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Misrepresentation, Mixed Messaging, and Missed Opportunities: A Critical Queer
Ethnography of High School Sex Education Curriculum and Policy

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Education

by

Jenny Lee Sperling

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June 2021

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June 2021

Misrepresentation, Mixed Messaging, and Missed Opportunities: A Critical Queer
Ethnography of High School Sex Education Curriculum and Policy

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by

Jenny Lee Sperling

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Rethinking Sex Ed with Jenny Sperling Interview on Schooled Radio. KCSB 91.9	2021
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- <https://schooledradio.com/2021/02/09/rethinking-sex-ed-with-jenny-sperling/>
- <https://www.audible.com/pd/Talking-with-Jenny-Sperling-about-um-Sex-Podcast/B08W8W1752>

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ABSTRACT

Misrepresentation, Mixed Messaging, and Missed Opportunities: A Critical Queer

Ethnography of High School Sex Education Curriculum and Policy

by

Jenny Lee Sperling

Literature on school-based sexual health education in the United States generally finds that curricula reproduce heteronormative, racialized, gendered, and heterosexist inequalities that exclude sexual and gender diverse identities, experiences, and bodies (Bay-Cheng, 2003; Connell & Elliott, 2009; Elia & Eliason, 2010; Kendall, 2013). However, there have been few attempts to explore alternative approaches that challenge the contemporary dichotomy between abstinence-only and comprehensive sex education. Drawing on Foucauldian discourses of education and queer theory, this critical queer ethnography follows the course of a comprehensive sex education class in a California public high school to investigate the impact of state legislation and policies on students. It draws on participant observations, curriculum and instruction, interviews with students, and interviews with their teacher to contextualize the gap between influential and allegedly progressive legislation such as the California Healthy Youth Act (CHYA) and the way those policies are executed in the classroom.

Findings illuminate the limitations of contemporary sexual health education and unveil how an approach falsely described as “comprehensive” does not provide opportunities for truly inclusive experiences. This work suggests a deeper, more critical examination of

existing institutionalized ideologies, directed by an intentional commitment to building relationships and community collaboration that approach all youth in humanizing, affirming, and non-discriminatory ways. Further and most importantly, findings make visible the detailed account of youth voices in the space of sexual health education, highlighting their agency, genuine curiosity, and critical awareness of complex issues. The implications of these findings demonstrate the need for community-based solutions to sexual health education that are youth-led and youth-run.

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CHAPTER ONE

Introduction

After the nurse's assistant showed us to the room and asked JL a series of questions about him, his family's health background, and the reason for the visit to the clinic, the nurse's assistant went to get the doctor. I asked JL again if he wanted me to stay in there with him or to let him be there on his own. Unlike the first time, JL said that he now felt more comfortable and that he preferred that I let him be on his own. I got up from the chair and hugged him, told him I'd wait outside, and to text me when he was ready. JL began talking with the doctor when I left.

It was empty and quiet in the room I was sitting in, the "recovery room" as marked by a turquoise sign. I was glad the nurse's assistant let me wait nearby the room where JL was talking to the doctor. The large, brown leather recliner I was sitting in was so cold beneath my thighs and I could barely rest my feet on the ground. I remember trying to distract myself and keep from checking my phone for texts by reaching my big toe down to feel the cold linoleum floor. There were about five of the same chairs in a semi-circle, all facing inward. JL and I were the first appointment after the doctor returned from lunch break, so I assumed nobody would be in the recovery room with me, but I still wondered what it would be like if there were other people here. I took out my cell phone again and opened a blank notes page to journal my feelings. Or maybe I took it out to document what was going on, like a fieldnotes journal entry as a trained researcher engaging in critical ethnography for a dissertation. Maybe it was both. After I finished writing on the notes page application on my

Android, I emailed it to myself so I would remember this moment later. I don't know why I didn't trust my own memory and heart to do that work for me, but again maybe it was the ethnography training. As seen in Figure 1, the emailed notes read:

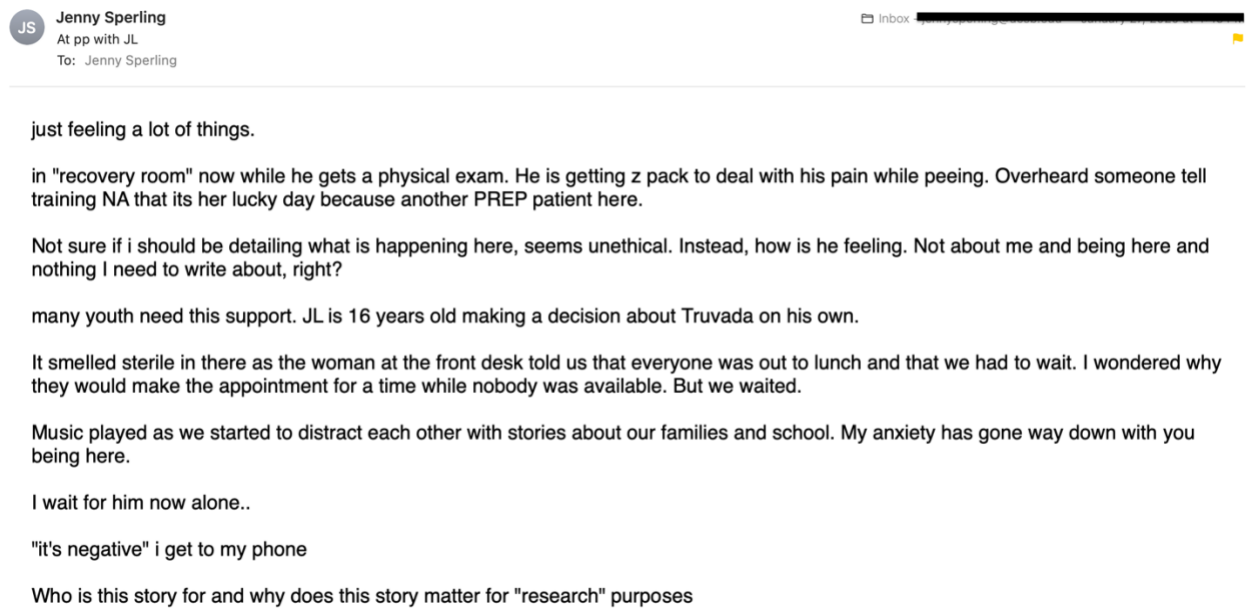


Figure 1. My emailed thoughts sent from my mobile phone while at the clinic.

I met JL during one of the class periods at the high school where this dissertation's research is centered around. We shared a table in the back of the room and would often work together on classroom activities. During the semester, JL and I became friends, checking in everyday about our mornings before class and talking about any plans we had for the rest of the current day or the upcoming weekend. I learned about JL and his siblings at home and that he couldn't stand sharing close quarters and helping them with their homework: a responsibility he said was expected as the oldest brother in a Latinx family. He shared funny Snapchat videos with me of his friends, laughing loudly as he would offer to split his free

daily snack with me that he had just picked up from the school passing period cart before arriving to class (part of the district's free-lunch/snack program). It usually was an entire half of his bagel, a breakfast burrito, or a peanut butter and jelly sandwich. Whenever I said, "No, thank you," he would laugh and tell me that I wasn't missing out on anything special. JL would ask me questions about graduate school and about my experiences once being in college at the local university he is thinking of attending. One day prior to the start of the sex education unit, JL received a text message while taking an exam, stormed out of the room, and did not return until the end of the period to pick up his backpack. He asked to talk to me outside. One thing he said to me was that he needed to make an appointment to get tested for HIV as soon as possible and that he would need a ride to get there. After school the following day, we drove to the clinic together.

Rereading the email, I'm reminded of the way JL looked over at me in the waiting room as we waited for the doctors to return from their lunch hour and said, "My anxiety has gone way down with you being here." The questions I asked myself at the bottom of the email are the defining reasons and purpose of this dissertation. They asked: Who is this story for and why does it matter? I now know the answer to these questions. This story is for all youth who are seeking guidance, support, and information as it pertains to all sexual health and sex education topics. Although just one student in a sea of many, JL is not the only high school student having sex. JL is not the only student making decisions related to sexual experiences, the body, and the future. In fact, like the many high school students whose perspectives are included in the following chapters, students are having all kinds of sex, and

many are getting tested for STIs and HIV. This work is here to tell educators, policymakers, youth workers, and parents/guardians that high school students deserve sexual health information, support, and care. Sex education in schools has had the opportunity to do that work in meaningful ways, however as I argue throughout this dissertation, it systematically fails to meet students' needs.

In the following pages I outline reasons for school-based sex education's shortcomings, highlighting how together the United States public education system and supporting state and federal governing bodies reproduce and reinforce inequalities that subordinate students in schools, particularly minoritized youth. This dissertation tells the story of one California public high school health science semester and its two-week portion dedicated to comprehensive sex education. Although providing a localized and detailed account of a particular school, this dissertation highlights how this high school does not exist in isolation; it is situated and geospatially located within a school district marked by a highly charged sociopolitical climate of school-based sex education activism. Furthermore, this district is informed by a particular California context—a state popularized for its liberal and progressively leaning people, institutionalized ideologies, and state-mandated legislation that has a reputation of being markedly different than the rest of the United States. Most important and relevant to this dissertation's analysis is California Assembly Bill No.329, titled the California Healthy Youth Act (CHYA). In effect since January 2016, CHYA mandates comprehensive sex education and HIV prevention education for California's publicly funded schools. It is a legislative decision to ensure that students gain “the

knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation” (A.B. 329, 2015).

Students are required to receive comprehensive sex education and HIV prevention education at least once in junior high and at least once in high school, in age-appropriate, medically accurate, and objective ways. As is later discussed in greater depth throughout the following chapters, little research has critically examined its content, its implementation, and its impact in K-12 schools since it took effect six years ago. This ethnographic research explores such missing scholarship from inside the classroom space, focusing on how the CHYA changes in law are implemented in practice and how they are experienced by youth: this work is the first of its kind.

Researching Sex Education Queerly: An Interdisciplinary Approach

This dissertation’s investment in youth and their experiences in public schools is epistemologically, theoretically, and methodologically informed by the fields of intersectional feminist, queer, trans, and critical sexuality studies. This research theorizes with queer intentions, adopting queer thinking and a queer methodological frame to understanding youth experience and United States schooling; the work questions what is normative and what constitutes standardized processes in school for youth. Researching queerly allows the research to consider understandings of gender, sex, sexuality, and bodies as being open, as having multiple modes of identity, or as being infinite (Fryer, 2012). In queering, binary oppositions of gender and sexuality are broken, allowing for new knowledge to be “mapped” (Britzman, 1995) and intersectional and critical analyses that understand not

simply being queer, but doing queer (Cohen, 1997). This requires unlearning and troubling the harmful ways categorizations are exclusionary (DePalma, 2013). Researching queerly, or the process of queering, actively repositions and provides a space for acknowledging a range of ideas and identities, while also interrogating boundaries and manifestations that have yet to be named, explored, or understood. In addition to queer theorizing, this interdisciplinary approach draws on trans and intersex studies' explorations of bodily-being, corporeality, and embodiment. Considerations and questions regarding how and what bodies are, for what and to whom they are defined by, and the actions and languages employed to do the work of their inscription and existence are all central to this project's understandings of sex education and the ways youth are taught to understand their bodies and the bodies of those in the world around them (Morland, 2009; Stryker, 2017; Sullivan, 2009:). However, to begin conceptualizing, or theorizing a queering in educational studies and classroom contexts as it pertains to sex education, the relationships and histories of different movements and struggles for equality by minoritized people must be understood because "to chart a different course for our movements, we need to understand the road we've traveled" (Bassichis, Lee, & Spade, 2011, p. 19).

In the next sections, I outline the way this dissertation is theorized. I put educational scholarship and school-based sex education in conversation with feminist, queer, trans, and critical sexuality studies, starting first with framing American schooling. The United States public education system and K-12 schools are failing youth in schools. Minoritized populations, specifically Black, Latinx, LGBTQ+, Indigenous, and multilingual speaking

youth are assimilated, criminalized, punished, and inhumanely treated (DaCosta, 2006;

Meiners, 2007; Menken, 2008; Morris, 2016; Nocella II & Socha, 2014; Wun, 2018).

Historicized and deep-seated assumptions, traditionalized schooling practices,

institutionalized educational policies, and unjust disciplinary consequences construct hostile

spaces that reproduce inequalities and threaten students' learning and personhood.

Minoritized student populations' everyday experiences in schools are restricted and bounded

by the oppressive and institutionalized racism, sexism, heterosexism, transphobia, and

ableism they face daily. Schools are presumed to be spaces of equity for all students, yet they

instead become politicized spaces that are constituted as an ecosystem of social control,

hierarchal and hegemonic power, and complex forms of violence as summarized in Figure 2.

As a subject taught within the oppressive public school system, school-based sex education is implicated in this harmful process.

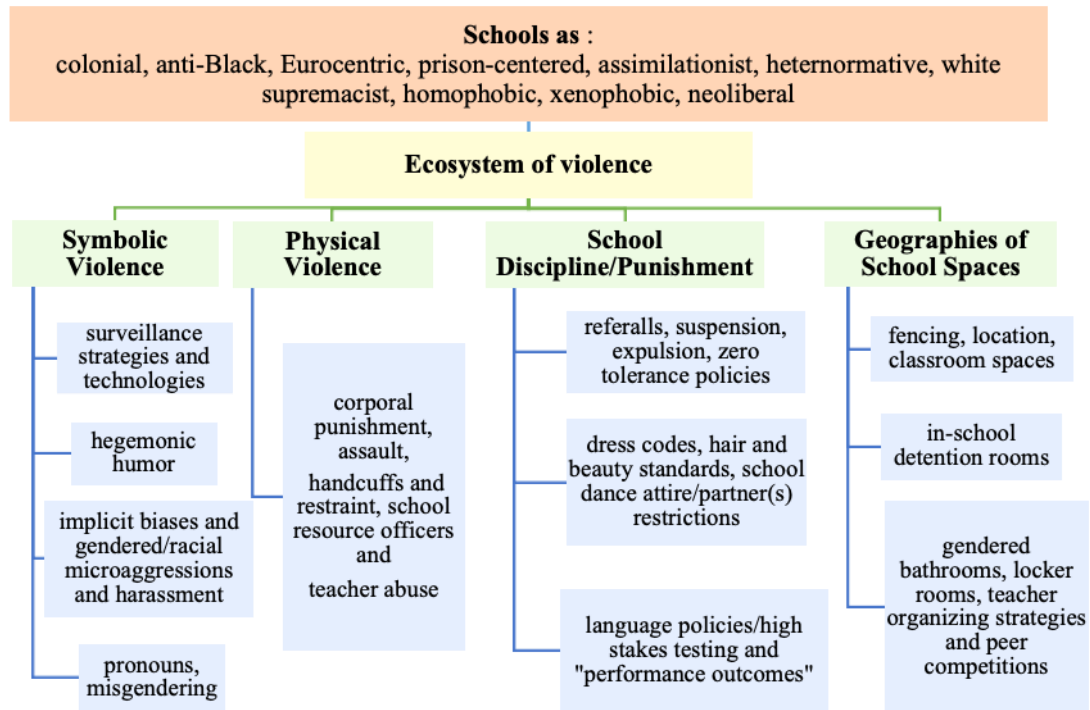


Figure 2. Epistemological and theoretical model of schools as an ecosystem of violence.

Although each chapter is guided by its own theoretical explanations and analyses, schools are still positioned from the same Foucauldian frame. This dissertation draws on Foucault's (1977) model of disciplinary power and theorization of schools as institutions whose purpose is productivity, efficiency, and normativity attainable only through disciplinary, control, and manipulation, or "technologies of power" (Foucault, 1988, p.18). According to Foucault, "technology" is defined as exercised power through nonviolent coercion, control, and social organization that involves "the government of individuals, the government of the souls, the government of the self by the self, the government of families, the government of children, and so on" (1984, p. 256). Illustrated throughout the chapters,

this complex web of power and disciplinary control in school is exposed in sex education. Sex education functions as a structuring force whereby curriculum and instruction act as “technologies of power” (Foucault, 1988, p.18) that regulate and control in varying forms within the classroom space. Within the chapters, technologies of power that are both human and nonhuman, physically, mentally, and ideologically discipline bodies and experiences from inside the sex education classroom.

Situating the Current Context: Sex Education in Schools

Two opposing approaches dichotomize the charged terrain of school-based sex education efforts, legislation, and implementation: abstinence-only-until-marriage education and comprehensive sex education. Driven mainly by personal opinions steeped in religious morals and values, some parents and community members want control of sex education curriculum and push their local districts to reform. Instructional materials that include textbook images and chosen literature (i.e., picture books or class handouts) cause greatest concern for those that believe current manifestations of sex education are indoctrinating youth in schools with a liberal and sexually explicit agenda. Photos that illustrate LGBTQ relationships, content that makes mention of sex other than penis and vagina intercourse, discussions that celebrate diverse gender identities, and role play practice with affirmative sexual consent are just a few examples of the highly debated topics among parents and community groups nationwide. Although the more popularized debate within communities attends to the either-or approach to sex education (abstinence or comprehensive), researchers recognize that this binary model lacks the criticality necessary to investigate sex education in

more meaningful ways (Lesko, 2010). Youth sexuality studies and sex education scholars suggests that more meaningful ways include the centering of youth, particularly minoritized youth, drawing on their opinions and perspectives regarding sex and sexual experience (James, 2011; Kendall, 2013). Instead of “adultist-frameworks” (Fields, 2008) that position adults as experts of teenage sexuality and that instill fear, risk, and shaming around youths’ sexual practices or sexual desires, youth are seen as experts of their own lives and their own decisions. It is with this framing of youth sexuality and youth sexual agency that this work builds from, celebrating youth’s sexual subjectivities (Barcelos, 2020; García 2012; Tolman, 2012) and the role sexual health education plays in their journey.

This Study: Oceanview and Hillside High School

Historically inhabited by Indigenous people and later home to many Black and Latinx residents, Oceanview’s history is marked by realities of settler-colonialism, housing inequalities, and gentrification. However, these neoliberal and racialized histories are camouflaged by Oceanview’s esteemed recognition of its appealing juxtaposition between the Pacific Ocean and parallel-running mountainous peaks. The coastline community is frequented by tourists and central and southern California locals interested in its appealing vistas and outdoor activities, in addition to the increasing number of students enrolled at higher education institutions located in town.

While the city is populated mostly by wealthy white families and an average median household income of around \$75,000, there is an estimated 13 percent of the population living below the poverty line. Many individuals and families are houseless, some of whom

share physical space with more than three families within one household. Oceanview is ethnoracially and geospatially organized, creating different community spaces and schooling opportunities for residents within each area. The neighborhoods are distinguishable according to their geographic orientation to the local downtown area: an approximately mile-long thoroughfare filled with restaurants and shops that takes foot traffic directly to a wharf over the ocean. Although there are many areas, this work focuses on two that are referred to as the Eastside and the Westside by Oceanview locals.

Located on the Eastside and walking distance from the centralized downtown Oceanview area is Hillside High School (hereafter referred to as Hillside). Extending over 40 acres of land, Hillside's history began in the late 19th century as the first public high school built in the community and is now one of five public high schools in the district. Throughout Oceanview, school colors are paraded on bumper stickers and license plate frames, marking the community's pride in the school's athletics and academics. There are many community members who are alumni and reside in Oceanview, some of whom have generational legacies and who even have current students or family members currently enrolled. In fact, many teachers and staff working at Hillside were once students who walked the same hallways and sat in the same classrooms. Hillside's histories are critical in contextualizing the everyday experiences of youth and schooling when I was attending, observing, and participating in the classroom.

Latinx students make up most of the Hillside's population at approximately 58 percent, compared to 37 percent white and less than 2 percent of each of the following

groups: African American, American Indian or Alaskan Native, Asian, Filipino, Pacific Islander, and two or more races (CDE 2018-2019 Enrollment by Ethnicity). In addition, around 50 percent of students are socioeconomically disadvantaged (i.e., students who are eligible for free or reduced-priced meals or have guardians who did not receive a high school diploma). In addition, many of the students in attendance at Hillside have relatives, sometimes even their own guardians, who had attended Hillside in previous years (some even currently working at the school in different capacities). This continued attendance, or legacy, of Latinx students and their families at Hillside High is something that unites the larger Eastside community of Oceanview.

Health Science Class at Hillside

Lasting a semester long and usually filled with freshmen students during their first year at Hillside, health science was a required course for graduation for all students. Although counselors suggest that the course be taken during students' first year at Hillside, some students do not end up taking this class until their junior or senior year, causing class enrollment to be a mixed-grade environment. At the time of this study's data collection, health science at Hillside was taught by Ms. D, a white woman in her early twenties who was entering her second year of teaching in her career and at Hillside. During her first year teaching the previous year, Ms. D and another teacher were both assigned health science periods, yet this time Ms. D was the only teacher left with four periods of health science. Ms. D considered herself an Oceanview local, growing up in a town only about an hour South

and with family who owned a popular local restaurant nearby that she occasionally helped run.

Ms. D's Four Teaching Periods

Over 2000 students enrolled at Hillside for the 2019-2020 academic year with over 100 students registered for Ms. D's health science classes. Four total periods with approximately 28-32 students per class led Ms. D to teach periods 1-4 of the regular 7 period school day. Starting with first period in the morning, Ms. D taught straight through to lunch time, a schedule that ran approximately four hours with minimal student passing period breaks. Across the four periods, the majority of students were first year, 14–15-year-old students, many of whom identified as Latinx. However, students across the four grade levels with other ages and ethnoracial identities were also represented.

Chosen as the final unit of the semester-long health science class, comprehensive sex education in Ms. D's class lasted two weeks and included a variety of topics and invited guest speakers from local community organizations. Considering guest speaker availability when organizing the sequence of topics, Ms. D explained that she started with male/female reproductive systems and then moved into other topics because they made the most sense to her and had worked well during her two previous semesters teaching sex education. Over the two-week unit, Ms. D's instruction included PowerPoint slideshows and accompanying handouts that depending on the material, which students completed individually or in pairs. Due to COVID-19, health science instruction moved online following the first semester and the curriculum became organized around Zoom calls and Google Slide decks.

This Study's Goals

Considering the ways in which school-based sexual education continues to be met with disdain and disagreement over what should or should not happen in schools, largely from those who do not see, hear, or live through the curriculum and learning themselves, this dissertation brings readers inside the high school sexual health classroom. This study looks at curricula at work during every day of sexual health and examines how teachers and guest speakers' materials and instruction frame sexual health topics and the youth they serve. I draw connections to compliance with statewide legislation, the California Healthy Youth Act, and consider the ways ideologies and opinions are communicated to students. I pay particular attention to student interactions, peer conversations, and the ways students are engaging with the materials. In addition, this study is particularly invested in hearing from students, and thus, I center students' perspectives, suggestions, and recommendations regarding the curricula and sexual health unit as whole. Although limited to one specific city, these findings inform other settings, inclusive of all sex education approaches.

A Critical Queer Ethnography: Methodology and Methods

Across the disciplines, ethnography is debated as researchers question the definition, validity, and merit of ethnography as a qualitative methodology. Since the late nineteenth century, ethnography has been historically associated with the field of sociology, which was characterized by its colonial practices and white-gaze surveillance projects whereby white males (e.g., Bronislaw Malinowski and Franz Boas) engaged in what they termed "fieldwork" and "participant-observation"; thus, ethnography has a powerfully violent

history of ethnocentrism, pathologization, and exoticization (Jacobs-Huey, 2002; Villenas, 2002). Informed by these racialized histories, some scholars prioritize and problematize researchers' decisions, positionalities, subjectivities, and ethics in engaging in ethnographic work and think through strategic ways to actively resist settler-colonial and white supremacist ideologies and the purposes of scholarly research (Abu-Lughod, 1990; Bucholtz, 2010; Mendoza-Denton, 2008; Shange, 2019; Zavella, 1987). It is with these scholars that this work hopes to follow.

