

# BALLARD BRIEF

May 2023

## Inadequate Sexual Health Education for High School Students in the United States

McKinley Harwood



# Summary

Sexual health education across the United States is inconsistent and inadequate in providing the information necessary to allow individuals to make informed, healthy decisions about their sexuality and sexual activity. Only about half of states require sex education to be taught, and only a quarter require medically accurate information to be taught. This incomplete and sometimes inaccurate curriculum results from contradicting morals and religious teachings, legislation created by state and national governments, and misconceptions about the effects of comprehensive teachings. This inadequate education leads to high rates of teen pregnancies, STD transmissions, and social stigma for LGBTQ individuals. Organizations have attempted to intervene by creating comprehensive curriculums, providing assistance for implementation into school curriculums, and providing information on websites so that individuals can access them for free. In

other countries, this form of intervention has proved successful through outcome and impact evaluations. However, while these organizations working in the United States have completed output and outcome measurements, they have done little to evaluate their impact.

## Key Terms

**Sexually Transmitted Disease (STD)**—An infection transmitted through sexual contact caused by bacteria, viruses, or parasites.<sup>1</sup>

**Abstinence-Only**—A form of sex education teaching that not having sex outside of marriage is the only morally acceptable option for youth, and the only safe and effective way to prevent unintended pregnancy and STIs. It generally does not discuss contraceptive methods or condoms unless to emphasize their failure rates.<sup>2</sup>

**Comprehensive Sex Education**—A form of sex education that aims to give students the knowledge, attitudes, skills, and values to make appropriate and healthy choices in their sexual

lives. Includes information about condoms and contraceptives as well as abstinence.<sup>3</sup>

**Contraceptives**—A device or drug serving to prevent pregnancy by interfering with the normal process of ovulation, fertilization, and implantation.<sup>4</sup>

**Teen Pregnancy**—A pregnancy that occurs for a woman under the age of 20, including girls who are under 12.<sup>5</sup>

**Human Immunodeficiency Virus (HIV)**—A virus that attacks the body's immune system and can lead to acquired immunodeficiency syndrome (AIDS) if not treated.<sup>6</sup>

**Stigma**—Occurs when an individual is blocked from acceptance within society, reducing them from a whole person to a tainted, discounted one. Stigma occurs at the convergence of labeling, stereotyping, separation, status loss, and discrimination within an inequitable power situation, with the stigmatized systematically rejected and excluded from opportunities.<sup>7</sup>

**Heteronormativity**—Refers to heterosexuality being the norm and dominating other forms of sexuality.<sup>8</sup>

**Sexual Orientation**—The identity of who you are attracted to and want to have relationships with, including gay, lesbian, straight, bisexual, and asexual.<sup>9</sup>

**Acquired Immunodeficiency**

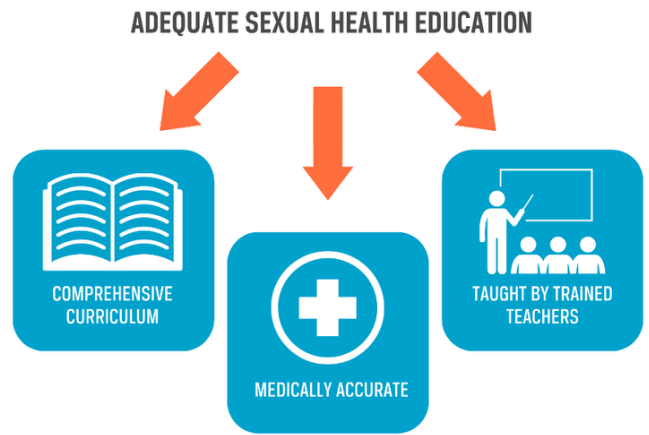
**Syndrome (AIDS)**—The final stage of infection with HIV; it happens when the body's immune system is badly damaged because of the virus.<sup>10</sup>

**Human Rights Approach**—Access to complete and accurate HIV, AIDS, and sexual health information has been recognized internationally as a basic human right and essential to realizing the human right to the highest attainable standard of health.<sup>11</sup>

# Context

**Q:** *How are we defining adequate sexual health education in this brief?*

**A:** Adequate sexual health education, through the scope of this brief, is defined as having a comprehensive curriculum, being medically accurate, and being taught by trained teachers. The adequacy of sexual health education programs can be indicated by lower teen pregnancy and STD rates.<sup>12</sup> Curricula that are comprehensive in nature address issues such as disease prevention, contraceptives, relationships, communication, and sexuality.<sup>13</sup> These programs are more successfully taught when the teachers are trained and qualified to address these different topics.<sup>14</sup> To improve training for teachers, it should include the human rights approach: providing complete and accurate information in order to allow teenagers to make an informed decision regarding their sexual health, sexual activity, and how to potentially prevent disease.<sup>15</sup>



**Q:** *What inadequacies exist in current sexual health education curriculums in the United States?*

**A:** Sexual health education in American high schools is lacking in curriculum, qualified teachers, and inclusive speech. One of the main inadequacies has to do with incomplete curriculums. In 20 out of 34 states that teach abstinence, the curriculum stresses abstinence-only, which is a type of sex education that presents not having sex outside of marriage as the only safe and effective way to prevent pregnancy and STIs.<sup>16, 17</sup> These programs often eliminate other

topics, including human development, relationships, sexual behavior, and sexual health. This focus means that through current sexual health education programs, students are not guaranteed to receive the necessary information to make informed decisions regarding condom use, consent, and whether or not to participate in sexual behaviors.<sup>18</sup> Because knowing about safe sex practices is necessary for people to make an educated decision regarding their health, access to this information is considered a human right by the American Public Health Association.<sup>19, 20</sup> Another inadequacy includes improperly trained or unqualified teachers. In a qualitative study including 335 sex education teachers at Illinois middle schools and high schools, half of the teachers lacked confidence in teaching about topics regarding condoms and birth control. This may be due to inadequate training these teachers received, as 30% of them said that they had no special training in teaching sex education.<sup>21</sup> The last main inadequacy that exists within US sexual health education programs is the lack of

or inaccuracy of information related to the LGBTQ community. They are often omitted from current high school sexual health education curriculums or spoken of in a derogatory manner.<sup>22</sup> Some programs instruct teachers to call being gay “unnatural” and to discourage sexual experimentation in homogeneous relationships.<sup>23</sup> These teachings made sexual attraction seem like a choice, and that marriage between a man and woman is the only relationship in which safe sex can occur.<sup>24</sup> This style of teaching can imply that the only acceptable type of relationship is a heterosexual one which may leave those individuals who experience something else, for themselves or in their family, feeling isolated.<sup>25</sup> Due to inadequacies in the current sexual health curriculum, many high schoolers lack important knowledge that affects their physical, social, and mental well-being.<sup>26</sup>

