Finding Identity in Text for Sexual Minority Youth: A Critical Analysis of Middle School Health Texts

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Keywords
Gay/Lesbian youth, textbook analysis, sexual identity, health education, middle school, sexual education

Abstract
Middle school is a confusing time for most young adolescents, yet for sexual minority youth, it is a time of confusion, isolation, and fear. Sexual minority adolescents generally do not see themselves represented in the texts around them while in school, particularly in health texts. This research uses holistic content analysis to examine three of the most commonly used health texts to determine the extent to which sexual minority youth are represented in health texts. Additionally, this research demonstrates how the use of abstinence based curriculum not only does not provide essential information for heterosexual students but also ignores the needs of sexual minority youth by not providing essential health saving information for both groups. The research concludes that not only are sexual minority youth not being represented in health texts, but by this exclusion, the heteronormative patterns established in American society are confirmed and passed to a new generation of citizens.

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Introduction and Rationale

“Homophobia is usually the last oppression to be mentioned, the last to be taken seriously, the last to go. But it is extremely serious, sometimes to the point of being fatal.” – Barbara Smith, activist and writer (as cited in Swartz, 2003, p. 11).

If a social studies class was taught only from one perspective, ignoring all issues of diversity, we would be concerned. If a language arts class only included grammar and ignored literature, we would be worried. If a math class presented fraction and percentages but not decimals, we would feel our students were getting cheated. If students went to science lab without instruction that could save them from injury or death, we would be outraged. Yet, daily in health classes, issues of omission of information, bias, neglect of diverse populations, and disregard for the safety and health of students in a variety of situations occur regularly.

The issue of finding identity for sexual minority youth is a hidden one that, in some cases is life or death in its seriousness; therefore, it is essential that teachers understand that giving these students voice is more than just another cursory item in a laundry list of groups who need to be represented in the spirit of multiculturalism. Sexual minority youth are systematically hidden in our schools because of the heteronormative attitudes mirrored in the school community and because of institutionalized homophobia which is a part of most schools (Barber & Krane, 2007). Additionally, students who are sexual minorities face the fear of being discovered as being different in an environment where being “normal” is prized over everything else.

Problem statement

As a population, Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersexed, Queer, Questioning, 2-Spirited, Pansexual/Omnisexual, and Asexual (LGBTIQ2P/OA) youth are under-represented in all facets of text they are in contact with both in school and out of school, including those texts in health classes. Whereas their heterosexually-oriented peers find explanations of and answers to their struggles with identity and sexuality examined, sexual minority students live in constant fear of being discovered as being different and believe there is something wrong with them because their struggles and questions are less often explored in text, in media, and in the classroom.

As diversity issues become more significant in the classroom, it is essential to recognize the contributions and needs of all populations in a classroom, not just the groups that are considered "acceptable" or "normal" by the community or school. The larger issue of equity in representation pertains not only to sexual minority students but also to children growing up in families with Lesbian, Gay, Bisexual, Transgender, Intersexed, and Questioning (LGBTIQ) parents. As educators, we need to be sure that we are not creating or fostering bias in our students with our silence or by purposely excluding certain groups from our lessons.
The purpose of this research is to examine one type of text – the middle school health book – to determine the availability and visibility of sexual minorities in health texts accessible to middle school students.