As an educational research strategy, ethnography is invaluable for understanding educational issues as it allows for researchers to deeply investigate the complex and varied aspects of learning and teaching across contexts. Ethnography is much more than a long-term commitment and an understanding of its iterative process and unpredictability. Ethnography attends to the everyday small details within a specific context, while simultaneously recognizing the larger social structures and surroundings (Walford, 2008). This expanded understanding of attention-to-detail is an ethnographer's responsibility. As fieldwork and community events cause research questions to shift and allows a process of "emergent design" (Walford, 2008, p. 13) to unfold, an ethnographer must constantly question, review, and reflect on each decision, question, and reason involved in the research. Such consistent researcher reflexivity and critique of the assumptions and possible consequences of engaging in ethnography has led some scholars to adopt a critical orientation, renaming and distinguishing "critical ethnography" from what scholars consider a "conventional ethnography" (Carspecken, 1996; Groves, 2003; Madison, 2020; Thomas, 1993;). Thomas

(1993) reiterates the political purpose and added work of critical ethnographers to “speak *to* an audience *on behalf* of their subjects as a means of empowering them by giving them more authority to the subjects’ voice” (p. 4). Although Thomas (1993) later speaks to social repressions and the political power of ethnographic research that understands an insider’s culture with ultimate aims of transformation, I find this definition to reproduce and reinforce neoliberal and settler-colonialist narratives and ideologies that position ethnographers’ as heroic agents and other cultures or marginalized communities as less-than or victims (Baldrige, 2014; Bucholtz et. al., 2016). Instead, I highlight Groves’ (2003) definition of critical ethnography and the way in which she highlights researcher reflexivity and power relations: “critical ethnography problematizes comfortable ways of viewing the world by critiquing issues of power and illustrating how everyday lives are oppressed by the ills of the larger social structure” (p. 105). Groves suggests moving away from critical ethnography and renaming the research agenda as “postcritical ethnography” because it “...runs the risk of being narcissistic, conflating the voice of the people marginalized with the critics rhetoric of political empowerment” (p. 105). Although Groves’ attention to power issues and the possibility of misrepresentation between “researcher and researched” is pertinent to an ethical and humanizing methodology, I argue that within “critical ethnography” there are already layered meanings of reflexivity that exist and the renaming to “postcritical” superfluous.

Recognizing this common trend in scholarly work to problematize what “counts” as ethnography and the trepidation among social science and education researchers to describe

their work as some form or definition of ethnography over another, I position this work as a multi-sited critical queer ethnography study that is situated within a community with a particularly highly charged sociopolitical climate. According to Rooke (2009), “queer ethnography” is not only engaging with queer theory and queer lives but it “require(s) doing justice to the ways people live their sexual identities with complexity and questioning the conditions of knowledge production” (p. 157). Queer ethnography problematizes historicized and traditionalized orientations to ethnography across its methods and ethics, and this approach is seminal to this project’s goal of researching sex education queerly or queering sex education (DePalma, 2013; Fryer, 2012; Ringrose & Renold, 2014). Like other critical educational ethnographies that use qualitative research methodologies to understand daily practices, my goal with this study is to learn from youth about their experiences with sex education in school with hopes of creating possibilities for social change (Ferguson, 2000; Fields, 2008; Thorne, 1993).

Outside Ms. D’s Classroom and Into the Oceanview Community

The ethnographic orientation to this study and the value of exploration across contexts recognizes how curriculum and instruction is informed by life outside the Hillside High school space, spanning into the Oceanview community more broadly. In order to understand how California’s top-down educational policies aimed at sexual health education affect students’ everyday lives, I follow Kendall’s (2008) “policy-as-practice framework” that is based on Hart’s (2002) ethnographic multi-sited approach centering the “...interrelations between objects, events, places, and identities, and it is through clarifying

how these relations are produced and changed in practice that close study of a particular part can illuminate the whole” (as cited in Kendall, 2008, p. 16). Using this analytic framework paired with this study’s multi-sited ethnography, as Kendall (2008) suggests and employs, allows this work to uncover and understand the “constellation of forces” (Kendall, 2008 p. 17) that impact classrooms and students.

As a researcher dedicated to discovering the intricacies of interrelations, power, and connection that both Kendall (2008) and Hart (2002) suggest, my subject position as a white adult researcher plays an integral role within the constellation: relationships (both professionally and personally) to the Oceanview community greatly influence this project’s goals while working within the school district and with youth at Hillside. For more than ten years, Oceanview had been my home: as an undergraduate student, as a high school basketball coach, as a dual-enrollment instructor of record within an alternative school, as a graduate student, as an instructor of record at a dual-immersion Spanish and English elementary charter school, among others. Community engagement and active involvement with non-profit organizations, local events, and Oceanview school district board meetings were already part of my everyday as a scholar-activist passionate about my community, specifically K-12 education. Time spent with youth, families, and educators across learning spaces, both formally in schools and informally on the basketball courts or within after-school organizations prepared me for this study in impactful ways. Although an uncredentialed teacher according to institutionalized state requirements, I identify myself as a critical educator who is deeply informed by my involvement, time, and commitment to the

Oceanview community. I have learned that being a critical ethnographer carries with it a boundless responsibility to the people and places that contextualize “the constellation of forces” (Kendall, 2008 p. 17) required to do the work. I have learned that fostering deep relationships is not contingent on shared time, but instead about understanding knowledge forms and lived experiences outside what is familiar to me: where understanding and truth is only possible through a shared trust and commitment to the experience. In the following sections, I introduce the specific places and events that prepared me to do the work and outline how my continued care for community and education influenced the classroom experiences. In the final section, I specifically center the Oceanview Unified School District and my involvement as a queer white researcher within a highly charged sociopolitical climate.

Insights From a Nonprofit Community Youth Group

Oceanview offers a large number of non-profit organizations that cater specifically to youth development, and many students from the local schools participate after their school days. Some programs are more recreational, others also provide academic tutoring services, and some specialize in certain activities or learning areas, such as becoming a pilot. I learned from a colleague who knew about my research interests that a specific non-profit organization in downtown Oceanview worked with youth on developing social-emotional skills and learning about bodily autonomy, healthy future relationships, and sexual behaviors. In researching, I discovered that two groups were available, a boys’ group and a girls’ group, and I decided at the time to reach out to the organization to inquire about the girls’ group and

the possibility of involving myself in this space. After meeting the team and sharing my personal interests and graduate research, the organization invited me to join the 8-week programming, with a commitment to attend weekly two-hour sessions with the fifteen enrolled Oceanview high school girls of varying grade levels (some of whom were also students at Hillside). In addition, they requested I arrive 15 minutes early to discuss the curriculum for the day and remain 15 minutes after sessions for a staff debrief. Weekly sessions included topics such as self-awareness, family values around sex and relationships, conflict resolutions, sex positivity, pleasure, dating abuse, and healthy relationships. Staff and group facilitators shared that many of the themes were pulled from a workbook that the girls were given at the start of the program that provided a space to explore sexuality and sexual values in their own relationships. Over the weeks, girls reflected on their experiences, journaled, and asked questions to each other and the facilitators. By the end of the program, my role shifted from observing-participant to volunteer facilitator and I was invited to join for the following Spring group offering, with a new team of girls.

The Spring programming looked different because of its hybrid nature, moving to Zoom sessions online and distance learning after the first few weeks due to COVID-19. Although the first sessions did occur in person with topics centering body image/bodily autonomy, healthy relationship building, and creating a sexual bill of rights, the curriculum, once online, shifted to address the impact of COVID-19 and school from home for each of the girls. In earlier in-person sessions, girls created an anonymous question bag, and many online sessions were spent addressing these questions. In addition, discussions surrounding

relationships, friendships, unmet needs, and secret crushes were added. During these Spring sessions, I was fully immersed in the facilitation and helping to lead activities, which were assigned from its inception. Overall, my participation in both the Fall and Spring programming sessions greatly informs the Hillside context and the ways students are experiencing sex education outside of school-based curriculum, in addition to the ways I interact with youth in the school space. For example, sharing with the girls in these groups about my own experiences with sexual health, my queer sexuality, and my past relationships caused me to be reflexive and consider how I portray myself at Hillside. I learned from this space that being open and vulnerable with youth creates opportunities for relationship building that are built on trust. However, it is important to recognize that vulnerability and trust are not easy processes or experiences to navigate and are dependent on context and the people involved. For example, I found that the white girls in this group frequently shared their thoughts and concerns, leaving the participating girls of color and their experiences at the margins. I would ask myself why this was happening and realized that these spaces that although intentionally created for welcoming and inclusive participation for all involved, still became racialized spaces dominated by white girls (including myself). This finding is imperative to this research's larger findings and greatly informs my researcher subjectivity within the Hillside classroom.

Nonprofit Support of LGBTQ+ Youth and Their Families

As someone who identifies with, and as an ally to, the LGBTQ+ community, I was introduced by a local Oceanview community member and close personal mentor about an all-

volunteer, non-profit organization in town dedicated to support and solidarity for LGBTQ+ families. My mentor informed me that this group was dedicating upcoming monthly meetings to LGBTQ+ youth and sex education in Oceanview by hosting local youth and community organizational partners that might inform the purposes of this study. Following this recommendation, I attended meetings in September 2019, March 2020, and August 2020 and had the opportunity to hear from local experts: LGBTQ+ youth (all of whom were Oceanview high school students), a Hillside teacher, and community representatives from other organizations that work with and support LGBTQ+ youth inside and outside of schools. Together these sessions centered on LGBTQ+ youth experiences, informing parents, families, and allies in attendance about sex education in school, local resources in the community and online, and strategies to together unite in solidarity with Oceanview youth. In these spaces, I was introduced to the parenting and family networks and their specific role in sex education.

Local Health Practitioners and Community Advocates Together

With a research agenda informed by youth and community insight during this study, I was invited by one local community activist and a Hillside teacher to help support the development of a community-based approach to sexual health education – the underlying goal to inform the Oceanview community about local high school sexual health education, the state-level California Healthy Youth Act legislation, and available resources in the community and online. This coalition included local representatives from Oceanview’s Public Health Department, the Department of Behavioral Wellness, hospital staff, district

school board members, high school teachers, university faculty, nonprofit organization that centered LGBTQIIA+ youth and their families, and the public library. During public and free events, expert panelist and community members together discussed the importance for youth sexual health education and considered the ways community and caregivers can proactively take responsibility for talking about sex and sexuality with their loved ones. Participants were also introduced to a film screening where local teens talk about sex, gender, and sexuality – an example of curriculum used by some Oceanview high school teachers, including at Hillside.

Oceanview Community Feelings About Sex Education in Schools

Sex education is a polarized topic, bringing heated debate among local Oceanview community members. One concerned group of individuals who are described in the local community as “the white vocal minority” provide public commentary at monthly board meetings, publish in local papers, and attend city council meetings irrelevant to sexual health education to demand what they feel should be taught or included in schools (note: this group does not currently have students in the schools). Driven by what they consider the state-driven mandate’s lack of attention to family’s religious beliefs and the role of parents in teaching children, this group deliberates over what constitutes youth “appropriate” materials and curriculum for dissemination in Oceanview schools, although the curriculum is already state-approved and compliant with legislation. Many of the group members position themselves within the political right and believe current curricula is indoctrinating youth with a liberal and sexually explicit agenda. Debated topics among these groups include images of

condoms, explanations of diverse sexual orientations and gender identities, safe and exploratory sexual behaviors, or conversations around consent in romantic relationships. These politicized disagreements regarding sex education are not new, nor specific only to the Oceanview space, yet they inform the overall ethnographic research context and later analyses of this localized work.

Oceanview Unified School District and Sociopolitical Tension

After months of participating in community events, I became known within Oceanview Unified School District as the university researcher conducting research at Hillside. I was invited to attend a district-wide health science teacher professional development during the Summer before the 2019-2020 academic years and once again during the school year. These meetings reviewed the California Healthy Youth Act legislation and provided resources, materials, and training specific to sexual health education applicable to their classrooms; they also provided a communal space for all health teachers to ask questions to one another and learn from one another. In addition to district-held professional development, I observed and participated in school board meetings and public information nights for parents and community members. In these sessions, the district employee shared the California Healthy Youth Act information, introduced curriculum to the community, and answered any comments and questions from attendees. In response to heightened concerns and disdain from some local parents and community members regarding sex education in schools, these meetings provided an opportunity for district transparency. Within these spaces, I juggled my roles and responsibilities in complex ways which was challenging as I

balanced my researcher self as an ethnographer and as an invested queer community person. I already had a reputation of being a vocal ally for my community and dedicated to prioritizing youth and their needs, yet had to reconcile my professional relationships with the district, as they were ones who allowed for this research to happen in the first place. This tension is one of many while doing ethnography that I return to throughout this dissertation and as a scholar-activist in the academy and within the community.

A Queer Ethnographer's Subjectivity: Interrogating "Insiderness" While White

As a white cisgender queer woman doing research I acknowledge what I cannot see and interrogate the limits of my subject position, recognizing that my time in "the field" is co-constructed with all involved. Rooke (2009) writes, "the ethnographer's challenge is to grapple with the meaning of the story, to tell it with honesty and an ethical commitment to doing it justice" (152). Hearing Rooke (2009) and identifying with their tensions as they describe the challenges of adopting an ethnographic orientation as a white women who identifies within the LGBTQ community, I recognize the risk of an emergent neoliberal logic disguised as queer that makes visible a white, middle-class queerness that avoids queer youth of color and their experiences (Quinlivan, 2013; Chang, 2005). And yet, with all transparency and reflexivity, whiteness is hegemonic and pervasive (Bucholtz, 2010) and my white and queer subject position is a critical piece to this research and its findings. For example, in the following chapters I draw on student interviews and experiences in the classroom that are dominated by white students and therefore white voices. Although this was not my intention (my hope was to hear and learn from minoritized voices during

interviews and to draw on their experiences and insights during the research process) white students and white voices are most represented: eighteen of the twenty-nine students who chose to participate in interviews are white. Critical reflection on this finding, it is clear that whiteness still informs my queer subjectivity and afforded me and white youth at Hillside, privileges and power that ultimately are limitations to the work. In the chapters that follow and again in the conclusion, I present myself and my findings with honesty, naming the subversive ways my own whiteness (and cisnormative identity) and the whiteness of school-based sex education limit whose voices are represented in these findings, and what I am able to see, recognize, and understand. To do this work in meaningful, ethical, and humanizing ways (Paris & Winn, 2014), this study actively works to amplify and validate stories and lives with the privileges my whiteness affords.

Moving from the more institutionalized understanding of subjectivity as it pertains to research in the academy, I move to the everyday contexts and considerations as they pertain to my communication with high school youth at Hillside. Following Pascoe (2007) and Fields' (2008) mindfulness of researcher appearance and interactional style while doing ethnography with youth school spaces, I too considered my choice in attire and language use when observing and while engaging with youth every day and during interviews. I found myself dressing in black jeans, t-shirts, and zip-front hoodies most of the days and wearing a standard-style backpack that other students also wore. Many times, I was mistaken by students and staff as a high school student; however, once they caught sight of the lanyard and photo identification hanging around my neck, it became clear that this was not the case.

My experiences as a youth worker and high school basketball coach outside of Hillside were critical to these communicative strategies and to this study. I knew that balancing youth slang and popular culture with questions and considerations during interviews that distanced myself from the student frame, made for meaningful exchanges and honest conversations. Youth knew from the beginning of the school year why I was there in the first place as a researcher and how I wanted to learn about sexual health education. My transparency paired with the different lenses (as queer, as a researcher, as a youth worker, as a woman) through which I approached Hillside youth were invaluable and helped inform the complexities and richness of the data.

Overview of Dissertation Chapters

The critical queer ethnographic approach to this study centered the everyday interactions of students and their teacher as they experienced curriculum and pedagogy during the comprehensive sex education unit. Invited into this space and welcomed into the learning community, I was able to gain insight every day as I was immersed in material while interacting with students, functioning as an “observing participant” (Cox, 2015). Through classroom participant observations, individual and group interviews with students, debriefs and interviews with their teacher, and curricular analysis of included materials, this work understands the ways comprehensive sex education is experienced within the high school classroom. This dissertation is about students and their experiences with the curriculum which is invaluable for an increased understanding of sex education in real time, on youth terms.

The chapters in this dissertation invite readers inside a public high school classroom to explore and experience the everyday practices and procedures of comprehensive sex education. Each of the chapters illuminate a specific two-week sex education portion of the semester, where attention is particularly focused on classroom curriculum, content delivery, and student engagement with materials.¹ The chapters are organized in a purposeful order; they follow the same linear progression as topics were experienced by students in real time in the class. For example, Chapter 2 speaks to the section of sex education dedicated to anatomy and reproductive systems, which was one of the first topics addressed for students during the unit. Chapter 3 is an analysis of a guest speaker workshop which occurred after anatomy and reproductive organs. Lastly, Chapter 4 ends with a synthesis of students' recommendations after the sex education unit finished and the semester ended. In this way, the organization of chapters models the organization of student experience with curriculum.

Chapter 2 is an exploration of curriculum and instruction from the first topic of the sex education unit, titled by Ms. D as the “male/female reproductive systems” topic. Analysis of materials, including handouts and PowerPoint slides, examine the ways student engage with the assigned exercises as they learn about anatomy. Findings illustrate the ways such chosen curriculum problematically conflates gender, internal and external sex anatomy, and reproductive processes that ultimately create a harmful learning experience for students in the

¹ It is important to inform readers that this dissertation does not follow a traditional dissertation structure but instead is structured around a three-paper approach: each chapter functions as an independent paper that draws on specific literature, theory, and analysis subjective to the paper's goals and context. For this reason, readers will find redundancy throughout the dissertation that I make note for all readers before they engage with each of the chapters.

class. For example, two-dimensional diagrams reinforce a standardized “normal” body type organized around a perceived binary of sex as male or female that systematically excludes intersex variation, intersex people, and intersex experiences. Through observations of classroom instruction and conversations during interviews, students revealed their discontent with Ms. D’s personal understanding and teaching of intersex experiences and intersex bodies in pathologizing ways. However, rather than blaming Ms. D, this chapter suggests a systems-level perspective that situates the exclusionary high school curriculum within California’s top-down educational and governmental discriminatory ideologies against intersex people. Arguing that institutionalized powers of state control manifest themselves at the local level classrooms, findings encourage readers to consider the ways students, teachers, and curriculum together are implicated in processes that discipline and regulate intersex variation. Now more than ever, schools have a critical responsibility to rethink inclusive sexual health education and actively engage in the education and advocacy to end intersex marginalization and erasure.

In Chapter 3, the role of guest speakers inside school-based sex education classrooms is critically explored as the chapter invites readers to a two-day workshop series where high school students learned about romantic relationships and the potential consequences of having sex. Focusing only on the first day of the workshop, analysis of guest speakers’ pedagogical strategies and accompanying curriculum reveals abstinence-only-until-marriage ideologies and stereotypicalized constructions of healthy and successful relationships, successful romance, and committed love. Camouflaged under the guise of comprehensive sex

education and a teaching personality filled with comedic appeal and personable demeanor (as described by students during interviews), harmful messages rooted in heteropatriarchal, heterosexual, and cisnormative understandings of relationships and success were fed to students through “discursive strategies” (Foucault, 1977) designed to instill fear and reiterate notions of high risk. Guest speakers’ involvement in the sex education classroom space requires increased attention that attends to the local and state-wide expectations and sex education legislation compliance.

Although each previous chapter includes youth perspectives, Chapter 4 is dedicated entirely to centering youth perspectives and recommendations into school-based sex education: a place that historically has denied students’ participation and thinking, particularly minoritized youth. Following the two-week sex education unit, I invited students to share their thoughts and perspectives on instruction and curriculum during interviews. Building on scholars who negate deficit framings of youth sexuality and amplify youth voices, this chapter understands what California high school students think about their experiences with comprehensive sex education at Hillside. Overall, students expressed dissatisfaction with the experience and advocated for a variety of changes that together ultimately propose a redesigned and reimagined sex education. Students wanted more time to learn, more opportunities to ask personal questions, and a more critical learning experience that explores complex ideas and nuanced experiences for all, particularly LGBTQ youth. During interviews, students provided recommendations and suggestions for future sex education courses and sex education teachers. During this process, three themes evolved:

student advice for sex education teachers that focuses on pedagogies of care, proposed changes to classroom structure such as organizational factors like increased time and split classrooms, and student's desired curricular additions, such as LGBTQ experiences with sex and dating and more conversations around consent and rape. All students interviewed expected more from their comprehensive sex education experience, and many were left with unanswered questions and missing information. This chapter's purposeful way of positioning students as decision makers who have authority and recommendations to better sex education's future may function as a model for policymakers, who need to provide students the opportunities to contribute in meaningful ways – an important and critical shift for both research and policy trends of excluding student voices from conversations regarding implementation and teaching of school-based sex education.

As illustrated across Chapters 2-4, the politics of youth sexuality and school-based sex education are complicated, disjointed, ephemeral, and layered. They together create a story unable to be told with clear beginnings, definable explanations, or concise endings. Instead, it is a story that constantly shapeshifts, adjusts, and adapts to new understandings, new knowledge, and new ideas. This dissertation, however, is this story's current starting point, providing a landscape of possibilities and exploratory questions that support the entanglement and messiness of youth sexualities and sex education. Finally, in the concluding chapter, I synthesize major findings from my research and make recommendations that address classroom teaching and educational policy working within the current restraints of neoliberal and carceral logics supported by the oppressive system of

public education. In the end, this dissertation concludes by suggesting sex education's separation from schools, an abolitionist vision that centers liberatory sexuality education for marginalized and systems-affected youth, recognizing that the current repressive ways of sex education and schools injuriously affect students and will continue to victimize their sexuality(s).

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CHAPTER TWO

Comprehensive Sexual Health Education and Intersex (In)Visibility: An Ethnographic Exploration Inside a California High School Classroom

Introduction

Out of the thirty states and the District of Columbia that mandate sexual health and HIV education programmes in the USA, only nine require that instruction and materials be unbiased toward any race, sex, or ethnicity, and culturally appropriate for students' background (Guttmacher, 2021). One of these nine states is California, which is known for its comprehensive approach to school-based sexual health education that includes lesbian, gay, bisexual and transgender (LGBT) materials—as enacted in 2015 by legislation titled the California Healthy Youth Act (A.B. 329). This legislation requires comprehensive sexual health education be provided on two occasions between the ages of 11 and 18 years. All materials and instruction must be unbiased, medically accurate, and inclusive of all genders, races, and sexual orientations. Although the law broadly addresses issues of gender and sexuality, there is no specific language relating to intersex, an umbrella term describing people born with unique variations of sex characteristics based upon different chromosomes, anatomy, and/or hormonal make-up (Jones, 2016). This leaves educational researchers, policymakers, and parents unclear as to whether intersex youth bodies and experiences are supported and represented in classrooms. This article attends to that uncertainty, which contributes to the minimal scholarship that highlights the importance of teaching intersex

issues and the inclusion of intersex experiences in schooling spaces in the US (Breu, 2009; Jones, 2013; Koyama and Weasel, 2002; Vega et al., 2012).

However, schools do not function in isolation; daily schooling practices are informed by other institutionalized powers that regulate and discipline intersex bodies, lives, and being (Brömdal et al., 2017). For example, California's failure to account for the harmful medical establishment's ways of regulating intersex bodies (Senate Bill 201) is influenced by institutionalized frames that privilege medical professionals and the US federal government's dehumanizing ways of regulating intersex bodies and intersex existence. The article argues that the impact of such discourses pathologize intersex bodies and promote harmful ideologies that manifest themselves inside schools, specifically Westernized school-based sexual health classrooms.

Drawing on the work of queer and trans scholarship that rethinks bodily-being, becoming, and corporeality (Stryker, 2017; Sullivan, 2009) the article utilizes a critical ethnographic lens (Madison, 2020) to focus on work within a public comprehensive high school sexual health education class in California. Guiding questions behind the study were: what are Californian high school students learning in comprehensive high school sexual health education and are materials and instruction intersex-inclusive; in what ways are intersex bodies, people, and experiences represented; and how is bodily-being shaped in the classroom space for youth with diverse sexualities and genders?

Although the article offers a localized snapshot of everyday practices within a particular school space, it situates the school within a larger ecosystem of power that

influence its existence, structure, and everyday procedures. By tracing the impact of trickled-down institutionalized powers from federal-to-state-to-local governing communities, the article's purpose is to understand how intersex people and intersex experiences are defined and understood in school-based sexual health education. In line with international scholarship, the article highlights how sexual health education, even those marked as comprehensive, does not meet the needs of students with intersex variation (Brömdal et al., 2020; Brömdal et al., 2017; Jones, 2016; Jones et al., 2016b). Findings illuminate that although marked by progressive ideologies and recognized "as a model to advance sex education nationwide" (SIECUS 2021) California comprehensive sexual health education is inadequately positioned to provide young people with the information they need to develop a sense of self and make informed choices on their own terms.

Sexual Health Education Research in US Schools

Although there are seminal school ethnographies that examine sexual health education in the USA, most studies highlight abstinence-only programmes, leaving comprehensive programmes underexplored, and even fewer discussing intersex variation (Fields, 2008; García, 2012; Kendall, 2013; Pascoe, 2007). Focusing on three middle schools in North Carolina, Fields (2008) examines how public and private schools interpreted and enacted new state legislation promoting abstinence-only ideologies. In the "Normative Bodies" chapter of her book, Fields describes classroom textbooks, outlining how reproductive organs, pubertal changes, and anatomical depictions privileged white bodies, female/male sex binaries, and societal conventions of beauty and attractiveness. Fields

reiterates how ideologies and discursive constructions created an “unwelcome” (p. 70) space for identities, behaviors, experiences, and bodies of sexual and gender nonconforming students, concluding that,

... the boy-girl world that sex education insistently presents, discourages any acknowledgement or exploration of the possibility of gender or sexual ambiguity. This neglect is increasingly important at the turn of the twenty-first century as educators and researchers learn more about the experiences of intersex and transgendered youth whose experiences do not conform to a rigidly dichotomous gender/sex system (p. 113).

