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Promoting LGBTQ+ Inclusivity in Sex Education

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Family Medicine Clerkship: April 2019
Springfield Health Center, Springfield, VT
Mentor: Dr. Barbara Dalton, MD
Problem Identification

LGBTQ+ individuals are at an increased risk for adverse sexual health outcomes, including sexually transmitted infections and sexual violence.\textsuperscript{1,2}

Only 4 states mandate that information specific to LGBTQ+ be covered in sex education at schools. Unsurprisingly, LGBTQ+ students tend to find their curriculum to be less useful than their non-LGBTQ+ counterparts.\textsuperscript{3}

In a 2017 National Survey of LGBTQ+ individuals regarding school climate, only 6.7% of students reported receiving an LGBTQ+ inclusive education.\textsuperscript{3}

Only 41% of students reported having access to information regarding LGBTQ+ sexuality in their school library.\textsuperscript{3}
HEALTH BURDENS

LGBTQ+ individuals are more likely to engage in sexual behaviors that may increase their risk for sexually transmitted infections.¹

In 2013, the CDC reported over 20 million cases of newly diagnosed sexually transmitted infections, costing taxpayers more than $16 billion in treatments.⁴

Of those diagnosed with gonococcal infection in 2017, men who have sex with men were more likely to have antibiotic resistant strains.⁵,⁶

Victims of intimate partner or sexual violence are more likely to report poor physical health or chronic pain, headaches, difficulty sleeping.⁷
Community Perspective

Jenny Anderson, R.N., B.S.N.

• Ms. Anderson felt that Springfield High School’s curriculum encouraged the inclusion and discussion of LGBTQ topics in the health curriculum.
• She explained that her discussions of relationships are very broad and do not solely focus on heterosexual encounters.
• Ms. Anderson felt that updates to the curriculum would be beneficial to students, as she believed that there is a significant proportion of LGBTQ students at the school that would benefit from it.
• She stated that the school has a GSA (Gay Straight Alliance) club that is largely peer led and noted that the available continued discussion for students adds extra support and resources for LGBTQ students.
• She explained that any additional resources would always be helpful to students.

Amanda Rohdenburg, she/her/hers, Associate Director at Outright Vermont

• Much of Vermont schools’ health curriculum is controlled at the local level, meaning discussion of LGBTQ topics might not be covered in the classroom.
• Largely, the feedback that Amanda receives after encouraging LGBTQ+ inclusivity in sex education is positive, with individuals saying that there is always more that could be done to provide resources and services to LGBTQ youths.
• While many people react positively to Outright Vermont’s efforts, there is still occasional pushback from community members, including individuals who deny the presence of LGBTQ youths in their community.
• Most recently, Outright Vermont has begun to offer training sessions for teachers who wish to become more proficient in incorporating LGBTQ topics into sex education.
Intervention & Methodology

Referencing Vermont’s Agency of Education, an abbreviated, one page, double-sided, handout was created and distributed to schools with LGBTQ+ inclusive suggestions for sex education curriculum modifications.\(^8\)

Front side of hand out included a checklist of best practices for LGBTQ+ inclusion in curriculum. Back side included a list of inclusive and exclusive language choices in the form of “Do’s” and “Don’ts”.

With permission, Outright Vermont’s LGBTQ+ Texting Hotline flyers were also distributed to rural schools.
Health teachers were amenable to utilizing the handout to refer to for future years’ health curriculum to be more inclusive of LGBTQ+ friendly materials.

Youths can now access accurate information quickly via text hotline if they have any unanswered questions that they do not feel comfortable discussing face-to-face.

Outright Vermont’s LGBTQ+ Texting Hotline flyers were printed and distributed to students during health class. The flyer was also made available in the school nurse’s office.
Proposed Evaluation

• A brief follow-up survey given to students asking if they felt their education included: access to LGBTQ-related health curriculum resources, sex education that included LGBTQ+ topics.
• A brief follow-up survey given to health teachers asking how helpful they felt the handout was and if they had implemented changes to the curriculum.
• Quantify the number and frequency of text messages to Outright Vermont’s LGBTQ Texting Hotline pre- and post-intervention.

Limitations

• Student were not surveyed prior to the intervention to assess whether they felt their curriculum was already LGBTQ+ inclusive.
• There is no way to monitor that teachers utilized and referred to the handout when developing future lesson plans, given the duration of the project.
• It cannot be determined whether or not the new incoming text messages are from rural or metropolitan Vermont areas.
Future Directions

As discussion of more LGBTQ+ topics become commonplace in health curricula, future efforts could be made to explain gender and sexuality as a continuum as opposed to a binary system. This could be especially helpful for youths who are confused or curious about their own feelings.

In the future, interventions could be aimed at expanding resources with information regarding LGBTQ-related topics in school libraries.

In regards to the texting hotline, it would be beneficial to periodically assemble LGBTQ experts to assess the accuracy of information supplied via texting service.

New texts should be analyzed and incorporated into the database of inquiries submitted to the hotline to reassess for any gaps in learning to guide future curriculum modifications.
References