***Q: Who is affected by this?***

**A:** High school students, ages 14–18, are most in need of adequate sexual health education. This demographic has a high

rate of STDs as compared to other age groups, and, according to the CDC, 44% of males and 43% of females participate in intercourse by age 17.<sup>27, 28</sup> Evidence shows that adequate sex education can increase contraceptive use, decreasing STD and pregnancy rates for teenagers.<sup>29</sup> Teenagers require this education because they are going through puberty and are subject to new media with implicit or explicit messages about sex and sexuality. Studies show that 1 out of 5 youth ages 9–17 are exposed to unwanted sexual content online.<sup>30</sup> This exposure has been linked to risky sexual health behavior, which is why providing necessary information can help them make informed decisions.<sup>31</sup> Nearly 40% of all high school students in the US report they have had sex, and 9.7% of high school students have had sex with 4 or more partners during their lifetime.<sup>32</sup> Through adequate sexual health education, teens can be more informed about consent and better understand their bodily autonomy.<sup>33, 34</sup>

***Q: Who is most negatively affected by inadequate sex education?***

**A:** To be more effective, sexual health education programs can also be inclusive to LGBTQ individuals to support healthy relationships.<sup>35</sup> LGBTQ youth are greatly affected by a lack of inclusivity in many current sexual health education programs. For example, a national survey conducted in 2011 found that 4% of LGBTQ students in middle and high school reported experiencing any positive discussion of LGBTQ-related issues in their sexual health classes.<sup>36</sup> This demonstrates the level of exclusion the LGBTQ community experiences due to inadequate sexual health education programs and, because of its severity, the effects will be discussed throughout this brief.<sup>37, 38</sup>





***Q: Who determines the curriculum?***

**A:** In the United States Constitution, education is placed under the authority of individual states.<sup>39</sup> Because of this, no nationwide curriculum can be instituted by the federal government. While the federal government does not play a direct role in determining the curriculum for sexual health education, it still has a large influence through funding.<sup>40</sup> At the state level, many state governments have certain required parameters for sexual health education if it is taught in schools, but most allow individual districts to determine their own curriculum requirements. These districts allow the school boards and sometimes advisory boards in which the community (parents, students, teachers,

religious leaders, and so on) can make their voices heard and implement the curriculum they agree upon.<sup>41</sup> While these school boards essentially determine the subject and scope of sex education and the budget of these programs, they cannot implement any changes contrary to the current state laws unless they work to change the laws.<sup>42</sup> Thirty states require some form of sexual health education, and 22 states require that if sex or HIV education is provided, it must be medically accurate.<sup>43, 44</sup> California Code 3913 defines medically accurate as “verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field.”<sup>45</sup>

***Q: How has sexual health education evolved in the US?***

**A:** Sexual health education has both expanded and been reduced throughout its history in US education. After World War I, during which many American

soldiers contracted STIs, public schools began teaching sex education in high schools in response to the increased public focus on the prevention of STIs.<sup>46</sup> The Chamberlain-Kahn Act allocated federal funding to training teachers in STI prevention for high school sex education programs in the 1919–1920 school year.<sup>47</sup> During WWII, concern for STIs became mainstream due to the significant increase in STI cases, which made sexual health education an important topic of conversation.<sup>48</sup> Then in 1960, sex education became about more than disease prevention and started to include topics such as sexuality, which largely remained heterosexually focused. The AIDS epidemic, which began in the 1980s, initiated the debate on whether to teach a comprehensive curriculum or an abstinence-only curriculum. The federal government influenced the lean toward abstinence-only education with the Adolescent Family Life Act (AFLA) created in 1981, which subsidized abstinence-only curricula in schools. During the 1990s and early 2000s,

abstinence-only-until-marriage curricula were created by conservative organizations. In 2000, a new federal funding source, the Community-Based Abstinence Education program, supported community-based organizations in teaching abstinence-only-until-marriage material. Then, in 2010, The Office of Adolescent Health (OAH) was created and developed the Teen Pregnancy Prevention Program (TPPP) to fund evidence-based initiatives. There continues to be a push and pull between sex education programs that have created unclear standards and inadequate programs.<sup>49</sup>

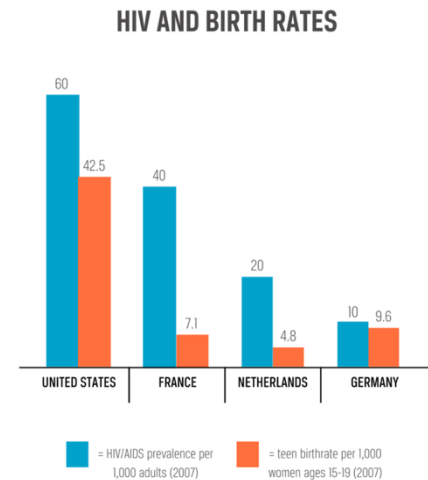
***Q: How do US sexual health education programs compare to other countries?***

**A:** When comparing the US to similarly developed countries, the US has a limited and underdeveloped sexual health program. Studies show that introducing sexual health education topics in primary school can decrease child sex abuse, dating, and interpersonal violence and increase healthy relationships and appreciation



of sexual diversity.<sup>50</sup> For example, the Netherlands, France, and Australia have sexual health education programs that begin in primary school.<sup>51</sup> Throughout the program, teachers are required to be qualified, meaning they have the training and are up to date with the current medical information available.<sup>52</sup> The US, on the other hand, does not require teachers to be qualified or trained to teach sexual health education and begins teaching it at the secondary school level.<sup>53</sup> The comparison between the US and other similarly developed countries demonstrates that other countries have more developed and effective programs. This is evident in the birth rates per 1,000 adolescents (children aged 15–17) across the 4 countries.<sup>54</sup> The US birth rate is approximately 8.5 times greater than the Netherlands, 5.5 times greater than France, and 3 times greater than Australia.<sup>55</sup> The US also has significantly more HIV cases in men ages 15–24 than in countries in Europe. This includes the US HIV rate being 5 times that of Germany, 3 times as high as the Netherlands, and 1.5 times higher than

France. The difference in these rates can be partially tied to less effective sexual health education systems in the United States.<sup>56</sup>



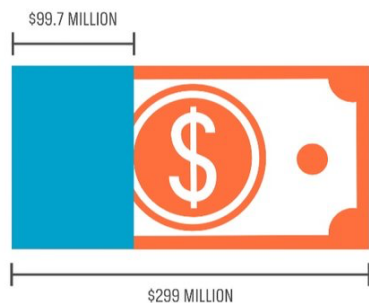
## Contributing Factors

### *Legislation Funding*

Federal funding influences inadequate sexual health education in the US by perpetuating abstinence-only education. An abstinence-only curriculum is not an adequate form of sexual health education because it excludes important information and is

not comprehensive. States and districts are more likely to adapt this curriculum in order to receive grants and funding from the federal government for their programs.<sup>57</sup> This can often lead to less comprehensive sexual health education and more inadequate curriculums. In 2017, one-third of the \$299 million in federal funding for teen sexual health education programs was for abstinence education which equates to about \$99.7 million.<sup>58</sup> The federal government has several avenues through which they disseminate funding for sexual health education programs, such as the Title V Abstinence-Only-Until-Marriage (AOUM) law, which was established in 1996.

