



OPINIONS

# A Not-So-Healthy “Health” Education

Reading Time: 3 minutes

Issue 16, Volume 109

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Juniors at Stuyvesant High School learn about the significance of the Stonewall Riots in their U.S. History classes—this series of spontaneous, violent demonstrations called for the end of discrimination against the LGBTQIA+ community. They’re encouraged to accept and celebrate the diversity of sexual orientations. However, that inclusivity doesn’t seem to apply when these same juniors learn about sexual education in their health classes.

The word “sex” has always implicitly referred to heterosexual sex in our health classrooms. The sex education unit is limited to a study of male and female anatomy, the different methods of contraception, sexually transmitted infections, and pregnancy. There is no mention of the larger LGBTQIA+ community, which is often at a higher risk for STIs than their heterosexual counterparts. Throughout this whole semester, I have never heard my health teacher even mention alternative forms of sex, let alone discuss safer sex practices for the LGBTQIA+ community. This lack of recognition from teachers and the curriculum dismisses the experiences of queer teens while fostering a classroom environment that is inherently discriminatory.

Stuyvesant’s health classes send out a clear message that invalidates non-heterosexual sex. Stigmatization of LGBTQIA+ people and homophobia are further reinforced in the classes when health teachers refuse to expand their lessons beyond male-female relationships and heterosexual intercourse. An article published in these pages earlier this year detailed the struggles of LGBTQ+ students at Stuyvesant—getting a comprehensive, inclusive, and affirming sex education shouldn’t be one of them.

Unfortunately, Stuyvesant is not alone: in the 2015 Millennials, Sexuality, and Reproductive Health Survey, only 12 percent of millennials interviewed said their sex education classes covered same-sex relationships. Only California, Iowa, Colorado, and Washington D.C. have state laws or regulatory guidance requiring LGBTQ-inclusive sex education as of 2015. Programs without such regulation stigmatize the LGBTQIA+ community and actively create a hostile environment where students do not feel safe. A health education classroom, where students are expected to learn to improve their physical, mental, and social health, should not be fostering this type of exclusionary environment.

Creating LGBTQIA+-inclusive health classrooms is not difficult at all. There are simple changes that Stuyvesant’s health department and its teachers could implement into the current curriculum to initiate change. At the very least, medically appropriate information for all students about sexual orientation and gender identity should be provided. Teachers should be required to include discussions of LGBTQIA+ individuals and same-sex couples when teaching about relationships, sexual behavior, and sexual health. Prevention messages related to contraception and birth control use should not be taught exclusively in terms of the male and female anatomy, nor should they imply that only heterosexual or cis-gender individuals need to be concerned about unintended pregnancy and STIs. In fact, a study of New York City high school students suggests that LGBTQIA+ youth are more likely to get pregnant than their heterosexual counterparts because they become sexually active at an earlier age and engage in both heterosexual intercourse and other forms of sex with multiple partners. The fact that non-heterosexual youths can face pregnancy needs to be addressed in our health classes. And for the love of God, the word “sex” can no longer be code for heterosexual sex. Both the definition of and the discussion around sex need to expand beyond pregnancy and heterosexual relationships. Health teachers have to acknowledge that sex is more expansive than heterosexual intercourse.

Implementing an LGBTQIA+-inclusive sexual education curriculum in Stuyvesant would benefit all students, not just those who identify as a part of that community. A “comprehensive sex education [that] provides factual, non-stigmatizing information on sexual orientation and gender identity as a part of human development [would teach students] to respect [their] LGBTQ [peers],” according to the Human Rights Campaign. Having affirming, non-shameful conversations about sexual identity and orientation in the classroom would be a big step toward reducing the stigma of coming out as LGBTQ or the shame surrounding same-sex experimentation.

Students who do not identify as a part of the LGBTQIA+ community would also directly benefit from a more LGBTQIA+ inclusive sex education because heterosexual individuals can (and often do) engage in forms of non-heterosexual intercourse. Because alternative forms of sex are never discussed in health class, students engage in this kind of behavior without proper protection or understanding of the associated risks. A more expansive sex education curriculum addresses this issue by teaching students about the different forms of sex, explaining the risk for STIs and how they are transmitted with respect to the various forms of sex, and discussing contraception use beyond heterosexual sex.

In my three years at Stuyvesant, I’ve frequently heard homophobic remarks and slurs in the halls. The attitudes of many students prove that homophobia continues to exist in this school. But there is no reason for it to be legitimized in the health curriculum and practiced in classrooms. Continuing to ignore LGBTQIA+ students and their concerns in health classrooms can have detrimental effects on an individual’s self-esteem and mental health while strengthening the heteronormative attitude already present in this school. Opening up the discussion of sexual education in health classrooms certainly will not undo this damage, but it may be a step toward creating a more inclusive and accepting Stuyvesant.



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