A SEX EDUCATION CATASTROPHE:

How U.S. sex education programs promote heteronormativity, produce ill-prepared and misinformed students, and lack standardized learning objectives, values, and approaches.

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ABSTRACT

Sex education programs in the US leave many students feeling ill-prepared and uninformed to navigate their sexual health safely. LGBTQ+ students generally feel their sex education does not apply to them, that they are invisible and excluded from the curriculum. Abstinence-only programs fail to prevent teens from having sex, and this approach generally results in a lack of condom and contraceptive use. These programs are not equipping students with the knowledge and tools they need to keep themselves safe and healthy. This paper explores two states' health education programs, New York and Texas, using content analysis to understand how these programs promote heteronormativity and are exclusionary to LGBTQ+ students. By familiarizing myself with New York and Texas' health education learning objectives and standards, my main findings have illuminated what crucial information is missing from these programs: a lack of standardization and consistency in content areas and approaches, and a curriculum that promotes and reproduces heteronormativity. These themes reflect the U.S. education systems' ideologies and preferences for sexual behavior and place sexual minority students at a significant disadvantage in their sexual health.

INTRODUCTION

Imagine yourself in a ninth-grade health class. You are sitting at your desk, facing your health teacher, who is leading the class in a discussion on AIDS transmission. She begins to facilitate an interactive activity; she asks the girls in the classroom to practice what they would say to their *male* partner when refusing to use condoms during sex. Now imagine yourself as an impressionable freshman in high school. What message is this sending about relationships, sexuality, and preferences of accepted sexual behavior? This language and approach to sex education promotes heteronormativity, the belief that heterosexuality is the default sexual

orientation, and excludes sexual minorities who are not heterosexual. Instead of preparing students for an event that can be avoided, educators must teach all students, regardless of their gender identity, why condoms and barrier protection are necessary and imperative. Furthermore, rather than creating scenarios geared towards students who have sex with male partners, educators should create inclusive spaces for sexual minorities so they, too, can feel prepared for and informed about their sexual health. This anecdote that a friend illustrated to me is just one example of the heteronormativity embedded in sex education curricula. Even as our sex education programs have become somewhat more comprehensive, these environments are still predominantly heteronormative and, therefore, exclusionary. This discourse places students at a significant disadvantage in their sexual health, leaving them ill-prepared, with many feeling invisible and unheard. These programs can and should be better.

Heteronormativity is a theory and paradigm I use to discuss moral and consent education and analyze state curriculum guidelines in New York and Texas. The term heteronormativity refers to the belief or assumption that heterosexuality is the default or “normal” sexual orientation. For the purpose of this paper, I researched how sex education curricula reinforce heteronormativity and how approaches like moral and consent education have the tools to affect students positively. The purpose of this study is to deconstruct how sex education is introduced to children and teens through analyzing state standards to examine how specific approaches can reinforce dangerous stereotypes and unproductive dialogue inside and outside the classroom. By understanding the repercussions of many of these heteronormative approaches, we can begin to recreate these programs to be to empowering and, most importantly, inclusive. The sex education students receive can have broad implications for young people and their social relationships. Uninformed and misinformed youth can make sexual decisions that affect their health as well as

others. Therefore, these programs need to serve *all* students so that everyone's health and wellbeing are accounted for.

While many comprehensive sex education programs can provide young people with knowledge and skills for healthy and safe sexual choices, these curricula still perpetuate a heteronormative and exclusive environment. I argue that a study/exploration of sex education curricula and an understanding of the implications of different approaches can lead to a program that informs and prepares all students for future sexual and romantic relationships. I begin by discussing two basic approaches used in school programs: abstinence-focused/abstinence-only and comprehensive sex education. I then explore two alternative approaches to sexual health education, moral and consent education.

Abstinence-focused sex education is characterized as an approach to sex education that teaches abstinence from sex as the most viable option to avoid unplanned pregnancy and sexually transmitted diseases. Collins, Alagiri, and Summers (2002) offer a general overview of what this approach covers and what it fails to discuss. According to them, abstinence-only education generally fails to acknowledge that most teens will be sexually active, does not discuss contraceptive options or condom use, avoids the topic of abortion, and uses STDs and HIV to promote abstinence. It is also not supported by research on what prevents teens from STIs and unintended pregnancy. This approach fuels much controversy about whether it is realistic to expect teens to remain abstinent. Critics of this approach argue that abstinence-only education adheres to a “one size fits all” version of adolescence and sex/sexuality, which may align with some, but not the majority of teens (Collins et al. 2002). While unprotected sex, teen pregnancy, and STDs are real issues to tackle, denying youth the information they need to navigate sexual

experiences will produce students who do not have the necessary knowledge to protect themselves.

Comprehensive sex education, otherwise known as abstinence-plus education, is a curriculum that aims to provide students with the tools, knowledge, and skills needed to make healthy and informed decisions in their sexual and intimate relationships. This approach generally discusses abstinence as a viable choice for some and acknowledges that most teens will become sexually active, thus providing discussions and information on contraceptive use and STDs and HIV. Autonomy, development, puberty, relationships, and navigating LGBTQ sex and relationships are also a part of the discussion in some comprehensive classroom settings. While this is more encompassing than abstinence education, educators often dictate what they are comfortable including in their lessons, providing information geared towards heterosexual students. Proponents of comprehensive sex education believe that this type of curriculum increases preparedness and confidence for teens in their sexual relationships and promotes healthy decision-making. Comprehensive sex education has also proven to be successful in decreasing STDs and unplanned pregnancy. One study conducted by Mathematica Policy Research Inc., on behalf of the U.S. Department of Health and Human Services, shows that in a federally funded abstinence-only program, no evidence was found proving that the program increases abstinence, delays sexual intercourse, or decreases the number of sexual partners. However, comprehensive sex education programs in the same study did succeed in delaying sexual intercourse, decreasing the number of sexual partners, and increasing condom use tremendously (Malone et al., 2011). While these programs are proven to be successful in meeting their goals, there is still work to be done to ensure they remain inclusive. It is common to see some variation of these approaches in sex education programs. However, because state

regulations do not require a comprehensive curriculum, many educators choose not to include many of these topics. It is necessary and imperative for the reconstruction of these curricula to occur to ensure everyone is receiving the sex education they need and deserve. I begin with an overarching literature review, followed by a description of my method of research, and my findings. First, I outline the sociological theories that inform my interpretation of this research. These theories serve as a framework for understanding why a reworking of this curriculum is essential and how we can begin to address these issues and better our programs.

THEORIES

The Heterosexual Imaginary

The Heterosexual Imaginary, a theory coined by sociologist Chrys Ingraham, critiques how society organizes heterosexuality and contemporary sex-gender theory (Ingraham, 1994). Ingraham argues that the way feminist sociology understands gender perpetuates heterosexuality and reproduces "the heterosexual imaginary." The term "Imaginary" comes from Louis Althusser in his theory of ideology; he argues that the imaginary is a lens of reality that protects from "the historical and material conditions of life" (Ingraham, pg. 2). Ingraham's theory of the Heterosexual Imaginary argues that heterosexuality is the lens society views gender and sexuality through, a portrayal of heterosexuality being the default, unquestioned sexual orientation. It is through this lens that other orientations and genders are considered to be socially constructed. Ingraham critiques organized activities like weddings and marriage as examples of the heterosexual imaginary, arguing that our emphasis on big white weddings as the best day of a woman's life is dangerously misleading. This emphasis on heterosexual married life as the ultimate achievement does not align with reality, and this discourse can be detrimental as it reinforces the patriarchy as well as heteronormativity. Understanding this lens is crucial in

beginning to identify the heteronormativity within sex education curricula, particularly how it pertains to institutional ideals regarding the traditional heterosexual family. The promotion of this construct within the sex education classroom is especially dangerous when framing non-reproductive sex as "alternative" or less valid. As a result, students are being taught that the acceptable and most fulfilling relationship is that which models the heterosexual family and structure. Moving forward, I discuss Queer Theory, a critical theory to understand and include in conversations of the complexities of gender identity and sexuality.