Although Fields explicitly names the importance of intersex youth experiences as it pertains to educators and researchers, she does not underline the harm caused by such processes of normalization nor the value and importance of representation for intersex youth themselves.

Specific to California high schools, Pascoe’s (2007) ethnography highlights racialized and gendered power dynamics imbued through classroom teaching and school rituals. Pascoe alludes to California’s seemingly progressive stance and sex education standards, describing the high school’s “tolerance for ‘alternative’ sexualities and gender expressions” (p. 79).

Although official policies and standards portrayed inclusive intent, Pascoe recorded a lack of GLBTQ and gender-variant people across school curriculum. Pascoe writes that “inclusion of non-heterosexual and non-normatively gendered people in the official learning of the school would make sexual minority and gender-variant students feel less alone” (p. 219). Like

Fields (2008) Pascoe's findings reiterate the way intersex experiences, identities, and bodies remains explicitly unaccounted for, invisibilizing their existence and humanity.

International Approaches to Sexual Health Education: Centering the Insider's Perspective

In contrast to US-based scholarship, international educational and intersex studies researchers have prioritized intersex people's perspectives and experiences in schools (Brömdal et al., 2017; Ellis and Bentham, 2021; Jones, 2016; Roen, 2019; Sterling, 2021;) -- some even adopting an "intersex studies lens" (Henningham & Jones, 2021; Jones, 2018) centering intersex narratives from intersex people. Exploratory research considers the diverse pressures and stigma experienced by people with intersex variations, and the direct impact on their personal development and participation in schools. This is a purposeful shift away from research within medical and clinical fields that position intersex variations from pathologizing and deficit frames of disorders and abnormalities (Balén, 2007; Lux et al., 2009).

Building on Jones et al.'s (2016b) critical insight into the lack of services in schools and within education to support intersex young people, Sterling (2021) critiques educational systems' heteronormative bias and lack of representation of intersex bodies. Sterling references education's failure to recognize the way trauma and stigma affect education and learning for intersex youth, writing that "too many intersex people feel their unique selves were never acknowledged at school and highlight how as a result, their choices were constrained" (10). In line with Sterling (2021), Henningham and Jones (2021) found negative

experiences for intersex youth during both primary and secondary school experiences: some participants described feelings of isolation and a lack of friends, and others reported a “stigma-based secrecy” (p.7) characterized by lying, avoiding questions, and keeping their intersex status a shameful secret.

Academic journals and scholarly research are not the only spaces that recognize and celebrate intersex representation and advocacy: independent intersex advocacy groups and relentless community activists all over the world continue to fight for inclusive education and intersex human rights. For example, Australia and Aotearoa/New Zealand intersex-led organizations and supporters created the Darlington Statement prioritizing the necessary inclusion of intersex variation in school curricula, health, and sex education (AIS Support Syndrome Support Group Australia et al., 2017). In addition, international human rights activists developed the Yogyakarta Principles Plus 10, centering intersex human rights to education that are comprehensive, affirmative, and accurate in curricula, teacher training and professional development programs (International Service for Human Rights and ARC International, 2017). Specific to the US, intersex-led organizations such as interAct: Advocates for Intersex Youth (interactadvocates.org) and the Intersex Justice Project (intersexjusticeproject.org) are dedicated to reclaiming intersex peoples’ consent over their own bodies, transforming sexual health curriculum, and demanding that world organizations uphold their legitimacy.

Theoretical Grounding

Following Brömdal et al.'s (2017) Australian and New Zealand school-based ethnography that employed Sullivan's (2009) notion of somatechnics and engaged with Ian Morland's (2009) call to "think about the embodiment of all agents in the intersex treatment controversy, not just patients" (p. 194) this chapter critically explores the interwoven complexities of navigating classroom dynamics and school sexual health curriculum. Although it offers a local snapshot of everyday practices within a particular school space, it also situates the school within a larger ecosystem of power that influence its existence, structure, and everyday procedures. By tracing the impact of such trickled-down institutionalized powers from federal-to-state-to-local governing communities, it seeks to understand how intersex people and intersex experiences are defined and understood in school-based sexual health education. Sullivan's somatechnics encourage us "to think through the varied and complex ways in which bodily-being is shaped not only by the surgeon's knife but also by the discourses that justify and contest the use of such instruments" (2009, p. 314). Inspired by the suggestion and for the purpose of this work, the surgeon's hospital room space becomes the high school classroom: teachers and students seen as medical professionals operating through sex education's curriculum as the "surgeon's knife."

Research Context

Hillside High Health Science Class With Teacher Ms. D

As a cisgender heterosexual white woman in her early twenties, Ms. D's youthful demeanor influenced learning interactions. During her first-year teaching (at Hillside and as a career) Ms. D and another teacher were both health science teachers and shared ideas and lessons together: PowerPoint slides, student worksheets, and instructional materials were exchanged. This year, however, Ms. D was the only health science teacher and received minimal support from school administration as she entered her second year of teaching. In fact, she was told only two weeks prior to the start of the school year that she would be in charge of teaching four periods of health science as the sole instructor at Hillside. The regular school week hours and class periods differed from other traditional high schools in the district. On Mondays, Tuesdays, and Friday, students attended all their periods (up to seven), each lasting approximately an hour. Wednesdays and Thursdays only consisted of two or three periods, each lasting 90 minutes. Due to this scheduling, I spent on average around 14-19 hours per week in Ms. D's classroom, most days witnessing four back-to-back periods while embodying the role of an "observing participant" (Cox, 2015), interacting closely with students during instruction and activities.

Data are drawn predominately from classroom observations and student interviews as part of a larger critical ethnography (Madison, 2020) in a California public high school comprehensive sexual health education class during the 2019-2020 academic year. At the time of data collection, Hillside had enrolled 2,205 total students, with 134 in the health

science education class for the first semester: four periods of approximately 25-30 students. Across these four periods, most students were Latinx or white youth ranging from 14-15 years of age. First year students were mostly enrolled; however second years to final year students were also represented along with others of diverse social identities, gender identities, and learning abilities. As we shared space and learned together daily, students became aware of my interests as a university researcher and ethnographer in the classroom. Many times before class started, students would ask me about university life and why I thought high school sex education was an important topic to research. Yet during other times, students were not interested in talking to me at all. Those interested students' and their parents/legal guardians completed consent and assent forms prior to participation. Formal documents and conversations with students informed them of the project's voluntary participation and reassured them that their stories and identities would remain anonymous and confidential if they chose to participate. Each of the interviews, whether individually or with classmates, was audio recorded and lasted between 20 and 35 minutes. Individual interviews were open-ended and semi-structured, following a relatively informal dialogic pattern that prioritized students, their experiences, their beliefs, and values (Bucholtz, 2010). I avoided one-sided questioning and encouraged fluidity, paying particular attention to power differentials between myself as the researcher and students as interviewees, sensitive topics and material, student confidentiality, and ethical care (Cox, 2015; Davis & Craven, 2016). Although my intentions of creating a comfortable space for students to disclose their opinions and perspectives were thoughtfully executed, this experience however was not always as smooth.

Many times throughout interviews, I found myself surprised at student responses about curriculum that I personally found problematic in the moment, and remember refraining from challenging students to reconsider classroom takeaways or messages that were embedded in the curriculum that we together experienced.

Methodologically, the project started in the classroom, documenting the daily curricular activities through fieldnotes, over 250 hours of participant observation, and 30 interviews with students and Ms. D. Following the first semester and due to the COVID-19 global health pandemic, the methodology, participation, and analytic framing of the research process shifted. With the heightened urgency of meeting students' needs through distance learning and teachers' and administrative staff's adaptation to new digital platforms and schooling online, I did not join Zoom lessons. Instead, I decided that communicating with Ms. D when she was available and supporting her as best I could during this transition would be a better option. I was grateful to meeting the second semester students just a few weeks before COVID-19 closed schools but did not have any contact with them during the semester. Unlike the first semester, we were unable to experience sexual health curriculum together. With such a drastic shift in the world affecting the overall research process and prior ethnographic methodology in schools, the following analysis first centers curriculum from the semester in-person and from interviews with students. Following this, I focus on second semester's online curriculum and materials, outlining curricular changes.

My Researcher Positionality

Students knew from the beginning of the school year why I was at Hillside; I was a university researcher who wanted to learn about high school sexual health education from inside the classroom and from students. During formal introductions, I identified myself as a white cis queer woman and went into detail about my own experience receiving minimal sex education in high school and how that had informed my reasons for the project. In addition, I shared my confusions about being queer and hiding relationships from my parents both in high school with my first girlfriend and in the current moment during data collection (while collecting data at Hillside, I had still not shared with my parents that I was queer). My transparency, paired with my positionality as a white queer university researcher, proved invaluable to my analysis and informed the complexities and richness of the data. I did this work as an intersex rights ally, recognizing my limits of understanding as someone who is not intersex and as a sexual health in education scholar who knows that minoritized experiences are not represented in the literature. As a critically reflexive white person I am committed to dismantling discriminatory systems, policies, and practices that are exclusionary, and therefore dehumanizing, to intersex young people and other minoritized groups. Given my intersecting positions of privilege as a white cis queer woman in the academy, my purpose with this work is to educate those uninformed and expose inequalities and human rights violations that threaten young people's personhood. In all, Westernized sexual health education classrooms are reproducing harm, and it is incumbent upon us as educators, as intersex allies, to reposition ourselves away from medical and healthcare

models, and closer to young peoples lived experiences: a necessary healing process that strengthens our communities' richness and resilience.

Findings

Inside Ms. D's Classroom: First Semester Comprehensive Sexual Health Education

The comprehensive sex education unit was the final subject covered in the last weeks of health science and included a range of topics (Figure 1). For this article, (1) female and male reproductive systems and (2) gender identity and sexual orientation are the two topics focused upon. The rationale for choosing these curricular themes was to emulate the ways in which Westernized sex education tends to conflate intersex variations incorrectly and situate gender identity within a male/female dichotomy in sex education curriculum. Westernized approaches fail to recognize that up to 25% of people born with intersex variation do not identify within the binary gender model (Jones et al., 2016a) and that people born with intersex variation have an array of differing gender identities. A second rationale was to expose how school curricula, like the language found in state and federal legislation, fails to include intersex people.

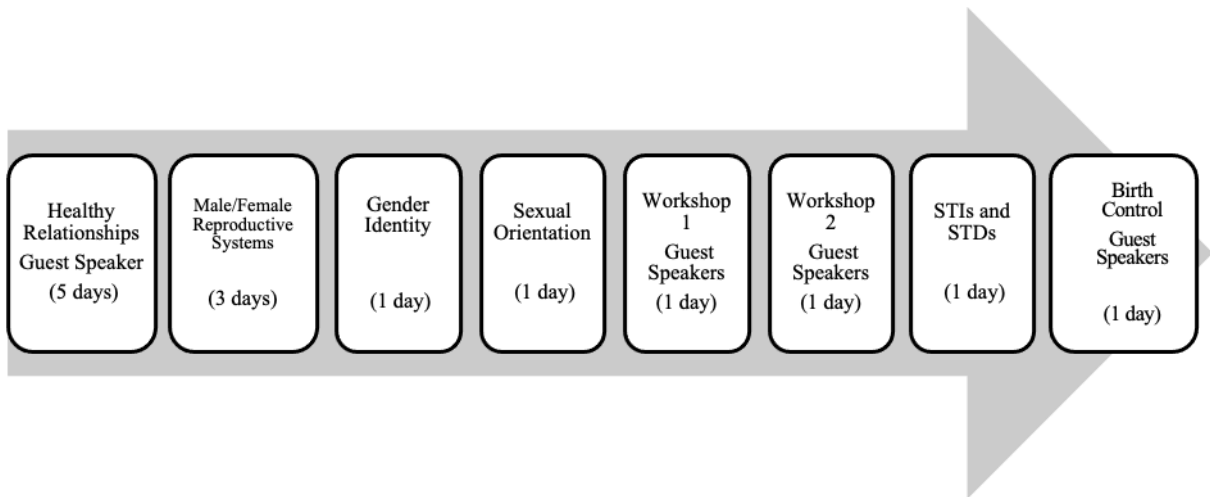
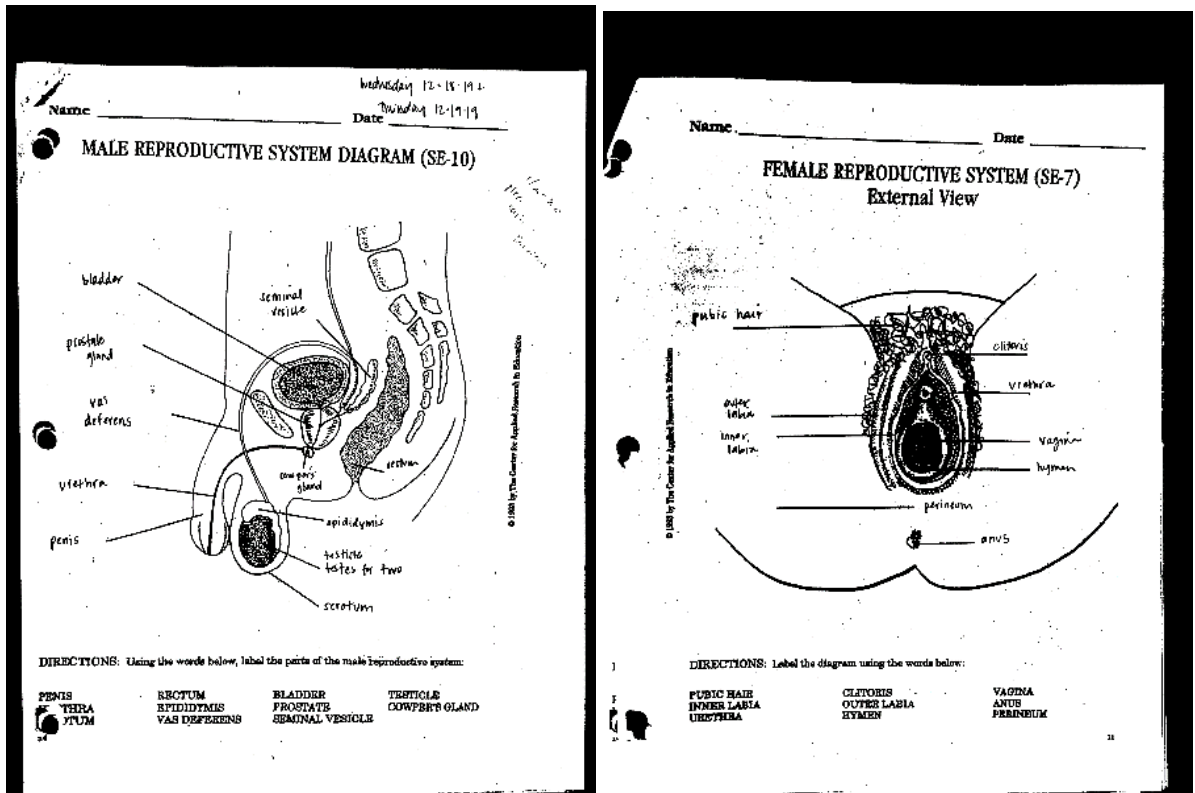


Figure 1. Linear sequence of sexual education topics covered in Ms. D's classroom.

“Female and Male Reproductive Systems”

The first topic taught by Ms. D's during the sex education unit was 'female and male reproductive systems' – introduced to students by a slide projected on the television screen as they entered the room. As students took their seats, Ms. D passed out a packet of worksheets to each student before she made her way through projected PowerPoint slides filled with images of bodily anatomy. Chosen because of its use by previous health teachers at Hillside including in her own health classroom the following year, this packet provided diagrams labeled “female” and “male” and included images of internal and external reproductive anatomy (Figures 2 and 3). For each diagram, Ms. D instructed students to use word banks on the worksheet to label each unmarked area; Ms. D's slides projected similar diagrams to the ones in students' packets.



Figures 2 and 3. Curriculum packet pages– male and female reproductive systems.

During this activity, students did not seem comfortable with the worksheet images and many responded in different ways. I too, found myself uncomfortably flipping through the pages, unprepared for the unparallel images and jarring lines that were displayed. As I felt confused by the seemingly dated materials, I recorded student responses in my fieldnote journal: one student for example said to their neighbor, “I’m uncomfortable with this this.” A student whispered to her friend, “Wow, that took me by surprise.” As some students flipped ahead in the packet, one student saw the vulva diagram with legs spread open and threw his packet down on his desk, yelling out, “Oh whaaaat? Bruhhhh? Nope.” Another student asks their

peer, “I mean, why is it so hairy? That’s so gross. C’mon.” In this particular instance, I wanted to interject and ask why this student found pubic hair to be “gross” and challenge them to consider where such ideals about bodies and hair came from, however I stayed quiet and felt that such any other decisions would be overstepping or somehow wrong researcher etiquette. However, during analysis I realized that this decision to not say something lead me to feel regretful for the ways that I did a disservice to the humanizing intentions of this research’s larger goals.

These example from students across the four teaching periods show that students had embodied and affective responses to the diagrams, particularly toward the vulva and the positioning of the body with spread open legs. Like me, Ms. D did not respond to any of the student’s responses directly and avoided engaging in students’ reactions or challenging students’ comments or questions about their “gross” or “hairy” observations. Whether she was providing a space for students to process or maybe marked by her discomfort in addressing such commentary, students’ responses reinforced how particular bodies even in diagrammed two-dimensional spaces are seen as “atypical” to a standardized or stereotypicalized “normal” or “acceptable” male and female body (Fausto-Sterling, 2000; Koyama & Weasel, 2002). Ms. D not only missed critical learning opportunities for students, but also had the potential to “...further mystify, reproduce and maintain the idea of what prescribes to be ‘embarrassing bodies’ and ‘body parts’” (Brömdal et al., 2017, p. 379). Student discomfort with the represented “normal” bodies and packets organized around a gendered and sex binary of reproductive systems (female/male) systematically exclude

intersex anatomy, intersex people, and intersex experiences from sexual health education. Intersex people are born with variations and sex characteristics that are more than diverse than what Ms. D's packet included and need to be contextualized in ways that do not deny or invalidate intersex bodies and existence (Androgen Insensitivity Support Syndrome Support Group Australia et al., 2017; International Service for Human Rights and ARC International, 2017).

Following the introductory diagrams of "female and male reproductive systems," students moved to an exercise titled, "Who's Who" (Figure 4). Students were instructed to read from the word lists and decide if they described the female, the male, or both female and male reproductive systems (designated by letters F, M, or B). Examples included: testosterone, hormones, vagina, fallopian tubes, nocturnal emissions, semen, and foreskin. An excerpt from my observations and fieldnotes journal during this exercise reads,

Ms. D has not explained anything to students and has students self-start among peers. Chairs wheel around, papers shuffling, and students begin to read each of the terms aloud. Lauren who chooses to work individually makes her way towards Ms. D's desk and says, "Wait, Ms. D? I'm not sure about this one. Is testosterone male or female?" Ms. D looks at Lauren and asks, "Which one are you leaning towards?" Lauren replies that she "has no idea or clue" and "feels unsure." Ms. D starts to respond, "Typically..." and then pauses, stuttering over her words slightly. "No, you know what, Lauren, it's in males." Lauren nods and walks back to her seat.

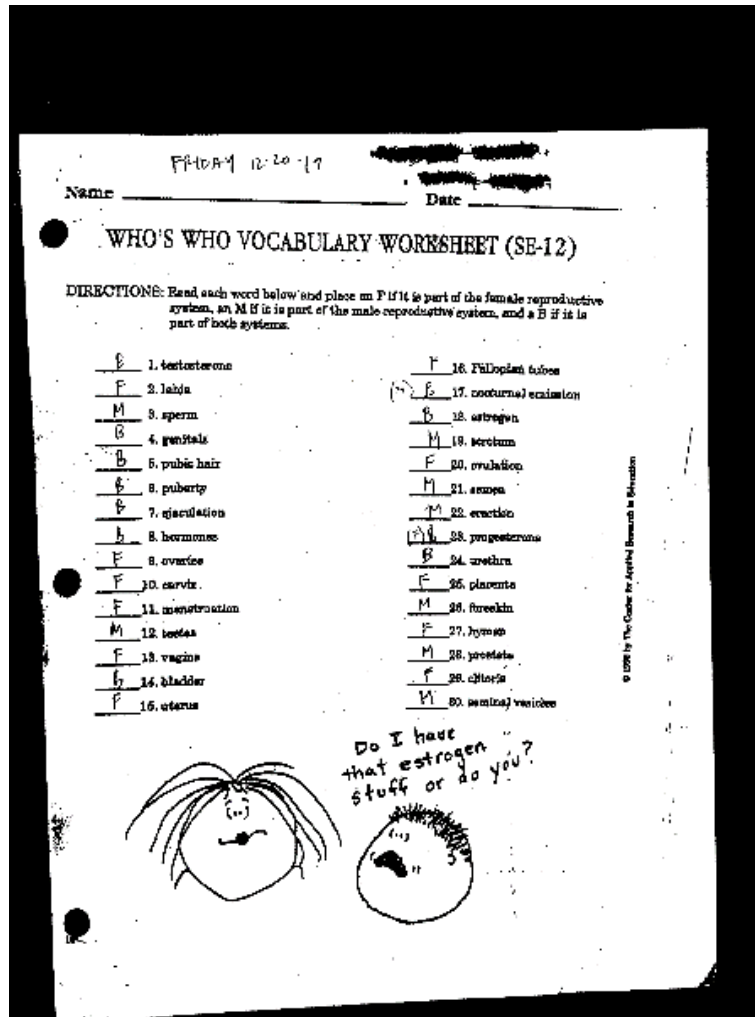


Figure 4. Curriculum packet page – “Who’s Who” vocabulary worksheet.

Here, Ms. D misses the opportunity to engage with Lauren’s curiosity and to explore the exercise’s way of participating in “norm-ascribing conversations” (Brömdal et al., 2017, p. 382) about bodies or “bodily-being” (Sullivan, 2009, p. 317). In addition, she provides misinformation by designating testosterone as only applicable to male bodies, most likely

due to ideologies rooted in gender essentialism or societal stereotypes and an overall lack of understanding of human bodies and experiences.

Importantly, Ms. D was not the only one disciplining and regulating bodies by way of her instruction; students through the *doing* of the worksheet and the publishers as creators of the worksheet are implicated in the process. Returning to Sullivan's (2009) metaphor of the "surgeon's knife" (p. 314), this article argues that students are positioned like medical professionals. In accordance with the worksheet's design, students identify what word applies to which body, emulating the inhumane decisions that are non-consensually made for patients with intersex variations. In addition, options for students are limited to the female/male binary, and if chosen incorrectly, students miss points on their grade according to the answer key provided by the curriculum publishers, the Centre for Applied Research in Education, and published in 1993. This antiquated worksheet is not only problematic for these discussed reasons, but it is also not compliant with the California Healthy Youth Act (2015) legislation that demands inclusivity. Lastly, it runs contrary to later activities in Ms. D's sexual health unit that explore diverse gender identities, gender expression, and transgender experiences. Brömdal et al. (2017) suggest that we "ascribe a proper value to the complexity of how individuals born with intersex variations are regulated by those participating in the conversation about it" (p. 382) and this example illustrates how teachers, students, and the curriculum *together* form the "technologies that shape corporeality at the most profound level" (Sullivan, 2009, p. 314).

“Understanding Gender Identity”

Like the reproductive systems exercises outlined in the Who’s Who worksheet, materials and instruction during the gender identity portion of the unit also make visible the pressing need for the inclusion of intersex bodies and experiences. In the “weekly agenda” slide projected on the television, Ms. D outlined the intended goal for the day: “educate ourselves about the terminology and breakdown the concepts of gender identity and sexual orientation.” Three slides of “important vocabulary terms” provided definitions of biological sex, gender, gender identity, cisgender, transgender, gender fluidity, gender non-binary, and gender nonconforming, each summarized in one to three bullet points. As Ms. D used the whiteboard to further organize her explanations surrounding each different term, Alicia started yelling out questions to Ms. D as she explained the difference between cisgender and transgender. The following excerpt is taken from my observations and fieldnotes journal describing the interaction,

There is so much chatter in the classroom and students seem to have questions because hands raise in the air and people start to talk over Ms. D. It’s just like first period, almost the same level of chaos and volume. It seems students are new to this information entirely, especially definitions of transgender and cisgender. Do students not know this? Alicia’s hand has been in the air for quite some time, but I’m not sure why Ms. D isn’t calling on her. Alicia doesn’t wait and shouts out, “Wait, isn’t it possible to be born with both organs? How do you identify then though, trans or cis?” I don’t know if Ms. D heard Alicia, but her question is left unanswered. Ms. D

continues talking and I see Alicia shrug, nod her head to the side, and continue taking notes.

