

Inclusive and Culturally Responsive Comprehensive Sex Education in the United States: Current Disparities, Pedagogy, and Public Policy Implications

Rheanna K. Kaley, MA, NCC
Tennessee State University

As of 2017, only 22 states and the District of Columbia mandate education about both sex and HIV. Two states mandate sex education only and 12 others mandate only HIV education (Guttmacher Institute, 2017). Even in those states providing sex education, students often only receive a standard curriculum that does not consider the intersection of geography, political economy, individual and cultural differences, and level of sexual activity. While funded inclusive education and resources are greatly needed, there are few policies that require support and advocate for national sex-education standards. In response to this crisis, inclusive sex education programs have emerged in local communities throughout the nation. This conceptual paper will review the current literature on sex education programs for urban youth and minorities, spotlight pedagogy efficacy, current policies, and advocacy that address these disparities in sex education for urban youth and minorities. Implications for future research are also discussed.

Keywords: inclusive sex education, urban culture, policy reform, pedagogy efficacy

Sexuality is an inherent component of the human condition and many individuals begin experiencing their sexuality in different ways during adolescence. While sexual feelings can produce adaptive experiences, there are also maladaptive experiences such as unintended teen pregnancy, sexually transmitted infections (STIs), and HIV infection. From a preventative approach, there have been numerous avenues taken in facilitating information about sex to youth. The most efficacious avenue has been through sex education. It is important that youth across the nation receive adequate, appropriate, and inclusive sex education. They “need information about access to affordable, youth-friendly, linguistically, and culturally competent health care, as well as providers who respect patient privacy and support them in making their own choices” (Sexuality Information and Education Council of the United States [SIECUS], 2017). Despite this need, many youth in the United States face barriers that prevents access to evidenced-based and essential sexual health services. Some of these barriers include stigma and discrimination, lack of knowledgeable providers, cost, transportation, and perceived lack of safety and confidentiality which contribute to health challenges and disparities as evidenced by the continued high rates of HIV, other STIs, and unintended pregnancy among youth in the US (SIECUS, 2017).

Empirical evidence reveals that the rates of teen pregnancy and STIs have slightly declined in recent years, suggesting comprehensive sex education’s integration of contraception information may decrease teen pregnancy and STIs (Alford et al., 2003; Kirby et al., 2005; Santelli et al., 2007), despite unintended consequences of sexual behavior remaining moderately significant. However, a lack of funding and support for culturally inclusive and responsive pedagogy has prevented the integration of the unique experiences of minority populations in sex education. While various sex education policies incorporating prevention modalities are used throughout the United States, recognition of the lack of accessible and inclusive information for urban youth and sexual minority groups (e.g., LGBTQIA+ groups) in sex education has been on the rise in the last few decades. This is particularly true for urban LGBTQIA+ youth of color whose multiple marginalized identities in urban, social, and educational contexts force them to cope with the complex intersections of oppression, which cannot be completely remedied

through safe spaces focused exclusively on combating homophobia (Blackburn & McCready, 2009; Brockenbrough, 2014). In order to address this need, supporting and implementing policies that mandate comprehensive, inclusive, and culturally responsive sex education is important as society becomes increasingly diverse.

While it is understood that not all youth share the same experiences, it is rare for public policy to holistically address inequity among youth through a racial and gendered lens. To overcome the current health disproportions and inequity that LGBTQIA+ youth experience, federally supported, well-funded, learning environments for inclusive sex education programs that are sensitive to youth's identities, needs, and experiences are needed. An inherently intersectional and holistic comprehensive sexuality education program must incorporate the impact of cultural stigma and systemic racism on the experience of cisgender and transgender youth of color and gender non-conforming youth. There is urgency for municipal governments to implement comprehensive sexuality education in schools in order to improve the lives of all youth, while authentically centering the needs of LGBTQIA+ youth, in order to increase the overall health and wellbeing of local communities (New Leaders Council, 2017).

This article begins with a review of the literature regarding the unique experiences faced by LGBTQIA+ youth and the educational needs these students require in receiving responsive, inclusive, and comprehensive sex education. Following a review of current empirical studies, a discussion of existing inclusive and comprehensive sex education programs throughout the nation is explored. Next, the article presents current public policies across federal, state, and local levels of government regarding sex education, as well as exploring new legislation being proposed at the federal level. Finally, implications for future research is discussed.

Review of Literature

Evidentiary Disparities: Health Risks

Evidence within the literature makes abundantly clear that LGBTQIA+ youth experience disproportionately higher health risks from sexual behavior compared to their heterosexual peers. In particular, LGBTQIA+ youth of color are disproportionately impacted by sexual harassment, sexually transmitted infections, and unintended pregnancy (Brockenbrough, 2014; Kosciw et al., 2014; Kosciw et al., 2012; Meyer, 2010; New Leaders Council, 2017). The CDC (2016) found that LGBTQIA+ youth males have disproportionately high rates of HIV, syphilis, and other STIs while LGBTQIA+ youth females are more likely to have been pregnant than their heterosexual peers.