**GOVERNMENT MONEY SUPPORTING  
ABSTINENCE EDUCATION**



This law dictates that states must match every \$4 from the federal

government with \$3 from the state, and this money must be used for sexual education programs that omit talk of contraceptives and condoms except to emphasize their failure rates.<sup>59</sup> In 2017, \$75 million of the \$99.7 million in federal funding given was under Title V, indicating that it is the most influential and abundant source of funding for sexual health programs in the US.<sup>60</sup> Due to its required parameters it also indicates that schools in the 44 states and 5 territories that receive this funding are adapting their sexual health education curricula to teach abstinence-only curricula or other restricted curricula that do not adequately teach sexual health.<sup>61</sup> These preconditions for funding lead to the furthering of inadequate sexual health education, specifically by teaching abstinence-only and not including talk about contraceptives or condoms.

In 2012, the abstinence-only curriculum was rebranded to be called Sexual-Risk Avoidance Education.<sup>62</sup> This new legislation provides funds to programs educating youth about how

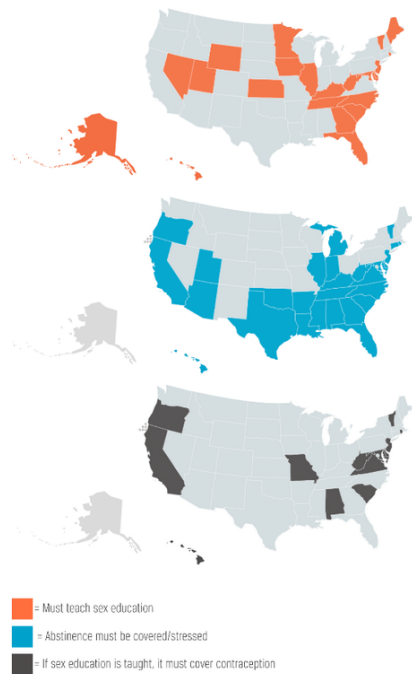
to voluntarily refrain from non-marital sexual activity.<sup>63</sup> In these programs, information has to be medically accurate and evidence-based but teaches that abstinence is the only morally acceptable option.<sup>64</sup> Teaching sex in this manner can cause adolescents to associate fear, guilt, and shame with sexual activity while promoting a single path to success through abstinence. This can consequently cause the 11% of high school students who have experienced sexual assault to feel guilty for situations that were beyond their control.<sup>65</sup> Despite Sexual-Risk Avoidance Education programs failing to address all the necessary topics of comprehensive sexual health education,<sup>66</sup> federal funding in the US has increased since 2015, from \$55 million to \$1.1 billion in 2021.<sup>67</sup> With current legislation, inadequate curriculums continue to be implemented in schools, contributing to inadequate sexual health education among high schoolers in the US.

## *Ineffective Policies*

The current policies, at the national and state level, lead to incomplete and inaccurate sexual health education curriculums across states because the policies do not require principles from adequate sexual health education to be taught. Without a universal sexual health education curriculum for the country, states are left to determine their own parameters for sexual health education programs taught in schools underneath their jurisdiction, causing many programs to be inadequate.<sup>68</sup> A total of 22 out of the 50 states required some type of sexual health education to be taught; 34 states required that if sex education is taught in schools, abstinence must be covered (of which 20 states require it to be stressed), and 13 required that information on contraception must be taught.<sup>69</sup> This inconsistency leads to teenagers that are receiving parts of a sexual health education and not being guaranteed the information that will allow them to make informed decisions about relationships and sexual activity.<sup>70</sup> The

absence of national guidelines causes high schoolers throughout the United States to have inconsistent sexual health education that is usually inadequate.

### SEX EDUCATION ACROSS THE UNITED STATES



Along with the inconsistencies between states, individual states' policies contribute to inadequate sexual health education for high schoolers. Under the Utah code 53G-10-402, the state requires that sex education be taught

but prohibits the advocacy or encouragement of contraceptive methods or devices.<sup>71, 72</sup> This policy contributes to inadequate sexual health education by not guaranteeing that high school-aged youth are provided with the information that could prevent the effects of unprotected and unplanned sexual activity. This policy does not provide the information necessary for them to make the most informed decisions for themselves and their body. Other states' policies are similar to that of Utah and lead to a lack of emphasis on important topics that are part of comprehensive sexual health education programs.<sup>73</sup> The Centers for Disease Control and Prevention conducted a survey in 2014 and found that across high schools, sexual health programs spent an average of 6.2 hours on human sexuality and 4 or fewer hours on preventing HIV, STIs, and teen pregnancy.<sup>74</sup> This study demonstrates the little emphasis that states put on sexual health education, especially the topics covered in more comprehensive programs. Without coverage on topics

like contraceptives, states' policies can promote inadequate sexual health education.

While examining abstinence curriculum, US congressman Henry Waxman observed that the curricula often taught false information about exaggerated failures of contraceptives and risks of abortion and reinforced male and female stereotypes.<sup>75</sup>

These abstinence-only curriculums also fail to address important topics such as healthy relationships.<sup>76</sup> Communication skills, decision-making skills, violence prevention, and consent are important topics, but all 4 of these topics are only currently being taught in 9 out of the 50 states.<sup>77</sup> Inconsistencies between states dictating whether or not sexual health education should be taught in schools as well as in the type of information that is taught, leads to incomplete and inadequate sexual health education.

### ***Perceptions of Sexual Health Education***

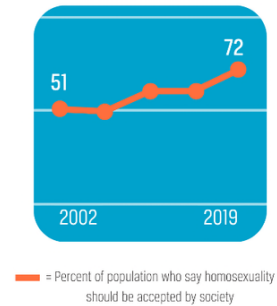
An important contributing factor to the current inadequacies in sexual health

education in the United States is the historical beliefs and opinions that originally shaped the curriculums. While these beliefs and opinions no longer represent the majority of the population, their influences remain evident in the current sexual health curriculums. One of the most influential beliefs is that teaching healthy sexual practices to individuals who are part of the LGBTQ community will influence other youth to change their sexuality. A case study in Merrimack, New Hampshire, demonstrated that strong anti-homosexual beliefs led to a policy known as the Prohibition of Alternate Lifestyle Instruction. This case led to the removal of all books and topics from the curriculum that had any connection to homosexuality, including AIDS prevention.<sup>78</sup> This type of censorship of curricula relating to homosexuality was present across the US and contributed heavily to the specific aspect of inadequate sexual health education of exclusivity. As of April 2022, Mississippi, Oklahoma, and Texas have “no promo homo” laws in place, and more than a dozen other

states are proposing “don’t say gay” bills that restrict conversation about homosexuality in the school curricula.<sup>79, 80</sup>

However, acceptance of homosexuality has continued to grow, as demonstrated through a survey conducted by the Pew Research Center determining the percentage of the population that believes homosexuality should be accepted by society. This survey found that in 2002, 51% of the population believed that homosexuality should be accepted, and in 2019 that number had grown to 72% overall support.<sup>81</sup> Another survey conducted by the Sexuality Information and Education Council of the United States (SIECUS) revealed that 85% of parents supported teaching sexual orientation in high schools in 2017.<sup>82</sup> Despite the growth in support for homosexuality, sexual health education curriculums have failed to respond by becoming more inclusive and therefore have remained inadequate.

