RISE:
Queering Teacher Education

K–12 Methods: Health and Sexual Health Education

This module focuses on content related to health and sex education (see also Childhood and Adolescent Development and Physical Education, as there may be some overlap in content regarding development and bodily health). Health curricula is a key area for 2SLGBTQ+ education as gender binaries, heteronormativity, and cisnormativity are historically prevalent in this subject's content, and often 2SLGBTQ+ content is assumed to fall into this area. However, while health and sex education is a natural location for some 2SLGBTQ+ content, it is important to remember that 2SLGBTQ+ content is not solely related to sexual behaviour or sex ed. (You may also consult the Sciences module for additional content.)

What does it mean to queer teaching methods courses on physical education, health, and sex ed content areas?

Queering approaches to health and sex education can take a variety of forms, from basic inclusive practices (such as including relevant 2SLGBTQ+-related health content) to enacting queer pedagogies to expand conceptions of health and wellbeing by questioning normative assumptions about health pedagogy. It is important to recognize that 2SLGBTQ+-expansive education in health is about more than simply including accurate content about 2SLGBTQ+ health and identities—though these are vital practices and should be expanded to include information on 2SLGBTQ+ sexual and relational health, gender-expansive material that includes trans, non-binary, and intersex bodies, and affirm 2SLGBTQ+ identities in every aspect of health curriculum. Queering approaches also mean challenging heteronormative assumptions about relationships and sex, challenging cisnormative assumptions and binary conceptions of gender (and including accurate information about health and trans identities), questioning the normative aims and goals of health curriculum (e.g., healthy bodies are thin; valid relationships result in marriage), and prompting teacher candidates to reflect on their misconceptions and feelings about 2SLGBTQ+ identities and content in curriculum.

Health curriculum often relies on binary conceptions of gender, emphasizing essentialized conceptions of male/female bodies and heterosexual/homosexual relationships, which stigmatize many queer, trans, non-binary, and intersex people by omitting or overlooking them, or addressing them with discomfort. Queering approaches involve representation throughout the curriculum, but also questioning the normative practices that have left them out in the first place. Queering approaches seek to centre holistic wellbeing in teaching about health, highlighting the relationships between and mutually supporting aspects of mental, emotional, physical, and social wellbeing.

Why do we need to do this?

- Health is "ground zero" for 2SLGBTQ+-expansive education because the curriculum is generally explicitly rooted in and reinforcing of binary gender concepts. Health is also the site where sexual health education occurs, and this more than any other place in schools is where historically 2SLGBTQ+ education has been assumed to appear. It is important to

ensure 2SLGBTQ+-expansive education occurs here in meaningful ways, rather than tokenistic or pathologizing ones. Reliance on binary conceptions of gender, both in health curriculum content and organization/delivery, and heteronormative conceptions of sex and relationships marginalizes 2SLGBTQ+ students.

- Sex is often treated as an objective genetically determined fact that is represented by binary divisions of male (XY) and female (XX), but it is increasingly recognized that this is an overly simplistic understanding—and chromosomal development is not simply represented by these two/binary chromosome pairings, nor are chromosomes the sole determinant of sex (e.g., Ainsworth, 2018; see Sciences module for more). Differences of sex development are not uncommon and evolve during development through the complex inter-development of hormones, cells, and chromosomes, and scientists are building more nuanced understandings of sex that go beyond binary conceptions and need to be reflected in health curricula. Ensuring that this complexity, and the social aspects of gender, is included in health-related curricula is essential to providing accurate content. Further, beyond discussions of biology, conversations about gender, its social role and history, and the ways in which it represents people's individual and internal sense of themselves are needed (gender identity does not require biological justification).
- Content that focuses too much on medical or scientized conceptions of health reinforces problematic assumptions about achieving a singular objective measure of health, fitness, diet, and body size; too often physical health is treated as a discrete aspect of health that can be adequately addressed apart from mental, emotional, or social wellbeing. Queering health curriculum involves challenging singularly defined conceptions of health and wellbeing. More realistically, content that discusses health contexts and various factors that impact health (e.g., social determinants of health; Indigenous perspectives and approaches to health) can be helpful in providing more relevant content—especially for discussing how to manage existing health conditions, living with mental health conditions, or taking harm reduction approaches (where, for example, abstinence only approaches are often ineffective or unrealistic). As a result of social stigma, minority stress, and marginalization, 2SLGBTQ+ people experience higher incidences of mental health conditions, suicidality, and substance use. Including 2SLGBTQ+ content is helpful for reducing stigma and marginalization, but also providing practical skills and education about how to manage these behaviours and foster resilience is also necessary.

