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CONSTRUCTING CURRICULUM: CENTERING IDENTITIES IN SEX EDUCATION

by

JOZETTE BELMONT

A master's thesis submitted to the Graduate Faculty in Women's and Gender Studies in partial fulfillment of the requirements for the degree of Master of Arts, The City University of New York.

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Jozette Belmont

This manuscript has been read and accepted for the Graduate Faculty in Women's and Gender Studies in satisfaction of the thesis requirement for the degree of Master of Arts.

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ABSTRACT

Constructing Curriculum: Centering Identities in Sex Education

by

Jozette Belmont

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Sex education (sex ed) is a state-by-state and school-by-school issue, and there are no federal laws which mandate medically accurate education. In New York, schools only offer one semester of health education which often happens in the last semester of twelfth grade. Further, LGBTQIA+ people's sexual health and identities are rarely mentioned. Therefore, this project asks: What are the ways sex ed curricula and policies in New York address the needs of LGBTQIA+ youth? To answer this question, I use a critical policy analysis to compare curriculum from the New York City Department of Education (NYCDOE) and Peer Health Exchange (PHE) to show why centering queer people's identities is integral to quality sex ed. Coupling this with semi-structured interviews with queer people about their experiences with sex ed will offer critiques and methods for concrete change. Through a queer-centered, feminist, public health framework, I argue sex ed must transform to include accurate and inclusive information that centers pleasure and removes shame.

Keywords: Sex education, curriculum, LGBTQIA+, policy, public health.

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Chapter 1: Introduction

I initially became involved in this topic when I wrote a paper during my undergraduate degree about the protracted history of sex ed in an effort to combat misunderstandings and negative opinions about adolescent sexual behavior. Throughout my search I noticed a lack of representation for queer youth which I found troublesome. By not including information about LGBTQIA+ young people's experiences, researchers failed to acknowledge how they were impacted which may differ from their cisgender straight counterparts. Most research failed to acknowledge heteronormative constructs embedded within curriculum and how additive models to sex ed do not address the lack of information on queer youth sexual health. From this I constructed an undergraduate thesis entitled "(Mis)Conception: How Constructs of Sex and Gender Influence Sex Education," which explored how the false sex/gender binary works together with sex ed curriculum to negatively impact queer women. While I am still greatly interested in parsing out society's complicated relationship with the sex/gender binary, I realized I needed to focus on something actionable in the short-term. Thus, the current iteration of my work was born as a project focused on New York sex ed curriculum, policies, and guidelines and their inclusion of LGBTQIA+ people's needs. Through the use of a history, literature review/critical policy analysis, and semi-structured interviews I hope to address the gap in education by raising the voices of those often silenced.

It is important to acknowledge my personal interest in this work. As a white queer non-binary/genderfluid person who grew up in Brooklyn, New York this work sits close to my heart. I went to a private Catholic institution for high school and did not feel represented in the curriculum I received. It is through this experience that I write about sex education and continue to engage with this work professionally and academically. Further, I am grateful to work at a

national non-profit, Peer Health Exchange (PHE) within our local New York City site. PHE recruits college volunteers to teach sex ed workshops in New York City public high schools.¹ It is through this experience that I have access to the PHE curriculum which I will compare to NYCDOE curriculum as well as their guidelines. For the purposes of this research, I will focus specifically on the guidelines for grades 9-12 (explained more in my Literature Review). Through this work I've been privy to more state and governmental guidelines and policies, gained access to curriculum, and engaged in several advocacy efforts to push toward inclusive education in New York. While I've been enveloped in this research for four years in academia, I hope to incite concrete change for young people in New York, so they do not have the same experiences I did.

I would be remiss not to mention the impact of COVID-19 on these efforts, but also on New York as a whole. Prior to the pandemic, New York lawmakers and youth/adult advocates were working hard toward the K-12 Comprehensive Sex Education Bill (detailed more within my Literature Review). However, due to the ongoing spread of the virus specifically in New York, the city faced even higher budget cuts: the NYCDOE alone saw a \$264 million budget cut.² Further, in-person programming is a point of contention in New York as well as the rest of the country which impacted both PHE and the NYCDOE (detailed later in my Literature Review).³ Amidst this tension, many educational institutions and non-profits moved their learning online, either as a hybrid method or fully virtual. While most instruction is online now, that does not mean young people are not engaging in sexual activity (whether physically,

¹ "About Us," May 1, 2020, <https://www.peerhealthexchange.org/about-us>.

² The City of New York. (2020). Executive Budget for Year 2021. Available at: <https://www1.nyc.gov/assets/omb/downloads/pdf/erc4-20.pdf>

³ Stephen Sawchuk, "As More Schools Resume In-Person Learning, Some Lessons From Districts That Did It First," Education Week, October 8, 2020, <https://www.edweek.org/ew/articles/2020/10/07/as-more-schools-resume-in-person-learning-some.html>.

virtually, or individually). They still need information about relationships, communication, consent, and how to protect themselves. The NYC Department of Health and Mental Hygiene even released a guide on safe sex during COVID-19, showing that people will still engage in sex and relationships during this time.⁴ Although things changed considerably since I first started this work, I will continue to fight for equitable and inclusive sex ed curriculum for and alongside young people in New York.

Limitations

It is important to acknowledge the limitations of this project and its methods, which will be explained in full later. First, my history and literature review are a culmination of all the information I currently have about sex ed curriculum, policies, and guidelines. Understandably, I cannot know everything. It is possible I may not know a critical piece of information, including the movement on the K-12 Comprehensive Sex Education Bill. Everything included here is as up-to-date and inclusive of information I know in 2020. In years to come this information will become outdated, and that's okay. I hope to continue this work and that others will do so with and after me. Further, this is my first time engaging in critical policy analysis. Although I've been critiquing curriculum since 2016, I never used a certain framework or model. This is my attempt to rectify that and work toward a more clear and concise form of critique that lends itself to concrete change. This does not mean it is the "right" way to do this, and I will work from here to continue to refine my method in this sense. For my interviews, I acknowledge that I was only able to speak to 9 people which is not a substantial sample size as compared to the population. Further, in my first seven interviews I did not speak to any Black queer people and that was a

⁴ NYC Health. "Safer Sex and COVID-19." June 8, 2020. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf?utm_source=morning_brew (Accessed October 24, 2020).

failure on my part. Through guidance from my advisor, I interviewed two Black queer people to correct this. I am thankful they were willing to engage in this work especially knowing the context, and grateful to have inclusion for Black queer folks and their experiences. Sexuality and gender are not singular, they are informed by multiple parts of a person's identity, including race. It should also be noted that none of my participants identify as men. Positively, this work is never done, and I can rectify this in future versions. Finally, I could not interview current high school students about their experiences. However, I am informed by my work at PHE where we ask young people about what they want from sex ed. Although that's not represented here quantitatively or qualitatively, it is impactful. No work on sex ed curriculum is complete without young people's input which is why I am inspired by their work and know they will be a large part of curriculum shifts in years to come.

Chapter 2: A History of Sex Education

Federal Sex Ed

There are no federal regulations across the country for sex ed. Sex ed is deemed necessary by each particular school in every state and there are no overarching guidelines to follow. This causes significant disparities as adolescents learn a variety of information which may conflict with each other. In “Introduction: The Ethics of Sex Education” Josh Corngold (2013) asserts, “Across the United States, for instance, a veritable patchwork of state and local directives delineate how schools are to approach the subject of human sexuality.”⁵ With no federal guidelines states are given free rein to deem whatever they see as appropriate, which is a subjective determination to those creating and teaching it. According to the 2020 Guttmacher Institute Report on Sex and HIV Education, thirty-nine states require abstinence-only education, twenty-nine of those states require abstinence be stressed, and ten require the education be abstinence only until marriage. Only thirty-five states require information about skills for healthy sexuality, which once again is subjective to those teaching it. Seventeen states and the District of Columbia (D.C.) require that sex and HIV prevention programs include medically accurate instructions.⁶ Unfortunately, New York is one that does not require information to be medically accurate. This means that information taught to students can be influenced by outside forces such as personal biases and perspectives of educators. Finally, only nineteen states require information on condoms or contraception.⁷ When students do not have access to medically accurate, skills-

⁵ Josh Corngold. "Introduction: The ethics of sex education." *Educational Theory* 63, no. 5 (2013): 439.

⁶ Guttmacher Institute. “Sex and HIV Education.” (2020). Available at: <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>

⁷ Ibid.

based curriculum early on in their educational career, how can they prepare themselves to make healthy decisions?

The False Binary: Abstinence-Only vs Comprehensive Curriculum

Allowing sex ed to be driven as a state-by-state issue causes a rift between normative educational agendas and today's youth across the country. Researchers found that lodging sex ed in shame and fear leads to detrimental consequences for their adult lives. According to the Centers for Disease Control and Prevention (2017), young people of color, queer young people, those from low-income communities and the intersections of these groups have increased health risks and social problems.⁸ For these young people, access to information and viable resources can be scarce or not relevant to their needs. This leads to issues with decision making, higher risk for sexual and mental health problems due to mistrust of medical officials or lack of access, and spreading misinformation. It should be clear, however, that this is not the fault of young people but rather the system in place. Having higher rates of sexual or mental health problems indicates a larger issue with a system or society, individual choices are not the only cause. To this effect, Michelle Fine and Sara I. McClelland (2006) address these issues with abstinence-based education within "Sexuality-Education and Desire: Still Missing After All These Years." They state:

Insisting that young people be instructed that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects" and that "bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents and society"...lodges sexuality education in fear and shame, firmly burying discussions of desire and pleasure. (Fine & McClelland, 2006)

Those who deem sex morally wrong also propose abstinence as the most precise form of birth control. Although comprehensive reforms seem ideal, the objective is to put an emphasis on

⁸ Centers for Disease Control and Prevention. Youth Risk Behavior and Surveillance. (2017). Available at: <https://www.cdc.gov/healthyyouth/data/yrbs>.

abstinence and include medically approved prevention methods as a means to appeal to state requirements. For example, in the *HIV/AIDS Curriculum* (2012) published by the NYCDOE they state that educators must, “stress abstinence as the most appropriate and effective premarital protection against AIDS.”⁹ Despite not requiring abstinence (as noted above) the NYCDOE enforces it through stressing it’s benefits against HIV/AIDS and pregnancy. This is explored in detail later on in this Literature Review. In “Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youths’ Perspectives of Inclusive School-Based Sexuality Education” Kris L. Gowen and Nichole Wings-Yanez (2017) argue there is “...no definition of ‘inclusiveness’ provided in the legislation, nor is there any standardized guidance and or technical assistance offered to educators by the state as to how to make their curricula more inclusive.”¹⁰ Even if abstinence curricula were edited to be more “inclusive,” with no guidelines on how to proceed it is unclear how effective they would be.

A significant issue within abstinence-only programs is their erasure of queer identities. According to the Guttmacher Institute, only ten states and D.C. require sex ed curriculum be inclusive of young people’s sexualities, most of which must also cover or stress abstinence-based education. Seventeen states and D.C. require negative information to be stressed in regard to sexuality. Even in those states that require an inclusive curriculum, abstinence is still stressed or covered.¹¹ Michelle Estes (2017) addresses this focus on pregnancy within, “‘If There’s One Benefit, You’re not Going to Get Pregnant’: The Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals.” Here she states, “The environment created and the heterosexual discourse

⁹ New York City Department of Education. *HIV/AIDS Curriculum*. (2012). Available at: <https://www.weteachnyc.org/resources/resource/hivaids-curriculum-2012-edition/> (Accessed October 24, 2020).

¹⁰ Kris L. Gowen, and Nichole Wings-Yanez. "Lesbian, gay, bisexual, transgender, queer, and questioning youths' perspectives of inclusive school-based sexuality education." *The Journal of Sex Research* 51, no. 7 (2014): 788-800.

¹¹ Guttmacher Institute. 2020.

that surrounds these classes leave LGB individuals feeling bad, left out, and at a disadvantage. They feel as if they are invisible and straight sex is the only thing worthy of discussion.”¹² Through focusing on preventing pregnancy and sexually transmitted diseases (STDs) or infections (STIs), abstinence-only programs do a great disservice to queer youth. Since pregnancy is so widely policed by sex ed, queer people may feel isolated by their inability to identify with what they are taught. Of course, queer people can become pregnant and receive or transmit STDs/STIs, but this laser focus inevitably isolates those who do not intend to be pregnant or do not want to have sex. Curricula also may ignore that not everyone who can be pregnant identifies as a woman. Even if these adolescents are not at risk of getting pregnant, their sexual health and needs should still be acknowledged, including discussions of consent and intimate partner violence.