Definition of Terms

- **LGBTITQQ2P/OA**—An abbreviation used for the sexual minority community which stands for Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersexed, Queer, Questioning, 2-Spirited, Pansexual/Omnisexual, and Asexual (Canadian Auto Workers, p. 7). For brevity in this paper, the abbreviation LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersexed, and Questioning) will be used. Each term has been further defined below.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>Women who are attracted to only other women (Canadian Auto Workers, 2006, p. 27).</td>
</tr>
<tr>
<td>Gay</td>
<td>Men who are attracted only to other men (Canadian Auto Workers, 2006, p. 27).</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Individuals who are attracted both to members of the opposite sex and members of their own sex (Canadian Auto Workers, 2006, p. 27).</td>
</tr>
<tr>
<td>Transgender</td>
<td>A state where one’s gender identity does not match one’s biological gender which may or may not lead to sex reassignment surgery (Human Rights Commission, 2006, p. 17).</td>
</tr>
<tr>
<td>Transsexual</td>
<td>A mis-match of gender identity and biology resulting in Gender Dysphoria and usually leads to sex reassignment surgery (Canadian Auto Workers, 2006, p. 27).</td>
</tr>
<tr>
<td>Intersexed</td>
<td>A physical condition where an individual’s sex chromosomes, genitalia, and/or secondary sexual characteristics are neither exclusively male nor exclusively female (Centre for Woman and Trans People, 2001, p. 2).</td>
</tr>
<tr>
<td>Queer</td>
<td>A reappropriated term that is used as an antonym to heteronormative society (Human Rights Commission, 2006, p. 16).</td>
</tr>
<tr>
<td>Questioning</td>
<td>An individual who is questioning their gender identity, sexual identity, or sexual orientation (Human Rights Commission, 2006, p. 17).</td>
</tr>
<tr>
<td>2-Spirited</td>
<td>A term for LGBTIQ people who are Native American/Canadian First Nations (Canadian Auto Workers, 2006, p. 27).</td>
</tr>
<tr>
<td>Pansexual/Omnisexual</td>
<td>Individuals who are attracted to others regardless of biological sex, gender identification, or position in or out of the male/female gender binary (Human Rights Commission, 2006, p. 17).</td>
</tr>
<tr>
<td>Asexual</td>
<td>Individuals who do not exhibit sexual attraction for anyone or find sexual behavior unappealing (Human Rights Commission, 2006, p. 17).</td>
</tr>
</tbody>
</table>
• **Heteronormative** -- Describes situations where variations from heterosexual orientation are marginalized, ignored, or persecuted by social practices, beliefs, or policies (Warner, 1991, p. 3).

• **Middle school students** – Refers to student who are between the ages of 10 and 14, typically in grades six through eight (ODE, 2006).

• **Multiculturalism** -- The preservation of different cultures or cultural identities within a unified society, as a state or nation (dictionary.com, 2008).

• **Sexual minority** -- Individuals who fall outside of the parameters of heteronormative society (Canadian Auto Workers, 2006, p. 7).

**Context**

Three schools/districts in an American Midwest community were examined for their use of health books – an urban district, a suburban district, and a conservative community school. This particular community has a large, reasonably well-represented homosexual population and is considered, by the alternative press, as a “welcoming” city for people who are LGBTIQ. However, the same prejudices and heteronormative values still prevail in this community as they do in most of America. Therefore, the results of the study might be applicable in many communities across the country. The results are also applicable due to the fact that the texts examined are available nationally and are not specific to a local curriculum.

Because this study focuses on textbooks, it is essential to understand how textbooks are selected and adopted in most school systems, including the suburban one where part of this research was conducted. A teacher or curriculum director will research textbooks and get sample copies to review. These books are generally available to employees of the district and to parents of students who will use them once a text has been selected. Books may be put through a “test run” if a publisher offers this service to the districts. If this service is not offered, districts may simply purchase the books as long as the texts are aligned with state standards and are within the price range of the district making the purchase.

**Literature review**

Generally, sexual orientation is not mentioned in the literature regarding multiculturalism, even when the proponents of multiculturalism stress the need for representing and exploring all cultures (Allan, 1999). It was apparent there was a consensus between the authors in the literature that LGBTIQ youth are in a perpetual state of crisis in our schools and the schools are doing little or nothing about it (Grossman & D’Augelli, 2007). They are an invisible minority who have no standing and are not validated in the school community -- all while the administration of most schools does nothing to protect them from harassment and abuse by their peers (Barber & Krane, 2007; Grossman & D’Augelli, 2007). Suicide rates, both attempts and completions, among LGBTIQ youth are significantly higher than their heterosexual peers (Grossman & D’Augelli, 2007). They have no clear role models at school as many LGBTIQ teachers are not living openly.
because they run the risk of losing their jobs (Barber & Krane, 2007). While there may be resources available in the guidance office or books in the library about LGBTIQ issues, more often than not, sexual minority youth have difficulty finding information about their issues and concerns in the school environment.