Queer Theory

The word queer is often understood and described in different ways. Traditionally it was used as a synonym for "peculiar" or "strange," which later became an "umbrella" term for people within the LGBTQ community or all non-heterosexual individuals. April Callis (2009) defines Queer Theory as "a segment of academic thought that focuses on the constructed-ness of gendered and sexual identities and categorizations." Like *The Heterosexual Imaginary,* queer theorists perceive the binary structure of heterosexuality and homosexuality as social constructs "that hold saliency only in certain historical moments, rather than descriptors of innate sexual types" (Callis, 2009). Queer theorists focus on societal norms and the power dynamics within them, which reinforce a heteronormative discourse. This theory challenges the belief that sexuality is binary and instead suggests that sexuality is fluid and ever-changing. Queer theorists generally reject the rigid "identities" we've adhered to as a society to label people, seeing this uniformity as a way of complying with social order. Queer theory also addresses gender and thus "destabilizes and denaturalizes genders, (masculine/feminine) and biological sex (male/female), questioning the assumed connectivity between sex and gender, or the legitimacy of presumed scientific classification" (Callis, 2009). Traditionally, sex and gender were viewed as being

interchangeable, beholding a link between the two. Social scientists now see the complexities that exist and agree that gender and sexuality are much more nuanced than once thought. Callis explains that Queer theory is rooted in the early queer political movement in the late 1980s and early 1990s. Homosexuality was a big focus of social scientists at this time, and gay and lesbian communities were just beginning to be explored more in-depth. “However, the borders drawn by identity politics felt exclusionary to many, and gay and lesbian scholarship and politics were also accused of being assimilationistic with only certain, more mainstream or conventional individuals allowed voice” (Callis, 2009).

The evolution and introduction of Queer Theory was an important turning point for inclusivity. Incorporating the framework of Queer Theory into a class discussion on the social construction of gender, sexuality, and expression can create a space for LGBTQ students to feel more welcome and accepted and help to normalize this dialogue. I use Queer Theory as a lens through which to view the complexities of sexuality to provide a more positive approach to sex education that better serves non-heterosexual students. To follow, I draw from Self-Efficacy Theory, first introduced in psychology and later studied by sociologists to determine the relationship between self-efficacy and contraceptive use.

Self-Efficacy Theory

Psychologist Albert Bandura, who studied human behavior through social cognitive theory, defines self-efficacy as “perceived capabilities for learning or performing actions at designated levels” (Schunk, Pajares 2009). Self-efficacy has also been characterized as being “concerned with people’s beliefs in their ability to influence events that affect their lives” (Weiner, Craighead 2000). According to Bandura, “this core belief is the foundation of human motivation, performance accomplishments, and emotional well-being.” Sociologists and

psychologists study self-efficacy's role in education, where it has a significant impact on students' choices, interest in school, and their achievements. "Compared with students who doubt their capabilities to learn or to perform well, those with high self-efficacy participate more readily, work harder, persist longer, show greater interest in learning, and achieve at higher levels" (Schunk, Pajares 2009). Bandura theorized that students who "succeed" in social performances or interactions in or outside of the classroom have a raised sense of self-efficacy. Students who perceived their performance as a "failure" will have lowered self-efficacy levels. According to Bandura, this process of distinguishing one's performances as successes or failures originates from observing others. "Observing similar others succeed can raise observers' self-efficacy and motivate them to try the task because they are apt to believe that if others can do it, they can as well" (Schunk, Pajares 2009). Social persuasions also influence self-efficacy. Words of encouragement from people or persuaders can help develop and increase someone's self-efficacy. Self-efficacy can also "influence the choices people make and the courses of action they pursue" (Schunk, Pajares 2009). Bandura's theory suggests that people generally pursue the activities they feel they'll be successful in or the ones where their self-efficacy is high.

Sociologists are now implementing Self-efficacy theory to study sex and education, specifically contraceptive use. Longmore, Manning, Giordano, and Rudolph define contraceptive self-efficacy as referring to the "conviction that one can control sexual and contraceptive situations to achieve contraceptive protection" (Longmore et al., 2003). Many researchers have established a relationship between women and teens' self-efficacy and contraceptive use, believing that "health behaviors can be improved when self-efficacy is enhanced" (Levinson et al. 1998). Researching contraceptive self-efficacy can inform researchers whether having higher self-efficacy gives one the conviction and motivation to control their contraceptive use. The

article *Contraceptive self-efficacy: Does it influence adolescents' contraceptive use?* (2003) explains that adolescents are not likely to partake in contraceptive use simply because it is available to them or they have access to it. They must instead behold the motivation to use contraceptives and practice safe sex. This motivation can come from peers but also their educators and mentors in sex education settings. "Bandura argues that to achieve self-directed change, people not only need reasons to alter risky habits, but they also must believe in their ability, or efficacy, to exercise personal control" (Longmore et al 2003). In one study measuring condom self-efficacy, college students who regularly used condoms when having sex had higher condom self-efficacy levels than those who used them infrequently (Longmore et al 2003).

The article *Contraceptive Self-Efficacy: Does it Influence Adolescents' Contraceptive Use?* examines whether demographic and background characteristics influence contraceptive self-efficacy and whether this concept of contraceptive self-efficacy increases the likelihood of contraceptive use. The article's central thesis is that demographic variables such as gender, age, the status of the Mother's education, and religious involvement will affect contraceptive self-efficacy. This research is obtained from the National Longitudinal Study of Adolescent Health, a nationally representative survey. To provide greater privacy, adolescents were asked questions through a computer-assisted audio device. They then entered their responses to the questions they hear through headphones onto the computer. Findings suggest that contraceptive self-efficacy is relatively high and consistent with individuals' bias towards thinking positively; adolescent girls report a higher contraceptive efficacy score than boys. It also shows that contraceptive self-efficacy increases with age, and adolescents whose mothers did not complete high school report lower contraceptive self-efficacy. I use this theory to explore how educators can encourage self-efficacy and how this theory can intertwine with consent education and moral

education, hopefully providing students with the skills and confidence to take control of their sexual health and feel comfortable navigating various situations.

These three theories can help us understand how our sex education programs promote heteronormativity, and offer alternative approaches to learning. Through the Heterosexual Imaginary and Queer Theory, we can begin to understand heteronormativity and the patriarchy as social constructs, and therefore use these theories as vehicles of change for sex education programs. Teaching and encouraging contraceptive self-efficacy can increase student's self-assuredness and safety as they feel more comfortable advocating for contraceptive use. Moving forward, I discuss published work on heteronormativity in relation to sex education programs, and moral and consent education, two approaches to teaching sex education that can further improve current programs.

LITERATURE REVIEW

Heteronormativity in Sex Education

Heteronormativity refers to the societal expectation that heterosexuality is the default, standard, or "normal" sexual orientation. Like Chrys Ingraham describes in her work, *The Heterosexual Imaginary,* heteronormativity serves as an organizing institution, instilling in us the learned belief that heterosexuality is an unquestioned, naturally occurring behavior. This paper focuses on how heteronormativity is promoted in sexual education settings and explores two alternative, more inclusive approaches to addressing sex education from a non-heteronormative perspective.

