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Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQIA+) Health Disparities in Sexual Health and Sexual Education

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Abstract

Background: Comprehensive sex education instills knowledge and promotes the health of all youth, however, most sex education remains heteronormative. School-based programs in the United States (US) emphasize monogamous, heterosexual relationships. In 2021, only 7.4% of students received sex education that included positive representations of both LGB and transgender people and nonbinary topics, while 72% of programs across the US omit LGBTQ+ topics. Most new HIV diagnoses occur in gay and bisexual men aged 13-34, but the sex education environment for this group is increasingly hostile as more states prohibit addressing these topics in public schools.

Purpose: The purpose of this study was to determine if comprehensive and inclusive sex education results in increased sexual health efficacy of the LGBTQ+ community.

Methods: An expanded literature review was conducted using PubMed. A variety of search terms were used resulting in a total of 3989 articles. After applying inclusion and exclusion criteria and reaching content saturation, 20 peer-reviewed articles were selected.

Results: Inclusive sex education programming decreases negative outcomes of sexual health by which LGBTQ+ youth are disproportionately affected, increases supportive school climates which promotes positive outlooks about LGBTQ+ and decreasing homophobia. Stigmatization, which is increased in environments without inclusive sex education, is an overarching factor in decreased STI/HIV testing and adherence to preventative strategies of risky sexual behavior.

Conclusions: Overall findings indicated that more research needs to be conducted, but compelling evidence exists that comprehensive sex education inclusive of LGBTQ topics promotes sexual literacy of all.
Introduction

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) individuals represent a rapidly growing community of the U.S. population with the younger generation “coming out” earlier than past generations. In the United States (US), 1 in 10 students identify as lesbian, gay, or bisexual and 1 in 50 identify as transgender (Garg & Volerman, 2021). Yet, more than half of the US (29 states) do not include LGBTQ topics. Many youths engage in risky sexual behaviors that are associated with adverse sexual health outcomes, including unintended pregnancy and sexually transmitted infections (Garg & Volerman, 2021), but LGBTQ+ youth are disproportionately affected, and risky sexual behaviors are more prevalent in the community. Many advocacy organizations of the LGBTQ+ community are trying to diminish the disparities that this group is experiencing within sexual education. The Human Rights Campaign has prompted a relevant call to action that LGBTQ youth need inclusive sex education because inclusive sex education can provide education that promotes positive health outcomes in youth.

Comprehensive and inclusive sex education instills knowledge and promotes the health of all youth, however, most sex education remains heteronormative, and abstinence based. School-based programs in the US emphasize monogamous, heterosexual relationships. In 2021, only 7.4% of students received sex education that included positive representations of both LGB and transgender people and nonbinary topics, while 72% of programs across the US omit LGBTQ+ topics (Kosciw, et. al, 2022). These statistics reveal an obvious gap in LGBTQ+ inclusive education in schools and neglect of the needs of this population. Most new HIV diagnoses occur in gay and bisexual men aged 13-34, with black/African American men and adolescents being the most disproportionality affected (CDC, 2022), but the sex education
environment for this group is increasingly hostile as more states prohibit addressing relevant topics in public schools.

Healthy People 2030 goals of “reduce the number of new HIV infections” and another is to “increase the proportion of adolescents who get formal sex education before age 18” (Office of Disease Prevention and Health Promotion, n.d.) could be met with the increase of comprehensive sex education in more schools. In 2019, there were 34800 estimated new HIV infections in the U.S. with 24500 (70%) being among gay and bisexual men (CDC, 2021) and in 2020, an estimated 150,000 adolescents between 10 and 19 were diagnosed with HIV. These statistics indicate that there is much needed reform in sexual education and more information is required about HIV/STI testing and prevention. It is hopeful that based on this data, comprehensive sex education (CSE) will emerge as a priority for the United States.

Methods

Foreground Research Question

Does comprehensive and inclusive sex education for LGBTQ+ community result in an increase of sexual health efficacy?

Information sources

Data and supporting information were gathered through an extensive search based on the current state of sexual health and sexual efficacy of LGBTQ+ adolescents. The types of sex education researched were comprehensive sex education, inclusive sex education, and non-inclusive sex education and disparities of LGBTQ+ students. Also, extensive searching was done in relation to disparities of sexual health within the LGBTQ+ community.