In other urban settings such as New York City, six out of ten pregnancies are unplanned, and teen pregnancy rates are highest in the Bronx, where some of the nation's most impoverished districts reside and have experienced a sudden increase in new HIV diagnoses among women, specifically Black women (Liecher, 2015; New York City Young Women's Initiative, 2016). Based on data collected by the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2008) and the CDC (2017), the US has a concentrated HIV epidemic primarily among homosexual men and injection drug users. While the HIV epidemic has not had a broad impact, it has most significantly impacted economically disadvantaged populations in many urban areas. Compared to heterosexual peers, LGBTQIA+ youth are more likely to report being forced into having sex, experiencing sexual and physical dating violence, and being bullied at school or online (CDC, 2016). Ultimately, these experiences can lead to the development of maladaptive relationship dynamics that can contribute to unhealthy relationships.

Evidentiary Disparities: Healthy Relationships

Often an understudied aspect of sexual health for LGBTQIA+ youth is in healthy romantic relationships. According to Mustanski et al. (2015), the predominance of heterosexuality inhibits LGBTQIA+ youth from finding partners, which ultimately hinders their ability to explore romantic relationships and develop these skills. In addition, there are fewer healthy same-sex relationships that serve as accessible role models for LGBTQIA+ youth as well as the possibility of less parental engagement regarding their sexual or romantic activities. There is empirical evidence that most LGBTQIA+ youth desire to be in a romantic relationship (DeHaan et al., 2013), yet there are fewer LGBTQIA+ youth that have come “out” making it more difficult to find a partner. This may influence youth to look for a partnership in places that may increase safety and health risks such as the Internet or gay venues (Mustanski et al., 2014). In addition to these complex factors, LGBTQIA+ youth also have significantly greater risks of having suicidal ideation or suicide attempts, depression, addiction, weight management difficulties, and academic problems (CDC, 2017). The aforementioned statistics represent a great need for public and school-based actions to address these concerns while instituting new policies that assist in building supportive and safe environments for LGBTQIA+ youth.

Evidentiary Disparities: Youth of Color

The experiences of LGBTQIA+ youth of color are also often absent from the research on LGBTQIA+ students (McCready, 2010), which makes it difficult to study the unique intersectional experiences and utilize such data to inform programmatic changes. However, research exploring the impact of inclusive and anti-discriminative curricula in order to help create safe spaces for these youth have emphasized the historical silence and oppressive discourse present in many educational environments (Brockenbrough, 2014; Kosciw et al., 2014). The limited research that has been conducted on LGBTQIA+ youth and youth of color outlines that the intersection of institutional policies, classroom cultures, identity politics, and relationships can contribute to the marginalization of this population in educational settings (Brockenbrough, 2014; Diaz & Kosciw, 2009; McCready, 2010).

Need for Culture-Specific Education

Not only does sex education provide focused solutions to these issues, but youth can receive information about consent, bystander intervention, and safe sex practices at an earlier age while concurrently destigmatizing these experiences and holding educators accountable in creating support systems for youth (New Leader Council, 2017). Utilizing pedagogical approaches that emphasize culture-specific content serves as a beneficial tool in enhancing engagement and comprehension of youth in urban settings (Milner, 2011). Through the integration of such pedagogy, more care can be taken in order for the marginalized youth to recognize cultural aspects of their own experience, which can help counter the historical neglect allowing for encouragement and nurturance (Brockenbrough, 2014; Gay, 2010; Milner, 2011). Overall, more research and support are needed in this area in order to create the systemic changes that are essential in providing the optimal urban educational environments.

Pedagogy Efficacy

Abstinence-Based Programs

While the current pedagogical programs recommend abstinence as the best option for reducing rates of STIs, HIV, and teen pregnancy, there are differences in the content and discussion of particular topics. For example, abstinence-based programs can be divided into abstinence-before-marriage-only or abstinence-plus. Abstinence before marriage programs “teach abstinence as the **only morally correct option** of sexual expression for teenagers”

(Alford, 2001). As well, information is typically censored regarding contraception and condoms as preventive options for STIs and unintended pregnancy. Abstinence-plus programs include information about contraception and condoms in the context of strong abstinence messages (Alford, 2001). In spite of programs with abstinence-based approaches at their foundation, teen pregnancy and the contraction of STIs still occurs at moderate rates. According to the Centers for Disease Control and Prevention (CDC, 2017), youth engage in sexual risk behaviors that can have many unintended consequences. In a 2015 survey of high school students in the United States, 30% reported having sexual intercourse at some point in the previous three months, 43% did not use a condom in their last sexual encounter, 14% did not use any pregnancy preventive strategies, and 21% consumed alcohol or other drugs prior to their last sexual encounter (Kann et al., 2015). In 2015, there were approximately 230,000 births by girls aged 15-19 (Martin et al., 2017) and approximately 10 million new STIs were reported in the age range of 15 to 24 (CDC, 2015).