Heteronormative curricula often exclude LGBTQ students, leaving many feeling invisible and unprepared for future sexual relationships. Federal and state-level sex education laws and curricula often link heteronormativity with positive effects and non-heteronormativity with

adverse effects, creating an environment for homophobia to permeate throughout schools (McNeill, 2013). In her examination of the state of Virginia's Family Life Education Curricular Standards, Tanya McNeill determines that sex education laws and standards often pathologize homosexuality and promote heterosexual families' superiority. State laws in Alabama, Utah, Arizona, Mississippi, Oklahoma, and South Carolina all require that educators of sex education programs present homosexuality negatively. Arizona state codes expressly prohibit sex education programs from "promoting homosexuality" (McNeill, 2013). It is not uncommon for schools to pathologize homosexuality and promote heterosexual behavior. While these states may seem severe in their explicit distaste for non-heterosexual relationships, other states also promote these messages in more implicit, subtle ways. By closely observing a sex education program in Virginia, McNeill discovers that educators encourage and stress the importance of the heterosexual family; students are taught that the standard, functional family has a mother *and* a father. By high school, students are expected to explain the roles of mother and father from pregnancy through birth. Then in twelfth grade, students should be able to "describe the value of the home and family as primary sources of enrichment and personal renewal" (McNeill, 2013). These lessons reinforce gender as a binary and teach students that this heteronormative family structure is essential for a fulfilling life.

According to Steven Hobacia and Paul Kwon (2017), the disadvantages placed on sexual minority (SM) students due to heteronormative curricula are significant. Because SMs are generally excluded from sex education curricula, they are more likely to miss school, participate less in the classroom, and lack essential identity development and knowledge about sex and sexual health for SMs. SM girls are at higher risk for STIs but are more likely to mistakenly think they are at a decreased risk for contracting STIs (Hobacia, Kwon, pg. 427). One study on

the quality of sex education for SMs conducted interviews with sexual minority students about the sex education they received. All participants reported similar experiences, feeling invisible and uncomfortable as the spotlight was on their heterosexual peers, and nearly half of the participants reported receiving inaccurate information (Hobacia, Kwon, pg. 432). The majority of participants have reported scare tactics used in the classroom to highlight the "dangers" of sex (pregnancy or STI transmission). Educators even presented videos and images of births, abortions, and infected genitalia to instill fear in their students in the hopes that they will abstain from having sex. Some participants reported their teachers using religion and "slut-shaming" (a term used to criticize mainly women for behaving in sexual ways which challenge what society deems "acceptable") to discourage sexual activity further. There was also a consensus between participants that educators usually presented condom demonstrations but rarely discussed safe oral and anal sex, resulting in students feeling like they have inadequate information and knowledge on keeping themselves safe. When teaching about anatomy, students were generally separated by gender, resulting in a lack of understanding of other students' bodies and anatomy and ignoring the possibility that students may have different gender identities (Hobacia, Kwon, Pg. 433).

In her article *If There's One Benefit, You're not Going to Get Pregnant: The Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals,* (2017) Michelle Estes also provides insight into the sex education experiences of gay, lesbian, and bisexual students and sheds light on the heteronormative culture that permeates through schools and at home. While there has been increased awareness of LGBTQ+ students' sexual and mental health in schools, many students and parents still feel uncomfortable discussing sexual relationships. When these conversations do occur, "research shows that often parents assume that their child is

heterosexual" (Estes, Pg. 615). Estes also discusses the scare tactics often used in sex education settings and refers to this as "the danger discourse." This approach portrays sexual activity as something dangerous that students need protecting from and rejects the idea that sex can be fun and pleasurable. Because of the long-standing controversy about what should and shouldn't be taught in a sex education classroom, topics like abortion, contraception, masturbation/pleasure, and homosexuality are generally left out. Only 13 states require a curriculum that includes discussing sexual orientation. Research on these programs shows that "the majority of teachers hold negative attitudes toward lesbian and gay individuals, oppose incorporating homosexual topics into the classroom, and feel uncomfortable discussing homosexuality, which makes addressing the topic challenging" (Estes, Pg. 617).

In conducting interviews with lesbian, gay, and bisexual students on what they remember from their sex education experiences, Estes found three themes emerge. First, they reported an absence of conversations about sex happening at home. Parents often feel uncomfortable discussing sex with their children and assume it is covered in school. However, if these conversations do occur at home, it is usually from a heterosexual standpoint, even after the student has come out to their parents. Another reason why these conversations usually happen under the scope of heterosexual sex is the parent's lack of knowledge of LGBTQ+ sex and sexuality. The second theme, related to sex education in school, shows that most students report their teachers using "the danger discourse," emphasizing abstinence and the information being virtually useless for LGBTQ+ students. Not only is this information unhelpful for sexual minorities, but students report it as even being unhelpful for their straight peers who have already begun being sexually active. The third central theme results from the heterosexual-focused sex education in schools: obtaining sex education information from outside sources, outside of

school and the home. Because of the lack of relevant knowledge for them in the classroom, participants primarily received their non-heterosexual sex education from media outlets through their own research.

Students who participated in the interviews overwhelmingly recall their sex education as dangerously deficient in LGBTQ+ sex information and concerns. Not only did sexual minority students lack relevant information, but straight students also lacked knowledge of the sexual experiences possible for them. Discussions on healthy and pleasurable sex were generally off the table. Not one participant was able to recall a single conversation on same-sex relationships in the classroom. Because there was such a dismissal of these topics, students who did have questions felt uncomfortable asking them. One student explained that because of the heterosexual discourse in schools, he expects to be excluded; “with just everyday conversations, it was based from a heterosexual experience so you just kind of assimilate along with that and just run with it” (Estes, pg. 623). Eventually, the exclusion begins to be internalized by sexual minority students to the point where, as Estes explains, it “allows heterosexist inequalities to persist at various levels, especially in sex education courses.”

In summation, heteronormativity persists within schools and programs that consider heterosexuality to be the default sexual orientation. This dangerous assumption creates a “one size fits all” sex education, where the content that is taught is only applicable to heterosexual students. Teaching from this approach ignores essential conversations about difference and leaves sexual minority students who are not heterosexual feeling uninformed and unprepared for keeping themselves and their sexual partners safe. Because of our heteronormative culture, parents often approach conversations about sex from this ideal, assuming their child is heterosexual. Therefore, the likelihood that sexual minority students are not receiving adequate

sex education at home is high. Incorporating LGBTQ+ sex content into mainstream sex education can not only help destigmatize sexual minority students and potentially decrease bullying, but will also produce healthy, informed, and prepared students who have the skills and tools to make knowledgeable decisions.

Moral Education

In the article *Sex Education as moral education: Teaching for pleasure, about fantasy, and against abuse,* author Sharon Lamb argues for integrating moral education into sex education. According to Lamb, in a moral education curriculum, "the primary values that would be taught would not be those relating to specific sexual behavior but those relating to the general treatment of human beings, suggesting that sex that involves coercion or exploitation as well as sex that causes harm is wrong" (Lamb 1997: 1). She argues that it is a sex educator's duty to share the goal of the prevention of abuse not by placing responsibility on girls to avoid victimization but by teaching boys to express themselves sexually in healthy, respectful ways. Lamb explains that "to combine sex education and moral education would not have to mean teaching certain values relating to particular sexual acts, but, instead, could mean a broadening of the entire enterprise of sex education to deal with not only anatomy, reproduction and disease or pregnancy prevention, but also to include gender role socialization with regard to interpersonal behavior, the role and construction of physical pleasure in our lives, aspects of sexual deviance and a focus on fantasy as well as sexual behavior" (Lamb 1997: 2). This approach emphasizes that students are and will be sexual beings with desires and acknowledges them as such, whereas other programs generally ignore aspects other than biology and reproduction.

Lamb explains that including this moral education in a sex education curriculum would involve asking children to reflect on themselves as sexual human beings; therefore, educators

would also have to acknowledge their students as sexual beings. According to Lamb, what is critically missing from sex education today is addressing how “sex, sexual coercion, and sexual fantasy can be used as a coping mechanism for negative feelings in adolescence.” As a supporter of moral education, Lamb is also a proponent of inviting discussions on fantasy into the moral/sex education curriculum. She argues that guiding students to explore their sexual fantasies can inform students about what they are internalizing from the media or social expectations. Lamb also acknowledges that certain fantasies (including violence perhaps) can indicate something that needs delving into, especially before these potentially dangerous or violent fantasies come to life. Finding a way to encourage some of these conversations in the classroom without shaming any student’s fantasies can perhaps open up a dialogue about how sex and aggression are sometimes connected and why that is.

