




December 2012

Policy Brief 11

RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES



PROVIDING INCLUSIVE SEX EDUCATION IN SCHOOLS WILL ADDRESS THE HEALTH NEEDS OF LGBT YOUTH

BY MARISOL SANCHEZ

BY MARISOL SANCHEZ

PROVIDING INCLUSIVE SEX EDUCATION IN SCHOOLS WILL ADDRESS THE HEALTH NEEDS OF LGBT YOUTH

Implementation of programs that incorporate and address the health needs of lesbian, gay, and transgender (LGBT) youth will help reduce risky behaviors and negative health effects and create safer, more supportive, and more inclusive environments in the nation's schools.

SCHOOL can be a challenging time for LGBT youth as they struggle to understand their sexual identity and their relation to friends, family, teachers, and peers. According to a recent study, two-thirds of youth have had sex before their high school graduation. Of those, 40% did not practice safe sex.¹ Sex education in schools fails to provide a comprehensive curriculum addressing the health needs of LGBT youth. As a result, they lack the necessary information about safer sex and health risk behaviors. Because heterosexuality is presented as a social norm, sex education disregards LGBT youth, leaving them at risk for sexual violence and prone to engage in unprotected sex.²

The Centers for Disease Control and Prevention found that although sexually active teens and young adults (ages 15 to 24) make up one-quarter of the population, they account for nearly half of new STI cases each year.³ In a nationwide study of men who have sex with men (MSM), 10% of young MSM tested positive for HIV and 69% of those who tested positive were unaware of being infected.⁴ Young women who have sex with women (YWSW) may have a lower risk of contracting HIV but are at risk for other sexually transmitted infections (STIs).⁵



CRITIQUE

Current sex education standards fail to provide risk reduction instruction for LGBT youth.⁶ The prevalence of health-risk behaviors (violence, attempted suicide, drug use) among LGBT youth reflects the lack of school health policies and practices to promote healthy sex behaviors.⁷ Without appropriate materials and professional training development, parents, teachers, and health care providers may be unable to provide the necessary information about safe-sex practices to LGBT youth. Because of social stigma in some communities and families, teens can become ostracized for their sexual orientation, which may influence their decision in seeking social services.⁸ A vulnerable population, LGBT youth need access to proper care and quality services.

Because of social stigma in some communities and families, teens can become ostracized for their sexual orientation, which may influence their decision in seeking social services. LGBT youth are a vulnerable population who need access to proper care and quality services.

RECOMMENDATIONS

SB 71, the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, states that teachers should be properly trained to discuss material with students, but teachers are not held accountable for disseminating the information appropriately.⁹ Instead, individual teachers have complete discretion on whether to include the needs of LGBT youth when discussing sexual health. The risks related to manual, oral, and anal sex, are often not included in the dialogue for sex education.¹¹ The Act should be revised to mandate that health and sex education curricula provide information relevant to LGBT youth and use inclusive language when discussing the material to eliminate stigma.

While federal policy on sex education is currently not inclusive of LGBT youth, the Real Education for Healthy Youth Act (HR 3344), which was introduced by Rep. Barbara Lee [D-CA9], includes a provision that would require that “no Federal funds be used for health education programs that are insensitive and unresponsive to the needs of lesbian, gay, bisexual, or transgender youth.”¹² Research suggests that providing group based comprehensive risk reduction for adolescent youth can lead to a decrease in pregnancy, HIV, and STIs.¹¹ Passage of this act would help increase awareness of the potential risks of engaging in unprotected sex and reduce the frequency of STIs for all sexually active youth, including LGBT youth. All youth would be better equipped to make informed decisions about relationships and sexual health. Schools should be a supportive and safe environment for the development of all of their students, and comprehensive policies are needed to respond to their needs.

Marisol Sanchez is an M.S.W. student in the Department of Social Welfare in the Luskin School of Public Policy at UCLA.

CREDITS: Photo on page 11 by ScantyNebula; photo on page 12 by fstop123/istockphoto.com

NOTES

1. *Bringing High-Quality HIV and STD Prevention to Youth in Schools*: Centers for Disease Control and Prevention's Division of Adolescent and School Health. 2010. <http://www.cdc.gov/healthyyouth/about/pdf/hivstd_prevention.pdf> URL accessed July, 2012
2. *The Impact of Homophobia and Racism on GLBTQ Youth of Color*, E. Bridges. 2007. <http://www.advocatesforyouth.org/storage/advfy/documents/fsglbtq_yoc.pdf> URL accessed December, 2011
3. *2009 Sexually Transmitted Diseases Surveillance*. Centers for Disease Control and Prevention. <<http://www.cdc.gov/std/statso9/other.htm>> URL accessed August, 2012.
4. *Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men—21 Cities, United States, 2008*. Centers for Disease Control and Prevention. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5937a2.htm>> URL accessed November, 2011.
5. *Young Women Who Have Sex With Women: Falling through Cracks for Sexual Health Care*. Gilliam, J. Advocates for Youth, 2001. <<http://www.advocatesforyouth.org/storage/advfy/documents/ywsw.pdf>> URL accessed January, 2012.
6. In the Dark: Young Men's Stories of Sexual Initiation in the Absence of Relevant Sexual Health Information. Kubicek, K. *Health Education Behavior*, volume 37, issue 2, pages 243-263, 2010.
7. *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12*. Kann, L., et.al. Centers for Disease Control and Prevention, 2011. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>> URL accessed August, 2012.
8. Critical Incidents, Invisible Populations, and Public Policy: A Case of the LGBT community. Colvin, R., *Journal of Critical Incident Analysis*, volume 1, issue 1, Fall 2010. <<http://jcia.aciajj.org/volume-1-no-1/critical-incidents-invisible-populations-and-public-policy-a-case-of-the-lgbt-community/>> URL accessed August, 2012.
9. Text of SB 71: The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act. <<http://www.cde.ca.gov/ls/he/se/>> URL accessed January, 2012.
10. Text of HR 3324 IH: The Real Education for Healthy Youth ACT. <<http://www.opencongress.org/bill/112-h3324/text>> URL accessed January, 2012.
11. *Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men—21 Cities, United States, 2008*. Centers for Disease Control and Prevention. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5937a2.htm>> URL accessed November, 2011.
12. The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency virus, and Sexually Transmitted Infections. Chin, H., et.al., *American Journal of Preventive Medicine*, volume 42, issue 3, pages 272-294, 2012.

For more information on CSW Policy Briefs, visit <http://www.csw.ucla.edu/publications/policy-briefs>. CSW Policy Briefs are also available at the California Digital Library: <http://escholarship.org/uc/csw>

UCLA CENTER FOR THE STUDY OF WOMEN
Box 957222/Public Policy Bldg 1500
Los Angeles, CA 90095-7222
310 825 0590 • cswpubs@csw.ucla.edu

INTERIM DIRECTOR: Rachel Lee