As the teacher and authority figure, Ms. D sought to control the learning space. However, leaving Alicia's important question unanswered overlooks student interest and engagement with material and is potentially harmful. This moment is particularly important because Alicia's question has connections to intersex people and their experiences, even though intersex it is not explicitly included in Ms. D's definitions. This missed opportunity to engage with students' curiosity in conversations about intersex variation illustrates how quickly and inadvertently teachers (whether deliberately or accidentally) deny students' learning about intersex experiences.

The following day, Ms. D had her final two class periods and covered the same "understanding gender identity" material. Before class started John, a third year, entered the room and after seeing the agenda for the day projected on the tv, he rolled his eyes and sarcastically commented, "Because there is so much to know." He sat down leaned back in his chair and started reading from his cell phone, "Demi boy? demi girl? Transvestite. Yep, Butch." Ms. D looked over at him, but said nothing. I sat back in my seat and felt my heart rate increasing, again unsure if I should approach John about such harmful language. As more students joined before the bell rang, John greeted Jack, another third year and asked Ms. D,

John: Are we going to talk about the two genders today?

Ms. D: All the genders.

John and Jack: There's no more than two.

Ms. D ignored John and Jack's in-unison response and introduced the upcoming activity. She passed out a blank manilla folder and instructed students to not open it. She explained that students will do an activity in their groups with the following goal: "Guess the gender of the person in the picture." Upon hearing this, I could feel my internal body temperature rising and I worried about the instructions to an activity titled in this way. As part of the assignment, students will take turns looking at photos from the folder and describe the pictures to their groups without using pronouns such as she/her or he/him. The rest of the group will "guess the gender" based on vocabulary they were introduced to in prior slides: cisgender, transgender, gender fluidity, gender non-binary, and gender nonconforming. Similar to my own affective responses, many students had a range of reactions during this experience:

- "I can't tell." (Trina, she/her, first year)
- "This game is so bad. I'm not doing this." (Bo, he/him, second year)
- "Dude, look at this shit. I don't know. This dude is fucked up. They're fucked up I mean. Why are they so skinny? I think she's lesbian, so I guess genderqueer." (Rob, he/him, first year)
- "We're not actually doing this right now, are we?" (Orian, he/him, second year)
- "Hermaphrodite? FTM?" (John, he/him, third year)

After ten minutes, Ms. D collected the manila folders asking for feedback about the exercise. Students expressed feelings of discomfort, uneasiness, and fear of judgement when making incorrect guesses. Ms. D emphasized that these feelings are all “normal” and told students the main takeaway was:

“It’s better to ask than assume. Ask questions. Try to educate yourself and get knowledge. Do you know what assume means?” (*She moves to the whiteboard and writes ASSUME on the board, capitalizing all the letters*). “It means you make an ass” (*Ms. D underlining the letters A,S,S*) “out of you” (*Ms. D underlining the U*) “and me” (*Ms. D underlining the letters M and E. I see some kids laughing and Ms. D smiles and laughs too*).

This chosen activity, traced from its creation to its pedagogical execution, is markedly harmful for a variety of reasons that together uphold processes of dehumanization. Yet, it is critical to name that this is an activity that Ms. D had been introduced to in the previous year and that she was not aware of the harm the curricular experience exercised. By normalizing the misgendering of individuals based on physical appearance and by centering the guessing students’ feelings at the end of the exercise by way of a crass wordplay, people who are represented in the photographs are stripped of their identities, their existence, and their personhood. People in these photographs are positioned as players or game pieces in this collaborative and interactive classroom exercise game, in lieu of being recognized as real people with lived experiences that might include the insensitive stereotyping and harm that Ms. D’s students were the culprits of performing during the activity. Instead of denying the

outspoken micro and macro aggressions within the classroom and recognizing the expressed discomfort of some students at the start of the exercise, students participated in violent discourse. Although unintentional, these instructional decisions not only contradict previous slides of key terms that delineate the complex, layered, and individual experiences of gender, but they also signal to students that gender identity is recognizable, distinguishable, and assignable just by looking at someone. Students in the class thereby embody a regulatory and disciplinary power of invalidly conflating corporeal existence with a gender binary based on a socially constructed understanding of “normality.” Like the previous analysis of reproductive systems, this process shows some similarity to the treatment of intersex people who are stripped of their bodily autonomy by professionals who perform unnecessary medical surgery.

First Semester Youth Perspectives on Ms. D’s Sexual Health Education

Too frequently, sex education is stigmatized, labeled as inappropriate, irrelevant, and dangerous for young people to discuss and learn in schools. Such stigmatization causes youth experiences and perspectives to be excluded from community conversations and education research – this is particularly true for minoritized girls of color and LGBTQIA+ youth. Students’ intersectional identities and their sexual subjectivities are pathologized by teachers, administration, and even their own classmates (Elia and Eliason, 2010; Gowen and Wings-Yanez, 2014). Instead of incorporating young people’s lived experience, “adultist-frameworks” (Connell and Elliott, 2009; Fields, 2008) position anyone but youth as the

experts in youth sexuality because of assumed levels of maturity as determined by age and presumably sexual experience.

Recognizing the lack of minoritized youth voices, the following examples from student interviews center LGBTQIA+ youth, drawing on the experiences of four close friends – Orian, Bo, Alex, and Ezra – who interviewed together during their lunch hour. When asked about their thoughts on the curriculum, Bo steered the conversation:

Bo: I also think it was like very briefly touched on, but like there was barely *any* talk about intersex people

Ezra, Bo, Orian: Mmhm, yes

Bo: Which I think should be like way more talked about because I do-I don't even know anything about intersex people.
Orian laughing.

Bo: I know nothing and it was like...it was basically saying, "Oh well there are people who were born not with XY chromosomes and other and gen-and other genitals."

Orian : And that was it.

Ezra: And she made it seem like people with down syndrome, like she said, "And sometimes they have a third one," and then she talked about intersex like intersex had to do with Down syndrome and I was cringing the numbers.

Alex, Ezra, and Orian all laughing

Bo: Noooooooo.

At this moment, the group agrees with Bo's mention of the lack of information about intersex people. The group recalls Ms. D's definition of biological sex based on chromosomes XX and XY and together they remember one of their peers highlighting the possibility of other chromosomes. They remember Ms. D teaching them that there are people with different chromosomal makeup and genitalia, but they cannot recall anything more than the comparison to Down Syndrome. The group's limited recollection of intersex inclusion suggests that they did not receive enough information to understand the experiences of intersex people. In addition, Ezra's comment is reminiscent of the popularized medical discourse pathologizing intersex people by referring to variations of sex characteristics as "disorders of sex development" (Hughes et al., 2006, p. 149). Ezra is specifically concerned about Ms. D's explanation of "sometimes having a third one" and how this simplistic generalization of an additional chromosome is problematic: not only is it an inadequate and illogical association, but it also compounds notions of biological and genetic variations as marking or signifying abnormality or disorder—an act itself of pathologization. This insight from young people illustrates how youth are aware of intersex people, are more knowledgeable than for which they are recognized, and expect more from the sex education they are receiving.

Inside Ms. D's *Virtual* Classroom: Second Semester Sex Education During COVID-19

Due to the COVID-19 pandemic, Hillside High instruction moved to distance learning organized via Zoom calls and shared Google Slides filled with weekly instructions

and assignments. Two months after schooling moved online, Ms. D told me that many high school health teachers working within the school district were not planning on teaching sex education. One high school teacher had expressed discomfort with having conversations about sex education online when students are at home with family members potentially listening in to their classes. This teacher and others were worried about parental push-back and increased chances of contributing to community controversy over sexual health education. I asked Ms. D about her plans for sex education online and she responded, recognizing that she was the only health teacher at Hillside with over 100 students. She felt adamant about sex education's importance and did not want to "...look back and regret not doing it. This is such important information that they may never receive elsewhere" (Zoom communication, April 10, 2020). Unlike other teachers, she did not feel any hesitation or discomfort about approaching these topics online and encouraged the urgent need for such materials for her teenage students. Although she intended to include as much material as possible and planned to continue with similar materials as the previous semester, she informed me that since transitioning to distance learning, student expectations, district-wide grading policies, and class scheduling logistics deterred her from this opportunity. Originally, Ms. D had planned on allotting three weeks to sex education; however due to a clash with the school holiday and school-wide Zoom scheduling, sex education would only last two weeks: one week for understanding gender identity and sexual orientation, and the other for birth control and sexually transmitted diseases and infections.

In addition, the district's school board had decided that students had the option of either taking their standing grade from early March (before instruction moved online) as their final semester grade or completing assignments online to advance this grade. For example, if students already had a grade in the class which they were happy with, they could choose not to continue with coursework. However, if students were not happy with this grade, online learning would be the feasible option. This opportunity had a major impact on attendance; most students chose not to participate, which included the two weeks that covered sexual health education. Juxtaposing the new district-wide grading system and hesitant high school health teachers, sexual health education was not prioritized during online instruction, which led many students to miss crucial opportunities for learning. Although these decisions were technically against state requirements, the uncertainty and unpredictability of COVID-19 took precedence, leaving students uninformed. Overall, events conspired to create a learning loss: crucial information and resources; opportunities for building skills that prioritize sexual health and respect bodily autonomy; and the work needed to combat harmful stereotypes that target marginalized groups, were all left behind.

Google Slides: Gender Terminology and the “Genderbread Person”

Although a new semester and online, Ms. D started this portion of the curriculum with the same slides as in first semester and the same goal: “educate ourselves about the terminology and breakdown the concepts of gender identity and sexual orientation.” However, immediately after the definition slides, Ms. D included two new images, one from the Gay, Lesbian, and Straight Education Network (GLSEN) (Figure 5) and the other by Sam

Killermann (2015) the creator of the image drawn from the “It’s Pronounced Metrosexual” website which offers an aid for learning about gender, sexuality, and social justice (Figure 6).

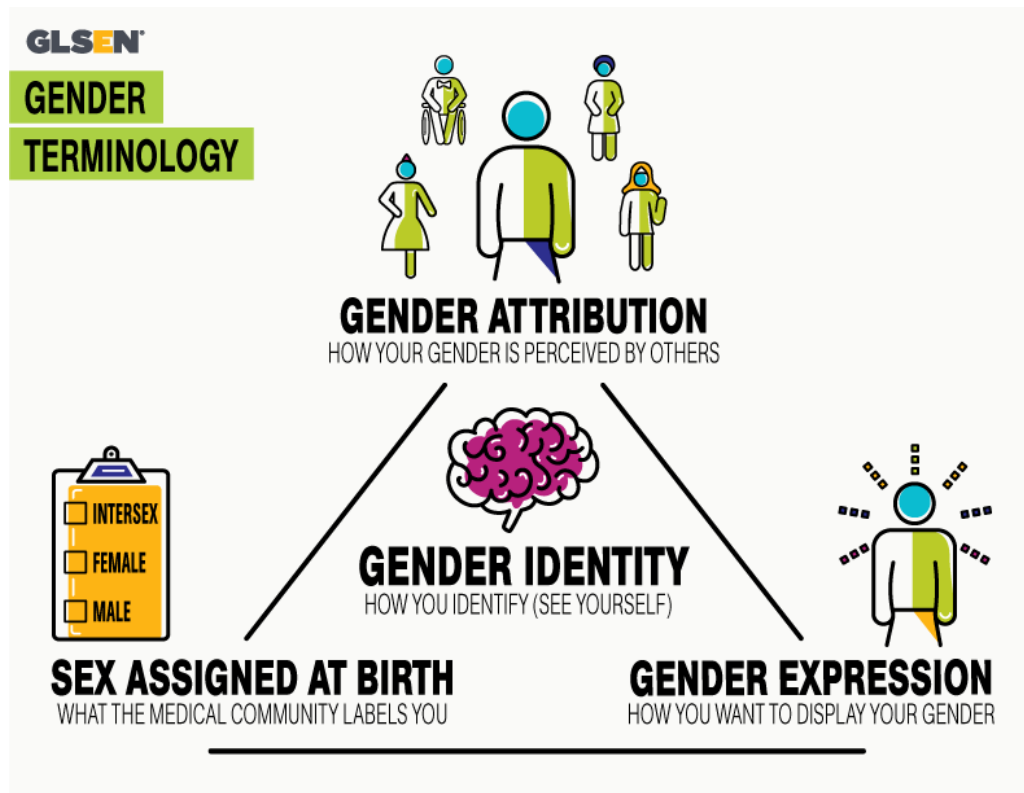


Figure 5. GLSEN’s “Gender Terminology Guide.”

The Genderbread Person v3.3 its pronounced MeTRQsexual

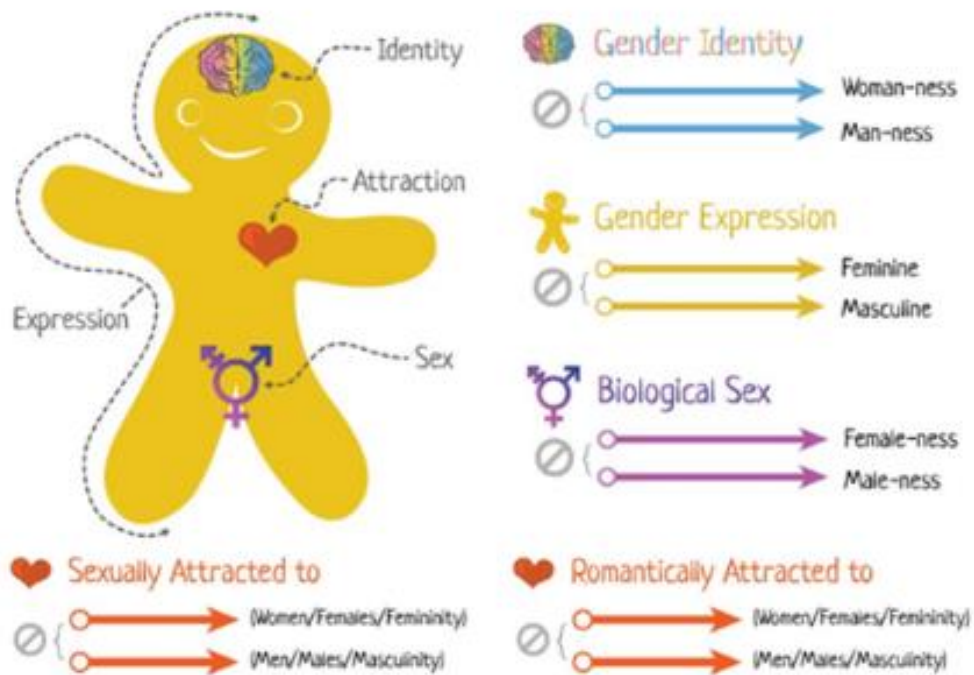


Figure 6. Killerman's "The Genderbread Person."

In each of these figures, Ms. D's students were introduced to additional terminology each portrayed in different visual forms. For example, The GLSEN image (Figure 5) uses "sex assigned at birth" instead of Ms. D's term "biological sex." In addition, students are encouraged to recognize that gender identity and gender expression are two different terms, as opposed to the definition Ms. D provided. Although these changes in curriculum are more inclusive of intersex variation in their language and imagery (i.e., via the use of the word "intersex" and the intersex symbol) these images are still situated within a male/female dichotomy rather than a framework that recognizes and validates variation in sex

development. The GLSEN image (Figure 5) reads “what the medical community labels you” suggesting that children are assigned intersex at birth; however this is incorrect. Instead, intersex activists explain that medical professionals perform nonconsensual surgeries on infants that either assign a female or male identifier to their body parts. In addition, the use of “community” is potentially ill-fitting for many intersex survivors and activists, who have been harmed by medical establishments. These two edugraphics illustrate the adverse effects on intersex representation if the difference between inclusion of intersex issues and including intersex related materials is not properly understood or executed. Together these materials make the word “intersex” more visible; however, they are situated within larger societal discourses that invisibilize intersex existence.

Unaware of this criticism and transparent about my personal lack of knowledge and understanding of intersex at the time, I was the one who introduced Ms. D to the GLSEN image and recommended it as a resource for future curriculum. At the time, Ms. D said that she had not heard about GLSEN, admitting that she did not know enough about intersex populations while teaching. During the first semester, she had not wanted to misrepresent information to students if they asked, and for such reasons, avoided the material. This slight shift between semesters, amidst a global health pandemic and adjusting to online teaching for the first time, showcased Ms. D’s vulnerable communication, illustrating her willingness to learn and educate herself about intersex issues and representation. This intentionally important move not only opened new learning opportunities for herself and her students,

intersex or otherwise, but also prioritized a continuum of care and comfort in the classroom that is most often marked by intersex erasure.

Conclusion

To date, little research has been conducted in the US that focuses on intersex youth and school-based sexual health education. As a result, suggestions to advance intersex inclusion are limited. However, international scholars provide useful advice for sexual health education reform and this article's contributions echo scholars advocating for approaches that are "norm-critical" (Bengtsson and Bolander, 2020), "affirmative and person-centred" (Roen and Lundberg, 2020), and which include the "whole school" (Brömdal et al., 2020). Strengthening intersex initiatives requires abolishing existing institutionalized ideologies and fostering supportive relationships and community collaborations that approach intersex people in humanizing and non-discriminatory ways. Healthcare professionals, medical organizations, policymakers, community members and educators share the responsibility of commitment: to break down established binaries and promote "intentional intersex inclusion" (Brömdal et al. 2020, p. 10) across all contexts.

This look at how California's top-down educational and governmental policies' impact on secondary comprehensive sexual health schooling practices emphasizes how Westernized approaches are not inclusive of students with intersex variations. Antiquated materials and teachers' lack of knowledge (also true of myself as a participating and contributing researcher) led to content delivery and materials that did not support or affirm students with intersex variations, intersex experiences, and intersex bodies. However, rather

than blaming teachers, this article suggests a systems-level perspective to understand the way institutionalized powers of control manifest themselves in the classroom, leaving teachers and students involved in the “production of normativity” (Brömdal et al., 2017, p. 384). Findings encourage us to consider students’ actions and power as “technologies” (Sullivan, 2009, p. 314) that are implicated in disciplining or regulating intersex variation. Although this study found students’ authority to be limited by curricular and pedagogical constraints, future opportunities for reform may be positively driven by student power, particularly contributions by LGBTQIA+ students and young people. Positioning students as agentively-involved encourages and invites participation in decision making moments and has the potential to promote a sexual health education agenda that affirms all youth experiences.

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CHAPTER THREE

Sexual Risk Avoidance Education in Disguise: Revealing the “Comprehensive” Camouflage of Invited Guest Speakers’ Pedagogy

Introduction

School-based sex education continues to fuel debate across the United States as parents and community members express concern regarding *what* materials students are exposed to and *how* the materials are taught in the classroom space. The *who*, however, or those doing the teaching of such politicized curricular materials, is not as thoroughly examined. Some scholarship has outlined the challenges some teachers face while teaching sex education topics, paying particular attention to teachers’ levels of training, professional development experience, overall competency with sexual education content delivery, and teachers’ perceived comfort levels with the materials (Ahmed et al., 2006; Boler, 2003; Eisenberg, et al., 2010; Haignere et al., 1996; Hamilton & Gingiss, 1993; Yankah & Aggleton, 2017). However, many teachers across K-12 schools are not teaching sex education or covering sexual health materials on their own: invited guest speakers such as healthcare professionals, leaders from nonprofit organizations, youth development workers, and other community educators are involved in the sex education curriculum (Fisher et al., 2010; Kann, et al., 2007; McRee, et al., 2014). Yet, minimal scholarship has explored these individuals’ roles as guest speakers in sexual health education, ultimately leaving guest speaker instruction “under ‘real world’ conditions” (McRee et al., 2014, p. 215) missing from the school-based sex education literature. In fact, there is a dearth of empirical research that

leaves understandings of (a) who guest speakers are and where they come from, (b) their curricular materials and content delivery, (c) their impact on students, and (d) their overall fidelity to state legislation and district-level expectations about programming underexplored (Dusenbury et al., 2003; McRee et al., 2014; Ott et al., 2011). In this chapter, I attend to these gaps in the literature and center guest speakers' involvement in school-based sex education, focusing specifically on pedagogy and instruction from inside a California high school comprehensive sex education classroom. Drawing on ethnographic classroom observations and interviews with students, this paper highlights the value and critical importance of examining the role of guest speakers in school-based sex education and their impact on students' lives and sexual health.

Literature Review: Guest Speakers and Sex Education (US and New Zealand)

McRee, Madsen, and Eisenberg (2014) recognize the minimal research on the role of guest speakers in school-based sexuality education and reference their piece as the “first study” (p. 212) to do the work in the United States. Using data from Minnesota, the authors surveyed teachers regarding their use of guest speakers in covering human sexuality context in class and their reasons for inviting such guest speakers. Employing multivariate analysis from an analytic sample of 332 predominately white female high school health teachers with ten or more years of experience teaching, over half (58%) reported that they invited guest speakers to cover sexuality content in their classrooms. Findings indicated that teachers with health education preservice training and a history of professional development with sex education topics were associated with using guest speakers, ultimately leading to classes

covering a wider range of topics. In inquiring about the reasons why teachers included guest speakers, survey findings reported that most teachers wanted to introduce students to community resources (83%), have the most up-to-date information (72%), and provide multiple perspectives (63%). Teachers reported feeling comfortable with the materials; however they found guest speakers' expertise as an opportunity to offer a "more comprehensive curriculum" (p. 215). Lastly, the authors recognize the limitations of teachers self-reporting and suggest that future research investigate guest speakers and their role in the classroom because "knowing who is presenting what information is essential to understanding sexuality education programs" (p. 216). Although this information is hard to secure due to limited access to sexual health education classrooms, it is still prioritized as a critical piece to the sex education in school scholarship.

Instead of focusing on teachers and methodologies that involve self-reporting, international scholarship in New Zealand has looked to students to provide insight on guest speakers' roles in the sex education classroom. Using a questionnaire distributed to students ages 16-18 across 15 schools and conducting focus group interviews, Allen (2009) asked students: "Who do you think are the best people to teach sexuality at school?" (p. 34). On the questionnaire students were asked to choose from the provided categories: teachers, school counselors, peer sexuality educators, public health nurses, and specialist organizations. Overall, most students chose peer sexuality educators as the best people to teach sexuality education. During further analysis facilitated through interviews, Allen (2009) discovered that students were not talking about who were the best-fit people for the job, but instead what

qualities peer sexuality educators brought to the classroom space. Some students expressed the ways instruction was relatable (because of age) and how this created friend-like environments, and others recognized the limits of confidentiality when working with peer sexuality educators and how that might affect their experiences at school and with friends. In order of ranking, following peer sexuality educators as the chosen top choice, teachers were next “best”, followed by public health nurses, specialist organizations, and lastly school counselors. Students explained in interviews that their choices stemmed from people being knowledgeable on the topics, their relatability, and levels of professionalism, regardless of “*whoever* the educator was” (Allen, 2009, p. 46, emphasis in original). These findings are critical, as Allen (2009) explains that,

the problem is thus re-conceptualized from defining successful sexuality educators by their identity (e.g., in terms of their professional role or identity markers such as gender) to those characteristics students deem important to successfully teach this subject (p. 35).

Such findings suggest that students are not identifying one specific person by their identity as the “right” person to teach sex education, but that it’s more about what knowledge that person brings to the space and how that person delivers the materials in effective ways. Allen (2009) prioritizes the inclusion of student perspectives when considering guest speakers’ impact in the classroom. Unlike tendencies in sex education research and within politicized community contexts that define adults as the “experts,” and therefore, authoritative decision makers regarding what qualifications are required to teach sexual health education, students

in Allen's work are given the space and insight to provide their own ideas. Although incredibly sparse, these two studies together highlight the complexity of sex education instruction and the important role guest speakers have in the sexual health education classroom, especially from an ethnographic lens.

Theoretical Frame

Guided by sex education scholars who center the problematic nature of adultist-frameworks rooted in intentions to protect youth sexual innocence (Bay-Cheng, 2003; Connell & Elliott, 2009; Fields, 2008; Lesko, 2010; Levine, 2002; Moran, 2000) and scholars who are influenced by the discourse of education in the Foucauldian sense (Foucault, 1972) this paper highlights how guest speakers' curriculum, classroom management, and teaching strategies have the potential to function as disciplinary technologies that are harmful to students identities, decisions, and lives (Canella, 1999; Foucault, 1977; Thorogood, 2000). Foucault's (1977) *Discipline and Punish: The Birth of the Prison* situates disciplinary technologies as forms of governance: power-ridden and objectifying practices that control and mold humans into "docile bodies" through imposed and invisibilized structures of power that eventually lead to normalization. Foucault focuses on the regulatory practices on the body, signaling the body "as object and target of power" (p. 136) that are regulated and controlled. In classrooms, particular knowledge forms are prioritized over others (usually dependent on age and experience) which excludes diverse ways of thinking and experience from the discourse.