Search Strategy
Within PubMed the key words used were *LGBTQ+ sex education, LGBTQ AND HIV and sex education, LGBTQ AND Grindr AND sexual health, Grindr AND sexual health, LGBTQ AND sex education, Adolescent AND health AND sexual AND education, Adolescent AND health AND sexual AND education AND gay, Adolescent AND sex education AND STI*. Inclusion criteria for the database were articles that contained the key words, had full text PDF available, written within the past 5 years, and peer reviewed. Exclusion criteria were any articles written before 2019, with exception to three articles because of their significance and relativity to the research at hand.

**Inclusion/exclusion criteria**

Articles from PubMed were included if they had content related to the LGBTQ+ community comprehensive sex education (CSE), inclusive sex education, and LGBTQ+ disparities related to sexual education. As well as, STI/HIV testing, stigmatization related to HIV and LGBTQ+ people, and LGBTQ+ disparities related to sexual health. Articles were excluded if the full text article was unavailable, if the study or research ended up being unrelated to the question, if the research did not focus on LGBTQ+ students or persons, or if the research did not focus on evaluating CSE.

**Search Results**

An expanded literature review was conducted through PubMed using the outlined search strategy. A total of 3989 articles were found during the research. Multiple different search terms were used and proceed as followed: *LGBTQ+ sex education* resulting in 34 articles, *LGBTQ AND HIV AND sex education* resulting in 24 articles, *LGBTQ AND Grindr AND sexual health* resulting in 1 article, Grindr AND sexual health resulting in 36 articles, LGBTQ AND sex education resulting in 49 articles, Adolescent AND health AND sexual AND education resulting
in 3188 articles, Adolescent AND health AND sexual AND education AND gay resulting in 531 articles, Adolescent AND sex education AND STI resulting in 128 articles. These sources were thus refined through multiple exclusion and inclusion criteria and a total of 20 peer-reviewed sources are included in this review. The selection process of studies is displayed on a flow diagram in Figure 1.
Figure 1. Selection Process of Included Studies

PubMed was searched with terms LGBTQ+ sex education, LGBTQ AND HIV AND sex education, LGBTQ AND Grindr AND sexual health, Grindr AND sexual health, LGBTQ AND sex education, Adolescent AND health AND sexual AND education, Adolescent AND health AND sexual AND education AND gay, Adolescent AND sex education AND STI after search limiters implemented (n = 3989)

Articles Excluded if the following search limiters were not met
- Full text (n= 2899)
- English Language (n = 362)
- Peer Reviewed (n = 354)
- Published after 2019 (n = 323)

Reports assessed for eligibility (n = 323)

Articles excluded after full text review
- Unfocused on LGBTQ+ population (n = 174)
- Research unrelated to the question (n = 72)
- Research did not evaluate CSE (n = 77)

Full-text articles included for this review (n = 20)
Results

Characteristics of Included Studies

Study type. 20 articles were included in this literature review. All 20 of which either included information about the disparities for LGBTQ+ youth in the sexual education curriculum or provided information about comprehensive sex education and inclusive sex education in schools or studied disparities within the LGBTQ+ about HIV/STI testing and prevention. Of the 20 studies, 9 were qualitative studies (Iott et al., 2022; Proulx, et al. 2019; Garg & Volerman, 2020; Tan et al., 2019; Babel et al. 2021; Johns et al., 2019; Nelson et al., 2020; Agwu, 2020; Gowen & Winges-Yanez, 2014), 2 were quantitative research (Landovitz et al., 2013; Nelson et al., 2019), 2 were a randomized control trial (Li et al., 2022; Fisher et al., 2018), 2 were cross-sectional analyses (Kaczkowski et al., 2022 A; Kaczkowski et al., 2022 B), 1 was a rapid review (Epps et al., 2021), 1 was a systematic review (Goldfarb & Lieberman, 2020) and 1 was a national analysis (Kosciw et al., 2022).

Major Findings of the Included studies

Stigmatization: HIV/STI testing and PrEP. Stigma is a social-psychological construct that manifests in a process by which individuals in a particular group are subjected to prejudice, discrimination, and unfair treatment (Babel et al., 2021). Homophobic, stigma, discrimination, and heightened concerns about confidentiality are all factors, according to the CDC (2022), that negatively impact health and the ability to receive appropriate care of some gay and bisexual men. Stigmas cause barriers for gay and bisexual men to receiving high-quality health care, including HIV testing, treatment, and other prevention services. Addressing these social and structural barriers and encouraging safe and supportive communities can help improve health outcomes for gay and bisexual men which is needed. Prevalence of HIV among sexual partners...
of gay, bisexual men, and other men who have sex with men (MSM) is 40 times that of heterosexuals (CDC, 2022).