LGBTIQ youth are not only hidden emotionally by society but are forced to hide physically for their safety. There is a significantly higher rate of physical and emotional abuse suffered by LGBTIQ youth in their homes as well as violence and abuse suffered at the hands of their peers at school or in the communities where they live (Saewyc, et al., 2006). It has been estimated that one in six hate crimes are because of the sexual orientation or the perceived sexual orientation of the victim (Saewyc, et al., 2006). Transgender youth suffer the most violence of all groups in the LGBTIQ spectrum (Grossman & D’Augelli, 2007). They are more often the victims of physical violence as well as sexual assault at the hands of their peers (Grossman & D’Augelli, 2007). LGBTIQ youth are more likely to become homeless or live in a homeless shelter because they were removed from their own homes by parents who could not accept their sexual orientation (Saewyc, et al., 2006). A disproportionate number of LGBTIQ youth find themselves dropping out of school due to hostile environments, leaving these youth unprepared for the job market because they lack basic job skills (Saewyc, et al., 2006). Transgender youth have the added issue of being accepted as the gender they wish to present instead of the one they possess biologically (Grossman & D’Augelli, 2007).

Schools find themselves in an increasingly difficult position in regard to LGBTIQ students. On the one hand, they are subject to the values of the community they are serving. On the other, they are charged with the task of education and making an environment that is safe for all students (Grossman & D’Augelli, 2007). Additionally, with increased multiculturalism and the spectrum of values represented in a typical school, schools are in a position where if they serve one group, they upset another (Bartz, 2007). Schools have to walk a fine line between meeting the needs of the communities they serve and the entire population of students they are expected to serve.

Most nationally-offered health curricula do not address sexuality beyond a discussion of the body systems and the preaching of abstinence, due to the efforts of those who do not support comprehensive sexual education. This group feels that anything beyond the basics of biology is the responsibility of the parents to teach at home (Beshers, 2007). However, research suggests parents in general, as well as in the most conservative, anti-comprehensive sexual education homes, are not talking to their children about sexuality at home (Byers, Sears, & Weaver, 2008). It has also been found that parents who do not support comprehensive sexual education do not provide in-depth sexual education at home in any meaningful or comprehensive manner (Byers, Sears, & Weaver, 2008). The United States has an extremely high teen pregnancy rate as well as a high rate of STD infections in teens for an industrialized nation (Ponton, 2000). Therefore, the children, particularly boys, are left to learn about sexuality and sexual behaviors from their friends or the media (Epstein & Ward, 2007). The difference in education between the genders comes from the way that sexuality is defined for the genders – it is more acceptable in United States culture for boys to engage in pre-marital sexual behavior than girls (Epstein & Ward, 2007). However, parents do not necessarily want to condone sexual behavior for their sons, so they leave the sexual education of their boys to the media and to their child’s friends (Epstein &
Ward, 2007). It stands to reason that if parents are not discussing heterosexual behavior with their children, homosexual behavior is not being discussed at home either which leaves LGBTIQ youth feeling estranged and abandoned by their families and society (Weill, 2005).

For LGBTIQ youth, it is even more difficult to get information about sexuality -- at home, in an educational setting, or in the media (Weill, 2005). Feeling that they cannot talk to their parents for fear of rejection or violence, they also do not have the ability to go to friends about their feelings (Saewyc et al., 2006; Weill, 2005). The media generally does not portray LGBTIQ people in a positive light, instead showing stereotypes and shallow characters used for comedic relief or to prove a point about homosexuality being something negative (Saewyc et al., 2006; Weill, 2005). Many parents are not able to handle their own emotional issues surrounding finding out their child is LGBTIQ, let alone provide information about sexuality from a non-heterosexual standpoint (Ashcraft, 2006). Schools do not want to address homosexuality for fear of being accused of “promoting” or “recruiting” students to that lifestyle (Saewyc et al., 2006) and because of community groups putting pressure on the schools to follow their personal beliefs and agendas (Beshers, 2007). Because of this, LGBTIQ students are forced to find information about sexuality that may or may not be correct or age appropriate (Levine, 2002).

Methods

Because of the stigmatization and potential danger faced by sexual minority students in the school setting, this paper focuses on health texts that sexual minority middle school students may have access to in a typical school. A few publishers dominate middle school, as well as high school and college health text publishing. I selected three of the most commonly used health texts and supplemental materials to review closely for this study, based on national sales as reported by company sales representatives. One, Teen Health by Bronson, Cleary, and Hubbard, is currently in use by the public school system of a suburb of the community under study. The second, Health and Wellness by Meeks and Heit, is used by the public schools and several of the chartered schools in the urban center of the community, including one conservative community school that was observed. The last, Health for Christian Schools by Turner and Rhodes, is the most widely used book in Christian schools as the publishing house is under the auspices of a large, conservative, Christian college.
To analyze these materials, a qualitative content-analysis method was used. I analyzed the content holistically instead of only focusing quantitatively on the frequency of use of a word or a group of words. I not only looked at what was presented but also looked at what was omitted, which gave me an indication as to what message the publisher wanted to be conveyed by using their book. The focus of my analysis was the visibility of and accurate representation of LGBTIQ individuals within the text. To that end, each book was reviewed for the inclusion of information on sexual minorities, information on HIV/AIDS as it relates to sexual minorities, and discussions of sexual behaviors both of a heterosexual and homosexual nature, as well as whether the focus of the text is comprehensive in nature or abstinence only.