According to Joshua Heyes, “a virtue ethical approach to sex education troubles the liberal boundary between “thick” and “thin” sexual boundaries and makes ethical sex and relationships its primary goal” (Heyes 2018). Heyes suggests using relationship and sexuality vignettes in classrooms, thus “engaging the imaginations of students in teacher-led Socratic inquiries” (Heyes 2018). Engaging students in discussions of hypothetical narratives allows them to discuss possible outcomes, actions, and judgments to better prepare for such situations. These activities have the possibility of being a productive and successful way to introduce moral dilemmas and values associated with relationships, sexual or not. Heyes also notes that for these exercises to resonate with students, the vignettes must include diverse identities and cultural experiences to apply to an equally diverse group of students.

Like Lamb’s inclusion of fantasy in moral and sex education to invite a more open conversation, Williams, Prior, and Wegner make a case for a “sex-positive” approach to social

work. This approach can easily be applied to sex education classroom settings. The article *Resolving Social Problems Associated with Sexuality: Can a Sex-Positive Approach Help?,* discusses the potential benefits of integrating a "sex-positive" approach to social work and other professions concerned with resolving and preventing problems associated with sexuality. The authors explain that societies are either sex-positive or sex-negative. Sex negativity is linked to judgment and criticisms towards others' sexual practices, sexism, homophobia, racism, and ageism. Sex-positivity "is more encompassing; it also emphasizes the pleasurable, rewarding, and non-procreative aspects of sex" (Williams et al., 2013). A sex-positive approach invites openness and acceptance of peoples' differences in sexuality and considers the wide range of sexual identities, orientations, and behaviors. Sex positivity emphasizes the importance of discussing sex as openly as any other topic. Approaching sex as taboo or framing it as a strictly private matter "contributes to marginalization and othering" (Williams et al. 2013). Educators can integrate this approach into sex education curricula to encourage a more positive open dialogue when talking to students about sex. Current programs generally implicitly promote a sex-negative approach and are usually rooted in "versions of white, middle-class, cis-gendered, heterosexual, monogamous, and reproductive-focused sexuality" (Williams et al., 2013).

Sex positivity would inherently speak to a wider variety of students of different identities and sexual orientations because of its accepting nature. Thus, sexual minorities might feel less excluded than comprehensive programs that usually steer away from addressing non-heterosexual sex. This approach would also lessen the severity of "the danger discourse" and scare tactics used in many sex education classrooms, therefore students may feel more engaged. Moving forward, I analyze scholarship on consent education, an approach to sex education that is essential to creating an effective program.

Consent Education

According to Emily Newman in her article *What Consent Means and How to Teach It,* consent is about "communicating what contact is wanted to unwanted, understanding where one's boundaries are, and recognizing that each person has the right to make their own decisions, especially decisions concerning their body" (Newman 2018). Joe Langford, an author and adolescent therapist, defines consent as "the idea that every physical interaction should be entered into with full agreement from all parties [and] can and should be taught to young children with age-appropriate terms and methods" (Himmelstein 2018).

The article *After #MeToo, Teaching Consent: Strategies for educating students about boundaries, safety, and sexual assault* discusses the new trend circulating in elementary schools for greeting students. Videos have begun circling the web of teachers offering their students the choice of a morning greeting, usually either a hug, handshake, high five, or fist bump. The child then decides how they would like to be greeted before entering the classroom, giving them the autonomy to decide what feels good for them at that moment. Introducing consent like this in a non-sexual way and early on for children can be crucial in nurturing their feelings of empowerment. Langford explains how these conversations can begin to be introduced at home early on, for example, "just because your brother let you borrow his sweater once, you don't necessarily get to do it next week" (Himmelstein 2018). For very young children, helping them accept and respect "no" can be an important beginning to teaching consent. For adults, being active role models of consent is crucial. This can look like always asking a child if they would like a hug or a high five before giving one and always accepting the "no" if that should be the response.

Newman emphasizes that consent is more nuanced than how it is generally taught, and people often dangerously assume that it is an obvious subject to grasp and, therefore, practice.

But as she explains, consent needs to be taught to everyone, and it can be applied to much more than sex. Newman also argues that consent education should begin in the home long before it's introduced in school. She gives the example of the importance of not forcing children to hug or kiss family members but instead teaching them that they are in control of their bodies and can choose whether to accept or initiate physical touch.

The article *Dilemmas of School-Based Relationships and Sexuality Education for and about Consent* discusses the emergence of consent in sexuality education and seeks to provide educators with the tools to anticipate and better prepare for challenges they may encounter when teaching about consent. The article uses qualitative data from a study on sexual health programs *Positive Choices* and *Project Respect* in secondary schools in England in the hopes of reflecting on the possibilities and limitations of approaching consent in an education setting. *Positive Choices* is a program whose goal is to reduce dating and relationship violence, and *Project Respect* is an intervention program aiming to reduce teen pregnancy. The qualitative research presented in the article comes from researcher observations and student and staff interviews. The *Positive Choices* program offered limited information on topics typically addressed in sex education programs like conception, contraception, STIs, and pregnancy. It did, however, focus on relationship issues, personal reflection, readiness for intimacy, pornography, and sexual response and pleasure. The topic of consent was also a lesson in the program. The consent lesson's learning outcomes were awareness of the communication of consent, understanding what sexual consent means, and understanding that it requires choice, freedom, and capacity. The key messages in this lesson included: communication takes practice and is not always easy, and the legal definition of consent is designed to protect young people from harm. The lesson sought to reach beyond the traditional "no means no" message, helping students understand it is

often more nuanced than the simple yes or no binary notions. *Project Respect* also covered the topic of consent. The learning outcomes for their students were: being able to describe why communication is necessary for a healthy relationship, explaining the meaning of consent in different contexts, and understanding that anyone has a right to withdraw their consent at any time. The study emphasizes how teachers often struggle to teach consent and seem uncomfortable addressing the complex or gendered power dynamics of sexual relationships. However, class activities surrounding consent appeared to have a significant impact. For example, one activity involved pairing students up and instructing one person to take small steps towards the other, asking for consent before each step to continue. In one school, staff who were interviewed reported that more girls began to question previously normalized behavior after the activity. Several students even reported sexual harassment to staff.

In summation, understanding the effects of heteronormative sex education is crucial in inviting change into the curricula. Moral and consent education are just two approaches that can and should be implemented into sex education curricula to help create a more holistic, well-rounded approach for all students. Rather than focusing solely on anatomy and pregnancy and STI prevention (which is no doubt important), educators have the opportunity to provide students with the skills to communicate their needs and boundaries effectively, which is hugely important for a successful relationship. To follow, I describe my research method of choice, content analysis, and my research process.

METHODOLOGY

I used qualitative content analysis as my method of research. The content I interpreted and analyzed are sex education curricula and learning standards from New York and Texas. This vast body of research helped me identify the learning standards in New York State and Texas for

health education programs and what critical health and sexuality information is missing. I collected this data from both the New York and Texas Board of Education websites, where I could locate learning objectives and guidelines for each state's programs. The second part of my research consisted of comparing the New York State Board of Education Guidance for Achieving NYS Standards in Health Education and the New York State Department of Health Youth Sexual Health Plan. In this instance, content analysis was appropriate because it gave me insight into the similarities and differences between the two programs, which helped me further explore the significance of these trends and where they differ. According to the journal *Content Analysis, an Introduction to its Methodology* (2019) by Klaus Krippendorff, as a research technique, "content analysis provides new insights, increases a researcher's understanding of particular phenomena, or informs practical actions" (Krippendorff 2019). According to Krippendorf, "texts have meaning relative to particular contexts, discourses, or purposes." Thus, the themes and patterns which have emerged from my data are relevant and derive meaning because of the ideological context. Next, I outline an introduction of my findings, followed by three themes that have emerged from my analysis.