How do we do it?

- *Prompt teacher candidates to engage in ongoing critical self-reflection about gender and sexuality*. Providing equitable sexual and relationship education requires familiarity with and acceptance of the spectrum of relational, sexual, and romantic realities of others. Provide teacher candidates with opportunities to reflect on their own identities, attitudes, misconceptions, privilege, biases, and feelings about gender and sexuality (Duke & McCarthy, 2009).
    - Discomfort in having conversations about sex, sexual health, and sexual behaviours (especially when having these conversations with children and youth), and with

practices that challenge social norms regarding sexuality and gender, is common—but there are many benefits to having teacher candidates engage with and learn from their own discomfort. Self-reflexivity offers teacher candidates an opportunity to better understand how normative social standards operate and are regulated in their own lives and in the lives of students or colleagues. Further, self-reflexivity can be helpful for teacher candidates to interrogate their own attitudes, privilege, and possible misconceptions regarding 2SLGBTQ+ people and the ways that normativity in schools works to reinforce gender binaries, compulsory heterosexuality, and even the privileging of monosexualities and monogamy (e.g., Robinson & Ferfolja, 2008; Vavrus, 2009). And self-reflection can help teacher candidates better understand how gender and sexuality apply throughout the health curriculum, including the role of shame, embarrassment, and discomfort that students may feel in having discussions about health, their bodies, and gender and sexuality.

  - *Counter the myth that 2SLGBTQ+ content is not "appropriate" for children.* Heterosexuality appears persistently throughout all ages of schooling—such as in fairy tales about princes kissing princesses; these accepted representations introduce normative understandings of desirable or acceptable relationships that contributes to marginalization of 2SLGBTQ+ people. Challenge the silencing of open and honest conversations about sexuality, gender, and relationships by enacting approaches at all levels of schooling in age-appropriate ways (e.g., talking about families should include families made up of 2SLGBTQ+ parents, siblings, cousins, friends, and so on). (See Duke & McCarthy, 2009, p. 396, for list of potential questions to consider in promoting healthy sexual development.)
  - *Have teacher candidates consider how their own sexual orientations and gender identities impact their understandings and discussions of sexual health, healthy relationships, and/or physical health*—both cisgender-heterosexual and 2SLGBTQ+ educators. For example, how do one's own experiences shape approaches to and assumptions about what is "appropriate" material in class? How do teachers "manage" their own gender identities, sexual orientations, or relationships in class? 2SLGBTQ+ teachers often conceal or limit how they share their identities with students or coworkers, and this can affect the material they feel able to cover in class (e.g., Ayvazo & Sutherland, 2009; Brockenbrough, 2012; Landi, 2018; Mayo, 2007; Taylor et al., 2015). Providing teachers with opportunities to reflect on their own identity, and some of the privileges or concealments it creates, will better prepare them to address content equitably in classrooms.

- *Expand conversations about gender and sexuality to challenge dominant cisnormative/heteronormative ideals and assumptions throughout health curriculum*, including but not limited to sexual health education content. Often 2SLGBTQ+ content is presumed to fall into areas related exclusively to sexual health, but it should not be limited to these areas. 2SLGBTQ+ identities have different social and relational experiences—from the recognition of their sexuality and gender identity to disclosures to others about their gender/sexuality, both of which, for example, can impact their relationships, health, and wellbeing. Including 2SLGBTQ+ content throughout health curriculum ensures that

students see themselves and their experiences represented in all aspects of the health curriculum.

