

UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

Gender Identity and Diversity in Oklahoma Sex Health Curriculum: Non-Binary Student Voices

A THESIS

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

Master of Human Relations

By  
Hannah Scout Hossaini Anvar  
Norman, Oklahoma  
2022

Gender Identity and Diversity in Oklahoma Sex Health Curriculum: Non-Binary Student Voices

A THESIS APPROVED FOR THE  
DEPARTMENT OF HUMAN RELATIONS  
BY THE COMMITTEE CONSISTING OF

Dr. Janette Habashi, Chair

Dr. Shannon Bert

Dr. Anthony Natale

© Copyright by Hannah Scout Hossaini Anvar 2022  
All Rights Reserved.

## TABLE OF CONTENTS

<b><i>CHAPTER ONE: INTRODUCTION</i></b> .....	<b>1</b>
Preface .....	2
Introduction .....	2
Why Include Gender in Sex Education? .....	5
Purpose .....	7
Terms .....	10
Guiding Questions.....	12
Framework .....	13
Subjectivity Statement.....	15
<b><i>CHAPTER TWO: LITERATURE REVIEW</i></b> .....	<b>17</b>
Introduction .....	18
Sex Health Literature .....	18
Oklahoma State Statute Requirements .....	19
Funding Barriers.....	20
Education and Social Responsibility .....	22
Parental Sex and Health Attitudes .....	23
Student Sex and Health Attitudes .....	25
Considerations For Young Students .....	26
Sex and Health Language.....	28
Gender Performativity .....	29
Gender Binary vs. Gender Spectrum .....	30
Non-Binary Identity.....	33
Sex and Health Education in Practice .....	34
Incorporating Relational Skills .....	37
<b><i>CHAPTER THREE: METHODOLOGY</i></b> .....	<b>40</b>
Introduction .....	41
Design and Methodology .....	41
Participants .....	42
Data Collection .....	43
Interview Process.....	44

Data Analysis Process.....	46
Emerging Themes.....	47
Limitations.....	48
<b>CHAPTER FOUR: FINDINGS.....</b>	<b>50</b>
Findings .....	51
Hidden Curriculum VS. Core Curriculum.....	51
Inability to Come Out.....	53
Struggles With Mental Health.....	56
Impacts of School Climate .....	57
Discouraging Authenticity .....	59
Gender-based violence.....	60
Conclusion .....	61
<b>CHAPTER FIVE: IMPLICATIONS AND RECOMMENDATIONS.....</b>	<b>63</b>
Introduction .....	64
Overview .....	64
Key findings and Implications .....	65
Recommendations .....	66
Conclusions .....	67
<b>REFERENCES .....</b>	<b>70</b>

## ABSTRACT

This research studies Oklahoma-educated, non-binary university students as sources of information about gender identity and diversity messaging in Oklahoma public schools and its impacts. It is the assumption of this research, based on the background of the researcher and supporting literature, that Oklahoma students may not have been given enough information about gender identity and diversity in public high schools between 2006 and 2010. Through a qualitative phenomenological research design, interviews were conducted on a sample of this population. This study highlights and discusses six major themes: the effects of hidden curriculum, shared experiences of mental health issues, an inability to come out of the closet, impacts of gender-exclusive school climates, discouraged authenticity of identity, and perpetuation of gender-based violence. Sex health education programs should use these themes as guidance to aid in creation of gender-inclusive programs in the future.

*Keywords: gender diversity, gender identity, non-binary, gender-exclusivity, sex education, health education, Oklahoma education, LGBTQ+ representation.*

CHAPTER ONE: INTRODUCTION

### **Preface**

Non-binary gender is a political, social, and personal identity that speaks to a larger narrative of dismantling the gender binary that claims male and female are mutually exclusive and absolute. Using non-binary as a self-identifier signals to others how one defines their place on the spectrum of gender. It is a way for people to identify that their gender does not conform to the male/female binary. Non-binary people experience their gender in a multitude of ways, just like cisgender people. However, there is far less research on non-binary identity than there is for binary identity. Non-binary identity does not necessarily require or coincide with androgyny, it is a political, social, and personal identity descriptor. Non-binary people can sit anywhere on the vast spectrum of gender identity, they do not necessarily sit in the very middle of male and female. This means non-binary people perform both masculine and feminine attributes free from binary gender norms.

In school, children are taught about gender through lessons and core curriculum, but also through peer interaction and play. This research seeks to study non-binary individuals as sources of information about gender identity and diversity messaging in Oklahoma public schools and its impacts. It is the assumption of this research, based on my background as a researcher, that Oklahoma students may not be given enough information about gender identity and diversity. This introduction will provide a brief background and set the stage for the research.

### **Introduction**

We learn about gender from our many experiences in youth. We are influenced by family, school leaders and peers, exposure to media representations of gender norms, internet trends, etc. While family values are often cited as a strong influence on children's gender ideals, students receive greater interpersonal contact and play with others in school (Oliver, et al., 2013). School is where children spend a significant amount of time during peak developmental years



with others. Social contact and social learning increases gender socialization and self-awareness (West & Zimmerman, 1987). This research project is focused on schools as a source of gender education.

We are categorized as one of two sexes (male or female) at birth, which correspond to a gender (man or woman), and are expected to live our lives through our respective gender social script. Anyone born into this gendered system is categorized as either male or female, generally based on their genital presentation at birth. It is understood within this system that bodies are classifiable and come with certain gender performance expectations. Gender expectations are concerned with social norms about masculinity and femininity. School is where these scripts are often played out and reinforced for students.

Gender has been theorized as a “routine, methodical, and recurring accomplishment” (West & Zimmerman, 1987 as cited by Nordmarken, 2019, p. 37) or a performance based on repetitive behaviors (Butler, 1988). These definitions both rely on the way people perceive others, rather than how they perceive themselves or conceptualize their own identities. Gender is a tool for self-expression and defines our unique relationships with masculinity and femininity. If children are taught that their gender is a blank canvas with endless possibilities, they might feel more actualized earlier in life. Students that are given the tools to or conceptualize their gender based on their preferences, may experience a greater sense of self-actualization (Eyre, 1993). Furthermore, students that do not identify within the confines of the gender binary are not often represented in the sex or health curriculum. Even if gender diverse students are accepted into school culture, they are often not represented in their school work and there lies room for change (Cortes, Eisler, & Desiderio, 2016).

There is already much research proving that comprehensive, gender-inclusive sex education leads to positive outcomes for students (UNESCO, 2015; Mangin, 2018; Carcedo et al., 2020), however most states do not have an inclusive curriculum (*Sex Education Laws and State Attacks*, 2021; *Sex and HIV Education*, 2021). For decades, sex and health education has been an optional curriculum within many public institutions. This has left sex and health education standards unregulated and unchecked for years. Oklahoma is no exception. Gender is one of many topics that is often left out. Since gender is an inherent part of human identity and impacts the ways we interact with ourselves, it is relevant to sex and health education.

Oklahoma's sex and health education is exclusive, outdated and not medically accurate (*Oklahoma State Profile*, 2021). Many of the large groups opposing comprehensive or gender-inclusive sex and health education in schools advocate that these topics are inappropriate for the classroom, cause gender confusion, or promote homosexuality (Russel & McGuire, 2008). The focus is often turned to deviance and the corruption of youth through exposure to sexually explicit information rather than safety. However, safe and inclusive school environments are made up of informed students and teachers. So, when we talk about the sex and health curriculum, we need to provide age-appropriate information to the entire student body that affirms their validity and promotes safety. Although some states have schools that have implemented effective clubs or programs like Gay-Straight Alliances (GSA) to create a more inclusive climate on school campus, most do not include representations of gender ambiguity and non-conformation. In turn, gender diversity can still feel excluded.

For clarity, this thesis is organized into five distinct chapters, each with its own task. In chapter one I will outline and introduce what sexual health is, state the purpose of this study, and define key terms that will be used throughout this thesis. In chapter two, I review relevant past

literature on sexual education curriculum and non-binary identity, which provides context. I will outline this study's methodology and methods of data collection in chapter three. Chapter four will analyze the data collected and introduce the findings. Lastly, in chapter five there will be a discussion of the findings and conclusions based on the data.

### **Why Include Gender in Sex Education?**

Gender is important to include in sex and health education because it is related to our fundamental self-understanding and identity. Gender-inclusive curriculum is age-appropriate for young children because we typically become aware of gender within the first five years of life (Hawkins, 2018). So, we all should learn about gender while we start to have confusing or complex questions about identity. In a way, children are gendered and sexual beings in training thus, schools need to provide an accurate and comprehensive sex and gender education to support them. Students often learn about puberty because it affects them in ways they cannot separate from or ignore. For example, when young people start their menstrual cycles or experience arousal for the first time, they may have complex unavoidable questions. Schools are one place where they learn about these things. However, when students engage in gender exploration, they may not be able to locate as many resources in their schools.

School should be an affirming place for all students. Classrooms are designed with the intent to serve as safe places where students can ask important questions. Cultivating critical conversations should be a priority for education facilitators, no matter the topic of study or age of their audience. Talking to children about gender during sex education lessons specifically is crucial because it allows them to develop not only a sense of self, but a schema of how to interact with others in ways that are relevant to them (Oliver, et al., 2013). Gender is not only how we feel and how we express ourselves, but it is also something we are socialized to expect others to present to us. We learn to expect others to perform gender in heteronormative ways because that

is what is expected of us too (Butler, 1988). We are taught to expect a clear binary gender performance from everyone we encounter and are conditioned to consider sex and gender to be the same thing (Rabbitte, 2020). Schools hold the power to impact the way the next generation treats gender diversity (Paterson, 2018) and could steer students in a direction that mirrors the true complexity of the spectrum of gender.

Sex and health education is an introduction to how we relate to others appropriately and intimately, and how we create boundaries. Sex and health education is more than just a biological or mechanical description of sex. It teaches us to negotiate our preferences and learn more about ourselves. Not only do students need to understand the mechanics of their changing bodies, but also of their growing minds. Gender is something that we conceptualize in our heads, while sex is determined by our chromosomes. To be clear, gender and sex are two separate and unrelated facets of the human experience, but we cannot deny their co-relevance during puberty as children begin to take notice of both.

While gender, sex, and sexual orientation are different aspects of identity, they all make up a significant part of our self-understanding. It is particularly important for LGBTQ+ students to be visible in the curriculum for their self-concept, self-esteem, and sense of safety. If the peers of gender diverse students are informed and tolerant too, they may also be more actualized within their school community. It is proven that LGBTQ+ friendly school climates positively impact all students (Florida, 2002). Additionally, LGBTQ+ students should learn about gender affirming interventions and tactics that are available to them whenever possible. This includes information on puberty blockers, pronoun choice, hormone therapies and other gender affirming interventions. Sex education is a relevant vehicle to introduce these options.

**Purpose**

Non-binary people have a long way to go before achieving accommodation into society. There is a need for more research, representation, and respect for the existence of non-binary and gender non-conforming identities. This research project advances and contributes to non-binary research. This is achieved by working with non-binary students specifically to address the exclusion of their gender identity in Oklahoma public school sex and health education. Capturing feedback from non-binary students that have experienced an Oklahoma public school education is imperative because neither public policy nor statute provides a comprehensive understanding of the impacts of exclusive sex and health education.

The ways sex and health are taught in schools across the state can heavily influence the health outcomes of an entire generation (Advocates for Youth, 2021). Sex and health education can influence both national public health and individual quality of life. Sex and health education policies shape how we make decisions about our bodies and, later in life, our families. Those that are not included or represented in sex and health curriculum are left to their own devices when it comes to making many of these personal choices. With this in mind, it is reasonable to argue that the sexual education curriculum should be constructed to include representation for all sorts of identity groups. This would benefit all students, not just those that have diverse or divergent sexual orientations or genders (Florida, 2002). The more exposure all children have to divergent identities, the better prepared they may be for the diverse world we live in. It must also be said that it is just as important to include information on binary gender identity in curriculum as it is non-binary gender identity. This is so, because all children need to have access to information about the bodies and the world that they live in, which is often a binary gendered world.

Focusing on one part of the larger LGBTQ+ community, why are non-binary people important to hone in on? Because under the status quo, some divergent identities are discussed

more often in sex education than others (Aspegren, 2021). For example, heterosexual and homosexual people are often mentioned within curriculum, regardless of the positive or negative light they are illuminated through. Some transgender people even appear in literature, so long as they still aesthetically fit into a heteronormative ideal society that enforces about gender, post-transition. Conversely, non-binary identity is excluded more frequently within conversations about sex and health in academia and in legislation altogether. Non-binary people have historically lacked representation in education and policymakers, like Oklahoma's current Governor, continue to demonize and exclude them (Stanton, 2021). So, their voices are among the most important to amplify within this conversation. Without further research and examination on non-binary exclusion in education, we cannot create a more equitable student experience for all.

The primary function of sex and health education should be to inform and provide positive regard to all students on matters of body autonomy, sex, gender, and agency. However, many states in the U.S. do not provide comprehensive sexual health education and do not meet these goals (*Movement Advancement Project: State Profiles*, 2019). Based on that, it is fair to say that the nation may be coming up short, not just Oklahoma. To evaluate Oklahoma specifically, narratives from a non-binary, university attending demographic will be collected and compiled along with policy and curriculum information.