FINDINGS

Introduction

My analysis of the New York State and Texas Board of Education health education standards and learning objectives illuminated three prominent themes. First and foremost, and perhaps most striking, are the gaps in the curricula; in other words, what is missing from these programs that would prevent students from having access to accurate, relevant, and empowering information as they navigate their sexual health. While my first instinct was to focus on analyzing the content within the learning standards, I learned quickly that the information

missing from these curricula is just as valuable and speak volumes on what and who are being prioritized in these programs. The second theme I will discuss is the lack of standardization of health and sex education learning standards and curricula across different New York State and Texas institutions. I discovered that there are inconsistencies between the New York State Department of Health and Department of Education learning standards, suggesting a tremendous lack of communication between these essential resources for educators, students, and families. Lastly, I will be discussing the prominent theme of heteronormativity and lack of inclusion in these programs and how that relates to our cultural ideologies and preferences about patterns of sexual behaviors. Because neither programs have relevant information for sexual minority students, this places SMs at a significant disadvantage in their sexual health and sends important messages about our belief systems. These findings have dangerous implications for the preparedness of students concerning their health and sexual relationships. I assert that by addressing what crucial information is missing or inconsistently appearing in these curricula, we may begin to fill in the blanks with empowering information and inclusive language for all students. The tables below are Texas and New York's learning objectives for their health education programs at middle and high school levels.

New York
Demonstrate the necessary knowledge and skills to promote healthy adolescent development.
Analyze the multiple influences which affect health decisions and behaviors.
Understand human growth and development throughout the lifecycle.
Assess potentially dangerous situations and demonstrate the skills to avoid or reduce their risks.
Understand the relationships between diet, health, and physical activity.
Apply food safety and sanitation principles.
Use age-appropriate techniques to select and maintain clothing.
Understand basic safety rules.
Recognize how individual behavior affects the quality of the environment.
Apply prevention and risk reduction strategies which can delay the onset or reduce the risk of potential health problems into adulthood.

Texas
Describe the life cycle of human beings including birth dying and death.
Analyze the interrelationships of physical, mental, and social health.
Identify and describe types of eating disorders.
Compare and contrast changes in males and females.
Describe the influence of the endocrine system on growth and development.
Identify the common side effects associated with each drug category on the body systems and brain.
Explain the role of preventative health measures immunizations and treatment in disease prevention such as wellness exams and dental checkups.
Analyze the importance of abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age.
Discuss abstinence from sexual activity as the only method that is 100% in preventing pregnancy, STDs and the sexual transmission of HIV or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity.
Analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods, including the prevention of STDs, keeping in mind the effectiveness of remaining abstinent until marriage.
Analyze the relationship between the use of refusal skills and the avoidance of unsafe situations such as sexual abstinence.

Theme one: What's Missing

Healthy Development, 100% Abstinent

To discuss the content of these sex education learning requirements, we must also address and identify what standard information is missing and how this missing information impacts students' health and safety. Both New York and Texas emphasize competence in understanding the factors that may influence healthy development. However, this language is vague, and the absent information and discussion on essential knowledge for students to make informed decisions are detrimental to their health and wellbeing. To follow, I will discuss what sex education topics are missing from New York and Texas learning standards that will likely have far-reaching consequences for students.

Let's start with the basics; sex education instruction is not required in the state of New York or Texas. This means that it is up to the district to implement sex education into their curriculum. Suppose a district does decide to require sex education instruction. In that case, it does not need to be comprehensive, meaning that the curriculum does not need to include all elements of providing students with the necessary knowledge and skills they need to make informed decisions regarding their sexual health. Additionally, there are no mandates that explicitly require these programs to be medically accurate.

In terms of the content itself, neither New York nor Texas is required to discuss contraceptive methods. Contraceptives are devices or drugs such as birth control pills, condoms, or IUDs that prevent pregnancy, and in some cases, like condoms, prevent sexually transmitted illnesses. This means that schools can teach their version of sex education without teaching and providing students with the resources and information to have safe sex without unintended pregnancy or contracting an STI. In the entirety of the New York State Education Department's

health education learning standards for middle and high school students, the term contraceptives or birth control methods do not appear once. Texas Education Department's learning standards for health education states that students will "analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods, including the prevention of STDs, keeping in mind the effectiveness of remaining abstinent until marriage." While students are presumably taught about various barrier protection and contraceptives, the curriculum always emphasizes remaining abstinent or not having sex at all until marriage, rather than teaching them that having safe sex is possible with an effective birth control method.

Next, neither Texas nor New York's board of education implements or is required to implement a discussion on consent in their health education programs. Consent is a clear, affirmative agreement between participants before engaging in sexual activity. Sexual activity without consent is considered sexual assault or rape. Teaching students about consent means empowering students to say no to unwanted sexual advances, teaching the importance of respecting themselves and their partner's boundaries, and promoting effective communication before, during, and after any type of sexual activity. There are vague allusions to consent in both state's learning objectives; for example, New York's commencement-level objective for "A Safe and Healthy Environment" states that students should be able to "describe and demonstrate appropriate strategies to avoid or cope with potentially dangerous situations such as dating violence or assault" and "demonstrate ways to care for and show respect for self and others." Two Texas standards state that students should be able to "describe strategies such as abstinence for communicating refusal to engage in unsafe behavior" and "identify strategies for prevention and intervention of emotional, physical, and sexual abuse." Nowhere in these learning objectives

does the word consent appear. It is safe to assume that students are not being taught the skills necessary for effective communication about consent and boundaries.

As you have probably already guessed, neither of these programs hold any instruction on gender identity and expression, sexual orientation, and LGBTQ+ sex and are not required to. Therefore, an entire population of students who do not have heterosexual sex is erased and left out of essential conversations about their sexual health. When sex education is taught, it is generally from the assumption that all students are heterosexual, demonstrating only condom use rather than implementing dental dam instruction, which is used for oral sex to prevent STIs. Neither curricula discuss anal sex. Abstinence-only curricula or programs that only teach abstinence as the safest way to avoid pregnancy and STIs are especially harmful to LGBTQ + students, as they teach that sex is only permissible within a heterosexual marriage, between a man and a woman. The exclusion of these conversations about LGBTQ+ safe sex measures and gender identity and expression can help create hostile school environments for students within these marginalized groups. Below is a table comparing the content of sex education for New York and Texas. As you can see in *New York Versus Texas State Requirements for Sex Education,* these states do not vary in their general requirements.

New York Versus Texas State Requirements for Sex Education

Sex Education Requirements	**New York**	**Texas**
Sex education instruction is required		
HIV/AIDS instruction		
Required to be comprehensive		
Required to be medically accurate		
Consent		
Contraceptive Instruction		
Must emphasize abstinence		
Instruction on gender identity or sexual orientation		

What these programs should be doing is providing instruction for protection during sex for all identities and sexual orientations, debunking common myths about these populations' behaviors, and using positive and encouraging language surrounding these issues. There should be discussions on the distinctions between gender, the sex assigned at birth, and sexuality and identity. The purpose of these programs should be to inform and guide adolescents through the topic of sex and intimacy safely while making it inclusive and relevant to every student regardless of their orientation. Students should have access to all information about birth control methods, barrier protection, and how to best protect themselves from STIs and unplanned pregnancy. They should know that consent is an imperative aspect of sexual activity, and they should learn the skills to communicate effectively about their boundaries and feel empowered when doing so. Sex education instruction should be required in every school and must be required to be medically accurate.

