a researcher(s) that engages in self-reflexivity about their values and

biases, and is transparent about chosen research methods and challenges that they experienced (Tracy, 2010). One way that I as the researcher practiced sincerity throughout the course of my study is engaging in reflexivity. Prior to the start of my study I disclosed my motives for conducting my study and the relationship I had to the LGBTQ community. I disclosed my passion for social justice and inclusion and my bias against those who resist inclusion. During the interview phase, I kept a journal of my reactions to each interview so that I was constantly aware of my opinions and biases as they relate to the experience study participants shared. Once I completed my study, I was transparent and shared any challenges that arose while I was conducting my study and how those affected data collection, analysis, interpretation, and research foci.

### **Ethics**

The topics that were discussed in this study could have caused potential distress to participants. As such, time was spent before I began the interview establishing positive rapport with each participant so that they felt comfortable with me. During this time, I asked participants to share strategies they use to calm down when they become distressed. After rapport was established, I explained to each participant that some of the questions in this interview could be difficult to answer or upsetting. I also explained that each participant has the right to not answer any question and that they reserved the right to end the interview at any time or choose not to participate. Prior to beginning the interview, I explained the limits of confidentiality by stating that everything that participants shared during the interview remained anonymous unless a participant shared that they were hurting themselves, someone else, or someone was hurting them. Finally, I reviewed the informed consent form with each participant, ensured they understood what they were consenting to, and had each participant sign it.

Interviews were recorded using a tape-recording device that allowed me to transfer recorded interviews to a flash drive. Each tape-recorded interview was transferred to a flash drive that allowed me to upload all recorded interviews onto a secure online storage system. All interview transcriptions were stored in this system and deleted from the flash drive once uploaded. All transcripts and recordings will be deleted five years after the final report is submitted to the Institutional Review Board (IRB).

Throughout the interview I worked to ensure participants felt comfortable by introducing each change in topic to prepare the participant for new types of questions, maintaining eye contact with the participant throughout the interview, and verbally reinforcing participants for answering interview questions. If a participant became distressed during the interview, I stopped the interview and attended to their distress and helped them regain composure. I attended to distress by allowing participants to process their emotions verbally, helped participants engage in coping strategies such as deep breathing and progressive muscle relaxation, and allowed participants to engage in strategies or activities that helped them process their emotions and/or calm down. Once the participant regained composure and was comfortable with moving forward with the interview, I resumed the interview process. I also provided participants with a resource list of supports they could take advantage of if needed after the interview.

It was important to highlight how LGBTQ youth would benefit from participating in my study. Researchers have identified various benefits to participating in qualitative interviews: catharsis, self-acknowledgment, contributing to a sense of purpose, increasing self-awareness, gaining a sense of empowerment, promoting healing, and giving a voice to the voiceless (Wolgemuth et al., 2015). It has been found that unstructured interviews provide interviewees the most control over the conversation. While I was not conducting unstructured interviews, my

semi-structured interviews still provided participants with some control over the conversation. Constructionist interviews have been found to be beneficial because they provide therapeutic benefits due to its collaborative nature. Wolgemuth and colleagues (2015) conducted a study to determine how the orientations, methods, and topics of interview projects generate different experiences for participants. Their analysis yielded seven benefits: talk to someone, self-reflect, emotionally cleanse, become knowledgeable about a topic of personal/professional interest, connect with a broader community based on shared experience, advocate for a community/cause, and help someone else down the road.

Participants in my study may have experienced the benefits of talk to someone, self-reflect, emotionally cleanse, advocate for a community/cause, and help someone else down the road. Talk to someone was defined as appreciating the opportunity to speak to someone who did not judge, showed interest in, and empathized with participants' experiences (Wolgemuth et al., 2015). I as the interviewer was interested in participants' experiences with sex education, worked to communicate empathy during the interview process, and ensured that our interviews took place in a judgement free environment. Self-reflect was defined as interviews providing the opportunity for participants to reflect. My interview questions provided participants with the opportunity to reflect on their experiences with sex education, as well as their opinions and feelings about those experiences. Emotionally cleanse was defined as sharing emotions. My interviews may have been emotionally intense for some participants. The questions I asked may have required participants to talk about and reflect on painful memories or difficult situations that insight emotional responses. Some participants may have felt cleansed after sharing painful memories and talking through the emotions associated with those memories. Advocate for a community/cause was defined as participants feeling that they were helping to advocate for



something important by participating in interviews. LGBTQ-inclusive sex education will require advocacy to become more common in schools. Participants in my study may have felt that they were advocating for both the LGBTQ community and the need for LGBTQ-inclusive sex education in schools by sharing their experiences with LGBTQ-inclusive and/or exclusive sex education. Help someone down the road was defined as participants expressing hope that the information they provided during interviews would benefit someone in the future. Participants in my study may have felt that the information they shared during interviews may help other LGBTQ youth in the future. Future LGBTQ youth may benefit from what was shared during interviews by reading this research and learning others may have had similar experiences as them. Educators and policy makers who read this research may use it to inform decision making that could benefit future LGBTQ youth.

## **Chapter 4: Findings**

### **Phase 1: Policy Analysis**

The following states were included in this policy analysis: Alabama (AL), California (CA), Florida (FL), Georgia (GA), Idaho (ID), Illinois (IL), New Jersey (NJ), New York (NY), Rhode Island (RI), Utah (UT), Washington (WA), and Wisconsin (WI). Eight states included in this policy analysis have voters who predominantly vote with the Democratic party during presidential elections. Four states in this policy analysis have voters who predominantly vote with the Republican party during presidential elections.

#### **Alabama (AL)**

Two House Bills from AL were included in this policy analysis. AL HB321 contained language exclusive to LGBTQ youth: "...homosexual conduct is a criminal offense under the laws of the state." (cite). This bill included language that indicated that abstinence is the only reliable method to prevent pregnancy and STDs and is the "expected standard" for all youth. While there was emphasis placed on abstinence in this bill, a requirement to provide students with up to date, medically accurate information about the reliability and unreliability of forms of contraception was included. The previous statement indicates the inclusion of some comprehensive sex education topics. AL HB71 served as a revision to AL HB321 and removed the LGBTQ exclusive language, however LGBTQ inclusive language was not added to the revision. This bill maintains that abstinence is the expected standard for all youth but did not include any new language that would indicate comprehensive sex education instruction. Both bills were sent to the state's House of

Representatives Education Policy Committee but there is no record of further action on those bills.

### **California (CA)**

Four proposed bills were included in this analysis from California: one is an Assembly Bill and three are Senate Bills. No language either inclusive or exclusive to LGBTQ youth were included in the proposed bills. All of the proposed bills included language related to comprehensive sex education. For example, CA AB2035 references existing CA law that requires verification that foster youth have received comprehensive sexual health education through the public school system. Additionally, CA SB170 is an amendment to the 2021 Budget Act that allocates funding for school based comprehensive sex education programs. CA SB673, also referred to as the “California Healthy Youth Act”, requires comprehensive sexual health education in grades 7-12. CA SB673 also includes language that indicates abstinence is the only “certain” way to prevent unwanted pregnancy and STDs/STIs. The inclusion of language related to abstinence distinguishes this bill from the others as they did not touch on abstinence at all. CA SB170 is the only bill that passed into law providing financial support to public schools that are implementing comprehensive sex education. The remaining three bills died, failed in committee, or are pending in committee.

While the majority of proposed bills referencing comprehensive sex education were not passed into law, their proposals indicate a desire among some law makers to make comprehensive sex education a standard across CA public schools. The lack of language pertaining to LGBTQ youth does not indicate outright exclusion of their specific sexual health education needs, however it does display the absence of legislative effort to ensure their needs are addressed during sexual health instruction.

## **Florida (FL)**

Eight proposed bills were included in this analysis from Florida: six are House Bills and two are Senate Bills. Language exclusive to LGBTQ youth was not found in any proposed bills, however LGBTQ-inclusive language was only present in two bills. FL HB 703 and FL HB926 both reference that sexual health education instruction and information must be culturally competent and relevant for any student regardless of gender, gender identity, and sexual orientation. The aforementioned bills were two out of the three bills to include language related to comprehensive sex education. FL HB703 references the scientific evidence in support of comprehensive sex education and its benefits to youth: "...comprehensive sex education helps adolescents withstand social pressures and promotes healthy, responsible, and mutually protective relationships once adolescents do become sexually active..." (FL HB703, 2019). FL HB926 would require public schools that are receiving state funding and providing sex education programs to provide comprehensive sex education.

Three proposed bills (FL SB1094, FL HB1303, FL HB519) would have required the inclusion of "an awareness of the benefits of sexual abstinence" in sexual health instruction (FL SB1094, 2021; FL HB1303, 2021; FL HB519, 2021). FL SB1094 is the only proposed bill with language related to comprehensive sex education that was passed into law. It should be noted that this bill also includes language related to abstinence and does not include LGBTQ-inclusive or exclusive language. All other bills referencing comprehensive sexual health education (FL HB926 and FL HB703) died in their respective committees. These bills also contain LGBTQ-inclusive language. FL HB519 is the only proposed bill that contains language related to abstinence that was passed into law.

## **Georgia (GA)**

Four proposed bills were included in this analysis from Georgia. None of the included bills contained LGBTQ exclusive or inclusive language. All bills contain language related to both abstinence and comprehensive sex education. When referencing abstinence, all bills require that it be taught as an effective STD and pregnancy prevention method. This differs from proposed bills in other states that refer to abstinence as an expectation or a standard rather than an effective option.

Language related to comprehensive sex education was more detailed than language related to abstinence sex education across all four bills. Providing medically accurate and research-based instruction is a requirement found in three out of four bills, aligning with other states who's proposed bills reference comprehensive sex education. In addition to providing medically accurate information, GA's proposed bills would also require instruction on social-emotional topics related to sex education. For example, GA HB401 would require instruction related to peer pressure and self-esteem. It is possible that GA lawmakers who proposed these bills were working to address both the physical and emotional sexual health needs of students. GA HB401 is the only proposed bill that was passed into law and the only bill that did not explicitly address providing medically accurate instruction and information. The other three bills that were not passed into law died or are pending in committees.

## **Idaho (ID)**

Two proposed bills were included in this analysis. Neither bill included language exclusive to LGBTQ youth and one bill contained language inclusive to LGBTQ youth. ID HB249 listed gender identity and sexual orientation as two of the foci of human sexuality instruction. Both bills contained language related to comprehensive sex education and neither addressed abstinence. ID

HB414 would require sex education to be medically accurate and ID HB249 defines sex education as the study of human production and anatomy. ID HB249 was passed into law and ID HB414 died in the House Education Committee. It appears that ID HB249 primarily defines terms related to sex education rather than requiring specific types of instruction or topics and as such, it is unclear how the specific needs of LGBTQ youth receiving sexual health education in ID are addressed. Additionally, the language related to comprehensive sex education in this bill is not explicit and therefore does not outline topics of instruction other than reproduction.

### **Illinois (IL)**

Three proposed bills from Illinois were included in this analysis. Two of the proposed bills contain language inclusive to LGBTQ youth and one proposed bill contains language exclusive to LGBTQ youth. IL HB1736 requires that comprehensive sex education be inclusive of diverse gender identities, gender expressions, sexual orientations, and of those who are intersex. IL HB3071 prohibits bias against individuals based on their gender, gender identity, gender expression, and sexual orientation during instruction and in instructional materials. This bill also includes the deletion of the following statement from IL HB2675: “teach honor and respect for monogamous heterosexual marriage”.

Language related to comprehensive sex education was present in all three proposed bills. IL HB3071 and IL HB2675 both contain language that references medically accurate instruction on methods of contraception. IL HB1736 states that comprehensive sex education is supported by leading health organizations, parents, youth, and the general public. This bill also lists social emotional topics that will be promoted during comprehensive sex education (i.e., body image, positive behaviors, risk behaviors, etc.). IL HB3071 is the only proposed bill that includes language related to abstinence in addition to comprehensive sex education. This bill requires that

abstinence be presented as the only method that is 100% effective at preventing pregnancy and STDs/STIs. Both proposed bills were referred to the Rules Committee and no further action was taken.