So, what is comprehensive anyway? Comprehensive programs teach a majority of abstinence-only sex education methods which may include medically approved birth control and prevention methods along with information about STIs, their risks, and how to prevent them.¹³ Some may attempt to include queer issues within comprehensive reforms, while others shy away from this. According to the Guttmacher Institute, only eleven states require abstinence *not* be covered or stressed under state law.¹⁴ As mentioned earlier, Gowen and Nichole Wings-Yanez pointed out how there’s no definition of “inclusiveness” for comprehensive curriculum.¹⁵ Though Gowen and Wings-Yanez reference guidelines from Oregon state here, their critique is still valuable. The lines between comprehensive and abstinence-based, or inclusive and exclusive

¹² Michelle L. Estes (2017). ““If there’s one benefit, you’re not going to get pregnant””: The sexual miseducation of gay, lesbian, and bisexual individuals.” *Sex Roles* 77, no. 9-10: 615-627.

¹³ Josh Corngold. (2013).

¹⁴ Guttmacher Institute. (2020).

¹⁵ Kris L. Gowen, and Nichole Wings-Yanez. (2017). “Lesbian, gay, bisexual, transgender, queer, and questioning”

are not so clearly defined. Without a clear definition of inclusiveness, no state (including New York), can adequately address the needs of young people. Even when educators think they center young people's identities, they may be hiding under the guise of "inclusivity." By ignoring differences, educators disregard fundamental and impactful parts of adolescents' lives. Instead of focusing on an abstinence-based versus comprehensive narrative, it is more useful to envision what could offer better curriculum and policies for the future.

Separating abstinence-only and comprehensive education into a rigid binary is problematic when attempting to analyze them. To the contrary, John P. Elia and Mickey Eliason (2010) describe a five-point continuum for sexuality education in, "Discourses of Exclusion: Sexuality Education's Silencing of Sexual Others." Specifically, they define "anti-oppressive and inclusive sexuality education" as, "...sexuality education [that] is embedded within a context that equally honors other issues such as racial/ethnic background, class status, educational level, gender-based discrimination, ability/disability status..."¹⁶ Their continuum is described as follows:

1. *No sexuality education*: children need to be protected from sexuality. Children are sexually pure and are vulnerable to "contamination" particularly from LGBTQ issues.
2. *Abstinence-only-until-marriage sexuality education*: any sexual behavior is inappropriate for children/adolescents. No need for LGBTQ inclusion, "just say no" to sex is the only lifelong option.
3. *Abstinence-based sexuality education*: abstinence is the best for youth, but teens are still sexually active, so they need information to reduce risks. LGBTQ issues may be included but are associated with high risk.
4. *Comprehensive sexuality education*: children and adolescents need developmentally appropriate education, including the viability of abstinence as an individual choice. LGBTQ identities and expressions are included, but there may be debates about when children are "ready" to discuss LGBTQ issues.
5. *Anti-oppressive and inclusive sexuality education*: sexuality education is embedded within a context that equally honors other issues such as racial/ethnic

¹⁶ John P Elia., and Mickey Eliason. "Discourses of exclusion: Sexuality education's silencing of sexual others." *Journal of LGBT youth* 7, no. 1 (2010): 29-48.

background, class status, educational level, gender-based discrimination, ability/disability status, and other forms of oppression. (Elia & Eliason, 2010)

The issue with this continuum, as Elia & Eliason point out, is that the various different types of sex ed across the country may fall on any point on or between those described. For instance, while it is important to acknowledge the differences between the types of sex ed, we also need to address how they interchange based on each individual school or state. Despite this, the continuum gives an excellent representation of how inclusivity can vary. While an educator may think that mentioning issues of gender or sexual identity makes that curriculum inclusive, the questions about “appropriateness” and leaning toward queer identities as “high risk” marginalizes and silences queer people’s experiences. Striving for the anti-oppressive and inclusive sexuality education would be ideal but requires significant advocacy to achieve.

With this review of federal sex ed, I move to discussing New York specific guidelines, laws, and comparing curriculum. This will be broken up into three sections: 1) New York Policies and Guidelines: Where Are We Now? 2) Mobilization, Activism, and Methods for Change in New York and 3) Comparing Curriculum: NYCDOE vs. PHE.

Chapter 3: Literature Review

New York Policies and Guidelines: Where Are We Now?

New York state does not mandate sex ed but requires HIV/AIDS education which parents can opt out of on behalf of their children.¹⁷ The issue is that although students may want to learn more about their health, parents can remove them from the conversation. According to a 2018 report from the Sexual Health Education Task Force, New York City only requires middle and high school students have one semester of sex ed which historically occurs during the last semester of their final year.¹⁸ What's most striking about these requirements is the focus on prevention-based methods of instruction. As noted earlier, prevention and fear-based pedagogical methods do not address the needs of young people. Fear leads to shame which may further alienate young people if they choose to engage in sexual activity. Further, the task force found that New York City has the highest rates of intimate partner violence (12%) as compared to the national average (9.6%).¹⁹ This is compounded when addressing the already increased rates of intimate partner violence for those in the LGBTQIA+ community. According to the CDC's National Intimate Partner and Sexual Violence Survey, 44% of lesbian women, 61% of bisexual women, 26% of gay men, and 37% of bisexual men experienced sexual assault in their lifetime. Compared to those who identify as heterosexual (35% for heterosexual women, 29% for heterosexual men), these results are staggering.²⁰ It should be noted, however, that this report roots data in the gender binary which silences those who may be non-binary, gender fluid, or

¹⁷ Guttmacher Institute. (2020).

¹⁸ Sexual Health Education Task Force. "Sexual Health Education in New York City." (2018). Available at: <https://www1.nyc.gov/site/genderequity/health/sexual-health-ed-task-force.page>

¹⁹ Ibid, 5.

²⁰ Centers for Disease Control and Prevention. (2010). "NISVS: An overview of 2010 findings on victimization by sexual orientation." *Centers for Disease Control and Prevention*.

gender non-conforming. Clearly, young people need education which is both inclusive of their sexualities *and* teaches them about the importance of consent for all parties involved.

As of 2020, the NYCDOE has three guidelines for sex ed: New York City K-5 Health Education Scope and Sequence, New York City Grades 6-8 Health Education Scope and Sequence, New York City Grades 9-12 Health Education Scope and Sequence. As noted in my Introduction, I will focus specifically on the guidelines for grades 9-12. Since New York City only requires one semester of sex ed in high school, this allows for an analysis of what students most often learn. One of the most striking pieces of information within the guidelines revolves around parent-opt out requirements. For HIV lessons, parents can opt out of methods of prevention where they receive a notification letter at home. For sexual health lessons, parents receive a notification letter where they can opt out of pregnancy and STI prevention.²¹ This means that for students whose parents opt out of said curriculum, they would only learn abstinence information. They also recommend “comprehensive education” which, as discussed previously, has no guidelines of its own. They recommend the following supplements to basic curriculum: *HealthSmart High School* 2nd edition; *Reducing the Risk (RTR)* for sexual health, including the supplement *Understanding Self Identity: Building a Supportive Environment for LGBTQ Students*; as well as *Teen Health Project* for transfer and international students.”²² Nothing else is stated about the above resources, their validity, or how to acquire them. Upon further research, all recommended curriculum must be purchased for use.²³ This sets up a barrier for New York City public high school teachers who may not have the school budget or personal

²¹ New York City Department of Education. “New York City Grades 9-12 Health Education Scope & Sequence.” (Accessed October 24, 2020).

²² Ibid, 6.

²³ HealthSmart. High School; Advancing Health Equity; Teen Health Project.

finances in order to use them. While recommendations for comprehensive curriculum are a start, they should be automatically included in the curriculum.

The guidelines also mention The Dignity Act and amendment Section 801-A, which maintains that students must have, “...an awareness and sensitivity in the relations of people, including but not limited to different races, weights, national origins, ethnic groups, religions, religious practices, mental or physical abilities, sexual orientations, gender identity, and sexes.”²⁴ While this act and the enforcement of it are crucial, the guidelines do not delve into what this actually means or how to enforce it. If discussions like this are left up to educators, it means that they can choose how and when to broach the subject, if at all. Moreover, since there are only one hundred and sixty-five certified health educators teaching New York City’s 1,126,501 student population, it is uncertain if students are learning medically accurate information.²⁵ There is no further mention of how, when, and what resources teachers can use to discuss the intersecting identities of their students. With no clear instructions, comprehensive curriculum stuck behind a paywall, and only vague mention of students' needs, it is apparent these guidelines do not encompass everything needed to educate young people. Positively, the guidelines describe the necessity of analyzing influences, accessing information, communication, decision making, goal setting, self-management, and advocacy.²⁶ While these components are important, it is equally necessary that information be accessible, medically accurate, and inclusive. By ignoring students intersecting identities, the curriculum guidelines miss a critical part of sex ed.

Mobilization, Activism, and Methods for Change in New York

²⁴ New York City Department of Education. “New York City Grades 9-12.”

²⁵ New York City Department of Education. “DOE Data at a Glance” (2020). Available at: <https://www.schools.nyc.gov/about-us/reports/doe-data-at-a-glance> (Accessed October 24, 2020).

²⁶ New York City Department of Education. “New York City Grades 9-12.”

Mobilization efforts to change sex ed on the state-level are ongoing. As mentioned previously, youth activists continue to make their voices heard by protesting and creating petitions. In April 2019, there was a “Youth Sex Education Rally” incited by the Sexuality Education Alliance of New York City where New York City public high school students stood in front of city hall to discuss their contentions with current sex ed.²⁷ Although New York City is often seen as a site of progress, students argued we still have a long way to go. Students highlighted the need for anti-racist, queer-centered, disability-focused, and skills-based sex ed in New York City. Further, since 2010, the New York City Department of Health partnered with the New York City Teens Connection to learn what young people need. They state New York City Teens Connection, “...works with schools, health care clinics and community groups to improve teens’ sexual and reproductive health. We help youth get the information and resources they need to make healthy decisions and feel empowered to act on those decisions.”²⁸ As part of their work, in 2019 Teens Connection released a series of three videos focused on consent. The videos are entitled: Ask Before You Ask: The Necklace, Ask Before You Ask: The Party, and Ask Before You Ask: The Text. Students from Teens Connection and various youth community groups are featured in the videos and had a part in making them. All videos focus on one central theme, “Asking can be awkward...*not* asking can be *more* awkward!”²⁹ The videos feature a number of relationships, including LGBTQIA+ people and those of varying racial backgrounds. Though it is unclear how widely they are shared in classrooms, they can be a viable and relevant

²⁷ Sexuality Education Alliance of New York City. (2020). Learn. Available at: <https://sexedallianceofnyc.tumblr.com/learn>

²⁸ New York City Department of Health. “New York City Teens Connection.” Available at: <https://www1.nyc.gov/site/doh/health/health-topics/sexual-consent.page>

²⁹ Ibid.

resource to learn about consent. Examples like this can offer ideas for change in current curricula, and opportunities to adapt to virtual learning solutions.

To achieve curriculum and policy changes, we need buy-in from local lawmakers and a significant budget increase. In May 2018, the NYCDOE announced Health Ed Works, a \$24 million investment in comprehensive health education rolled out over a four-year period. According to school chancellor Richard Carranza, “Comprehensive health education must be a foundational component of every student’s education so they have the skills and knowledge they need to make healthy decisions throughout their lives.”³⁰ Some of their goals include: fund one hundred NYCDOE teachers to earn a health education certification, provide training on identifying and teaching medically-accurate information, provide one-on-one training, and develop new curriculum and materials. For their 2018-19 report they listed some of the following accomplishments: identified and targeted district schools, completed over 1,000 assessments, began the *HIV/AIDS Curriculum* revision project, and readjusted four-year plan due to city budget cut restrictions. Although a revision project for their *HIV/AIDS curriculum* is referenced, no further guidelines or steps are outlined.³¹ As mentioned, in 2019 the Health Ed Works budget was cut by 60% to \$10 million with no notice, which meant no one could advocate against it. In June 2019, as part of the Reproductive Freedom Day of Action, lobbyists and activists went to Albany to speak to state lawmakers about comprehensive sex education for all students K-12. According to the proposed bill comprehensive sexuality education denotes:

...medically accurate, age-appropriate sequential learning program which addresses physical, mental, emotional and social dimensions of human sexuality, is trauma-responsive and culturally appropriate, incorporates skills-based instruction, and is

³⁰ New York City Department of Education. (2018). Chancellor Carranza Announces \$24 Million Investment in Health Ed Works.