- *Expand conceptions of gender to include intersex, trans, and nonbinary bodies throughout health curriculum*. Binary conceptions of gender pervade health curriculum—from content that focuses on male and female bodies to classroom strategies in addressing content (such as dividing the class by gender binaries to discuss sex/bodies). It is necessary to challenge these gender binaries in talking about health and wellness, particularly where mental wellbeing is involved. Avoid language and conceptualizations of gender that reinforce essentialized and binary notions of gender. Avoid language that inadvertently invalidates non-conforming or transgender identities or expression. Include content about intersex, trans, and non-binary identities and bodies regularly throughout health curriculum.
- *Take up queer approaches to health and nutrition that include content addressing body image and desirability.* Often health is conflated with normative body expectations, which align health with thinness or attractiveness. This can result in unhealthy expectations and unrealistic ideals about body size, diet, and eating habits, resulting in negative impacts to mental health, self-esteem, and appearance—and these impacts are experienced differentially for queer, trans, and gender nonbinary people. Recognizing that not all bodies look or function the same is important to acknowledge in discussions regarding health. This is particularly relevant in talking about gender and the ways that trans or gender nonconforming people are pressured to "pass" or look certain ways.
- *Include content on various aspects of health that differentially impact 2SLGBTQ+ people as a result of social stigma and marginalization*—and how these health impacts can be further exacerbated when intersectionality is taken into account. For example, higher rates of substance use among 2SLGBTQ+ people (e.g., Konishi et al., 2013), higher rates of teen pregnancy (e.g., Coulter & Miller, 2018; Ela & Budnick, 2017), eating disorders (e.g., Bell et al., 2018; Feldman & Meyer, 2010), and mental health impacts (e.g., Bariola et al., 2017; Hatchel et al., 2018; Hatchel et al., 2019; Meyer, 2003; Peter, 2018; Peter et al., 2016; Proulx et al., 2019; Robinson & Espelage, 2011; Saewyc et al., 2014).
- *Challenge presumed gender norms and discourses that essentialize masculine/feminine traits or characteristics*, such as confronting toxic masculinity and regulation of bodies (e.g., affirm different body types, question ideals concerning beauty, acknowledge intersex bodies as valid). Relate this content to sexuality and relationships, and make the distinction between gender identity, gender expression, sexual orientation, and attraction.
- Talk about the connections between heteronormativity and gender identity, and the ways that gender is heteronormatively assumed to correspond with attraction (e.g., sexual orientation or gender as essentialized, romantic attraction as defined by gender attraction). Challenge the conflation of sex, gender, and sexuality, and

stereotypical expectations about how they "naturally" align: male → masculine boy → attracted to feminine girls; female → feminine girl → attracted to masculine boys.

- Counter notions of "gender roles" within relationships, especially identifying harmful/limiting depictions and their complicity in reproducing heteronormative relationships. For example, even in saying "men should do the laundry sometimes" is problematic because it places primary responsibility with women; countering this notion, it may be useful to talk about how responsibility for maintaining households/relationships and sharing this work requires communication about the labour involved in planning/managing the flow of a household, and this is part of healthy communication and responsibility in relationships. Counter depictions of sexual shaming and fixed roles (e.g., the "passive" female partner who acts as the gatekeeper of sexual intercourse; even colloquial language like "scoring" suggests sex is "competitive" in nature and reinforces notions that men are the active players and women are the responsive ones that try to prevent sex).