### **New Jersey (NJ)**

Three proposed bills from New Jersey were included in this analysis. NJ SB3206 is the only bill that contains LGBTQ-inclusive language. This bill requires that school districts incorporate anti-bias instruction into their comprehensive health education standards. According to this bill, those providing comprehensive health instruction would be required to create inclusive environments for all students regardless of their sexual orientation and/or gender identities. Additionally, instructors must promote inclusion and tolerance as it relates to gender and sexual orientation. This bill was referred to the Assembly Education Committee and no further action was taken. The remaining two proposed bills from this state will be reported on in later sections as they do not have content that pertains to LGBTQ youth or type of sex education.

### **New York (NY)**

Four proposed bills were included in this analysis from New York, however only three will be discussed in this section as they relate to LGBTQ youth and types of sex education. Three of the proposed bills include language that is inclusive of LGBTQ youth. NY SB 2584 and NY SB6512 list topics of instruction that relate to gender identity, gender expression, sexual orientation, and LGBTQ relationships. The above topics are a part of a larger list of comprehensive sex education topics found in both bills that include anatomy, consent, healthy relationships, bodily autonomy, etc. NY SB1030 requires sex education programs to promote healthy attitudes regarding sexual orientation. Additionally, this bill would provide financial grants to sex education

programs that are providing comprehensive sex education. Abstinence was not referenced in any of the bills discussed in this section. All three of the proposed bills discussed in this section were referred to committees, after which no further action was taken.

### **Rhode Island (RI)**

Four proposed bills from Rhode Island were included in this analysis. Two will be discussed in this section as they relate to LGBTQ youth and types of sex education. RI HB5604 is the only proposed bill that includes language inclusive to LGBTQ youth, stating that sex education will: be appropriate for students of any gender or sexual orientation, be inclusive of same-sex relationships, and teach about gender identity, gender expression, and the harm of gender stereotypes. Additionally, this bill refers to abstinence as the “preferred” pregnancy and STD prevention method. RI HB7539 contains LGBTQ exclusive language stating that students must be addressed using their “common names” and the pronouns aligned with their biological sex (cite). There were no proposed bills that contained language related to comprehensive sex education. Both bills discussed in this section were held for further study as recommended by the House Education Committee.

### **Utah (UT)**

Three proposed bills from Utah were included in this analysis. No proposed bills contain LGBTQ-inclusive language, LGBTQ-exclusive language, or language related to comprehensive sex education. Two proposed bills contain language related to abstinence. UT HB71 and HB177 both require that instructors “stress” abstinence before marriage and avoiding extramarital sex after marriage as STD prevention methods. These bills also prohibit instruction that encourages the use



of contraception. UT HB71 was passed into law and UT HB177 failed. The third proposed bill will be discussed in a later section as it does not have content relevant to this section.

### **Washington (WA)**

Seven proposed bills from Washington were included in this analysis; five will be discussed in this section. Three proposed bills require that sex education instruction be inclusive of and appropriate for all members of protected classes under WA Human Rights Law. This law defines sexual orientation as “heterosexuality, homosexuality, bisexuality, gender expression, and gender identity”. None of the proposed bills contain language that is exclusive to LGBTQ youth. WA HB2648 is the only bill that contains language related to abstinence, stating that all sex education programs offered in public schools are required to emphasize that abstinence is the only pregnancy and STD prevention method that is 100% effective. This bill also requires that equal time be spent on abstinence instruction as is spent on contraceptive methods. Four additional proposed bills contain language related to comprehensive sex education. These bills require that medically accurate comprehensive sex education be taught in all public schools and that this instruction is provided in conjunction with abstinence instruction. Two proposed bills were passed into law: the WA Healthy Youth Act and WA SB5395. Both bills require that topics related to both abstinence and comprehensive sex education be taught in public schools. Neither of these bills include language inclusive or exclusive to LGBTQ youth. The remaining three bills died or were referred to committees with no further action taken.

### **Wisconsin (WI)**

Three proposed bills from the state of Wisconsin were included in this analysis. Two proposed bills are discussed in this section because they relate to types of sex education and/or

LGBTQ youth. One bill contained language exclusive to LGBTQ youth, WI AB562 defined gender as male or female and gender identity as one perceiving themselves as either male or female. The other proposed bill in this section contains language that is inclusive of LGBTQ youth, WISB598 defines gender expression as the way in which one outwardly presents their gender. Neither of the aforementioned bills contain language that relate to comprehensive nor abstinence only sex education. Both proposed bills failed.

### **Sexual Assault & Sexual Consent**

During data analysis, several proposed bills were found that included language regarding instruction about sexual consent, sexual assault, and dating violence. AL HB321 required that students be taught about laws prohibiting sexual abuse, the reporting of sexual abuse, and legal steps that can be taken by victims of sexual abuse. Bills proposed in New York, Utah and Washington required instruction on consent including refusal skills, diverting sexually violent behavior, giving affirmative consent, age of consent, capacity to consent, withdrawal of consent, understanding the nature of the activity before consenting, and individuals cannot provide consent based on their dress. NJ AB5124 required sexual abuse and assault awareness and prevention instruction in grades PreK-12. Two proposed bills in Rhode Island require instruction on sexual assault awareness in addition to teen dating violence including strategies to prevent dating violence and abuse, defining teen dating violence an abuse, warning signs of abuse, and attributes of healthy relationships. Four bills proposed in Florida addressed instruction about human trafficking, human trafficking resources, the relationship between human trafficking and social media, and sexual abuse prevention. Florida's proposed legislation is an outlier, as it is the only state that included human trafficking instruction. This could be due to Florida being the state with the 3<sup>rd</sup> highest

number of reported human trafficking cases in 2020 according to The National Hotline for Human Trafficking (2022).

Of the proposed bills discussed in this section, five were passed into law: FL HB519, FL SB1094, RI HB7044, UT HB286, and WA SB5395. WA SB5395 and RI HB7044 both explicitly discuss consent in the content of the bill. It appears that WA SB5395 provided a detailed definition of affirmative consent while RI HB7044 states that students should be made aware that consent is required before engaging in sexual activity. FL SB1094 and WA SB5395 contain language related to teen dating violence. Florida's bill requires that dating violence and abuse be defined and a teen dating violence "component" be a part of the health education curriculum across the state. Washington's bill specifically requires that students be taught how to identify behaviors that lead to sexual violence and how to respond to those behaviors. All of the aforementioned states have sex education laws that relate in some way to sexual consent and/or sexual assault, however they vary in specificity and focus. Each state's bill touches on a piece of information that contributes to students knowing their rights and protecting themselves from violence, but none of the bills combine these necessary pieces of information. The most explicit bill is WA SB5395 because it defines affirmative consent, requires instruction on sexually violent behaviors, requires instruction on refusal skills, and encourages healthy relationships.

## **Synthesis**

**Language Related to LGBTQ Youth.** Nineteen state bills proposed between 2018 and 2022 that were included in this analysis contain language related to LGBTQ youth. Fifteen of these proposed bills contain language inclusive of LGBTQ youth. Of the proposed bills containing LGBTQ-inclusive language, two were passed into law (ID and WA). The remaining thirteen bills failed (2) or were sent to committees without further action (11). According to Article I, Section

1, of the United States Constitution, bills are referred to committees for further study and discussion (U.S. Const., Article I, Section I). After the bill is discussed, it can be voted on or tabled; if the bill is tabled and does not go back to committee for a vote, it dies (U.S. Const., Article I, Section I). If the bill is voted on, it can advance to the house of origin or be defeated (U.S. Const., Article I, Section I). It is not known why the eleven proposed bills containing LGBTQ-inclusive language did not move past committee as those details were not reported. It is possible that some bills were not deemed ready to be voted on by their committees or they were defeated due to a committee vote. Six of the thirteen bills that were not passed into law were proposed from states in the Northeast region of the United States. These states' registered voters predominantly vote with the Democratic party during presidential elections. The two LGBTQ-inclusive bills that were passed into law were from states in the Western region of the United States. One state's registered voters predominantly vote with the Republican party (ID) during presidential elections and the other state's registered voters predominantly vote with the Democratic party (WA).

Four proposed bills contained LGBTQ-exclusive language and were not passed into law. One bill failed and three were referred to committees and no further action was reported. These four bills are representative of each region of the United States. Two bills are from a state whose registered voters predominantly vote with the Republican Party during presidential elections and two bills are from states whose registered voters predominantly vote with the Democratic party.

Seven proposed bills inclusive of LGBTQ youth contain general language regarding the cultural relevancy, appropriateness, and inclusivity of sex education curriculum and instruction. These bills also call for respect for and positive recognition of LGBTQ youth during sex education instruction. While these bills were classified as LGBTQ-inclusive due to their general language regarding inclusivity, they do not include specific requirements delineating how school districts

and sex education programs should achieve this. These bills were proposed in states from each region of the United States, who's voters predominantly vote with the democratic party during presidential elections and were not passed into law.

**Topics of Instruction.** There were six proposed bills that outlined specific topics of instruction inclusive to LGBTQ youth. Topics of instruction include: gender expression, diversity of sex characteristics, health risks associated with gender identity, forming healthy relationships, the harm of negative gender stereotypes, and sexual orientation. If these bills were passed into law, they would have provided school districts and sex education programs with more detailed guidance on providing LGBTQ inclusive instruction than bills that generally require instruction to be inclusive and appropriate. Listing topics of instruction can create a point of reference for sex education program developers and instructors who do not have knowledge of the sex education needs of LGBTQ youth. Bills with lists of LGBTQ-inclusive topics for instruction were proposed from four states in the Northeast, Midwest, and Western regions of the United States with the majority of the bills coming from the Northeast region. All four states have registered voters who predominantly vote with the Democratic party during presidential elections.

**Definition of Terms.** Four proposed bills include terms that were defined using language that is inclusive of LGBTQ youth. The following terms were defined in those bills: culturally appropriate, gender identity, identity, and human sexuality instruction. Defining terms can also provide guidance to school districts and sex education program developers as to how programs can be inclusive of LGBTQ youth. One proposed bill that inclusively defined a term--human sexuality instruction--was passed into law in the state of Idaho. IDHB249 defines human sexuality instruction as “any presentation...that is focused primarily or substantially on...gender identity, sexual orientation...” This state now has legal guidance for providing human sexuality instruction

that meets the needs of LGBTQ students because it defines human sexuality instruction using inclusive language. It should be noted that the majority of ID's registered voters vote with the Republican party during presidential elections. Two proposed bills that are inclusive of LGBTQ youth list restrictions or prohibit specific actions related to sexual education instruction. IL HB3071 prohibits insensitive sexual health instruction as well as instruction being unresponsive to the needs of LGBTQ students. WA HB2648 prohibits the instruction of topics related to gender identity, including health risks associated with gender identity, before eight grade. While these states represent different regions of the country, they both have registered voters who primarily vote with the Democratic party during presidential elections. Neither of these bills were passed into law.

It should be noted that restrictions were only a portion of these bills; WA HB2648 includes general language related to inclusion and IL HB3071 includes an inclusive definition of identity. Including restrictions on their own in legislation may not be as effective in guiding educators as combining restrictions with clearly defined terms or other information that specifies what an LGBTQ-inclusive learning environment looks like. NY AB6616 is the only proposed bill that required sex education program developers to consult with experts who serve LGBTQ youth. This could be a way to ensure that student needs are met even if the sexual health needs of LGBTQ youth is not an area of expertise of program developers. If this bill passed into law, it might have contributed to a multidisciplinary approach to sex education program development in that state. This could have prevented program flaws due to knowledge gaps of developers who were not trained to address the health needs of LGBTQ youth.

In summation, the sexual health needs of LGBTQ youth are not being met through state policies. This is seen through the low number of LGBTQ-inclusive bills that were passed into law.