³¹ New York City Department of Education (2019). Health Ed Works Year 1 Report. Available at: <https://infohub.nyced.org/reports/academics/health-ed-works/health-ed-works-year-1-report> (Accessed October 24, 2020).

respectful and inclusive of all students regardless of race, color, religion, religious practice, national origin, ethnic group, sex, gender, disability, language, sexual orientation, or gender identity. (State of New York, 2019)

This bill has yet to come to fruition and requires extensive advocacy work on part of both local activists and interested lawmakers to make sure it is voted on. This continues today, but with difficulties due to the pandemic.

As stated earlier, it would be difficult to address these mobilization efforts without acknowledging the impact of COVID-19. The NYCDOE budget cuts make it difficult to gain traction. However, advocacy for health education is still happening. In April 2020, the City Council Women's Caucus along with organizations like Peer Health Exchange, Ancient Song Doula, Planned Parenthood and many others came together to rally virtually against further health education budget cuts. As citizens of this city, they understood the gravity of the current situation. Yet, it is because of these impacts that health education cannot disappear. Young people need information about their health, particularly how to manage their anxiety during such an uncertain time. From this rally, they created the hashtags #SexEdNow and #ReproHealthCantWait to alert the mayor and other officials to this issue.³² Although we're facing a significant change in our world, including those who lost their lives, advocacy is ongoing and adapting to this new landscape as much as possible.

We must address the current state of sex ed and ways advocacy changed over time to transform curriculum in New York City. Below I will examine the two curriculums, as described above.

Comparing Curriculum: NYCDOE vs PHE

³² Women's Caucus NYC. Twitter Post. April 23, 2020. 11:35 AM.
<https://twitter.com/WomensCaucusNYC/status/1253346675835502592>

Acknowledging the issues with sex ed, the curriculum I compare are *HIV/AIDS Curriculum* from NYCDOE (2012) and the PHE Curriculum (2019) which includes the “Facilitator Guide,” “Classroom Guide,” “Student Workbook” and PowerPoints shown during workshops. In 2020 PHE is working to transform their curriculum into the virtual world and in the meantime has modules focused on young people’s social-emotional learning and autonomy as health leaders. Understandably, there are differences in social awareness and content between 2012 and 2019. NYCDOE formally publishes their curriculum, which takes more time and may lead to outdated information being spread. As mentioned, there’s currently a plan to revise this curriculum, but no clear steps or updates have been outlined on that process which is further impacted by budget cuts.³³ On the other hand, PHE updates their curriculum every year and takes into account feedback from students, volunteers, and staff. It is unclear how many NYCDOE teachers use the *HIV/AIDS Curriculum* and it is recommended supplements, or how many students receive this information in a timely manner. Further, the lack of certified health educators means that teachers with no experience may end up teaching this information. Consequently, in 2019-20 PHE trained over 600 volunteers to teach 6,700 ninth grade students in fifty-three high schools across all five boroughs of New York City.³⁴ It should be noted, however, that PHE workshops ceased in-person instruction on March 16th, 2020 due to the spread of COVID-19. Although PHE is working toward virtual solutions, the future of in-person workshops is to be determined. In April 2020 PHE launched their virtual portal, “Let’s Talk: Your Health” which includes videos from PHE health educators, resources for young people, and a virtual question box.³⁵ While there’s no clear data on effectiveness yet, the NYCDOE has

³³ New York City Department of Education (2019). Health Ed Works Year 1 Report.

³⁴ “New York.” Peer Health Exchange, April 17, 2020. <https://www.peerhealthexchange.org/our-sites/new-york>.

³⁵ “Let’s Talk: Your Health.” Home - Peer Health Exchange. Accessed October 24, 2020. <https://www.peerhealthexchange.org/letstalk/>.

included the portal on their distance learning resource list.³⁶ PHE programming will be completely virtual in the 2020-2021 school year and will address young people's increased need for mental health support during this time. This will include learning modules focused on socio-emotional learning and health leadership in the fall and a shift back to their regular fourteen workshop programming via virtual means in the spring. Although changes must happen because of the pandemic, the focus on sexual health will continue.

The *HIV/AIDS Curriculum* from the NYCDOE divides the curriculum based on grade level. As noted in my introduction, I will focus on grades 9-12. As mentioned, New York City only requires one semester of health education, which often happens in the last semester of 12th grade.³⁷ Since this curriculum is HIV/AIDS focused, much of the discussion surrounds prevention of HIV/AIDS and what risk factors there might be for contracting it. Some lesson topics include: Using abstinence to protect from sexual health risks, barrier methods of prevention, communication about HIV/AIDS risks, advantages of abstinence, community resources, using schools to educate others about HIV/AIDS prevention, and making effective decisions. Topics vary by grade, but generally keep the same theme: HIV/AIDS must and can be prevented, and the best way to do this is through abstinence.³⁸ Although New York does not mandate abstinence-only education, the focus of the *HIV/AIDS Curriculum* is almost solely abstinence-based.³⁹ Positively, the curriculum has components for discussing community resources throughout grades 9-12. Specifically, in the Grade 10 Lesson 6, students discuss where they can find resources about HIV/AIDS, prevention, and where to find protection methods.

³⁶ New York City Department of Education. (2020). Health Education. Available at: <https://www.schools.nyc.gov/learn-at-home/activities-for-students/health-education>

³⁷ Sexual Health Information Task Force. (2018).

³⁸ New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

³⁹ Guttmacher Institute. (2020).

Health resource centers are mentioned through a “Teacher Note,” which are pieces of information teachers can share with students based on their own discretion. LGBTQIA+ relationships are similarly mentioned in the “Teacher Note” section of Grade 10 Lesson 4: “Students may be attracted to and date members of the opposite sex or of the same sex, or both – or neither. Make sure discussions are inclusive and affirming of all students who are lesbian, gay, bisexual, transgender or questioning.”⁴⁰ The issue here is how little this is mentioned elsewhere. Although teachers are encouraged to discuss it and given a link to a resource, it is still behind a paywall and does not offer concrete methods of discussion. It is unclear how or if teachers receive training on teaching and addressing LGBTQIA+ students’ needs.

In regard to consent and communication, the NYCDOE curriculum lacks significant context and support for young people. The curriculum continually mentions consent in regard to young people consenting to an HIV/AIDS blood test, but nothing references the importance of communication and active consent in relationships/sexual activity. In the introduction, they mention communication and stating a “strong refusal (a clear no)” but there’s no context given.⁴¹ Saying no is important, but it is equally important to *accept* no as an answer. Consent is not a one-way street; it involves an ongoing process between two or more individuals engaging in sexual activity. Consent must be explained outside of the “yes” vs “no” framework and opened up to explore the importance of reading body language, verbal cues (yes, no, what those sound like when someone feels pressured), facial expressions, etc. Further, in Grade 10 lesson 3 “assertive communication” is defined and explained as confidently verbalizing a clear no. In these examples, young people are instructed on how to enact a verbal and clear “no” in situations

⁴⁰ New York City Department of Education. (2012): 207.

⁴¹ New York City Department of Education. *HIV/AIDS Curriculum*. (2012)

they do not feel comfortable in.⁴² Again, this ignores that consent is ongoing and that someone can say yes at first and revoke consent later. It also does not teach young people how to take no for an answer at different steps throughout sexual activity. Simply teaching young people to say no assumes the other person or people involved will *listen*. Young people need to learn how to both give and receive consent in a healthy manner so that everyone is listened to and respected.

Evidently, the *HIV/AIDS Curriculum* is lacking. By focusing solely on preventing HIV/AIDS and other STIs through abstinence, NYCDOE curriculum fails to provide students with knowledge on other forms of sexual health. Moreover, LGBTQIA+ students are rarely included in the conversation or even mentioned. Young people need to know more than how to prevent HIV/AIDS. They need information on internal and external condoms, birth control, communication, consent, intimate partner violence, *and* information about pregnancy and STIs. Yes, prevention is important, but it is not the only part of sexuality pertinent to student's lives. If current mobilization efforts are any indication, the curriculum must change to be inclusive of *all* students' needs.

PHE curriculum consists of a number of different mediums, including the aforementioned "Facilitation Guide" "Student Workbook," and PowerPoints. Unlike what is only mentioned in NYCDOE curriculum, PHE is actually skills-based, meaning workshops focus on particular skills to help build student knowledge. When PHE was conducting in-person facilitation, they partnered with high schools to administer a fourteen-workshop relationship-centered curriculum taught by college student volunteers who worked as Health Educators (HE's). Each week two HE's would teach in the same classroom, so students built upon the knowledge they had and worked with people close in age to them. Though not exhaustive, some of the workshops I will

⁴² Ibid, 204.

focus on: “Let’s Talk: Sexual Health,” “Communicating Your Needs,” “Your Health and You” and “Thinking it Through.”⁴³ Through teaching skills PHE aims to, “...empower young people with the knowledge, skills, and resources to make healthy decisions.”⁴⁴ Since PHE focuses on teaching ninth grade high school students, all the information here is targeted toward them.

PHE centers information about sexual and gender identities in their curriculum. In “Let’s Talk: Sexual Health,” the curriculum outlines five types of sexual contact: Anal sex, oral sex, vaginal sex, hand-to-genital contact, and genital-to-genital contact.⁴⁵ Sexual acts themselves are not tied to specific identities, which means students learn about sexual acts without feeling ashamed by any stigma attached to them. They also refer to condoms as “internal” and “external,” which removes binary language allowing people of all gender and sexual identities to learn about contraception. Further they ask questions like, “Why is it important to talk about sexual activity in a way that doesn’t presume one’s gender identity or sexual attraction?”⁴⁶ Removing the strict enforcement of the false sex/gender binary offers students the opportunity to explore their own gender identity in a more open way. The “Your Health and You” workshop defines sexual orientation, gender identity, and biological sex. The curriculum states, “Gender identity is a person’s internal sense of whether they are male, female, neither, or some combination of both.”⁴⁷ There’s an important distinction that one can identify within or outside of the binary, and volunteers are trained to answer questions surrounding this. The curriculum also notes how one’s sex assigned at birth may be different than their gender identity, and that these are distinct aspects of one’s identity.⁴⁸ Unlike NYCDOE curriculum, which only briefly

⁴³ Peer Health Exchange. “Facilitator Guide.” (2019).

⁴⁴ “About Us.” (2020).

⁴⁵ Peer Health Exchange. “Student Workbook.” (2019): 63.

⁴⁶ Peer Health Exchange. “Facilitator Guide.” (2019): 74.

⁴⁷ Peer Health Exchange. “Student Workbook.” (2019): 12.

⁴⁸ *Ibid*, 13.

touches on sexuality and gender, PHE curriculum incorporates and explains definitions to students.

When it comes to consent and communication, PHE takes a similar approach to NYCDOE but provides considerable context and room for discussion. In the 10th workshop, “Communicating Your Needs,” they describe the difference between passive, aggressive, and assertive communication. Similar to NYCDOE they elevate assertive communication as the best kind, defined as: “Asking for what you want or saying how you feel in an open, honest, direct, and respectful way.”⁴⁹ However, they go a step further by reviewing various scenarios where a student may or may not feel comfortable voicing consent. They ask why they may feel uncomfortable and what would help them change that. They also give other versions of saying no as an example to help young people navigate tricky situations.⁵⁰ In the twelfth workshop, “Thinking it Through,” they also review the four C’s of decision making: consider options, compare outcomes, check in with yourself, and choose.⁵¹ This once again helps parse out the more difficult parts of decision making, particularly for those engaging in sexual activity. It also helps show how different people may react to a situation. Like the NYCDOE, PHE could benefit from explicitly stating the variable nature of consent and the importance of giving and receiving it in a healthy manner. Health educators often do this on their own, but it is equally important to have it written down for reference later.

It is evident that there are varying methods to delivering sex ed. Although curriculum changes for the NYCDOE are outlined in the Health Ed Works four-year plan, it is not clear when or how this will occur.⁵² This is further complicated by the ongoing COVID-19 pandemic

⁴⁹ Peer Health Exchange. “Communicating Your Needs.” (2019): Slide 6.

