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The Efficacy of Formal Sexual Education in LGBTQ Adolescents: A Review of the Literature

Candice P. Dressel
University of Central Florida

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THE EFFICACY OF FORMAL SEXUAL EDUCATION IN LGBTQ
ADOLESCENTS: A REVIEW OF THE LITERATURE

by

Candice P. Dressel

A thesis submitted in partial fulfillment of the requirements
for Honors in the Major Program in Nursing
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Thesis Chair: Christopher Blackwell

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ABSTRACT

The purpose of this review of review was to determine if inclusive and comprehensive formal sexual education is effective in promoting safer sex behaviors compared to abstinence only until marriage sexual education, for lesbian, gay, bisexual, transgender and questioning (LGBTQ) adolescents. Peer reviewed articles were retrieved from Cumulative Index to Nursing and Allied Health Literature (CINAHL), Educational Resources Information Center (ERIC), Elton B. Stephens Co. Host (Ebsco Host), Medical Literature On-line (Medline), Psychological Information Database (PsychINFO) and government released statistical information that was published from 2000-2017. Inclusion criteria of synthesized articles were based on formal sexual education aimed at adolescent populations, including focus on LGBTQ subgroups. The literature reviewed demonstrated abstinence only until marriage formal sexual education has minimal to no effects on LGBTQ adolescent's sexual behaviors. Whereas, comprehensive and inclusive formal sexual education has been shown to increase condom use, delay first sexual interaction, and decrease number of sexual partners and teen pregnancy. In conclusion, the research indicates that individuals who have received comprehensive or inclusive formal sexual education have a greater chance of demonstrating safe sex behaviors compared to those who received abstinence only until marriage sexual education.

DEDICATIONS

For my husband, William Dressel,
who has provided me endless support and love
throughout my academic and personal endeavors
and for his continual encouragement.

For my mother, Cheryl Langley,
whose exemplary hard work and unselfish support
has been my source of inspiration to have the
dedication to continuously better myself.

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INTRODUCTION

There were approximately 37,600 new HIV infections in 2014. Men who have sex with men comprised 26,200 of these new diagnoses (Centers for Disease Control and Prevention (CDC), 2017). In 2015, young gay and bisexual men, aged 13-24, were responsible for 84% of all new HIV diagnoses in young adults (CDC, 2017). In 2002 it was found that 15 %- 17.2 % of bisexual women and 2.3 %-6.7% of lesbians self-reported viral sexually transmitted diseases (STDs) (Tao, 2008). Resources aimed at prevention of STD's often begin with education presented to adolescents in middle and high school settings; but government funded sexual education often fails to address the needs of adolescents who identify as lesbian, gay, bisexual, transgender, or who are queer/questioning (LGBTQ) their sexuality .Evaluating the need for STD prevention specifically aimed at the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) adolescent population could be beneficial in reducing STDs in adulthood (Currin et al., 2017).

To decrease STD rates in adolescents participating in same sex behaviors, implementation of LGBTQ specific sexual education into existing formal sexual education programs that are presented to adolescents is important. Around the globe, formal sexual education has shown to be beneficial in increasing condom use and decreasing STD occurrences (Bockting, Robinson, Forberg, & Scheltema, 2005). This can be paired with another beneficial component of sex education, which would be allowing the adolescents formation of a strong support system (CDC, 2017). The application of these improvements could be beneficial in the LGBTQ community.

PROBLEM

There is a lack of inclusive formal sexual education in adolescents that identify targeting LGBTQ adolescents. With this lack of proper sexual education, individuals are likely to engage in unprotected sex, which increases their risks for STD's. Additionally, if appropriate sexual education and stable support systems are not provided to LGBTQ adolescents, they are at risk for suffering from psychological and social problems. Understanding the gaps in current formal sexual education aimed at adolescents could assist with identification of STD educational interventions that need be implemented to improve sexual efficacy among LGBTQ adolescents.

PURPOSE

The purpose of the literature review is to compare abstinence-only-until-marriage formal sexual education and comprehensive/inclusive formal sexual education to determine which curriculum is most beneficial for LGBTQ adolescents. In addition to identifying the most effective curriculum, this study has the intent to highlight which factors are most significant in improving the effectiveness of each curriculum. A secondary purpose for this review is to discuss potential of future research to improve current formal sexual education to include the needs of LGBTQ adolescents.