**RISING ACCEPTANCE FOR HOMOSEXUALITY IN U.S.**



Another influential historical belief is that teaching safe sex practices, including contraceptives, will increase sexual behavior among high school students. These beliefs were supported by people such as Judith Reisman in the 1990s, who led many national groups and claimed that sex education in schools was leading children to be more sexual and participate in more sexual behavior.<sup>83</sup> These beliefs contributed to the creation of programs that teach abstinence-only until marriage and are incomplete, inaccurate, and not inclusive.<sup>84</sup> Current public opinion no longer supports these beliefs, but sexual health



curriculums still maintain the restrictions that were created during the era in which the beliefs were popularly supported. As of 2018, 98% of voters believe that it is important to teach sexual health education in high schools.<sup>85</sup> Similarly, 73% of parents support federal funding being allocated to sexual health programs that delay sex, improve contraceptive use, and prevent unintended pregnancy.<sup>86</sup> Public opinion is in favor of comprehensive sexual health education in High Schools across the United States, but the curriculums being taught continue to maintain elements that make them inadequate.

## Consequences

### *Teen Pregnancy*

The most prevalent and pervasive negative consequence of inadequate sexual education is teen pregnancy. Abstinence-only education programs have proven ineffective at decreasing teen pregnancy and, in some cases, have shown a correlation with an

increase in pregnancies of girls under 20 years old, not due to increased sexual activity but due to a lack of contraceptive use.<sup>87</sup> In 2017, 194,377 babies were born to girls ages 15–19 in the United States, which constituted a birth rate of 18.8 per 1,000 girls.<sup>88</sup> When compared to 2006 numbers of 72.2 pregnancies per 1,000 girls with 41.9 births per 1,000 girls, teen pregnancy rates have decreased.<sup>89</sup> However, the United States still has one of the highest teen pregnancy rates in developed countries. It also has the most limited sexual health education curriculum out of the developed countries.<sup>90</sup> In a study done on the effectiveness of abstinence education, the youth who received education and the control group who did not were equally as likely to remain abstinent, indicating that abstinence-only curriculums do not decrease sexual activity. Overall, 52% of those who participated in the program participated in sexual intercourse anyway, as opposed to 51% of the control group who participated in sexual intercourse.<sup>91</sup> There was no

effect on the level of sexual activity of teenagers because of abstinence education. Studies analyzing comprehensive sex education programs showed that 47% of the programs increased condom use, 44% increased the use of contraceptives, and 63% reduced sexual risk behavior or unprotected sex. Studies also show that comprehensive programs reduce birth rates.<sup>92</sup> Comprehensive education teaches teenagers about contraceptives, which would decrease the number of teen pregnancies as well as the number of abortions, which are positively correlated with teen pregnancies.<sup>93</sup> Between 1991 and 2004 US teen birth rate fell from 62 to 41 births per 1,000 female teens. Although the influence of sex education programs taught during this time is inconclusive, experts attribute decreased pregnancy rates to increased contraceptive use and the delaying of the initiation of sex.<sup>94</sup> Both of these principles are taught to individuals in comprehensive sex education curriculums, and learning protective information can only encourage teens

to take precautionary measures.<sup>95, 96</sup> Inadequate sexual health education programs do not properly teach teenagers about contraceptives, which increases pregnancy rates.

## ***Sexually Transmitted Diseases***

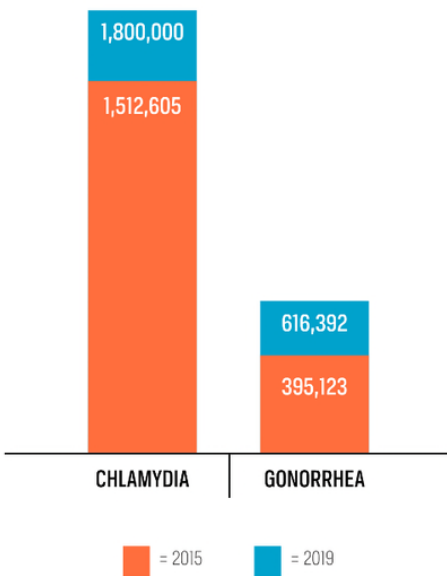
A major consequence of inadequate sexual health education is higher levels of unprotected sex which leads to sexually transmitted diseases. According to the CDC, in 2019, there were 1.8 million cases of chlamydia and 616,392 cases of gonorrhea. These numbers are 19% and 56% higher than in 2015, respectively.<sup>97</sup> This increase in sexually transmitted diseases reflects the continuance of inadequate sexual health education in the US since comprehensive education programs have shown that they decrease sexually transmitted diseases.<sup>98</sup> A report analyzing 56 studies analyzed the effectiveness of abstinence programs compared with comprehensive programs and found that 15 of the 24 comprehensive programs reduced sexual risk-taking while none of the

abstinence programs had any effect on risky behaviors.<sup>99</sup> HIV is another sexually transmitted disease affected by sexual health education. Young people are the most at risk for not knowing they have HIV because they participate in unprotected sex, which leads to HIV.<sup>100</sup> An estimated 44.9% of young people ages 13–24 who had HIV in 2018 were unaware.



The Youth Risk Behavior Surveillance system lists sexual behavior contributing to pregnancy and sexually transmitted diseases as one of the six major risk factors for youth, as HIV is also the sixth leading cause of death for young people.<sup>101, 102</sup> Lack of education about how STDs are contracted and how to avoid them also leads to an increase in risky behavior. A major consequence of the lack of inclusivity in sexual health programs in high schools is that LGBTQ youth are not provided with information about sexually transmitted diseases. Gay and bisexual men are disproportionately at risk for HIV, and in 2019 they accounted for 70% of the 34,800 new HIV diagnoses in the US.<sup>103, 104</sup> When compared with white heterosexual women, who had

### CHLAMYDIA AND GONORRHEA CASES



900 cases in 2014 and 910 cases in 2018, gay men are at a much higher risk of contracting HIV.<sup>105</sup> The exclusion they experience from inadequate sexual health education programs further exacerbates this problem because they are not provided with information about how to protect themselves against HIV and therefore continue to experience a disproportionately high rate of HIV. Programs that do not discuss condom usage increase rates of unprotected sex, which increase the spread of STDs.<sup>106</sup>

### ***Social Stigma Towards the LGBTQ Community***

Inadequate sexual health education programs in the US have excluded the LGBTQ community, which has led to increased social stigma. Within these sexual health programs, LGBTQ youth are often left out of sexual education by being left out of the conversation or are talked about negatively by their peers and teachers.<sup>107</sup> Although recent data is limited, according to a study done in 2017, only 13 states required

discussion of sexual orientation in sexual education classes, 9 of which required the discussion to be inclusive, while the 4 others required only negative information about sexual orientation to be taught.<sup>108</sup> Examples of the negative information discussed include that homosexuality is not acceptable to the general public and that homosexual behavior is a criminal offense despite that law being negated in June 2003.<sup>109</sup> The lack of sexual education in a majority of schools in the United States can leave LGBTQ individuals feeling unrepresented and uninformed.