Bills passed into law lacked specific guidance for school districts and sex education program developers such as a combination of topics for instruction, clearly defined terms, consultation with experts, and program restrictions. The 13 LGBTQ-inclusive bills not passed into law also lacked specific guidance. It should be noted that many of the LGBTQ-inclusive bills contained at least one component of specific guidance but none included the combination listed above. While there were legislative efforts to prevent the needs of LGBTQ youth from being met during sex education instruction, those bills were not passed into law. The majority of all LGBTQ related legislation included in this analysis were from states whose registered voters primarily vote with the Democratic party during presidential elections. It should be noted that the majority of states included in this analysis vote with the Democratic party.

Fifteen bills proposed between 2018 and 2022 related to abstinence were included in this analysis. Twenty-five proposed bills include language related to comprehensive sex education. It should be noted that nine of the bills mentioned above include language related to both abstinence and comprehensive sex education.

**Abstinence-Only Sex Education.** Eleven proposed bills related to abstinence were not passed into law, 6 of which were proposed from states in the southern region of the United States. Nine of these bills were proposed in states where the majority of registered voters vote with the democratic party during presidential elections. Four proposed bills related to abstinence were passed into law. Three of these bills were proposed in the southern region of the United States and 3 bills were proposed in states whose voters predominantly vote with the Republican party.

**Comprehensive Sex Education.** Nineteen proposed bills related to comprehensive sex education were not passed into law; seventeen bills were proposed in states where the majority of registered voters vote with the Democratic party. Comprehensive sex education bills not passed

into law were primarily found in the southern, western, and northeastern regions of the United States with only 2 bills proposed from a midwestern state. Six proposed bills related to comprehensive sex education were passed into law; 4 of these bills were proposed in states in the western region of the United States. Four proposed bills were proposed in states whose voters primarily vote with the Democratic party.

Nine proposed bills included both language related to abstinence and comprehensive sex education. Two proposed bills were passed into law in GA and FL; it should be noted that neither of the two bills included any language related to LGBTQ youth. The majority of the proposed bills not passed into law were from the southern region of the United States and were proposed in states where the majority of registered voters vote with the Democratic party during presidential elections.

This analysis found minor correlations between region of the United States and state level voting pattern and the states that passed bills requiring comprehensive sex education versus abstinence-only sex education. A small number of abstinence-only and comprehensive bills were passed into law; the majority of bills requiring a specific type of sex education were not passed and came out of states in several different regions of the US. As such, this study cannot draw a strong connection between proposed bills related to abstinence-only sex education or comprehensive sex education and the region of the country in which they were proposed. Additionally, the political leaning of the state did not influence whether proposed legislation referenced abstinence-only sex education or comprehensive sex education overall. Both abstinence-only and comprehensive sex education legislation that were not passed into law were proposed in states that primarily vote with the Democratic party.



ID HB249 (passed) contained language related to comprehensive sex education and language inclusive to LGBTQ youth. This bill calls for sex education instruction to be medically accurate and defines human sexuality instruction as the presenting of information that includes a focus on sexual orientation and gender identity. WA SB5395 (passed) contained language related to comprehensive sex education and language inclusive to LGBTQ youth. This bill states that instruction must include abstinence and other methods for preventing STDs. WA SB5395 requires sex education instruction to be inclusive of populations, such as LGBTQ individuals, that are considered to be a “protected class”. Eight other bills that contained language related to comprehensive sex education and language inclusive to LGBTQ youth were included in this study but were not passed into law. The comprehensive approach to sex education can allow for more latitude in topics of instruction because this approach does not require the emphasis to be on refraining from sex before marriage. This could be why the results of this study found that bills requiring comprehensive sex education also included LGBTQ-inclusive language.

Additionally, research conducted by Kirby found that effective comprehensive sex education programs create a safe social environment that allows students to feel comfortable participating (2007). It should be noted that not all bills included in this analysis that referenced comprehensive sex education contained LGBTQ-inclusive language, and as such, comprehensive sex education in no way guarantees LGBTQ-inclusive instruction.

No bills with language related to abstinence sex education that were passed into law included language exclusive to LGBTQ youth. It should be noted that while these bills did not include LGBTQ-exclusive language, abstinence-only sex-education’s emphasis on the avoidance of sex before marriage being the only certain way to prevent pregnancy and STDs does not leave room for instruction on other sexual health topics, especially those needed by LGBTQ youth.

Research has found that LGBTQ youth who have received abstinence-only sex education considered it to be inadequate and exclusive (Estes, 2017). Results of a study conducted by Gowen and Wings-Yanez (2014), found that LGBTQ participants were told that LGBTQ sex education topics were not allowed to be discussed in the classroom. Sex education policies that focus on abstinence without language that is inclusive to LGBTQ youth can contribute to classroom environments similar to those mentioned above by not directing school districts to provide LGBTQ relevant instruction.

## **Phase 2: Key Informant Interviews**

Three key informants volunteered to participate in semi-structured key informant interviews. Key informants were sampled from a community agency in the Tampa Bay area that provides medical and mental health services to LGBTQ youth and LGBTQ student organizations at the University of South Florida. Due to the Covid-19 Pandemic, interviews took place virtually through the Zoom Communications platform.

Key informant one (KI1) was a white, 17-year-old high school student in the Pinellas County school district in Florida. KI1's pronouns are he/him and identifies as a bisexual transgender male. Key informant two (KI2) was a 20-year-old Vietnamese-American student at the University of South Florida. KI2 uses he/him pronouns and identifies as an ambiguous/questioning transgender male. KI2 disclosed that while he is currently ambiguous/questioning, he can be described as an MLM: an acronym that denotes attraction of men to men. KI2 attended high school in Hillsborough County FL. Key informant three (KI3) was a 20-year-old white student at the University of South Florida. KI3 uses she/her/hers pronouns and identifies as a pansexual cis-gender female. KI3 attended high school in Sarasota County Florida.

## **Subject Matter**

During interviews, informants shared topics that were taught during their sex education classes, topics they thought should have been included in their sex education instruction, and topics they felt were missing from instruction. All informants described topics they were taught that related to body parts, sexual organs, and STDs. All informants were asked to generally describe their sex education experiences and share what they liked and did not like about their course. KI1 answered this question by discussing some of the topics of instruction: "...we learned about like male and female genitalia like the parts of it and how they kind of work and also how pregnancies work." (KI1)

As KI2 was answering the question regarding their experiences in sex education, I observed that he shared a lot of information about what he did not like about his sex education course. This prompted me to ask him if there was anything he did like about his sex education course. KI2's responses showed that he enjoyed topics related to biology and anatomy: "...they pointed out like the different organs..." (KI2). KI3 mentioned STDs in her initial description of her sex education experience. Her initial mention of STDS gave me the impression that STD instruction was brief. Rather than holding on to that impression, I asked her to share more details about STD instruction in her class; "...they shared about like a couple STDs and then like each STD they talked about like uhm what the signs that you have it are and what the treatment looks like" (KI3)

Another common topic that was taught in all three informants' sex education courses was abstinence. Informants shared their sex education instruction either emphasized abstinence or was abstinence-only sex education. One informant indicated that they felt forms of pregnancy prevention other than abstinence were ignored. Another informant indicated that the emphasis on abstinence in their sex education instruction contributed to an assumption that students wanted to

have sex: "...there was the implicit assumption that you wanted to have sex and that if we weren't taught to abstain then we would have sex..." (KI2). Key informants shared their dislike for the abstinence approach to sex education: "I don't like abstinence-based sex education...I feel like all it does is make sex this thing that seems like something rebellious people do and teens love to be rebellious..." (KI3). The thoughts and opinions regarding abstinence-only sex education shared by key informants were similar to mine and the opinions of my LGBTQ peers who took high school level sex education with me. Results of the policy analysis showed that 11 out of 15 proposed bills that included language related to abstinence were not passed into law. Three out of 8 proposed bills in the state of Florida required that schools instruct on the benefits of abstinence in sex education courses but not that abstinence be the only topic of instruction. It should be noted that the experiences of key informants indicate that abstinence was the primary approach, "...and it was pretty much completely abstinence based so it was very much don't have sex, we're not going to teach about sex just don't do it..." (KI3); "...ways to prevent pregnancies aside from abstinence was kind of ignored" (KI1); "...they always emphasized like abstinence based uh like practices..." (KI2). It is possible that school districts in the state of Florida have the autonomy to determine the degree to which they implement what is written in legislation. Sex education programs that only teach about abstinence are not in violation of a state law that requires the benefits of abstinence to be taught if that legislation does not include any other requirements for what should be taught such as comprehensive sex education topics.

Two key informants reported that sexual consent was briefly touched on during classroom instruction: "I think we also discussed uh to an extent like uh consent...we didn't get very into detail with that..." (KI2); "...I did like how it talked about consent because I feel like too often that's kind of like skipped over..." (KI3). Hearing that at least two key informants

received some level of instruction on sexual consent addressed an assumption that I held regarding sex education in Florida. With the emphasis on abstinence and STD/STI instruction, I assumed that sexual consent would not be addressed. As I listened to key informants speak about instruction on consent, I remember feeling surprised. These informants also shared what they thought could have been added to the discussion on sexual consent to better prepare them to deal with the potential of sexual assault or consensual sexual encounters: "...there was no mention of like...you know what to do in case like you're sexually assaulted or raped..." (KI2); "...there was no uhm hey if you're drink tastes bitter or salty...there was not a look for the bartender or ask about like you know ordering an alarm drink..." (KI2).

Based on the statements that KI2 made, it appears they observed a lack of instruction in preventative and response strategies in the area of sexual assault. As evidenced in the results of the policy analysis, Florida legislation addressed instruction in human trafficking but not sexual abuse or assault awareness. Results of this study show a gap between the instruction key informants received that relates to sexual assault, the instruction they were required to receive according to legislation, and topics they thought would have been helpful to them. The thoughts of Key informants one and two that relate to this gap are listed below:

"...I guess how to talk with your partner about hey I have trauma and I don't want to do this act..." (KI2)

"...teaching about the consequences of stepping over people's consent lines..." (KI3)

All informants shared topics they thought were missing from their sex education course. These missing topics included various forms of birth control, safe sex, different types of relationships, different sexualities, and different gender identities. Instruction on contraceptives

was either not present or limited in scope: "...ways to like prevent pregnancies aside from abstinence was kind of ignored" (KI1); "...we were not told about uh methods of uhm birth control besides like condoms and the pill...they didn't go over IUDs or implants..." (KI2). Information shared by these informants indicated a lack of useful information during instruction that aligns with the findings of Hoefler and Hoefler (2017). LGBTQ participants in their study identified a lack of instruction in the area of condom use and alternatives to condoms. Key informants found that discussions about sexual and gender identities were absent and because of that, any discussion about contraceptives was limited to the needs of heterosexual sex partners: "...how to have safe sex and how that looks on all different you know types of relationships and maybe also just like more options like about sexual orientation..." (KI3). The missing topics that key informants identified could have contributed to a lack of preparedness to engage in and protect themselves during sexual situations (Hoefler & Hoefler, 2017). In some cases, the absence of these topics also contributed to feelings of exclusion during sex education instruction: "another thing I feel like was left out...was like we didn't go into detail about like intersex people..." (KI1); "...the existence of like genitalia outside of penis and vagina was not really addressed at all" (KI1).

During interviews, KI1 spoke a lot about the transgender and intersex populations as well as the penis and vagina not being exclusively male or female genitalia. One of the things he noted was that the type of instruction he needed as a transgender youth was not provided and that made him uncomfortable during class.