METHOD

Research articles will be analyzed and synthesized to fully understand the impact of various sexual education curriculums and their effects on LGBTQ adolescents. Centers for disease control and prevention (CDC) and the UCF Library were the primary resources that were utilized to locate research articles pertaining to formal sexual education and LGBTQ adolescents. The search was limited to academic journal articles and government released information dated from 2000 to 2017. Some of the search terms use in the query were ‘comprehensive sexual education’, ‘inclusive sexual education’, ‘abstinence- only’, ‘LGBTQ’, and ‘Sexually transmitted diseases.’ Inclusion criteria for the search results included articles that were: 1) published in English; 2) published during the time frame specified above; and 3) focused on formal sexual education inclusive of LGBTQ individuals. Exclusion criteria included articles that were not in English, did not pertain to sexual education of adolescents or LGBTQ individuals, and articles that where anecdotal, personal experiences of authors.

BACKGROUND

The United States federal government offers a grant for abstinence-only-until-marriage education, formally known as abstinence education grant program (AEGP). In order to be eligible, the state must fund at least 43 percent of the programs total cost with nonfederal funds, the fund amount is determined by the proportion of children in each State or Territory that are considered low-income (Family & Youth Services Bureau, 2016). The purpose of abstinence-only-until-marriage education is to prevent sexual activity outside of wedlock, to resist peer pressure, and provide information about HIV/AIDS and other STDs (Family & Youth Services Bureau, 2016). This curriculum focuses on heteronormative standards and the potential pathological and psychological harm premarital sex may cause the involved individuals and potential offspring. There are no requirements to educate students about contraceptives or other forms of STD protection within this curriculum. Additionally, sexual minorities are not included in this form of sex education. Yet in 2016, 38 states and territories were awarded this grant to fund sexual education within their public schools, totaling over \$60 million in grant contributions (Family & Youth Services Bureau, 2016).

Consequently, LGBTQ adolescents' sexual educational needs are often neglected (Santelli, Kantor, Grilo, Speizer, Lindberg, et al., 2017). With the lack of information about sexual protection, this could increase the chances of an LGBTQ adolescent contracting an STD. This is especially true for adolescents who are not taught the pathophysiology of disease transmission. For example, an individual may not realize that an STD can be transmitted anally and/or orally. According to the Kholer, Manhart & Lafferty, abstinence-only-until-marriage education did not decrease the likelihood of engaging in vaginal intercourse; but adolescents who received comprehensive sexual education were less likely to engage in vaginal sexual intercourse

(2008). Additionally, across the board, students who received comprehensive sexual education also reported a lower teen pregnancy rate. However, neither abstinence-only-until-marriage nor comprehensive sexual education students had a reduced rate of STD diagnoses in this Dutch study (Kholer, Manhart & Lafferty, 2008).

Results from a study conducted by Currin, Hubach, Durham, Kavanaugh, Vineyard & Croff, in Oklahoma, indicated that sexual minorities are viewed as disease-prone, less than, and deficient (2017). Instructors were prohibited from discussing same-sex relationships, with the exception of when discussing the cause of HIV/AIDS. This causes gay and bisexual teens to lack meaningful sexual education. Thus they may acquire information by watching pornography and looking up material on the Internet (Currin, et al., 2017). The lack of comprehensive sexual education for sexual minorities can also lead to a sense of demoralization, which can cause a plethora of physiological and behavioral problems. These problems include: depression, substance abuse, increased number of sexual partners, earlier initiation of first sexual encounter, and increased pregnancies (Reference). Additionally, sexual minorities who never received meaningful sexual education have higher rates of theft, property damage and truancy from school for personal safety (Currin, et al., 2017).

Baams, Dubas & Aken found that Dutch schools that taught comprehensive sexual education had a decrease in LGBTQ bullying and increase in willingness to intervene when students and teachers witnessed LGBTQ harassment (2017). The comprehensive sexual education curriculum employed in their study included concepts that were age appropriate and medically accurate about sexual development, relationships, healthy decision-making, contraceptives, abstinence, and disease prevention. However, these Dutch schools added inclusive curriculum that focused on the sexual health of LGBTQ individuals. Incorporating

inclusive curricula has been shown to improve safety in school environments for LGBTQ adolescents (Baams, Dubas & Aken, 2017).