On average, 1 in 3 LGBTQ students have skipped class because of feeling unsafe, and they attempt suicide at a rate 4 times that of average youth. In contrast, LGBTQ youth who go to schools that offer inclusive sexual health education report experiencing lower levels of victimization related to their sexual orientation and gender expression.<sup>110</sup> Over 58% of LGBTQ youth who went to schools without inclusive sexual health programs reported hearing homophobic remarks

such as “fag” or “dyke.” This proportion was reduced to 38.6% in schools that did offer inclusive sexual health education.<sup>111</sup> In addition, a study published in 2019 found that a 10% increase in schools teaching LGBTQ-inclusive sex education led to a significant decrease in the amount of gay and lesbian youth experiencing bullying at school.<sup>112</sup> This social stigma created by exclusive sexual health education programs led to many mental health issues for LGBTQ youth. Specifically, LGBTQ individuals had lower self-esteem and feel that they must hide longer for fear of rejection.<sup>113</sup> They also had an increased likelihood of attempting suicide. The rates of suicide attempts by LGBTQ students are 2 to 7 times higher than the rates for individuals that identify as heterosexual.<sup>114</sup> Other mental health issues include feeling victimized and depression.<sup>115</sup> Another negative effect of exclusive sex education programs is that LGBTQ individuals are led to seek information from outside sources, including websites, chatrooms, LGBTQ-specific

groups, and pornography.<sup>116, 117,</sup>

<sup>118</sup> While some of these sources can be beneficial and provide needed information, they can also be extremely harmful and inaccurate. Porn, especially, is associated with increased anxiety, body-image issues, poor self-image, relationship problems, insecurity, and depression.<sup>119</sup> Including LGBTQ youth in sexual health education will improve many of the negative mental health issues and will lead to more inclusive environments within high schools.<sup>120</sup>

## Practices

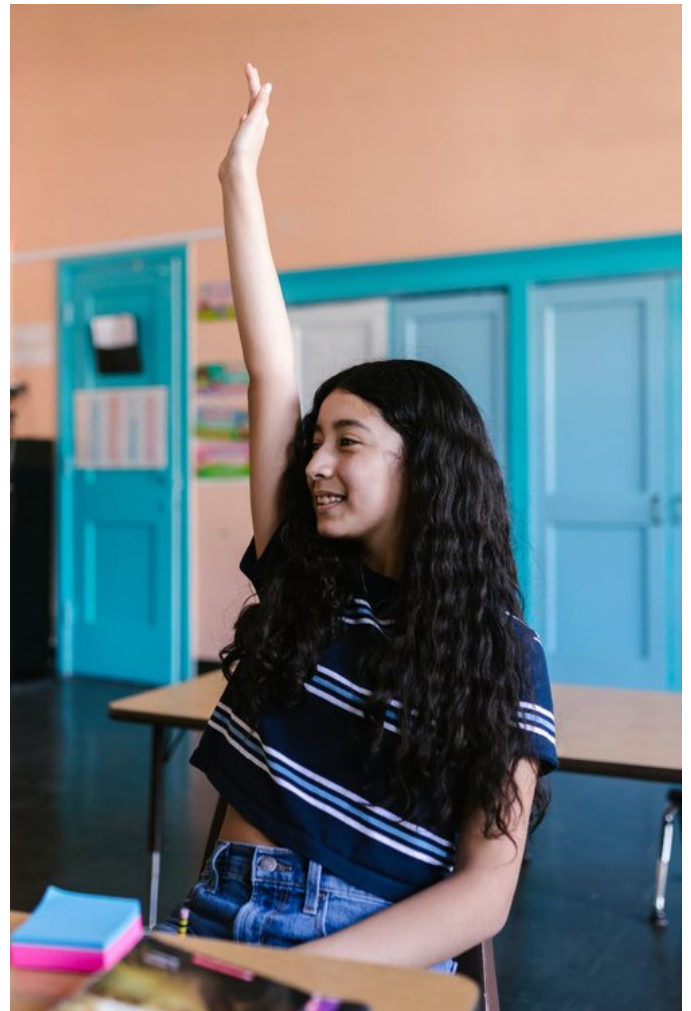
### *Long Live Love*

Long Live Love is a sexual health education curriculum incorporated into the Netherlands biology curriculum. This program was designed to provide students with communication and negotiation skills to enable safe sex practices. Developed 24 years ago and regularly updated to include the most up-to-date information, Long Live Love is a 6-lesson, 26-activity program. The

main objective of these activities is to prevent STDs, HIV, and unplanned pregnancies.

The program is designed to be taught in the 2nd, 4th, and 5th year of the vocational schools, and each has an age-appropriate curriculum that builds on the student's previous education. The themes taught throughout the curriculum include puberty, falling in love, relationships, homosexuality, what you want, drawing the line and assertiveness, the internet, groomers, the first time, problems with sex, getting help, safe sex, condoms, and contraception. As a comprehensive sex education program, Long Live Love not only teaches about safe sex practices but how to have and develop healthy relationships and how to be clear on what you want. One of the most important aspects of the program is its implementation in schools. Long Live Love recognizes that a curriculum is of no use to the youth if it is not implemented fully and properly in the

classrooms and therefore focuses on this as part of their intervention.



The Long Live Love program has few measurements available to the public. More measurements regarding the number of people entering their program and how it has affected them will be necessary to see the true impact of the program.