As it pertains to sex education, understandings of sex, sexuality, bodily autonomy, sexual experiences, and sexual knowledge are targeted as sites of contestation and subjugation through practices and policies that regulate and discipline students' sexual subjectivities (Fields, 2008; García, 2009; Tolman, 2002). Scholars have found that intervention approaches and fear-based models of youth sexuality have historically circulated school-based sexual health education through abstinence-only-until-marriage (AOUM) education (Connell & Elliott, 2009; Fields, 2008). In opposition of comprehensive sex education, proponents of AOUM education believe sex to be a sacred and private act that should only occur after marriage: a marker of true love, commitment, and dedication between one man and one woman. No sex or sexual behaviors are celebrated and are instead considered high risk and harmful for people prior to marriage, especially for young teens. For these reasons, adults are positioned as experts of sexuality and credible resources for suggestions and advice, particularly for teens, due to levels of maturity and sexual experience as measured and assumed by age. However, scholars have found that fear-based models premised on the idea of youth as pure, innocent, and vulnerable erase youth sexual agency and perpetuate inequalities for those who do not fit socially constructed norms. In fact, gendered, racialized, and classist stereotypes misrepresent student identities and experiences that contribute to the pathologization of youth of color as sexually deviant or wrong (Ferguson, 2000; Froyum, 2010; García, 2012; Rubin, 1984; Woodson & Andrews, 2017;). In the following pages, I expose the ways disciplinary technologies of guest speakers' pedagogy and accompanying classroom materials reproduce unequal power structures,

abstinence-only-until-marriage ideologies and socially constructed norms around youth sexuality and relationships.

Research Context

One of five public high schools in the district, Hillside High School (hereafter referred to as Hillside), is the oldest one in the community, extending over 40 acres in the downtown area of a Southern California city. For the 2019-2020 academic year, Hillside enrolled 2,205 new students with over 100 enrolled in health science: a semester-long graduation requirement course. Although encouraged by counselors to be taken in their first year as freshmen, some students prioritize other classes or opportunities; this leaves the health science classes to be filled with students from mixed-grades, freshman through seniors. At the time of this study's data collection, Hillside health science was only taught by Ms. D, a white woman in her late twenties and entering her second year of teaching. In charge of teaching four periods with over 100 students, Ms. D taught four periods straight, starting with first period in the morning through to fourth period before lunchtime: a schedule that ran approximately four hours with minimal student passing period breaks. Each period had between 25 and 32 students, the majority of whom were between the ages of 14 and 15, were first-year freshman, and who identified as Latinx or white.

Considering guest speakers' availability, Ms. D decided at the start of the semester that comprehensive sex education was going to be the final unit of the health science class and last for two weeks. Ms. D had the authority and autonomy to choose which topics she would cover and in what order, the majority of which she chose to draw on guest speaker

involvement (8 of the 14-day unit was taught by outside guests). Organized by a similar structure from her previous year of teaching sex education, Ms. D reproduced already prepared curricular materials from previous semesters teaching (i.e., PowerPoint slide decks and accompanying printed handouts). Although Ms. D taught the majority of selected topics on her own, she also included invited guest speakers from local community organizations that she had learned about during her first year of teaching, the year prior. Working around guest speaker availability, Ms. D started the unit with what she called “reproductive anatomy,” before moving into other topics such as gender identity, sexual orientation, birth control methods, and STIs and STDs. In an informal conversation between periods, she explained to me that she had structured it in this way based on her experiences teaching previous classes last year.

For the purpose of this article’s analysis, the first day of a two-day guest speaker series drives the focal analysis. Sponsored by a local health clinic in town and trained in a curriculum from an organization in Southern California, two guest speakers were invited into Ms. D’s classroom as part of the comprehensive sex education unit: Christina, a young white woman and recent graduate from a local college, and Todd, a young white man in graduate school studying for a master’s degree in clinical psychology. Christina was new to the organization and this workshop experience at Hillside was her first time in the classroom working with Todd. Todd, on the other hand, had three years of experience in schools facilitating workshops all around town; in fact, this was not Todd’s first-time teaching at Hillside. In a meeting with Ms. D and myself the summer before data collection, the principal

of Hillside expressed concern regarding guest speakers entering the sex education classroom at Hillside. She explained how she wanted the majority of topics covered by the credentialed health teacher in the schools and mentioned a particular guest speaker, who had been invited into classrooms the previous year and whom she had only learned about after the sexual health unit finished. The principal had heard from students that this guest speaker was prioritizing abstinence-only messaging in his materials without actually mentioning the phrase to students and that worried her. She informed me that after hearing from students, she had personally spoken with the guest speaker about it and that it did not seem as if he was promoting abstinence-only education. However, the principle recognized she was not inside the classroom space and wanted to trust the students' feedback. This guest speaker she was referencing was Todd.

Data Collection

This article's data were collected as part of a larger critical ethnography (Groves, 2003; Madison, 2020) interested in understanding California comprehensive sexual health education in high schools since the passing of educational legislation titled, the California Healthy Youth Act in 2015 (AB 329). This legislation mandates comprehensive sexual health education and HIV prevention education for California's publicly funded schools with a goal to ensure that students gain "the knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion and intimidation" (A.B. 329, 2015). Under this revised law, students are required to receive sexual health education once in middle school and once in high school with materials and

instruction that are unbiased, medically accurate, and inclusive of all genders and sexual orientations. Since this shift in policy in 2015, little research has critically explored what is happening inside schools in real-time and how state-mandated changes are applied in practice. However, as a critical ethnographer invited and welcomed into Ms. D's learning community every day of the semester, my research, including this article, is a contribution to the missing literature and school-based scholarship that reflects the California Healthy Youth Act in action during the comprehensive sex education unit.

Fieldnotes and Observations Across Contexts

Unable to record live audio or video interactions in the classroom, extensive fieldnotes based on observation and reflection are central to this study. Four periods of back-to-back instruction with the same curriculum allowed me to document curriculum while providing detailed record of content delivery and student participation. Pages of fieldnotes journals recorded observations and sketches that captured curriculum, peer and peer-teacher interactions, and personal researcher thoughts. Many times throughout the semester, fieldnotes were hard to manage because I was functioning as an "observing participant" (Cox, 2015) interacting more closely with students during classroom instruction as they became more comfortable with my everyday presence. However, because curriculum stayed the same, I was able to focus on student engagement and interactions as they occurred for each of the four periods.

Student Interviews

After the sexual health unit finished, students had the opportunity to interview with me, as I had previously expressed my personal interests and my research goals of learning about their experiences with the curriculum. I explained to students that youth perspectives are usually not included in the research and that their insight is integral to the work and the future of sex education. All students knew participation in interviews was anonymous and voluntary, and if students were interested in speaking with me, they were able to do so individually or with peers from Ms. D's classes. Following the sexual health education unit, 29 students were interviewed in their preferred interview choice: 17 individually, 8 in pairs with classmate peers, and 4 in a focus group. All interviews were semi-structured, open-ended ethnographic interviews that followed a relatively informal conversation pattern, prioritizing understanding the students, their experiences, their beliefs, and values (Bucholtz, 2010; Forsey, 2008). During the interviews, I became interested in students' opinions regarding invited guest speakers and the curriculum that each covered. I wanted to know what students remembered from the guest speakers, particularly what messages they received through the material and instruction. I asked students, "What did you think about the guest speakers who were invited into the sex ed class?" and allowed the conversation and explanation to move from that initial starting question.

Data Interpretation

In order to understand the impact and implications of Todd and Christina's involvement on the everyday lives of Hillside students inside the sexual education classroom, I discuss and analyze day one of the two-day workshop. Like Jessica Fields' (2008) seminal

analysis of differing sex education curricula across programs and schools, I make visible the “formal curricula” defined as the information that educators intend students to take away from the materials juxtaposed against the “hidden curricula,” or the more implicit, embedded messaging that students are exposed to and encounter, yet are not necessarily aware of the processes as they occur in the moment (Bourdieu & Passeron, 1977). I discuss the mixed messaging afforded to students in the sex education classroom and argue that despite a program seemingly marked as comprehensive in its formal curricula, Todd and Christina’s hidden curricula and instruction implicitly advocated for sexual-risk avoidance, a “rebranding” of abstinence-only-until-marriage education (Eisenstein, n.d.: Griggs, 2016); this leaves Hillside students inadequately prepared to navigate the layered, fluid, and subjective complexities of sexual health education. I focus not only on the intended messages of informed and cautious decision-making of risk-reduction, but the ways in which they instruct students about how to act and be as it pertains to sexual health decisions and behaviors.

In addition to analyzing classroom curriculum and guest speaker delivery, student interview transcriptions were uploaded into MAXQDA, an online data management tool for qualitative and mixed-methods research. I applied reflective qualitative thematic analysis (Braun & Clarke, 2006) to each transcript, an inductive coding process organized around recursive naming and (re)naming of themes as I became more familiarized with the data. Segments of data were coded and combined with other overlapping ideas, as I employed a constant comparative method (Glaser & Straus, 1967). Following coding, initial themes were

generated as I considered all students' perspectives before triangulating (Patton, 2002) these themes with themes from my own participant observations; together this allowed me to develop a deeper level of understanding of students' experience while simultaneously accounting for my own analytic observations of the guest speaker classroom space. In the sections that follow, I start with the inside perspective of the workshop day one, allowing readers to experience the formal curriculum as Hillside students. Following the formal workshop experience, student interview findings are highlighted before the informal curriculum is exposed and analyzed.

Workshop Day One

Formal Curriculum

A tall slender man with a thick beard entered the room, followed by a woman, both seemingly young, in their late 20s or early 30s. They introduce themselves to the class as they boot up a PowerPoint slideshow to be projected on the television in the corner. Todd says to the class,

Hey, everyone, we are here from Program Central (pseudonym) and we go into schools and talk about sex. This is about risk management around sex. We aren't here to tell you what you can or can't do, but to be aware of the risk and how you can handle those risks. Sex is awesome. I love sex so much, but there's a whole other side, and we should be most informed. No matter who you love or how you identify, you deserve a healthy relationship. Turn to your neighbor and say that to them.

After some students choose to listen to Todd's direction and others refrain, the slides begin and Todd asks the class about the first time they had conversations about sex, looking for an exact age. I wondered if students were going to respond to this stranger's question with ease or the room would be quiet with students' agentive silences. Yet, some students start shouting out: "12," "15," "Never." Todd moves into a personal story about a conversation with his dad, "the birds and the bees," as he familiarly names it. He calls on the crowd of students to think about goals they have before reaching the age of 25 and to name character qualities that help achieve those goals, pushing the students to yell out one specific character quality, one word that he is holding back from showing on the next slide. The word is intention. He says it out loud, then moves to the next slide that has a definition, then asking a volunteer student to read it aloud. A student reads, "Intention: doing something on purpose with purpose." Todd transitions into the ways in which having sex could impact intentions and students' future goals depending on students' decisions. The slide is a picture of the Rose Bowl football stadium in Southern California, and he asks the students to imagine this stadium filled with pregnant teen girls. Now he asks the room to picture two stadiums filled with pregnant teen girls. He says that more than two of these stadiums is equivalent to approximately how many teen girls in the United States get pregnant each year. I don't understand why he is equating popular sports teams with teen pregnancy statistics, however I try to stay attentive. His curriculum continues as he shows more statistics around teen pregnancy, condom reliability, and the ways sex can impact students' goals. He makes comparisons between percentages of unintended teen pregnancies to the percent of teens

under the influence of drugs and alcohol. He goes on to explain that alcohol increases sex drive, which causes students to be more likely to act impulsively than they already do since their prefrontal cortex is still developing, and finally concludes that mixing drugs and sex is even more risky. He asks:

How would you feel facing an unintended pregnancy? Imagine, close your eyes.

What do you ask yourself? Maybe it's, is this person going to stay with me? How committed are we really? Even if they love you forever, statistics are not in your favor.

The conversation moves to decision making as Todd tells students in more detail about their brain maturity and development of their frontal cortex up until age 16. He reiterates that this is the impulse control area, and that without this developed completely, students need to remind themselves of the importance of waiting. He tells students that as they get older, their brain matures, and as they are older they become more committed, which leads to an overall lowered risk of unintended pregnancy. He tells students about the only three options associated with pregnancy: abortion, parenting, or adoption. He walks students through the pros and cons of each decision, avoiding “debates of morality” or “personal choice, pro-life, or pro-choice,” as he says. He references and defines open versus closed adoption, the safe-surrender baby law, and the emotional stresses that are more than likely to occur with abortion and parenting options. As Todd continues, he inserts examples about his own past relationships and his now current marriage and their newborn baby. He asks the class, “Why would someone have sex before they were ready?” Students start to shout out responses that

include: “peer pressure,” “rape,” and “sexual assault”. Todd nods as the answers are given and agrees; however, he focuses on his own added reason and switches to the slide that reads the reason he is looking for: “the human super-glue...or the feelings of oxytocin and vasopressin.” I’m annoyed that he so nonchalantly disregarded students’ answers and opportunities to address sexual violence rape. As he describes the ways oxytocin helps bond people and how it is released, he says, “We think we can have sex without bonding, but it doesn’t happen like that.” He continues, describing new pressures that come into students’ lives if they are having sex. As he asks each of the following questions, he waits for students to say yes to each in response before moving to the next:

Could there be more lies or secrets if you’re having sex? Could there be feelings of regret? Can your reputation be affected? Could you have comparison issues? Could you have judgement issues about your body...We gotta be careful and minimize risks.

Todd moves to a new slide, depicting an image of two high school track and field athletes with one large continuous arrow, pointing in both directions, on the bottom of the screen separating the two athletes. On the left, one of the teammates is injured grabbing her ankle and a teammate is sitting next to her. On the right, the injured athlete is on the ground; however, her teammate has left her on the ground, and it seems is headed back to the track meet. Todd begins explaining,

Okay so there are two types of love: consumer relationships and committed relationships. Consumer relationships are like, “I love you as long as you meet my

needs, you adapt to me.” Sex in a consumer relationship is like a marketing tool and puts a lot of pressure on sex. If sex is bad or awkward, is that a point against you?

Yeah, you’re always on trial and tiptoeing around. There is a tendency to tell your person to “stay with me, please” and then the pressure on sex is much greater if not in a committed relationship.

He continues, “A committed relationship means, “I adapt to you, I’m committed to you...Look, sex is a gift you give someone else in committed relationships...with sex in a committed relationship you relax, there is no pressure on you, there is no performance, it’s a gift you give another person. It’s the quality of the experience.” Are students really believing this nonsense, I ask myself. Should I raise my hand and say something that contradicts the misinformation he is telling the students? I chose not to. Christina, Todd’s teaching partner, starts talking for the first time since she introduced herself walking into the classroom at the start of the period. She had been in the corner nodding in agreement and smiling for most of the time as Todd spoke. She explains that she’d like to share an example of a consumer relationship versus a committed relationship, explaining to students that she is going to talk about an example of a healthy heterosexual relationship (which students soon find out is actually her own story about her and her past romantic relationships). She tells the story, referring to it as her “first serious relationship” while in her high school sophomore year at age 16. She and her boyfriend had been dating for a few months now. She wasn’t sexually experienced, but her boyfriend had done “pretty much everything with a few different people.” She let him know that after six months in the relationship together she would be

ready to do some “stuff” but that she did not want to “go all the way” and have sex. She told students that was her personal boundary, and she did not want to break it. Her narrative continued explaining that she and her boyfriend kept dating, and at almost a year, a time she felt signaled true commitment, she thought she was ready for sex. She told the class that after the one year, she ended up having sex, and two weeks after, she found out that her boyfriend had been cheating on her their entire relationship because according to him, “I [she] wasn’t giving him what he wanted.” She said that she felt like she was committed but explained to the class that “actually he was a consumer and not committed to her at all.” Because of that first relationship, she reported, it started a trend for Christina, and she started to hurt people in her future relationships because she thought that’s what love meant: staying in a relationship as long as she could “provide her partner with what he needed.” It wasn’t until junior year of college that she changed her perspectives and started to value herself. She concluded her story, sharing that she is now in a semi-serious relationship, especially since they are coming up to their 1-year anniversary. She tells the class that she and her boyfriend decided they were not going to have sex because of the ways she had been hurt by her past partners and how together they both feel like waiting until they are married to have sex because then they could “have all the sex we want without worry.” As Christina finishes up, Todd jumps in with a statistic with an unintelligible source at the bottom of the slide, telling students that more than half (56%) of guys 16-24 are relieved when female partners want to wait and provides three reasons why: no drama, no pressure, and protection of future goals. The slide changes and Todd lists more benefits associated with waiting for a long-term

committed relationship. They read: increased energy and focus on other goals, healthy and happy relationships, protection of heart and reputation. He explains that “sex gets in the way of goals” and that “waiting to have sex can help with your physical happiness, you are sick less often, you are less likely to get Alzheimer’s, you have higher emotional happiness, and you can manage risks.” At this point, I was beyond shocked.

Todd realizes there isn’t much time left in class, switching to the next slide, a picture of a freshly struck matchstick, and says:

Sex is lit, but it’s kinda like fire...fire is powerful and so good, and sex is the same thing. It’s so good for bonding, keeps the population going. Sex is an incredible thing that can bond people together in good ways, but if we do whatever we want with it, it might mess with our lives, our relationships, our goals. If we are going to be sexually active, we have to think what boundaries we can put around it. How can we reduce our risk?

Quickly, the slide changes to a picture of a sailboat. “Who likes freedom?” Todd asks the class. A quotation from a *New York Times* journalist reads, “You’re not only free when you’re in love, but you’re not in love all the time.” Todd asks the class what the quotations means, but noone responds. He follows the silence asking, “What do you want to prioritize? Do you want to prioritize your freedom? We have to think about how successful we want to be.” And then the bell rings for dismissal.

As a critical ethnographer and “observing participant” (Cox, 2015) in the space, I too experienced the curriculum and witnessed Todd’s implicit messaging, however I did not

know if students were hearing and understanding the misinformation Todd was providing. To locate students' emic perspectives, I interviewed students, searching for their thoughts on the materials and messaging of the workshop experience with Todd and Christina on their terms.

Workshop Day 1 with Todd and Christina: The Students' Perspective

Findings across student responses regarding their experience with the workshop centered the ways in which students described Todd and Christina's teaching styles, particularly emphasizing specific attributes about Todd's personality and pedagogy. The following examples are drawn from students across Ms. D's four periods, the first example from a conversation between Jack and John, two junior boys and close friends who chose to be interviewed together. Jack and John were both top varsity athletes at Hillside: Jack, a starting baseball pitcher, and John, a water polo player. The two of them seemed close, always checking in on each other with a personalized handshake before the class period started and leaving together when the bell rang for dismissal. When I asked them about their experience with Todd and Christina, reminding them of the workshop title and what Todd looked like, they responded:

Jack: Oh, was it that dude?

Jenny: Yeah, so the...

Jack: Oh yeah!

Jenny: He came, so it was a two day...

Jack: That fool was funny.

John: Yeah, he was funny. And he did it in a cool way. He wasn't like boring about it. He was like chill and funny and kind of engaged with us.

After Jack remembers Todd, the only “dude” guest speaker throughout the sex education unit, he remarks on how “that fool was funny.” Of particular interest in this response is Jack’s use of “dude” and “that fool” to talk about Todd. Jack uses language that is more informal and colloquial, as if Todd were not an authority adult figure, but perhaps a younger peer or friend. As Jack mentions Todd’s comedic personality, John agrees, adding that Todd’s approach was done in a “cool” and “chill” way that was engaging and not “boring.” Jack and John were not the only students who remembered Todd as “that dude”: two other students recalled Todd and his personality in the same way. Lottie, a freshman girl from a different period who usually kept to herself in classes, choosing to work individually rather than in groups if given the choice (and usually spent time on her cell phone when she finished the daily activities early) explained what she enjoyed about the experience:

Lottie: I like that he was like comfortable with it.

Jenny: Yeah

Lottie: He didn't make it awkward.

Jenny: Yeah

Lottie: He was really outgoing and it made it less awkward.

Jenny: Okay.

Lottie: He was kind of being comedic about everything

Jenny: Yeah

Lottie: so it made it funnier and kind of more fun to talk about it.

Lottie highlights Todd's comfort in teaching the topic and his way of making the classroom space "less awkward" for her. She focuses on Todd's comedic and "outgoing" personality, commenting on how his approach made the material and experience "more fun" similar to what Jack and John described above as "not boring". Another example comes from Chris, a junior male student, who when prompted about the workshop experience really emphasized how much he enjoyed Todd, marking the workshop as one of his favorite parts of the sex education unit. He explained.

Chris: He was just like, he was just like for some reason a really good like talker.

Jenny: Yeah.

Chris: He like, he got involved with the kids, made us feel comfortable with a couple jokes like

Jenny: Definitely.

Chris: introduced him, introduced us to our personal life and he was like, get enough courage to even like express his personal, um, kind of situation with his wife and what not

Jenny: Yeah.

Chris: which is, which I thought was really brave and cool.

Like Lottie, Chris speaks to Todd's way of making students feel comfortable. Chris addresses the way Todd inserted his own personal stories, recognizing that the act of sharing

is a potentially vulnerable experience. For example, Chris mentions Todd's "courage" to share personal stories and concludes with "I thought that was really brave and cool." In this moment, Chris is potentially seeing himself as embodying a similar role, comfortable in sharing his own experiences like Todd did to class in ways that are "cool."

As made visible in these examples, students in Ms. D's four periods of sexual health curriculum are quick to comment on Todd's personality, as one filled with humor and a personable demeanor. Like Allen's (2009) findings, whereby students were not talking about who were the best-fit people to teach sexuality at school, but were instead mentioning what qualities best educators bring to their experiences, these findings illuminate similar patterns. Students did not make mention of Todd or Christina's professional background as educators or their qualifications as guest speakers from a non-profit organization, nor did they mention anything about them being knowledgeable or specialists with the sex education materials. Instead, Ms. D's students emphasized the welcoming space or "friend-like environment" (Allen, 2009, p. 39) Todd and Christina created, building on Allen's (2009) findings that "imply the relationship between teacher identity and best educator qualities maybe more arbitrary" (p. 45). I argue that these findings not only build on this important distinction based on students' perspectives, but they also signal that a more critical and deeper analysis be afforded and prioritized to guest speakers' involvement in the sex education classroom.

Discussion

Findings from inside this guest speaker-led sex education classroom reveal that teaching sex education is a complex experience that, if left unexamined and devoid of

nuanced understandings, will continue to do a disservice to students in schools. Although students were engaged with Todd's teaching style, they did not have the tools to critically consider the problematic nature of his misinformation and messaging. In the next section, I examine the "hidden curricula" (Fields, 2008) of the workshop and its camouflaged impact on students.

Hidden Curricula

From the first moment of introductions to the final ring of the Hillside bell, the workshop's curriculum and methods of delivery were filled with implicit messaging directed specifically at students and their decisions about "sex and their futures." At the start of workshop, Todd declares that the purpose of the day is not to tell students what to do or not to do, but is to inform them about "risk management around sex." In this moment, Todd purposefully sets the tone with students as invited guest speakers into the space, positioning himself and Christina as resources for information rather than adult authority figures, who are there to tell students how to their lives. This strategic distinction is intended to invite students to lean into the information and stories he and Christina provide throughout the curricula. However, what Todd is really doing, is implicitly telling students just that: what to do and not to do with their futures; he is just doing so in a way that is not explicit and direct.

Throughout the rest of the workshop, Todd and Christina implicitly embed messages in the curricula that emulate and reproduce key tenets of sexual risk avoidance education (SRAE), or more commonly known as abstinence-only sex education. Examples of SRAE messaging include narrow and limiting definitions (and associated outcomes) of sex, love,

and healthy committed relationships. Specific points in instruction that show SRAE in action include moments that are designed to instill fear in students' minds about sex and its negative consequences, emotionally, mentally, and physically. For example, Todd defines love by two types, consumer relationships and committed relationships, utilizing a sports metaphor that emphasizes team loyalty. Per Todd's explanation, love in a consumer relationship centers the individual in egotistical ways, prioritizing individual needs over their partner and the overall relationship quality. He explains that sex is filled with pressures and expectations of high performance, whereas in committed relationships, "sex is a gift you give another person." Todd celebrates "gifting" sex by highlighting how committed relationships are characterized by long-term time together with one person. These definitions or qualifications of sex and relationships are limiting and strip individuals of their own sexual agency, decisions, definitions, and relationship to sex. The harmful messaging is exacerbated when Christina shares her own story, a heterosexual cisnormative relationship that includes language like "going all the way" and waiting one year as a way to meet some sort of universal committed relationship checkpoint. In addition, she talks about providing men with what they "need" – a gendered expectation to relationships that is rooted in patriarchy. Lastly, Todd's addition of statistics that showcases how males feeling relieved that their female partners are waiting is also steeped in patriarchal and heteronormative constructions of relationships.