Inclusive sexual education, resulted in a 14-30% lowered rate of being verbally harassed in this Dutch-based study. An increased rate of harassment due to sexuality is coordinated with higher rates of depression and suicidal intentions (Baams, Dubas & Aken, 2017). Additionally, inclusive sexual education is correlated with increases in condom use, monogamy and decreases in high risk sexual behavior (Bockting et al., 2005). Countries that incorporate comprehensive education have decreased rates of pregnancies, births and abortions in comparison to countries that mainly use abstinence-only-until-marriage education countries (Baams, Dubas, & van Aken, 2017).

RESULTS

Thirteen studies related to formal sexual education were analyzed in this literature review. Three of these articles included literature reviews. Four of the articles followed a qualitative design. Two studies were cross sectional. Other articles used multistage cluster, mixed method, three-wave survey, or randomized control as their study design. All literature reviewed were published between 2001-2017.

Abstinence Only Until Marriage Sexual Education

Of the seven studies that discussed AOUM sexual education, all seven of the articles suggested AOUM had no significant impact on decreasing high risk sexual behaviors. Five of the articles indicated AOUM sexual education curriculum lacked information, provided incomplete information, and provided insufficient resources. One article discussed an AUOM sexual education curricula that mentioned comprehensive topics; this study identified that censored information on contraceptive use, HIV/AIDS, pregnancy and STD's was provided to students (Santelli et al., 2012). Multiple studies mentioned that LGBTQ individuals only mentioned in correlation with HIV/AIDS (Hoefler & Hoefler, 2017; Santelli et al., 2012). Additionally, AOUM sexual education focused on heteronormative curricula where sexual minorities were marginalized (Currin et al., 2017; Hoefler & Hoefler, 2017; Santelli et al., 2012). Of the studies reviewed, none of the articles indicated delayed initiation of sexual encounters or a decrease in STD's (Bruckner & Bearman, 2005; Kohler et al., 2007).

Comprehensive/ Inclusive Sexual Education

Of the literature reviewed, nine studies mentioned comprehensive/ inclusive sexual education. Four suggested comprehensive/ inclusive sexual education may decrease the occurrence of high risk sexual behaviors compared to programs with no formal sexual education or AOUM sexual education (Kohler et al., 2007; Tremblay & Ling, 2005). Results from three of the studies suggested incorporation of comprehensive/ inclusive formal sexual education within schools could create a safer school environment for LGBTQ adolescents (Baams et al., 2017; Gowen, Wings-Yanez, 2014; Jones & Hiller, 2012). Only one study reported no significant impact on high risk sexual behaviors; however this study was the only curriculum that was delivered virtually, whereas all others were face to face (Mustanski et al., 2016). None of the researched articles reported any negative outcomes pertaining to the results of comprehensive/inclusive formal sexual education (Baams et al., 2017; Blake et al., 2001; Jones & Hillier, 2012; Kirby, Laris & Rolleri, 2006; Kohler et al., 2007; Mustanski, 2016; Raspberry et al., 2015; Tremblay & Ling, 2005). However, one study found LGBTQ adolescents would prefer more information to be covered within the comprehensive/inclusive curriculum (Gowen & Wings-Yanez, 2014).

DISCUSSION

The studies reviewed in this literature review provide insight into the curriculum of formal sexual education and their impact on LGBTQ adolescents. Research findings focused on comparing AOUM sexual education and comprehensive/inclusive sexual education. The results revealed that comprehensive/inclusive formal sexual education was more effective at decreasing high risk sexual behaviors than AOUM sexual education (Baams et al., 2017; Blake et al., 2001; Kirby, Laris & Rolleri, 2006; Kohler et al., 2007; Tremblay & Ling, 2005). Additionally, comprehensive/ inclusive sexual education may contribute to a decrease in school bullying and increase LGBTQ adolescent's perceptions of feeling safe while at school (Baams et al., 2017; Gowen & Winges-Yanez, 2014; Jones & Hillier, 2012).

Barriers to Implication

The biggest barrier to implicating the type of curriculum supported in this review is funding. Since 1981, there has been a federal grant for states and territories that teach AOUM sexual education (Support Siecus, n.d.). In 2016 there were 38 states and territories that were awarded this grant (Family & Youth Services Bureau, 2016). In order to initiate a change in the United States' government more comprehensive research needs to be conducted focusing on comparing AOUM sexual education to comprehensive/inclusive sexual education. With more studies providing substantial information about how effective comprehensive/ inclusive sexual education, this could shift funding priorities from AOUM sexual education to comprehensive/inclusive sexual education. Once schools have the funding and ability to teach comprehensive/ inclusive sexual education, comprehensive/inclusive sexual education's

curriculum cost should be comparable to current formal sexual education curriculum costs (Buston, Wight, Hart, & Scott, 2002).