Gay and bisexual men experience more barriers to testing for HIV and other STIs than straight men (Kaszkowski et al., 2022 B). Sexually active individuals should be tested for HIV at least once a year, but for gay and bisexual men testing should occur every 3 to 6 months (CDC, 2022) but stigmas surrounding HIV and STI testing make it harder than usual to stay proactive. There is a growing population of adolescents with HIV; in fact, there were 150,000 new HIV infections of adolescents aged 10-19 in 2020 (UNICEF). Commonly, young gay and bisexual men fear getting tested because they are worried their parents will find out about their sexuality and this prevents them from getting tested because of frequent run-ins with doctors that are not LGBTQ friendly (Iott et al., 2022).

Additionally, gay and bisexual men experience biphobia, homophobia, racism for people of color that also identify as gay or bisexual men, and transphobia in and out of the community leading to further prevention of testing or treatment. Many gay men face stigma when going to get tested and when seeking treatment, such as HIV prophylaxis (Iott et al., 2022). Moreover, once someone is prescribed HIV prophylaxis, such as PrEP (Pre-exposure prophylaxis), stigma can decrease adherence to this medication. Structural interventions such as increasing access to PrEP and decreasing stigma associated with PrEP use is crucial by decreasing provider to patient stigma it can increase adherence to a medication regimen (Babel et al., 2021). While stigma remains a formidable barrier to engaging in HIV prevention and treatment (Babel et al., 2021), stigma reduction strategies may include providers and healthcare professionals alike making HIV testing as part of regular routine and normalize initiating discussions of sexual practices with
LGBTQ+ people (Iott et al., 2022), especially young adults and adolescents because of their heightened risk of HIV and STIs (Agwu, 2020).

**Sexual Health Disparities within School Curricula and Support for Comprehensive Sex Education.** An abundance of research has shown that well-designed and well-implemented sex education can reduce risky behavior and support positive sexual health outcomes among teens, such as reducing sexually transmitted infection (STI) rates among adolescents. Specifically, comprehensive sex education can lower homophobia and homophobic-related bullying, can improve knowledge and skills that support healthy relationships, and can reduce dating and intimate partner violence (Goldfarb & Lieberman, 2021). Some findings indicate that comprehensive sex education can promote health holistically, yet there is still a lack of inclusive education in schools.

According to Garg & Volerman (2021), only 22 states have policies that include topics related to LGBTQ+ youth in sex education and of those 22 states, 9 mandate inclusive education, 6 mandate discriminatory education, and 5 mandate neutral education. Inclusive education is described as education that recognizes and respects LGBTQ+ people, neutral education involves health education that is free from bias toward sexual orientation or gender identity, and discriminatory is education that negatively portray and stigmatize LGBTQ+ people and promote a homosexual lifestyle as unacceptable.

Abstinence-based sex education is reported to have students feeling shame or guilt due to their sexual orientation (Epps et al., 2021) and in 42 states abstinence-based education is required while 3 others recommend it. (Garg & Volerman, 2021). According to Epps, et al. 2021, students feel schools are “heterocentric” in their approach to sex education and LGBTQ+ youth are left unprepared for their relationships and sexual lives. Moreover, many states require that sex
education is taught with heteronormative language which includes anything that emphasizes monogamous, heterosexual relationships or promotes marriage in the context of abstinence (Garg & Volerman). LGBTQ+ students are put into situations where they feel unsafe and having discriminatory education only creates peers that are unsupportive. Sixty-eight percent of students felt unsafe at school because of their sexual orientation, gender identity, and/or gender expression (Kosciw et al., 2022). On the other hand, at schools with LGBTQ+ inclusive sex education, students felt much safer at schools because of reduced harassment (Goldfarb & Leiberman 2020). LGBTQ+ sex education can increase the likelihood that youth are exposed to representations of sexual minority individuals and same-sex relationships (Proulx et al., 2019) and incorporating information about LGBTQ+ relationships would benefit all youth (Garg & Volerman, 2021). Although, a study from Gowen & Winges (2014) emphasizes that LGBTQ+ youth perceive current sex education as primarily “exclusive” and participants of the study suggested that discussing LGBTQ+ issues directly, emphasizing STI prevention, and addressing healthy relationships would make sexual education more inclusive. LGBTQ+ youth are prone to poor health literacy which results in experiences of risky sexual practices, uncertainty about the level of protection required for homosexual sex and attempts to explore same-sex relationships through trial and error (Epps et al., 2021). In comparison to heterosexuals, LGBTQ+ youth are four times more likely to be physically forced to have sex, three times more likely to experience sexual violence, and half as likely to use a condom during sex (Garg & Volerman, 2022).