Another critical moment of hidden curricula that requires critique is when Todd has students imagine themselves experiencing an unintended pregnancy. Entirely avoiding the possibilities of joy or excitement for some people who experience this event, Todd proposes

that students reconsider how “committed” people really are (or could be) if in fact the relationship resulted in an unintended pregnancy. Commitment does not preclude unintended pregnancies; there are many other reasons that can cause this to happen that Todd leaves from his explanation. This imaginative role-play ends with Todd declaring to the class that, “even if they love you forever, statistics are not in your favor.” With this final comment, Todd’s intention is two-fold. First, he is attending to students who might be in opposition with his opinion; for example, students who might be considering the possibility of young love and making relationships work even if facing an unplanned scenario. By saying, “statistics are not in your favor,” Todd is using this fear-based strategy to not only indexes single moms, but to insinuate that unintended pregnancies are the result of “consumer relationships” not “committed relationships.” Todd does not include the possibility of unintended pregnancies in “committed relationships,” nor does he explore the hopeful and positive outcomes of unintended pregnancies on relationships or those who choose or are happy to be single parents as a result of an unintended pregnancy. In summary, messages that are rooted in the binary of “committed” versus “consumer” included:

1. Committed people in committed relationships do not face unintended pregnancies.
2. Single parents are an outcome of consumer relationships, and therefore, not ideal.
3. Unintended pregnancies are always a negative outcome of relationship failures.

In accompaniment with the curriculum’s hidden messaging, Todd’s teaching style requires a more critical lens and examination. While teaching the curriculum, Todd was upbeat, energetic, and fun; students would laugh at his jokes and smile as he danced around the room

or threw his hacky sack to students to increase student participation. He also added personal flare through stories that included his relationship with his current wife and new baby boy, his past porn addiction, a first high school crush, and the “birds and the bees” conversation with his dad during adolescence. It was clear that Todd had experience teaching high school students and that his comfort levels with the curricular content and topics were strong. Although engaging in his approach while teaching, I noticed a particular pattern in his instruction. Approximately ten times during day one of the workshop and into day two, Todd told students to repeat back what he had just said to their classmates at the shared table. Hereafter referred to as the say-to-your-partner pedagogy, each directive to students followed a particular structure: (1) Todd makes a particular point, and then (2) the point is preceded with, or followed by, the phrase “say that to your partner” or “turn to your partner/neighbor. Examples are shown below:

- “Turn to your neighbor and remind them it’s never too late to make a good choice.”
- “You’re more than your sexuality, tell that to your neighbor. There are more things to life.”
- “Sex is good, but it’s not that good, say to your partner.”

In addition to the problematic nature of such limiting and objective messages in these examples about sex, sexuality, and students’ decisions, the repeat-after-me style of Todd’s say-to-your-partner pedagogy functions to fossilize SRAE messaging through a strategized teaching technique that increases student engagement and prioritizes peer interaction.

Distracted by peer participation, this process makes students revoice Todd's SRAE messages for themselves and to their peers, an intentional move to convince or persuade students SRAE ideologies. In summary, these examples illustrate the complex and layered ways hidden abstinence-only ideologies surface through instruction and delivery during the workshop series.

Returning to Foucault's understanding of technologies and disciplinary powers that are normalized and reproduced within education and classrooms, most common examples include formative assessments, standardized practices, and statewide policies that across disciplinary domains are upheld by adults. In this framing of education's purpose, the underlying aim or goal is to create a certain kind of student: a high-achieving, critical thinker. Sex education as a disciplinary technology is situated within the larger institutionalized structure of school and therefore may have the same intentions, dependent on who is teaching what materials and in what ways. This study's findings suggest that the workshop's curriculum and the guest speakers' instructional choices function as "discursive strategies" (Foucault, 1976) that work to minimize and deny students' knowledge and experience as sexual people, ultimately creating a certain kind of sexual student: a "docile body" (Foucault, 1977). Marked by discourses of risk management and abstinence frames that are devoid of nuance and any degree of subjectivity, students in Ms. D's "comprehensive" sex education unit are far from receiving a comprehensive understanding to sexual health like the workshop proclaims.

Conclusions and Policy Implications

Recognizing that the majority of students' feedback regarding Todd and Christina's pedagogy overlooked the problematic messaging as was articulated through the hidden curriculum, it is clear that guest speaker involvement in the sexual health classroom requires a deeper investigation and critical attention. Although some "guest speakers can provide a vehicle to offer a more comprehensive curriculum or make information more accessible and acceptable to students" (McRee et al., 2014, p. 215) this study's findings expose the harmful possibilities of bringing outside sources inside the classroom. To date, community members and educational researchers are unfamiliarized with the daily processes of the sexual health education classroom due to limited access inside the space. However, in lieu of making assumptions, this article suggests exploration into this unknown and unexamined space, working alongside students and teachers: it functions as a model for future ethnographic research in schools.

In detailing this workshop, my intention is unapologetic exposure. The workshop's information is not evidence-based and overwhelmingly problematic because of the harmful and coercive instruction and false messaging of sex education for youth in schools. However in writing this, I recognize that my decisions to disengage and not expose its harm during live moments of instruction did a disservice to the students and the information they received. I should have engaged with Todd and Christina's teaching, providing alternative opinions, diverse perspectives, and critical questions that prompted students to think more critically about the materials. I recognize this as one of the many ethical challenges of doing

ethnography: balancing relationships, research responsibilities, and personal commitments. After Todd and Christina finished their workshop, Ms. D and I debriefed on the lesson. In alignment with my unsettling takeaways from the experience, she expressed shock and discomfort with the underlying abstinence-only ideologies that she heard in instruction and shared that she was not planning on inviting them back the following semester.

Sex, sexuality, and all topics and discussions about sexual health are subjective, constantly in flux, and students will continue to grow and change as sexual beings, and all educators need to be prepared and open for that complexity and shift. According to the Hillside students, Todd was an ideal educator: funny, engaging, vulnerable, and well-liked. Yet, his materials did not account for nuanced perspectives that are inclusive of diverse gender and sexual identities or experiences and this matters. This work suggests that's teachers and all invited guest speakers of sex education and related disciplines need to be in conversation from an early stage, regarding intended curriculum and instruction, and aware of statewide policies and district-level expectations and compliance. Guest speakers must be vetted, and their intentions and materials (including all lesson plans and slides) must be outlined prior to serving students in the classroom.

For comprehensive sex education programming contexts, guest speakers, like all educational leaders, administrative staff, educational researchers, and policymakers, need to recognize the varied meanings of the word “comprehensive” in comprehensive sexual health education programs and legislation. For example, does comprehensive simply refer to an extensive and varied collection of topics or does comprehensive refer to inclusive sex

education-specific policies and programs? How do these answers correlate with the teacher's understandings and the local educational policies? These questions are left with differing responses and lack universal definition, and as illustrated from Hillside, such dissonance has the potential of leaving students misinformed and ill-prepared to make decisions for themselves. This article makes this evident from inside the classroom space from an ethnographic lens, making it the first study to study guest speakers "under 'real world' conditions" (McRee et al., 2014, p. 215).

This study's findings within the California context have implications for schools and teachers, community-based organizations, researchers, and policy makers across the United States. With new federal governance, the current Biden-Harris administration has the opportunity to advance sexual and reproductive health for young people that the prior Trump administration failed to address. Examples include eliminating federal funding streams to abstinence-only-until-marriage programs, such as Sexual Risk Avoidance Education as experienced at Hillside, and instead, dedicating efforts to strengthen comprehensive and inclusive sexual health education for all youth in schools. This includes two Congressional efforts that support youth well-being and sexual health and increase community grants that center marginalized young peoples' access to care and services: The Real Education for Healthy Youth Act and the Youth Access to Sexual Health Service (SIECUS 2021; SIECUS, 2017). Holding the current administration accountable is necessary to slow the fossilizing harm of histories of past federal funding streams and current manifestations inside the

classroom; this is a continuous community effort that demands information, access, and care that support the lifelong sexual health all youth deserve.

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CHAPTER FOUR

“I Don’t Know, It Was Just Mediocre”: California High School Youth Perspectives Queer Comprehensive Sex Education Practices, Policy, and Research

Introduction

For decades, United States sexual health education in public schools has been a highly controversial issue, fueling politicized debate among parents, guardians, faith-based groups, educators, school staff, and policymakers. Discussion topics, textbook images, and instructional materials deemed “appropriate” or “suitable” by adults are implemented at the classroom pedagogy level and mandated through state-wide educational policies (Allen, 2008; Fields, 2008). In addition, sexual health education’s “effectiveness” is most commonly determined by statistical studies with evidence justifying patterns of decrease: decrease in numbers of sexually transmissible infections, decrease in numbers of unplanned or unwanted teen pregnancies, decrease in numbers of sexual partners, and a decrease of sexual activity (Allen, 2005; Bay-Cheng, 2003; Haberland & Rogow, 2015; Kirby et al., 2007). Although important, sexual health education’s goals and intentions extend beyond quantitative analyses of statistical significance. This chapter argues that sexual health education is a space for youth to gain knowledge, and understand the complex and varied dynamics of relationships, sexual experiences, bodily changes, and diverse gender and sexual identities. However, such programming goals tend to carry less value for stakeholders and remains unexplored due to the fact that research relies on information, insight, and experience from those who

experience the curriculum (and those who the curriculum is intended for) -- the youth themselves.

Youth Sexuality “At-Risk”

Invitations for youth participation and incorporation of their perspectives into sexual health education’s curriculum design and policy creation are limited, and when provided, are done so in strategic ways that still position youth sexuality as “at-risk”: at risk of acting impulsively due to heightened levels of sexual desire and at-risk of making “wrong/poor” decisions because of assumed low levels of maturity and brain development. In order to mitigate these “risky” outcomes, many adults advocate for increased supervisions, interventions, and protection. However, this “at-risk” rhetoric is rooted in perceived racialized, classist, and gendered stereotypes regarding youth’s sexual lives, particularly for LGBTQ and youth of color (Brockenbrough, 2015; García, 2012; García, 2009; Fields, 2005; Froyum, 2010; Woodson & Andrews, 2017). This leads to constraining circumstances that limit youth sexuality wherein “sexuality is isolated, disembodied, and decontextualized” (Bay-Cheng, 2003, p. 68) resulting in heteronormative and cisnormative societal standards that ultimately deny students’ agency (Ringrose & Renold, 2008).

A budding body of research dedicated to rethinking or “reimagining” sexual health education in schools has emphasized the required shift in deficit-framing of youth sexuality and recognizes the importance of including student voice and experiences into sexual health education (Allen, 2001, 2005, 2011; Coll et al., 2018; Johnson, 2011). Scholars recognize that students need to be positioned in ways that highlight their understanding of their own

sexual knowledge and that students must be given the opportunity to contribute in meaningful ways. To date, some scholarship has evaluated sexual health education programs and the impact of materials and instruction on youth sexualities using qualitative methods such as classroom observations and interviews with youth (Bay-Cheng, 2003; Fields, 2008; Fine & McClelland, 2006), yet this research prioritizes abstinence-centered approaches, leaving comprehensive sex education programming, curriculum, and students' experiences within these classrooms underexamined. This research attends to this gap, centering California comprehensive high school sexual health education, a state marked by progressive ideologies and known nationwide for its mandated comprehensive sexual health in school legislation. Adopting a youth-centered approach, this paper provides a look into what California high school students think, feel, and ultimately suggest researchers and educational leaders do about sexual health education. This paper is guided by the following questions:

1. What did high school students in health science class in a California public high school think about comprehensive sex education?
2. Did students find the curriculum and experience of comprehensive sex education to meet their expectations?
3. What suggestions or recommendations do students have for high school health teachers?
4. If students could design their own sexual health education class, what would be included?

This work is a contribution to the minimal scholarship that centers comprehensive sexual health education and does so in a purposeful way that draws on the voices of students from inside the school space, those who are experiencing and witnessing policy in practice as they learn in real time.

California Sexual Health Legislation

In 2015, the California Healthy Youth Act, previously the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (hereafter referred to as the CHYA), made specific changes to legislation surrounding sex education and HIV/AIDS prevention education in schools, outlining five purposes to its newest revisions. The five purposes of the CHYA are to provide students with knowledge and skills to:

1. Protect their sexual and reproductive health from HIV, other sexually transmitted infections, and unintended pregnancy.
2. Develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.
3. Promote understanding of sexuality as a normal part of human development.
4. Ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end
5. Ensure pupils have healthy, positive, and safe relationships and behaviors (*Health Education Framework*, Ch. 1, p. 24)

These goals are mandated through the CHYA, requiring school districts to ensure that all students receive comprehensive, medically accurate, and unbiased sexual health education and HIV prevention education at least twice in grades 7-12: once in middle school and once in high school. Teacher instruction must include conversations regarding healthy relationships and attitudes, adolescent relationship abuse, and sex trafficking. In addition, curriculum must include biological sex, gender expression, gender identity, and must explore the harm of negative gender stereotypes.

In accompaniment with the CHYA expectations and outlined goals, the California Department of Education released a newly revised *Health Education Framework for California Public Schools, Kindergarten Through Twelve Grade (2019)* — a nine chapter and over 1000 page document that serves as a standards-based sexual health instructional guide, filled with curricular information and resources for school districts to reference when considering the scope, teaching, and sequencing of their own health education curriculum. Organized by grade levels, the framework includes definitions, example lesson plans, infographics and figures, online resources, and citations of research literature that provides recommendations for health education teachers, educational leaders, and school policymakers. I highlight below some of the important messages provided in the ninth through twelfth grade chapter of the document. The first is a definition and explanation of LGBTQ+ that is outlined in its own section, a clear marking of its importance for readers:

the usage of LGBTQ+ throughout this document is intended to represent an inclusive and everchanging spectrum and understanding of identities. Historically, the acronym

included lesbian, gay, bisexual, and transgender but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future (*Health Education Framework*, Ch. 6, pp. 23-24)

This definition is historicized and is informative for the interested reader and/or current teachers of sexual health education and other subject areas in schools. It attends to gender and sexuality as an “everchanging spectrum” and recognizes that even though inclusive, this umbrella term is not conclusive nor predictable. This is a powerful description especially as the CHYA mandates such expectations as it pertains to inclusive teaching and materials.

The framework also provides recommendations for educators as they consider their curriculum, suggesting,

Additional collaboration with district-level curriculum specialists, credentialed school nurses, school counselor, your school or districts Title IX coordinator, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate (*Health Education Framework*, Ch. 6, p. 25)

The framework promotes collaboration during sexual health education and advises teachers to coordinate with resources within their schools, but also within the community. By using language like “can assist in”, the framework recognizes the support teachers may need and provide examples for such collaboration. There are entire paragraphs dedicated to “partnering with your schools,” “partnering with your community,” and “partnering with the family” (Ch

6, p. 64) and each of these sections provide examples lessons or assignments for students to participate in, either individually or in groups. The framework suggests that students do research, write papers, make presentations, and implement digital technology. It suggests roleplaying, skits, watching documentaries, creating and participating on panels with sexual health experts, researching local community resources. In one example specific to curriculum about STIs, the framework explains that “they [students] can create and present to the class a song, poem, talk show, PowerPoint, or animation” (Ch 6, p. 33) and continue by providing ways for educators to implement the suggested exercise. Overall, this framework (based on empirical evidence) is exemplary; its thorough criticality is invaluable for high school sexual health education. It declares that “ninth through twelfth grade is a critical time to provide more comprehensive and advanced learning in these areas” (Ch 6, p. 41) and its contents provide the resources for such needed implementations.

However, unlike the CHYA, the framework and its recommendations are not mandated, leaving each school district to decide on CHYA-compliant curriculum and instruction on their own terms. School districts are encouraged to provide informational nights for community members and invite public comments at school board meetings relevant to sexual health education agenda items, yet sometimes these offerings are not executed equitably (i.e., meetings are offered during work hours or there aren’t any language interpretation services available). In all, even though the CHYA demands an inclusive and informational approach, it is still uncertain as to what is happening inside California

comprehensive sexual health education classrooms and how such changes in the law are experienced by youth who are historically left from important sexual health conversations.

Theoretical Framing

In positioning queer theory as epistemologically and theoretically guiding this work, I bridge and am informed by intersectional, feminist, critical race, and queer of color critical approaches to understanding youth experiences in schools (Brockenbrough, 2015; Collins, 2002; Crenshaw, 1991; James, 2011; Johnson, 2011). Queer theory problematizes what is normative and positions itself as being at odds, disruptive, challenging, and oppositional with the socially constructed notion of what counts as dominant, normal, or legitimate (Halperin, 2003). Like theorizing queerly, positioning queer as a verb questions, extends, and unlearns existing categories, norms, and conceptualizations. De Palma (2013) explains,

if queer (as a noun or adjective describes that which troubles our implicit sense of a natural organization, queer (as a verb) is the process of consciously engaging in this troubling: transgressing normative categories or associating, recognizing and critiquing the social processes behind what feels natural. (p. 1)

Queering actively repositions and provides a space for acknowledging the range of ideas and identities of being, while also interrogating boundaries and manifestations that have yet to be explored or understood. In queering, binary oppositions are broken and “mapped” (Britzman, 1995) differently, engaging in reflexive and iterative processes that consider and validate not simply *being* queer, but *doing* queer.

Drawing on Luhman (1998), G.D. Shlasko (2005) extends queer theory's deconstruction of processes of normativity and affiliated power dynamics to pedagogical considerations of student learning and teaching. Providing the analogy of queer theory is to gender and sexuality discourses as progressive pedagogies are to mainstream education, Shlasko (2005) interrogates notions of "normalcy" and celebrates what is pedagogically possible for students, curriculum, and analysis when engaging with queer theory. This paper builds on Shlasko (2005), adopting a queer pedagogical frame to the sex education classroom space. Focusing on students' insights and experiences with the sexual health curriculum (alongside their own personal beliefs, identities, and experiences as youth), I argue that students are actively and intentionally queering pedagogy. Findings reveal that students are not merely making recommendations for the queer potential and possibilities of sexual health education but are themselves "...move[ing] toward liberation by reclaiming their own perspective as a center" (Shlasko, 2005, p. 133) – queering as exemplified by methodological resiliency.

Research Context

Hillside High and Ms. D's Health Science Class

Known within the district for its historical significance as the first public high school of the community, Hillside (pseudonym) is now one of five public schools, with Latinx students making up the majority of Hillside's total student population. Around town, school colors on bumper stickers and license plate holders are stamped on cars, parading ideals of pride for Hillside athletics and academics across town. Many of the students in attendance at

Hillside have relatives, sometimes even their own guardians, who had attended Hillside in previous years, with some currently employed at the school as administrative staff or athletic coaches.

Ms. D's Health Science Class

At Hillside, health science is a graduation requirement for all students and lasts a full semester, offered both in Fall and Spring semesters. Students are encouraged by school counselors to enroll in their first year; however due to different circumstances, some students enroll as sophomores, juniors, and seniors. In fact, there are workaround ways of “testing out” of high school health science class in the summer after eighth grade graduation, yet details are unclear and seem subjective according to circumstance. For the 2019-2020 academic year, there was only one health science teacher on campus, responsible for teaching four health science periods, a total of 134 students. A young white woman in her twenties and entering her second year of teaching in her career, Ms. D taught four periods in a row, starting with first period in the morning and running through to lunch time in the early afternoon, approximately four hours with minimal passing period preparation time. At the time, Ms. D was also the varsity women’s softball coach and considered herself a town local, growing up in a city less than an hour away and with family living close to Hillside who owned a local popular restaurant frequented by many families and friends throughout the district. Across her teaching periods, the majority of students were Latinx and white youth, first-year freshman students, around 14 or 15 years of age. However, sophomore through to

senior students were also represented along with other students of various ethnoracial and social identities, gender identities, and learning abilities.

Methodology: A Critical Queer Ethnography

Data for this paper is drawn predominately from interviews with 14- to 18-year-old students as part of a larger critical queer ethnography exploring California high school sexual health. As a methodology, critical queer ethnography problematizes historicized and traditionalized orientations to ethnography across its methods and ethics, and this approach is seminal to this paper's theorizing of sex education queerly or queering sex education (DePalma, 2013; Fryer, 2012; Ringrose & Renold, 2014). According to Rooke (2009), "queer ethnography" is not only engaging with queer theory and queer lives but it "require(s) doing justice to the ways people live their sexual identities with complexity and questioning the conditions of knowledge production" (p. 157). Learning from high school youth about their experiences with sex education in school is work toward justice for all students and their lives, creating possibilities with implications for social change (Ferguson, 2000; Kendall, 2008; Thorne, 1993). As a queer femme cisgender woman adopting a queer theoretical framing to this study, I recognize the risk of an emergent neoliberal logic disguised as queer that makes visible a white, middle-class queerness and avoids queer youth of color (Chang, 2005; Quinlivan, 2013). To avoid this, I am critically reflexive at all points of research and learn from youth about their stories and perspectives in educational contexts. Regardless of my sexual orientation or gender identity, I know my whiteness still informs my

critically queer subjectivity and affords me racial privileges and power (Cohen, 1997; Sperling, forthcoming).

Methods: Participant Recruitment, Participants, and Interviews

Recruitment for student participation for this study spanned across Ms. D's four periods of over 100 students. On my first day in attendance, Ms. D introduced me to each of the classes, providing time in her curriculum for me to talk about myself, my reasons for being in the class, and the upcoming research opportunity that I invited students all to think about participating in (at this point I only alluded to it and did not get into the details until nearing the end of the semester when sexual health started). As an "observing participant" (Cox, 2015) in the class every day that followed, I participated in activities with students, and at times, helped facilitate conversations with Ms. D (providing input as a queer white femme). As time neared to obtain informed consent and assent forms from students (the majority of them minors), I provided a small presentation about the project and invited them to think about participating, to ask any questions they may have about the project to me or Ms. D, and to voluntarily participate on their own volition. 29 total students from across the four periods decided to participate in the study, creating a mixed-grade and mixed-period sample of students (seen in Figures 1 and 2).

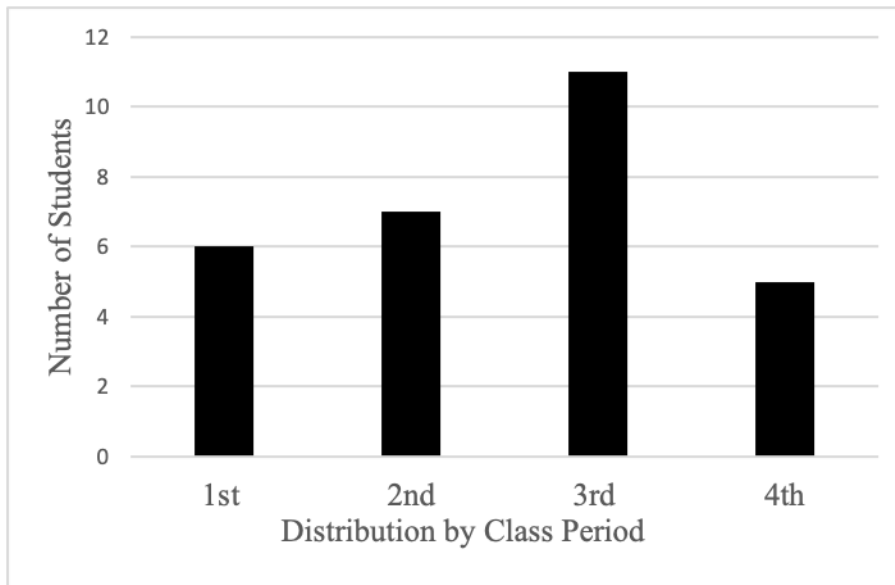


Figure 1. Student Participants' Distribution Organized by Class Period

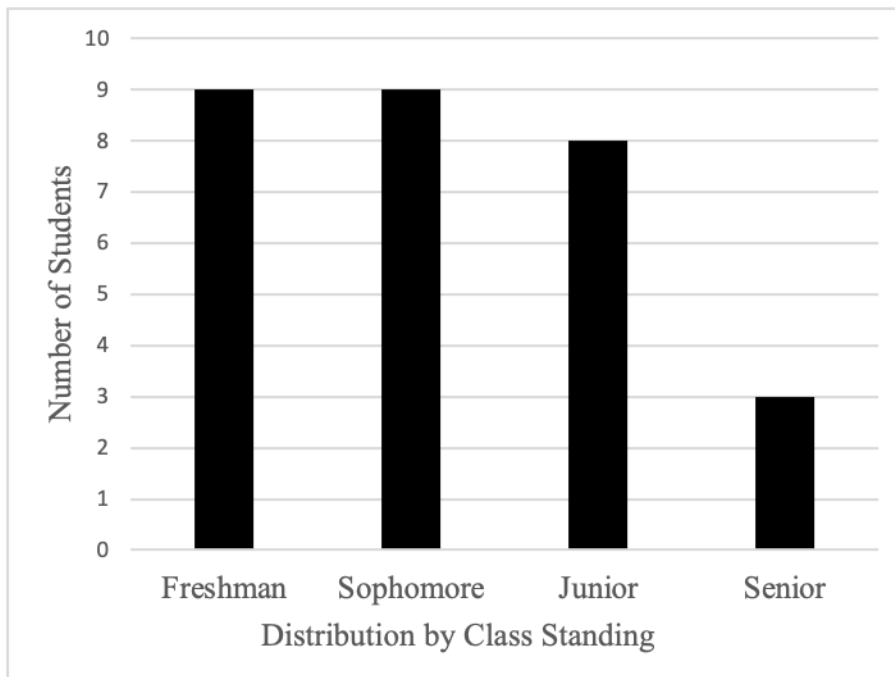


Figure 2. Student Participants' Distribution Organized by Class Standing

Although the majority of students enrolled in Ms. D's classes were Latinx students, the 29 students who chose to be interviewed included 13 students who identified as white and used he/him pronouns, 6 students who identified as white and used she/her pronouns, 8 students who identified as Latina and used she/her pronouns, and 2 students who identified as Latino and used he/him pronouns.² Within this group of participants, 6 students identified within the LGBTQ community, including gay, bisexual, transgender, and queer individuals. I intentionally avoid including each detail with student examples in the following pages to protect their confidentiality and avoid misrepresentation of their identities.