In a country where homosexual relationships are acknowledged by law through marriage, it is regressive not to provide this group, and their peers, with proper health education. Again, gender identity should not be conflated with sexual orientation, but both groups may experience exclusion from sex and health curriculum (Aspegren, 2021). Some may argue that heterosexuality and heteronormativity are the majority and therefore not enough children in K-12

settings belong to the LGBTQ+ community for it to be statistically significant. But, in a 2019 Gallup poll, it was found that 3.8 percent of adult Oklahoma respondents identified as members of the LGBTQ+ community (*Movement advancement Project: State Profiles*, 2019; Gallup, 2019). Roughly the same percentage of Oklahomans (3.91 percent) live in Canadian County, which stands as one of the state's largest (*Oklahoma Population, 2021*). We as a state will be remiss if we continue to deprive a significant portion of the population with medically accurate health information. To misguide or neglect a growing population of people is irresponsible and has no proven benefits to the state as a whole (Fertig & Reingold, 2007). How we frame the possibilities of life and identity to children influence their preferences and desires later in life. If we only teach compulsory heterosexuality to students that may be part of the LGBTQ+ community, it can cause emotional distress or damage their self-concept (Eyre, 1993).

One study that prompted this research was previously done on sex education attitudes of gay and bisexual men in Oklahoma. Most of the respondents reported that they “did not receive a formalized sex education in school” (Currin, Hubach & Croff, 2019). The study concluded that this portion of the LGBTQ+ community in Oklahoma agreed to a need for comprehensive sex and health education programs in public schools. This created a gap in research, as it only captured the voices of male respondents and did not emphasize the consequences that they faced due to a lack of inclusion in school. This study aims to fill that gap and document experiences from different queer identity groups, specifically people identifying as non-binary.

It is important to note that no two people experience their gender or sexual orientation the same way, so I expect much diversity in self-identifying pronouns and topics discussed during the data collection processes. A large portion of research in this field targets sexual orientation as

the topic of study, with homosexuality as the most commonly studied queer identity (Drazenovich, 2015; Malone & Rodriguez, 2011; Russell & McGuire, 2008). Not many national or large-scale studies take on the project of discussing gender fluid, transgender, or non-binary identity; they are underdeveloped (Stanger-Hall & Hall, 2011). This research contributes to that growing body of knowledge. The following section contains definitions for several terms that are used throughout this research.

### **Terms**

For clarity, the following terms will appear in this thesis project. I have compiled these definitions from several sources paired with my own experience.

Androgyny: A term used to identify those that perform gender in a way that does not read as strictly masculine or feminine. This term is used to describe people that appear aesthetically to be genderfluid, genderless, or gender non-specific.

Asexual: A term used to identify those that do not experience sexual and/or romantic desire. This identity exists on a spectrum as well. Asexuality is another identity group that is often excluded from sex and health education.

AFAB: Assigned female at birth. Used to indicate what sex was assigned at birth. This does not have bearing on present gender or sexual expression.

AMAB: Assigned male at birth. Used to indicate what sex was assigned at birth. This does not have bearing on present gender or sexual expression.

Coming out of the Closet: Disclosing or being transparent about one's sexual orientation or gender identity publicly. Coming out of the closet is often a stressful event as identity is highly personal.



Heteronormativity or Compulsory Heteronormativity: The concept that assumes heterosexuality is the default and normal sexual orientation. It does not allow for queer sexualities or identities and emphasizes sex as a tool only used for procreation.

Non-Binary or Gender Non-Conforming: Having a gender outside of the Male/Female binary and does not conform to traditional social norms. Non-binary identity is often referred to as a transgender experience, but each person has a unique relationship with gender and it cannot be generalized.

Intersex: Someone biologically born outside of the Male/Female sex binary through hormones or chromosomes. Intersexuality manifests itself within sex organ genotypes and/or phenotypes. An intersex person may have some portions of both major reproductive systems (male and/or female) or have divergent chromosomes.

LGBTQAI+: This acronym describes the Lesbian, Gay, Bisexual, Transgender, Queer, Asexual, Intersex, etc. community. The “+” indicates that this community is complex, and its definition is constantly expanding and evolving. The term is shortened for this research to LGBTQ+.

Queer: This umbrella term describes any gender, sex, or sexual identity that falls outside of social sex and gender norms. Any non-normative identity can fall into this category, but it is a self-identifier more than anything. The word “Queer,” historically used as a slur, ought to be a reclaimed self-identifier and should not be used to describe others without their input.

Transgender or Trans: One who has transitioned from their assigned gender at birth, to another. This term indicates individuals that have either socially, medically, or internally transitioned. It is important to note that transgender experience is not universal or generalizable due to its vastness and complexity. Every trans person has their own unique experiences and insights about gender and self-expression that are both personal and valid.

Sex and Health Education/ Sexual and Health Curriculum: Education that addresses reproductive, relational, sexual, emotional, psychological, and physical health. This curriculum ought to be inclusive and intersectional.

STI / STD: Sexually Transmitted Infections or Diseases.

(*Glossary of Terms*, 2020; Zinn, Hondagneu-Sotelo, & Messner, 2020; Rabbitte, 2020; Cortes, Eisler, & Desiderio, 2016; Strear, 2016).

### **Guiding Questions**

In this study, I capture a snapshot of Oklahoma sex and health curriculum through the voices of non-binary university students because of their unique experience with exclusion. The following questions guided the research:

- (1) What do non-binary university students identify as missing from Oklahoma public school core curriculum?
- (2) If non-binary people receive gender-exclusive sex or health curriculum in school, how does that affect their lives?

This project illustrates how excluding gender identity from sex and health curriculum affects non-binary students. University students are important to this project because by the beginning of legal adulthood, students may have recent and relevant insights on the reality of sex and health education in different Oklahoma school districts. In Oklahoma, statutory education standards do not require programs to include information about gender identity, sexual orientation, divergent ability, healthy boundaries and relationships, birth control, abortion, pleasure, or consent (*Oklahoma Academic Standards for Health Education*, 2020). This exclusion of information may prevent young people from having a complete understanding of their resources and their identities.

Providing medically and socially accurate sex and health education has increased self-esteem and democratic involvement by emphasizing body autonomy and agency in adolescents (Helminiak, 1989). In places where comprehensive and gender-inclusive sex and health information is made available to adolescents, the rates of pregnancy, depression, STI prevalence, and sexual assault all decrease among teens (*State Resources on Reproductive Well-Being*, 2019; Beltran, 2016). This is something we have the ability to model in every school.

### **Framework**

Feminist theory is used to frame and guide this research project. Feminist theory seeks to connect the personal with the political in novel ways and explains the ties personal acts have to dominant narratives and discourses. Feminist theories seek equity and gender inclusivity in opposition to heteronormative social standards. According to Judith Butler (1988),

Feminist theory has sought to understand the way in which systemic or pervasive political and cultural structures are enacted and reproduced through individual acts and practices, and how the analysis of ostensibly personal situations is clarified through situating the issues in a broader and shared cultural context. Indeed, the feminist impulse, and I am sure there is more than one, has often emerged in the recognition that my pain or my silence or my anger or my perception is finally not mine alone and that it delimits me in a shared cultural situation which in turn enables and empowers me in certain unanticipated ways. (p. 522).

Equity on a global scale starts with individual acts which can be traced in this case, back to the classroom. The ways we address questions that children have about gender in schools, determine the ways they will interact with gender identity in the future. They may be more likely to perceive identity as a fluid idea of the self if given the tools to think critically

about how they fit into the world. Feminist theory accommodates this by advocating for creating equitable and safe spaces for all students and challenging heteronormative social standards. It is key to allow students to be experts on their own identities and experiences within these spaces to reinforce their sense of agency. Perhaps due to its name, feminist theory may be misunderstood as irrelevant to the classroom, but it is the responsibility of educators to empower and inform all students so that they maintain the full range of ability to imagine and identify for themselves (Blaise & Taylor, 2012, pp. 89-96).

Queer populations are among the most understudied in many fields (Beltran, 2016). Due to the vastness and diversity between LGBTQ+ people, it is vital to include considerations for the health and safety of all when constructing the curriculum or guidelines for sex and health instruction. The stakes are high, especially for those that currently are, or plan to be on puberty blockers or hormone replacement therapies for the purposes of gender affirmation.

To clarify, everyone participates in gender affirmation practices in some way. Gender affirmation practices are anything that validate and reflect one's gender identity. Gender affirmation is something everyone has the ability to participate in and it can look like anything from a hairstyle to a surgical intervention. Older cisgender men and women for example often use hormone interventions when their estrogen or testosterone levels drop, and anyone can choose clothing or nicknames that reflect their personal relationship with gender. This is significant to this conversation because gender affirmation is not a luxury afforded to queer people in the same way as it is to cisgender people. Gender affirmation plays a role in psychological well-being and self-assuredness that all people deserve access to (Eyre, 1993).

Gender identity and sexual self-assuredness affect people biologically in ways that they should understand. Taking control of one's health as a queer person has become a privilege only

afforded to some within a system that prioritizes heteronormative identity. Thus, it is the responsibility of current and future scholars to use a feminist framework when conducting research in regard to this group.

### **Subjectivity Statement**

As a researcher, I have a responsibility to put my work into the context from which I come. This research project is very personal to me, and I would be remiss if I did not include an analysis of how my social positionality influences my thought processes, topic of interest, and methods of research. It is also important to note that some respondents may disagree that sexual education should be taught in schools and as a researcher, it is my job to record and correctly report my findings without personal interference.

I am a non-binary person which is an identifier I use to describe my relationship with gender. I do not neatly fit into the category of “woman” or “man,” “masculine,” or “feminine.” Rather, I am comfortably multifaceted within my gender expression and performance. I have a fluid relationship with masculinity and femininity. My identity exists outside of a social standard and many major social expectations. In Oklahoma, there is no significant policy or legislative action that supports the existence and validity of non-binary identity. This means that my school’s sex and health education did not include my identity specifically, or the idea of gender as a choice.

Further, I am a first generation Iranian-American person and this aspect of my identity influences my perspective and values. Iranian culture greatly values privacy and the family unit as a source of community. It is important to note that Iranian values do not traditionally condone sex information to be publicized anywhere, but in the home. Iranian culture does not support the notion that schools should serve as a source of sexual health education. Iranian culture typically discourages publicizing something as personal as sex. I have grappled with these values and been

mindful of the internal cultural obstacles I may live with. Another segment of my identity that could influence my perception of sex and health education is my experience with polyamory and non-monogamy. This explains my heightened interest in healthy sexual and personal boundaries. When engaging with multiple people romantically or intimately, there must be consistent and clear communication about gender identity and sex health. I had to teach myself these things through trial and error and had little guidance. I hope to create some guidance on this for youth in the future.

CHAPTER TWO: LITERATURE REVIEW

**Introduction**

Sex health programming in Oklahoma has changed drastically since its inception. As the legislature alters funding formulas and public opinion shifts with time, the standards for instruction are hardly ever agreed upon. In this literature review, I will first discuss the current statutory requirements for Oklahoma sex and health education and address barriers such as funding. Then I will discuss the ties sex and health education have to social responsibility and bring parent and student attitudes into context. Then I will analyze trends in sexual health education over time through policy and touch on the ineffectiveness of abstinence-only, gender-exclusive education. Next, I will provide considerations for young students such as language, the gender binary, and non-binary identity. Lastly, I will speak to sex health education in practice and the significance of incorporating relational skills into this curriculum for students.

**Sex Health Literature**

Looking at trends in sexual health education in schools over the last several decades, the curriculum has become increasingly narrow and exclusive. For example, a study conducted in 2000 published by the Guttmacher Institute concluded that from 1988 to 1999, the sexual health curriculum in the United States became more focused on abstinence and less focused on medically accurate information about contraception, abortion, gender, and sexual orientation (Darroch, Landry, & Singh, 2000).

According to a study analyzing national trends in data,

Increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates. This trend remains significant after accounting for socioeconomic status, teen educational attainment, ethnic composition of the teen population, and availability of Medicaid waivers for family planning services in each state (Stanger-Hall & Hall, 2011, p. 110).



Cited by McGarry (2013, p. 28), it has also been proven and reinforced through past research that "addressing human sexuality in an appropriate and factual fashion leads to informed teens, increasing the likelihood of students making healthy decisions" (Montgomery County Public Schools, 2006).

Due to Oklahoma's significantly high rates of unplanned teen pregnancy, STI transmission rates, and sexual assault, there is evidence that abstinence only sex education may be ineffective (*State Resources on Reproductive Well-Being*, 2019). Research that illustrates good, comprehensive sex and health education during each stage of human development must be evaluated to restructure sex and health education standards. Even with all the supporting data in the world, half of the battle is getting parents, school boards, and the general public to come together behind the idea of providing comprehensive, gender-inclusive sex education in schools. We must address the growing need for comprehensive sex and health education that is based on student needs to improve Oklahoma public education.

### **Oklahoma State Statute Requirements**

Currently, Oklahoma sex and health education standards, according to statutes 70-11-103.3 and 70-11-105.1, only require Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) to be taught to public school students. They must be given the opportunity to learn these topics between grades five and twelve. Still, parents are typically given the ability to opt their students in or out of this curriculum. So, even the topics required in the statute are optional, as decided by parents.