⁵⁰ Ibid, Slide 8.

⁵¹ Peer Health Exchange. “Thinking it Through.” (2019): Slide 3.

⁵² New York City Department of Education. (2020).

which halted in-person programming for both PHE and NYCDOE schools. The move to virtual solutions for sex ed will be difficult and requires the resources, time, and budget to achieve. It is important to continually address the needs of young people and actively make changes to curriculum to meet their needs. Young people now, more than ever, need accurate health information. With all this in mind, I move to explaining my theoretical framework behind my research and analysis.

Chapter 4: Theoretical Framework

My theoretical framework is informed by a number of different fields of study, primarily public health, feminist studies, and queer pedagogy. This framework is also influenced by participant's responses and recommendations (detailed later in the Results section). Their experiences highlight the increased need for structural change within the health education system, particularly for sex ed. I will start by exploring the Health Belief Model, first coined in the 1950's in the field of public health, followed by the PRECEDE-PROCEED model. I will then move into the "ethics of pleasure," detailed by Michel Foucault (1976), continued with Louisa Allen (2007), and explored by many within feminist studies. Finally, I will finish with the importance of queer pedagogy in this moment, elevating theories from people such as Elizabeth J. Meyer (2007) and Jen Gilbert (2004).

The Health Belief Model (HBM), coined in the 1950's by United States public health officials, is defined as: "A conceptual model...that emphasizes the role of cognition (understanding) and beliefs (*values) and explains how behavioral determinants influence ways individuals behave in matters affecting their health."⁵³ HBM came to the forefront of the public health field in response to the need for preventative health measures.⁵⁴ Recent studies have shown that HBM can be useful in curbing risky behaviors and preventing things like pregnancy and STDs/STIs.⁵⁵ Further, a 2018 study entitled the "Effect of Education Based on the Health Belief Model in the Prevention of Sexually Transmitted Diseases in Couples Participating in [Pre-marriage] Training Classes" found that utilizing the HBM model for health education was

⁵³ Miquel S. Porta and John M. Last, "Health Belief Model," in *Oxford Dictionary of Public Health*, 2nd ed. (Oxford, UK: Oxford University Press, 2018), pp. 304-305.

⁵⁴ Janz & Becker, "The health belief model: A decade later." (1984); Kirscht, "The health belief model and illness behavior." (1974). Rosenstock, "Historical origins of the health belief model." (1974).

⁵⁵ Boone & Lefkowitz, "Safer sex and the health belief model." (2004); Hiltabiddle, "Adolescent condom use, the health belief model." (1996).

useful for the “...prevention of STDS and promotion of sexual health.”⁵⁶ However, as one can imagine, such studies fail to include information about how HBM can affect LGBTQIA+ young people, focusing on the very information that results in incomplete sex ed curricula. I elevate this model to show that harm-reduction and assessing risks is still important for curriculum today. Spreading accurate and useful information to young people to help prevent health problems or unwanted pregnancy is always useful. Yet, this must be done with context and consideration for individual experiences and involves ongoing feedback to ensure success. This is why HBM cannot be used alone. A response to HBM was the PRECEDE-PROCEED Model which builds on critiques of HBM to create inclusive and responsive health programs. The acronym describes steps to planning, creating, and evaluating health programs: “PRECEDE stand[s] for predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation; PROCEED stands for policy, regulatory, and organizational constructs in educational and environmental development.”⁵⁷ This aligns much more with my own thoughts behind health education and the changes that need to shift both within the curriculum and its policies/guidelines.

What HBM and PRECEDE-PROCEED do not include is the importance of pleasure-centered curriculum. Previous critiques of abstinence-only education focused on the lack of inclusion of pleasure and desire. Works such as Fine (1988), Rasmussen (2004), Fine & McClelland (2006), and Allen (2007), argued for introducing pleasure and desire into sex ed. Current sex ed models address the “problem” of sex, but fail to acknowledge accurate and

⁵⁶ Ali Khani Jeihooni et al., “Effect of Education Based on Health Belief Model in the Prevention of Sexually Transmitted Diseases in Couples Participating in Premarriage Training Classes,” *Journal of Education and Community Health* 4, no. 4 (January 2018): pp. 4-12, <https://doi.org/10.21859/jech.4.4.4>.

⁵⁷ Miquel S. Porta and John M. Last, “PRECEDE-PROCEED model,” in *Oxford Dictionary of Public Health*, 2nd ed. (Oxford, UK: Oxford University Press, 2018), pp. 556-557.

realistic details surrounding sex and sexuality. This is discussed within, “Doing ‘it’ differently: relinquishing the disease and pregnancy prevention focus in sexuality education” by Louisa Allen (2007). Allen argues for what is known as *An Ethics of Pleasure*, first coined by Michel Foucault (1976). For Foucault, ethics are a type of freedom tied to self-reflection or practices of the self. An ethics of pleasure, therefore, centers pleasure as a part of life.⁵⁸ According to Allen, “This would afford students the ability to ‘successfully negotiate intimate relationships and help transcend normative sexual identities and practices.’”⁵⁹ Focusing on pleasure and desire can address various facets of young people’s lives. For queer youth this would afford them the ability to learn about themselves as being *able* to experience pleasure outside of the normative standards set before them. Allen continues,

An ethics of pleasure may also assist in recognising young people as *sexual subjects* whose sexuality is viewed positively and as legitimate, rather than as a problem to be managed. Sexuality education that acknowledges young people as sexual subjects would also recognise their agency to make their own sexual decisions. (Allen, 2007)

In this model, sex ed would allow students to exert agency over their sexual lives. Further, it would offer an open and communicative standard where issues of gender, sex, and sexuality could be discussed at length. Centering pleasure is critical but achieving it would require extensive state and local advocacy, as well as a shift in personal grievances around adolescent sexual health. In addition, centering pleasure may bring shame or stigma to those on the asexual spectrum who may not partake in sexual activity. This is explored further in my Results section, but it is worth noting that a pleasure-centered curriculum *can* address those who may not engage in sexual activity (whether with a partner or with oneself). By framing pleasure-centered curriculum as informative, not focused on who will and will not have sex, young people can feel

⁵⁸ Michel Foucault, *The History of Sexuality: An Introduction*, vol. 1 (London: Penguin Books, 1976).

⁵⁹ Louisa Allen. "Doing ‘it’ differently: Relinquishing the disease and pregnancy prevention focus in sexuality education." *British Journal of Sociology of Education* 28, no. 5 (2007): 575-588.

seen in their curriculum. Further, some people on the asexual spectrum may still engage in things like masturbation. According to AVEN, an asexuality advocacy and informative organization, “Because we don’t have an intrinsic need for sex, asexual people generally do not see a lack of sexual arousal as a problem to be corrected, and if they do have a libido or experience arousal, they do not feel needs are unmet by a lack of sexual activity.”⁶⁰ For those who do engage in sexual activity, removing the shame from masturbation for *all genders* will help improve young people’s thoughts about sexual activity and even themselves.

Finally, it is vital to have pedagogical standards that are reflective of what students need. This is why queer pedagogy is necessary to consider when creating sexual health curriculum, guidelines, and policies. In “Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?” Cathy Cohen asserts, “Through action and analysis these individuals seek to make ‘queer’ function as more than just an abbreviation for lesbian, gay, bisexual, and transgendered. Similar to queer theory, queer politics articulated and pursued by these activists first and foremost recognizes and encourages fluidity and movement of people’s sexual lives.”⁶¹ Queerness not only encapsulates one’s identity, but the importance and centering of advocacy and activism for queer people. In this case, integrating queer pedagogy into the current curriculum would allow for a fuller picture of LGBTQIA+ people, inclusive of the work set forth to make this happen.

To this effect, queer theory and pedagogy emerged as a response to the lack of queer representation. In her chapter “Queering/Querying Pedagogy? Or, Pedagogy Is a Pretty Queer Thing” Susanne Luhmann (2012) says that queer pedagogy “...looks with skepticism at the

⁶⁰ “Overview.” Overview | The Asexual Visibility and Education Network. Accessed October 18, 2020. <https://www.asexuality.org/?q=overview.html>.

⁶¹ Cathy J. Cohen “Punks, Bulldaggers, and Welfare Queens. The Radical Potential of Queer Politics.” *GLQ: A Journal of Lesbian and Gay Studies*, 3. (1997).

processes of how identities are constructed, and, in this way, learning becomes a way of risking the self as much as it does constructing the self.”⁶² Learning through a heteronormative perspective can be harmful for queer students. Sex education enforces heterosexism through the language of cisgender heterosexual sexual activity. Sex is subjective, and therefore can involve two or more people who engage in what they define as the act. These concepts are examined within “‘But I’m Not Gay’: What Straight Teachers Need to Know about Queer Theory” by Elizabeth J. Meyer (2007). Meyer argues,

Through the surveillance and policing of bodies and language, school structures mandate hyperheterosexuality using the curriculum and extracurricular activities...some examples include: the exclusive study of heterosexual romantic literature, the presentation of the ‘nuclear’ heterosexual two-parent family as the norm and ideal, and teaching only the reproductive aspects of sexuality and abstinence -only sex education. (Meyer, 2007)

The concentration on heterosexual sex creates a rift between queer and non-queer youth. All young people are at a disadvantage without this information, as they are fed a monolithic myth about what sex should be instead of being given the knowledge and skills to make their own choices.

Abstinence-focused and comprehensive/additive models of sex ed fail include information about marginalized communities from the start, and therefore harm those in the communities even further. Regardless of intent, current sex ed curriculum cannot be fully beneficial. As Luhmann states, “Immense moral panics erupt over the discovery that lesbians and gays educate our children. Intense, sometimes even violent, contestations occur over the curricular inclusion of the study of sexuality in general, and of lesbian and gay content in particular.”⁶³ By ignoring the existence of queer youth and their need for viable information,

⁶² Susanne Luhmann. “Queering/Querying Pedagogy? Or, Pedagogy Is a Pretty Queer Thing.” Essay. In *Queer Theory in Education*, edited by William F. Pinar, 120–33. *Studies in Curriculum Theory Series*. Routledge, 2012.

⁶³ Susanne Luhmann. “Queering/Querying Pedagogy? Or, Pedagogy Is a Pretty Queer Thing.” (2012).

curriculum creators fail to address inequities. Similarly, in a chapter entitled “Between Sexuality and Narrative: On the Language of Sex Education” Jen Gilbert (2004) observes, “Talk about sexuality is not simply the terrain of sex education; the language of sexuality is intimately connected to narratives of self, friendship, family, and indeed, learning. Prohibiting or controlling what can or cannot be said about sex also determines what can be said about the self and its desires, dreams, and fantasies.”⁶⁴ The exclusion of queer identities from sex ed curriculum fails to center queer people’s lives. Instead, as mentioned, sex ed should focus on pleasure, sexuality, and accounting for all identities from the start. To create change which includes curricula informed by young people, Gilbert argues that, “an education in sexuality might not only begin with the anxious prohibitions of adults, but with a curiosity about how one loses and finds oneself in language.”⁶⁵ Through acknowledging that one’s sexual identity and engagement in acts of sex are a part of life from adolescence, educators can better prepare all students for healthy adult relationships and sexual activity should they choose to engage in them.

It is evident that sex ed is complicated, requiring inclusion of multiple identities and models of thinking. My work is informed by these multifaceted frameworks, showing that we need to move toward education that is pleasure centered and shame free. All young people deserve proper representation in what they learn. With this in mind, it is important to recognize how sex ed curriculum is received by young people. Although I cannot interview current young people about their experiences, I felt that interviewing adults about their memories of sex would suffice and offer steps for concrete change to sex ed curriculum in New York.

⁶⁴ Mary L. Rasmussen et al., “Between Sexuality and Narrative: On the Language of Sex Education,” in *Youth and Sexualities: Pleasure, Subversion, and Insubordination in and out of Schools* (New York, NY: Palgrave Macmillan, 2004), pp. 109-126.

⁶⁵ Ibid.

Chapter 5: Method

Having grounded myself in this work since 2016, my methods have understandably shifted. In my undergraduate thesis, I focused heavily on the relationship between the false sex/gender binary and its impacts on sex education, including how it affected queer people. I used the interviews mentioned below to highlight the need for an inclusive and gender-neutral curriculum that centered the experience of queer people from the start. From there I realized that I needed to focus on the impacts of policies and laws on the curriculum I was critiquing. Such policies impact what kind of information schools are allowed to share and who is allowed to share them.