Comprehensive and inclusive sex education is imperative because without sex education that develops an understanding of gender identity and sexual orientation, and actively reduces stigma surrounding LGBTQ+ topics by incorporating positive examples of LGBTQ+ individuals,
LGBTQ+ youth do not receive the same knowledge and skills to live healthy lives as their non-LGBTQ peers (Garg & Volerman, 2022).

**Evidence for Supportive and Inclusive Environments in School related to Mental Health.** LGBTQ+ youth are at higher risk for negative psychosocial health outcomes, such as violence victimization, high-risk substance abuse, adverse mental health, and suicide-related behaviors than their heterosexual peers (Kaczkowski et al., 2022 A). Homophobic school climates are related to increase victimizations for sexual minority youth. It is reported from the GLSEN National School Climate survey that 52% of LGBTQ+ students who considered dropping out reported hostile school climates. Hostile school climates involve bullying related to gender or sexual identity, homophobic remarks, lack of support from peers or teachers, and more. Moreover, homophobic, and negative remarks about gender expression from teachers and staff increased from 2019 to 2021 (Kosciw et al., 2022). In Texas, Oklahoma, Louisiana, Florida, and Mississippi there’s anti-LGBT curriculum laws in place where schools in these states are required to teach negative information related to homosexuality, involving harmful stereotypes regarding HIV/AIDS risk and arguments that homosexuality is unnatural or immoral (Proulx et al., 2019). These laws promote harsh school climates increasing homophobic remark, less accepting peers to LGBTQ+ people, and more likely to face harassment and assault. Growing evidence that supportive and inclusive environments ultimately decrease adverse health outcomes, homophobic attitudes, and minority stress is emerging. The importance of LGBTQ+ supportive school policies, and practices are imperative to both LGBTQ+ students and heterosexual students because it provides better psychosocial health outcomes (Kaczkowski et al., 2022 A).
Supportive and inclusive school environments involve schools with curricula inclusive of LGBTQ+ topics in education and sexual education. Organizations that promote supportive and inclusive school environments are the Gay Straight Alliances (GSAs) and clubs alike. Similarly, 14.8% of LGBTQ+ students report fewer experiences of victimization based on sexual orientation in schools with a curriculum that teaches about LGBTQ+ people, history, or events than the 31.1% of LGBTQ+ students in those without this curriculum (Proulx et al., 2019). Supportive school environments reduced the incidence of homophobic remarks at school such as using “gay” in a negative way (56.6 percent compared to 74.3%) as well as “no homo,” and other homophobic remarks (Kosciw et al., 2022). Similarly, students were less likely to feel unsafe regarding their sexual orientation, gender expression, and gender (Kosciw et al., 2022). There is less bullying with LGBTQ+ inclusivity in a variety of setting such as sex education or in classrooms, school is safer, more inclusive, and there is increased peer supportiveness with GSAs and LGBTQ-inclusive education (Proulx et al., 2019). Inclusive sex education is related to lower reports of adverse mental health among all youth and experiences of bullying among sexual minorities.

Evidence for Supportive and Inclusive Environments in School related to Sexual Health. LGBTQ+ youth are more likely to engage in risky sexual behaviors and report adverse sexual health outcomes than their heterosexual peers (Kaczkowski et al., 2022 B). Hostile school environments can promote negative attitudes toward LGBTQ+ causing a heightened prevalence of minority stress. The minority stress theory indicates minorities are often put in difficult situations that cause stress which increases overtime causing long-term health deficits. LGBTQ+ youth often experience these stressors in and outside of school (Meyer & Frost, 2013). Lesbian and bisexual women often experience bias and assumptions about their sexuality in their sexual
health education and access to sexual health services which leads to an increase for unintended pregnancy or STIs compared to straight women (Kaczkowski et al., 2022 B). Bisexual youth are particularly at risk for adverse sexual health outcomes due to the lack of medical attention and cultural misconceptions about bisexuality (Kaczkowski et al., 2022 B).