Parental input would potentially be one of the main factors that could impact the application of comprehensive/ inclusive sexual education. However, 71.1 % of parents reported they would feel comfortable with schools teaching comprehensive sexual education, whereas, only 61.6% of parents felt comfortable with their children being taught AOUM sexual education (Peter, Tasker & Horn, 2015). Other potential factor that could slow the progression towards comprehensive/inclusive sexual education is time restrictions. From training educators to applying the material into classes, comprehensive/ inclusive curriculums required time may post as a hindrance to implicating a curriculum change (Buston, Wight, Hart, & Scott, 2002).

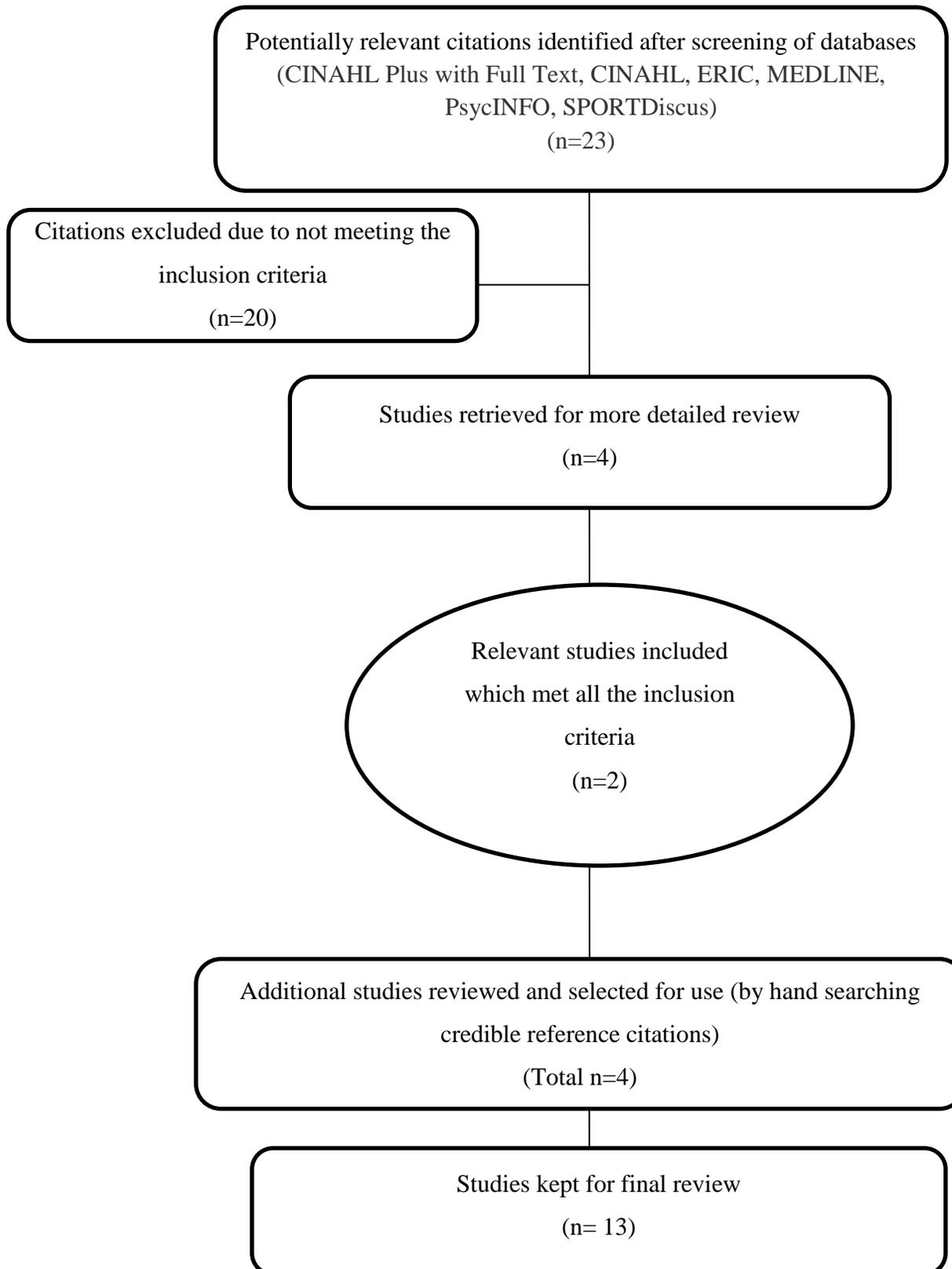
LIMITATIONS

Several limitations were encountered during this review of literature. Initial search results revealed numerous articles when these initial keywords were searched: sexual education, adolescents and LGBTQ. However, most of the articles found did not pertain to the topics of this study's investigations. Search terms were then expanded to include comprehensive education, inclusive, abstinence only and students, in order to provide more relevant search results. After adding additional keywords, there were no articles found that discussed the researched topic. Upon a broader search of the literature, articles were provided that focused on AOUM sexual education and comprehensive/ inclusive sexual education. Some of the articles focused on LGBTQ adolescents; whereas, others only focused on adolescents.

Many of the studies lacked strong geographical, socio-economical ethical and cultural diversities due to the studies using a population at one location. Other articles, that were literature reviews, were limited to the information that was provided from previous studies reviewed. Other limitations encountered included uneven age distribution of participants, inability to verify accurate information of some curriculum (memory-based), inability to measure longevity of effectiveness of teachings, inclusion of results from participants who did not complete studies, and inability to determine if unrelated factors contributed to sexual health behaviors.

APPENDIX A: FIGURE

Figure 1: Selection Method of Literature



APPENDIX B: TABLE

Table 2: Table of Evidence

Author(s) Year Location	Study Design and Purpose	Sample Size	Screening Measures	Key Findings	Limitations
Baams, L. I. B. U. e., et al. (2017) Netherlands	Cross-sectional To determine if incorporating LGBTQ inclusive sexual education would increase the willingness of students to intervene if an LGBTQ student was being bullied and if there was a decrease in LGBTQ name calling.	Longitudinal Sample: N=601 Final Sample: N= 577	Must be a student at one of the 6 high schools that were studied in the Netherlands and have Parental consent.	Decrease in teen pregnancy. Increase in condom and contraceptive use. Lower occurrence of bullying and an increase in LGBTQ students perception of feeling safe in school.	There is no measure of longevity of the effectiveness of teachings. Limited ethnic diversity.