The guidance provided in the statute describes that the instruction should emphasize HIV/AIDS transmission and prevention, but does not get into medical specifics (*Oklahoma Academic Standards for Health Education*, 2020). A few of the problematic aspects of this statute include its reliance on abstinence-only education, use of outdated, homophobic

information, and lack of specifically helpful medical information. It does not include information on medication interventions and perpetuates a negative social stigma about sexually transmitted infections. Historically, HIV/AIDS were thought to only affect homosexual and/or intravenous drug using populations, so policy reflected this misconception (*Debunking Common Myths About HIV*, 2017). However, HIV/AIDS can affect any sexually active person, regardless of sexual orientation or drug use (*HIV and The LGBTQ Community*, 2017). Although important to note that LGBTQ+ communities may be more indirectly vulnerable than other groups, anyone engaging in unprotected sex can be affected. LGBTQ+ populations deal with social stigma around their identities, less legal protections and less access to medically and socially accurate health care. Of all of those affected, queer people often suffer in silence (*Debunking Common Myths About HIV*, 2017). Knowing this, why have these requirements not kept up with medical and social advancements? The answer to this can be found in funding for research and curriculum implementation.

### **Funding Barriers**

Sex health education in schools carries a hefty stigma, making the creation and maintenance of the curriculum difficult. The field of Social Sciences is ever expanding, yet many subjects are overlooked. One reason sexual health education is outdated lies with federal funding for research and curriculum implementation (Psaki, McCarthy, & Mensch, 2018). Funding is often decided by politicians that may or may not understand the implications of the policies they enact. While research continues to prove that comprehensive sex and health education generally improves the quality of life, federal funding has increased for heteronormative, abstinence-only education over time (Kollars, 2019).

While some states have refused to accept federal incentives for abstinence-only education, a majority hold on to outdated curricula for the financial benefit. Over \$1.5 million

was funneled into abstinence-only education programs by the federal government between 1996 and 2009 (*State Resources on Reproductive Well-Being*, 2019). Under President Bill Clinton, “the abstinence-only-until-marriage industry scored one of its largest victories when, under Title V, Section 510 of the Social Security Act, the federal government started granting \$50 million a year to state governments to dole out to sub-grantees to carry out these programs” (Malone & Rodriguez, 2011, p. 5).

Some of the criteria that programs must follow to qualify for federal funding under the Social Security Act include teaching “...the social, psychological, and health gains to be realized by abstaining from sexual activity,” and “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects,” and “bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.” These are just a few examples of the eight total criteria (Social Security Act, 1996). The one criterion that aligns with this research is the last which “Teaches the importance of attaining self-sufficiency before engaging in sexual activity” (Social Security Act, 1996). So, in a way, this justifies the inclusion of gender into sex and health education. Learning about gender and one’s social context can only strengthen their ability to achieve this “self-sufficiency.” Because of these incentives, the subject matter is difficult to advance in this field. As we can see, sex health education is heavily influenced by non-medical affiliated policymakers and often implemented without the future of all Oklahoma students in mind.

Homosexuality and queer identity are often misrepresented in media across the nation and non-binary identity is not included in Oklahoma education standards (Sex Education Collaborative Online Portal, 2021). This reflects the social stigma that otherizes non-heteronormative genders, sexes, and sexual orientations. Because Oklahoma legislation

specifically does not mandate a comprehensive sex health education curriculum (*Curriculum and Materials Used in Sex Education Class*, 2019; 70 OK Stat § 70-11-103.3, 2014), the material often mirrors social, religious, or popular culture rather than being medically accurate.

As the body of research supporting the validity of queer identity grows, so must the rest of the world. The exclusion of non-binary identities from sex and health education can further subjugate this marginalized group. Intersex and asexual people also have little to no representation in curriculum, and academic research. When intersex, asexual, and non-binary students enter Oklahoma schools, they can expect to have little to no representation in the health curriculum. That is, if they receive any sexual health guidance at all. This puts these students at a developmental disadvantage, which could be avoided if funding criteria kept up with medical accuracy.

Sex health intersects with physical, emotional, and mental health all of which currently have space in public school core curriculum. Learning about sex and health is vital during puberty and adolescence (Libby, 1970), so why is it propositioned and formatted as an optional one-semester course for students within a specific age range? Why have we not incorporated lessons about healthy boundaries, consent, gender identity, etc. into the public school core curriculum? Why must Oklahoma students reach high school or encounter a sexual experience before learning about healthy sexual behaviors? Answers to many of these questions come back to funding and political theater which often reject non-binary identity.

### **Education and Social Responsibility**

Children learn a lot about personal health and social responsibility in school, but they need the right guidance to grow. Teachers must give students relevant tools to inform personal and sexual decision-making. This means setting aside personal opinions, and presenting all information accurately. Although sex education programs have been shown to increase academic

success, many educators and school personnel still “see sexuality as a distraction or threat to student learning, obscuring its potential as a vehicle for connecting students to more traditional academic content” (Ashcraft, 2008, p. 635-636). However, there are already themes of masculinity, femininity, queerness, and sexuality in literature, science, sports, history, etc. These are already core components of public school curriculum. To sterilize and desexualize what is truly sexually relevant to students robs them of the opportunity to understand and familiarize themselves with the concepts of sex and gender identity in context. This limits their ability to receive a well-rounded education.

Public schools are designed to foster growth in students to produce educated, “democratic citizens” (Ashcraft, 2008, p. 637). The more interested students become in bettering society, no matter the scale, the more actualized they can be within their communities. Students are taught in schools to problem solve and think critically which, if maintained, can lead to a more democratic society. On the other hand, abstinence-only education further subjugates the sex and health knowledge of Oklahoma students. This can lead students to hold flippant or apathetic attitudes about their own well-being. LGBTQ+ and non-binary students are especially affected. Students that are not respected or represented in their education may not feel as eager to demonstrate democratic citizenship or give back to their communities. It is the unique ability of public schools to create an environment that encourages communal reciprocity and democracy (Ashcraft, 2008).

### **Parental Sex and Health Attitudes**

Parents often agree that sexual health is important to teach children, but they often disagree about where that information should come from and in what ways it should frame the possibilities of gender and the dangers and pleasures of sex. But it is important to note that there are messages about sexual health that we absorb through historical artifacts, art, and literature

because sex health literacy is not limited to a biological or mechanical understanding (Aspegren, 2021; Helminiak, 1989).

Two big factors that influence parental attitudes toward sex and gender education are their tendency to “want the teacher to impress the students with parental sex values,” (Libby, 1970, p. 235) and their own experiences with sex and gender in school. If parents did not receive sex or gender inclusive education in school, and it did not visibly hinder their quality of life, they may assume their children do not need it either. Some other factors that influence parental attitudes toward sex and gender education in public schools are their religious affiliation, socioeconomic status, and the number of young children in the home. Parents that attend church frequently, have had little to no sex education themselves, and/or have multiple, pre-pubescent children in the home are often less permissive of sex or gender diverse behavior (Kee-Jiar & Shih-Hui, 2020). On the flip side, parents with older children, looser ties to religious institutions, and/or experience with comprehensive sex education are more likely to advocate for inclusive health education for their children (Kee-Jiar & Shih-Hui, 2020).

Most parents share with teachers and other community members the goal of decreasing harmful or inappropriate sexual activity in young people, they just disagree on the methods used to achieve this goal. Historically, parents have advocated for abstinence-only sex health programs that discourage all premarital sexual relationships. According to Malone and Rodriguez (2011),

The irony of the situation, however, is that those parents and policymakers who most want young people to remain abstinent still support abstinence-only-until-marriage programs when they should be supporting comprehensive sexuality

education, which holds far more promise for delaying the initiation of sexual activity among young people (p. 7)

Ultimately, adults determine what information they want their children to be exposed to, and this can hinder how these children identify or how they see the world,

### **Student Sex and Health Attitudes**

Studies show that young people often fall victim to an “out of sight, out of mind” approach to their sex health (Inungu, et al., 2009, p. 260; Russell & McGuire, 2008; Szlacha, 2003). This can be dangerous for many reasons, and schools hold the unique ability to change this attitude in future generations. If students are properly informed about realities of gender and sex, they will be better equipped to protect their own sex health.

A large obstacle that impacts non-binary and gender diverse people is finding affirming adults in school and in health care settings. Those that fall outside of the gender and sex binary may not have the confidence to confer with adults or sex health professionals if they believe that their identity will not be respected or understood. One must have a reasonable ability to confide in and trust adults and professionals. This circles back to the idea of including information on divergent gender identities in school curriculum. If all educators and health professionals were required to be literate in gender diversity, more gender diverse people would have access to affirming health care and education. Arguably, the top two places where everyone should be comfortable asking questions about sex and health are school and a doctor’s office.

Gender diverse people have historically been robbed of proper representation in sex health curriculum and in healthcare (Kimmel, 2016). This subjugates the knowledge of queer people and can prevent them from having the tools to make informed and healthy decisions about their bodies (Faucette, 2014). This can lead students to hold medically inaccurate views on sex and health, or can cause them to have apathic attitudes toward their own sexual health

(Drazenovich, 2015). As stated previously, cisgender people have wider access to gender affirming healthcare than queer people.

To review, in order to increase overall sex and health awareness, more information needs to be addressed about gender directly in schools, and at every level. If we are all given the proper information about gender diversity, gender affirmation, sexual health, and STI prevention, society will have more effective tools to improve and maintain public health. Students that are not accurately represented in any major sex and health education curriculum, like those with divergent gender identities, may face many obstacles on their journey to being personally or sexually actualized. LGBTQ+ students in predominantly heteronormative institutions often struggle from exclusion from curriculum, and a lack of safety which all culminate into a lack of freedom of expression (Kimmel, 2016).

### **Considerations For Young Students**

When we break down something as large as the idea of sexual health, we must keep in mind the concept of health from a holistic perspective. We could consider marrying the field of sexual health to the realm of physical health when we teach or frame the concept for young people. Health as a class, concept, and phenomenon could be looked at broadly and taught consistently starting at a young age. For people to live balanced adult lives with healthy boundaries and relationships, sex and health education may play a role in each stage of development (Kollars, 2019).

Thinking about sex and health education, one may immediately imagine giving a young child a frank talk about sexuality, possibly exposing them to explicit materials. This is simply not the reality of sexual health (Kollars, 2019). Each stage of development has an age-appropriate component of sexual growth. Humans are sexual beings and as we grow, we must learn more



about our bodies and identities in order to maintain personal agency and body autonomy (Hock, 2016).

Looking at several theories on child development that include sexual growth components, it is safe to say that there is merit to promoting age-appropriate and gender-inclusive sex and health education (Blaise & Taylor, 2012). Many prominent psychological theories assert that there are distinct stages to child development, which contain opportunities for gender awareness and sexual growth. Sigmund Freud and Erik Erikson are two major theorists that agreed there are sexed and gendered components to human development (Bem, 1983; Hock, 2016; Kollars, 2019). People do not typically view their children as sexual beings until they have reached adulthood, but sex and gender awareness and play are a part of development for young children as well (Hock, 2016, p. 437).

Teaching students about sex and health while they are young, paves the way for them to have healthy conversations about sex and health later in life. It also sets the precedent that sex is not negative or shameful, but natural and even exciting in the right context. Specifically, each stage of development brings a new set of sexually relevant information and lessons that children must learn. For children under the age of six years for example, these lessons may be about consent, sharing, and touching among peers. These are relevant to both sex and gender. This aids in creating a positive self-concept and personal autonomy (Helminiak, 1989). A kindergarten student that learns how to protect themselves from unwanted touching, may develop a stronger sense of self than a child that does not learn that lesson until adolescence or adulthood (Jacobson, 2021). The earlier we teach students about being in charge of their own bodies and their genders, the better they will be equipped to form appropriate relationships later in life. Ignorance about oneself can lead to negative long-term personal, social, and emotional deficits (Carcedo et al.,

2020). On the other hand, being informed about oneself leads to more informed and responsible decision making (Carroll, 2017).

### **Sex and Health Language**

Growth in young students fosters curiosity about their own identity and their body parts early in life. Around the age of three years, many begin to wonder about the identities and bodies of their peers (Hock, 2016, p. 443). Students learn to differentiate their gender from the genders of the people in their lives around this age as well. Some adults may be unsure how to effectively approach their children's budding identity and sexuality in this phase of life. Some children may even engage in masturbation or other sex behaviors this early in development, which may seem shocking, but is not abnormal (Oliver, et al., 2013). It is up to caregivers to lay a foundation for healthy sex behaviors and gender presentations by reacting rationally to their children's identity exploration. One tool that educators and parents have in educating students is using proper language. This ought to begin at home, but should be mirrored in the state-wide curriculum once they begin attending school.

Using proper language to identify gender differences, sexual feelings, and body parts in children teaches them that both their gender and sexual orientation are important to respect and take seriously. It is also a vital safety measure that can assist adults in identifying sexual violence. For example, if a child refers to their identities or even their sex organs as any non-sexually-specific words, they may not have the right tools to describe misconduct or discomfort. If a child is discouraged from using medically accurate information about their own bodies, it may be difficult for them to communicate about or feel in control of their gender or sexuality as an adult (Hock, 2016, p. 447). Expanding on this issue of how incorrect language can lead to sexual deficits, queer and homosexual identity is often misrepresented in the sex education curriculum in this country. The language we use to introduce gender and sexual orientation to

people can influence how they view themselves because it paints a picture of what is possible and acceptable. It can also influence how an entire generation perceives gender diversity.