According to Proulx et al., LGBTQ-inclusive sex education programs not only influence heterosexual peers’ perception of sexual diversity, but also gay and lesbian peers’ perceptions of sexual diversity which reduces a double discrimination that bisexual youth often face. GSAs decrease adverse mental health outcomes, it also decreases adverse sexual health outcomes with LGBT youth who attend reporting lower rates of sexual risk behaviors and LGBTQ-supportive school policies and practices were associated with lower odds of adverse sexual outcomes than in schools without them. (Proulx et al., 2019).

*The Role of Social Media for Sexual Education.* In lieu of CSE and lack of it in curricula across the United States, many LGBTQ+ students access the internet to educate themselves about their sexual orientation. (Epps et al., 2021). The most common online-research topics from young LGBTQ+ males were how to safely have anal sex, the types of sex you can have with a male partner, and how to use a condom (Nelson et al., 2019). Formal sex education omits topics of sexual abuse and emotional abuse specific to the LGBTQ+ population. Many people felt LGBTQ+ specific education around abuse was non-existent, leaving them to develop their own understanding of healthy relationships through their first partners or online (Epps et al., 2021). In some cases, the internet can provide resources when navigating early homosexual relationships through social media, charitable websites, and safe online resources (Epps et al., 2021). However, pornography was used as the main source for education around the mechanics of same-sex relationships mainly to make up for the poor representation of LGBTQ+ topics in
formal sexual education (Epps et al. 2021). All young people are open to online risks, but homosexual young people are more likely to engage in risky sexual behavior. The majority of LGBTQ+ youth were surveying online resources for information on safe sex practices, sexual positions and relationships which can have both positive and negative outcomes (Epps et al. 2021).
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<td>2022</td>
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<td>National Analysis</td>
<td>National School Climate Survey experiences of LGBTQ+ youth in our nation’s schools.</td>
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Discussion

A plethora of evidence supports that comprehensive sex education repeatedly shows promotion of healthier sexual behaviors, including delayed sexual activity onset, increased contraceptive use, and decreased teen pregnancy rates (Garg & Volerman, 2021). Specifically for LGBTQ+ students it promotes health holistically and creates a more well-rounded knowledge about LGBTQ+ specific topics making them feel more included. According to the Human Rights Campaign (n.d.), inclusive programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information. Goldfarb & Lieberman (2020) report that students moved from discomfort to confidence when discussing LGBTQ+ issues, gained a fuller understanding of sexuality, and became more supportive allies and advocates of the LGBTQ+ community because of inclusive education. Additionally, positive examples of LGBTQ+ individuals, romantic relationships and families dispel common myths and stereotypes about gender identities (Human Rights Campaign, n.d.). Unfortunately, today, there have been many bills introduced preventing LGBTQ+ from being talked about in schools causing youth in those states to be more at risk for discrimination and hate than ever.

The “No Promo Homo” laws, originally introduced and enacted in 1991, reads that public education programs must state “that homosexual conduct is not an acceptable lifestyle and is a criminal offense” (Equality Texas n.d.). Specifically, the “No Promo Homo” law is in place in Texas, Oklahoma, Louisiana, and Mississippi. These laws primarily hinder education for sexual education but can also prevent organization like GSA from occurring in schools. Some of these laws even mandate teachers to talk about LGBTQ+ people in a negative light. These laws further stigmatize LGBTQ+ youth by providing K-12 students false, misleading, or incomplete information about LGBTQ+ people (GLSEN, 2018). While anti-LGBT curriculum laws are still
in place today many have largely been eliminated because they are harmful, unethical, and outdated. These laws are not new, though some have been recently revived like the “Don’t Say Gay” that was recently passed in Florida, as of March 2022 and was in effect on July 1st, 2022. The “Don’t Say Gay” law states that its purpose is to “prohibit [any] classroom discussion about sexual orientation or gender identity” (National Education Association, 2020, p. 2). On April 19th, 2023, the bill was thus expanded from not allowing LGBTQ+ discussion in grades K-3 to not allowing it in all grades. This information indicates even more of a need of advocation for LGBTQ+ youth, especially in these states. This bill has potential to act as a gateway for other states to implement anti-LGBTQ laws to further discriminate and dehumanize LGBTQ+ people.