All informants reported topics they believed should have been added to the sex education curricula they received. KI1 wanted more instruction about the intersex population that would destigmatize that population; "...learning about like intersex people and sort of clear up

misconceptions about them would be really beneficial...”. Previous research has identified factors that contribute to the pathologizing of LGBTQ youth; one factor is the perpetuation of stereotypes during classroom instruction (Gowen & Wings-Yanez, 2014). A recommendation from the research that aligns with KI1’s suggestion was that sex education teachers learn about different sexual orientations and gender identities so that they can present accurate and relevant sexual health information for all students (Gowen & Wings-Yanez, 2014). KI2 would have found instruction regarding safe sex between individuals of the same gender to be beneficial: “...how sex looks differently between different types of relationships so...if you’re exploring with having sexual relationships with people of the same gender what that looks like and how to do it safely...”. KI2 and KI3 both suggested more detailed instruction about sexual health: “...but more information on like not just what STDs are and what bacteria or viruses might cause them but also once you do have it how do you manage it...” (KI2); “...I also wish it had talked more about like...the health of like you know like sexual areas on people...” (KI3). KI3 wanted more detailed instruction on sexual consent: “I kind of wish it had touched more on like someone who is coerced into giving consent isn’t giving consent you know because I feel like that’s a thing that a lot of teenagers don’t know”.

### **Alienation**

While sharing their sex education experiences, it was found that informants received instruction that was not representative of the LGBTQ experience, did not address their needs or the needs of other LGBTQ youth who received the same instruction, and contributed to negative perceptions of LGBTQ youth.

All informants communicated that LGBTQ individuals were not mentioned during classroom instruction, and it led to a feeling that LGBTQ individuals did not exist according to

the instructors and curricula: "...the default assumption was everyone in the room was heterosexual and cisgender..." (KI2). Previous research aligns with this informant's experience. Estes (2017) found that LGB individuals considered their school-based sex education instruction to be useless due to focus on the heterosexual experience and that study participants considered their sex education to be LGBTQ-exclusive. Focus groups that were conducted by Wings-Yanez (2014) identified "hetero-centricity" as a theme describing the sex education experiences of LGBTQ participants.

As the interview was concluding, key informant two was asked if there was anything else he wanted to share regarding sex education and inclusivity. In response, he spoke to the possible risk of contributing to existing negative stereotypes of LGBTQ people if they are only discussed in the context of sex education: "...its hard to...especially for queer people to tread a line between 'oh if we only learn about them in sex ed then it must be like inherently'...then there becomes the assumption 'oh its [being LGBTQ] sexual oh its deviant'...". His statement made me think of stigmatization and I shared with him that if information about LGBTQ individuals is only shared during sex education courses, there is a potential to contribute to the existing stereotype that LGBTQ individuals are sexual deviants. LGBTQ participants in the study conducted by Wings-Yanez (2014) indicated that language used by sex education teachers during instruction contributed to the pathologizing of LGBTQ individuals. Within this theme of alienation, it was observed that key informants did not feel seen during their sex education experiences. Their identities were not discussed, relevant instruction was absent, and stereotypes and incorrect information was present. KI3 stated "...as far as like LGBT information...absolutely none I don't think it even mentioned that people like could be LGBT". KI1 wanted those who create sex education curricula to know "...we exist, even if we aren't a



large part of the population, we exist”. According to the results of the policy analysis, only two out of fifteen proposed bills with language inclusive to LGBTQ youth were passed into law. In the state of Florida, there were no proposed bills with language exclusive to LGBTQ youth and only two proposed bills with language inclusive to LGBTQ youth but they were not passed into law. Without legislative guidance, the schools where key informants attended were able to determine on their own if sex education instruction was going to be inclusive or exclusive. Based on the experiences stated above, all three key informants received exclusive sex education instruction even though they were not mandated to do so by state law.

### **Instruction**

Informants provided information about the way sex education instruction was provided as well as their suggestions for how sex education curricula should be delivered. Two informants recalled the use of scare tactics during sex education instruction. They interpreted the purpose of these scare tactics as intending to make them fearful of having sex or fearful of the negative consequences of having sex: “...when they would uh you know show the picture of whatever horrific STD they were trying to scare us away with it would always be like very very graphic...” (KI2); “...the content is definitely delivered in a way to make you scared of having sex uhm it mainly just talks about like you know here’s all of the things that could go wrong...” (KI3); “...I feel like they really drilled home that if something goes wrong that like you’re quote-unquote life is like over...”(KI3). Utilizing scare tactics during instruction is a common practice in programs that teach abstinence and/or provide limited information about safe sex practices. One of the 2008 federal guidelines for abstinence-only sex education was that the program “teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” (Kendall, 2008).

One informant recalled receiving sex education instruction on STDs that was inaccurate:

“...some of the information about STDs...was simplified sometimes to the point where it was not like accurate...” (KI2).

Informants described the materials, format, and length of their sex education classes. One informant received sex education as a module that was a part of a larger health curriculum while another informant received sex education in a self-directed virtual format. All classes incorporated media through the use of videos and PowerPoint presentations. Multiple informants also shared that there was little interaction between students and the instructors during sex education. State level legislation does not dictate how required topics are presented to students which can lead to variability in sex education classes across the state.

“...the lessons that you learn basically all it is, is like its basically like reading from an online textbook...” (KI1)

“...there’s hardly like an interactivity” (KI1)

“...they put up like a powerpoint they would click through and have the slides with horrible pustules and stuff on it I think they also had several posters uhm not too much in the way of like any physical worksheets or handouts or anything like that...” (KI2)

“...it [the course] was about like maybe a week or two weeks that we spent on sex education” (KI3)

“... a lot of it was like through like videos and that kind of stuff that the teacher kind of just put on...” (KI3)

Informants shared suggestions regarding course delivery that they felt would be beneficial for future students receiving sex education. These suggestions related to the frequency with which sex education topics are covered, resources that could be provided to students, ways students can participate in class, and ways to course delivery can become more inclusive of LGBTQ youth. KI2's recommendation avoids assigning gender to genitalia and other sexual organs: "...use terminology like people with a uterus or people with a penis or people with a prostate...". KI1 shared during interviews that assigning gender to organs and body parts can lead to feelings of dysphoria for members of the transgender community. Utilizing gender neutral terminology can show transgender students that instructors care about their feelings and experiences. KI2 and KI3 recommend that course instruction acknowledge the varying sex behaviors of LGBTQ individuals:

"...acknowledging that queer people exist acknowledging that queer people have sex right and that there are additional considerations depending on someone's identity..."

(KI2)

"...LGBTQ people exist that they have sex that is a really important one...so they could be seen in the curriculum..." (KI3).

Key informant three shared the above quote in response to me asking "what type of...information do you think LGBTQ youth needed from that curriculum?". Hearing her response reminded me of a proclamation. I recall thinking that it should not be necessary to make a proclamation that LGBTQ people exist but it is good that there are members of this generation that are willing to use their voice to make such a proclamation.

Other recommendations offered by key informants are listed below:

“...revisiting the information with more detail and more nuance as teens get older would be helpful...” (KI2)

“...I feel that giving us say like an informational brochure on uhm STDs or birth control measures or safety during sex would have been something excellent...” (KI2)

“...you could have students...sort of like do some research on their own...allowing them to like follow what they are interested in learning about” (KI3)

### **Course Impact**

During interviews, informants shared how their sex education experience affected them as well as their classmates. This included disclosing what they needed during their sex education courses to be successful and whether those needs were met.

Informants discussed feelings of unpreparedness and gave examples of things they did not know because of the sex education curricula they received: “...I didn’t even know there were condoms for vaginas...I just felt shocked that we didn’t learn this stuff in our education...” (KI1). Informants shared that based on the way instruction was provided, some students may not have felt represented which could have affected their willingness to pay attention even when some information was relevant to them. Key informant two recalled how a friend was impacted by the sex education instruction they received: “...my friend who was also in the class...was getting very frustrated and alienated because it [queer people] pretty much never came up...”. A potential consequence of being presented with instruction that is not relevant to the experiences of all students was described by Key Informant two: “...if people feel that...this information is not being presented in a way that’s relevant to me or my life or my experiences or things I’ve been through that you know they might dismiss it even if it is relevant...”.

All informants were asked if they thought all students who received sex education instruction at their high school learned the information they needed. One informant suggested that their sex education class did not meet the needs of all students because there was a focus on pregnancy prevention and labeled genitalia in a gender binary way, “I feel like most didn’t necessarily get the sort of information that they wanted because...not everyone is going to really want a child or...not everyone has like either strictly male or female genitalia” (KI1). This informant also stated that there was specific health information they needed as a transgender person that they wanted to be covered in their sex education course, “...as a trans person I kind of wish they...got into more detail about...what certain hormones can do to a person” (KI1). This informant’s responses, as indicated above and in other sections, largely focused on the needs of intersex and transgender individuals. This could be in part due to them identifying as transgender. They discussed the importance of not gendering genitalia and organs as well as the importance of raising awareness that some individuals have more than one form of genitalia throughout the interview. This gave me the impression that while they felt inclusive sex education is needed for all LGBTQ youth, they felt the need to specifically advocate for the needs of transgender and intersex youth. Listening to this informant speak about intersex individuals made me realize that I have not given a lot of thought to their specific sex education needs. I remember feeling surprised at myself for never having considered their specific education needs.

### **Class Climate**

Key informants described the social-emotional environment they believed should be present in a sex education class and the individuals they believed should be creating that environment in addition to providing sex education instruction. Informants listed personality

traits, gender identities, and occupations that they believed sex education instructors should possess.

“...a pretty open-minded sort of teacher would be a bit more beneficial...” (KI1)

“...having like a queer teacher teaching sex ed would also be cool” (KI1)

“...there are positives to having a variety of different people talking about this stuff like women, men, trans people, uhm maybe people from different cultural backgrounds...” (KI2)

“...like someone with either like a psychology background or more medical background...” (KI3)

One key informant believed that, during sex education instruction, students should feel safe and relaxed. Key informant three was asked how sex education can become more student centered. This question excited her as there is a focus on making instruction student centered in her music education program.

“...maybe having a place where students can submit questions anonymously for the teacher to answer...” (KI3)

“...creating like a relaxing kind of safe...student climate...” (KI3)

Her suggestion that students submit anonymous questions reminded me of a common television trope wherein students in sex education classes submit questions anonymously, however students figure out who the question belonged to and shame the student for submitting it. In a real classroom setting, anonymous questions could contribute to a safe classroom environment because students can request information related to their specific sex education needs without fear of stigmatization.

## **Chapter 5: Discussion**

This analysis of proposed state policies related to sex education found that the inclusivity of sex education was addressed through required topics of instruction related to gender identity, gender expression, sexual orientation, and diverse relationships. Proposed bills that contained LGBTQ-inclusive language required that sex education instruction be inclusive of LGBTQ individuals by defining terms such as gender identity and sexual orientation, providing information about same sex relationships, and by requiring instruction to be culturally sensitive to diverse populations. Some states' inclusive proposed legislation was more explicit than others. Inclusive bills proposed in the state of Illinois required that sex education be inclusive of diverse gender identities, gender expressions, sexual orientations, and the intersex populations. Another inclusive bill proposed in Illinois specifically prohibited bias against individuals based on gender, gender identity, gender expression, and sexual orientation. Similarly, an inclusive bill that was proposed from New Jersey called for schools to incorporate anti-bias instruction and required teachers to promote inclusion and tolerance as it related to gender and sexual orientation. In contrast, inclusive bills that were proposed in the state of Washington required sex education to be inclusive and appropriate for all members of a protected class under Washington's Human Rights Law; LGBTQ individuals are protected under this law. It appears that Washington's inclusive bills, had they been passed into law, would have left the way sex education was made inclusive to LGBTQ youth up to the discretion of individual school districts. Gowen & Wings-Yanez (2014), suggested that inclusive sex education could be accomplished by including images of LGBTQ individuals in class materials and using language that normalizes

LGBTQ relationships and sexual activities. This level of specificity and guidance was not present in all LGBTQ-inclusive bills included in this analysis, and as such could lead to variability in inclusive sex education. When legislation is not detailed, school districts are free to interpret the law in the way they see fit.