Suppose children are not exposed to divergent identities and possibilities at a young age. In that case, they may not know how to confront their feelings about homosexuality, gender, and self-expression in general. So, it is important to represent diverse identities within sex health education for the benefit of all children, not just those that fall under the LGBTQ+ umbrella. Omitting an entire group from sex education ultimately causes harm to all by stigmatizing queer tendencies and misrepresenting the realities of sex and gender in society.

### **Gender Performativity**

Students that are fed compulsory heterosexuality and cisgender identity scripts, may find themselves trying to “get their gender right” rather than discovering their own unique preferences and sense of self (Blaise & Taylor, 2012, p. 90-92). Gender norms narrow what we package to children as possible, limiting their lives and identities with no universal benefit. Gender in this light can be seen as performative.

Judith Butler (1988), a pioneer in postmodern gender philosophy, introduced the concept of gender performativity in their work, “Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory.” In that piece, they discuss how the sum of our repetitive acts and our evolving self-concept determine perceptions of our genders. They talk at length as well about the reasons behind our collective inability to accept genders and identities that we cannot assimilate into heteronormative ideas that already exist (1988).

It makes evolutionary sense that humans have historically desired clear gender and sex norms for the sake of survival and reproduction of values. But within a growing postmodern world, this argument unravels. Butler pontificates,

As Foucault and others have pointed out, the association of a natural sex with a discrete gender and with an ostensibly natural 'attraction' to the opposing sex/gender is an unnatural conjunction of cultural constructs in the service of reproductive interests. (p. 524).

This sacrifice of divergent identity for the greater survival of one's kind is no longer necessary, thanks to advances in science and technology. Now, we have research that proves the benefit of learning about divergent sexual orientations and gender identities during one's development, and we as a species, are nowhere near extinction. So, what truly keeps us from implementing comprehensive sexual education programs? How does our culture hinder and limit the function of gender?

### **Gender Binary vs. Gender Spectrum**

There are two major ways that we are taught to think about gender based on our culture: as a binary or as a spectrum (Štrkalj & Pather, 2020). The way we are fed state-wide information about LGBTQ+ identity addresses gender in one mode (binary), while the realities of queerness function in a different mode (spectrum). One narrative that is perpetuated about gender diverse people is that they are either confused, attention seeking, or fall into a new third category of gender (male/female/other) (*The Struggle of Trans and Gender-Diverse Persons*, 2019).

Although the concept of a third gender may seem like a good compromise, this category was spoken into existence to maintain the need for certainty among the masses (Moral, 2016). People are often uncomfortable with uncertainty and need clear definitions of identity, even if it is truly not that simple. It also otherizes and lumps together all people with divergent genders when in reality, they may vary greatly between one another. The spectral, realistic way to conceptualize divergent gender identities imagines sexual orientation and gender as a vast spectrum of possibilities, not a scale with three options. This otherizes and homogenizes all non-binary

people, but this community has its own ingroup diversity. Biological sex exists on a spectrum too, and the way we categorize and document gender should at least reflect this (Štrkalj & Pather, 2020).

The ways we are sold ideas about gender stem from the compulsive need for those in power to reproduce and maintain patriarchal and heteronormative ideals. Heteronormative scripts allow for homosexuality and transgender identity to exist, so long as they conform to the male/female gender binary that society operates in (Vaid-Menon, 2020). For example, even in national policy we have legal rights for same-sex/same-gender marriages, and even some for people who transition medically from one binary gender to another. However, we have no rules or regulations that address non-binary, gender non-conforming, or ambiguously queer people. The more someone can conform to society's existing ideas about gender, the more they are accepted and accommodated. But what about the people that simply exist outside of this dichotomous system of man and woman? What about the people that are visibly queer or gender non-conforming?

According to the UCLA School of Law (2021), 1.2 million surveyed adults self-identified as non-binary, which is about 11% of the LGBTQ+ population between the ages of 18 and 60 years in the USA. This number will only continue to grow. This figure does not include children, who have been studied to identify in the USA as gender diverse more frequently than adults (Tanner, 2018; *Transgender Children & Youth: Understanding the Basics*, 2020). Neither non-binary adults, nor children in school are given the right resources to be affirmed or informed about their bodies and identities. This is a disservice to all people, not just the queer community because in a public school, everyone is supposed to be welcome.

Schools are reflections of the communities in which they serve. It is the job of education employees to accept, support, and educate all students to live actualized lives, regardless of their backgrounds. Some students are artistically gifted, some are good at math, writing, some play sports, and all have a place to belong in school. The same should go for students with divergent gender identities. But how do these schools welcome and embrace queer students? Beyond having a Gay Straight Alliance (GSA), or addressing students with their preferred pronouns, schools need to foster a culture of acceptance for all, both socially and through the curriculum. It is confusing to non-binary students when they are accepted in their communities, but invisible in their schoolwork, or vice-versa. Schools need more queer friendly spaces and gender-inclusive education standards to account for this.

Queer friendly spaces are an easy way to start the project of making a school site more inclusive and they are welcoming of all sorts of identities. An interesting phenomenon that explains why some LGBTQ+ friendly spaces are more welcoming to all people, queer or not, lies in the unique form of tolerance they generate. These spaces create a sense of acceptance across race, class, sexual orientation, gender, sex, ability, etc. Richard Florida describes this type of acceptance and how it is extended to non-members of the LGBTQ+ community:

Talented people seek an environment open to differences. Many highly creative people, regardless of ethnic background or sexual orientation, grew up feeling like outsiders, different in some way from most of their schoolmates. When they are sizing up a new company and community, acceptance of diversity and of gays in particular is a sign that reads “non-standard” people welcome here. (2002, P. 378)

Creating a safe space for queer students inadvertently makes schools safer and more welcoming to all “non-standard” students.

Evidence suggests that a more tolerant and welcoming school climate can improve students' overall quality of life, standard or not (McGarry, 2013). The core value that sex education should foster in students is empathy, a skill transferable to every other aspect of life. The more empathy we are able to generate in younger people, the more compassion and understanding they will be able to carry into adulthood.

### **Non-Binary Identity**

The concept of non-binary gender has existed since the formation of binary gender as a tool for personal classification. However, much social and media attention for divergent identity still plays into the narrative of gender as a binary, looking past non-binary as a self-identifier. One of the many goals of non-binary activists is to shed light on the sheer existence of non-binary people and advocate for the fluidity of gender (Vaid-Menon, 2020). The biggest obstacles that non-binary people face are rooted in the lack of recognition for the existence of their identities. Non-binary people are not typically represented in law or policy, legal forms or documents, general education curriculum, and often misrepresented in popular culture. It is important to note that this is changing as younger generations evolve. Although, there is still much pushback from some on the idea that non-binary people exist. The existence of non-binary identity shakes the very fabric that holds together the overarching heteronormative social script under which we operate. Non-binary identity is a political, social, and personal way to identify. It indicates how we perceive the gender binary as a tool for social classification and how we perceive ourselves in relation to our gendered world. For binary gendered people, creating fractures in the conception of a binary-gendered reality is a rather large project, and a scary one at that. Why is this scary for some? Perhaps the answer to that lies in common misconceptions about non-binary people.

There is a common misconception that non-binary people want to do away with, or alter the way binary gendered people identify. Non-binary people do not want to alter other gender expressions, they simply want the freedom to perform their own (*The Struggle of Trans and Gender-Diverse Persons*, 2019). According to theorist Avory Faucette (2014), “Non-binary activism is not about taking away others’ gender identity; rather it is about questioning the unique pedestal on which gender stands as a system of classification and an identity marker, and especially the heavy use of a classification system that is based on assumptions rather than consent” (p. 74). This quote thoroughly exemplifies the main goal of non-binary activism: to be seen, and known to exist alongside other categories of identity.

Queerness has been repackaged by non-queer people for a long time. Many queer people have reactively reclaimed and redefined the term. The queer experience is often taught as defined by the process of “transitioning” from one identity to another (Lorber & Moore, 2011). But this aspect of the queer experience does not speak for or represent the collection of unique challenges gender diverse people live with. Transgender identity is not a bridge from one binary to another, it is its own category. When we emphasize the transition portion of the queer experience, we reduce one’s holistic self-concept into a binary compatible line of thought. Non-binary people often seek to advocate for their own validity because many do not have an identifiable transition period, do not use medical interventions, or do not alter their names or pronouns. Non-binary gender, like binary gender, is not a one-size-fits-all.

### **Sex and Health Education in Practice**

It is the task of the public education system to provide students with knowledge on the general workings of society, and their place in it. To understand our place in the world, our identities, etc., we must understand what is possible. Therefore, teaching a comprehensive and gender-inclusive sexual health curriculum is a must. As stated by Szalacha (2003), “Both school



personnel and parents need to understand that dealing with sexual-minority issues is not optional” (p. 80). School programming needs to have space for all students. Instead of waiting for events that would require school administrators to react, they must be proactive in creating inclusive policies to prevent incidents of student exclusion. So, the instructors of this curriculum would benefit from expertise in the fields of sex health and student development. “The job of sexual health researchers, providers, and policy makers should be to create ‘enabling conditions,’ namely the ‘structural social conditions of safety, resources, and social norms” (Tolman, 1994 as cited by Oliver et al., 2013, p. 140). Not only that, but this education must start much earlier in one’s life. To achieve this, educators need the right training and professional development to facilitate comprehensive and gender-inclusive sex education.

As we start asking the right questions about inclusive classroom pedagogy, more research must be done to outline best practices for informing school age students about gender and sexual health in the classroom. Michigan for example, has had great success implementing the Michigan Radical Sex Ed initiatives through guidance provided by the National Education Association (NEA) (1993). While this program does not include a specific curriculum for non-binary inclusion, this program is an excellent place to start as teachers look to improve their inclusion and classroom management skills. Other effective and inclusive programs that have been implemented include the Love U2: Increasing Your Relationship Smarts, and The Art of Loving Well. Seattle, WA and Boston, MA are two other states where non-binary and gender-inclusive curriculum has shown positive results (*Michigan: Guerilla Sex Ed*, 2021). These programs all improve school climate through lessons that include gender and relationship skills. Not to mention the many international programs that exist in Sweden, Norway, New Zealand, Australia, South Korea, and more (Peterson, Weinstein, & Weissbourd, 2014, p. 57). It is evident

that inclusive curriculum has had good success rates around the globe, but who will teach and oversee these programs here in Oklahoma?

To ensure that proper sexual health information is provided to students, some school district leaders work with local non-profit organizations to bring experts to the classroom. It is unreasonable to expect every teacher to be a master of sex or gender on top of their specific area of expertise. Yet, we must bridge that gap somehow. It is also important that students be comfortable asking questions during sex and health lessons, which may not be possible if their homeroom teachers facilitate sex education.

Districts often contact Oklahoma organizations like the YWCA-OKC, Palomar, and Thrive Inc. to teach lessons on sexuality, consent, healthy relationships, and personal safety. This allows for students to learn accurate health information from professionals without complicating their relationships with their primary teachers. It is reasonable to suspect that students may be less hesitant to ask health professionals complex questions, than when asking a teacher they see every day. It could also benefit school sites to employ a full-time sex and health expert. This brings into question different methods and topics of instruction that have been proven effective in sex health education programs.

Teaching children about gender as a binary rather than a spectrum creates limitations in their minds of what is humanly possible. It sets the example of what traits are acceptably feminine or masculine, and which qualities each student should be valued for in their communities. This can be harmful to a growing young mind. Binary gender ideals also teach children to label others non-consensually as described by Sonny Nordmarken (2019);

Although scholars have theorized gender as a cultural construct, the dominant gender paradigm in the U.S. culture equates gender with sex, figuring a merged

“sex/gender” as binary, fixed, and biological... The dominant norm is to attribute gender (placing people into one of two sex/gender categories) by relying on sensory perception--visual, aural, and tactile-- to inspect physical appearance” (p. 43-44).

To be clear, it is logical to say that most individuals fall into few gender categories, and many people within these groups have certain things in common, from bone structure to biology. However, it is illogical to assert that every single person falls into one of two gender categories and can only express gender in heteronormative ways. We must teach children to be more open-minded than that, not only for their own sake but for the sake of future generations.

In an article on queering gender practices, Faucette (2014) speaks to gendered norms: “non-binary activism brings something valuable to the table not because it destroys or eliminates gender, but because it questions the logic behind rigid norms, hierarchies, and the states’ use of gender as an unnecessary control mechanism” (p. 76). This brings up a big opportunity for classroom fostered development of critical thinking skills in students. Teaching students to be critical of larger systems that govern our social structures within reason can be valuable to society. The more open-minded critical thinkers we have in the world, the better chance we can improve the quality of life for all, not just some. This feeds into another argument that students deserve to learn about sex and health in positive ways that apply to them. Sex is not meant to be a scary or negative act, but much of the messages students receive in abstinence-only programs emphasize the dangers and risks, without mentioning the rewards.

### **Incorporating Relational Skills**

Popular misconceptions that I have encountered as the researcher about young people that often drive abstinence-only education arguments, are that they have uncontrollable sexual impulses, or that they under-value intimacy; Still, these ideas are not grounded in research.

Under these assumptions, it makes sense that some are opposed to promoting sex education for children. However, viewing students as bodies that must be controlled or manipulated without properly informing them is more difficult to muster arguments for. Children are naturally curious beings and when they begin socialization in school, they may have questions about relation to peers. It could be beneficial then for schools to include gender and relationship skills into sex and health education, or even pleasure (Peterson, Weinstein, & Weissbourd, 2014).