- *Expand sex education curriculum content to include healthy bodies, relationships, consent, and sexuality for 2SLGBTQ+ people and cisgender heterosexual people*.
  - *Include accurate content for 2SLGBTQ+ identities and health*, especially relating to sexual health (e.g., sexual health practices for gays, lesbians, bisexuals), and content that specifically relates to trans, intersex, and nonbinary bodies.
  - Avoid dividing classroom during sex education, especially divisions along gender binary lines ("girls will go with Ms. X and boys will go with Mr. Z"), which reinforces notions that gender is binary, that sexuality is shameful, that boys and girls must be separated and can only know/talk about certain aspects of gender/sexuality appropriately. Ensure that there is accurate information about sexual orientation and gender identity within these conversations, including content on queer/trans identities and experiences. (Remember: not all 2SLGBTQ+ people are necessarily out or open about their identities, and including 2SLGBTQ+ content for everyone ensures everyone hears how to have respectful conversations about sexual and gender diversity and has accurate information.)
  - *Affirm "questioning" as a valid and needed aspect of sexual and gender identity formation* (e.g., questioning should not be treated as uncertainty or considered as needing an immediate answer; people think of questioning as "a phase" but it doesn't have to be nor does it have to happen during a specific age range).
  - *Affirm the validity of relationships that do not conform to heteronormative or colonial notions of "successful" relationships* (e.g., normative ideals of marriage and children as being the most successful type of relationship devalue other kinds; poly relationships, asexual partnerships, transitioning partners are real and these are valid experiences that may be joyful and challenging). Challenge binary conceptions of heterosexual/straight and homosexual/2SLGBTQ+, and affirm the idea of fluidity for people's experiences and identities. Challenge narratives of conformity (to heteronormative ideals/archetypes) for 2SLGBTQ+ people (e.g., Elia & Eliason, 2010, argue that "abstinence-only-until-marriage" sex ed is exclusionary/reinforces

heteronormativity; Jennings, 2015, argues for the need to recognize the transgressive nature of queer identities, especially alongside "assimilationist" objectives in equity discourses).

- *Avoid overt displays of shame, embarrassment, or discomfort in talking about sexuality*. This may require practice or an exercise involving self-reflection for teacher candidates to better understand their own views and perceptions of sex and bodies, especially in considering their own understandings or apprehensions about what talking about sex involves and about 2SLGBTQ+ identities. Provide counternarratives to shame and talk openly about shame in relation to sexuality (e.g., Why do we feel shame or embarrassment? How do we speak about sexuality and sex because of it? How does privacy differ from shame?). Provide avenues to address questions/topics that allow students privacy. Talk about how trust, privacy, and intimacy are connected.
- *Queer sex education's scope by discussing sexuality alongside relationship health*. For example, rather than focusing on delivering sex ed content that takes a medical/scientific or mechanical approach, encourage teacher candidates to think about partners not just sexually but relationally (e.g., What do they want in a partner? What qualities do they like? What boundaries do they have—physically, sexually, emotionally?). Ask them to think about what "changing their mind" in a relationship looks like (i.e., have students think through how relationships can be affirming of allowing partners to change and grow). Challenge conceptions and biases about what a successful relationship looks like: does it last for the rest of your life? Can a relationship that lasts 2 or 3 years be successful, even if it ends? What do you need at the end of a relationship, and what can you do if you don't receive that from a partner? What does a successful relationship look like? Undertake conversations about what healthy, loving relationships look like, even in "unconventional" arrangements. This includes challenging basic assumptions about who partners could or should be, content about safe sex practices (which can differ depending on partners), and questioning conformity in talking about relationship ideals (e.g., marriage should not be the presumed measure of a successful/healthy relationship). Include conversations about consent in relationships and in regards to sex.
- Include conversations about intimate partner violence (IPV) and what unhealthy or harmful behaviours in relationships look like. Include discussions of IPV and emotional abuse, and make it clear that 2SLGBTQ+ youth can be vulnerable to IPV, especially newly out 2SLGBTQ+ youth (e.g., newly out youth may be scared they won't find anyone else if they break up with the abuser or may be involved with someone who is conflicted about being 2SLGBTQ+ or being in a 2SLGBTQ+ relationship). Sexual violence is not merely an "issue" for victims or survivors; conversations about it should seek to confront perpetrators, those who may have complicated experiences with it, and raise questions about problematic understandings of sex/relationships, and so on. Address inappropriate discourses

that reinforce notions that victims of sexual or relational violence "asked for it" by dressing or behaving in certain ways.