# Endnotes

1. "Sexually Transmitted Diseases," Medline Plus, accessed March 23, 2023, <https://medlineplus.gov/sexuallytransmitteddiseases.html>.
2. "Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior," Kaiser Family Foundation, accessed June 2, 2022, <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.
3. Ibid.
4. "Contraception," Encyclopedia of Children's Health, accessed March 6, 2021, <http://www.healthofchildren.com/C/Contraception.html>.
5. "Teenage Pregnancy," American Pregnancy Association, accessed September 23, 2022, <https://americanpregnancy.org/unplanned-pregnancy/teenage-pregnancy-26264/>.
6. "About HIV/AIDS," Centers for Disease Control and Prevention, accessed November 3, 2022, <https://www.cdc.gov/hiv/basics/whatishiv.html>.
7. Jennifer K. Felner, Terry D. Dudley, and Jesus Ramirez-Valles, "'Anywhere but Here': Querying Spatial Stigma as a Social Determinant of Health among Youth of Color Accessing LGBTQ Services in Chicago's Boystown," *Social Science and Medicine* 231 (September 2018): 181–189, <https://www.sciencedirect-com.erl.lib.byu.edu/science/article/pii/S0277953618304258>.
8. Michelle L. Estes, "If There's One Benefit, You're Not Going to Get Pregnant': the Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals," *Sex Roles* 77 (March 9, 2017): 615–627, <https://link.springer.com/article/10.1007/s11199-017-0749-8>.
9. "What Is Sexual Orientation?: Sexual Orientation vs Gender," Planned Parenthood, accessed March 22, 2023, <https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation>.
10. "HIV/AIDS," U.S. National Library of Medicine, accessed March 3, 2021, <https://medlineplus.gov/hiv aids.html>.
11. "Abstinence and U.S. Abstinence Only Education Policies: Ethical and Human Rights Concerns," American Public Health Association, accessed April 1, 2023, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/18/14/05/abstinence-and-us-abstinence-only-education-policies-ethical-and-human-rights-concerns#:~:text=Access%20to%20complete%20and%20accurate,highest%20attainable%20standard%20of%20health>.
12. Kathrin F. Stanger-Hall and David W. Hall, "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." *PloS One* 6, no. 10 (October 14, 2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/>.
13. "Comprehensive Sexuality Education," United Nations Population Fund, accessed September 10, 2022, <https://www.unfpa.org/comprehensive-sexuality-education#readmore-expand>.
14. Marlene K. Tappe, Regina A. Galer-Unti, and Kelley C. Bailey, "Evaluation of trained teachers' implementation of a sex education curriculum." *Journal of Health Education* 28, no. 2 (March 1997): 103–108, <https://eric.ed.gov/?id=EJ546681>.
15. "Abstinence and U.S. Abstinence Only Education Policies: Ethical and Human Rights Concerns," American Public Health Association, accessed April 1, 2023, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/18/14/05/abstinence-and-us-abstinence-only-education-policies-ethical-and-human-rights-concerns#:~:text=Access%20to%20complete%20and%20accurate,highest%20attainable%20standard%20of%20health>.
16. "Sex Education in the U.S.: Policy and Politics," The Henry J. Kaiser Family Foundation, accessed March 23, 2023, <https://www.kff.org/wp-content/uploads/2000/09/3224-sex-education-in-the-us-policy-and-politics.pdf>.
17. "Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior," Kaiser Family Foundation, accessed June 2, 2022, <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.
18. "What Is Sex Education?," Planned Parenthood, accessed April 10, 2022, <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>.
19. Mary A. Ott and John S Santelli, "Abstinence and Abstinence-Only Education," *Current Opinion in Obstetrics and Gynecology* 19, no. 5 (October 2007): 446–452, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5913747/>.
20. "Abstinence and U.S. Abstinence Only Education Policies: Ethical and Human Rights Concerns," American Public Health Association, accessed April 1, 2023, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/18/14/05/abstinence-and-us-abstinence-only-education-policies-ethical-and-human-rights-concerns#:~:text=Access%20to%20complete%20and%20accurate,highest%20attainable%20standard%20of%20health>.
21. "Many Sex Ed Teachers May Lack Training," Reuters, accessed March 25, 2023, <https://www.reuters.com/article/us-sex-ed/many-sex-ed-teachers-may-lack-training-idUSCOL56345420080205>.
22. Michelle L. Estes, "If There's One Benefit, You're Not Going to Get Pregnant': the Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals," *Sex Roles* 77, (March 9, 2017): 615–627, <https://link.springer.com/article/10.1007/s11199-017-0749-8>.
23. Hannah Slater, "LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools," Centers for American Progress, accessed April 12, 2023, <https://www.americanprogress.org/article/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/>.
24. Ibid.
25. Joseph M. Currin, Randolph D. Hubach, and Julie M. Croff, "Sex-Ed without the Stigma: What Gay and Bisexual Men Would like Offered in School Based Sex Education," *Journal of Homosexuality* 67, no. 13 (May 28, 2019): 1779–1797, <https://www.tandfonline.com/doi/full/10.1080/00918369.2019.1616429>.
26. Brigid Mckee, "Effective Sex Education," *Advocates For Youth*, accessed April 12, 2023, <https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fssexcur.pdf>.
27. "America's Sex Education: How We Are Failing Our Students," University of Southern California Department of Nursing, accessed April 12, 2023, <https://nursing.usc.edu/blog/americas-sex-education/>.
28. Gladys M. Martinez and Jouce C. Abma, "Sexual Activity, Contraceptive Use, and Childbearing of Teenagers Aged 15–19 in the United States," Centers for Disease Control and Prevention, accessed April 15, 2023, <https://www.cdc.gov/nchs/products/databriefs/db209.htm>.
29. "America's Sex Education: How We Are Failing Our Students," University of Southern California Department of Nursing, accessed April 12, 2023, <https://nursing.usc.edu/blog/americas-sex-education/>.