History and Literature Review/Critical Policy Analysis

My method is broken up into a few parts: A history of sex education in the United States, including comparing abstinence only and comprehensive curricula. A literature review analyzing New York policies and guidelines. This utilizes a critical policy analysis explained below, including a review of mobilization and advocacy efforts and comparing curricula in New York. Finally, an analysis of semi-structured interviews with queer people about their experiences with sex ed. The thought behind this was by focusing on New York I could pinpoint a set of guidelines and standards that needed to change and through my interviews I could highlight the impact they had on queer youth.

As mentioned, this project employs a critical policy analysis defined as, “[the] use of empirical research into how education policy shapes practice, while at the same time retaining theoretical explanations of complex patterns of causation from a political economy approach.”⁶⁶

⁶⁶ Elizabeth Rata. "The Three Stages of Critical Policy Methodology: an example from curriculum analysis." *Policy Futures in Education* 12, no. 3 (2014): 347-358.

This has been used to examine various types of curriculum qualitatively since the 1990's.⁶⁷ This was weaved into my literature review to couple with information from other researchers on the topic. Framing questions were used to maintain focus and assure each portion was analyzed similarly. Looking at both policies and curriculum is thereby a necessary form of research. I chose to compare two curricula to show what the curriculum is versus what it could be and how our work around sex ed is constantly evolving. According to the Centers for Disease Control and Prevention, policy analysis can occur in a five-step process. This project mainly focuses on the first three, with hopes that it will move toward enactment and implementation over time, through continued advocacy and research:

1. Problem Identification
2. Policy Analysis
3. Strategy and Policy Development
4. Policy Enactment
5. Policy Implementation⁶⁸

Reviewing Current Laws and Policies in New York (Literature Review)

Since much of the work on sex ed focuses broadly on the United States as a whole, this project will add nuance to research with increased understanding of policies in New York. I look at work compiled from places such as the Guttmacher Institute, New York Department of Health, and the New York Department of Education. All information is free and open to the public, and includes mandates, guidelines, and other data on New York state sex ed. This project compiles all public information on laws and policies in New York into one place. I focus specifically on

⁶⁷ Dinan-Thompson, "Public concerns and private interests." (2000); Elyas, Tariq, and Badawood. "English language educational policy." (2016); Hall, "Toward a model of curriculum analysis and evaluation." (2014); Rasinen, "An analysis of the technology education." (2003).

⁶⁸ Centers for Disease Control and Prevention. "CDC's Policy Analytical Framework." (2013). Retrieved from: <https://www.cdc.gov/policy/analysis/process/docs/cdcpolicyanalyticalframework.pdf>

these data points as they offer a wide array of information on New York state sex ed. Some questions I used to guide this work are:

1. What is, and is not, allowed in sex ed curriculum in New York schools?
2. Are parents required to approve the curriculum before it is administered to their children?
 - a. How does opting out operate?
3. When, if at all, are young people required to receive sex ed?
4. Do New York policies and laws require the inclusion of LGBTQIA+ people's identities in any capacity?
5. If not taught by certified health educators, who primarily teaches students in NY?

Comparing Curriculum in New York

Review of each curriculum was done qualitatively following the style of critical policy analysis. For state-level curriculum I examine the *HIV/AIDS Curriculum* from NYCDOE (2012) along with the New York City Grades 9-12 Health Education Scope and Sequence which are guidelines for teaching sex ed. Since New York only requires one semester of sex ed in high school, this will allow for an analysis of what students most often learn.⁶⁹ I compare this to the curriculum from Peer Health Exchange (PHE) (2019) by reviewing their “Facilitator Guide,” “Classroom Guide” “Student Workbook,” and PowerPoints. I have access to this information as an employee of PHE. I specifically chose the PHE curriculum as it aims to be inclusive of LGBTQIA+ identities and incorporates them directly in their workshops. PHE also works as a free supplement to New York city public high school education.

To compare these curricula, I used the following questions and criteria to maintain focus and guide my research:

1. Do the curricula utilize an abstinence-based approach in any capacity?
2. How do the curricula address contraception, and in what ways?
3. How do the curricula address Sexually Transmitted Infections (STIs) and ways to prevent them?
4. How, if at all, do the curricula address the needs of LGBTQIA+ young people?

⁶⁹ Sexual Health Education Task Force. “Sexual Health Education in New York City.” (2018).

5. Are different methods of sexual activity and protection addressed? If so, how?
6. What can the curricula do to better serve young people? What changes can or should be made?
7. Have young people been involved in the curriculum process or provided feedback?

Mobilization, Activism, and Methods for Change in New York

Although current policies and laws are important to acknowledge, it is equally important to recognize the work of activism. Mobilization in New York happens on the state and local levels, from smaller rallies to lobbying of New York state officials. Some questions that were used to guide this portion were:

1. What are methods of mobilization and activism for sex ed policies and laws in NY?
2. How are young people engaging in this work, and how have their efforts been used in lobbying efforts?
3. What lobbying efforts have been employed, and what actions have been proposed as of late?
4. How have rallies been used as a form of resistance and mobilization for sex ed change?
5. Have mobilization or activism efforts led to any recent changes or proposed changes in laws or policies?
6. Have the needs of LGBTQIA+ young people been centered in these efforts? If so, how?

These questions were used as a framing device and are not exhaustive. However, it is important to address them in order to assess how each curriculum incorporates LGBTQIA+ identities and accurate health information. Comparing these curricula, one base and one supplemental, underscores the deficits in current sex ed mandates. Supplemental curriculum like PHE would not be necessary if NYCDOE curriculum were up to par. By focusing solely on HIV/AIDS prevention, NYCDOE ignores the information needed for young people to lead a healthy sexual life.

Semi-Structured Interviews

Participants

Participants for this study ranged from the ages of 18 to 30, and all self-identified LGBTQIA+ people. All demographic background information was self-reported on a separate sheet of paper (physically or digitally) in order to allow for participants anonymity and account

for their comfort levels. For race and ethnicity, three identified as White/Caucasian, two identified as Asian, two identified as Hispanic/Latinx, and two identified as Black. With regard to sexual identity, two identified as pansexual, two identified as bisexual, one identified as questioning but primarily uses lesbian or gay in everyday life, one identified as a lesbian but interchanges that with queer, one identified as heteroflexible or fluid, one identified as pansexual/graysexual, and one identified as queer. For gender identity, two identified as cisgender women, two identified as female, one identified as a cisgender female, one identified as a woman, one identified as questioning, and two identified as non-binary or genderfluid. The range in identification for gender identity is a result of participants own interpretation of sex and gender and therefore was not modified. Table 1 below includes participants' demographic information and pseudonyms.

Table 1. Participants Demographic Information and Pseudonyms

Pseudonym	Age	Pronouns	Gender Identity	Sexual Identity	Race & Ethnicity	School Location
Patricia	24	She/her	Woman	Pansexual	Hispanic Latina	Brooklyn, New York
Judith	25	She/her	Questioning	Lesbian Gay Questioning	White	Brooklyn, New York
Alice	26	She/her	Female	Bisexual	Hispanic Latina	Brooklyn, New York
Roxane	27	She/her	Cisgender woman	Lesbian Queer	Asian	Queens, New York
Audre	21	She/her	Cisgender woman	Pansexual	White	Poughkeepsie, New York

Emily	18	She/her	Cisgender female	Heteroflexible Fluid	Asian	Brooklyn, New York
Adrienne	25	She/her	Female	Bisexual	White	Pennsylvania
Kimberlé	30	She/they	Non-binary Fluid	Pansexual Graysexual	Black	Florida
Angela	26	They/them	Non-binary Genderqueer	Queer	Afro-Caribbean Black Jamaican-American	Bronx, New York

Procedure

I conducted nine semi-structured interviews to explore the impact of sex education on queer people and learn about their experiences following the education they received. Four participants were recruited from City University of New York schools through campus fliers and posts online. The other five participants are acquaintances or friends and were asked directly if they were interested in participating. Each interview was semi-structured and guided by approximately fifteen questions. Five interviews were conducted in-person and were digitally audio-recorded and transcribed verbatim soon after they were conducted. Notes were taken after each interview to detail participants' body language, tone of voice, and general demeanor. Two interviews were conducted over the phone where notes were taken and promptly locked away safely. The final two interviews were conducted over Zoom using a passcode protected room and were digitally-audio recorded and transcribed verbatim soon after they were conducted. Before the start of each interview, I explained the participants rights which included their ability to stop the interview at any time, skip questions, and to later omit information they did not want included. Each participant read and signed a consent form which adhered to International Review Board (IRB) standards. The details of the consent form were also explained verbally in order to

ensure participants understood the information and participants were encouraged to contact me after with any questions or concerns they had.

Each interview began with general questions such as “How old are you?” and “How long have you lived in New York? Do you like it here?” to help settle them into the space. A majority of the questions could be perceived as open-ended, but often resulted in a “yes” or “no” answer. Later questions became more open-ended and “existential” as one participant pointed out. Beginning questions included “Where did you go to school? Was it a public school or parochial?” and “What kind of sex education did you receive?” Questions became more in-depth as the conversation continued, including a mix of the designated questions and questions based on the information participants provided. For example, I asked “When can you first remember having a sex education curriculum in school?” I then asked follow-up questions based on information they may have provided in their answer. Subsequent questions became more specific, asking if their school provided safe sex information for heterosexual and queer students, information about what they learned regarding STI prevention, and if there was a health-care facility they had access to in their school. The final three questions were prefaced with a reiteration of their ability to skip questions or to ask for clarification, as they were significantly more open-ended. These questions included: 1) “Was the information you learned in sex Ed helpful to your adult sexual health and life?” 2) “Do you feel you were properly represented in sex Ed? How did that presence/absence affect you?” and 3) “What does it mean to be you now looking back on the sex Ed you received?” These questions were given context based on participants requests. Final questions were based on anything else we did not get to cover, and I asked participants to ask their own questions based on the conversation we had.

For the analysis of results, I focused on transcribing and coding my data based on “The Grounded Theory Method: An Explication and Interpretation” by Kathy Charmaz. This focuses on the two-step process of Initial Coding which looks for differences in themes and compares them, followed by separating them into different documents. I then moved onto Focused Coding which takes a second look at the coding I completed and resorted or even re-coded that data so that it more specifically designated the themes correctly.⁷⁰ This allowed for a more in-depth investigation into themes I was tracking, and allowed me to do a deeper analysis into the information I collected. The following results reflect the themes and categories I found throughout the data I collected. Quotes from interviews will be coupled with excerpts from the *HIV/AIDS Curriculum* from the NYCDOE (2012) in order to compare how the curriculum is taught versus how it is received. This is also informed by the guidelines and curriculum (explained in my Comparing Curriculum section above), which is important as they directly impact the kind of sex ed students receive and the information they’re *allowed* to have under parental consent. Not every participant quote is coupled in this manner, but I utilize curriculum and direct quotes where appropriate to highlight the need for concrete change.

⁷⁰ Charmaz, Kathy. "The grounded theory method: An explication and interpretation." *Contemporary field research* (1983): 109-126.

Chapter 6: Results

Themes

Overall, there were four main themes that came up in interviews. In “Absence of Information,” participants highlighted the lack of information they received and how it affected them. This couples together with “Learning Secondhand,” which shows how the lack of information within sex ed does not dissuade students from learning about sex. In these examples, participants expressed finding information through friends, online, or television shows. “Pleasure and Shame” elevates the experiences of participants who learned anything, whether explicit or implicit, about pleasure. Most often this was exemplified through shaming young people into not wanting to have sex, or divorcing sex from pleasure. Similarly, the theme of “Relationships and Consent” examines moments where the curriculum failed to give participants adequate information regarding romantic relationships both inclusive of and outside of sex, how to properly communicate, and how to give and receive consent. Finally, although it is not a theme or code in itself, my analysis of participants' responses will conclude by highlighting what they would want to see in the curriculum moving forward. This will be represented in the “Moving Forward” subsection. In order to change the landscape of sex ed, it is incredibly important to take into consideration what people need in curriculum, and what would've helped them when they were younger.