According to the findings of this analysis, only one existing state policy has language inclusive to LGBTQ students. ID HB249 listed several foci for human sexuality instruction and on that list are gender identity and sexual orientation. No other language inclusive to LGBTQ youth was found in this bill unlike proposed bills from other states that were not passed into law. Based on the current study, the inclusivity of sex education is not being addressed through existing state policies. Proposed bills with exclusive language were not passed into law either, however the lack of existing inclusive policies can contribute to exclusive classroom environments. Estes (2017) found that LGBTQ individuals found sex education to be exclusive due to a focus on heterosexual student needs. Gowen and Wings-Yanez (2014), identified a theme of “hetero-centricity” that emerged during focus groups conducted with LGBTQ youth. If sex education instructors are not required by law to teach about different identities, orientations, safe sex practices for same sex intercourse, etc., relevant information for LGBTQ students may be absent (Estes, 2017).

This lack of information relevant to LGBTQ students was seen through the experiences of the key informants that participated in this study. No existing policies in the state of Florida require LGBTQ-inclusive sex education instruction and all three key informants recalled instances during their sex education courses that contributed to them feeling alienated and excluded from the curriculum. Key informants reported LGBTQ individuals not being mentioned during instruction, being taught about safe sex practices for heterosexual intercourse and learning



about sexual organs through a cis-gender lens. These experiences led to some informants feeling as though they did not exist in the eyes of school districts, teachers, and/or curriculum writers. Similarly, Estes (2017) reported that LGBTQ participants in their study felt invisible and unimportant during their school-based sex education experiences. Prior to data collection and hearing the stories of key informants, I held the assumption that sex education in Florida was not meeting the needs of LGBTQ youth. I formed this assumption based on the required focus on STD prevention and abstinence. Additionally, I assumed that because Florida is a southern state, most school districts would not be willing to provide instruction related to gender identity or sexual orientation. I believe this bias is related to watching news reports featuring southern politicians speaking negatively about the LGBTQ community. The experiences of key informants did not challenge my assumption, however I am aware that I cannot widely confirm my assumption based on the experiences of three individuals.

The findings of this study cannot speak to the influence of state policy on the creators of sex education curricula and which topics are included in curricula, however results can speak to the influence of state policy on sex education instruction. Specific sex education curricula were not reviewed during this study, therefore there is no information about the content of sex education curricula other than what key informants were able to recall from memory. It should be noted that key informants were not asked about the specific type or name of curricula used in their sex education courses. State sex education policies outline the topics that are expected to be taught in sex education courses in public schools. School districts must reference these state policies when selecting the curricula that will be used in their courses to ensure that curricula are in alignment with existing policies.

Key informants' reports of the content missing from their sex education curricula is commiserate with LGBTQ-inclusive sex education topics found in proposed legislation that was not passed into law. Two of the LGBTQ-inclusive bills proposed in the state of Florida reference that sexual health education instruction and information must be culturally competent and relevant for any student regardless of gender, gender identity, and sexual orientation and according to key informants, their sex education instruction was not relevant to them or other LGBTQ students in their classes by their observations. One proposed bill related to abstinence and another proposed bill requiring comprehensive sex education that mentions abstinence were passed into law. Stanger-Hall and Hall (2011) found that twenty-one out of forty-eight states stressed abstinence-only education in their policies and seven states emphasized abstinence education. Estes (2017) and Pingel et., al (2013), found that study participants experienced sex education that primarily focused on abstinence.

According to key informants, sex education instruction in their respective school districts were primarily abstinence based. It appears that the abstinence language present in existing policy within the state of Florida was illustrated by the type of instruction key informants received. Key informants reported some comprehensive topics from their sex education courses such as the use of condoms and oral contraceptives like the birth control pill but stated that comprehensive instruction beyond that was lacking. This could be because FL SB1094 states that abstinence must be presented as the "expected standard" rather than an option for preventing unwanted pregnancies or STDs. Identifying abstinence as an expected standard could influence school districts to make abstinence the focus of sex education courses by selecting abstinence curricula and directing teachers to instruct primarily from the abstinence lens (Kaiser Family Foundation, 2002). This policy did not include any specific language regarding comprehensive

sex education topics to be taught, but rather included general language that referenced a comprehensive program that addresses community health and family life. Without specific requirements for comprehensive sex education topics, school districts have the autonomy to decide how elaborate the comprehensive portion of their sex education courses will be (Kaiser Family Foundation, 2002). Despite what is written in state level policies, the Kaiser Family Foundation (2002) found that school-based sex education curricula were in part influenced by district policies and community influence. Comprehensive topics for instruction listed in state policy such as abortion were not taught in some schools due to real or perceived community pressure according to a survey completed by school principals (Kaiser Family Foundation, 2002). Courses that provided some comprehensive instruction, however detailed, were still in accordance with state policies.

During interviews, key informants shared sex education topics that were missing from the sex education curricula they received. Key informants found that health information such as STD identification, maintenance and treatment, appropriate care of the genitalia, and seeking guidance from specific healthcare professionals such as gynecologists were missing from the sex education curricula they received in high school. Instruction on topics related to consent and sexual assault such as coercion, conditions under which individuals cannot provide consent, sexual boundaries, sexual assault tactics, and seeking support after sexual assault was not provided. Hoefler and Hoefler (2017) did not have participants that reported topics such as sexual assault tactics, consent, asserting sexual boundaries etc. were missing from their sex education courses, however participants reported not feeling prepared to protect themselves in sexual situations. Having conversations with youth related to consent is important to me because understanding consent can empower youth to advocate for their sexual needs and boundaries.

Key informants observing that this information was missing from their courses indicates to me that they understand the relationship between sex and consent. Previous research studies similar to this study did not have findings that aligned with sexual health maintenance being a topic missing from sex education. Currin and colleagues (2017) found that hygiene was a common sex education topic recalled by participants. There are some states that see the utility in equipping their students with the tools necessary to avoid situations in which they could be sexually assaulted or victims of teen dating violence. This is seen through existing state policies in Washington, Rhode Island, and Utah (WA SB5395, 2019; RI HB7044, 2018; UT HB286, 2018). Existing policies in the state of Florida require instruction on human trafficking awareness, human trafficking resources, and the relationship between social media and human trafficking (FL HB519, 2019; FL SB1094, 2021). While making students aware of the dangers of human trafficking is an important safety measure, instruction in other areas that would allow for safety within romantic relationships and sexual activities is important as well (The Future of Sex Education Initiative, 2011). Healthy relationships and personal safety were recommended sex education topics for students in grades K-12 based on The National Sexuality Education standards (The Future of Sex Education Initiative, 2011).

Future researchers should examine sexual healthcare and whether this type of information is being provided in sex education courses. Proper care of sexual organs and genitalia and seeking regular care from medical professionals can contribute to overall sexual health (National Coalition For Sexual Health, 2022). In addition, there should be research examining instruction on sexual consent as understanding this topic can help prevent instances of sexual assault and increase safety. All informants reported that their sex education instruction was focused on abstinence and as a result, there was not detailed instruction on other forms of STD and

pregnancy prevention. For example, methods of birth control such as condoms or medical contraceptives were not discussed. Additionally, discussions about how to access various forms of birth control were missing from sex education courses. Previous researchers found that sex education courses focused on abstinence rather than providing instruction on other forms of pregnancy and STD prevention (Currin et al., 2017; Hoefer and Hoefer, 2017). Sex education courses that focus on abstinence rather than other more comprehensive topics, do not have a significant effect on delaying sexual activity or minimize the risk for STDs and teen pregnancy (Kohler et al., 2008). Key informants did not disclose whether the abstinence instruction they received contributed to whether or not they delayed engaging in sexual activity or their risk for STDs. Informants did report that they did not like the abstinence approach and instruction from that lens did not provide answers to the questions that they had. One informant stated that they did not think teaching about abstinence “worked” for any students because it made sex seem like something rebellious and “teens like to rebel” (KI3).

Discussions surrounding sexual orientations and gender identities were not present during sex education instruction. Pingel, Thomas, and Bauermeister (2013) found that their study participants did not receive instruction related to sexual orientation and gender identity as these were topics they recommended be added to sex education. Key informants reported that learning about non-heteronormative relationships, sexual activity other than inserting a penis into a vagina, and safe sex for all relationship types and gender identities would have been beneficial to them as well as other students in their classes. This content being missing from sex education courses aligns with what was found in previous research. Gowen and Wings-Yanez (2014) found that “heterocentricity” was a prevalent theme in their qualitative research and that LGBTQ participants reported they did not receive instruction that met their sexual health needs.

The existence of transgender people, what it means to be intersex, or the sexual health needs of those populations was also not addressed in the sex education curricula that key informants received. Existing research confirms these findings as seen in the study completed by Hoefler and Hoefler (2017); LGBTQ identities were not discussed during sex education courses. Some policy makers across the U.S. identified the need for instruction in this area but their proposed policies were not passed into law. Two policies were proposed in the state of Florida that called for a culturally competent sex education curriculum that is appropriate for all genders and sexual orientations; these policies were not passed into law. It should also be noted that these two policies did not specifically require instruction on LGBTQ identities, therefore, had these policies been passed their vague language may have still contributed to this topic being absent.

Types of romantic relationships was a topic that was missing as well. Key informants reported that polyamory and same-sex couples were not discussed during their sex education courses. Overall, key informants found that consent, pregnancy and STD prevention, healthcare (i.e., proper care of genitalia, STD maintenance, etc.), and non-heteronormative sexual activity were topics missing from sex education instruction in Florida.

Key informants described their high school sex education experiences cis-normative and hetero-normative. The lack of instruction relevant to transgender students gave key informants the impression that instructors and those who created their sex education curricula did not acknowledge the existence of transgender individuals. Key informants reported that sex education instructors assumed that all students receiving their instruction were heterosexual and as a result, did not discuss non-heterosexual romantic relationships or sexual orientation. Additionally, key informants did not receive instruction about safe sex as it relates to homosexual sexual experiences (i.e., men having sex with men, women having sex with women,

etc.). High school sex education in Florida has been described as LGBTQ exclusive based on interviews conducted during this study. According to the policy analysis conducted, Florida does not have any existing sex education legislation that is LGBTQ-inclusive. This could have been a contributing factor to the exclusive experiences had by key informants. School districts within the state of Florida do not have state level guidance on how to create inclusive classroom environments during sex education instruction. LGBTQ-inclusive legislation that requires instruction on diverse sexual behaviors, safe sex practices for same sex and transgender sexual activities, defining sexual orientations and gender identities, and dispelling stereotypes can provide a framework for inclusive sex education (Gowen & Wings-Yanez (2014). Based on what key informants reported, legislation that requires the topics listed above may have made their experiences more inclusive. Key informants needed safe sex instruction that could be applied to their desired sexual behaviors. They needed the validation that could have come from factual information about their sexual orientation or their gender identity being taught to their peers. It should be noted that the experiences of three individuals alone cannot represent the experiences of LGBTQ students across the state of Florida or all high school sex education courses in the state.

Previous research suggests that sex education that is relevant to all students, including LGBTQ students, improves school climate by creating a safe space for students and meets everyone's sexual health needs (Hoefler & Hoefler, 2017, p. 266; McCarty-Caplan, 2013). Without inclusive sex education, schools contribute to the othering of LGBTQ students (Hoefler & Hoefler, 2017, p. 264). Public school districts that wish to decrease instances of bullying towards LGBTQ students should review their selected sex education curricula to see if it contains LGBTQ- inclusive content. LGBTQ students feeling invisible and unimportant is

another consequence of the heteronormative nature of sex education courses (Estes, 2017). Themes of invisibility, not being seen, and not existing have emerged throughout the literature and within this study. Key informants confirmed what was found in previous research by sharing that their sexual health needs were not met, and they did not feel represented in course materials or class discussions. Key informants want teachers and curriculum writers to know that their sexual health needs are important too, and because they exist, they deserve representation. When LGBTQ students' needs are met in the classroom, they are at a lower risk of searching for the information they need from unreliable sources such as the internet or peers (Estes, 2017; Currin et al., 2017). Experiencing LGBTQ-exclusive sex education can also contribute to adverse mental health outcomes. In 2015, LGBTQ youth were five times more likely to report attempting suicide than their heterosexual peers and 60% of LGBTQ population reported consistent feelings of sadness compared to 25% of heterosexual youth (Proulx, et al., 2018). States and public school districts should consider current mental health trends among LGBTQ youth when selecting sex education curricula to avoid creating stigmatizing environments that contribute to poor mental health outcomes.