30. Sheri Madigan and Gina Dimitropoulos, "One in Five Youth See Unwanted Sexual Content Online, Says New Research," *The Conversation*, accessed March 26, 2023, <https://theconversation.com/one-in-five-youth-see-unwanted-sexual-content-online-says-new-research-96097>.
31. Wen-Hsu Lin, Chia-Hua Liu, and Chin-Chun Yi, "Exposure to Sexually Explicit Media in Early Adolescence Is Related to Risky Sexual Behavior in Emerging Adulthood," *Plos One* 15, no. 4 (April 10, 2020), <https://pubmed.ncbi.nlm.nih.gov/32275669/>.
32. "State Policies on Sex Education in Schools," National Conference of State Legislatures, accessed April 10, 2023, <https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#sex%20ed%20and%20states>.
33. Emily Bridges and Debra Hauser, "Sexuality Education," *Advocates for Youth*, accessed March 23, 2023, <https://www.advocatesforyouth.org/resources/fact-sheets/sexuality-education-2/>.
34. "State Policies on Sex Education in Schools," National Conference of State Legislatures, accessed April 10, 2023, <https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#sex%20ed%20and%20states>.
35. "LGBTQ Youth Need Inclusive Sex Education," Human Rights Campaign, accessed September 10, 2022, <https://www.hrc.org/resources/a-call-to-action-lgbtq-youth-need-inclusive-sex-education>.
36. Hannah Slater, "LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools," *Centers for American Progress*, accessed April 12, 2023, <https://www.americanprogress.org/article/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/>.
37. *Ibid.*
38. "Comprehensive Sexuality Education," United Nations Population Fund, accessed September 10, 2022, <https://www.unfpa.org/comprehensive-sexuality-education#readmore-expand>.
39. "Sex Education Laws and State Attacks," Planned Parenthood Action Fund, accessed September 10, 2022, <https://www.plannedparenthoodaction.org/issues/sex-education/sex-education-laws-and-state-attacks#:~:text=Decisions%20about%20sex%20education%20are,some%20guidance%20around%20sex%20education>.
40. "Who Decides?," Sites at Penn State, accessed April 8, 2023, <https://sites.psu.edu/youhaveissues/2017/04/06/who-decides/#:~:text=Federal%3A%20The%20U.S.%20federal%20government,is%20taught%20in%20public%20schools>.
41. *Ibid.*
42. *Ibid.*
43. "State Policies on Sex Education in Schools," National Conference of State Legislatures, accessed April 10, 2023, <https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#sex%20ed%20and%20states>.
44. "Who Decides?," Sites at Penn State, accessed April 8, 2023, <https://sites.psu.edu/youhaveissues/2017/04/06/who-decides/#:~:text=Federal%3A%20The%20U.S.%20federal%20government,is%20taught%20in%20public%20schools>.
45. "Medical Accuracy in Comprehensive Sexual Health Education," ACLU California, accessed June 25, 2022, <https://www.aclunc.org/docs/cse-medical-accuracy-factsheet.pdf>.
46. Bryan Harris, "The History of Sex Education," National Sex Ed Conference, accessed March 25, 2023, <https://sexedconference.com/the-history-of-sex-education/>.
47. "History Of Sex Education," Sex Ed for Social Change, accessed March 25, 2023, [https://siecus.org/wp-content/uploads/2021/03/2021-SIECUS-History-of-Sex-Ed\\_Final.pdf](https://siecus.org/wp-content/uploads/2021/03/2021-SIECUS-History-of-Sex-Ed_Final.pdf).
48. Jessica Fillak, "The History of Sexuality Education in the United States," Sexual Health Alliance, accessed June 8, 2022, <https://sexualhealthalliance.com/nymphomedia-blog/the-history-of-sexuality-education-in-the-united-states>.
49. "History Of Sex Education," Sex Ed for Social Change, accessed March 25, 2023, [https://siecus.org/wp-content/uploads/2021/03/2021-SIECUS-History-of-Sex-Ed\\_Final.pdf](https://siecus.org/wp-content/uploads/2021/03/2021-SIECUS-History-of-Sex-Ed_Final.pdf).
50. Eva S. Goldfarb and Lisa D. Lieberman, "Three Decades of Research: The Case for Comprehensive Cex Education," *Journal of Adolescent Health* 68, no. 1 (January 2021): 13–27, <https://www.sciencedirect.com/science/article/pii/S1054139X20304560>.
51. Heather Weaver, Gary Smith, and Susan Kippax, "School-Based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia and the United States: Semantic Scholar," *Sex Education* 5, no. 2 (January 23, 2007): 171–188, <https://www.semanticscholar.org/paper/School%E2%80%90based-sex-education-policies-and-indicators-Weaver-Smith/cc2de6ba71b9e4caa59ba6c82c39e3bd84cb39a3>.
52. *Ibid.*
53. Ammie N. Feijoo, "Adolescent Sexual Health in Europe and the US - Why the Difference?" *Centers for Disease Control and Prevention*, October 2001, [https://nmcsap.org/wp-content/uploads/Adolescent\\_Sex\\_Health\\_Europe\\_vs\\_US.pdf](https://nmcsap.org/wp-content/uploads/Adolescent_Sex_Health_Europe_vs_US.pdf).
54. Heather Weaver, Gary Smith, and Susan Kippax, "School-Based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia and the United States: Semantic Scholar," *Sex Education* 5, no. 2 (January 23, 2007): 171–188, <https://www.semanticscholar.org/paper/School%E2%80%90based-sex-education-policies-and-indicators-Weaver-Smith/cc2de6ba71b9e4caa59ba6c82c39e3bd84cb39a3>.
55. *Ibid.*
56. Ammie N. Feijoo, "Adolescent Sexual Health in Europe and the US - Why the Difference?" *Centers for Disease Control and Prevention*, October 2001, [https://nmcsap.org/wp-content/uploads/Adolescent\\_Sex\\_Health\\_Europe\\_vs\\_US.pdf](https://nmcsap.org/wp-content/uploads/Adolescent_Sex_Health_Europe_vs_US.pdf).
57. "Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior," Kaiser Family Foundation, accessed June 2, 2022, <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.
58. *Ibid.*
59. *Ibid.*
60. "Federally Funded Abstinence-Only Programs: Harmful and Ineffective," Guttmacher Institute, accessed June 8, 2022, <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>.
61. *Ibid.*
62. Jesseca Boyer, "New Name, Same Harm: Rebranding of Federal Abstinence-Only Programs," Guttmacher, accessed March 25, 2023, <https://www.guttmacher.org/gpr/2018/02/new-name-same-harm-rebranding-federal-abstinence-only-programs>.
63. "Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior," Kaiser Family Foundation, accessed June 2, 2022, <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.
64. *Ibid.*
65. Jesseca Boyer, "New Name, Same Harm: Rebranding of Federal Abstinence-Only Programs," Guttmacher, accessed March 25, 2023, <https://www.guttmacher.org/gpr/2018/02/new-name-same-harm-rebranding-federal-abstinence-only-programs>.

66. "Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior," Kaiser Family Foundation, accessed June 2, 2022, <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.
67. "Federally Funded Sex Education: Strengthening and Expanding Evidence-Based Programs," Guttmacher Institute, accessed June 15, 2022, <https://www.guttmacher.org/sites/default/files/factsheet/sex-education-fact-sheet.pdf>.
68. "Who Decides?" Sites at Penn State, accessed April 8, 2023, <https://sites.psu.edu/youhaveissues/2017/04/06/who-decides/#:~:text=Federal%3A%20The%20U.S.%20federal%20government,is%20taught%20in%20public%20schools>.
69. "Sex Education in the U.S.: Policy and Politics," The Henry J. Kaiser Family Foundation, accessed March 23, 2023, <https://www.kff.org/wp-content/uploads/2000/09/3224-sex-education-in-the-us-policy-and-politics.pdf>.
70. "What Is Sex Education?" Planned Parenthood, accessed April 10, 2022, <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>.
71. "Public Education System – Local Administration," Utah State Legislature, accessed March 23, 2023, <https://le.utah.gov/xcode/Title53G/Chapter10/53G-10-S402.html>.
72. "Sex Education in the U.S.: Policy and Politics," The Henry J. Kaiser Family Foundation, accessed March 23, 2023, <https://www.kff.org/wp-content/uploads/2000/09/3224-sex-education-in-the-us-policy-and-politics.pdf>.
73. Ibid.
74. Kelli Stidham Hall et al., "The State of Sex Education in the United States." *The Journal of Adolescent Health* 58, no. 6 (May 11, 2017): 595–597, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5426905/>.
75. Maureen Rabbitt and Maithe Enriquez, "The Role of Policy on Sexual Health Education in Schools: Review," *The Journal of School Nursing* 35, no. 1 (July 22, 2018): 27–38, <https://doi.org/10.1177/1059840518789240>.
76. "Sex Ed State Law and Policy Chart," Sex Ed for Social Change, accessed April 12, 2023, <https://siecus.org/wp-content/uploads/2021/09/2022-Sex-Ed-State-Law-and-Policy-Chart.pdf>.
77. Ibid.
78. Janice M. Irvine, "Doing It with Words: Discourse and the Sex Education Culture Wars," *Critical Inquiry* 27, no. 1 (Fall 2000): 58–76, <https://www.jstor.org/stable/pdf/1344227.pdf>.
79. Blair Wriston and Bonnie Washick, "Speaking Out and Showing Up for LGBTQ+ Students," The Education Trust, accessed March 27, 2023, <https://edtrust.org/the-equity-line/speaking-out-and-showing-up-for-lgbtq-students/>.
80. Dustin Jones and Jonathan Franklin, "Not Just Florida. More than a Dozen States Propose So-Called 'Don't Say Gay' Bills," NPR, accessed March 25, 2023, <https://www.npr.org/2022/04/10/1091543359/15-states-dont-say-gay-anti-transgender-bills>.
81. Jacob Poushter and Nicholas Kent, "The Global Divide on Homosexuality Persists," Pew Research Center, accessed March 28, 2023, <https://www.pewresearch.org/global/2020/06/25/global-divide-on-homosexuality-persists/>.
82. "On Our Side: Public Support for Sex Education," Sexuality Information and Education Council of the United States, accessed March 28, 2023, <https://siecus.org/wp-content/uploads/2018/08/On-Our-Side-Public-Support-for-Sex-Ed-2018-Final.pdf>.
83. Janice M. Irvine, "Doing It with Words: Discourse and the Sex Education Culture Wars," *Critical Inquiry* 27, no. 1 (Fall 2000): 58–76, <https://www.jstor.org/stable/pdf/1344227.pdf>.
84. "What Is Sex Education?" Planned Parenthood, accessed April 10, 2022, <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>.
85. "On Our Side: Public Support for Sex Education," Sexuality Information and Education Council of the United States, accessed March 28, 2023, <https://siecus.org/wp-content/uploads/2018/08/On-Our-Side-Public-Support-for-Sex-Ed-2018-Final.pdf>.
86. Ibid.
87. Kathrin F. Stanger-Hall and David W. Hall, "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." *PloS One* 6, no. 10 (October 14, 2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/>.
88. "About Teen Pregnancy," Centers for Disease Control and Prevention, accessed March 28, 2023, <https://www.cdc.gov/teenpregnancy/about/index.htm>.
89. Kathrin F. Stanger-Hall and David W. Hall, "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." *PloS One* 6, no. 10 (October 14, 2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/>.
90. Ibid.
91. Christopher Trenholm et al., "Impacts of Abstinence Education on Teen Sexual Activity, Risk of Pregnancy, and Risk of Sexually Transmitted Diseases," *Journal of Policy Analysis and Management* 27, no. 2 (Spring 2008): 255–276, <http://www.jstor.org/stable/30162844>.
92. Douglas B. Kirby, "The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior," *Sexuality Research and Social Policy* 5, no. 18 (September 2008), <https://link.springer.com/article/10.1525/srsp.2008.5.3.18>.
93. Brigid Mckean, "Effective Sex Education," *Advocates For Youth*, accessed April 12, 2023, <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/fssexcur.pdf>.
94. Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?" *Policy Review* 17, no. 3 (Summer 2014): 15–21, <https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/17/3/gpr170315.pdf>.
95. Brigid Mckean, "Effective Sex Education," *Advocates For Youth*, accessed April 12, 2023, <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/fssexcur.pdf>.
96. Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?" *Policy Review* 17, no. 3 (Summer 2014): 15–21, <https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/17/3/gpr170315.pdf>.
97. "Sexually Transmitted Disease Surveillance, 2019," Centers for Disease Control and Prevention, accessed March 25, 2023, <https://www.cdc.gov/std/statistics/2019/default.htm>.
98. "Comprehensive Sexuality Education," The American College of Obstetricians and Gynecologists, accessed March 25, 2023, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/comprehensive-sexuality-education#:~:text=Although%20formal%20sex%20education%20varies,STIs%2C%20and%20adolescent%20pregnancy%2011>.
99. Douglas B. Kirby, "The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior," *Sexuality Research and Social Policy* 5, no. 18 (September 2008), <https://link.springer.com/article/10.1525/srsp.2008.5.3.18>.
100. Joe Anne Grunbaum et al., "Youth Risk Behavior Surveillance – United States, 2003," *Surveillance Summaries* 53, no. 2 (May 1, 2004): 1–96, <https://europepmc.org/article/med/15152182>.
101. Daniel Romer et al., "Social Influences on the Sexual Behavior of Youth at Risk for HIV Exposure," *American Journal of Public Health* 84, no. 6 (June 1994): 977–985.