Absence of Information

A recurring theme in almost all my interviews involved how the absence of information impacted their lives. Often when people write about curriculum, they focus on how the presence of particular information may affect young people (i.e.: focusing on abstinence-based information). Yet, the lack of viable information can have as much, if not more, of a lasting

impact on young people’s lives. When asked if they were taught about STIs/STDs, contraception, or non-heterosexual safe sex practices (like dental dams, gloves, or even lubrication) a majority of participants (seven out of nine) answered no. When asked to describe further, most explained that it either was not spoken about at all or was driven by an abstinence framework. At least three participants highlighted abstinence was taught as the solution to not get pregnant or get an STI/STD. Although curriculum may focus on STDs/STIs and pregnancy through the HBM model, it’s clear they do not adequately address student’s needs. Without disseminating critical health information, young people are forced to search elsewhere or engage in sexual/romantic activities that could be harmful.

To this effect, Judith—who identifies as a white lesbian questioning her gender—illustrated a troubling response from a teacher regarding HIV: “...yeah they said don’t do it ‘till marriage. I do remember this one instance, and it’s very specific, somebody asked about HIV and the person said ‘well if you’re not having sex before marriage, then how are you getting HIV?’ and I’m like...[laughter] that literally makes *no* sense.” Judith went to Catholic school in Brooklyn, New York and described her education as abstinence-only. Understandably, there’s significant differences in requirements between Catholic and public schools which boils down to a school-by-school based system. For Judith, the above answer clearly did not satisfy her or the other student and instead focused on pushing an abstinence-only agenda. This also ignores that students may currently have, or even know someone who has, HIV/AIDS. HIV/AIDS can be transmitted through birth which means this educator ignored that their students may deal with the very thing they shamed.⁷¹ Yet, even the NYCDOE curriculum is focused on abstinence-based

⁷¹ Clinical Info HIV.gov. (2018). “Preventing Mother-to-Child Transmission of HIV,” December 19, 2018. <https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-mother-to-child-risk/preventing-mother-to-child-transmission-of-hiv>.

information. Although the entire curriculum is focused on HIV/AIDS, it is often framed as *avoiding* HIV/AIDS and not what to do if you contract it and/or if you're born with it. They highlight transmission and testing, including transmission during birth, but it seems the goal is still to encourage young people to avoid HIV/AIDS.⁷² Once again, this points out the problems in the HBM model of thinking. Focusing on avoidance or abstinence fails to address the problems at hand.⁷³ For Judith, it is clear she would need more than just base information on HIV/AIDS and more information than what her teacher gave her. Of course, students need to learn about transmission and prevention, but we need to move further and encourage them to understand the layered history of HIV/AIDS, how transmission means that they or someone they know may have it and remove stigma from the conversation.

For Roxane, who identifies as an Asian cisgender lesbian/queer woman, the lack of information had a direct impact on her life. Roxane went to Catholic school in Queens, New York so she also received abstinence-only education. When asked how the absence or presence of information impacted her life, she stated:

I would say yes, the absence did...I had to navigate the things in my sexual life that really impacted me. It created a lot of—especially in early times—it was a source of stress, because you would have these relations, and you'd hook up, but for me it was like what would happen if the condom didn't work? You know? I went to an all-girls school, but I never got an education about how women's bodies were very different, your period being late means you're stressed out not pregnant. It was a source of stress and I had to get all this info secondhand, from friends, TV, internet. For my sexual identity, my education was coupled with religion, there was a source of shame around that, as a queer person. It was a source of shame around that.

Roxane's description fits in well with two other themes, Learning Secondhand and Pleasure & Shame, however I think what is most salient is how this absence trickled down into other areas of her life. It is evident that not having this information led her to search for it elsewhere and

⁷² New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

⁷³ Miquel S. Porta and John M. Last, "Health Belief Model." (2018).

grapple with her own identity in a way that may not have happened otherwise. This is why curriculum must take on more than an HBM model and move toward a pleasure-centered, shame-free solution that centers queer people's experiences.⁷⁴ Similarly for Audre, a white cisgender pansexual woman who attended public school in upstate New York, it was implied that getting an STI/STD would ruin her life, but she was given no information on what to do if she had one, how to treat or cure it, or where to go for support. She later mentioned that she knew she could go to a Planned Parenthood in her town for help, but wished she had support from school staff or a health center in her school. For young people like Roxane and Audre, the lack of information they received directly impacted their lives.

Much like other participants, Kimberlé expressed the lack of information they received in their assembly sex ed class. Kimberlé is a Black pansexual/graysexual non-binary/fluid person and went to school in a mid-sized town in Florida. They described a public presentation of STI/STD "prevention" given in their high school auditorium, where presenters/students joked about things like a "blue waffle" and didn't offer helpful information on STIs/STDs. To explain, according to Planned Parenthood a blue waffle is a medical myth STI/STD that can only be transmitted to those with a vagina, and actually seems to exaggerate/combine different conditions of other STIs/STDs. In sum, a blue waffle *does not exist* but was joked about by high school officials.⁷⁵ It is saddening that an educational institution would perpetuate a myth like blue waffle, often joked about on the internet or in classrooms, when it should offer concrete information. When asked if they were taught about what to do, they said they were instructed to

⁷⁴ Miquel S. Porta and John M. Last, "Health Belief Model" and "PRECEDE-PROCEED model." (2018).

⁷⁵ Planned Parenthood. (2012). What is a blue waffle? Available at: <https://www.plannedparenthood.org/learn/teens/ask-experts/whats-blue-waffle>

“seek help” but not given a direction of where to go. Further, when asked if the information they received was helpful for their life they expressed:

I feel like it was informative with respect to very specific limited aspects of sexual health. And as a result it was basically like, ‘These are the problems that you have to worry about’ and I was ‘Oh well like it’s not my fuckin’ problem so like I guess I don’t really have much else to worry about or think about or deal with’ and that was just like it I guess.

Kimberlé further expressed they thought they were asexual for some time and as a queer person in high school did not feel this information applied to them. Without information on queer sexuality, inclusive of those who may be asexual/aromantic, Kimberlé’s curriculum did speak to them. Concretely, this meant that they did not feel like the information was useful even if it did answer basic questions about STDs/STIs which could have helped them in the future. This is why even a curriculum centered on pleasure, like what was proposed by Allen, is not always the solution. Education must be shame free and focus on sharing information versus addressing a problem, and must do so understanding young people may or may not want to engage in sex.⁷⁶ The NYCDOE curriculum does not mention asexuality at all in their curriculum, meaning they leave out those who may exist along the asexuality spectrum. Although Kimberlé went to school in Florida, and different schools and states vary on their requirements, it is clear that curricula need information divorced from shame *and* inclusive of multiple identities.

Patricia was one of my only participants to have a positive experience with sex education. As a Hispanic/Latina pansexual woman who went to public school in Brooklyn, New York she described her education as “comprehensive and inclusive,” likely similar to the very curriculum I champion. Although she greatly enjoyed her education and looks back on it fondly, she did highlight one instance in which she did not feel seen: “It was most likely that it didn’t apply to

⁷⁶ Louisa Allen. "Doing ‘it’ differently: Relinquishing the disease and pregnancy prevention." (2007).

me, so I didn't have to retain it. Like it wasn't as if the practicalities of sex were not on my radar in elementary school and in middle school, I thought I was asexual and that was another level of 'this isn't for me!'" In a similar situation to Kimberlé, Patricia did not retain information because she did not think it was for her. At the time she was unsure if she identified as asexual, and therefore did not feel the information was useful. Yet, as she grew older and did not align with asexuality anymore, she realized she could have used that information. This, along with Kimberlé's experience, are key examples of why curriculum needs to not only be pleasure-centered, shame-free, and inclusive of the LGBTQIA+ community. Information should be framed in such a way that it could be useful to young people now or later, highlighting that identities may shift over time. Further, if take into consideration Cathy Cohen's description of queerness as inclusive of activism, this would allow young people to be advocates in their communities by spreading useful information to each other.⁷⁷ This of course already occurs without the support of curriculum, but having a structural method of support and viable information is vital. It is important to validate young people's identities and recognize they are not a phase, but also acknowledge that people can grow and change. Information should be offered as a means to learn whether for themselves or to help someone they might know. Encouraging open communication, knowledge sharing, removing shame, and centering pleasure are key to being inclusive to all people

Finally, my conversation with Angela, a Black non-binary/genderqueer queer person, often touched on the lack of information they received. Angela went to Catholic school in Bronx, New York and had similar issues with their education to Kimberlé and Patricia. When asked if they were given information if they had an STD and where to go, they stated:

⁷⁷ Cathy J. Cohen "Punks, Bulldaggers, and Welfare Queens." (1997).

Actually yeah no. Which is really strange cause I went to an all-girls high school and I feel like at all-girls high schools there's usually—there should be an encouragement to check on your vaginal health, like it's something that does come up...And really it was more of my friend who went to a gynecologist and her mom... And some of my friends were on birth control, mostly for hormonal issues or relieving cramps. Like we weren't even encouraged to talk to our parents about making gynecology appointments, talk about what goes on at gynecology appointments so we could know what goes on and anticipate, like not even from that standpoint so we could talk about our own vaginal health.

Angela brings up an excellent point about sex ed, it is not only about sex but overall physical health. With no information on gynecological health, young people do not know when the best time is to go, where to go, or even what to ask. This also links back to the HBM model and how focusing solely on solving health problems like STDs/STIs is not the solution. Young people need more than prevention, they need information about their bodies and overall health.⁷⁸ Angela also mentioned that they had an STD in college and did not feel informed about what to do or where to go. Further, they noted that they waited until college to get tested for HIV/AIDS and they were incredibly nervous for what would happen next. Their experience, like that of others, shows that the lack of information affected them moving into college and their adult life. Although they know what to do and where to go now, having this information earlier could have informed their decisions and made them feel supported as a young person. Unfortunately, the NYCDOE curriculum only mentions school-based health clinics in passing and does not go in depth on what questions people might ask, what recommendations health professionals can give, or offer information on external clinics.⁷⁹ We need to change the conversation so it is inclusive of the physical health of young people, school-based health centers and external clinics, when to go to the doctor, and what questions they can or should ask.

⁷⁸ Miquel S. Porta and John M. Last, "Health Belief Model" and "PRECEDE-PROCEED model." (2018).

⁷⁹ New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

Each participant in this theme expressed the lack of information they received and how it affected them. It is clear that the current curriculum offered in New York still does not address these absences, failing to offer concrete information on STDs/STIs, school-based health centers and external clinics, and gynecological information/support. Further, it is vital that sex ed provides information that is divorced from shame, encourages knowledge sharing, and provides support to all students and their identities.

Learning Secondhand

The goal of sex ed should be to inform adolescents about their sexual lives, ways to protect themselves, and offer methods of support. This is missed in curriculum which focuses too heavily on abstinence, pregnancy, or STDs/STIs. There were a number of instances where my participants noted that they gained information from friends, the internet, or television shows in order to become more informed. It is pivotal they were able to gain this information on their own, but it sends a stronger message about how the curriculum is failing to provide adequate help. Understandably, learning from friends, the internet, or TV shows can be beneficial. Pointing out these instances is not done to critique methods of connection and learning, but to examine the ways sex ed must change to include all young people's identities.

Judith made it clear that the education she received did not give her a lot of information, as most of it was abstinence-based. I asked where she found information and how the absence of the information in school affected her. She stated: "...most of it was my own research...it kinda felt lonely really because I felt like I didn't have anyone to turn to for it then so....it felt like a lot of self-learning when I would have liked some sort of mentorship." This feeling of isolation and loneliness is indicative of the lack of representation for queer youth. Many queer young people must consult other options in order to find information about themselves. Estes asserts,

“Unfortunately, most LGB individuals are left with connecting the dots and find it necessary to take initiative and learn about sexuality on their own.”⁸⁰ Without having an example to follow or someone confide in, many queer adolescents feel left out of their sexuality education.

Many participants mentioned they turned to the internet or friends to find information about sex or relationships. When I asked Roxane how the absence of representation impacted her, she stated, “It was a source of stress and I had to get all this info secondhand, from friends, TV, internet.” Similar to Roxane, Audre looked to the internet and friends for more information on women’s pleasure. She stated:

...um...mostly the internet, I got really into Tumblr when I was like fifteen and by the time I was sixteen I knew everything you could possibly know about sex but before that I really...I realized I developed a sex drive very late so for a while it wasn’t a conversation I ever thought to have and uh-I remember my friend talking to me when we were eleven about how she wanted to have sex and I was like, “why? What’s wrong with you?” Not judgmental but confused?