### **Limitations and Future Research**

Due to the Covid-19 Pandemic and social distancing regulations, semi-structured interviews with key informants were conducted using a virtual platform. It is possible that LGBTQ youth between the ages of 14 and 18 would have had to participate in the interview from their home and as such, they would have had to answer questions about their sex education experience they may not have wanted family members or others in their home to hear. To protect LGBTQ youth, parental consent was waived for this study. This would have allowed youth who were not open about their identities with their families to participate in the study. Utilizing a



virtual platform for this study limited the number of LGBTQ youth enrolled in high school at the time of the study to one. Future researchers should provide flexibility in the interview setting so that LGBTQ participants, especially those under the age of 18, can choose a location or a medium that would make them feel safe while answering questions about their experiences. Two key informants were college students at the University of South Florida (USF). As such, the majority of key informants took their sex education course two or more years prior to participating in this study and may not have remembered as much of their experience as someone who was still in high school. Future researchers who plan to study the high school sex education experiences of LGBTQ youth should limit the study to youth who are still in high school. This would limit the potential of recall bias among participants. Due to difficulties with recruiting there was a limited number of participants in the semi-structured interview portion of this study. During the first two years of this study (2020-2022) there was a low response rate to recruitment communications (i.e., emails, social media postings, flyers, presentations, etc.). It is possible that the response rate from USF students was low because many of their campus organizations that serve LGBTQ students were not meeting regularly during the Covid-19 pandemic and the study information was not able to be disseminated among their membership. Another potential reason response rates were low is contact information for those students who were in leadership in the aforementioned campus organizations were not being updated on the university website. Many of the students who did respond to recruitment emails stated that they were no longer in their previous leadership positions or active in the organization. Future researchers should ensure that there is a sample size of at least 10 so that there is a potential for more comprehensive findings, diversity in experience, and more data from which to draw themes.

Most states included in the policy analysis were populated by voters who predominantly voted with the democratic party during elections. While this did not affect the overall results of the policy analysis, it did create a sample that appeared to favor states who may propose more liberal policies than conservative policies. This is important to note because creating policies that are inclusive to the LGBTQ community is considered a liberal issue (Howard-Hassmann, 2001; Newport, 2014). During this study, states were purposively sampled by region with the assumption that a sample that represented each region of the United States would also be politically diverse. Various regions of the U.S. were assumed to have states that aligned with a specific politically party (i.e., the southern region having states that vote with the Republican party), however it was found that region of the U.S. did not influence the voting preferences of individual states. Future researchers conducting policy analyses in this area should include states from each region of the United States and make sure that there is not a significant difference in the number of Democratic states and Republican states. Future samples of states should be representative of the proportion of Republican and Democratic states that exists in the United States at the time of the study. A small sample of states was included in this policy analysis due to time restrictions as this study was completed in partial fulfillment of a graduate degree requirement. An analysis that included every state would have created a more accurate representation of sex education policy throughout the country. Future researchers should include all 50 states in policy analyses to avoid overlooking how the inclusivity of sex education is addressed in each states.

Policies included in this analysis were pulled exclusively from the SEICUS website. During the literature review phase of this study, the SEICUS website provided information about state level and federal sex education policies. This website also creates a state-by-state sex

education policy profile that identifies policies that reference LGBTQ needs, comprehensive sex education, and abstinence sex education. By utilizing this website exclusively, other state level policies not listed on this website were not included in this study. Multiple sources could have led to a larger sample size of policies which might have allowed for a stronger analysis. More policies from each state could have been included which could have contributed to a more accurate representation of the sex education legislation of certain states. States such as Alabama, Idaho, Illinois, New Jersey, Utah, and Wisconsin had 3 or less policies included in this study that were found on the SEICUS website. Future researchers should consult policy databases to ensure a more accurate representation of state level legislation. Consulting more than one data base will help to limit the possibility of underrepresenting states because some policies are only available on certain databases. Additionally, it is possible that state policies whose titles and overview do not relate to sex education or LGBTQ youth but may include language related to these topics within the body of the policy. It is likely that policies like these were not included in this analysis as the policies were selected based on relevant information that could be found in the title or overview on the SEICUS website.

Policies included in this analysis were proposed between 2018 and 2022. By limiting the search to a span of four years, existing and failed policies related to this study proposed prior to 2018 were not included. This means that findings from this policy analysis cannot be applied generally but instead serve as a representation of the political response to LGBTQ issues in recent years. Additionally, not including policies proposed prior to 2018 prevented the analysis of any policy updates or edits that could have contributed to inclusive or exclusive policies. Future policy analyses should not limit inclusion based on a set of years to increase the likelihood that relevant policies can be included.

A second researcher was not used for the policy analysis portion of this study. Utilizing a second researcher could have contributed to an increase in reliability during the coding of policies. A second researcher could have confirmed that codes were being applied correctly based on their definitions and could have assisted with the creation of new codes.

### **Implications for Policy and Practice**

This study's findings showed that some proposed policies, inclusive in their intent, are lacking in detail. Future policies makers should work to write policies that provide more detailed guidance to school districts and instructors on how to provide an inclusive educational environment. State level policy makers should review policies that failed or died in committee that required instruction on limiting bias, defining specific sexual orientations and gender identities, dispelling stereotypes, etc., and continue to write policies with similar requirements. The inclusive language in future sex education policy should be so clear that school districts do not have to rely on their own interpretation. When working on writing more explicit policies, policy makers should consult health experts and sex education experts so that policy content is accurate and well-informed. Policy makers can consult public health officials, organizations that support the health needs of LGBTQ individuals, and experts in the field of education. Input from these stakeholders could prevent medically inaccurate, exclusive policy language. Key informants' recommendations for what should be included in sex education drew attention to the fact that policies did not require instruction on safe sex practices for LGBTQ youth. Some policies reviewed in this study required instruction on safe sex practices but did not indicate whether those practices were safe for transgender youth or same sex sexual activity. Future sex education policy should consider the needs of heterosexual youth and queer youth in the language used to discuss instruction on safe sex practices.

Policy makers should consider the voices of LGBTQ students when creating future sex education policies. Previous research and the current study have provided LGBTQ youth the opportunity to tell their stories, share their sex education needs, and make recommendations for what should be included in sex education curricula to be more inclusive. Policy makers may be impacted by hearing from the community that has been negatively impacted the lack of LGBTQ-inclusive policies. Personal testimony that highlights the implications of heteronormative sex education experiences could impact policy change by giving policy makers the information needed to write policies that better meet their needs.

Future sex education courses should provide instruction on a variety of methods of contraception. Key informants identified that when they were taught about contraception, it was limited to the birth control pill and condoms. Maintaining sexual health was a topic that was absent from reviewed policies and recommended by key informants. Instruction on how to best keep one's genital area clean, how to manage and treat an STD if contracted, consultation with appropriate medical providers, etc. should be added to sex education courses to increase student's abilities to care for themselves. Inconsistencies were found among state policies in the areas of sexual consent, teen dating violence, human trafficking, and sexual abuse. Some states' policies required instruction on one or two of those topics but not all; some states were more specific than others about how those topics should be taught. Students may be more prepared to advocate for themselves prior to and during sexual activities and they may be more knowledgeable about the types of people and situations that could bring them harm if all four of the above topics are incorporated into sex education instruction. Key informant experiences and the low number of LGBTQ-inclusive policies that were passed into law revealed that discussions and instruction relevant to LGBTQ students and their sexual health needs have not been present

in sex education courses. This contributed to feelings of otherness and the perception that LGBTQ students were not seen among key informants. Sex education instructors can prevent creating an atmosphere of exclusion in their classrooms by considering the needs and experiences of LGBTQ youth when teaching, incorporating scientifically accurate sexual health instruction that is relevant to LGBTQ youth, dispelling stereotypes, and allowing LGBTQ youth to openly share their experiences and ask for the information they need.

## **Conclusion**

Current literature in the area of sex education shows that neither of the two primary approaches to sex education instruction—comprehensive and abstinence only—provide LGBTQ students with information that addresses their unique sexual health needs. This lack of appropriate instruction has been found to be a contributing factor in disproportionate rates of STIs, uninformed decision making during sexual experiences, poor mental health outcomes, feeling othered, and being mistreated by peers in the school setting (Gowen & Wings-Yanez, 2014; Pingel et al., 2013; Proulx et al., 2013; Baams et al., 2017).

This study sought to examine existing and proposed state-level sex education policies to explore how the inclusivity of sex education was addressed within those policies. Recently proposed and/or enacted state policies that address sex education from 12 states were analyzed. Additionally, this study used key informant interviews to examine the perspectives of three LGBTQ youths' perspectives regarding the inclusivity of the sex education curricula they received in high school. Findings from this study found that the inclusivity of sex education was addressed through proposed state policies that required topics of instruction related to gender identity, gender expression, sexual orientation, and diverse relationships. Most of the proposed inclusive policies were not passed into law and therefore could not influence inclusive practices

in the classroom. Key informants' reports of their sex education experiences in the state of Florida revealed that instruction was LGBTQ-exclusive.

Education laws direct the curriculum selection and practices of states and school districts. Education systems have an obligation to abide by the laws written for the states and as such, the language in state level education policies is important. Existing sex education policy does not include language that requires sex education courses to be inclusive of LGBTQ students, and as a result there is no guarantee that school districts will provide LGBTQ inclusive curricula or that teachers will provide inclusive instruction. Inclusive sex education practices can start with the way sex education laws are written. Sex education curriculum writers can reference inclusive sex education laws when creating inclusive curriculum. School districts will have more options for inclusive sex education curricula to choose from to be in accordance with the law. Additionally, sex education instructors will teach LGBTQ-inclusive sex education with fidelity.

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## **Appendix A: Student Interview Questions**

1. Please tell me about your interests and hobbies
  
  
  
  
  
  
  
  
  
  
  
  
2. Please describe your experience in your sex education class. What did you like about it? What did you not like about it?
  
  
  
  
  
  
  
  
  
  
  
  
3. Do you believe that all students learned the information they needed from that sex education curriculum? Why or Why not?
  
  
  
  
  
  
  
  
  
  
  
  
4. Did you receive all the information you needed from that sex education curriculum? Why or why not?



5. What information do you think was missing from the sex education curriculum?

6. What would you recommend be added to sex education curricula in the future? How can sex education become more inclusive?