Conversely, not only does comprehensive sex education programs promote abstinence, it also includes information about contraception and condoms to build young people's knowledge, attitudes, and skills for when they do become sexually active (Hauser, 2017). The rates of teen pregnancy and STIs have slightly declined in recent years suggesting comprehensive sex education's integration of contraception information may decrease teen pregnancy and STIs (Alford et al., 2003; Kirby et al., 2005; Santelli et al., 2007), despite unintended consequences of sexual behavior remaining moderately significant. However, comprehensive sex education programs have traditionally been unidimensional with little emphasis on minority experiences, as well as heteronormative and exclusive that ignore or legally bar conversation of the LGBTQIA+ experience. In a 2013 survey conducted by Kosciw, Greytak, Palmer, and Boesen (2014), less than five percent of LGBTQIA+ students reported having positive representations of LGBTQIA+ topics in their health class. Jones and Cox (2015) found that only twelve percent of students reported that their classes discussed same-sex relationships. LGBTQIA+ youth report that they either had no sex education in their schools or the education presented was limited to a heteronormative, cisgender focus with pregnancy prevention topics characteristic of those relationships (Gill, 2015; Planned Parenthood Federation of America (PPFA), 2015). Additionally, many LGBTQIA+ youth are limited in their access to adults that they feel safe with and trust to discuss their sexual health, therefore many turn to friends or online information sources that incidentally include inaccurate or inappropriate data (PPFA, 2015).

Need for Cultural Inclusion

Although most youth receive sex education in school, other evidence suggests that the effectiveness of sex education varies across settings (Atkins et al., 2012). Research has shown that urban settings are typically comprised of more diverse populations (Quigley, 1998) which require adapted consideration and data inclusion. Mueller et al. (2008) noted a connection between delay of first sexual intercourse encounter among adolescents and sex education delivery. Researchers have found that sex education was particularly important for subpopulations, such as African American females and males in urban areas, that are at a historically greater risk for contracting STIs or HIV earlier in life due to early sexual engagement (Brown et al., 2006; CDC, 2016; Friedman et al., 2009; Mueller et al., 2008; Romer et al., 2009). Specifically, urban African American females attending school were less likely to engage in sex and more likely to delay sexual initiation until approximately 15 years of age if they received sex education prior to their first sexual encounter (Mueller, Gavin, & Kulkarni, 2008). In the urban context, youth of color are more likely to attend schools in impoverished areas with little resources and may also experience implicit and explicit racial bias, harsher discipline, and

stricter dress codes (Onyeka-Crawford et al., 2016). These experiences compounded with inconsistent and insensitive sex education can be problematic for youth and their families.

In identifying ways to address these gaps for urban and LGBTQIA+ youth, comprehensive, inclusive, and culturally responsive sex education is the best option and is supported by not only public health organizations, but also by parents. A 2015 poll conducted by Planned Parenthood found that 85% of parents supported discussions about sexual orientation as part of the sex education curriculum in high school and 78% percent supported these discussions in middle school. Comprehensive sex education modalities promote the most optimal format by which to engage in these inclusive conversations about race, ethnicity, class, social geography, political economy, gender identity, and sexual orientation, while also promoting acceptance of LGBTQIA+ youth and their families. In addition, LGBTQIA+ inclusive sex education ensures positive sexual health outcomes as well as providing accurate and appropriate information on human development, relationships, spectrum of sexual behavior including the choice of abstinence, sexual health and pregnancy, and societal and cultural trends (Kirby et al., 2007; Kohler et al., 2008). Implementing programs that provide an inclusive space to learn about sex, individual and cultural differences, self-esteem, and healthy relationships are of utmost importance in today's society.

Recognition and Acceptance of Identity

Another area needed in current pedagogy is the inclusion of specific topics around gender identity and sexual orientation. The World Health Organization (WHO, 2006) posits that sexual health is an amalgamation of physical, emotional, mental and social well-being in relation to sexuality; and is much more than the absence of disease. The unique construct of sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences. At its center, sexual health is the acceptance of one's sexual orientation and gender identity (Mustanski et al., 2015). While LGBTQIA+ youth and youth of color experience greater adverse mental health consequences from internalizing prejudices regarding their sexuality, gender identity, race, or ethnicity (Newcomb & Mustanski, 2010), integrating an acceptance approach in comprehensive sex education programs is necessary in reducing these adverse consequences. Urban schools with inclusive curriculum may increase students sense of connectedness to their school and community compared to other students with no inclusive sex education. In addition, utilizing frameworks that address the current disparities of LGBTQIA+ youth and youth of color also serves as a mechanism to help with the development of identity, intellectual and artistic abilities, language awareness, support systems, and political activism; of which all are shared experiences within the cultural context of marginalized groups, particularly people of color (Bailey, 2013; Brockenbrough, 2014; Hames-García & Martínez, 2011; Rodriguez, 2003).