  - Include content for early years students that uses inclusive language and materials (e.g., readings, films), removes stigma, challenges cisnormativity and heteronormativity, normalizes conversations about bodies and sexuality/gender (especially answering questions and having conversations without embarrassment), and models how to talk about sexuality, relationships, bodies, and identities (Duke & McCarthy, 2009).
  - *Include content that addresses virtual spaces*, such as online dating, app use, and sharing explicit material. This is particularly important as online dating and social media are an increasingly large part of dating/relationships.

- *Queering approaches to health and sex education*. It is extremely important to include content within health curriculum that makes 2SLGBTQ+ identities and experiences visible, and that provides accurate and useful information for 2SLGBTQ+ experiences—but *queering approaches can go beyond inclusion to develop larger conversations about social understandings of health and wellbeing that include gender normativity, heteronormativity, and how health is understood*. For example, challenge singularly defined notions of health that rely on medical/scientific conceptions of fitness/body size or that emphasize individualised health content like nutrition or diet (Gard, 2002; Sykes, 2011a); expand conversations to address larger concepts of health and wellness, such as social determinants of health or how health can be understood more holistically as involving mental and emotional wellbeing. Centre Indigenous knowledges about health, gender, and sexuality, especially in presenting Indigenous understandings of gender and sexual orientation, Two-Spirit people, and understandings of holistic health.
  - *Expand conversations about gender and sexuality that address everyone's right to determine their own gender and sexual identities without interference from anyone else—and to have those identities treated respectfully* (Taylor, 2014). This includes specific issues related to trans and intersex people's rights to decide whether to pursue surgery and/or hormone therapy; 2SLGBTQ+ people's right to affirming counselling at school (and not be subjected to unsupportive or dismissive counselling or advice) and to receive education that is relevant to their experiences and inclusive of accurate and relevant information; and conversations that are inclusive of those who are misunderstood or most marginalized among sexual and gender–diverse people (e.g., asexual, aromantic, bisexual, pansexual, demisexual identities).
  - *Centre Indigenous understandings of gender and sexuality, including Two-Spirit identities, Indigenous LGBTQ+ people, and Indigenous understandings of relationships that challenge dominant colonial heteronormative conceptualizations.* Recognizing the detrimental impacts and cultural disruption perpetrated by colonization, and its destructive impacts on Indigenous 2SLGBTQ+ people and women, is not enough; amplifying the voices of 2S and Indigenous LGBTQ+ people who talk about sexuality and gender is critical in health education (e.g., see Kim

TallBear on nonmonogamy, polyamory, and settler heteronormativity, http://www.criticalpolyamorist.com; see also TallBear & Willey, 2018; Tallbear, 2019; Alex Wilson, 2015, on body sovereignty and gender self-determination). For example, Native Youth Sexual Health Network (http://www.nativeyouthsexualhealth.com/) is “an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice throughout the United States and Canada,” including work to counter homophobia/transphobia and engage in education and outreach efforts with Two-Spirit and Indigenous LGBTQ+ youth. (Note: If you are not Indigenous or 2S, you may want to invite guest speakers or identify online lectures to help deliver this content.)

- *Expand conversations about gender to challenge binary conceptions and include intersex, trans, and nonbinary bodies throughout health curriculum*. Binary conceptions of gender pervade health curriculum—from content that focusing on male and female bodies to classroom strategies to address content such as dividing the class by binary gender to discuss sexuality. It is necessary to challenge these binaries in talking about health and wellness, particularly where mental well-being is involved. Avoid language and conceptualizations of gender that reinforce binary notions of gender or that privilege cisgender bodies. Avoid language that inadvertently invalidates non-conforming or transgender identities or gender expression. Include content about intersex, trans, and non-binary identities and bodies regularly within and throughout health curriculum.