What is absent from these programs is crucial information for students to navigate through sexual encounters safely. Students are not learning how to protect themselves from STIs and how to choose the best birth control method. They are not learning about the importance of consent in every sexual encounter and how to feel comfortable having conversations about boundaries with their partners openly. They are also not learning what the implications are for sexual activity without consent. Sexual minority students who are not heterosexual are not learning information relevant to them and their safety, such as barrier protection other than condoms. This lack of open, relevant, accurate information will continue to be detrimental for students as they navigate different sexual experiences, producing teenagers who do not feel empowered or knowledgeable to make decisions about their sexual health safely.

Research from Steven Hobacia and Paul Kwon (2017) on sexual minorities within heteronormative sex education sheds light on the implications of being excluded from their sex education. Because SMs feel excluded from these programs that are lacking relevant information for them, they are more likely to miss school and participate less in class. SM girls are at a higher risk of contracting an STI and are more likely to think they are at a decreased risk for contracting an STI, which is false. All SM students who were interviewed reported feeling invisible in their sex education classroom and shared that they were often provided with inaccurate information. This lack of relevant, accurate, and informed information is dangerous for SM students and their engagement and growth within the classroom. It is crucial for all students to feel seen and heard in classroom discussions involving their health and wellbeing.

Theme two: Lack of Standardization

Through a Systems Thinking Lens

Most definitions conclude that a system is a set or group of interrelated parts working together to create a unified whole or network. Daniel H. Kim, in *Introduction to Systems Thinking* (1999), suggests that there are four defining characteristics of a system: a system must have a purpose, all parts must be present for optimal functioning, the arrangement of the parts affect the system's performance, and that systems attempt to maintain stability through addressing feedback. Systems theory is a lens through which I will discuss the lack of standardization of sex education learning objectives in New York and Texas. Systems theory emphasizes the idea of working *on* the system, rather than working *in* the system. Kim asks, "how can we become better *designers* of systems rather than mere *operators*?" (Kim, 1999). Systems theory is a perspective or lens that focuses on the relationships of the parts of a system, with mindful attention on the bigger picture. I firmly believe that the sex education curricula implemented in schools should be standardized and consistent among institutions. Curricula that is inconsistent in its delivery of sex education that is relevant for sexual minority students perpetuates a belief system of heteronormativity, sending messages about who is being prioritized in these programs.

Upon researching New York and Texas's sex education programs, I discovered something notable and disconcerting regarding the standardization of these programs and curricula. One would expect continuity and consistency when approaching content and curricula, especially regarding students' sexual health, safety, and wellbeing. It seems logical that overarching institutions such as educational and health departments would produce consistent

information for students and families. These institutions serve as resources and references for learners and educators alike. Through my research, I discovered that this is not the case. The health and sex education standards and curricula available for the public are not consistent with each other. This is profoundly troublesome and problematic. This lack of standardization means that systems are not communicating about vital information provided to our youth.

My deep dive into the New York and Texas Board of Education proved to be successful in locating each health education program's learning objectives. However, along the way, I was alerted to a handful of other outlines essentially serving the same purpose. I was able to find three separate PDFs of sexual health plans; the New York State Department of Health Youth Sexual Health Plan, the National Sex Education Standards, and the New York State Health Education Curriculum and Assessment Leadership Initiative. These plans include vastly different information from each other and the curriculum standards being implemented in schools by the NYS Department of Education. I was not able to locate any other model of sex education learning standards in the state of Texas other than the Texas Board of Education website.

Let's begin with addressing the differences in the NYS Department of Health Youth Sexual Health Plan and the NYS Board of Education Guidance for Achieving the New York State Standards in Health Education. This document can be located on the New York State Board of Education website but is separate from the learning standards themselves. As you can see by looking at the *NYS Board of Ed Versus NYS Board of Health Learning Objectives* below, there are very few shared standards, values, and plans. Additionally, very few of these standards are implemented in the NYS learning standards for physical education, health, and family and consumer science. The only shared standards between these two documents are teaching HIV/AIDS instruction, contraceptives instruction, and the difference between healthy and

abusive relationships. There were even discrepancies between the NYS standards and the guidance for achieving these standards, *both* found on the Board of Education website. The standards for health education had no mention of contraceptives, yet the guidance document did. This inconsistency sends different messages about what information is being prioritized and considered important to implement. Furthermore, it suggests that there is a lack of communication regarding this content, which reflects on the perceived importance of the program and students' sexual health.

NYS Board of Ed Versus Board of Health Learning Objectives

Learning objectives/content	**NYS Board of Education (Guidance for achieving NYS standards in health education)**	**NYS Department of Health (NYS youth sexual health plan)**
Trauma-informed care and instruction.		
Hepatitis C in young adults.		
Increase LGBT health literacy, address the health disparities of LGBT communities, and increase the awareness of the exponential impact of unaddressed health disparities on LGBT individuals.		
HIV/AIDS instruction.		
Provide age-appropriate, medically accurate, unbiased and nonjudgmental sexual health education.		
Normalize the discussion of sexual health.		
Abstinence is the only pregnancy and STD/HIV/AIDS prevention method that is 100% effective, 100% safe and 100% free of side effects.		
Contraceptives.		
Difference between healthy sexual relationships and abusive ones.		
The “Dignity for All Students Act” must be consistently, accurately, and systematically implemented and enforced within the education system for the full intent, impact, and safety of LGBT students to be actualized.		
Acknowledge sexuality as a natural, healthy part of being human and facilitate opportunities to address pleasure.		
Individuals understand and are able to apply universal precautions, first aid, CPR, and other emergency procedures properly.		
Detect breast cancer, testicular cancer, and other types of cancer by regularly and correctly performing self-examinations, recognizing cancer symptoms, and getting check-ups.		

Moving forward, the NYS Department of Health Youth Sexual Health Plan has arguably more comprehensive and inclusive objectives than the Board of Education and any other curriculum standards I have read. The Department of Health's document ensures that educators will be addressing and teaching (while not limited to) trauma-informed care, Hepatitis C in young adults, LGBTQ health disparities, and age-appropriate, medically accurate, unbiased sex education. The document also states that educators will acknowledge sexuality as a natural, healthy part of being human while also facilitating opportunities to address pleasure. None of these objectives appear in the NYS Board of Education learning standards. Instead of implementing these crucial learning standards, the Department of Health focuses on other precautions like applying first aid, CPR, and other emergency procedures as well as understanding self-examinations for detecting different types of cancer. While this information is also important, our education system suggests the criteria listed above are not pertinent enough to implement.

The National Sex Education Standards is another PDF I located, which also has significant discrepancies. This document is the core content and skills for K-12 and was created by the Future of Sex Education Initiative. These standards include consent beginning as early as Kindergarten and introducing gender identity and expression as well as sexual orientation. These standards also cover sexual health, including vaginal, oral, and anal sex, medically accurate information about STIs and contraceptives, and interpersonal violence. These standards do not reflect in any other documents I have researched, and they are certainly not implemented in either New York or Texas.

Our education system's approach to sex education and sexual health is not currently providing students with the tools they need to be informed and empowered individuals.

Furthermore, the system is not functioning in a way that works together to create a unified program. Sex education has a purpose within the larger education system. Inconsistencies in the content standards and objectives are stifling educator's ability and duty to carry out the task of ensuring that all students have accurate, inclusive, and relevant information regarding their sexual health. While more optimal programs, such as the National Sex Education Standards, have been created, we do not see the New York State or Texas Department of Health reflecting these developments or responding to feedback. This breach in the system serves as a major disadvantage for students as the lack of information suggests to them what is important and prioritized. Therefore, what messages are sexual minority students receiving about the importance of their sexual health? This system must create a consistent standard of content and curricula that reflect the values we want to uphold.