Current Sex Education Programs

Program evaluation methods for sex education programs have emphasized examining what effectively attributes to reducing teen pregnancy and its precursors. In examining these outcomes, evaluation techniques have historically included measuring knowledge, program satisfaction, and attitudes. More presently, the emphasis has been evaluating behavior changes (e.g., rates of contraception use, sexual interactions, and teen pregnancy). This makes sense, given that research has demonstrated that youth who receive sex education from comprehensive programs were significantly less likely to become pregnant as a teen compared to those who received no sex education (Kohler et al., 2008). However, few programs are being developed that

incorporate the inclusion and subsequent examination of the systematic impacts of culture and identity on currently studied outcomes.

As outlined, the research conducted on LGBTQIA+ youth establishes the importance of a safe school climate as well as positive representations of LGBTQIA+ people, history, and events in school in order to help promote a more welcoming climate for LGBTQIA+ students (GLSEN, 2011), while also meeting educational standards. Programs such as *Family Life and Sexual Health (FLASH)* and *Rights, Respect, Responsibility* have been designed to be comprehensive and inclusive while aligning with National Sexuality Education Standards. FLASH is an evidence-based program whose goals are to “prevent pregnancy, HIV and other STIs, sexual violence, and improve family communication and knowledge of sexual and reproductive health” (FLASH, 2017a). Some of the goals for FLASH are to help youth appreciate their bodies, be able to make and keep friends and communicate their needs and boundaries assertively, those who have been sexually abused will feel less alone, less to blame, and more inclined to report their abuse; and treat one another respectfully, regardless of their genders, sexual orientations, or any other personal characteristics, in class, between classes or on the playground, and when they date one another (FLASH, 2017b).

The program, *Workshop for LGBTQ Youth and Allies: Love Your Body, Healthy Relationships & Safer Sex*, has adapted their curriculum based off of the *FLASH* program, which aims to include more inclusive lessons about sexual health and related experiences of identity, body image, and relationships. Similarly, *Rights, Respect, Responsibility* seeks to teach youth about good communication, safety in relationships, and growth and development, as these lay the foundation that can support healthy relationships and healthy behaviors throughout a person’s lifetime (Rights, Respect, Responsibility, 2017).

For the most part, each of the aforementioned programs emphasize two aspects of identity: sexual orientation and gender identity. While other identity intersections are mentioned, the primary emphasis of the program is centered around the experience of LGBTQIA+ youth with little integration of race, ethnicity, socioeconomic status (SES), and geographic region. While these contributions are vastly important, the lack of discussion of class, race, geography, political economy, and religion does not allow LGBTQIA+ youth in urban schools to be viewed within their proper contexts (Balaam & Veseth, 2018; Blackburn & McCreedy, 2009). However, the program *Midtown AIDS Center (MAC)* is trying to incorporate such topics into the sex education conversations. MAC is an urban, non-profit HIV/AIDS center aimed at specifically providing prevention and support services to predominately Black and Latinx urban queer youth (BLUQY) (Brockenbrough, 2014). This program is unique in its culturally responsive pedagogical strategies aimed at creating opportunities not typically found in local urban schools and other community-based organizations that address emotional, developmental, and educational needs among the MAC’s youth participants (Brockenbrough, 2014).

Public Policy Implications

Federal Level

Despite current programs, a large deficit exists in sex education policy regarding the importance of culturally responsive and LGBTQIA+ inclusive components and programs due in part to lack of funding. While these programs have shown empirical efficacy, public policymakers have resisted incorporating these into standard educational practice. Due to this disparity, little data has been rendered for programs that seek continued growth and development to address these needs. However, the ways in which Congress members are able to impact sex education is through the support of increased funding to sexual health promotion programs, eliminate deferral funding for absence-only-until-marriage (AOUM) programs, and co-sponsor

new legislation for inclusive, comprehensive sex education and related training for teachers and facilitators (SIECUS, 2018a; 2018b; 2017). However, current policies do not require all states to offer such education and funding has become increasingly scarce. Perhaps one of the largest difficulties with regard to mandating such policy is the US's historical roots in AOUM programs.