Aware that conversations around sex and sexual health can be considered sensitive topics and that sharing anything during an interview can be personal or emotionally layered (especially with me as an adult and university researcher), I provided students with the option of individual interviews or group interviews with fellow classmates. After spending months with the students and with the sexual health education unit occurring at the end of the health class, I witnessed friendships and peer relationships that I wanted to invite and encourage if students found a group option more approachable and comfortable for them. These observations also informed my interview questions with students, as I reference class moments or instances that we together experienced, providing reference points for students as they reflected.

² In these descriptions of students, I only include information they shared with me during our time together, whether in the classroom or during interviews. I did not explicitly ask for any specific information (i.e., race, gender, sexual orientation, etc.) during interviews and was not provided any background information on students. In addition, when I am able to reach the youth, I share my work with them, however I am still currently in the process of following-up with some participants for their insight as to what they prefer moving forward.

All interviews were semi-structured, open-ended ethnographic interviews that followed a relatively informal conversational pattern, prioritizing understanding the students, their experiences, their beliefs, and values (Bucholtz, 2010; Forsey, 2008). I avoided one-sided questioning and encouraged conversation fluidity, paying particular attention to power differentials, sensitive topics and materials, confidentiality, and care (Cox, 2015; Davis & Craven, 2016). Students were given the option of interview location, and all students preferred the picnic table or park bench downstairs from Ms. D's classroom door. Students were reminded of their voluntary participation and that identities would remain anonymous and confidential. Each audio recorded interview lasted between 20 and 35 minutes and student names are replaced with researcher-chosen pseudonyms.

Methods: Protocol and Qualitative Procedures

In each interview, my goal was to listen and understand students' perspectives on the two-week sexual health unit. Questions centered around students' opinions on the covered materials, their comfort levels with the chosen topics and delivered content, and if they had any suggestions or recommendations for future sex education classes and teachers. Students provided feedback and insight with respect to each day of their sexual health unit, drawing on the specific assignments and handouts from the curriculum that was available for them to look through and draw upon during the interview. Table 1 shows the breakdown of types of interview and how many students participated in each type.

Table 1. *Distribution of Student Interviews by Interview Type*

Type of Interview	# of interviews	# of students
<i>Individual</i>	17	17
<i>Dyad</i>	4	8
<i>Group</i>	1	4
Totals	22	29

Although most students chose to interview individually (N=17), a total of eight (N=8) students chose to interview with a friend, creating four dyad interviews (me and two students) that lasted between 30 and 45 minutes. Three of the four dyad interviews included students from the same class period, with the exception of one that consisted of two students who were enrolled in different class periods but friends outside of health class. One group of four students (N=4) chose to create a focus group and asked to be interviewed together during lunchtime. This group consisted of friends who were all enrolled in the same period of Ms. D's class and from the same class standing, who identified in their own ways within the LGBTQ community. As the end-of-lunch-bell rang during the first interview, the group asked to continue our conversation the following day which led to a total of two interviews each lasting around 45 minutes.

Data Analysis

After interviews were audio recorded and transcribed, they were uploaded to MAXQDA, a qualitative and mixed-methods data analysis tool that helped facilitate the

thematic analysis process. At first, I read and revisited each interview transcript: individual, dyad, and focus group. During each iteration, I reflected on earlier notes and analytic ideas from every step data collection, following a recursive process of reflective qualitative thematic analysis process: a multi-phased process that includes familiarization of data, initial or open coding processes, generation of initial themes, reviewing and (re)naming themes, and memo narration write-up (Braun & Clarke, 2006; Straus & Corbin, 1998). Through open coding, I identified patterns and clustered together data extracts of overlapping ideas, employing a constant comparative method (Glaser & Straus, 1967) to the inductive process of coding whereby data drives the coding and thematic development. For the first round of analysis, a priori codes were created based on students' perspectives, recommendations, and suggestions they had for future sex education high school classes and teachers, as they retrospectively addressed Ms. D's materials and pedagogy.

Overall Findings and Introduction of Themes

Following open coding of interviews, three themes with affiliated subthemes emerged from the data and are outlined below:

- (1) Student advice for sexual health teachers and educators
 - a. Subtheme: A pedagogy of care and realness
- (2) Proposed changes to classroom structure
 - a. Subtheme: More time together
 - b. Subtheme: Who's in the room
- (3) Students' desired additions to curriculum

- a. Subtheme: Sex and its layers
- b. Subtheme: Relationships, sex and pleasure
- c. Subtheme: Consent – sexual abuse – rape

Theme 1: Student Advice for Sexual Health Teachers and Educators

Every student interviewed spoke highly of Ms. D's teaching, highlighting the ways she made the classroom space comfortable to ask questions and educational in ways that taught them valuable information that they were not familiar with before enrolling in the class. Following students' gratitude for Ms. D's continued efforts, students offered advice for new or returning teachers or educators responsible for high school sexual health education. From their insight, one subtheme echoed across their responses: a pedagogy of care and realness in the classroom space that attends to the sensitivity and awkwardness of sexual health related topics, questions, and experiences.

A Pedagogy of Care and Realness. Findings from students offer a variety of suggestions for teachers, some addressing preferences for teaching styles and attitudes, while others attended to teachers' responsibilities if they truly want to create a positive and comfortable learning space for all students. Students explained that teachers need to be aware of the wide range of sexual experiences, identities, and knowledge that students entering sexual health classrooms bring with them. Students reiterated that some students will be more mature in their attitude toward particular topics than others and that some students will arrive with more experience or knowledge. Suggestions to teachers included:

- “Just like always have an open mind I guess, cause kids come from everywhere, like either like never experiencing some things that we covered or like have already been like through the process for years.” (Chris, sophomore, white, he/him, 15)
- “Some students will be immature, but just try to go along with it like not try to scold them. Maybe they’re just trying to make light of something hard.” (Tarick, sophomore, Latino, he/him, 16)

In these examples, Chris and Tarick do not make comparisons of maturity based on freshman or senior standing, and instead, are more critical as they advocate for a humanizing approach to student learning that is understanding of students’ lived experiences. Chris and Tarick encourage a pedagogy filled with patience and care, recognizing that students arrive to the classroom space with pre-existing knowledge and experiences that may affect how they engage with the materials. Tarick’s suggestions for teachers to “try not to scold them” and instead understand that students engage and make sense of the sexual health conversations and their own experiences in different and subjective ways is incredibly powerful especially when paired with Chris’s suggestion for teachers to have an “open mind.” Another student builds on this foundation explaining that teachers should “definitely be more embrative” (Paul, senior, 19, white, he/him, LGBTQ) to students as they make sense of new information and think through the ways it may apply to their own lives. In these examples, three separate males are speaking about teacher care and teacher connection (or realness): together they are breaking down gendered assumptions and constructions of masculinity and sexuality, notions

of toughness, individualism, and disinterest in teacher care or support (Connell, 1995; Pascoe, 2011). In doing so, they are queering or “remapping” (Britzman, 1995) binary understandings of masculinity and sexuality in the classroom, in addition to relationships with their teachers with regard to the subject materials of sexual health class.

Students reiterated the importance of making the space comfortable and how such processes are facilitated through a teachers’ willingness to be open and vulnerable with their students. Students enjoyed when Ms. D and invited guest speakers shared their own stories because as one student said, “It helps the class get vulnerable” (Abigail, junior, white, she/her, 17). Some students responded by telling teachers what they should avoid doing, focusing on specific attributes that might cause students to disengage and lose interest. One student said, “Don’t be boring, I guess” (Jack, junior, he/him, 17, white), while two other students during their dyad interview together in unison said, “Don’t be awkward” (Kristine and Stacey, juniors, she/hers, 16, Latinas). Other students mentioned the importance of balancing a strict and confident demeanor while working with students across different grade levels, in order to ensure control of the class. When providing advice for teachers, Abigail used the metaphor “teachers as guinea pigs” and outlined the inevitable discomfort students will feel with during sex education:

Don’t have the expectation that they’re gonna be fully invested in it the first hand like, it’s uncomfortable. And I know that they know that, and that’s what they all say, but regardless of how you address it and if you make it fun or whatever, it’s so uncomfortable for students to talk about. I think it’s so uncomfortable cause it’s so...

they don't know about it. That's why they are learning about it, but it's like you're kinda the guinea pig cause you're teaching them all this new information that's super uncomfortable plus they probably have all this already, interpretations of it, through social media, which makes it so much worse for your job cause you have to break all those false things. So, I think going into it with, this might not be the most smooth sailing thing.

Abigail is upfront and assertive, warning teachers of students' unavoidable disinterest due to the stigmatized and sensitive dynamics of the materials and topics. Her advice suggests that teachers recognize the discomfort (Abigail mentioning how "it's so" and "super" uncomfortable it is four times) and adopt a more experiential approach and adaptable lens to their teaching. As suggested by the guinea pig metaphor and Abigail's precautionary warning of rocky or choppy waters foreshadowed by the metaphor or "smooth sailing", her advice suggests that the experience may be more enjoyable and meaningful for both students and teachers if expectations stay reasonable.

Theme Two: Proposed Changes to Classroom Structure

More Time Together. The most common theme throughout the interviews was that students would have appreciated the sexual health education portion of class to last longer or occur earlier in the semester, providing students more time to dig deeper into conversations and ask more questions. As students reflected, some students advocated for a month-long sexual health course, whereas others an entire semester. Suggestions discouraged schools and teachers from scheduling sex education as the final unit of the health science class,

recognizing that questions arise for students after they learn materials and that they would have been grateful of the opportunity to talk or ask questions with Ms. D later during the health science class.

Unlike Ms. D's two-week experience embedded within a required semester-long health science course and occurring at the end of the unit, students suggested a variety of options for restructuring future sex education courses, all of which sharing a common thread of increased duration. "I wish you didn't keep it to the last second because there probably would have been more time to discuss it," said Nancy (she/her, junior, 16, Latina). In Nancy's example, her overemphasis on the minimal amount of time dedicated to sex education, marked by "the last second" (even though the course spanned two weeks) signals feelings of being rushed and illuminates how more time is critical for students' to learn the materials. Like Nancy, other students in their interviews expressed interest in more time with their peers, some suggesting interacting through group work instead of PowerPoint lectures or individually taking notes on handouts. One student explained that group work "really can let you like connect" (William, freshman, he/him, white, 15).

In this next example, Paul suggests that sex education be considered a course elective and not a high school graduation requirement, advocating for student choice and a deepened exploration of topics with peers: "I would probably have it be an entire semester long and just have it be something you choose to take, and it would be very extensive in every, in every different section of it" (Paul, senior, 19, white, he/him, LGBTQ). Paul agrees with other students' suggestions regarding prolongation of the course, but extends earlier findings

to speak not only about sexual health education's form, but its function. To Paul, student choice in enrollment (instead of a high school requirement) is significant to its success and its importance to students' lives. Like Nancy, Paul is describing how the two-week unit was insufficient, nor did it cover "every different section of it" in extensive ways.

Who's In the Room. During interviews, I asked students about their opinions regarding health class being encouraged for incoming freshman by school counselors. I followed up the question wondering if they enjoyed the way Ms. D's sexual health class was a mixed class with freshmen through to senior students. Students responded with mixed reviews, some suggesting that the course be required for freshman and sophomores only, others thinking juniors and seniors only, with only a few students appreciative of the mixed-grade opportunity and advocates for open enrollment:

- "I think the only thing I would change is just make everyone take it earlier. Ya, just cause like, I put it off until now, and I was even going to put it off until next year and having all of this information would have been a lot more useful at the beginning of the high school experience, versus just like at the end." (Rylan, junior, he/him 17, white)
- "I think it should be either tenth, eleventh or tenth, or eleventh really. Strictly that. Cause mixing the kids, it's a lot of you know. Maturity is being mixed and it's a very mature subject, you know." (Bryan, junior, he/him 17, white)
- "Not to bring this up, but also being in a class with younger people is definitely harder cause they don't take it seriously, in the sense of, cause I mean, I feel like

when you see it older it's like, Ooh crap it might happen soon' or you actually realize how common it is." (Abigail, junior, she/her, 17, white)

These three examples all stem from upperclassmen, with Bryan and Abigail particularly focusing on maturity levels of fellow classmates. In Bryan's example, his use of "kids" refers to younger students, particularly freshman or sophomores, as he suggests a junior year requirement and positions himself away from the "kid" label. Hesitant in her delivery, Abigail explains that as an older student, she felt that younger classmates were not mature enough or could not relate to the materials, ultimately implying a deficit perspective on freshman students by assuming lower levels of maturity and relevant sexual experience. There was however one student, a freshman who explained that,

I feel like if it's all freshman, they're just gonna be there and they're just gonna listen and there's like knowing stuff. But I feel like having a mixed class, maybe there was a senior that knows something that they don't know and then they tell you. Wow, I didn't know that. So I feel like mixed classes would be better. (Barrett, freshman, he/him, 15, white)

Barrett suggests that by solely having freshman together, the experience of sex education would be less interactive, leaving students to just exist in the space and listen. Instead, Barrett is highlighting the value of diverse experiences and the possibilities of peer-to-peer learning across grade levels.

In addition to grade level breakdowns, students also recommended that conversations around specific topics (i.e., birth control, menstruation, and pregnancy) be divided into

separated classes based on sex. Similar to international sex education scholarship that attends to young people's views on the ways sex education lessons are delivered and their preferences for either mixed-sex or single-sex classrooms (Measor, 1996; Measor et al., 2000; Strange et al., 2003) my interviews with students showed similar findings. Some students expressed that being divided into separate classrooms by gender provides opportunities that are more comfortable, creating a space to ask personal questions and share experiences free of judgement and commentary. There were, however, two students who problematized this notion of splitting up the class by sex, each offering two critical insights. The first insight comes from a dyad interview where Trina, a freshman, disagrees with her friend, also a freshman, who is advocating for single-sex classrooms. Trina interrupts her friend and says, "I think it's import---I think it's good that the guys learn about it because if they're gonna be in a real relationship with a woman, it's good they're educated on a woman's body, too." Although attending to a heteronormative frame, Trina is highlighting the value and importance of all partners' awareness of the developmental processes of their partner, regardless of the sex. The second critical perspective in response to splitting up students by sex came from Barrett, whose senior older brother was also enrolled in a different period of Ms. D's class during the same semester:

Barrett: Well, the thing is, what if someone doesn't identify

Jenny: Exactly.

Barrett: As that and then, then they get offended?

Jenny: Exactly. So, we should, we should keep it all together?

Barrett: Probably. I feel like putting it together like we did in our class it would just be like, everybody was just looking at each other like, ‘What are we doing here? This is... this is weird.’

Jenny: (laughing) Okay.

Barrett: I feel like putting it– keeping them in all classes and just the same class.

In this moment, and as foreshadowed by the way I interrupted Barrett with markedly obvious agreement, Barrett recognizes the potential of offending students who do not identify as male or female if sexual health education were to be split by sex (coming from a binaristic understanding of sex and gender) and suggests that teachers avoid splitting students.

Although Barrett does not explicitly name who would get offended, instead choosing to use the pronoun they, Barrett is indexing nonbinary, gender nonconforming, gender fluid, gender diverse, gender creative, and intersex peers. By choosing to instead stay as one class, Barrett’s suggestion avoids the possibility of doing harm and being exclusionary. This is an act of protection and allyship as he advocates for sexually diverse and gender variant youth, suggesting the class recognize and work through the “this is weird” moments together.

Theme Three: Students’ Desired Additions to Curriculum

Sex and Its Layers. With an infinite possibility of responses and an open invitation for student suggestions regarding topics they wish they had in their sex education class or that they would recommend for next iterations, the most common themes included: how to have sex, the emotional and psychological experiences affiliated with relationships and sex,

and intersecting ideas surrounding consent, rape, and sexual abuse. In the following paragraphs, I highlight how students are thinking about relationships, sex, and pleasure and are envisioning a curriculum that is extensive and inclusive, providing educational opportunities that are not only informative but consider the complexities and varied understandings of sexual health.

Relationships, Sex, and Pleasure. When I asked students what they wished Ms. D's sexual health would have covered, many students responded suggesting a curriculum that was "more inclusive" (Crystal, freshman, she/her, 15, white). Students highlighted that Ms. D's curriculum lacked representation of diverse types of relationships, particularly the ways it focused solely on heterosexual experiences, leaving many students wanting more information, examples, and explanation about "LGBTQ stuff" (Kehlani, freshman, she/her, 16, Latina, LGBTQ). For example, one student advocated for representation of gay couples. Another student requested conversations specific to lesbian sex. Another wanted to know about the different positions of having sex that were not only between a person with a penis and their partner who has a vagina.

The following suggestions are drawn from this work's only focus group interview, which included four close friends who were in Ms. D's third period class together, all of whom identified as being part of the LGBTQ community: Bo, Alex, Ezra, and Orian. Over the course of our two, hour-long, lunch conversations, the group had many suggestions for creating a sex education unit on their own terms. The most prominent theme was the group's attention to transgender people, bodies, and experiences: one of the four youth later

explaining his perspectives comes from his own identity as a trans man. The group suggested that future sex education courses adopt a trans-inclusive approach that moves beyond solely providing a definition of transgender during discussions of gender identity and sexual orientation. Ezra suggested that instructors outline the complexities of transitioning and go into more detail about the surgeries themselves:

A lot of people think you just oh, you're going to have to excuse my vulgarity, you just find a dick and boom add a dick and like that's, that's not how it goes. You have to find a skin from the arm or the thigh. It's a whole process and entirely different process for a male to female surgery.

The group agreed with Ezra, building on her attention to trans experiences and advocated for curriculum to also include the difference between body dysphoria and body dysmorphia, reiterating the importance of providing definitions and examples for students. The group explained that this distinction is not only incredibly important for understanding transgender experiences, but the confusion and lack of knowledge manifest themselves in ways that may be harmful to the transgender community; one student said, “even my therapist messes that one up bruh.” These findings contribute to existing educational research that explores the challenges of queer and trans youth in schools (Blackburn & McCready, 2009) and the work that suggests a “critical trans pedagogy” that “unscripts curriculum” (Keenan, 2017) in ways that support youth in schools. Student requests for LGBTQ-inclusive curriculum are invaluable as research continues to find that LGBTQ and gender non-conforming youth are unfairly treated, disciplined, and punished in public school spaces (Bochenek & Brown,

2001; Gowen & Winges-Yanez, 2014; Jarpe-Ratner, 2019; Johnson, 2011; Lugg, 2016; Mayo, 2014; Snapp et al., 2015). These ideas and recommendations from youth have the power to improve the quality of sexual health education not just for LGBTQ youth, but for all youth.

Students were not interested in just talking broadly about sex and the different positions or possibilities between diverse romantic partners. Instead, students wanted sexual health to include deeper conversations about intimacy in relationships, emotional and mental considerations when getting sexually involved, and different ways to think about pleasure. All interviewed students believed these conversations had value and were important for them to know. Beatrice and Abigail, sophomore and junior female students, used this moment in the interview to reflect on topics such as masturbation and orgasms, each explaining the lack of attention and knowledge to female orgasm and pleasure as compared to males. Abigail shared that there was a lack of conversation around female pleasure in school, especially among peers, admitting that she herself is not familiar with the experience and believes that other girls at Hillside are not informed either. Beatrice explained that masturbating for females was considered “a bad thing” and “slutty,” sharing that if students found out at school that a girl was masturbating. “It is just like ew,” said Beatrice (sophomore, she/her, 16, Latina). Beatrice’s insight provides a possible reason for the overall absence of any discourse of female pleasure or masturbation that Abigail previously explained: sexual pleasure carries gendered stereotypes at Hillside that signal sexual promiscuity, disgust, and shame. These student explanations echo research findings that outline how the silencing and

stereotyping of female pleasure may have ramifications for young people's sexual experiences and their own sexual identities or subjectivities (Allen, 2007; Fine & McClelland, 2006; Tolman, 2002). Both Beatrice and Abigail want sexual pleasure to be considered normal, destigmatized for females and for all people, and both hope that an inclusive sexual health education would have a positive influence on themselves and their peers.

Consent – Sexual Abuse – Rape. Many students' opinions are in direct opposition to anti-comprehensive sex education activists, who find topics such as consent, sexual abuse and rape irrelevant and inappropriate for high school youth and sexual health education curriculum. In this section, I purposefully include any and all feedback from students who explicitly mention consent, sexual abuse, or rape during our conversations; I do so because I am mindful of the possibility of students as survivors and use this space to amplify their voices and humanize their experiences. In the following examples, students push beyond learning consent's common phrasing of "no means no" and the suggested advice to frequently ask for an affirmative yes when engaging in sexual activity. Although aware of these common discourses when talking about consent, students illustrated the need for more complex conversations and detailed explorations. Students understand the seriousness of rape and sexual assault and the negative effects on survivors' lives. They are aware of the potential harm caused by a lack of knowledge and recognize how these violent and dehumanizing acts may occur with people who they may know personally, or maybe even to themselves as youth and students. Topics around consent that students suggested included:

- “Showing what consent is and like, you know, all the different things about it.”
(William, freshman, male, 15)
- “I think everybody has the general idea of what consent is but like when you go deeper into it people get confused and you know there are all sorts of little things that I think can be way better explained and touched on.” (Bo, sophomore, male, 15)
- “I think it needs to be like really like dug in, like we need to have an entire topic about that because so many people just are like ‘okay, ha ha’ and then that’s it... and how that affects people and like I don’t know like the statistics of how many people like start to like get depressed or kill themselves.” (Orlan, sophomore, male, 16)

In these three examples, male youth are suggesting that the idea or “an entire topic” (Orlan) of consent be considered its own stand-alone entity in the sexual health curriculum. Together, they address how conversations require much more than a generalized overview and need to include “all the different things about it” (William) and explain in detail “all sorts of little things” (Bo). The next examples are from two young girls, a freshman and a junior:

- “I don’t know, I think it’s important to tell people like ‘check in with your partner during sex’ and they didn’t really talk about during. You know they just talked about protection and what can happen after and what can happen to relationships.” (Trina, freshman, female)

- “But maybe touching more on rape and sexual assault and the basis of what it is... going into high school I think everyone’s experienced some sort of it, for girls especially, every girl has experienced unfortunately something like that... I definitely think talking about what sexual assault looks like, cause I don’t think people know, so they kind of go along with it and they don’t know and that can be really hard on them mentally.” (Abigail, junior, 17, white)

Building on the boys’ earlier calls for criticality and complexity with respect to consent, Trina and Abigail’s suggestions also provide invaluable insight. Trina attends to the continuity associated with consent and how the process is not one of ‘checking a box’ before engaging in sexual activity; instead, Trina explains (using gender neutral language that is inclusive) the importance of “check[ing] in with your partner during sex,” highlighting the conversational and reiterative process of obtaining consent.

Disheartening to hear and even to analyze, Abigail situates the high school context and experiences of youth with forms of sexual assault and rape, writing that “I think everyone’s experienced some sort of it, for girls especially, every girl has experienced unfortunately something like that.” I remember how startling her insight was for me during the interview for two specific reasons. The first was the seemingly nonchalant way she described the phenomena, as if this was a normalized and understood fact for high school girls. Secondly, her explanation about girls not knowing what sexual assault and rape is, causing them to “...kind of go along with it.” No survivor in this world deserves this and youth need to know to how to prevent this from happening. California’s *Health Education*

Framework's chapter for high school sexual health education includes a study from the National Intimate Partner & Sexual Violence Survey (CDC 2010) which found that “29% of female rape victims were first victimized as a minor between the ages of 11–17, making middle school and high school critical times to discuss culture change and non-victim blaming prevention strategies” (Ch 6, p. 53). Statistics and Abigail’s insight highlight the necessary urgency of this matter in sexual health classrooms and schools.