Teaching Activities

- *Audit the existing health and sex ed curriculum for 2SLGBTQ+ inclusion*. Have students review provincial/territorial health and sexual health education curriculum to find where 2SLGBTQ+ content is included and where it is missing. Have students develop content to supplement the curriculum with 2SLGBTQ+-expansive material that supports identity development, relational and social health, and sexual health education for queer and trans people. For example:
    - Have teacher candidates consider age-appropriate 2SLGBTQ+ content throughout the sexual health education curriculum (including thinking about how age appropriateness is often used to exclude 2SLGBTQ+ content/identities, and how to pre-emptively respond to objections or resistance).
    - Include conversations about 2SLGBTQ+ identities. For instance, talking about the difference between asexuality, bisexuality, and pansexuality might offer teacher candidates insight into how these differences may affect students’ experiences in school; discussing non-binary gender identities can be helpful in prompting students to question their own assumptions about gender binaries. Have students offer definitions of terms that may feel familiar, such as “heterosexual,” but may not be as straightforward as presumed (e.g., definitions that rely on language describing attraction to the “opposite” sex presume there are only two genders and that the gender binary is accurate; definitions may

harbour vestiges of transphobia; trans people may also identify as heterosexual). Discuss binaristic thinking about heterosexuality and homosexuality—and assumptions about monosexuality as being intelligible, which also may harbour conventional assumptions about relational propriety that excludes attraction to multiple genders—that contributes to the erasure and stigmatization of bisexuality and pansexuality.

  - Have teacher candidates practice talking about sex and 2SLGBTQ+ topics to destigmatize it, give them practice in doing so, and work through any misgivings, misconceptions, shame, or embarrassment in talking about them.

- *2SLGBTQ+ sexual health education resource hunting*. Challenge teacher candidates to go and find resources for 2SLGBTQ+ sexual health education. As one of the locations where 2SLGBTQ+ was traditionally assumed to appear, there have been substantial resources developed in this area that are available. Challenge students to find and critique these resources and develop a virtual library for them, including those that address intersectional identities and experiences (e.g., Native Youth Sexual Health Network includes Two-Spirit content; Our Whole Lives: Lifespan Sexuality Development was developed by the Unitarian Universalist Association).
- *Self-reflection on personal attitudes toward sex, relationships, and 2SLGBTQ+ people*. Self-reflection can be a very useful experience in providing teacher candidates an opportunity to reflect on their own social positionality, especially when it comes to gender, sexuality, racialized identities, ableism, and class, where privilege is too often assumed or tacitly endorsed; privilege is often "invisible" or un-recognized until it is looked for and discussed. This can be particularly useful in thinking about sexual health education and aspects of health that are bound up with social determinants of health. Prompting teacher candidates to critically reflect on their own attitudes, misconceptions, biases, or questions regarding 2SLGBTQ+ identities, binary conceptions of gender, compulsory heterosexuality, sexual mores and beliefs, and apprehensions about 2SLGBTQ+ content provides an opportunity to address personal attitudes before they enter the classroom.

More ideas/resources for Sexual Health Education

Sex Education Information Council of Canada – Promising Practices Portal
https://sieccan.org/promising-practices-portal

Canadian Guidelines for Sexual Health Education
http://sieccan.org/sexual-health-education

Native Youth Sexual Health Network
https://www.nativeyouthsexualhealth.com/what-we-believe-in

Questions & Answers: Sexual Health Education in Schools and Other Settings
http://sieccan.org/sexual-health-education

Teaching Sexual Health
https://teachingsexualhealth.ca

Sex & U
https://www.sexandu.ca

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