Findings

Middle school health texts seemed to show a significant similarity in their presentation of LGBTIQ issues (see Table 1). We should not be surprised by this fact. Standards drive the content of the texts as well as the scope of the material that is presented. Therefore, there is a limited viewpoint presented based simply on the standards created for health either by the states or the National Association for Health Education. Once funding issues and federal programs are factored in, most of which require an abstinence only program be used or they will not grant money, a more limited view may be presented. Finally, publishers do not like to address controversial topics in text books for fear of not selling their products; therefore, these topics are omitted.

Table 2
Comparison of texts on scope of material presented

<table>
<thead>
<tr>
<th>Text</th>
<th>Sexual Minorities represented</th>
<th>HIV/AIDS information</th>
<th>HIV/AIDS prevention information</th>
<th>Contraception information</th>
<th>Sexual behavior information</th>
<th>Safe sex material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Wellness</td>
<td>No</td>
<td>10 references to HIV/AIDS in text</td>
<td>Abstinence only-- none</td>
<td>None beyond abstaining</td>
<td>None</td>
<td>None beyond abstaining</td>
</tr>
<tr>
<td>Teen Health</td>
<td>No</td>
<td>7 references and one full supplement on HIV/AIDS</td>
<td>Only in supplemental material</td>
<td>Only in supplemental material</td>
<td>None</td>
<td>Only in supplemental material</td>
</tr>
<tr>
<td>Health for Christian Schools</td>
<td>No</td>
<td>5 references to HIV/AIDS in text</td>
<td>Abstinence only -- none</td>
<td>None beyond abstaining</td>
<td>None</td>
<td>None beyond abstaining</td>
</tr>
</tbody>
</table>
The main focus of all three is on the mechanics of the reproductive system and abstaining from sexual activity until in a “committed relationship.” Information about abstinence in all three texts occurred within the first third of the book, showing the importance of that topic by the placement within the text (Bronson, Cleary, & Hubbard, 2007; Meeks & Heit, 2005; Turner & Rhodes, 1995). The idea of abstinence was promoted in all three texts with different foci but to the same ends. Turner and Rhodes focused on the moral side saying, “Right now, however, it is best to keep your relationships casual and to avoid becoming too familiar with the opposite sex. This will help you resist temptation, protect your sexual purity, and enable you to meet and to date a variety of individuals” (Turner & Rhodes, 1995, p. 87). Meeks and Heit’s focus was on avoiding the responsibility of parenthood by saying, “Abstinence from sexual activity is the responsible decision for teens” (Meeks & Heit, 2005, B51). Bronson, Cleary, and Hubbard promoted the health side of abstinence saying, “Choosing abstinence allows you to focus on positive activities that will maintain your health” (Bronson, Cleary, & Hubbard, 2007, p. 119).

All three texts transitioned from how the reproductive system works directly to pregnancy. There was no discussion as to how pregnancy occurred, even within the context of the workings of the reproductive systems, which leaves a knowledge gap in the technical, scientific part of teaching about sexuality (Denehy, 2007). In a supplement, Merki alludes to how the sperm gets to the egg, but does not come out and say that there must be penile penetration of or contact with the vagina in order to accomplish this act which, in some cases, could be confusing to adolescents and lead them to misconceptions about safe sexual practices and higher risk practices (Merki, 2007). Emotional and mental issues of sexuality were not addressed in the texts. Meeks & Heit was the only one of the three that mentions emotional issues regarding sexuality in one line that states that one of the tasks during the adolescent years is to “be comfortable being male or female” (Meeks & Heit, 2005, B55). This limited view of the male-female binary does not take into account teens that may be transsexual, pansexual or intersexed (Barber & Krane, 2007). It also should be noted that only heterosexual couples were portrayed in the illustrations and photos accompanying this material in all three texts (Bronson, Cleary, & Hubbard, 2007; Meeks & Heit, 2005; Turner & Rhodes, 1995).