102. Joe Anne Grunbaum et al., “Youth Risk Behavior Surveillance – United States, 2003,” *Surveillance Summaries* 53, no. 2 (May 1, 2004): 1–96, <https://europepmc.org/article/med/15152182>.
103. “HIV and All Gay and Bisexual Men,” Centers for Disease Control and Prevention, accessed April 13, 2023, <https://www.cdc.gov/hiv/group/msm/index.html>.
104. “HIV and Gay and Bisexual Men: HIV Incidence,” Centers for Disease Control and Prevention, accessed April 13, 2023, <https://www.cdc.gov/hiv/group/msm/msm-content/incidence.html>.
105. “HIV Incidence: Estimated Annual Infections in the U.S., 2014-2018,” Centers for Disease Control and Prevention, accessed April 13, 2023, [https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-incidence-fact-sheet\\_508.pdf](https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-incidence-fact-sheet_508.pdf).
106. Karen Schantz, “The Case for Condom Education,” ACT for Youth Center of Excellence, accessed March 23, 2023, [https://www.actforyouth.net/resources/pm/pm\\_condom\\_0316.pdf](https://www.actforyouth.net/resources/pm/pm_condom_0316.pdf).
107. Michelle L. Estes, “If There’s One Benefit, You’re Not Going to Get Pregnant’: the Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals,” *Sex Roles* 77, (March 9, 2017): 615–627, <https://link.springer.com/article/10.1007/s11199-017-0749-8>.
108. Ibid.
109. Hannah Slater, “LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools,” Centers for American Progress, accessed April 12, 2023, <https://www.americanprogress.org/article/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/>.
110. “The 2019 National School Climate Survey Executive Summary,” GLSEN, accessed March 25, 2023, <https://files.eric.ed.gov/fulltext/ED608535.pdf>.
111. Ibid.
112. Chelsea N. Proulx et al., “Associations of Lesbian, Gay, Bisexual, Transgender, and Questioning-Inclusive Sex Education with Mental Health Outcomes and School-Based Victimization in U.S. High School Students,” *The Journal of Adolescent Health* 64, no. 5 (May 1, 2020): 608–614, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478545/>.
113. “Behavioral Health,” Youth.gov, accessed March 25, 2023, <https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide>.
114. Ibid.
115. Ibid.
116. Maureen Rabbitte, “Sex Education in School, are Gender and Sexual Minority Youth Included?: A Decade in Review,” *American Journal of Sexuality Education* 15, no. 4 (October 13, 2020): 530–542, <https://www.tandfonline.com/doi/abs/10.1080/15546128.2020.1832009?journalCode=wajs20>.
117. Emily Sweetnam Pingel et al., “Creating Comprehensive, Youth Centered, Culturally Appropriate Sex Education: What do Young Gay, Bisexual and Questioning Men Want?” *Sexuality Research and Social Policy* 10, (August 15, 2013): 293–301, <https://doi.org/10.1007/s13178-013-0134-5>.
118. “LGBTQ Exclusion in Sex Education,” *Northwestern Medicine*, accessed March 28, 2023, <https://www.nm.org/healthbeat/healthy-tips/lgbtq-exclusion-in-sex-education>.
119. “Why Porn Can Be Difficult to Quit,” *Fight the New Drug*, accessed March 25, 2023, <https://fightthenewdrug.org/how-porn-can-become-addictive/>.
120. “A Call To Action: LGBTQ Youth Need Inclusive Sex Education,” *Advocates for Youth*, accessed March 23, 2023, [https://assets2.hrc.org/files/assets/resources/HRC-SexHealthBrief-2015.pdf?\\_ga=2.33237688.720185901.1532380967-1803619309.1529935493](https://assets2.hrc.org/files/assets/resources/HRC-SexHealthBrief-2015.pdf?_ga=2.33237688.720185901.1532380967-1803619309.1529935493).