Relationship skills are created through lessons on healthy boundaries, conflict resolution, how to survive breakups, mutual respect, gender equity, and human rights, all of which are relevant to students. However, by only exposing them to the mechanical dangers of sexual relationships, and not the workings of complex and healthy relationships, we miss a big opportunity to foster emotional growth. According to an analysis of studies on students perceptions on romantic relationships and sex education, "...data suggests that instead of focusing on self-control, sex education would be far more meaningful and productive if it focused on developing, maintaining, and ending romantic relationships and sexual relationships with integrity and care" (Peterson, Weinstein, & Weissbourd, 2014, p. 56). Beyond external relationships, sex and health programs should contain tools for students to form healthy relationships with themselves. Gender-inclusive information on the pleasures of relationship building may assist with that.

Taking that further, teaching students that sexual experiences and relationships should be pleasurable is one avenue for violence prevention that schools do not currently utilize. If we teach people how healthy relationships should operate, we may be able to minimize the prevalence of intimate partner violence in the future. Programs would do so by giving students tools to create their own relationship boundaries, giving them functional communication skills,

teaching them to say and respect the word “no,” and encouraging them to speak up when they feel discomfort. If we model healthy relationships in the curriculum, students will be able to evaluate their own relationships more realistically. Both potential victims and potential perpetrators would benefit from this education regardless of gender or sex. Having “critical knowledge of their own bodies” and of desirable relationship boundaries, allows people the room to “negotiate their [own] sexual fears and desires” (Oliver et al., 2013, p. 142). Gender inclusivity ties in here as well serving as a gateway to improving self-concept and relational skills.

One effective way to frame inclusive sex education pedagogy is through sex positivity. When practiced safely, we must frame sex to be a source of good feelings and connection. Sex positivity promotes both internal acceptance of the self as a sexual being and respect for the sexualities and experiences of others. While some sexual experiences can have negative consequences when either party is misinformed or uncomfortable, it is natural and exciting when one has the tools to engage in healthy ways. In the following chapter, methods of study and methodology are discussed.

CHAPTER THREE: METHODOLOGY

### **Introduction**

This research is guided by a qualitative phenomenological design to gain insight into the impacts of excluding gender identity and diversity from sex and health education programs in Oklahoma high schools. This chapter discusses the research methodology including the methods of data collection, participant criteria, the process of coding and creating themes, and finally the limitations of the research.

### **Design and Methodology**

This is a qualitative research project design utilizing answers to open-ended questions as data to analyze the impacts of excluding gender identity and diversity exclusion from high school sex and health education in Oklahoma through a phenomenological approach. Qualitative research design is used for this project because it is the most appropriate method to understand narrative data. A phenomenology analyzes commonalities in lived experiences from individuals that may have knowledge or experience with the same event or phenomenon (Creswell & Poth, 2018). In this research, the phenomenon can be described as gender-exclusive sex and health education in Oklahoma. The data collected from research participants is answers to questions about their sex and health education. The data is reflective in nature because participants are asked to explain prior first-hand experiences with sex education in school. Studying different individual perspectives helps the researcher understand shared experiences of non-binary students. This research utilizes virtual interviews to study Oklahoma sex and health education from more than one individual non-binary experience. Interviews provide insight to allow participants to situate their stories into a larger narrative that they co-construct with other participants.

This study critically investigates non-binary exclusion and misconceptions of queer identities in sex and health education in public school. Critical paradigms assert that some

systems contain bias (Creswell, 2018). In this case, sex and health education in high school is biased toward heteronormative identity. The epistemology utilized in this research is subjective because every participant will have a unique and specific perspective on both their gender and their experiences in sex and health education. It is likely that each respondent attended a different Oklahoma school and received sex and health education from different instructors.

This study is guided by each participant's subjective experiences. Subjectivism asserts that rational belief and knowledge are naturally variable and subjective. This coincides with this study because each respondent may have different insight, even if they received their education from the same school with the same delivery. This project assumes that non-binary people with different experiences will bring different concerns to the table and help illustrate an array of concerns they have with Oklahoma sex and health education. This connects to the axiology or the views of study participants since knowledge acquisition is contextually unique.

### **Participants**

This project hones in on university-enrolled non-binary students that received public high school education in Oklahoma. The foremost reason that this group was chosen for this project is non-binary students' experiences with exclusion in academia. In my experience as the researcher, non-binary people are excluded from discourse in a way that not only discourages their participation in popular culture, but invalidates them. That is one reason this group was chosen to interview about their sex and health education. Also, current university students are often not very far removed from high school and may have recent and relevant insight on how their sex and health education affected their life after high school graduation.

The sampling method used to recruit participants was convenience sampling. A social media post was created by the researcher and shared by their family and friends. The post text indicated eligibility for participation, the researcher's authorizing institution, and the researcher's



contact information. Anyone that responded, fit the criteria, and was willing to participate in an interview over web conferencing software, Zoom, was recruited. There are a total of five interviews.

The participants ranged in age from twenty-four to twenty-nine and had reported receiving some form of sex and health education in Edmond, Ogallala, Collinsville, Norman, and Mustang public school districts between 2006 and 2010. They all identified their gender as non-binary, but had varying sexes and sexual orientations. Below is a table that describes and identifies some demographics of the participants.

Participant	Age	Year of first sex and health instruction	Oklahoma School district	School District Size
#1	24	2010	Collinsville, OK	2,852 students
#2	29	2008	Edmond, OK	23,994 students
#3	24	2010	Ogallala, OK	878 students
#4	26	2006	Norman, OK	14,419 students
#5	26	2009	Mustang, OK	11,864 students

### Data Collection

For this research, interviews were conducted with current university students that are non-binary and received sex and health education through their public high school in Oklahoma. The questions highlighted what concepts each program emphasized, what concepts they did not

emphasize, and what consequences students faced due to the content of their program. This helps illustrate and describe what comprehensive sex and health educators ought to consider from the lens of non-binary inclusion.

As stated in the subjectivity statement in chapter one, I am a non-binary researcher. This contextualizes the importance this topic has to me. For this project, I am operating under the assumption that most participants would not have experienced a gender-inclusive sex health education. This is due to my experience, coupled with the experiences of my peers over the years. I must concede that times are changing, and younger generations of students may receive a more inclusive sex education than I, or any participants did between 2006 and 2010. Most class discussions are prompted by student questions and young generations tend to be more in tuned with the idea that non-binary gender exists. This could be the byproduct of social media and connectivity, or any number of influences. It is important to state this while describing my methods of study because it is relevant to how I attain and interpret the data.

For this research, interviews were conducted after participants were informed of the study goals, risks, and benefits. Each participant was given a copy of the interview questions prior to the interview and submitted a signed consent form. Participants had the right to omit any question or withdraw their consent at any point. Each interview lasted approximately twenty minutes and all acquired data was recorded confidentially. Each participant was given a number and their voices were not made public. Only the primary researcher had access to the audio files. These audio files will be destroyed upon completion of the thesis defense process or by July of 2022, at the latest.

### **Interview Process**

This study identifies and describes the reported consequences faced by non-binary people from gender-exclusive sex and health education. During the interview process, each participant

defined their gender and sexual orientation, described the location of the education institution from which they received sex education, listed concepts that they learned about, and provided insight on what concepts they thought should have been included in sex education. There were also questions asked that addressed classroom management and instruction. One question spoke to the inclusivity of their classrooms and how educators approached the use of slurs or other sensitive language in class. Another question initiated conversation on school climate and some negative consequences gender-exclusion led to, if any. Lastly, participants were asked to list off positive attributes of their sex health education experiences as well. Below is a list of interview questions exactly as they were presented to participants:

1. How would you describe your gender, sex, and sexual orientation?
2. How old are you?
3. Did you receive any sexual education in school?
  - a. If so, what year?
  - b. Which school district?
  - c. Who facilitated it?
4. Did you ever hear LGBTQ+ slurs in the classroom?
  - a. If so, did any adults ever intervene?
  - b. Either way, why do you think that is?
5. Did the curriculum include any of the following?
  - a. Gender identity
  - b. Consent education
  - c. STI Awareness (which ones?)
  - d. Abstinence

- e. LGBTQ inclusion
  - f. Abortion or Contraception
  - g. Healthy relationships
6. Were there any lessons that you learned as an adult that you should have learned as a child in school?
  7. Were there any negative consequences you experienced as a direct result of a lack of sexual health information in school?
  8. How would you describe your relationship with sexual health then vs now?
  9. If you did receive sexual education in school, were there any methods of instruction or topics covered that were effective? If you didn't, are there any methods or topics you think would be effective?

### **Data Analysis Process**

After each interview, the audio files were transcribed through a secure University of Oklahoma student Microsoft account. Microsoft Office has a feature in their Word Documents that can transcribe audio files into written text. It does this verbatim, which can cause some errors. Because this transcription method was less than perfect, I went through each file to listen to and edit the transcriptions manually. This process was time consuming, but led to more clear data with less distracting and unneeded language such as the words, “like” and “uhm” or phrases such as, “you know?”

After each interview transcription was completed, they were uploaded to NVivo version 12. This qualitative software facilitated the process of coding and the development of the themes. To code, I went through each interview several times to identify topics and concepts that were covered in the interviews. This process was completed in each interview in order to identify the

overlapping concepts and to complete the cross-referencing process among the interviews. Once the coding was completed, NVivo displayed and visually organized the six overlapping themes (. These themes are discussed in the following section and in chapter four.

### **Emerging Themes**

There were fifteen total themes that emerged from transcribing the interviews. The following description focuses on the most prevalent themes, of which there were six found. Prevalence was measured as the number of times a topic was spoken on during an interview. All six themes appeared at least once in at least four out of five interviews. Each theme described the relationship of non-binary students and gender-exclusive sex education in public school. The first theme is that classroom environment is just as important as the contents of a school's core curriculum. By that I mean, both the implicit and explicit messaging about gender identity and diversity in schools were influential in shaping these students' self-perceptions. I refer to this as "hidden curriculum." So, students that were not educated formally on gender identity and diversity, may have still picked up on lessons about gender norms through the actions of or discussions with their teachers or peers. Every participant agreed their core curriculum differed from their hidden curriculum on the topic of gender. Second, participants felt an inability to share one's authentic self with their school community which affected their mental health (Myer, 2003). Third, students felt an inability to come out, or disclose their identities to others. This was due to an unsafe school climate made up of overt and covert gender-exclusive messaging. Fourth, students may also pick up on gender norms through the school climate, or policies and regulations. Dress codes for example are often gendered. Next, a concept evident in interviews was the growing influence of peers and the internet on students' perceptions of gender identity and diversity. Our ideas about gender come from our environments and our communities, which can exist online in this age. In fact, every interview included discussion about how these students

learned more about sex and gender on the internet and from peers, than in school. Lastly, several participants said that experiencing gender-based violence was a consequence of having a gender-exclusive curriculum and school climate. When we are not taught about gender equality or relational skills, we run the risk of duplicating misconceived inequities in our future relationships (Tatter, 2018)

### **Limitations**

This research is conducted on a small scale which presents a few limitations. First, there are a total of five participants, despite the researcher's goal to interview ten people. The necessary criteria for participation and the time constraints did not allow for more participants. If I had sent a university-wide email, or somehow reached a larger audience of students, there may have been more participation. The participant pools were limited due to the nature of the recruitment process. Those that saw the recruitment posting were limited to those that had access to the social media pages of myself as the researcher, or my social media friends that shared the recruitment post. If this study were to be conducted again, a different and more accessible recruitment process would be employed.

Second, another constraint comes down to timing. During the IRB approval process, the interview questions were locked in and unchangeable. By the time I received feedback and suggested changes for the interview questions, it was too late to apply those changes. The data was limited to the questions selected at the very beginning of the research process. If time had not been so limiting, more detailed data may have been collected. The study still yielded usable and relevant data, it was just not as detailed or targeted as it could have been had the timeline been stretched out.

Third, one aspect of these interviews that was not picked up by the coding software was verbal inflections and hesitation in speech. Several participants could not recall a lot of positive

information about their formal sex and health education and this came across in their voices. More than one participant spoke to this, saying that they wish they could recall more relevant sex health information. This illustrates that the lessons they received were not as impactful as they should have been. These findings and more are articulated in greater detail in the following chapter. These limitations should be used as a springboard when constructing future research on non-binary students and gender identity in sex education. The following chapter will discuss the findings.

CHAPTER FOUR: FINDINGS



### **Findings**

This chapter is centered on discussing the themes and findings from non-binary students on sex education in Oklahoma public schools. There are several consequences that stemmed from heteronormative and gender-exclusive sex and health curriculum. First, this idea of a “hidden curriculum,” takes into account classroom dynamics, teacher identity and beliefs, and discussions with peers. This paints a more comprehensive picture of the education participants received because it includes indirect messaging about gender norms. Second, a consequence that stemmed from omitting gender identity and relational skills from core sex and health curriculum was mental health struggles. Gender diverse students that did not receive the proper education and support in school, suffered internally. Third, participants cited an inability to come out of the closet in schools that taught compulsory heteronormativity. Fourth, one’s school climate, or the regulations and student rules, affect their feelings of safety. If rules prohibit non-binary people from joining binary sports teams, or from wearing preferred clothing, they may not feel as comfortable or happy in school (Mallory, Brown & Sears, 2019). Fifth, gender-exclusive lessons in schools discouraged students from living authentically and truthfully. Sixth, gender-exclusive sex health curriculum resulted in preventable gender-based violence for some participants. To understand each theme, it is vital to consider how these interviews are socially positioned. This chapter speaks to each theme in depth.