Since 1981, the federal government has spent approximately \$2 billion on AOUM programs that have been found to be ineffective, exclusive, and not culturally responsive to the needs of unique populations and circumstances (SIECUS, 2018a). In fiscal year (FY) 2018, the Title V Abstinence Education state-grant program was renamed the Sexual Risk Avoidance Education (SRAE) program. This program mandates that grantees do not deviate from strict, specific program requirements, which typically prohibit teaching youth about the benefits of condoms and contraception in regard to safe sex practices. Despite the literature indicating that these programs are ineffective, the federal government continues to support funding (established in FY 2015) for the SRAE competitive grant program. As of FY 2018, this program was funded at \$25 million—a fivefold increase in funding since being established. Congressional funding proposals for FY 2018 would also extend funding to the SRAE program for an additional two years at the maintenance funding level of \$75 million each year (SIECUS, 2018a). Not only do these programs fail to address the needs of young people who are already sexually active, survivors of sexual abuse, and LGBTQIA+ youth, they are not sensitive to the unique experiences of youth and their families in urban areas (Diaz, & Kosciw, 2009; SIECUS, 2018a; 2018b).

State Level

Currently, only nine states and the District of Columbia in the United States have laws or regulatory guidance requiring sex education to be LGBTQIA+ inclusive (Gill, 2015; Hodel, Levl, & De Blasl, 2016) in order to meet the multicultural and diverse needs of youth. For example, the California Healthy Youth Act mandates that sex education curricula be age-appropriate, medically accurate, objective, and appropriate for all races, genders, sexual orientations, ethnic and cultural backgrounds, individuals with disabilities, and English learners (California Department of Education, 2016). In Broward County, Florida and Chicago public schools, the National Sexuality Education Standards are followed wherein sex education curricula not only must integrate the aforementioned requirements, they must also address the “emotional, psychological, physiological, hygienic, and social responsibility aspects of sexuality and family life” (Chicago Public Schools, 2013; Family Life, Human Sexuality, & HIV/AIDS Policies, 2014). Eight states restrict any teaching of LGBTQIA+ related content in schools, and only 13 states require a discussion of sexual orientation during sexual education classes (Hodel et al., 2016). This leaves state and local governments, such as local level school boards, advisory committees, or individual teachers, to decide the content of sex education as well as the funding allocation for implementation, which often results in the exclusion of LGBTQIA+ youth and their educational and health needs. The apparent inconsistencies among state policies renders a lack of clarity on what educational information is permitted and restricted and needs to be addressed in order to meet the evidenced-based National Sexuality Education Standards.

The literature is rich with empirical data that supports the notion that when sex education programs are well-designed and well-implemented, they can reduce sexual risks and support positive sexual health outcomes among youth (Alford et al., 2003; CDC, 2017; Diaz, & Kosciw, 2009; Kohler et al., 2008; UNAIDS, 2008). This data includes delaying age of first sexual intercourse, reduced sexual partners overall, reduced unprotected sex, increased contraception and condom use, reduced teen pregnancy, and reduced STIs and HIV (Alford et al., 2003; Kirby

et al., 2007; Kohler et al., 2008). LGBTQIA+ youth are equally deserving of these same benefits from sex education.

Current Legislative Advocacy Initiatives

The legislative progress that has occurred in spite of the disparities in sex education across the nation includes the Real Education for Healthy Youth Act (REHYA). REHYA was initially introduced in 2015 and reinitiated in the House of Representatives in 2017. This act aims to fund educator training on sex education as well as provide grants for comprehensive sex education to public or private entities that focus on adolescent health and education or have experience with training sex educators. In addition, REHYA would require inclusiveness of LGBTQIA+ youth in sex education and would prohibit federal funding of programs that are insensitive and unresponsive to the needs of LGBTQIA+ youth. The Real Education for Healthy Youth Act was introduced in the House of Representatives by Rep. Barbara Lee (D-CA) on July 28, 2017, and in the Senate by Sen. Cory Booker (D-NJ) on July 27, 2017 (The Human Rights Campaign, 2017; Real Education for Healthy Youth Act, 2017.), and is supported by 64 national organizations (SIECUS, 2017). This act solidifies the notion that inclusive sex education is indeed supported by many constituents of the United States.

Another program that builds upon the same foundations of the REHYA, is the Youth Access to Sexual Health Services Act (YASHS) of 2017. Senator Mazie K. Hirono (D-HI) and Congresswoman Alma Adams (D-NC-12) first introduced legislation supporting YASHS in 2016, which would provide grants to increase and improve the linkage and access of marginalized young people to sexual and reproductive health care and related services (SIECUS, 2018b). In addition to what is addressed by the REHYA, the YASHS specifically seeks to support the following youth groups: people of color, immigrants, LGBTQIA+, as well as youth in the foster care system, experiencing homelessness, in juvenile detention, and otherwise marginalized or vulnerable people (SIECUS, 2018b). The legislative breadth and depth of these proposals would certainly address the individual and cultural differences of youth in urban areas experiences, as well as provide optimal information about sex education and related resources.