Using the internet can be helpful, but it can also be isolating if adolescents do not have anyone to talk to. Audre mentioned that she did not develop a sex drive until later in her teen years, and that her friend was confused by this. This confusion can be linked to not learning about sexual feelings and pleasure and how they differ from person to person. This is once again why pleasure-focused and shame-free sex ed (as described by Allen and Elia and Eliason) are critical.⁸¹ While Audre did not feel judged by her friend, these questions are difficult to address when you do not have a viable source for answers. If Audre were to have informative and open sex ed, she may not have needed to scour the internet for resources. While using the internet can be helpful it is a secondhand source that may lead to further misinformation.

⁸⁰ Michelle L. Estes (2017). ““If there’s one benefit, you’re not going to get pregnant.””

⁸¹ Louisa Allen. "Doing 'it' differently" (2007); John P Elia., and Mickey Eliason. "Discourses of exclusion." (2010).

Similarly, participants like Kimberlé and Angela both noted that shows like *Degrassi: The Next Generation* (a show about sexuality, friendship, substance use, and more) and websites like Tumblr (a blogging website) or an older website Mogenet [sic] (a website devoted to young queer people discussing in forums) helped them receive the information they needed. They both also highlighted how LGBTQIA+ centers or clubs in their high school and college helped them learn more information and know where to go for support. Having spaces like this are pivotal for young people, but this information should also be available to *all* students within the curriculum. This also evokes the ideas put forth by Gilbert, who argued that sex ed is not just about sex, but about relationships, friendships, and family.⁸² To some extent these centers and queer connections become deeply intertwined with young people as they explore themselves and others. Kimberlé also noted how they learned a lot about queer sexuality from friends:

...they explained it's a lot of trial and error and um...oh god I just had the weirdest flashback to being in gym class in 9th grade and...there was this girl—oh it's a whole story—but like she was talking about how like she would use a shampoo bottle...I just remember having a conversation about how...like two girls had engaged in stuff, and she was like 'You could always use a shampoo bottle' and I remember being like [makes a face and laughs].

Although humorous in the moment, Kimberlé remembered this as one of the first times they learned about queer sex. It would be more useful if accurate and inclusive information could come from the curriculum itself, acknowledging that not all young people may want to engage in heterosexual sexual activity. As stated earlier, the NYCDOE curriculum rarely addresses queer sexuality except for the few moments mentioned in notes or small references in curriculum (see the Comparing Curriculum section above).⁸³ All young people need access to information on queer sexuality. It should be noted that it is normal to seek representation/information from

⁸² Mary L. Rasmussen, "Between Sexuality and Narrative." (2004).

⁸³ New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

outside sources, but curriculum can and should offer accurate information, so young people know what is viable.

As explained earlier, the NYCDOE curriculum/guidelines allow parents to opt out of specific or whole parts of the curriculum for their children. One participant, Emily—a cisgender heteroflexible/fluid woman who went to public school in Brooklyn, New York—encountered this problem with her education. Emily was frustrated by this and recounted how her mom did not allow her to receive what she described as full comprehensive sex ed:

...in 8th grade before I was entering high school, there was a letter sent out to home...saying like ‘hey, New York City provides this program, where we provide children with condoms for free, would you like to exclude your child out of this opportunity...my mom said yes, she’s not gonna be having sex...

Emily’s mom was given the option to choose what Emily was going to learn for her. As noted by Allen, young people should be afforded the agency to make their own decisions. Parents should be informed about what their children are learning but being able to opt out of this curriculum takes away agency from their children. Further, it assumes young people will not have sex which ignores the reality of what some young people experience. This also reminds us of Luhmann’s thoughts on how teaching about non-heterosexual safe sex practices brings up “immense moral panics” with parents which leads to young people having less pertinent information.⁸⁴ When I asked Emily how she felt about this she stated:

...why is an option for me and my body dictated by someone else? Like I don’t care if it’s a governor, I don’t care if it’s my own mom, why is it dictated by her and not me? I also think it’s really stupid that like...why not make the kids aware instead? Cause if we’re really...trying to help the next generation then...we should start giving them options and let them know what their rights are, instead of letting it go to someone else.

As Emily stated, this decision should not be left up to parents who have emotional and personal stake in their children’s education. It is understandable that a parent would feel anxious about

⁸⁴ Susanne Luhmann. “Queering/Querying Pedagogy? Or, Pedagogy Is a Pretty Queer Thing.” (2012).

having these conversations, but that is why the curriculum is there. Emily's outrage is justified as she felt her autonomy was taken away and therefore disallowed her from gaining valuable information for her sexual health and life. This shows we need to open the conversation about parental consent and show that young people *need* this information. It should not be optional, but an integral part of their education.

As mentioned previously, Patricia had the most comprehensive and inclusive form of sex ed I encountered throughout my interviews. Patricia often praised her sex Ed which she felt adequately represented her as a pansexual woman, and shared information about different types of gender and sexual identities. When asked if she felt what she learned was helpful to her sexual health and life she stated:

In speaking to my friends I realized I got to receive sex education like that is a privilege already...so it was helpful to give me that option, like okay I'm not having sex right now but I get to know these things and answer the questions that come up if my friends are asking...but even with that common ground of like "sex is okay to talk about" we don't all come from that same like starting point, right? So that's another reason that I think it's so-I'm so grateful for the teachers that I did have, um that they were open and encouraging us to like having this information and have curiosity and access.

Patricia's friends often came to their community in order to find information they needed. Since Patricia had an inclusive and open sex ed background, she felt that she was given the option to be curious. This enforces what Allen postulated as allowing young people to negotiate intimate relationships and transcend normative identities.⁸⁵ Even if she did need to consult with different sources, she was given the freedom and support to do so. By being given the resources from the start, Patricia felt she was prepared and ready to speak to her friends about sex. This shows that not all sex ed needs to be traumatic or harmful, and that young people *are* going to talk and that's

⁸⁵ Louisa Allen. "Doing 'it' differently." (2007).

okay. Informing young people about accurate information can ensure that more of them share it with each other like Patricia did, and to me *that* is the goal.

From the above examples, it is evident that current sex ed fails to provide adequate information to students. Patricia provides a positive example of how comprehensive and inclusive sex Ed succeeds by informing students properly. If we can model all sex ed in this fashion, we can integrate an open and communicative curriculum, so *all* students feel comfortable.

Pleasure and Shame

Almost all of my participants mentioned the lack of information on pleasure and focus on shame in their curriculum. As mentioned in the Absence of Information section above, participants like Roxane felt shame when discussing sexuality in school, especially with regards to queer pleasure. Once again, pleasure-centered education is important *and* shame-free in all aspects. As described by both Foucault and Allen in my Theoretical Framework section, pleasure is a natural part of young people's lives and they should be able to exert their agency.⁸⁶ For those who may not want to have sex, or are not sure, pleasure should be explored in a way that highlights each person's individual needs. To this effect, at least four participants mentioned their curriculum's problems with pleasure and focus on shame, noting that they felt they could not or should not be their full selves in high school.

When asked to describe the sex ed she received, Audre said it was "abstinence encouraged but they never preached it. ALWAYS heterosexual though and never focused on pleasure, only procreation." She also stated that her teachers described the morning after pill as "botched abortion." When pressed further she expressed, "I don't know why but I have the feeling it had to do with my teacher's religious views and her wanting to be like... 'No! That's

⁸⁶ Louisa Allen. "Doing 'it' differently." (2007); Michel Foucault *The History of Sexuality: An Introduction*. (1976).

killing a baby possibly!’ Ya know?” It should be clear, there’s no problem with a teacher having religious views, but having it negatively impact students’ learning *is* an issue. She also explained the time she and her fellow students had to watch a video about a young boy having a wet dream.

She had this to say about it:

...yeah we didn’t watch him have the wet dream but like we watched him wake up and be like “why am I all sticky?” like, that was a thing...but we never talked about like it being flipped in regards to sex or gender, we NEVER talked about women masturbating, we never talked about like-yeah it mostly had to do with like reproductive health and danger.

By not talking about masturbation for people of varying identities, Audre’s curriculum failed to include her in the conversation. Masturbation and self-pleasure are not only for boys, but for all people (should they choose to engage in it). There should be no shame for *all* people the same way there is no shame for cisgender boys/men. Audre went on to say:

And I remember... I was never sexually active but I wanted to be so I knew that I wanted to go out and have sex and it was weird to think that I was being taught that it was just something that women had to take, as if it couldn’t be pleasurable for them...and we talked about it being pleasurable for men but not for women...um and we didn’t say it wasn’t but it wasn’t part of the conversation? So, it definitely...I wouldn’t say that it messed with me, but it made me very skeptical of what was going around...cause I was like, no...women definitely like sex!

Audre’s relationship to the sex ed she received reveals an underlying message about what it said.

If cisgender women are the recipients, who are the providers? The answer is hidden in the language, cisgender men. This reinforces ideas about what it means to be a man or a woman relative to how men and women interact. Without openly marginalizing queer women’s sexual experiences, Audre’s sex ed sent a message about who is pleased and what kind of sex is “normal.” Once again the NYCDOE curriculum does not mention masturbation save for one instance of referring to “mutual masturbation” as a method to avoid STDs/STIs.⁸⁷ Our

⁸⁷ New York City Department of Education. *HIV/AIDS Curriculum*. (2012). Available at: <https://www.weteachnyc.org/resources/resource/hivaids-curriculum-2012-edition/>

curriculum needs to acknowledge the importance of masturbation for youth (if they choose to engage in it) and removing the stigma and shame.

Similar to Audre, Angela didn't feel like queerness, pleasure, or masturbation were adequately addressed in their sex ed. They stated:

I learned that sex is probably only sex when it happens between...a cisgender woman and a cisgender man. Any other sex outside of that is not valid. I learned to have shame around sex that was for pleasure. I did not really learn the positives of sex, only the risks and not the benefits. And I don't mean the benefits in terms of having intimacy with your partner but also how sex can be beneficial for intimacy with yourself. And learning how to value your own body, not only through the act of having sex but even being asexual, I never learned about that. There were points where I questioned if I was asexual. I didn't even learn about masturbation all that in depth. So, what does that mean? What does self-pleasure mean? So, to answer your question I don't feel like I learned anything.

Angela brings up valuable questions and concerns and highlights the importance of providing as much information as possible to young people. If Angela, or other participants, were offered information on sex outside of the heteronormative standard, masturbation as a form of self-care and pleasure, and support if they didn't want to engage in any sexual acts, they would be better prepared to move into their adult lives. Meyer reminds us that sex ed exclusively studies heterosexual romance and sexual activity.⁸⁸ As with Audre, masturbation is not a dirty word and should not only be associated with cisgender men. Masturbation is normal for those who choose to engage in it and a safe way to express their sexuality without fear of consequences. When I asked Angela, "What does it mean to be you now?" they responded:

I think that I'm a person now who, positively, sought a lot of community through trying to understand queer sex and the politics of queer sex, and also the politics of desirability. What does it mean to be a Black queer non-binary person and still be seen as someone who is desirable? By those very same identities, I also struggle to view myself as desirable. I struggle with still to this day, even though I'm in a relationship with a very loving partner. I still struggle when it comes to the shame around sex. Around enjoying it fully and immersing myself in it without feeling any semblance of guilt or shame. I still

⁸⁸ Elizabeth J. Meyer "But I'm not Gay": What Straight Teachers Need to Know about Queer Theory." (2007): 15.

try to find empowerment through sex, that's something I very much struggle with. In a way that I don't think cisgender straight cis men really need to worry about. Like they're encouraged in any way, they're told it's a part of their nature to desire sex and its okay.

Once again Angela highlights how straight cisgender men are encouraged for their sexuality and not inundated with guilt or shame. As a Black queer non-binary person, Angela still struggles to accept themselves as worthy of sexuality and pleasure. Even for people who make it into adulthood having learned about sex secondhand, the trauma is still there. This shows why we need to center people of all identities, inclusive of those on the asexual spectrum, and talk about pleasure in a way that removes shame. Nothing is shameful about sexuality, whether one chooses to engage in it or not, and that needs to be elevated in the curriculum *and* by educators.