Theme Three: Heteronormative curricula and lack of inclusion

Ideology Critique and Heterosexual Values

My findings clearly illuminate the striking lack of inclusion for sexual minority students in New York and Texas's health education programs. I believe this speaks directly to our education system's ideologies regarding preferences of sexual behavior and orientation. Our society's heteronormative ideologies reproduce and uphold the belief that heterosexuality is the standard, default orientation. This assumption and belief seep into our education system, shaping students' identities while maintaining a hierarchy and social order. Sally Haslanger (2017) argues that the task of Ideology Critique is to "challenge, disrupt, and replace those aspects of the cultural technē that mask or occlude what's valuable and prevent us from organizing ourselves in ways that are more just." Through ideology critique, we may begin to identify and dismantle

how these accepted and unjust ideals are embedded in our education system, having a direct impact on our students' wellbeing and experiences in the classroom.

As previously mentioned, neither New York nor Texas includes any instruction on LGBTQ sex issues or discussions on gender identity and expression. According to SIECUS: Sex Ed for Social Change, while Texas public schools are not required to teach sex education, if a school does choose to do so, and they use the curriculum developed by the Texas Department of State Health Services, the educator must state that homosexuality is not an acceptable lifestyle and that it is a criminal offense under the Texas Penal Code. Parents may also opt to remove their child from sex education at any time if the content conflicts with their beliefs. There are currently new bills being introduced and if they are passed, they will repeal the section that states that homosexuality is not an acceptable lifestyle and is a criminal offense.

Within the Texas Health Education Learning Standards, there are a few references to the importance of remaining abstinent until marriage. This objective is particularly harmful to sexual minority students because it alludes to heterosexual marriage, completely leaving them out of the conversation. Also, suggesting to LGBTQ+ students that abstinence is the only method that is 100% effective in preventing pregnancy may not be relevant information for them. Both New York and Texas place a large emphasis on healthy diet practices/good nutrition and understanding the life cycle of body systems, yet create no space for LGBTQ+ students to ask questions and be heard. According to SIECUS, many current Texas programs contain false and discriminatory information about LGBTQ+ people and medically inaccurate information about abortion. Findings from Steve Hobaica and Paul Kown's research on sexual minority students in sex education (2017) found that students agreed that educators generally presented condom demonstrations but rarely discussed barrier protection like dental dams for oral sex, leaving

LGBTQ+ students feeling unprepared. As Michelle Estes, (2017) found from her research, it is unlikely LGBTQ+ students are receiving sex education at home, thus relying on their health class to cover topics relevant to them. Without helpful information covered in class, many resort to seeking answers on the internet, which may be misleading or misinforming.

These current curricula present a clear preference for behavior. Students are receiving a biased education and potentially internalizing these preferences and biases themselves. Through the silences and omissions of information in these programs, we begin to see the narrative form. Sociologist Stuart Hall said that it is not what an ideology says that matters most; instead, it is what the ideology takes for granted or cannot say. The silences and lack of information for LGBTQ+ students speak volumes and help us see the system's dominant discourse and values. Revealing these preferences and biases and approaching them from a critical perspective can help us begin to dismantle these programs as we know them now and recreate them to be empowering, informative, and inclusive for all students.

ANALYSIS

The findings of this research have painted a clear picture of what is critically missing from sex education programs in New York and Texas and what these current curricula say about our education systems' ideologies and preferences. Not only are these programs lacking basic information about contraceptives and protection against STIs and unintended pregnancy, but they do not facilitate discussions about consent or provide relevant information for LGBTQ+ students. These programs are exclusive, leaving sexual minority students feeling invisible and unprepared. The heteronormative nature of these programs speaks to what is valued and promoted and what is modeled for students. We know these programs are lacking. From my findings I also know that the programs in New York and Texas are not standardized. There is no

model program, nor are there consistent, reliable resources for students or educators available through the Department of Education. The questions I seek to answer are what is missing from these programs, what they should look like and include instead, and why these programs are not standardized and consistent with each other. This analysis connects what my findings have illuminated to the existing literature discussed in the beginning of this paper.

We know that abstinence-only programs are not effective in preventing teenagers from having sex. Research from the article *The Opposite of Sex? Adolescents' Thoughts on Abstinence and Sex, and Their Sexual Behavior* (2008) shows that teens with higher intentions of remaining abstinent may be less equipped to make decisions about their sexual preferences. Furthermore, abstinence-only programs are associated with teens being less likely to use condoms or contraceptives when having sex for the first time (Masters et al, 2008). Programs that encourage abstinence while denying students the information necessary to have safe sex not only ignore heterosexual students who likely are having sex, but place LGBTQ+ students at a significant disadvantage as well. By framing these programs around preventing pregnancy through abstinence, LGBTQ+ students who are in relationships where they are not at risk for becoming pregnant are disregarded and not taught how to have safe and healthy sexual experiences with their partners.

Many studies have sought to explore the impacts of heternormative curricula on sexual minority students, and the findings are consistent. In the articles *If There's One Benefit, You're Not Going to Get Pregnant: The Sexual Miseducation of Gay, Lesbian, and Bisexual Students"* (2017) by Michelle Estes, and *This is How You Hetero: Sexual Minorities in Heteronormative Sex Education" (*2017) by Steven Hobacia and Paul Kwon, there is a clear consensus between students that their sex education is inferior and lacking relevant and important information.

Students reported their sex education as heteronormative and exclusive of their identities, leaving them feeling invisible, sexually unprepared, and even shameful. Many of these students who cannot rely on their education to provide them with the information they need resort to outside sources such as online platforms, where they must search for answers themselves.

Because of the lack of standardization between these programs, students' needs are not being met and educators are not equipped to handle the difficult and at times uncomfortable conversations that sex education can involve. Neither New York or Texas are required to offer sex education, and if teachers do opt to do so, there is no consistent model program widely available from the board of education, or the board of health. This lack of standardization is highly problematic and a cause for great concern. I found through existing literature that many educators do not feel confident or prepared to teach sex education. The article *Equipping Early Childhood Educators to Support the Development of Sexuality in Childhood: Identification of Pre-and Post-Service Training Needs* (2018) addresses early educator's training for sex education. For the purpose of this study, an online survey was conducted with early educators as the respondents. Results showed that when asked whether or not early childhood educators have the requirements necessary to provide appropriate sex education for children, the consensus was that ECEs (early childhood educators) do not feel they are equipped enough to do so (Balter et al 2018). In Polly Haste's article *Sex Education and Masculinity: The "Problem" of Boys,* (2013) Haste explores the perception of the "boys will be boys" mentality and finds that many educators and adults alike are willingly complicit in a dialogue that reinforces forms of masculinity identity and this "boys will be boys" way of thinking. When sex educators are not adequately prepared or following a standard or set of shared values, student's health and wellbeing are jeopardized, as well as the entire system's functioning.

Systems Thinking calls for a recognition that a system's structure generates its behavior. Therefore, the education system's structure dictates a behavior as a result. When a system is successful in its functioning, its components and interrelated parts should work together to form a unified whole. From a Systems Thinking lens, we must consider the long and short term consequences of a system, seek to understand patterns of behavior that emerge as a result of a system's actions, and address what has influenced these patterns. The consequences of an education system that does not have a standardized, consistent, and effective sex education program seem fairly obvious. Students will not have the necessary knowledge or skills to protect themselves, or navigate various instances of intimacy. Their sexual health will likely be jeopardized.

According to the New York State Department of Health, in the year 2018, reported diagnoses of chlamydia and gonorrhea increased for the fifth consecutive year. Primary and secondary Syphilis also increased after seeing a decline in 2017. According to the Sexuality Information and Education Council of the United States (SIECUS) state profile on Texas, the state had the twenty-first highest rate of reported cases of chlamydia in teens ages fifteen to nineteen in the US, the fifteenth highest rate of reported cases of gonorrhea, and the seventeenth highest rate of reported cases of primary and secondary syphilis. In 2016, Texas had the fourth highest reported teen birth rate in the US. In 2015, New York had the eighteenth highest rate of reported cases of chlamydia among teens in the US, the twenty fourth highest rate of reported cases of gonorrhea, and the fourteenth highest rate of reported cases of syphilis. As of 2013, New York had the eighteenth highest reported teen pregnancy rate in the United States (www.siecus.org).