It is this very material, sexual behavior and the emotional issues, which teens really want included in their health classes and feel like they need in order to be safe and function in our society today. According to one survey, most teens feel their health classes are not preparing them for real life. In regard to the information presented, teens do not they feel that the information is relevant or useful to them in their daily lives or decision making processes about sexual behavior (Weill, 2005). If one were to compare Table 2, what the health books address, versus Table 3, what the students really want to know, we would see that what the students want to know about is not addressed in the texts they are reading. Bronson, Cleary, and Hubbard was the only text that provided some sexual behavior information, yet that information was confined to a supplemental book that most districts would not have access to in most classrooms because it would need to be purchased every year as a consumable, which is not something most districts are willing to do, particularly those who are in financial trouble or have a low tax base from
which to draw. Abstinence, however, is still promoted heavily in this supplemental text as in the full text (Merki, 2003).

**Table 3:**
**Comparison of sexual health topics in health books and what students want to know about sexual health**

<table>
<thead>
<tr>
<th>Textbook contents -- Top five most common topics presented in studied health books regarding sexual education</th>
<th>What students want to know -- Top five requests for information in order of preference (Weill, 133, 136)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanics of the reproductive systems</td>
<td>Contraception</td>
</tr>
<tr>
<td>Social relationships with a focus on abstinence</td>
<td>Sexual identity/ LGBTIQ issues</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Sexual behavior</td>
</tr>
<tr>
<td>Changes during puberty</td>
<td>Emotional connections/Relationships</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Pregnancy</td>
</tr>
</tbody>
</table>

Even though a majority of Americans support comprehensive sexuality education, the most common argument for abstinence only programs is that if children are given information about sex, they will be more likely to engage in sexual behaviors during adolescence (Beshers, 2007). However, there is no reliable research that proves this to be true. On the contrary, most research has shown that when students receive comprehensive sexual education, they are better able to make informed decisions about their sexuality and engage in less risky behavior because they possess the information they need to keep themselves and their partner safe (Ashcraft, 2006; Sabia, 2006). Moreover, if we were to look at sexuality education around the world, we would see that the United States is one of the few industrialized nations that still uses an abstinence-only basis for sexual education classes (Bartz, 2007). However, even in the face of the research to the contrary, all three books focus on abstinence and the information given is not what has been shown to be what the students want to know (Bronson, Cleary, & Hubbard, 2007; Meeks & Heit, 2005; Turner & Rhodes, 1995).

The same reasons are given as to why homosexuality should not be included in sexual education – if students are exposed to homosexuality in the classroom, they are more likely to become gay or lesbian (Levine, 2002). The United States is one of the few industrialized nations with this perspective on homosexuality (Weill, 2005). European schools teach, based on current research, that sexual orientation is a biologically-based difference and should be treated as such, not as a matter of choice, which explains why LGBTIQ youth fare better in European schools (Bartz, 2007).

Sexual minority students do not see themselves represented anywhere in the health texts reviewed in this research. According to the research, this is not just an oversight but more of a trend for the majority of health education programs (Ashcraft, 2006). Moreover, most health teachers are uncomfortable discussing issues of sexual orientation due either to personal
convictions or concerns over parental reactions. LGBTIQ students feel uncomfortable in school due to the fact that they feel they are not protected and valued by the school and the curriculum (Grossman & D’Augelli, 2007). Research has shown that LGBTIQ issues need to be discussed with all students in order to create openness about the issues and begin to create an understanding which leads to, at the very least, tolerance and, at the most, acceptance of sexual minority youth (Weill, 2005).

The material on HIV/AIDS in these texts focuses primarily on the disease with little to no material on prevention. Bronson, Cleary, and Hubbard offered two supplemental texts, Human Sexuality and HIV/AIDS, which provided more information on HIV/AIDS prevention than the other texts, however, neither of these supplements discussed LGBTIQ issues in conjunction with HIV/AIDS prevention and education. Many youth become aware of their sexual orientation at an early age and are engaging in sexual relations at the average age of 15, according to the literature (Johnson & Tyler, 2007; Kryzan & Walsh, 1998). The information gap that is being created by the omission of this material endangers the mental and physical health of the students.