Conclusion

As scientific research in sex education evolves, the literature has begun to focus more intentionally on the experiences of all individual's, as opposed to the white, heteronormative, cisgender perspective, in order to reduce adverse experiences among youth while consciously being inclusive. The literature also has emphasized the importance of acknowledging and incorporating unique geographic, social, and political influences in sex education to address the needs of both rural and urban youth. Due to the current struggles of LGBTQIA+ youth, local and state level programs are forming with the mission to help these youth feel seen, heard, and understood, while also expanding the conversations for all youth to benefit from. The stakeholders involved in this topic are not only LGBTQIA+ youth, but their families, and the educators and helping professionals that they interact with on a daily basis. Advocating at various levels of government and in smaller communities is critical in helping move these initiatives forward as well gaining the supportive traction needed for implementation.

Future Research Implications

While some sex education programs have been deemed effective, the research on the preventive and psychological outcomes of these inclusive sex education programs continues to be lacking. As outlined in the aforementioned review, the need for inclusive, responsive, and comprehensive sex education is greatly needed for youth with unique identity intersections in

order to reduce current health disparities and maladaptive relationship patterns. Future directions of research should examine the outcomes of inclusive programs on the well-being of all students in order to inform future sex education policy and practices, paying particular attention to the LGBTQIA+ experience respective of race, class, geography, and political economy. In addition, it will be critical to examine and implement strategies that aim to enhance professional development, school climate, community support, federal government influence on state and local level policies through the provision of funding, and the implementation of new state and local governments policies that mandate LGBTQIA+ inclusive sex education programs that address the holistic nature of sexual health and identity

References

- Alford, S., Huberman, B., & Hauser, D. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth. Retrieved May 3, 2020, from <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/sciencesuccesses.pdf>
- Alford, E. (2001) Sex education programs: Definitions & point-by-point comparison. Retrieved on May 3, 2020, from <http://www.advocatesforyouth.org/publications/publications-a-z/655-sex-education-programs-definitions-and-point-by-point-comparison>
- Atkins, R., Sulik, M. J., Hart, D., Ayres, C., & Read, N. (2012). The effects of school poverty on adolescents' sexual health knowledge. *Research in Nursing & Health*, 35(3), 231–241. <http://doi.org/10.1002/nur.21471>
- Bailey, M. M. (2013). *Butch queens up in pumps: Gender, performance, and ballroom culture in Detroit*. Ann Arbor: University of Michigan Press. doi:10.3998/mpub.799908
- Balaam, D. N., & Veseth, M. A. (2018, September). *Political economy*. Retrieved on May 3, 2020, from <https://www.britannica.com/topic/political-economy>
- Brockenbrough, E. (2014). Becoming queerly responsive: Culturally responsive pedagogy for black and latino urban queer youth. *Urban Education*, 51(2), 170–196. <https://doi.org/10.1177/0042085914549261>
- Brown, L. K., Tolou-Shams, M., Lescano, C., Houck, C., Zeidman, J., Pugatch, D., ... & Project SHIELD Study Group. (2006). Depressive symptoms as a predictor of sexual risk among African American adolescents and young adults. *Journal of Adolescent health*, 39(3), 444-e1. <https://doi.org/10.1016/j.jadohealth.2006.01.015>
- California Department of Education. (2016). *California healthy youth act*. Retrieved on May 3, 2020, from <https://www.cde.ca.gov/ls/he/se/>
- Centers for Disease Control and Prevention. (2017). *Health risks among sexual minority youth*. Retrieved on May 3 2020, from <https://www.cdc.gov/healthyyouth/disparities/smy.htm>
- Centers for Disease Control and Prevention. (2017, August 28). *Communities in crisis: Is there a generalized HIV epidemic in impoverished urban areas of the United States?* Retrieved on May 3, 2020, from <https://www.cdc.gov/hiv/group/poverty.html>
- Centers for Disease Control and Prevention. (2016). HIV surveillance report 2015; vol. 27. Retrieved on May 3, 2020 from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>
- Centers for Disease Control and Prevention. (2015). *Sexually transmitted disease surveillance 2014*. Atlanta: U.S. Department of Health and Human Services. Retrieved May 3, 2020, from <https://www.cdc.gov>
- Chicago Public Schools. (2013). *Chicago public schools policy manual*. Retrieved May 3, 202, from <https://policy.cps.edu/download.aspx?ID=57>
- DeHaan, S., Kuper, L. E., Magee, J. C., Bigelow, L., & Mustanski, B. S. (2013). The interplay between online and offline explorations of identity, relationships, and sex: A mixed-methods study with LGBT youth. *Journal of Sex Research*, 50(5), 421–434. <https://doi.org/10.1080/00224499.2012.661489>
- Diaz, E. M., & Kosciw, J. G. (2009). *Shared differences: The experiences of lesbian, gay, bisexual, and transgender students of color in our nation's schools*. Retrieved May 3, 2020, from <http://glsen.customer.def6.com/sites/default/files/Shared%20Differences.pdf>