Implicit biases remain prevalent causing stigmatization of minority groups which leads to hostile school climates. Heteronormative language should be done away with in healthcare, and this can be accomplished in many ways. By providing education to increase knowledge of LGBTQ+ healthcare, the community can help decrease hostile school environments in the future and healthcare professionals can feel more comfortable having difficult conversations with LGBTQ+ patients (Morris et al., 2019). Conversations of sexual health with LGBTQ+ people should be normalized with healthcare professionals and free from judgements and stigmas, to encourage adolescents to take an active role in their sexual health. (Morris et al., 2019). Nurses are in a special position, especially school nurses, because they can be the forefront of all advocacies for LGBTQ+ students health, healthcare, and their education. Nurses can raise awareness to parents, faculty, and other healthcare professionals about the importance about inclusive education. Healthcare professionals, such as school nurses, should ultimately mitigate discrimination of LGBTQ+ students, patients and promote their health by providing culturally competent and supportive healthcare. For instance, encouraging staff to attend
professional development on safe and supportive school environments is linked to improved school climate and lower rates of sexual risk behaviors and adverse sexual outcomes for sexual and gender minorities (Kaczkowski et al., 2022 B). Advocation for comprehensive sex education can be done by email, Parent-Teacher Association (PTA) meetings, fundraisers, newsletters and more and it can start with school nurses. Nurses can help de-stigmatize LGBTQ+ topics by raising awareness about the critical gaps in LGBTQ+ healthcare to promote the overall health and well-being of LGBTQ+ students and patients.

Nurses must also advocate for the removal of heteronormative language in schools and healthcare because it only promotes stigmatization of LGBTQ+ causing harm. De-stigmatizing LGBTQ+ relationships through sex education that includes gender minority and gender norms can potentially promote HIV/AIDS testing and decrease incidences among adolescents. It is hoped that with the advocacy of nurses for LGBTQ+ youth that state governments can ultimately remove LGBTQ+ discriminatory language and remove recent policies criminalizing LGBTQ+ education. If nothing is done about the new state policies that are being presented about the discrimination of LGBTQ+ youth in schools, there will be irreversible effects on their health and a drastic setback for the LGBTQ+ community. More education about implicit biases for healthcare professionals could lead to a decrease in ineffective sexual health education and increased advocacy for comprehensive sex education that can help destigmatize sexual minorities, gender minorities, and cause celebration for the LGBTQ+ community.

With the gap in sexual health education that includes LGBTQ+ topics, the majority of the population is forced to teach themselves leading to poor sexual health literacy. Comprehensive sex education can prevent inaccurate education because it is well-rounded and accurate for all age groups. Schools also need to facilitate access to out of school health, social, and psychosocial
services (Kaczkowski et al., 2022 B) to further promote sexual health literacy. However, without lobbying from nurses, healthcare professionals, teachers, parents, and peers, CSE and LGBTQ+ topics will continue to be omitted from education preventing LGBTQ+ students from getting the education they need and further promoting discriminatory attitudes towards LGBTQ+ people and minorities alike. Improving recognition of minorities, especially the LGBTQ+ community, is pertinent for their health.

**Limitations**

This study is limited in that not all the relevant articles could have been included in this review. As I may not have identified every article related to comprehensive sex education, inclusive sex education, and disparities of sexual health education in the sexual health curriculum for LGBTQ+ students. The articles included lacked evidence specifically for transgender and nonbinary people. Additionally, the articles chosen could have had explicit or implicit biases that I failed to notice because of my own biases. Due to these factors, the 20 articles chosen may not have had all the relevant information related to this topic.

**Conclusion**

Overall findings indicate that more research needs to be conducted, but compelling evidence exists that comprehensive sex education inclusive of LGBTQ+ topics promotes emotional, sexual, and physical health and sexual literacy of all. While inclusive educational programming is critical, it is just as imperative that these students are supported and advocated for, so they stay confident and proactive in their sexual health. Comprehensive sex education promotes health holistically and provides knowledge for LGBTQ+ youth to expand their sexual health literacy. Beyond knowledge acquisition there must be support and advocacy for LGBTQ+ community to promote behavior change.
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