Participants Adrienne and Kimberlé also mentioned their learned shame around pleasure and sex. Adrienne is a white bisexual female who went to public school in Pennsylvania. When asked if she learned about non-heterosexual safe sex practices, she noted that it was mainly brought up with regards to the HIV/AIDS crisis as a fear-based tactic. The history of the HIV/AIDS crisis is critical to learn especially in sex ed but utilizing it as a fear tactic is not the way to go. This reminds us once again that the HBM model is not useful and that curriculum needs to center pleasure and remove shame.⁸⁹ The NYCDOE curriculum does mention the HIV/AIDS epidemic, but rather as a means to highlight how the disease changed over time.⁹⁰ There is no mention of the impact it had on the LGBTQIA+ community. When asked if the information was helpful to her sexual health and life she responded:

Ultimately, I don't believe so. It was a very fear-based approach, as most institutions are. When I think back on the things that stick with me are warnings, the chart of different STD's, videos on bulimia, life crumbling, everything was very geared that way and that was detrimental to people mentally, nothing about safe sex, especially at a time period. Definitely detrimental.

⁸⁹ Miquel S. Porta and John M. Last, "Health Belief Model" and "PRECEDE-PROCEED model." (2018).

⁹⁰ New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

Similar to other participants, Adrienne experienced fear mongering as opposed to being offered valuable information. Fear is never a tool to teach young people information they need, instead we need to offer inclusive and relevant information that does not create more anxieties for them.

Kimberlé also felt like their education spread negative information about people with

STDs/STIs:

I mean like I feel like one is the fact that they really set up this whole dichotomy of like, ‘clean versus dirty’ in regard to STDs and stuff like that. Like they really had us out here like really stigmatizing people with STDs. Like um...like that alone is just like fucked up generally. But other than that, it’s just how they hyper-focused on STD’s period. Like there’s so many other things to talk about with young people, especially to this demographic of young people.

The hyper-focus on STDs for Kimberlé, and likely for many NYCDOE students, lent itself to unhealthy discussions. Looking at STDs through a “clean” versus “dirty” dichotomy ignores the fact that young people may already have or had an STD/STI *and* that some of them are incurable. Teachers could inadvertently make a young person feel worse about their STI diagnosis by looking at it through this negative lens. To be clear, having an STD/STI whether curable or incurable does not make one dirty, and the curriculum should support students who may have had an experience with one or more. Just as Kimberlé says, young people have *so much* they want and need to learn about outside of STD/STI transmission. Sadly, Kimberlé also mentioned their school ignored reports of bullying and harassment by LGBTQIA+ students, many of which Kimberlé was friends with. Even getting their Gay Straight Alliance club was an issue, and Kimberlé felt this was due to some implicit religious bias within their public school. Much like Audre mentioned earlier, religious affiliation is not a bad thing. But when it negatively impacts students, especially those who are queer, it has no place in an educational institution.

Participants made it clear they experienced harm from the education they received. By sanctioning pleasure and encouraging shame specifically around queer sexuality and women’s

sexuality, these institutions caused lasting effects on participants lives. Once again, we need to create an inclusive and welcoming curriculum taught by educators who are trained and certified, but also who empathize with the multitudes of experiences young people have.

Relationships and Consent

Many of the problems that arose for my participants involved with relationships, consent, and intimate partner violence. Similar to *Learning Secondhand* and *Pleasure & Shame*, this showed that there is still a significant amount of information missing within sex ed. A number of my participants either could not identify with the information being taught or found significant gaps when it came to information about relationships, communication, and consent.

Roxane explained that she felt largely left out of sex Ed, and feels the information is lacking within her adult life. When I asked what it was like now looking back on the sex Ed she received, Roxane replied:

Even as someone in their twenties, there's a lot of shrouded mystery around it...a lot of what I was taught did not prepare me to be a queer woman in this world and how women are in the media. I even look for information now, emotional abuse in relationships. It's so different when you identify as a woman and you're predominantly in a relationship with women, what does emotional abuse look like for women? It's a shrouded mystery. There's that mystery around queer sexuality and queer relationships. It's funny I just got out of an emotionally abusive relationship in January. And the most info I get is in *Teen Vogue*.

The “shrouded mystery” Roxane mentions is pervasive throughout much of the curriculum. The NYCDOE curriculum mentions queer relationships in passing but does not validate or extrapolate on those experiences nearly as much as it needs to.⁹¹ This curriculum fails to examine the nuances of relationships outside of sex, which leaves no information for consent and communication in queer or non-queer relationships. As Roxane mentioned, she still does not know where to go for information on emotional abuse, and even turned to *Teen Vogue* for help.

⁹¹ New York City Department of Education. *HIV/AIDS Curriculum*. (2012).

Again, the NYCDOE curriculum does not even scratch the surface when it comes to intimate partner violence or sexual assault. In many of the teacher's notes or disclaimers, the curriculum mentions that students may feel uncomfortable discussing sexuality if they were abused.⁹² Yet, it does not offer methods for support or more information for teachers to discuss it in a safe manner. Even if teachers manage to discuss it in a classroom, there's no guarantee it would be a safe and comforting space for those who experience intimate partner violence, sexual assault, or rape. All youth need sufficient information on where to get help and how to leave emotionally, mentally, and/or physically abusive relationships.

In my interview with Emily, she praised and criticized the information she received about intimate partner violence. She praised the curriculum for offering her "...awareness to issues I was not aware of...it made me more aware that I had rights to my body, which is something that...like...which was probably a huge impact on me growing up." She also noted that she received information on where to go if she experienced intimate partner violence and what to do if they were in a bad relationship. However, while Emily praised most of her education, she found problems with conversations of consent:

..maybe that's like the one flaw in the sex ed cause...[they] say 'no means no' everyone understands that, but not...at least when I was that age...I didn't know I had the right to say no...it kind of felt like...I probably went through a lot of like emotional manipulation, so I probably did stuff that I would have said no to...I was manipulated to say, basically consenting which isn't really consent so...I didn't really have that knowledge.

The NYCDOE curriculum does mention the importance of "saying no" in terms of consent in various places, but does not delve deeper into consent as an ongoing process, as mentioned earlier.⁹³ Emily's experience shows that "no means no" only speaks to obtaining consent and

⁹² Ibid.

⁹³ Ibid.

does not send the stronger message about giving consent. This also does not explain that consent is not a black and white concept, it is ongoing and requires continual communication with those who are participating in sexual activity. “No means no” and “yes means yes” takes away the nuances from the sexual experience. Even if someone says yes at first, they have the right to revoke that privilege at any time. Emily did not know she had the ability to say no and felt that she was influenced by emotional manipulation by her partner. In this case her “yes” was not consent, but coercion. Although she had information on where to go, it is clear that it is not the end all be all. Young people need viable information about where to go for support and signs to look out for in their partners.

Much like Emily, Kimberlé and Angela also discussed an experience with sexual assault. When asked about looking into contraception separate from their curriculum, Kimberlé stated: “And then my like...first encounter with a guy anyways was not consensual so after that it was just not like...you know? Yeah. So, I didn’t look into it cause I was like ‘Not gonna have to deal with this, this isn’t gonna be a thing that happens to me.’” In a similar vein to Patricia who did not retain information she received, Kimberlé did not think they would need to learn about contraception after their sexual assault. They also expressed that prior to this incident, they wanted to wait until marriage to have sex, so they did not think they needed to learn about contraception. This is why our curriculum needs to reach young people where they are by acknowledging that while their feelings are valid in the moment, sexualities can change over time. Having information can never be harmful in this regard, and it might help them or the people they care about stay safe *and* respect other people’s needs in the future. Further, they told me they did not use the word “consent” until they were in their mid-twenties which shows why this conversation needs to happen when people are young. Similarly, Angela disclosed:

I do not think I was properly informed about knowing if I was ready to have sex. Um...I did not know what to do, how to do it, how to talk to my partner about things like, ‘What is comfortable for you, what is not comfortable for you?’ What I even liked. I think I experienced a lot of shame, and guilt, and I didn’t know how to communicate that. Um I think that I also know that I have some sexual trauma and that is something that I also couldn’t communicate to my partner.

Consent and communication must be taught to students. It is not an option; it is a right. Young people need to know what active communication is, how to express their needs or desires, and what communication looks like for their partner. Consent is an ongoing process and involves more than just a “no,” it means reading body language, voice changes, and asking for consent every step of the way. As noted by Planned Parenthood, consent should be freely given, reversible, informed, enthusiastic, and specific.⁹⁴ Finally, Angela disclosed this near the end of our discussion:

We see that men who do violence in the name of sex getting away with it. And it being just a part of their human nature whereas like that level of freedom, whether it is unhealthy, whether it is violent or not non-violent, which in this case I’m talking about non-violent, we don’t see that level of liberation and it is seen as dirty almost all of the time. So, I think for me I just really grapple with that, that idea, of what does full liberation sexually mean for a queer person? What does it mean for our sex to not be dirty? And what does it mean to fully be in bliss, whether I decide to have sex or not have sex, and still feel sexy.

Once again, Angela brings up a key point in the way intimate partner violence and even sexual assault are viewed. The way sexual trauma is treated within the curriculum, but also in everyday discussions, shifts the blame away from cisgender men. Angela also helps us think about pleasure, shame, and how sexual liberation is complicated for queer folks who are not given the same level of support and guidance as their cisgender straight counterparts.

Consent, relationships, and communication were critical topics in my conversations with participants. It was not easy for them to discuss their sexual trauma, rape, and experiences with

⁹⁴ Planned Parenthood. (2016). Understanding consent is as easy as FRIES. Available at: <https://plannedparenthood.tumblr.com/post/148506806862/understanding-consent-is-as-easy-as-fries-consent>

intimate partner violence. Each of these examples show how important information on consent and communication is for healthy relationships. Issues of physical, emotional, and mental abuse must be discussed in order to have adequate information for all relationships.

Moving Forward

As mentioned in my Results section, although this is not necessarily a “theme” in itself I wanted to elevate a few responses from participants on what they would like to see in sex ed. As queer people who experienced varying forms of sex education, their thoughts can of advice to educators and curriculum makers. To that end, Audre spoke about what she would like to see change, including specific information on intersex people, inclusion of asexuality as a valid identity, de-stigmatization of pleasure and enjoyment, acknowledgement of those who may not want to have children, and representation of different body types. Kimberlé mentioned it would have been helpful to see more interaction, instruction from people close in age to them, and a broader range of topics inclusive of sexual and gender identity. Finally, Angela elevated the need for discussions of consent, dedicated classes on sexual health, autonomy, an anonymous question box, and informing parents but not allowing them to opt young people out of the curriculum. Even if it was not mentioned specifically, responses from other participants mirrored these concerns, showing that the absence of this information negatively affected them. It is clear that a movement toward a more inclusive and shame-free curriculum is necessary to address all young people’s needs.

Chapter 7: Discussion and Conclusion

The information examined here builds off of various concepts addressed within my literature review. A majority of my participants felt an absence of representation for their sexual health and adult lives. It is evident that curriculum, policies, guidelines, and mandates need to change to better address the needs of all young people. The focus on pregnancy and STD/STI prevention does not adequately respond to the needs of all young people. Pregnancy and STD/STI prevention are only a small part of sexuality. Sexual and gender identity, consent, communication, relationships, and so much more are an integral part to these lessons. For all young people the current sex ed system fails to provide viable information on safe sex practices.

This research has important implications for how sex ed curriculum affects those it attempts to teach. Participant responses show how sex ed fails LGBTQIA+ youth by not centering their voices from the start. Participants such as Patricia show that queer-centered comprehensive sex ed is viable and effective in providing accurate information to all students inclusive of sexual and gender identity. Other examples such as the Elia & Eliason anti-oppressive and inclusive sexuality education model.⁹⁵ Issues of race, class, gender, and sexuality are important to consider how one interacts with the world and within their relationships. Considering these facets of life are important to allow for a personal, expansive, and inclusive sex ed.

I am extremely thankful to my participants for engaging in this research with me. I learned so much from their insight and bravery in these discussions, and I resonate deeply with their thoughts. Although this thesis will be complete, my research, advocacy, and work on this front do not end here. We have significant work to do in New York for sex ed, especially in this

⁹⁵ John P Elia., and Mickey Eliason. "Discourses of exclusion." (2010).

new landscape with COVID-19. As we navigate this crisis, we will see the greatest impact on LGBTQIA+ young people who may be far away from their chosen support systems. We need to support them now and provide sexual health resources, access to information on healthcare, and as much as we can—emotional support. I never imagined this is where we would be when I finished this, but nonetheless I am proud of the people who engaged with me and provided insight into what young folks need in their sex ed curriculum today.

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