Conclusions and Discussion

The strongest conclusion that can be drawn from this analysis of health texts is not only are sexual minority youth not represented, but because they are not represented, the heteronormative attitudes present in schools are supported, no matter how carefully it is disguised (Saewyc et al., 2006). However, for sexual minority youth, because they are kept invisible because of heteronormative attitudes and institutionalized homophobia, they become targets for violence in school (Saewyc et al., 2006). If sexual minority youth were visible at least in health class, it would be a step in the direction that might lead to greater acceptance and more protection for them in the school community. Most European countries teach that homosexuality is a biological predisposition and should be accepted in the spirit of diversity as a part of their sexual education curriculum from the earliest grades; this has lead to a more open attitude about homosexuality and has made a marked difference in the adolescent suicide rate due to concerns about sexual orientation (Bartz, 2007).

According to a 2007 survey, most health educators feel that they are providing students with useful information in sexual education classes, but the students have indicated that the information they receive is not what they need or want to know (Samuels, 2007). Some students have informal discussions with school personnel about sexuality issues; however, this is not the norm for most students (Tanner, Reece, Legocki, & Murray, 2007). The students themselves have shown that abstinence only education does nothing to lower the rates of sexual behavior in teens demonstrated in the high teen pregnancy and STD rates. This fact negates the main argument against comprehensive sexual education which states that if teens are exposed to information about sexuality, they are more likely to participate in sexual behaviors (Rosen, 2008). The students will get the information they seek one way or another (Epstein & Ward,
In reviewing the literature and this research, the strongest conclusion that can be drawn points toward the need for more comprehensive, inclusive health education for all students. Research has shown convincingly that abstinence education does very little to prevent teen pregnancies, lower the age of first sexual experience, or lower the number of new STD infections in youth (Beshers, 2007). Students themselves do not accept abstinence as a viable option nor do they feel that the abstinence-based curriculum serves their needs (Beshers, 2007). If we were to examine other countries, such as Norway, where comprehensive sexual education is in place, we would see that not only are pregnancy and disease rates lower than in the US, but also the conditions that LGBTIQ youth live in are less violent and more accepting (Bartz, 2007). By implementing a more inclusive sexuality education program, LGBTIQ issues would be made accessible to all students which may lead to more tolerant attitudes toward sexual minority youth by their peers (Bartz, 2007).

Because it is unlikely that textbooks will change from their conservative approach to sexual education, it is up to teachers and school districts to include LGBTIQ youth in all aspects of school culture, including the curriculum. Districts need to adopt a zero-tolerance stance on harassment of LGBTIQ youth and adopt an anti-bullying policy that includes protection for LGBTIQ youth (Barber & Krane, 2007). Schools should be inclusive for all students in areas from curriculum to extracurricular activities (Barber & Krane, 2007). Health teachers need to make sure that they go beyond the curriculum and address the questions and issues that students feel are important in a non-biased, non-judgmental manner. Districts need to provide a resource person either on a district level or on a school level who is comfortable with and well-versed in LGBTIQ issues to answer questions teachers might have about the community (Barber & Krane, 2007). Teachers need to be aware of violence committed against their students by other students or by their families and be willing to advocate for these students.

While there is no formal research on whether the inclusion of LGBTIQ curricula will change attitudes, it stands to reason that the more one is exposed to people who are different from themselves, the less “scary” the differences seem. In many cases, with information comes tolerance. However, if a group is hidden and not discussed in the open, it is assumed by many people that what they are or what they do is inherently wrong because of the omission. It goes back to the idea of “nice people don’t talk about that” which generally makes people suspicious of difference because they do not have information about that difference. Once they become more informed and myths are dispelled, people generally become a little more tolerant of others.

If we are going to educate all students and give them information they can use, we need to move beyond the rhetoric of multiculturalism and move to the application of those values to ensure we are including all students in the curriculum of all subjects. Our commitment to multiculturalism
should not only work towards racial tolerance, but also tolerance in all areas of culture including the LGBTIQ community. Health is only one subject and not considered part of the core curriculum. If these sorts of omissions are happening in a non-core area, the omissions are also likely in core areas, even though material and literature is available to include a variety of cultures in all areas of the curriculum. Only when this persistent prejudice against LGBTIQ youth and the LGBTIQ community is overcome can we truly move to a more inclusive, representative curriculum in the schools.
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