### **Hidden Curriculum VS. Core Curriculum**

Hidden curriculum exists in every school and is defined as the covert lessons on gender that students receive from educators, school personnel, and peers (Alsubaie, 2015). Hidden Curriculum was referred to by participants as including classroom conversations and modeled

gender norms. One participant (24-years-old) called this phenomenon a “cultural shortfall” of their school caused by a gender-exclusive “ideology that is bred into everyone because of the lack of [core] curriculum.” It takes into account the school culture that is not represented in the academic curriculum. Hidden curriculum has the power to demonstrate social lessons and duplicate inequalities through rules, routines, and regulations as first theorized by Philip Jackson in 1968 (Cited by Hemmings, 1999). Alsubaie (2015) confirms that this is an ongoing and significant issue with the curriculum in schools. Teachers in the classroom, school leaders, and administrators in the school often have differing ideas about gender and sex than what is required to be taught in class, which complicates gender messaging to students. This was an issue for some participants because having inconsistent messaging about gender and sex was “confusing.” One participant (29-years-old) added,

“...when I went to school, there wasn't a lot of resources for queer people or even teachers to learn about those types of things, so it was never really addressed within our school with anybody on any level, including teachers and staff.”

(Participant #3)

This student noticed the lack of gender support and education for everyone in the school, not just queer students, in the hidden curriculum. This hidden curriculum did not support queer students through teacher training or student supports.

Queer identity was addressed by one participant as “often being used in the pejorative” in school, which influenced their outlook on gender identity and diversity. Hearing slurs or negative phrases that apply to one’s identity can damage their self-concept and create a hostile learning environment (Mallory, Brown & Sears, 2019). More than one participant in this research cited

their teachers and adults in schools using or allowing the use of LGBTQ+ slurs in the classroom. One participant (26-years-old) noted a lack of consequences for those that used LGBTQ+ slurs,

“...when teachers use the word “faggot” or slurs about queer people, it makes it hard to tell them that you’re queer too or that you’re being bullied. Like, what were they going to do? Chime in? Make it worse? I stayed in the closet way past high school even because it made me worry about people everywhere.”

(participant #4)

This student had lasting consequences from a gender-exclusive hidden curriculum which prevented them from reaching their full potential. Students cannot reach their potential if their understandings of self-expression are limited or stigmatized. The hidden curriculums in the schools of those interviewed were not tolerant of gender diversity. All participants learned more about sex and gender from peers and from the hidden curriculum than from the core curriculum, and the lessons these students did receive in the classroom were largely heteronormative which can make non-binary people feel isolated. This leads into the second most cited consequence of gender-exclusive curriculum: that it can cause one to feel unable to come out, or to publicly disclose their gender identity or sexual orientation.

### **Inability to Come Out**

People with divergent gender identities or sexual orientations often choose to “stay in the closet,” or keep their identity a secret when they feel unsafe to disclose it. When we are unsure about the safety of our surroundings, it is a human impulse to withdraw or to keep to oneself (Leary, 2015). If we create limiting conditions for young students that causes them to withdraw, they learn that their honesty and authenticity are punishable (Shaw & Braden, 1990; Poteat, Scheer, & Chong, 2016). Another powerful narrative that came from the interview process explains this well:

“I never did come out until after I came out of high school because I never felt safe. I didn't know what to say, didn't know what I felt. Of course, back then it was like, either you're gay or not, that's it. And so, yeah, that definitely results in trauma...” (participant #3)

This participant (26-years-old) not only lacked the language, but the support they needed to come out. This student's experience with hidden and core curriculum created a binary from queer to heteronormative, which negates the complexity of LGBTQ+ identity. Students with this experience are not properly informed about the realities or complexities of divergent identity.

Truly, there are no limitations to how one experiences their own identity. It is personal and it is highly variable. Even those that identify in the category of “non-binary” have differing ideas of gender. Everyone has their own ideas about identity and they are all valid. However, without being given the right support and knowledge, students will default to the norm of negating gender diversity as an option (Blaise & Taylor, 2012). This can be particularly damaging for naturally gender diverse students. As stated by a participant (29-years-old), “...I've been queer since third grade and I was scared to come out 'cause people were not accepting of it at all” (participant #4). Gender-exclusive school climates are harmful to queer students both in and out of the classroom. Negative experiences in school can have lasting negative consequences outside of school, which is both supported in literature (Rabbitte, 2020; *The Struggle of Trans and Gender-Diverse Persons*, 2019; Psaki, McCarthy, & Mensch, 2018) and is demonstrated in the interviews.

One of the consequences of not being confident enough to come out is feeling the need to over-perform one's expected gender and negate their own gender diversity. We teach students every day that their gender is determined by the expectations of others (Knorr, 2017). One

participant (26-years-old) claimed that their dysphoria worsened in school because of external expectations on their gender performance:

“I remember feeling this dysphoria to perform like hyper femininity because I have always leaned towards androgyny, and I thought that I was just a tomboy. Some people don't like that, so I thought that I should just perform hyper femininity...” (participant #5)

During a vulnerable time in a child's life when they need support, love, and education it is counterproductive to create limiting conditions (Killen, 2002).

The participant quoted above only had language to describe what a “tomboy” was, or a girl that presents as more masculine than average. They simply did not have the language or concept for the term “non-binary.” The limiting conditions put on them by a lack of gender knowledge caused them to alter their appearance and self-image at a young age. If they had the support to self-identify gender and live authentically earlier in life, they may have had a more positive conceptions of queerness or gender diversity. It was suggested by another participant (24-years-old) that

“...validation for children in gender and sex, validation for kids that are questioning and don't feel comfortable in their bodies... and helping them get to that point of comfort and validation...I think would be monumental for some kids. I know it would have been for me”. (Participant #1)

This participant emphasized the importance of providing support and gender validation for all students, especially non-binary. Young people that go without gender validation during formative years suffer, as exemplified in these interviews. Schools are equipped to teach complex concepts and critical thinking skills (Oliver, et al., 2013), so they are an appropriate

place for children to learn more about gender (Paterson, 2018). If we neglect to teach students about gender identity and diversity, they may struggle with their mental health.

### **Struggles With Mental Health**

Mental health refers to one's emotional stability, sense of security, and overall wellness.

Without giving non-binary students the right language to address their gender identities in school, they are susceptible to misinformation or ostracization which can cause mental health struggles (Meyer, 2003). Exclusive and hostile environments have the potential to stifle development as well. If students do not have LGBTQ+ safe spaces in their schools, they may feel unsafe or unsupported. One participant (24-years-old) provided a supporting narrative,

“...confusion was the best word to describe high school for me. I had no idea who I was, I didn't feel like myself every morning waking up. But going to school and hearing jokes and getting called slurs was hard...Hearing things like ‘oh, this guy dresses like a girl’ and stuff like that, even from adults. It made me question who I should reach out to for help.” (Participant #1)

This illustrates a basic need of non-binary students. They need affirming support systems and judgment-free learning spaces (Meyer, 2003). Mental health is reliant on feelings of belonging and safety for children, both of which they may not be able to achieve if they are excluded in school (Leary, 2015).

Each participant claimed that a lack of gender-inclusivity, coupled with misinformation about gender, lead to confusion about themselves and struggles with mental health in some way. As quoted, “I was 26 and extremely confused and that was difficult for me for basically no reason. It would have been made easier if I had the right gender education” (participant #2). This demonstrates an undue burden that gender-exclusive curriculum puts on non-binary children as they are learning and discovering identity. Even after graduating high school and finishing

college, this participant spoke to how their childhood confusion only grew until they were informed by asking their peers and learning from strangers online. This can be dangerous because informally educated peers are not qualified to be primary sources. Strangers from Tumblr and Twitter are not reputable sources either. If experts have the opportunity to educate children accurately and early in life in school, this confusion may not permeate the population as widely.

Gender is a personal and variable aspect of identity so different identifying words and phrases should be taught to children. If children are not taught a wide array of possibilities for self-identity, they may not understand gender diverse peers, or may not fully explore their own gender identity (Francis, 2010). This would put them at a disadvantage. Non-binary students may particularly feel as if they cannot describe themselves to the fullest extent. Without the right education and language, queer and non-binary people may not have the tools to articulate their own identities (Scandurra, C. et al., 2019). That is a fairly significant consequence of having a gender-exclusive education. Although classrooms are a common source of information, there are other ways children receive messaging on gender and sex in their overarching school communities too (Bailey & Graves, 2016). Students learn from gender models, like teachers and peers, which make up school climates. Mental health is often reliant on one's environment and school climate can make a lasting impact on students (Leary, 2015).

### **Impacts of School Climate**

School climate is defined as the school regulations and overall sense of inclusivity of a school. This is the fourth theme that I want to focus on. When students do not believe their identity will be accepted, understood, or well-received in the school as a whole, they may choose to keep it to themselves beyond the classroom (Bailey & Graves, 2016). If children's self-expression is stifled, their development and mental health can be affected, as discussed in the

previous section (Leary, 2015). If educators and school leaders do not create inclusive policies for supporting all children in school, some will feel left behind or left out. Non-binary students do not have any specific protections in most Oklahoma schools which can create a hostile and exclusive school climate for them (Meyer & Wilson, 2021). If they experience gender-based violence in school for example, how will school leaders know how to support them? How can a school, meant for all students, exclude particular groups?

After thinking about this, I wanted to go deeper and ask a more specific question about the participants' school climates. So, I followed up with participants to ask the question, “How do you think having an exclusive school climate affected your ability to participate in and contribute to the school community?” I received one answer back. This participant (24-years-old) mentioned being “isolated” within the student body. They went on to say,

“Knowing that you don’t fit into the right boxes or knowing your peers wouldn’t understand you even if you did live authentically, makes it hard to get up and go into school every day. I didn’t really learn anything in health class about sex or gender in school, but maybe that was because I didn’t even want to focus”

(Participant #1)

This participant found it difficult to focus in school and later inferred that it could be due to their exclusion from their school community. Outside of the classroom, this participant claimed that participating in school activities was difficult, especially those that were separated by sex or gender. They felt as though,

“There were different sets of rules for boys and girls in the halls, like different expectations for dress codes. Schools just don’t really have rules for queer people. We don't exist in the rules, so how can they enforce anything? We had to conform



to the rules for our assigned sex, but that made me feel dysphoric. I'm not a girl or a boy, so don't treat me like one..." (Participant #1)

These students are missing out on a sense of belonging, and these schools are missing out on diverse student contributions to their campus community. A school climate can be the deciding factor for someone about whether or not they can be their authentic selves. In a school where one will only be ostracized for gender diversity, it would make sense for them to withdraw or stay in the closet.

### **Discouraging Authenticity**

The fifth common theme was about discouraged authenticity, or an inability to live out one's personal identity or truth. Hiding one's true self from their community may cause some negative impacts. Authenticity of identity becomes limited when we teach students compulsory heteronormativity because it assumes that there are only two ways to perform gender. This applies to all students regardless of background. Heteronormativity, to reiterate, operates under the assumption that heterosexuality is the norm and default, and does not allow space for divergent gender identity (Strear, 2016). As spoken in one powerful interview, "I didn't know that I could have this spectrum of diverse beliefs of myself in a very binary centric world." (Participant #5). This quote exemplifies linguistic determinism. This means that our thoughts are limited to the words and language we have to describe them (Fogarty & Whitman, 2018). Because of this concept, it makes sense to allow children to experiment with identity. This student learned about their world in binary terms, but should have learned about their world in a more diverse way. Everyone deserves to perform their full identities genuinely and authentically, but cannot do so without knowing what is possible.

Gender can be described as the way we perceive our personal relationships with masculinity and femininity and relate to our peers (Zinn, Hondagneu-Sotelo & Messner, 2020). It

therefore cannot exist on a radical binary because it is highly variable. All students interviewed spoke to a need for a wider range of language to describe gender diversity to be taught in schools. Furthermore, there is a need to teach all students that their gender performances are completely self-determined. This is vital to the conversation about gender authenticity. Children should be taught that gender is personal and not confined within the bounds of what others define as masculine or feminine. Living in spaces that do not celebrate or support one's identity, no matter what it looks like, can lead them to feel discouraged from living authentically or truthfully. The more inhibited children feel while they grow, the higher the risk is for them to carry misconceptions about gender into adulthood. When people do not learn about the vast spectrum of gender, they may experience negative impacts.

### **Gender-Based Violence**

Gender-based violence is defined as any harmful act directed at someone on the basis of their gender identity, performance, or expression. If we neglect to teach the next generation about gender-based violence and appropriate relational skills, they may carry misconceptions about relationships that could put them in danger later in life (UNESCO, 2015). Several participants shared experiences with abuse and violence that stemmed from misconceptions perpetuated by inaccurate sex and gender education. One story illustrates this well:

“I was in an abusive relationship from ages 15 to 21 and it was sexually abusive, but I didn't know that I was abused because he basically told me ‘It's your job as a girlfriend. It's not assault, if you do it to your girlfriend’... I feel like if I had had more knowledge, I could have prevented violence... I could have avoided sexual trauma” (Participant #4)

This participant (29-years-old) was taught to believe that these strict gender roles were accurate and normal, as was their partner. This is key. If they had both been given the tools to identify and

prevent gender-based violence, their relationship could have looked very different. The victim in this case could have identified that their partner was abusive; And this abuser could have understood that they used gender differences for coercion and control. Not only is gender education good for non-binary people, but it can benefit those at risk of perpetuating misconceptions about gender.

