



Introduction: LGBTQ+ Inclusive Health Education

Sexuality and health education should include LGBT students by applying the [mirrors and windows curriculum model](#) (Style, 1996). LGBTQ students should be **validated** and **affirmed** within all aspects of a curriculum (lesson plans, literature etc.) thus, creating a mirror by which LGBTQ students can see themselves and their experiences. An inclusive curriculum also provides a window for other students, offering them new perspectives on the world (McGarry, 2013).

Here are some topics local youth wished their health curriculum had discussed:

- The difference between sex and gender.
- The difference between sexual orientation and gender identity.
- The difference between sexual attraction and romantic attraction.
- STI's, consent, and pregnancy in terms of ALL sexual orientations and gender identities.
- How gender and sex are socially constructed.
- Safe-sex practices and barriers for ALL youth, not just those who identify as heterosexual.
- Healthy relationships and communication that go beyond heterosexual relationships and include LGBTQ youth.
- Lastly, youth want a **safe space** to ask questions, and have their questions answered.

Here are some ways you can begin to develop an LGBTQ inclusive health education curriculum.

- Make sure you teach about sexual orientation, gender identity, and gender expression.
- Use the term "partner" instead of "boyfriend" or "girlfriend."
- **Do not assume a student is heterosexual.**
- Use "internal" and "external" condoms, rather than "male" and "female" condoms.
- Use gender-neutral language to discuss contraception, pregnancy, and menstruation.

Here are some reasons why we need LGBTQ inclusive sexuality education:



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- Young women in high school who identify as lesbian, gay, or bisexual are more likely to contract an STI and more likely to become pregnant than those who identify as heterosexual or questioning. They are also more likely to have experienced coerced sexual contact. Young women who have had both male and female partners are at the highest risk of coercion and dating violence.
- Young men who have sex with men, who may identify as gay or bisexual, account for more than two-thirds of new HIV infections among people ages 13 to 29. Within this group, men of color are particularly affected. Additionally, men who have sex with men account for about two-thirds of new syphilis cases, and the Centers for Disease Control and Prevention reports that incidence in this community may be rising.
- Among transgender people, HIV prevalence rates are more than four times the national average, and transgender women of color are particularly affected. Transgender and gender nonconforming youth also experience high rates of sexual violence, particularly transgender and gender nonconforming youth of color.
- Because LGBT youth experience more negative sexual-health outcomes than their heterosexual peers, they would especially benefit from effective and inclusive sex education. (Slater, 2013. Retrieved from <http://www.americanprogress.org>)
- Read this to find out more...[Healthier Youth](#).