Blake, S. M., et al. (2001) Massachusetts	Multistage cluster. To determine if there were any high risk behaviors between GLB compared to heterosexual adolescents that have received HIV instruction. As well as, determining the instructors training to educate teens on this topic.	Total Sample: N=5,370 Final Sample: N= 4,159 Analysis Sample: 3,702	Adolescences (9-12 graders) In one of the 54 selected schools in Massachusetts. No parental consent required, but parents could opt child out of study.	GLB adolescences were at greater risk of demonstrating high risk behaviors if they did not receive HIV sensitive education.	The study was limited to 54 schools out of 299 schools that met the criteria. 77% response rate from the surveys.

Brückner, H. & Bearman, P. (2005) United States	Three wave survey. To determine the effectiveness of virginity pledges are at decreasing the occurrence of STD rates in young adults.	1 st wave Sample N = 20,745 3 rd wave= 15,170	Participants of National Longitudinal Study of Adolescent Health, a nationally representative study of students enrolled in grades 7–12 in 1995, and participants must have completed the follow up survey and bio testing.	Virginity pledgers STDs rates do not differ from non-pledgers.	Sexuality of participants was now acquired.
Currin, J. M., et al. (2017) Oklahoma	Qualitative To assess the current sex education that is offered to gay and bisexual men in Oklahoma.	N=20	Individuals meet the criteria if they are: male, had sexual relationships with another male within the past 12 months, live in Oklahoma, speak proficient English, and are at least 18 years old.	Many of the individuals found that a majority of the sex education programs were targeted to heterosexual relationships and personal hygiene with little to no mention of how to use a condom. A few of the individuals found alternative ways to learn (porn, bartenders, ect.)	Small population. Limited to Oklahoma. Only men who are Out to their families were studied.
Gowen, L. & Wings-Yanez, N. (2014) Oregon	Qualitative. To discover how inclusive sexual education and other sexual education is perceived by an LGBTQ young adult.	N=30	Participants had to identify as an LGBTQ between the ages of 16 to 20.	LGBTQ individuals stated that during sexual education courses they felt both included and excluded. Additionally, they mention how to improve sexual education to make it more inclusive.	Small Sample size. Lack of strong geographical, ethnic and cultural diversity.