Neither this participant, nor their partner learned the right lessons on gender equity and relationships in school. The victim was not able to advocate for themselves even years into the relationship because of this lack of education, and their partner only became more controlling. This participant had expressed that they wished adults in their school addressed gender-based and sexual violence. If students like them are taught relevant relational skills and able to identify safe adults in school, they may be able to develop a stronger voice for self-advocacy. Those that do not receive lessons about healthy gender relational skills, may perpetuate misconceptions of gender that could lead to gender-based violence.

### **Conclusion**

This chapter introduced six major themes found in interviews. First, the idea of the hidden curriculum emerged, which addresses the covert lessons students learn about gender through school regulations. These, along with overt lessons about gender in the curriculum, influence the gender perceptions of students. Second, all participants cited an inability to come out because they could not verify their safety. These students could not identify safe spaces or adults to confide in within their schools. Third, participants struggled with their mental health as a result of conflicts between internal and external feelings about gender identity. Hearing peers and adults in school use slurs only worsened this. This brings me to the fourth theme which has to do with school climate. The ways the peers and teachers of closeted non-binary students talk about gender affects them. So, the more inclusive the climate is, the more likely one is to come

out. Fifth, children deserve to live authentically and define gender for themselves rather than accepting external definitions of male or female, or masculine or feminine. Lastly, several participants cited experiences with gender-based and sexual violence that stemmed from their own and their abuser's misconceptions about gender. Although sex education in Oklahoma is not an annual or repeat class, it causes consistent negative consequences on non-binary people for the rest of their lives, beyond school. The following chapter will discuss recommendations based on the data and conclude the study.

CHAPTER FIVE: IMPLICATIONS AND RECOMMENDATIONS

### **Introduction**

This research demonstrates the need for sex and health curriculum that includes lessons on gender identity and diversity from the perspectives of non-binary Oklahoma students. This final chapter will serve as a brief review of chapters one through four, reiterate key findings, discuss recommendations, and state conclusions drawn from the research.

### **Overview**

To review, in order to increase overall sex and health awareness, more information needs to be addressed about gender directly in schools, and at every level. Both young children and adults could benefit from this. This recommendation was reinforced through interviews with qualifying non-binary students. Sex and health education and policies shape how we make decisions about our bodies and our families so, those that are not included or represented in the curriculum are left to their own devices when it comes to making many of these personal choices.

Omitting gender identity and diversity from sex and health education subjugates the knowledge of all students when it comes to gender. To reiterate, cited by McGarry (2013, p. 28), it has been proven and supported through past research that "addressing human sexuality in an appropriate and factual fashion leads to informed teens, increasing the likelihood of students making healthy decisions" (Montgomery County Public Schools, 2006). Gender is a part of how one experiences the external world and their internal identity, so it needs to be addressed in school.

Historically, sex and health curriculum progress has been stifled and become more exclusive and medically inaccurate due to barriers in appropriate funding (Psaki, McCarthy, & Mensch, 2018). Abstinence, heteronormativity, and binary gender norms are all not only allowed through many state policies, but encouraged under current federal legislation (Social Security

Act, 1996). Some classroom teachers still manage to teach with a gender inclusive lens, but the important thing to remember is that it is not mandated or encouraged in most places in the United States. Oklahoma is particularly behind in the realm of inclusive sex and health education and the legislature passes state-wide mandates every year that further restrict the approved sex and health curriculum (*Sex Education Laws and State Attacks*, 2021). Through this research, several key findings were discovered.

### **Key findings and Implications**

Participants spoke on several key issues that stemmed from the exclusion of gender identity and diversity in their core curriculum. The following themes, discussed in the previous section can serve as guidance for the construction of gender-inclusive school curriculums through a lens of non-binary inclusion. If both binary gendered students and non-binary students received a well-rounded, gender-inclusive education, schools could become a safer and more accepting place for everyone (Florida, 2002).

1. The Impacts of a Hidden Curriculum
2. Struggles with Mental Health
3. An inability to come out
4. The Impacts of a school climate
5. Issues of Discouraged Authenticity
6. Perpetuation of gender-based violence

In addition to gender, there were many other topics that the participants did not receive information about in school. Gender is not the only thing missing from Oklahoma's sex and health education. This was evident based on the data, which included information on the inclusion of a range of topics in these students' education. Topics that were not included across the board were sexual orientation, social identity, abortion, contraception, relational skills, and

consent. Topics that were covered include abstinence and some STI prevention. So, it seems there is room for improvement on many fronts, not just on the inclusion of gender identity or diversity. For further research, the inclusiveness of all Oklahoma education programs could be evaluated.

Going beyond the classroom, the school climate is determined by school policies, staff, students, and community standards (Jackson, 1968). Furthermore, if schools implement gender-inclusive standards for onboarding staff, they could minimize the use of improper practices, like the use of slurs in the classrooms (Mangin, 2018).

### **Recommendations**

Researcher included, all participants cited a need for inclusion in both individual classrooms and in the larger school climate. Schools are reflections of the communities in which they serve and should be a welcoming place for everyone. This was echoed in the cross-referenced interviews and in the reviewed literature. The inclusivity of one's hidden curriculum and school climate had strong effects on feelings of safety and acceptance, which was emphasized during data analysis. The way students feel about their acceptance into a school community and classroom influences the quality of their learning (Leary, 2015). Children do not learn best when they are uncomfortable or excluded (Killen, 2002). In order to create an equitable and gender literate school climate, educators have the unique ability to influence students on a smaller scale in the classroom. If students are not learning accurate information that is relevant to them, they could be at a disadvantage (Psaki, McCarthy, & Mensch, 2018). All participants spoke to a need for including gender diversity in both core and hidden curriculum to avoid this.

Educators can positively influence their students' perceptions of gender diversity through the hidden curriculum, even if the core curriculum does not. By including a few key methods of



inclusion that would benefit both non-binary students and their peers, educators can create a better school climate. By asking students to identify their pronouns and chosen names, educators convey to everyone that both are a personal preference and choice. Additionally, keeping student identities private and only disclosing them with explicit permission, gives them a safe adult to confide in and emphasizes personal agency. This conveys to students that school is a safe place and that they have power over their own authentic identities. If students want to experiment with the spectrum of gender or any other category of identity, school should be a comfortable place for them to do so.

### **Conclusions**

This research produced several conclusions. First, I want to discuss a phenomenon that affected this research: There is the complex variation in gender between individuals that exists even on the spectrum of non-binary identity. What I mean by that is, “non-binary” describes someone’s gender as not on the male/female binary, but they may use more specific gender labels. Some use the term “agender” for example to describe a lack of gender. This gender does not exist on the male/female gender binary; therefore, it is a non-binary gender, but has its own specific term. Gender is very nuanced and personal, so there is no limit to the ways one is able to describe it. “Non-binary” is a way to personally, politically, and socially identify that one’s gender label is not on the male/female gender binary. This came into play during data analysis because participants did not come to a consensus on everything due to the degree of variation between each person's gender identity. So, what one participant claims their community needs, may not be the same as another’s, even if they are both non-binary. This lesson taught me to examine social identity through not only sameness, but also diversity.

Another takeaway drawn from this research is that students of all identities could benefit from a gender-inclusive core curriculum because gender is a variable aspect of identity that all

students should have the tools to experiment with. Gender identity and diversity should be included in school curriculum because every student has a gender identity. In some form, gender applies to everyone. Furthermore, hidden curriculum and school climate ought to be gender-inclusive as well.

The larger goals of constructing gender-inclusive sex health curriculum are aimed at improving the mental health of students, creating a more tolerant school climate, and reducing instances of gender-based violence in schools and beyond. Gender has become a tool for social classification, but first and foremost it is a descriptor of how people view themselves in relation to the spectrum of gender. This is important when teaching gender identity and diversity to non-binary youth. They need to know how personal and variable gender is. They need to know that their identities are valid so they can feel comfortable to come out and be safe in school if they choose to.

Based on this research, it is fair to say that these non-binary students were not appropriately represented in curricular discourse. It is the task of public schools though, to make every student feel welcomed and accepted. Some ways to extend this to gender diverse students is to include gender variation in class discussions, use the students' preferred names and pronouns, and teach all students that gender identity and diversity are a normal part of life. Gender is important to us all, so we should have space in school to learn about it. The emotional outcomes of the coming generations of queer students may depend on it. To reiterate, the major themes to consider when constructing future sex health education programs are considerations of impacts from hidden curriculum, supports for those struggling with mental health or an inability to come out, impacts of school climate and regulations, encouraging authenticity of identity, and gender equity to prevent gender-based violence. The larger project of creating inclusive sex and

health education is to dismantle the gender binary as a tool for restriction. Students need to feel comfortable and confident to define and perform their own gender identities and it is the job of the adults in their lives to create an environment to support that need.

## REFERENCES

70 OK Stat § 70-11-103.3 (2014)

Advocates For Youth. (2021). *Myths and Facts About Comprehensive Sex Education Research Contradicts Misinformation and Distortions*.

AIDS Prevention Education. 70 O.S. § 11-103.3. (1987).  
<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90134>

Alsubaie, M. A. (2015). Hidden Curriculum as One of The Current Issues of Curriculum. *Journal of Education and Practice*, 6(33), 125–128.

Ashcraft, C. (2008). So much more than “sex ed”: Teen sexuality as vehicle for improving academic success and democratic education for diverse youth. *American Educational Research Journal*, 45(3), 631–667. <https://doi.org/10.3102/0002831207313344>

Aspegren, E. (2021). *LGBTQ Students Need Inclusive Sex Ed*. USA Today.

Bailey, L. E., & Graves, K. (2016). Gender and Education. *Review of Research in Education*, 40, 682–722. <http://www.jstor.org/stable/44668634>

Beltran, V. (2016). *Sex Education...With Pleasure* [Video]. TED Conferences.  
[https://www.youtube.com/watch?v=R-gwxS-7h9o&ab\\_channel=TEDxTalks](https://www.youtube.com/watch?v=R-gwxS-7h9o&ab_channel=TEDxTalks)

Bem, S. (1983). Gender Schema Theory and Its Implications for Child Development: Raising Gender-Aschematic Children in a Gender-Schematic Society. *Signs*, 8(4), 598-616. Retrieved from <http://www.jstor.org/stable/3173685>

Blaise, M., & Taylor, A. (2012). Using Queer Theory to Rethink Gender Equity in Early Childhood Education. *YC Young Children*, 67(1), 88–98. <http://www.jstor.org/stable/42731139>

Butler, J. (1988). Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory. *Theatre Journal*, 40(4), 519–531. <https://doi.org/10.2307/3207893>

Carroll, A. E. (2017). *Sex Education Based on Abstinence? There's a Real Absence of Evidence*. The New York Times.

Carcedo, R. J., Fernández-Rouco, N., Fernández-Fuertes, A. A., & Martínez-Álvarez, J. L. (2020). Association between Sexual Satisfaction and Depression and Anxiety in Adolescents and Young Adults. *International Journal of Environmental Research and Public Health*, 17(3), 841. <https://doi.org/10.3390/ijerph17030841>

Castellanos-Usigli, A., & Braeken-van Schaik, D. (2019). The Pleasurimeter: exploring the links between sexual health, sexual rights and sexual pleasure in sexual history-taking, SRHR counselling and education. *Sexual and Reproductive Health Matters*, 27(1), 313–315. <https://www.jstor.org/stable/48617579>

- Centers for Disease Control and Prevention. (2021). *Basic HIV Statistics*. Retrieved from <https://www.cdc.gov/hiv/basics/statistics.html>.
- Centers for Disease Control and Prevention. (2019). *HIV by Race/Ethnicity*. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/index.html>.
- Cortes, N., Eisler, A., & Desiderio, G. (2016). Tip sheet: Gender, sexuality, and inclusive sex education. Baltimore: Healthy Teen Network
- Curriculum and Materials Used in Sex Education Class. 70 O.S. § 11-105.1 (2019).  
**<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90144>**
- Currin, J. M., Hubach, R. D., & Croff, J. M. (2019). Sex-Ed without The Stigma: What gay and bisexual men would Like offered in school based sex education. *Journal of Homosexuality*, 67(13), 1779–1797. <https://doi.org/10.1080/00918369.2019.1616429>
- Creswell, J. W., Poth, C. N. (2018). *Qualitative Inquiry & Research Design: Choosing among Five approaches*. SAGE.
- Darroch, J. E., Landry, D. J., & Singh, S. (2000). Changing Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988-1999. *Family Planning Perspectives*, 32(5), 204. <https://doi.org/10.2307/2648173>
- Debunking common myths about HIV*. (2017). HRC. Retrieved from <https://www.hrc.org/resources/debunking-common-myths-about-hiv>
- Dozono, T. (2017). Teaching Alternative and Indigenous Gender Systems in World History: A Queer Approach. *The History Teacher*, 50(3), 425–447. <http://www.jstor.org/stable/44507259>
- Drazenovich, G. (2015). Queer Pedagogy in Sex Education. *Canadian Journal of Education / Revue Canadienne de l'éducation*, 38(2), 1–22. <https://doi.org/10.2307/canajeducrevucan.38.2.07>
- Eyre, L. (1993). Compulsory Heterosexuality in a University Classroom. *Canadian Journal of Education / Revue Canadienne de l'éducation*, 18(3), 273–284. <https://doi.org/10.2307/1495387>
- Faucette, A. (2014). CHAPTER FOUR: Fucking the Binary for Social Change: Our Radically Queer Agenda. *Counterpoints*, 437, 73–88. <http://www.jstor.org/stable/42981932>
- Fernandez, I., et al. (2011). HIV and AIDS among Gay and Bisexual Men. *PsycEXTRA Dataset*. <https://doi.org/10.1037/e584352012-001>
- Fertig, A. R., & Reingold, D. A. (2007). Public housing, health, and health behaviors: Is there a connection? *Journal of Policy Analysis and Management*, 26(4), 831–860. <https://doi.org/10.1002/pam.20288>
- Florida, R. (2002). *The Rise of the Creative Class*. Washington Monthly.