### Appendix B. Policy Abstraction Table

Bill	Overview	Proposed by	Voters predominantly vote Republican/Democrat	Pass/Fail	Language exclusive to LGBTQ youth	Language inclusive to LGBTQ Youth	Language related to abstinence only sex education	Language related to comprehensive sex education	Theme
AL HB321	Content and instructional materials related to sex education or human reproduction in K-12 schools must be disclosed to parents	Representative Sorrell	Republican	Pending: House Education Policy Committee	"...homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state."	N/A	" <u>abstinence</u> from sexual intercourse is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and AIDS when transmitted sexually" " <u>abstinence</u> from sexual intercourse outside of lawful marriage is the expected standard for	" <u>statistics</u> based on the latest medical information that indicate the degree of reliability and unreliability of various forms of contraception ..."	Codes: abstinence, comprehensive, safety

							unmarried school-age persons” “an emphasis on sexual abstinence as the only completely reliable method...”		
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
AL HB71	Revise the sex education content, course materials, and instruction provided to K-12 students	Representative Hall	Republican	Referred to House of Representatives committee on Education Policy	Removed LGBTQ exclusive language present in AL HB321		“abstinence from sex outside of marriage is the expected social standard for unmarried school-age persons”		

CA AB2035	Foster youth and sexual and reprodu ctive educati on	Assembly Member Blanca Rubio	Democrat	Pending Assembly Human Services Committe e				<p>“Existing law requires the case plan to include...verification that the youth or nonminor dependent has received comprehensive sexual health education...and an indication that the youth or nonminor dependent has been informed about various topics relating to reproductive and sexual health care.”</p> <p>“For a child who is 10 years of age or older and has been under the jurisdiction of the juvenile court for a year or longer...that the child has received comprehensive sexual health education...thr</p>	Code: who delivers sex education, data- based decision making, topics
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Bill	Overview	Proposed by	Voters predominantly vote Republican/Democrat	Pass/Fail	Language exclusive to LGBTQ youth	Language inclusive to LGBTQ Youth	Language related to abstinence only sex education	Language related to comprehensive sex education	Theme
CA SB170	Amendment to the Budget Act of 2021	Senator Skinner	Democrat	Passed				“Of the funds appropriated in this item, \$600,000 is provided to support 2.0 existing positions and workload related to the school-based comprehensive sexual health education”	Code: financial support,
CA SB673	California Healthy Youth Act- requires school districts to make sure that students in grades	Senator Morrell	Democrat	Failed passage in committee, returned to secretary of senate			“information that abstinence from sexual activity...is the only certain way to prevent HIV and other sexually transmitted infections and	“...also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy”	Code: parents’ rights, STD treatment , who should teach sex ed, data based decision making

	7-12 receive comprehensive sexual health education and HIV prevention education						abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy”		
CA SB 1265	Amendment to sections of the California Healthy Youth Act	Senators Dahle and Morrell	Democrat	Died	N/A	N/A	N/A	N/A	Code: Parents’ rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
FL HB 703	Each public school that directly or indirectly receives state	Stark	Republican	Failed: died in PreK-12 Quality Subcommittee	N/A	Information is culturally relevant for students of any race, gender, gender identity, sexual orientation, and ethnic and	N/A	Whereas scientific evidence contends that comprehensive sex education helps adolescents withstand	Code: inclusion

	<p>funding and that provides information, offers programs, or contracts with third parties to provide information or offer programs regarding human sexuality, including family planning, pregnancy, or sexually transmitted infections prevention</p>					<p>cultural background</p>		<p>social pressures and promotes healthy, responsible, and mutually protective relationships once adolescents do become sexually active and that withholding such information contributes to uninformed adolescents who can carry habits and misinformation into adulthood</p>	
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	on, including the prevention of HIV and AIDS, shall provide comprehensive, medically accurate, and factual information that is developmentally and age appropriate								
FL HB241	Parent rights related to their minor child. The state of Florida is prohibited from infrigin		Republica n	Passed	N/A	N/A	N/A	N/A	Code: Parents' rights



	g on specific parental rights								
FL HB519	Revising which grades of students receive specific health education instruction	Secondary Education and Career Development Subcommittee	Republican	Passed	N/A	N/A	"...awareness of the benefits of sexual abstinence as the expected standard..."	N/A	Code: safety, whats missing from sex ed,
FL HB545	An act to revise the definitions of "child pornography", "harmful to minors", "obscene", and "person". School districts are require	Secondary Education and Career Development Subcommittee	Republican	Passed	N/A	N/A	N/A	N/A	Code: parents' rights

	d to obtain written consent from parents before providing instruction related to reproductive health and sexually transmitted diseases								
FL HB1303	Human trafficking education being included in health education	Williams	Republican	Died in Secondary Education and Career Development Subcommittee	N/A	N/A	“including an awareness of the benefits of sexual abstinence as the expected standard”	N/A	Code: safety, whats missing from sex ed
FL HB926	Requires public schools providing instruction	Senator Berman	Republican	Died in Education Committee	N/A	“is culturally competent and appropriate for use with students of any...gender, gender identity,	N/A	“each public school that directly or indirectly receives state funding	Code: financial support, parents’ rights

	on in human sexuality to provide instruction that meets specific criteria					sexual orientation..."		and...offer programs regarding human sexuality...shall provide comprehensive, medically accurate, and factual information that is developmentally and age appropriate."	
FL SB1094	Revisions to grade levels receiving specific health education instruction and instruction including prevention of specific harm	Senator Bean	Republican	Passed	N/A	N/A	"the health education curriculum for students in grades 7 through 12 shall include an awareness of the benefits of sexual abstinence as the expected standard..."	"comprehensive age-appropriate and developmentally appropriate health education that addresses concepts of community health, and family life..."	Codes: safety

FL SB 1454		Senator Mayfield	Republican	Died in Education Committee	N/A	N/A	N/A	N/A	Code: parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
GA HB10	Instruction in the best practices and risks related to tampon use included in sex education and AIDS prevention instruction	House Committee on Health and Human Services	Democrat	Died	N/A	N/A	"abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, HIV, and AIDS..."	"...instruction concerning human biology, conception, pregnancy, birth, sexually transmitted diseases, HIV, AIDS, and toxic shock syndrome...instruction concerning legal consequences of parenthood...a nnuual age-appropriate sexual abuse and assault awareness and prevention..."	Code: safety
GA HB133	Requires any instruction in	Representatives Clark, Dreyer,	Democrat	Pending in House Committee on	N/A	N/A	"...standards shall include...abstinence	"medically accurate means complete	

	sex education and HIV/AIDS to be medically accurate	Cannon, Hutchinson, Kausche		Health and Human Services			from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, and HIV/AIDS."	information that is verified or supported by the weight of research conducted in compliance with accepted scientific methods..."  "...standards shall include...handling of peer pressure, the promotion of high self-esteem..."	
GA HB401	Annual sexual abuse and assault awareness and prevention	Senators Tippins, Wilkinson, Sims, Millar, Tate	Democrat	Passed	N/A	N/A	"such standards shall include instruction relating to...abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases..."	"such standards shall include instruction relating to the handling of peer pressure, the promotion of high self-esteem, local community values, the legal consequences of parenthood..."	Code: safety

GA HB195	Requires any course in sex education and HIV/AIDS prevention is medically accurate	Representatives Clark, Dreyer, Park, Hutchinson, Kausche	Democrat	Pending in House Education Committee	N/A	N/A	"abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, and HIV/AIDS."	"...instruction concerning human biology, conception, pregnancy, birth, sexually transmitted diseases, and HIV/AIDS." "...course shall include instruction concerning the legal consequences of parenthood..."	Code: safety, parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
ID HB249	Amendment to define the term "sex education" and provide consent to receive instruction in		Republican	Passed in House and Senate. Died in Senate Education Committee	N/A	"instruction regarding human sexuality means any presentation...that is focused primarily or substantially on...gender identity, sexual orientation..."	N/A	"sex education for the purpose of this act is defined as the study of anatomy and the physiology of human reproduction."	Code: parents' rights, inclusion

	human sexuality								
ID HB414	"...establish provisions regarding sex education."		Republican	Died in House Education Committee	N/A	N/A	N/A	"If a sex education program is included in the curriculum, the program shall: be medically accurate according to the published authorities on which medical professionals generally rely..."	Code: parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
IL HB1736	Establishes comprehensive sex education requirements for materials and	Representative Kathleen Willis	Democrat	Rereferred to rules committee	N/A	"students who receive sex education that includes health-positive instruction on sexual orientation, gender identity, and gender expression report	N/A	"Parents, the general public, and young people overwhelmingly support comprehensive sex education."  "The leading health and	Code: who teaches sex ed, inclusion, data-based decision making, parents' rights, who

	instructi on					<p>less bullying and harassment.”</p> <p>“It is the intent of the General Assembly that comprehensive sex education shall promote...gender identity, gender expression, sexuality...sexual orientation...”</p> <p>“culturally appropriate’ means materials and instruction that are inclusive of...people of diverse sexual orientations, gender identities, and gender expressions, people who are intersex...”</p>	<p>education organizations support sex education that includes information about both delaying sexual activity and the effective use of contraception.</p> <p>”</p> <p>“It is the intent of the General Assembly that comprehensive sex education shall promote awareness and healthy attitudes about growth and development, body image, gender identity, gender expression, sexuality, sexual health...promote positive behaviors and</p>	creates sex ed curricula
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								<p>reduce health-related risk behaviors..."</p> <p>"All guest lecturers and resource persons shall have expertise in comprehensive sex education consistent with the provisions of this section."</p>	
IL HB3071	Revisions related to the educational content a comprehensive health education program must include	Representative Camille Lilly	Democrat	Rereferred to rules committee	N/A	<p>"'Identity' means that information that addresses several fundamental aspects of people's understanding of how they identify their sexual orientation, gender, gender identity, or gender expression."</p> <p>Deletion of the following: "teach honor and respect for monogamous</p>	<p>"...information stating that continuous, consistent, abstinence from sexual activity is the only protection that is 100% effective against unintended pregnancy and STIs..."</p>	<p>"information about scientifically accepted methods that can be used to greatly reduce unintended pregnancy and STIs...contraception, vaccination, PrEP, PEP, regular testing and screening, and other medical care."</p> <p>"course material may not</p>	Code: inclusion, safety

						<p>heterosexual marriage.”</p> <p>“Course material and instruction may not reflect or promote bias against any person on the basis of...gender, gender identity, gender expression, sexual orientation...”</p> <p>“course material and instruction may not be insensitive and unresponsive to the needs of pupils based on...asexual, intersex, gender, gender identity, gender expression, sexual orientation...”</p>		<p>deliberately withhold health-promoting or life-saving information about sexuality-related topics, including FDA-approved treatment and options.”</p>	
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>

NJ AB5124	Sexual abuse and assault awareness and prevention instruction must include Internet safety and dangers of online predators content		Democrat						Code: safety
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
NJ SB3206	School districts are required to provide anti-bias instruction as a part of NJ	Assembly Woman Valerie Huttle	Democrat	Referred to Assembly Education Committee	N/A	“...promote diversity, equity, inclusion, tolerance and belonging on topics including: gender and sexual orientation...”  “encourage safe, welcoming, and	N/A	N/A	Code: inclusion

	comprehensive health and physical education instruction standards. School districts must designate a chief equity officer.					inclusive environments for all students regardless of...sexual and gender identities..."			
NJ SB4234	"Parents Bill of Rights Act"	Senator Kristin Corrado	Democrat	Referred to Senate Education Committee	N/A	N/A	N/A	N/A	Code: Parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
NY AB6412	Amend education law to include education in consent	McMahon	Democrat	Referred to Assembly Education Committee	N/A	N/A	N/A	N/A	Code: safety

	within sex education curricula								
NY AB6616	Amends education law to include a section related to comprehensive sex education	Nolan	Democrat	Referred to Assembly Education Committee	N/A	<p>"In development of such a program, the commissioners shall seek the recommendations of a broad range of experts...serving lesbian, gay, bisexual, transgender and questioning youth."</p> <p>"...provides students with knowledge and skills they need to form relationships that...are respectful and inclusive of all students regardless of actual or perceived...sexual orientation, or gender..."</p>	N/A	<p>"Each public and charter school shall ensure all pupils receive, as an integral part of education in grades kindergarten through twelve, comprehensive sexuality education."</p> <p>"... 'comprehensive sexuality education' means a medically accurate, age-appropriate learning program which addresses physical, mental, emotional and</p>	Code: who creates sex ed?