<p>Hoefler, S. E. and Hoefler, R. (2017)</p>	<p>Literature Review and Qualitative Interviews.</p> <p>To identify the potential problems that minorities may encounter with abstinence-only sexual education.</p>		<p>Individuals had to meet one or more of the following criteria: female, LGBTQ or a person of color. Participants also must have received some sort of sexual education from a public school (grades 1-12) in the state that the study was conducted.</p>	<p>Six themes were discovered: Lack of Information and Resources, Inclusion of Sexist and Heterosexual Stereotypes, Teachers “adultification” of students of color, Lack of emotional safety and need to hide, Teacher and curricula reliance on shame and fear, and educators efforts and attitudes when providing information.</p>	<p>Increased occurrence of high socioeconomic upbringings of participants due to the recruiting taking place at a university.</p> <p>Memory-based</p>
<p>Jones, T. M. & Hillier, L. (2012) Australia</p>	<p>Mixed Method</p> <p>To establish what potential obstacles LGBTIQ individuals might face in school.</p>	<p>N=3101</p>	<p>Participants must be 14-21 years old and an LGBTIQ Australian student</p>	<p>Progressive sexual education improves the schools communities’ safety and decreases instances of bullying.</p>	<p>Limited to Australia.</p>
<p>Kirby, D., Laris, B. A. & Rolleri, L. A.</p>	<p>Literature Review</p>	<p>83 Studies</p>	<p>Each study had to be based on a curriculum that is a group-based sex or HIV education program, focus on</p>	<p>Overall, this literature review indicates that these programs were more likely to have a positive effect on sexual behavior</p>	<p>Limitations are due to limitations in the reviewed literature. However, it did not impact the</p>

(2006) Globally			adolescents or young adults 9-24 years old, having a strong experimental or semi-experimental design, have at least a sample size of at least 100 participants, and measure sexual behaviors.	rather than a negative behavior impact.	results of the study.
Kohler, P. K., et al. (2007)	Quantitative To determine how effective comprehensive sex education is compared to AOUM or no sex education	N=1719	Participants must be heterosexual, never married, 15-19 year olds who have received either no formal sexual education, comprehensive sexual education or AOUM sexual education.	AOUM had no significant impact on delaying initiation of first sexual intercourse. Whereas, comprehensive sexual education showed a decreased risk in teen pregnancy.	Study did not include LGBTQ participants within their study.
Mustanski, B., et al. (2016)	Randomized Control. To assess the accessibility and feasibility of an innovative online sexual health promotion program for LGBT youth.	N=202	Participants must identify as LGBTQ or report same-sex attraction or behaviors, 16-20 years old, live in the United States, and engaged in a romantic relationship with someone of the same-sex.	The study indicates that this online program is accessible and feasible to use. Additionally, the post-test indicated an improvement in the covered subjects.	There is a possibility that improvements in the participant's sexual health outcomes could be related to factors that are unrelated to the interventions.
Raspberry, C., et al. (2015) United States	Cross-sectional To educate YMSM (specifically	N=415	Participants must be a Latino or Black male, 13-19 years old, identified as bisexual, gay or reported sexual behavior with or attraction to other males, had	School nurses are among the few that these students are willing to talk about HIV and STD prevention. Therefore, it is imperative that school nurses educate the students in a	Age distribution was not even, skewed toward older ages.

	Black and Latino) about STD and HIV prevention.		attended at least 90 days of school within the past 18 months.	manner that the students understand the material.	
Santelli, J. S., et al. (2012)	Literature Review To determine how effective abstinence-only- until-marriage sexual education is for young individuals and the potential flaws that are within the curricula.		Research used had to pertain to AOUM	Minimally effective in delaying first intercourse and contraceptive use. The curriculum provides incomplete information about contraceptives and is material covering HIV/AIDS, pregnancy and STD's is censored. Additionally, AOUM marginalizes sexual minorities and creates gender stereotypes.	Information was limited to the previous studies.
Tremblay, C. & Ling, D. (2005) United States	To assess the effectiveness of school-based and home-based AIDS education and how it affects sexual behavior for young American adults.	N=6615	Information was obtained from the 14-22 year old subset of the 1992 National Health Interview Survey- Youth Risk Behavior Supplement.	Formal AIDS education, paired with home-based AIDS education promotes responsible sexual behavior. Whereas, AOUM may be counterproductive	

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