- Fogarty, M., & Whitman, N. (2018). *Does Your Language Influence How You Think?* Retrieved from <https://www.scientificamerican.com/article/does-your-language-influence-how-you-think/>
- Francis, B. (2010). Gender, toys and learning. *Oxford Review of Education*, 36(3), 325–344. <http://www.jstor.org/stable/25699588>
- Gallup. (2019). LGBT Proportion of Population: United States [data set]. Retrieved from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>
- Glick, E. (2000). Sex Positive: Feminism, Queer Theory, and the Politics of Transgression. *Feminist Review*, 64, 19–45. <http://www.jstor.org/stable/1395699>
- Glossary of Terms*. (2020). HRC. <https://www.hrc.org/resources/glossary-of-terms>
- Goel, I. (2014). Beyond the Gender Binary. *Economic and Political Weekly*, 49(15), 77–78. <http://www.jstor.org/stable/24479125>
- Hawkins, L. (2018). *When Do Children Develop Their Gender Identity?* Children's Hospital of Philadelphia.
- Helminiak, D. A. (1989). Self-Esteem, Sexual Self-Acceptance, and Spirituality. *Journal of Sex Education and Therapy*, 15(3), 200–210. <https://doi.org/10.1080/01614576.1989.11074961>
- Hemmings, A. (1999). The “Hidden” Corridor Curriculum. *The High School Journal*, 83(2), 1–10. <http://www.jstor.org/stable/40364505>
- HIV and AIDS among Gay and Bisexual Men. (2011). *PsycEXTRA Dataset*. <https://doi.org/10.1037/e584352012-001>
- HIV and the LGBTQ Community*. (2017). Human Rights Campaign. <https://www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community>
- Hock, R. (2016). *Human sexuality*. (4th ed.). Pearson.
- Inungu, J., Langford, S., Mumford, V., Younis, M. (2009). HIV Knowledge, Attitudes, and Practices Among College Students in the United States. *Journal of Health and Human Services Administration*, 32(3), 259–277. <http://www.jstor.org/stable/25790765>
- Jackson, P. (1968). *Life in Classrooms*. New York, NY: Holt, Rinehart, and Wins
- Jacobson, R. (2021). *Teaching kids about boundaries*. Child Mind Institute. Retrieved from <https://childmind.org/article/teaching-kids-boundaries-empathy/>
- Kee-Jiar, Y., & Shih-Hui, L. (2020). A systematic review of parental attitude and preferences towards implementation of sexuality education. *International Journal of Evaluation and Research in Education (IJERE)*, 9(4), 971. <https://doi.org/10.11591/ijere.v9i4.20877>

- Killen, M., Lee-Kim, J., McGlothlin, H., Stangor, C., & Helwig, C. C. (2002). How Children and Adolescents Evaluate Gender and Racial Exclusion. *Monographs of the Society for Research in Child Development*, 67(4), i–129. <http://www.jstor.org/stable/3181568>
- Kimmel, A. P. (2016). Title IX: An Imperfect but Vital Tool To Stop Bullying of LGBT Students. *The Yale Law Journal*, 125(7), 2006–2036. <http://www.jstor.org/stable/43894514>
- Knorr, C. (2017). *What Media Teaches Kids About Gender Can Have Lasting Effects*. CNN. Retrieved from <https://www.cnn.com/2017/06/29/health/gender-stereotypes-media-children-partner/index.html>
- Kost, K., Maddow-Zimet, I., & Arpaio, A. (2017). *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*. New York: Guttmacher Institute. <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>
- Leary M. R. (2015). Emotional Responses to Interpersonal Rejection. *Dialogues in Clinical Neuroscience*, 17(4), 435–441. <https://doi.org/10.31887/DCNS.2015.17.4/mleary>
- Libby, R. W. (1970). Parental attitudes toward high school sex education programs. *The Family Coordinator*, 19(3), 234. <https://doi.org/10.2307/582026>
- Lorber, J., & Moore, L. J. (2011). *Gendered Bodies: Feminist Perspectives*. Oxford University Press.
- Mallory, C., Brown, T. N. T., & Sears, B. (2019). Stigma and Discrimination. In *The Impact of Stigma and Discrimination: Against LGBT People in Ohio* (pp. 23–36). The Williams Institute at UCLA School of Law. <http://www.jstor.org/stable/resrep35032.5>
- Malone, P., & Rodriguez, M. (2011). Comprehensive Sex Education vs. Abstinence-Only-Until-Marriage Programs. *Human Rights*, 38(2), 5–22. <http://www.jstor.org/stable/23032415>
- Mangin, M. (2018). Supporting transgender and gender-expansive children in school. *The Phi Delta Kappan*, 100(2), 16–21. <https://www.jstor.org/stable/26552437>
- Marsman, J. C., & Herold, E. S. (1986). Attitudes toward sex education and values in sex education. *Family Relations*, 35(3), 357. <https://doi.org/10.2307/584361>
- McGarry, R. (2013). Build a Curriculum that Includes Everyone. *Phi Delta Kappan*, 94(5), 27–31. <https://doi.org/10.1177/003172171309400506>
- McKenna, P. (2020). *Women bear the sti burden*. Right as Rain by UW Medicine. Retrieved from <https://rightasrain.uwmedicine.org/life/sex/women-STIs>.
- Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

- Meyer, I. H., & Wilson, B. D. (2021). *Nonbinary LGBTQ adults in the United States*. UCLA School of Law: Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/nonbinary-lgbtq-adults-us/>.
- Michigan: Guerilla Sex Ed*. (2021). Guerrilla Sex Ed. Retrieved from <https://guerrillasexed.org/legislation/michigan/>
- Montgomery County Public Schools. (2006). Health Education Grade 10. Rockville, MD: Author, [www.teachthefacts.org/curriculumdocs](http://www.teachthefacts.org/curriculumdocs)
- Moral, E. (2016). Qu(e)rying Sex and Gender in Archaeology: a Critique of the “Third” and Other Sexual Categories. *Journal of Archaeological Method and Theory*, 23(3), 788–809. <http://www.jstor.org/stable/43967041>
- Movement advancement Project: State Profiles*. (2019). [https://www.lgbtmap.org/equality\\_maps/profile\\_state/OK](https://www.lgbtmap.org/equality_maps/profile_state/OK).
- Nordmarken, S. (2019). Queering gendering: Trans Epistemologies and the disruption and production of gender accomplishment practices. *Feminist Studies*, 45(1), 36–66. <https://doi.org/10.15767/feministstudies.45.1.0036>
- Oklahoma Academic Standards for Health Education*. (2020). <http://sde.ok.gov>
- Oklahoma Population 2021*. (2021). Retrieved From <https://worldpopulationreview.com/states/oklahoma-population>
- Oklahoma*. Sex Education Collaborative Online Portal. (2021). <https://sexeducationcollaborative.org/states/oklahoma>.
- Oklahoma State Profile*. (2021). SIECUS. Retrieved From [https://siecus.org/state\\_profile/oklahoma-fy21-state-profile/](https://siecus.org/state_profile/oklahoma-fy21-state-profile/).
- Oliver, V., van der Meulen, E., Larkin, J., & Flicker, S. (2013). If you teach them, they will come: Providers’ reactions to incorporating pleasure into youth sexual education. *Canadian Journal of Public Health*, 104(2), 141–146. <https://doi.org/10.1007/bf03405678>
- Paterson, J. (2018). *Sex education in schools needs an upgrade*. NEA. Retrieved from <https://www.nea.org/advocating-for-change/new-from-nea/sex-education-schools-needs-upgrade>
- Peterson, A., Weinstein, E., & Weissbourd, R. (2014). Preparing students for romantic relationships. *Phi Delta Kappan*, 95(4), 54–58. <https://doi.org/10.1177/003172171309500412>
- Poteat, V. P., Scheer, J. R., & Chong, E. S. K. (2016). Sexual orientation-based disparities in school and juvenile justice discipline: A multiple group comparison of contributing factors. *Journal of Educational Psychology*, 108(2), 229–241. <https://doi.org/10.1037/edu0000058>



- Psaki, S. R., McCarthy, K. J., & Mensch, B. S. (2018). Measuring Gender Equality in Education: Lessons from Trends in 43 Countries. *Population and Development Review*, 44(1), 117–142. <http://www.jstor.org/stable/26622795>
- Rabbitte M. (2020). Sex Education in School, are Gender and Sexual Minority Youth Included?: A Decade in Review. *American journal of sexuality education*, 15(4), 530–542. <https://doi.org/10.1080/15546128.2020.1832009>
- Russell, S. T., & McGuire, J. K. (2008). The School Climate For Lesbian, Gay, Bisexual, and Transgender (LGBT) Students. *Toward Positive Youth Development*, 133–149. <https://doi.org/10.1093/acprof:oso/9780195327892.003.0008>
- Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and abstinence-only education: A review of US policies and programs. *Journal of Adolescent Health*, 38, 72-81.
- Scandurra, C., Mezza, F., Maldonato, N.M., Bottone, M., Bochicchio, V., Valerio, P. & Vitelli, R. (2019) Health of Non-binary and Genderqueer People: A Systematic Review. *Front. Psychol.* 10:1453. doi: 10.3389/fpsyg.2019.01453
- Sex and HIV Education*. (2021). Guttmacher Institute. <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>.
- Sex Education Laws and State Attacks*. (2021). Planned Parenthood Action Fund. <https://www.plannedparenthoodaction.org/issues/sex-education/sex-education-laws-and-state-attacks>.
- Shaw R. S. & Braden J. P. (1990) Race and Gender Bias in the Administration of Corporal Punishment, *School Psychology Review*, 19:3, 378-383, DOI: [10.1080/02796015.1990.12085476](https://doi.org/10.1080/02796015.1990.12085476)
- Social Security Act, Title V, 24 U.S.C. § 510 (1996)
- Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. *PLoS ONE*, 6(10), 108-121. <https://doi.org/10.1371/journal.pone.0024658>
- Stanton, A. (2021). *Oklahoma State Rep slams governor Kevin Stitt for saying "No such thing" as nonbinary*. Newsweek. Retrieved from <https://www.newsweek.com/oklahoma-state-rep-slams-governor-kevin-stitt-saying-no-such-thing-nonbinary-1641934>
- State Resources on Reproductive Well-Being* (2019). Power to Decide. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/state-specific-resources>.
- Štrkalj, G., & Pather, N. (2020). Beyond the sex binary: Toward the Inclusive Anatomical Sciences Education. *Anatomical Sciences Education*, 14(4), 513–518. <https://doi.org/10.1002/ase.2002>

- Strear, M. M. (2016). Forecasting An Inclusive Future: School Counseling Strategies To Deconstruct Educational Heteronormativity. *Professional School Counseling, 20*(1a), 47–56.  
<https://www.jstor.org/stable/90014855>
- Szalacha, L. A. (2003). Safer sexual diversity climates: Lessons learned from an evaluation of Massachusetts Safe Schools Program for gay and lesbian students. *American Journal of Education, 110*(1), 58–88. <https://doi.org/10.1086/377673>
- Tatter, G. (2018). *Sex Education That Goes Beyond Sex*. Harvard Graduate School of Education. Retrieved from <https://www.gse.harvard.edu/news/uk/18/11/sex-education-goes-beyond-sex>
- Tanner, L. (2018). More U.S. teens identify as transgender, survey finds. *USA Today*.
- Tolman, D. L. (1994). Doing Desire: Adolescent Girls' Struggles For/With Sexuality. *Gender, and Society, 324-342*.
- The Struggle of Trans and Gender-Diverse Persons*. (2019). United Nations Human Rights Office of The High Commissioner. Retrieved from <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/struggle-trans-gender-diverse.aspx>
- Transgender Children & Youth: Understanding the basics*. (2020). Human Rights Campaign. Retrieved from <https://www.hrc.org/resources/transgender-children-and-youth-understanding-the-basics>.
- UNAIDS (2007). AIDS Epidemic Update. Retrieved from: <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007>.
- UNESCO. (2015). *Emerging evidence, lessons and practice in Comprehensive Sexuality Education: A global review 2015*.
- Vaid-Menon, A. (2020). *Beyond The Gender Binary*. Penguin Workshop.
- Weinberg, M. (2009). LGBT-Inclusive Language. *The English Journal, 98*(4), 50-51. Retrieved July 28, 2021, from <http://www.jstor.org/stable/40503261>
- West, C., & Zimmerman, D. H. (1987). Doing Gender. *Gender and Society, 1*(2), 125–151.  
<http://www.jstor.org/stable/189945>
- Zinn, M. B., Hondagneu-Sotelo, P., & Messner, M. A. (2020). *Gender Through The Prism of Difference*. Oxford University Press.