						“Comprehensive sexuality education shall include...instruction on...healthy relationships, including relationships involving diverse sexual orientations and gender identities...gender, gender expression, gender identity, diversity of sex characteristics...”		social dimensions...”	
NY AB7161	Amendment to education law to require sex education in elementary and high schools	Richardson, et.al	Democrat	Introduced, referred to Health Committee	N/A	N/A	N/A	“...establish a comprehensive, medically accurate and age appropriate sex education curriculum which shall be taught in grades one through twelve...”	N/A
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>

NY AB9873	Provide medically accurate instruction in HIV and AIDS in all elementary and secondary schools	O'Donnell	Democrat	Referred to Higher Education Committee	N/A	N/A	N/A	N/A	Code: who teaches sex ed?
NY SB1030	Establish sex education grant program	Senators Rivera, Kavanaugh, Hoylman, Krueger, Parker	Democrat	Referred to Senate Health Committee	N/A	"...develops health attitudes and values concerning...sexual orientation..."	N/A	" 'Age-appropriate sex education grant program' means a comprehensive age-appropriate sex education program..."  "The purpose of the program shall be to provide grants to eligible applicants to support age-appropriate sex education	Code: financial support, inclusion

NY SB2584	Amend education law related to comprehensive sex education in schools	Senators Brouk, Goundardes	Democrat	Referred to Education Committee	N/A	“Comprehensive sexuality education shall include, but is not limited to...instruction on:...sexual orientations and gender identities...gender, gender expression, gender identity, diversity of sex characteristics...”	N/a	N/A	Code: inclusion
NY SB6512	A new section added to education law related to comprehensive sex education	Nolan	Democrat	Referred to Assembly Education Committee	N/A	“...regulations recognize the diversity of students, families and communities in school districts and schools throughout the state and respect all students regardless of...sex, gender, gender identity, sexual orientation...”  “comprehensive sexuality education shall include...health relationships, including relationships	N/A	N/A	Code: inclusion



						involving diverse sexual orientations and gender identities..."			
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
RI HB5046	Added a "Sexual assault and safe relationship behavior education" section to curriculum law	Representatives Ranglin-Vassell, Donovan, Tanzi, Walsh, Hull	Democrat	House Health, Education, and Welfare committee recommended measure be held for further study	N/A	N/A	N/A	N/A	Code: safety
RI HB5604	Amendments related to health and family life courses	Representatives Kislak, Donovan, Potter, Henries, Morales, Alzate, Felix, McGaw	Democrat	Education Committee recommended measure be held for further study	N/A	"...sex education shall be appropriate for students of all...genders, sexual orientations...affirmatively recognize...different sexual orientations and be inclusive of	"...sex education within this state shall include, as a part of the course instruction, abstinence from sexual activity and refraining	N/A	Code: parents' rights, inclusion

						<p>same-sex relationships in discussions and examples.”</p> <p>“...course instruction shall include gender, gender expression, gender identity, and harm of negative gender stereotypes.”</p>	<p>from sexual intercourse as the preferred method of pregnancy prevention and the prevention of sexually transmitted diseases.</p>		
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
RI HB7044	Amendments related to health and family life courses	Representatives Solomon, Blazejewski, McKiernan, Serpa, Fellela	Democrat	Passed	N/A	N/A	N/A	N/A	Code: safety
RI HB7539	Amendments related to health and family life courses	Representative Morgan	Democrat	House Education Committee recommended measure be held for	“children shall be addressed using their common names and the pronouns associated	N/A	N/A	N/A	Code: exclusion, safety

				further study	with their biological gender unless parental or guardian permission to do otherwise is obtained.”				
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
UT HB71	Instruction in health education can include information regarding medical characteristics, effectiveness, limitations, and risks of contraceptive method	Ward	Republican	Passed	N/A	N/A	“...instruction shall: stress the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for prevention certain communicable diseases;...” “prohibit instruction	N/A	Code: parents’ rights, data

	s or devices.						in: the advocacy or encouragement of the use of contraceptive methods or devices;...”		
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
UT HB177	Curriculum requirements that include instruction on: consent, coercion, sexual violence behavior deterrence, sexual assault mitigation	Moss	Republican	Failed	N/A	N/A	“prohibit instruction in: the advocacy of premarital or extramarital sexual activity; or the advocacy or encouragement of the use of contraceptive methods or devices	N/A	Code: safety, parents’ rights

	strategies								
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
UT HB286	Defines terms, amends definitions related to parental consent, amends instruction in health to include refusal skills and harmful effects of pornography	Fawson	Republican	Passed	N/A	N/A	N/A	N/A	Code: parents' rights, safety
WA Healthy Youth Act	Every public school is		Democrat	Passed	N/A	N/A	N/A	"The curriculum, instruction, and materials	Code: safety, who teaches

	required to provide comprehensive sexual health education by the 22-23 school year.							used to provide the comprehensive sexual health education must be medically and scientifically accurate, age-appropriate, and inclusive of all students..."  "Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention."	sex ed, parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
WA HB1407	Requires comprehensive sexual health instruction that	Representatives Stonier, et al	Democrat	Referred to Education Committee	N/A	"Instruction and materials must be inclusive and use language and strategies that recognize all members of a protected class	N/A	"...every public school must provide comprehensive sexual health education...that is evidence-informed,	Code: safety, inclusion, what info is included in sex ed, who

	meets state health and physical education K-12 standards and requires a curriculum that addresses affirmative consent.					under chapter 49.60 RCW;"  Chapter 49.60 RCW includes sexual orientation as a protected class. Sexual orientation is defined as "...heterosexuality, homosexuality, bisexuality, and gender expression or identity."		medically and scientifically accurate, age-appropriate, and inclusive for all students regardless of their protected class status under chapter 49.60 RCW..."	teaches sex ed, parents' rights
<b>Bill</b>	<b>Overview</b>	<b>Proposed by</b>	<b>Voters predominantly vote Republican/Democrat</b>	<b>Pass/Fail</b>	<b>Language exclusive to LGBTQ youth</b>	<b>Language inclusive to LGBTQ Youth</b>	<b>Language related to abstinence only sex education</b>	<b>Language related to comprehensive sex education</b>	<b>Theme</b>
WA HB1422	Extension of compliance dates for comprehensive sexual health education by	Representatives MacEwen, Young, Jacobsen	Democrat	Dead	N/A	N/A	N/A	"Comprehensive sexual health education must be consistent with the Washington State health and physical education K-12 learning standards..."	Code: safety, what's included in sex ed?

	one year								
WA HB2056	Inclusion of information related to age of consent, capacity to consent, and child support in sexual health education.	Representatives Shea and McCaslin	Democrat	Referred to House Education Committee	N/A	N/A	N/A	N/A	Code: safety
WA HB2648	Sexual health and HIV/AIDS education, medical accuracy, and parental review of	Representatives Klippert, Eslick, McCaslin	Democrat	Referred to House Education Committee	N/A	“Every public school that offers sexual health education must assure that sexual health education is:...appropriate for students regardless of gender...sexual orientation...”  “The construct of gender identity,	“All sexual health education programs must include an emphasis on abstinence as the only one hundred percent effective means of	“...with equal time given to motivation, benefits, and skills for choosing abstinence as is given to the teaching of birth control, contraceptive methods, and gender identity.”	Code: inclusion, parents’ rights, who teaches sex ed?



	public schools					including the health risks associate with gender identity, may not be taught as a construct earlier than eight grade.”	preventing unintended pregnancy, HIV, and other sexually transmitted infections...” “Abstinence” sex education may be taught in schools	“Comprehensive” sex education may be taught in schools	
WA SB5395	Requires comprehensive sexual health education in accordance with state health and physical education standards and requires an affirmative consent	Senate Early Learning and K-12 Education	Democrat	Passed	N/A	“...instruction and materials must be inclusive and use language and strategies that recognize all members of a protected class under chapter 49.60 RCW...”	N/A	“...Includes information and skills-based instruction that: includes both abstinence and other methods of preventing unintended and sexually transmitted diseases...”	Code: safety, inclusion

	curriculum								
WA SB6664	Parental rights	Senators Fortunato, Padden, Short, Wagoner	Democrat	Referred to Senate Law & Justice Committee	N/A	N/A	N/A	N/A	Code: parents' rights
WI AB562	Programs related to sexual orientation and gender identity in public schools	Representatives Cabral-Guevara, et al	Democrat	Failed	<p>“‘gender’ means either of the 2 sexes, male or female.”</p> <p>“‘Gender identity’ means personal conception of oneself as male or female.”</p>	N/A	N/A	N/A	Code: exclusion parents' rights
WI SB420	Teen dating violence prevention education	Senators Pertrowski, et al	Democrat	Failed	N/A	N/A	N/A	N/A	Code: safety, parents' rights
WI SB598	Programs related to sexual orientation	Senator Jacque	Democrat	Failed	N/A	“‘Gender expression’ means how a person presents gender outwardly.”	N/A	N/A	Code: exclusion

	ion and gender identity in public schools								

**Appendix C. General requirements for sex education and HIV education**

<b>General requirements for sex education and HIV education</b>	
	<b>Number of states</b>
<b>Mandate sex education and/or HIV education</b>	<b>39</b>
<i>Mandate both sex education and HIV education</i>	2
<i>Mandate HIV education only</i>	10
<b>Mandate that sex and HIV education programs meet general requirements</b>	<b>30</b>
<i>Require program content to be medically accurate</i>	17
<i>Require instruction to be appropriate for student's age</i>	26
<i>Require the program to provide instruction that is appropriate for student's cultural background and is not biased against any race, sex, or ethnicity</i>	9
<i>Prohibit the program from promoting religion</i>	3
<b>Require school districts to involve parents in sex education, HIV education or both</b>	<b>40</b>
<i>Require parental notification that sex education or HIV education will be provided</i>	25
<i>Require parental consent for students to participate in sex education or HIV education</i>	5
<i>Provide parents the option to remove their child from instruction</i>	36
<b>Content Requirements when sex education is taught</b>	
<b>Require provision of information on contraception</b>	<b>20</b>
<b>Require provision of information on abstinence</b>	<b>39</b>
<i>Require that abstinence is stressed</i>	29
<i>Require abstinence be covered</i>	10
<b>Require instruction on the importance of engaging in sexual activity only within marriage</b>	<b>19</b>
<b>Require either an inclusive or discriminatory view of sexual orientation</b>	<b>17</b>
<i>Require inclusive content</i>	10
<i>Require only negative information about homosexuality and/or positive information on heterosexuality</i>	7
<i>Require the inclusion of information on negative outcomes of teen sex and pregnancy</i>	19

**Appendix D. Sex Education Topic Mandates by State**

State	Mandate both sex education and HIV education	Mandate sex education only	Mandate HIV education only	Information on contraception must be provided	Required that abstinence be stressed	Required that abstinence be covered	No sex education or HIV education mandate
Alabama			X	X	X		
Alaska							
Arizona					X		X
Arkansas					X		X
California	X			X		X	
Colorado				X		X	X
Connecticut			X				
Delaware	X			X	X		
Florida					X		X
Georgia	X				X		
Hawaii	X			X		X	
Idaho							X
Illinois			X	X	X		
Indiana					X		
Iowa	X						
Kansas							
Kentucky	X				X		
Louisiana					X		X
Maine	X			X	X		
Maryland	X			X		X	
Massachusetts							X
Michigan			X		X		
Minnesota	X					X	
Mississippi		X			X		
Missouri			X		X		
Montana	X					X	
Nebraska							
Nevada	X						
New Hampshire			X				
New Jersey	X			X	X		
New Mexico	X			X		X	
New York			X				
North Carolina	X			X	X		
North Dakota		X				X	
Ohio	X				X		

<b>Oklahoma</b>			X		X		
<b>Oregon</b>	X			X	X		
<b>Pennsylvania</b>			X				
<b>Rhode Island</b>	X			X	X		
<b>State</b>	<b>Mandate both sex education and HIV education</b>	<b>Mandate sex education only</b>	<b>Mandate HIV education only</b>	<b>Information on contraception must be provided</b>	<b>Required that abstinence be stressed</b>	<b>Required that abstinence be covered</b>	<b>No sex education or HIV education mandate</b>
<b>South Carolina</b>	X			X	X		
<b>South Dakota</b>							
<b>Tennessee</b>	X				X		
<b>Texas</b>					X		X
<b>Utah</b>	X				X		
<b>Vermont</b>	X			X		X	
<b>Virginia</b>				X		X	X
<b>Washington</b>			X	X	X		
<b>West Virginia</b>	X			X		X	
<b>Wisconsin</b>			X		X		
<b>Wyoming</b>							
<b>District of Columbia</b>							