The statistics above are patterns of behavior as a result of the resources and information available to teens through the education they are receiving. Teaching directly about contraceptives like condoms and other types of barrier protection is not included in the New York State Department of Health's learning objectives for health education. Reported cases of STIs are growing and likely will continue to grow if teens do not have access to information on how to protect themselves. While Texas teaches and promotes abstinence, the state has the fourth highest reported teen birth rate in the United States. Abstinence-only programs have been proven to be ineffective, and without teaching students how to have sex safety and responsibly, they will inevitably lack the information necessary to keep themselves safe. Ignoring the reality that teens are having sex is extremely harmful to their health and sense of preparedness. For this reason, it is essential these programs be standardized. All states must require educators to provide students with the tools they need to have safe and informed sex, and educators must be equipped to teach from an unbiased perspective that values and includes all students regardless of their gender identity or sexual orientation.

Through analyzing the New York and Texas health education standards with heteronormative undertones it made me wonder what these curricula say about the values and ideologies our education system wants to uphold and promote. This led me to Ideology Critique, a theory and a lens through which to think critically about our embedded belief systems. In the case of my research, Ideology Critique would be useful to explore the unquestioned ideologies within the education system, particularly in sex education curricula. I argue that what is not included in the curricula, (relevant information about LGBTQ+ sex) directly speaks to the belief in the social construct of heteronormativity and a preference in sexual behavior. By only teaching about abstinence to avoid pregnancy, prioritizing condom demonstrations, and in the

case of the anecdote in the introduction, having female students practice what they will say to their male partner when he refuses to use a condom, a dominant ideology and preference is forming. This preference tells students what types of sexual activity and with whom are considered valid. Not including conversations about LGBTQ+ sex, gender identity and sexual orientation, sexual minority students are ostracized within the confines of the classroom as well as within the entire school community. In order for these programs to change and evolve, we must address the biases and preferences in behavior embedded within the education system and our larger cultural identity. Educators must teach to all students, without prejudice or preference. It is critically important for the safety of students, especially those who are historically oppressed because of their orientation or identity.

We have talked about the many flaws of these programs. Now I will propose revisions and approaches that can help create more inclusive, open, and informative curricula for all students. The article *Resolving Social Problems Associated with Sexuality: Can a "Sex Positive" Approach Work?* (2013) discusses the benefits of a "sex positive" approach to social work and other professions or environments concerned with sexuality. A sex positive approach "is more encompassing; it also emphasizes the pleasurable, rewarding and non-procreative aspects of sex" (Williams et al 2013). Sex positivity invites an openness to and an awareness of difference in sexuality. It values inclusivity, and considers the vast range of identities and preferences. I argue that a sex-positive approach is crucial in a sex education setting. Many educators now implement an approach more closely associated with sex-negativity, particularly in classrooms where educators incorporate scare tactics and a danger discourse when discussing STIs, pregnancy, and the dangers and consequences of sex. According to this article, sex negativity is linked to prejudice and discrimination concerning sexual preferences, as well as sexism, homophobia,

racism, and ageism. This approach generates shame and division, creating an environment where bullying can permeate.

Within this sex-positive environment, I believe an incorporation of a moral education approach is extremely beneficial to students and important for the strengthening of relationships. In her article *Sex education as moral education: Teaching for pleasure, about fantasy, and against abuse,* (1997), Sharon Lamb promotes the integration of moral education in sex education for the purpose of teaching primary values relating not only to sexual behavior but to the general treatment of human beings. Lamb believes that it is the sex educator's duty to share the goal of prevention of abuse not by placing the responsibility on girls to avoid victimization but by teaching boys how to express themselves sexually in healthy, respectful ways. She also promotes an incorporation of pleasure into a sex education curriculum, especially for girls who are often portrayed as "prey or productive machinery" (Lamb 1997). Many programs that lack a discussion on masturbation or pleasure can generate shame or discomfort. Acknowledging the importance of pleasure, especially for women, can be empowering and also de-stigmatize female pleasure and masturbation.

Another component I believe is necessary to incorporate into a sex education classroom is consent. The article *Sexual Consent in K-12 Sex Education: An Analysis of Current Health Education Standards in the United States* (2019) states that while consent education is increasingly becoming mandated on US college campuses, only two of eighteen mentioned consent in their curricula for students in the K-12 system (Willis et al 2019). The article addresses the importance of explicitly discussing consent, rather than the implicit language used in classrooms surrounding communication skills, decision making, and personal space. Because of this vague language, students may be increasingly more confused and ill-equipped to handle

situations that require a competency and understanding of consent. Encouraging students to advocate for themselves and equipping them with the skills to comfortably talk about consent can help create more empowered individuals. Discussing consent is universally important, regardless of sexual orientation or gender identity. For this reason it is a critically important and inclusive topic to include in curricula as it applies to *every* student.

CONCLUSION

After exploring the ways heteronormativity is embedded in our education system and sex education curricula, I discovered three main findings from analyzing state learning objectives in New York and Texas. I learned that there is a vast body of information missing from these programs. Students are not obtaining adequate and thorough information about contraceptive options, they are not learning about the importance and value of consent, and sexual minority students are not provided information relevant for them to also stay safe. Sex education is not required to be taught in these states and if it is, they do not have to include the topics above and they must emphasize abstinence. Texas emphasizes abstinence until marriage, rooted in religious beliefs that historically exclude LGBTQ+ people and relationships.

My second finding is the lack of consistency and standardization between sex education curricula. On the New York State Board of Education website alone, the document which states the state's learning objectives for health education are vastly different from the document titled "Guidance for Achieving NYS Standards in Health Education." Furthermore, the NYS Department of Health Youth Sexual Health Plan does not reflect either of these; content like LGBT health literacy, contraceptives, and unbiased and non-judgmental sex education are included in this plan and are nowhere to be found on the New York learning objectives from the Board of Education. Lastly, I concluded that these programs are in fact heavily heteronormative,

functioning with the assumption that all students are heterosexual and therefore failing to address LGBTQ sex issues. These current curricula speak to what our culture and education prefers in terms of sexual behavior, and strengthens our heteronormative ideology.

I argue that these programs must radically improve and begin to teach from a sex-positive approach. Currently, students are feeling shamed, discouraged, and frightened from engaging in sexual behavior, and critically important conversations are not happening within the classroom. Because many parents are uncomfortable with addressing sex at home or just simply lack the knowledge to do so, educators are responsible for ensuring that when teens do have sex, they are doing so safely, armored with the information and knowledge to make healthy decisions. For this reason, these programs must address all forms of contraceptives, demonstrating dental dams and barrier protection in addition to condoms. They must address consent, pleasure, and discontinue the abstinence-only approach. This approach places students at a significant disadvantage by ignoring that they are sexually active, and do not improve the STI or unwanted pregnancy rates among teenagers. Because the STI rates continue to skyrocket in New York and Texas, it is safe to assume this reflects the lack of information available to them on how to protect themselves.

Ultimately, a program which excludes sexual minorities and ignores students who are having sex creates disengaged students who seek out (oftentimes) inaccurate information on the internet. These classrooms have the opportunity and potential to facilitate vital conversations about sexual health, while working towards disrupting the stigma attached to pleasure, masturbation, LBGTQ+ students, and the importance of communicating consent. Students who have the tools and knowledge to make healthy decisions in their sexual lives, and who are immersed in a classroom environment that invites uncomfortable questions without judgement or bias will be more engaged and empowered students and individuals. Not only do students' sexual

health depend on these programs' improvement, but there is an opportunity to strengthen their respect for others and themselves as they understand the power of communication, knowledge, self-efficacy, and unbiased education.

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