- Family Life and Sexual Health. (2017a). *About the FLASH curriculum*. Retrieved May 3, 2020, from <http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/about-FLASH.aspx>
- Family Life and Sexual Health. (2017b). *Message to parents about sexual health education*. Retrieved May 3, 2020, from <http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/parents.aspx>
- Family Life, Human Sexuality and HIV/AIDS Policies. (2014). *Diversity, prevention & intervention*. Broward County Public Schools. Retrieved May 3, 2020, from <http://www.broward.k12.fl.us/sbbcpolicies/docs/Policy%205315.pdf>
- Friedman, S. R., Cooper, H. L. F., & Osborne, A. H. (2009). Structural and social contexts of HIV risk among African Americans. *American Journal of Public Health, 99*(6), 1002–1008. <http://doi.org/10.2105/AJPH.2008.140327>
- Gay, Lesbian & Straight Education Network. (2011). *Teaching respect: LGBT-inclusive curriculum and school climate* (Research Brief). New York, NY: Author. Retrieved May 3, 2020, from <https://www.ewa.org/report/teaching-respect-lgbt-inclusive-curriculum-and-school-climate>
- Gay, G. (2010). *Culturally responsive teaching: Theory, research, and practice* (2nd ed.). New York, NY: Teachers College.
- Gill, A. M. (2015). *2014 state equality index*. Human Rights Campaign Foundation: Washington, D.C. Retrieved May 3, 2020, from <https://www.hrc.org/campaigns/state-equality-index>
- Hames-García, M., & Martínez, E. J. (Eds.). (2011). *Gay Latino studies: A critical reader*. Durham, NC: Duke University Press. <https://doi.org/10.1057/lst.2012.46>
- Hauser, D. (2017). *Five years of abstinence-only-until-marriage education: Assessing the impact*. Retrieved May 3, 2020, from <http://www.advocatesforyouth.org/component/content/article/623-five-years-of-abstinence-only-until-marriage-education-assessing-the-impact>
- Hodel, D., Levl, J., & De Blasl, A. (2016). *Trust for America's health issue report: Furthering the adaptation and implementation of LGBTQ-inclusive sexuality education*. Retrieved May 3, 2020, from <http://healthyamericans.org/assets/files/TFAH-2016-LGBTQ-SexEd-FINAL.pdf>
- Jones, R. P. & Cox, D. (2015). *How race and religion shape millennial attitudes on sexuality and reproductive health: Findings from the 2015 millennials, sexuality, and reproductive health survey*. Public Religion Research Institute: Washington, D.C. Retrieved May 3, 2020, from <https://www.prrri.org/research/survey-how-race-and-religion-shape-millennial-attitudes-on-sexuality-and-reproductive-health/>
- Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J, et al. (2015). Youth risk behavior surveillance – 2015 United States. *Morbidity and Mortality Weekly Report: Surveillance Summaries, 65*, 6. Retrieved May 3, 2020, from <https://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm>
- Kirby, D. B., Laris, B. A., & Rolleri, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206-217. <https://doi.org/10.1016/j.jadohealth.2006.11.143>
- Kirby, D., Laris, B. A., & Rolleri, L. (2005). Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries. *North Carolina: Family Health International, YouthNet Program*. Retrieved May 3, 2020, from http://www.ibe.unesco.org/fileadmin/user_upload/HIV_and_AIDS/publications/DougKirby.pdf

- Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal Of Adolescent Health, 42*(4), 344-351. <https://doi.org/10.1016/j.jadohealth.2007.08.026>
- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York, NY. Retrieved May 3, 2020, from <https://files.eric.ed.gov/fulltext/ED570433.pdf>
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. Retrieved May 3, 2020, from <http://www.glsen.org/sites/default/files/2011%20National%20School%20Climate%20Survey%20Full%20Report.pdf>
- Liecher, S. (2015). *Blueprint for investing in girls and young women*. New York Women's Foundation. Retrieved May 3, 2020, from https://www.nywf.org/wp-content/uploads/2017/04/FINAL_VFTF_9-24_Full-Report_single-pages-1.pdf
- Martin, J. A., Hamilton, B. E., Osterman, M. J. K., et al. (2017). *National Vital Statistics Report Rep 2015, 66, no. 1*. Hyattsville, MD: National Center for Health Statistics. Retrieved May 3, 2020, from https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf
- McCready, L. T. (2010). *Making space for diverse masculinities: Difference, intersectionality, and engagement in an urban high school*. New York, NY: Peter Lang. <https://doi.org/10.3726/978-1-4539-0000-0>
- Meyer, E. J. (2010). *Gender and sexual diversity in schools: An introduction*. New York, NY: Springer. https://doi.org/10.1007/978-90-481-8559-7_1
- Milner, H. R. (2011). Culturally relevant pedagogy in a diverse urban classroom. *The Urban Review, 43*, 66-89. <https://doi.org/10.1007/s11256-009-0143-0>
- Mueller, T. E., Gavin, L. E., & Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of adolescent health, 42*(1), 89-96. <https://doi.org/10.1016/j.jadohealth.2007.08.002>
- Mustanski, B., Birkett, M., Greene, G. J., Hatzenbuehler, M. L., & Newcomb, M. E. (2014). Envisioning an America without sexual orientation inequities in adolescent health. *American Journal of Public Health, 104*(2), 218-225. <https://doi.org/10.2105=AJPH.2013.301625>
- Mustanski, B., Greene, G. J., Ryan, D., & Whitton, S. W. (2015). Feasibility, acceptability, and initial efficacy of an online sexual health promotion program for LGBT youth: The queer sex ed intervention. *Journal Of Sex Research, 52*(2), 220-230. <https://doi.org/10.1080/00224499.2013.867924>
- New Leaders Council (2017). *Sexuality education: An intersectional policy model that young people deserve*. Retrieved May 3, 2020 from <https://medium.com/@newleaderscouncil/sexuality-education-an-intersectional-policy-model-that-young-people-deserve-2729df629e1b>
- Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review, 30*, 1019-1029. <https://doi.org/10.1016/j.cpr.2010.07.003>
- Onyeka-Crawford, A., Patrick, K., & Chaudhry, N. (2016). *Let her learn: A toolkit to stop school push out for girls of color*. Retrieved May 3, 2020, from <https://nwlc.org/resources/let-her-learn-a-toolkit-to-stop-school-push-out-for-girls-of-color/>

- Planned Parenthood Federation of America. (2015). *Let's talk poll*. New York, NY. Retrieved May 3, 2020, from https://www.plannedparenthood.org/files/2914/1322/5667/NationalPoll_09-14_V2_1.pdf
- Quigley, J. M. (1998). Urban diversity and economic growth. *Journal of Economic Perspectives*, 12(2), 127-138. <https://doi.org/10.1257/jep.12.2.127>
- Real Education for Healthy Youth Act, H.R.3602, 115th Congress. (2017). Retrieved May 3, 2020, from <https://www.congress.gov/bill/115th-congress/house-bill/3602>
- Rights, Respect, Responsibility. (2017). *Rights, respect, responsibility: A k-12 sexuality education curriculum*. Retrieved May 3, 2020, from <http://www.advocatesforyouth.org/3rs-curric-about>
- Rodriguez, J. M. (2003). *Queer Latinidad: Identity practices, discursive spaces*. New York: New York University Press. <https://doi.org/10.5860/choice.40-6118>
- Romer, D., Sznitman, S., DiClemente, R., Salazar, L. F., Vanable, P. A., Carey, M. P., ... & Fortune, T. (2009). Mass media as an HIV-prevention strategy: using culturally sensitive messages to reduce HIV-associated sexual behavior of at-risk African American youth. *American journal of public health*, 99(12), 2150-2159. <https://doi.org/10.2105/ajph.2008.155036>
- Santelli, J. S., Lindberg, L. D., Finer, L. B., & Singh, S. (2007). Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use. *American Journal of Public Health*, 97(1), 150–156. <http://doi.org/10.2105/AJPH.2006.089169>
- Sexuality Information and Education Council of the United States (SIECUS). (2018a). *Fact sheet: Advancing sex education at the federal level*. Retrieved June 26, 2018, from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79A5AFD596CCE60A49E58A484F49D268D901874C2EEFDC1682C826FF9A7472B56F>
- Sexuality Information and Education Council of the United States (SIECUS). (2018b). *Fact sheet: The youth access to sexual health services act of 2017*. Retrieved June 26, 2018, from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79B2EF90E28982731F9DA8E40B4A56729C01874C2EEFDC1682C826FF9A7472B56F>
- Sexuality Information and Education Council of the United States (SIECUS). (2017). *Support the youth access to sexual health services act of 2017*. Retrieved June 26, 2018, from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79B2EF90E28982731F9DA8E40B4A56729C01874C2EEFDC1682C826FF9A7472B56F>
- United Nations Joint Programme on HIV and AIDS (UNAIDS). (2008). *2008 report on the global AIDS epidemic 2008*. Retrieved June 26, 2018, from http://www.unaids.org/sites/default/files/media_asset/jc1510_2008globalreport_en_0.pdf