Rape and sexual abuse are extremely sensitive topics for students to engage in and for educators to teach, however in California it is required by law in school districts that have health education as a graduation requirement. Education Code 33544 (S.B. 967) requires that school districts include instruction on California’s affirmative consent standard: “the yes means yes law” that defines affirmative consent as, “an affirmative, unambiguous, and conscious decision by each participant to engage in mutually agreed-upon sexual activity” (S.B. 967). Consent is ongoing throughout the sexual experience. Although it is not required that consent be taught during comprehensive sex education, “...there is natural overlap between the law relating to affirmative consent standard and the California Healthy Youth Act” (ACLU of California, n.d). It is clear that students do not feel that this was addressed in the detail it deserves at Hillside, which speaks to implementation of policy into practice. In addition, and although in sharp contrast to an abstinence-only agenda, findings show that teaching students about consent, sexual abuse, and rape provides youth with the information and opportunity to build skillsets that prepare them for healthier relationships and safer sex – skillsets they want to and are ready to learn.

Findings show that students have an abundance of dynamic and complex questions that span across a range of topics covered in the sex education curriculum. Yet, due to time and curricular constraints, these students carry their questions with them outside of the formal classroom space. This became particularly apparent during interviews with students, as some used this personal and confidential time together as an opportunity to ask me questions, making for a more conversational and informational interview process for all participants involved. The following examples are students from different classes of Ms. D's: Alicia, a freshman and Latinx/white female from 4th period, and Abigail, a junior and white female from 2nd period. In the first example, Alicia is responding to my question about the effectiveness of the PowerPoint slideshow and accompanying note packet Ms. D used when covering the sexually transmitted diseases and sexually transmitted infections portion of the unit. Alicia commented, "I think they were helpful because I didn't even know about the difference between an STD and an STI, but I...but I'm pretty sure they're the same, right?" Before responding, Alicia pauses, the utterance "uhh" signaling her hesitancy and uncertainty on the topic of STDs and STIs. She continues, admitting that previous to Ms. D's class, she was unaware of the difference between the STIs and STDs; however as she finishes, she contradicts herself, ultimately asking me as the positioned knower of information if in fact she is correct in her thinking, heard by her increased intonation as she says, "Right?" At this moment, Alicia negates her previous comment on the materials as "helpful" because she is still unsure if STDs and STIs are the same or if in fact they are different. Alicia is using this time together to ask me for clarification and I respond to her question, first drawing on Ms.

D's materials from class and then by adding my own explanation in response to Alicia's question.

The next example is from my interview with Abigail, who while interviewing had questions and felt comfortable asking:

Abigail: Oh, I do have a question. I mean this is kind of a personal question, but it's like...I know the chances of STDs and stuff are fairly high just because, I don't know, from what I gathered from class. I don't know if that's true, but so, say you're not having sex or just, you're fooling around with a guy who has had experience. Would it be smart to ask him to get tested or no...so...for example... it's my boyfriend. He's older. He's had sex multiple times.

Jenny: Sure, with different partners?

Abigail: Different partners. I'm not thinking, 'Oh, you know, he probably has something' but the thing is, I don't know. You know what I mean? And I told my mom and she—I mean she's obviously more worried than anyone cause...

Jenny: Cause she's your mom.

Abigail: And my friends were saying she's overthinking it and all that stuff, but at the same time, they are my friends, and I don't know, they're probably just like...I don't know, but I don't know if it would be a wise idea to be like, 'hey, do you wanna get tested just to be sure?' but

I don't wanna say that, but at the same time should I not be worried? I don't know...you know what I mean?

As we continue talking, I insert my own personal stories about testing, having sexual partners and complexities being queer and getting tested, Abigail had more questions:

Abigail: And then also...so I know birth control can have a lot of effects on you and your body.

Jenny: Absolutely

Abigail: Which is fine. So, would you recommend getting birth control if it's just... I mean I'm not planning on having sex soon, but I don't know when it's gonna happen and I don't know, wanna be like, 'oh, shit,' and have it happen and I'm not on birth control. But how likely is it to affect you? Cause I know it can affect your periods and your skin and your weight and all that stuff, which is just very... I don't know if they're temporary and also your moods.

After asking about testing in the previous question, Abigail is now asking about my personal opinion regarding starting birth control and the possible effects. In these examples, both Abigail and Alicia have turned the interviews into personal information sessions, or opportunities to ask questions in a place they felt comfortable or at least compelled to do so, with me as their guide. These findings build on Tanner et al.'s (2007) work that recognizes the role of all school personnel in students' "healthy sexual development and decision-making ability" (p. 91). Although not school personnel, my continued attendance in Ms. D's

classroom every day of the semester positioned me in a similar manner. Over the semester, I created relationships with both Abigail and Alicia, each in their own special ways: Abigail and I were partners on classwork the majority of the days due to our shared table space and Alicia and I knew grew close because of our shared love for basketball. In addition, my role as a varsity girls' basketball coach at a different high school in the district caused us to see one another frequently throughout the season. These strengthened relationships led both of the girls to feel at ease seeking guidance and trusting my advice in these settings, while simultaneously queering the normative interview expectation of researcher questions participant and participant answers. I was no longer the researcher seeking insight from students, but instead students became the researchers seeking insight from me.

Discussion

A queer pedagogical orientation to sex education and the centering of youth voices uncovered students' dissatisfaction with sex education's current schooling-as-usual practices. Every student interviewed wanted more from their sexual health education experience: more time dedicated to the sex education unit, more topics covered, more interaction with their peers during groupwork, and more detailed explanations and considerations relative to sexual experiences and sexual identities. In addition to students seeking more, students already have questions that they wish to have answered, and as illustrated through interview examples, they will ask those questions if provided a particular setting or people or situation they feel meets their needs to be inclined and ready to do so. Although this point may seem like it carries a simple solution, this creation of a "safe" or "comfortable" or maybe even

“trustworthy” space for students to explore themselves as sexual people and learn about sex education is far more complex; it requires theorizing queerly about what educators might normatively consider these spaces to be. Adopting a queering approach to sex education, we must recognize that each students’ experiences are unique and context dependent as are definitions, values, and topics regarding sex education. Unlike geometry where triangles always have three straight sides and three angles that together total 180 degrees, sex education doesn’t follow such disciplinary order. Instead, its topics and understandings are constantly changing or adapting to new knowledge and as queer theory suggests, makes room for undefinable and infinite possibilities. With such indeterminacy, we as educators must balance being as prepared as possible for such changes while simultaneously learn with and from youth about the questions and experiences they share with us and the moments they seek information. Each student’s recommendation in this paper is a learning moment, an invitation into youth worlds that reminds us adults about our responsibilities to unlearn normative constructions of youth sexuality.

Future Directions

Unlearning current and normalized deficit framing of youth sexuality while also creating meaningful relationships with students requires endless time and life-long dedication. However, there are existing resources that help facilitate this process that manifest themselves at state and local legislative levels, but also within communities: for example, youth-led organizations or advocacy efforts dedicated to queering sex education. For California specifically, the *Health Curriculum Framework* as described in the

introduction is a document that must be mandated across health classrooms and used by all teachers, administrative staff, and policymakers. The framework prioritizes youth, recognizes their identities and interests, and then actively provides resources and information to help respond to their questions and desires, in collaborative and engaging ways. It should be used in trainings, alongside the toolkits that are provided by the California Education Department in order to hold all adults who have decision-making power accountable. Readers outside of California must similarly educate themselves with both local and state-level legislative documents.

Although vital to hear and validate youth perspectives, it is equally as important to critically engage with youth and their ideas beyond exploratory or imaginative inquiries. This is a limitation of this paper's work as I only included imaginative or conditional questions in the interview format and did not push beyond the interview's boundaries to any sort of action. In line with Coll et al.'s (2018) suggestion of "(re)positioning young people as architects of their own learning" (p. 162) through Youth Participatory Action Research (YPAR) projects specific to sexual health education, this paper suggests YPAR as not only a viable research approach, but as an implementable methodological practice and shared ideological awareness across educational institutions and learning spaces. Pairing YPAR with sexual health education creates a powerful youth-centered opportunity to queer existing educational policies, practices, and pedagogies. All power-holding stakeholders (educators, parents, community members, school board members, local/state/federal government employees, and educational policymakers/researchers) must incorporate youth participation

and YPAR in ways that value students' autonomy over their bodies and their sexual health. Queering the business-as-usual approach is the only way materials and instruction will surely reflect students' needs, interest, and desires. Mediocrity can no longer be tolerated, or the current "comprehensive" way will continue to leave youth uninformed and unfairly unprepared for their futures.

References

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CHAPTER FIVE

Conclusions

I texted JL before I started to get into writing this final chapter. It had been months since I had seen or heard from him, but I realized that a global health pandemic and that the world is in disarray might have something to do with it. I wanted to see how he was doing, gossip about his last year of high school and graduation plans, and connect with him to share the current state of my research and his overall representation in the project. I was so excited when he responded to my text:

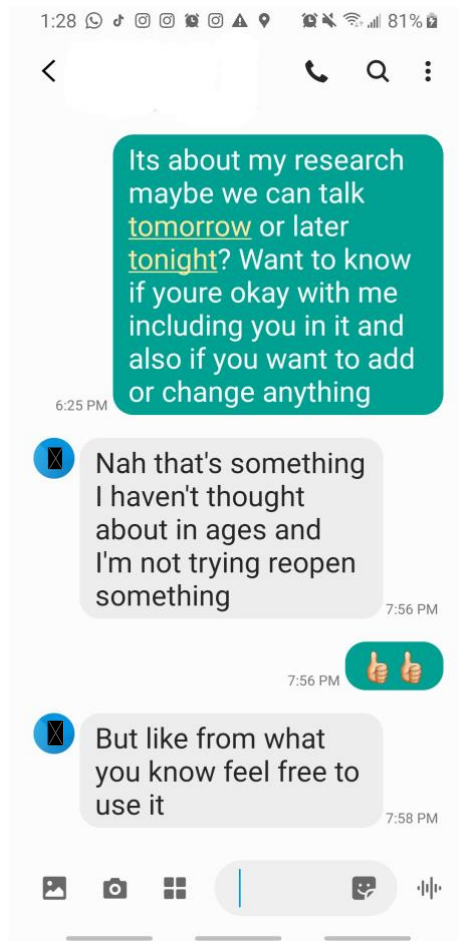


Figure 1. Snapshot of text conversation with JL reproduced here with his approval.

After reading JL’s response, I felt sad and conflicted, but then I started to worry not about him, but about me. My researcher-self wanted to immediately reply: “Why? Reopen what?” I wanted to ask questions that would invite JL to share with me the details. I questioned what the “it” that he “hasn’t thought about in ages,” was in reference to, but then I

stopped. I vividly remember taking a deep breath and telling my brain and body to regroup and to pause. I responded with the thumbs-up emoji.

I conclude by returning to the story of JL as I introduced at the start of the dissertation to emphasize the complexities of youth work and sexual health. As illustrated both in the introduction and now in the conclusion, I purposefully make visible how I catch myself in this moment, as I am caught up thinking about my research and the dissertation over the experience and JL as an individual. In both instances, back in the “recovery room” emailing myself and here via text, I wanted more information from JL. But it wasn’t just that I wanted more; I *expected* that after building a relationship with JL that those requests would come. In particular, I thought that since JL had asked for my support during the school term and shared personal experiences with me at the clinic that he would be open to reconnecting and talking more at this stage in the process. Yet, this is unfair and a terribly wrong assumption. In fact, this is my naiveté as a researcher, and more specific to this context, it is my own lack of realization that this is not a supporting and caring relationship. In 2019, JL went through something that he felt inclined to share with me; however, now in 2021 things are different, regardless of the fact that this dissertation and my research continues on. As adults we need to remember that youth lives need to be youth-led and youth-run. At times, youth will have questions and need guidance or support, and in other times, they will not. JL’s story illustrates the nuances of relationships, youth-and-adult, and the researcher-and-participant connection that provide a look into the complexities of the politics of youth sexuality, sexual health research and sex education.

Sex Education's Shortcomings

Contemporary debates over sex education echo concerns from the 1980s that are steeped in divisive opinions regarding societal norms and expectations of gender, sexuality, schooling, and youth subjectivity. Assumptive adults who are influenced by medicalized evidence, governmental propaganda, and uninformed opinions make claims about healthy sexuality that have harmful effects on young people's lives. Yet, even though policies are created to deter such wrongdoing and harm from happening in schools and to youth, findings in this work have illustrated legislative insufficiencies regardless of their inclusive intentions. Each one of the chapters in this dissertation braid the familiar threads of sex education's failing ways of reproducing gender, racial, and sexual inequalities through exclusionary classroom practices and cisnormative and heteronormative curriculum, ultimately leaving youth misinformed and unsatisfied. In Chapter 2, images of "normal" bodies organized around a sex and gendered binary of reproductive systems exclude intersex people, anatomy, and experiences. Analysis highlights how institutionalized control and discriminatory ideologies vis-à-vis the federal government and educational policies against intersex variation manifest within the sex education classroom, implicating teachers, students, and materials together in harmful processes of dehumanization. Chapter 3 reveals the critical need to assess guest speakers' roles and responsibilities inside school's sex education classroom. Todd and Christina's materials and pedagogical strategies reinforced abstinence-only ideologies and excluded diverse gender and sexual identities and experiences. In addition, their teaching of romantic relationships and love-centered discussions centered

strictly around monogamy and commitment as determined and achievable only by marriage, signaling that any other choices would negatively affect students' futures: physically, romantically, psychologically, and emotionally. Lastly, Chapter 4 uncovers students' overall dissatisfaction with Hillside's sex education unit; every student of the 29 interviewed wished they had an extended time to explore a more diverse range of topics in complex and critical conversations that provided ample opportunity to ask questions. For example, students recognized the lack of LGBTQ+ representation in the materials and an underlying focus on heterosexual sexual experiences. Youth voices and insight queer "normative" sex education pedagogy through each recommendation, reclaiming the information and education that has been stripped from them by adults. In conclusion, close examination of the California Healthy Youth Act legislation in practice at Hillside still reinforces historicized inequalities regardless of the state-mandated "comprehensive" policy in place that is positioned to prevent such wrongdoing to occur.

Research(er) Limitations and Ethnographic Tensions

Although introduced at the start and returned to throughout each of this dissertation's chapters, ethnographic tensions, research challenges, and overall limitations to the work require further explanation. Specifically, I start with my racial, gender, and sexuality identification and researcher positionality, take the adequate time to think deeply about what opportunities I was afforded, and what I chose to do, or not do, when engaging with Ms. D and youth at Hillside during classroom instruction and in interviews. One major limitation to this work is the underrepresentation of minoritized student participants and their experiences,

however such findings suggest racialized dynamics of researcher-participant relationships and high school sex education. The majority of the students who volunteered to participate in this research are white students: minoritized students may not have felt comfortable participating or sharing their experiences with me or within the classroom space more broadly (recognizing that Ms. D was also a white woman). This finding suggests the need for student relationships with high school health educators of color and educational researchers that foster opportunities for minoritized students to share their experiences with people who they may feel more comfortable with because of related or shared experiences. Another limitation to this work is a consequence of my decisions regarding my relationships, both human and non-human. During classroom instruction, interviews, after-class debriefs, or randomized conversations with students, guest speakers, and Ms. D, I chose to interact (or not) in ways that impacted the overall research experience and findings. In addition, although unintended, my more hands-off relationship with problematic materials, antiquated worksheets, and harmful instructional content in the classroom space allowed for harm and misinformation to reproduce in ways that could have been stopped with agentic intervention.

Future Directions for Research and Practice

This dissertation joins a community of scholarship and intellectual power, standing in solidarity with thinkers, organizers, and activists who truly believe young people deserve liberatory sexuality education: specifically, minoritized and systems-affected youth. This work joins scholars dedicated to youth sexual health and school-based sex education that

have reimagined classroom practices rooted in abstinence-only versus comprehensive binaries, who have problematized neoliberal education systems and associated policies, and who have drawn on sociopolitical powers and community contexts to critically examine intersections of gender, race, class, and sexuality in classrooms and schools (Allen, 2011; Bay-Cheng, 2003; Connell & Elliott, 2009; Fine & McClelland, 2006; García, 2009; James, 2011; Lesko, 2010;). Scholars alongside youth have been doing this critical work and this dissertation is an extension of their thinking. This project would not exist without them and the tireless commitment and I want to name that these conclusions are just new leaves on shared stems rooted from the seeds they planted.

Policy Recommendations: The California Healthy Youth Act (CHYA)

On paper, California' comprehensive sexual health education and HIV prevention education legislation titled the California Healthy Youth Act heralds inclusivity, anti-discrimination, and a commitment to preparing youth with sexual knowledge and resources applicable to a diverse range of experiences. However, after careful examination of its contents juxtaposed with its implementation in the classroom, its intentions and shortcomings require a closer analysis. I draw your attention to the "opt-in" versus "opt-out model" that the CHYA provides parents/guardians as a way to have more control over their students' learning: 14 days prior to the sex education unit parents/guardians can opt their students out of all, or parts, of comprehensive sexual health education or HIV prevention education. As the Oceanview context has shown, parents/guardians want to play a substantially important role in sex education's structuring and policy decisions. Although I recognize the value of

this responsibility and power (and that I myself am not a parent), I want to stress that this takes the choice and decisions away from students and places the power in adults' hands. I'm reminded of Paul's recommendation in Chapter 4, where he suggests that sex education should function as a stand-alone elective course that students choose to take, as they would other elective classes like art, video production, mock trial, or a foreign language. Like Paul, I find that the opt-in model (as guided by students and not parents/guardians) is a more meaningful approach whereby students' have agency over their own sexual health. However, I realize that such an approach runs the risk of students choosing to not take the course and therefore miss critical opportunities for information and building sexual health skillsets. However, as youth from Hillside voiced that they desire more sexual health information and education, I am confident that the majority of students would choose to enroll in this course when they wanted and were ready to do so.

In addition to the opt-out approach enforced by the CHYA, legislation outlines that "instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so" (EC Section 51933). In addition to the exclusion of gender nonconforming and gender nonbinary individuals with its use of "his or her," this explanation of required criteria again locates "parents, guardians, and other trusted adults" as youth's primary resource for communication. However, where is the encouragement to talk with other youth or student peers? Why does legislation avoid centering students themselves as trusting interlocutors? As a queer person not out to even my own parents and some of my

closest friends, I know it is hard to find adults who I trust to support my identity and decisions or who I feel confident asking questions or sharing personal experiences. This is incredibly worrisome, especially for students who do not fit heteronormative, cisnormative, monogamous and white frames of standardized reference or for students who do not have trusting adults in their closest familial circles. In all, this adultist frame assumes expertise and trustworthiness based on age and unjustly puts the responsibility on youth to find these resources or communicative outlets on their own. During this study, many students at Hillside shared that they talk to their friends or siblings if they have questions, with some even expressing that they look to the internet as their guiding source – where does that leave them? The CHYA needs to encourage communicative strategies with friends while also preparing youth with the skills they need when searching online for information. Recommendations for implementing such changes include explicitly naming students and peers as trusted sources for communication and providing a new subsection to the CHYA require criteria that focuses on building internet searching skillsets.

As described in earlier chapters, the CHYA has an accompanying document titled the Health Education Framework (revised in 2019), a resource guide for educators and parents that attends to the state's health standards organized by school grade levels. Within this document dedicated to health science, sexual health education is explored in great detail. During the revisions process and based on California community input through focus groups and thorough research into empirical studies across the nation, the framework provides lesson plans, definitions of key terms, discussion questions, and other helpful material for

implementation in classrooms are easily searchable and free. However, unlike the CHYA, this framework is not mandated for viewing or implementation. When I approached Ms. D about the framework, she was not aware of what I was talking about, which makes me question how many other health teachers across California are also unaware of the resource. After reading this document and hearing students' perspectives regarding classroom pedagogy and the need for more in groups, more critical and deep discussions, and more expansive inclusion of sexual health topics (as seen in Chapter 4), I suggest that the Health Education Framework be *required* material for all health teachers to read prior to receiving their credential. In addition, it should be referenced and included in professional development days for teachers and administrative staff in schools throughout the academic year.

Teacher Recommendations: Varied Resources, Reflexivity, and Teacher Training

In addition to reviewing documents provided by the California Department of Education or other state-created resources for those outside of California, teachers need to be thoroughly trained and therefore qualified to teach sex education or schools run the risk of misinforming and harming students. To prevent such deleterious outcomes, teachers need to be provided with resources that will improve their own teaching and sex education classes. For example, the well-known leading national nonprofit organization, SIECUS: Sex Ed for Social Change, is dedicated to advancing sex education and has released three guidance documents to improve sexuality education: the National Sexuality Education Standards (FoSE, 2011), the Professional Learning Standards for Sex Education (SEC, 2018), and the National Teacher Preparation Standards for Sexuality Education (FoSE, n.d.). Drawing on

the expertise of national, regional, and state-based organizations, these three documents help guide curriculum, instruction, and assessment with the overall goal of improving implementation of sex education in schools. During professional development days, teacher should collaboratively work through the documents and reflect on the materials, making connections to their own personal experiences and their overall goals for the sex education classroom.

My recommendations for educators are also informed by my participation in online webinars and professional development opportunities that are offered through larger nationwide organizations and research institutes, including Advocates for Youth, Gay Lesbian and Straight Education Network (GLSEN), SIECUS: Sex Ed for Social Change, and Planned Parenthood. Since the move to distance learning during COVID-19, many of these organizations have provided online resources for educators for free. One example is from Advocates for Youth who have held virtual sex education trivia for youth (with special prizes), webinars with professionals that address birth control access for youth during COVID-19, and a virtual professional development experience that uses artificial intelligence for educators to practice teaching sex online. In Figure 2, I provide a look-into their first public demonstration of the virtual professional development opportunity, where educators (including me) practiced teaching sex education topics with a trained coach to student avatars at chosen grade levels of interest.

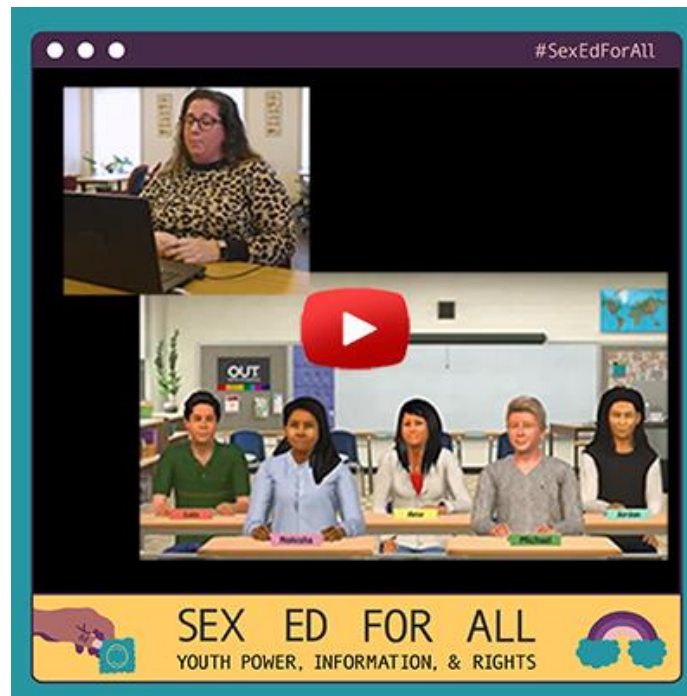


Figure 2. Email image taken from advertisement for virtual professional development for teaching sex education online by Advocates for Youth.

In addition to nationally recognized and funded organizations dedicated to sexual health and sex education, social media platforms (particularly Instagram and TikTok) are significant resources for teachers and educators. Many sexual health educators, pediatricians, social workers, and community youth workers have created their own curricula, networks of support, inclusive images and classroom materials or resources from their own experiences and expertise. These professionals are not as frequently cited nor recognized across academic platforms, and I make space for these individuals and communities for their work. A few examples include: @latinegrasexologist, @sexpositive_families, @cindyleealves, @jvulva, @froeticsexology, @howlatthewomb, @ thembianaiya, and @stephaniespeakshere.

Lastly, and most importantly, I encourage an increased and consistent attention to personal reflection and critical reflexivity for teachers and all staff within schools. All educational leaders working with youth (including pre-service and in-service teachers) need to (re)assess themselves and their comfort and confidence level teaching sex education materials. If there are subject materials or topics that bring discomfort, worry, or hesitation, they need to work through them and educate themselves in ways that will best prepare them for such a complex and nuanced experience. One way to normalize this continued process of reflexivity is through teacher education programs and continuing professional development. Teacher education programs need to provide the space and coursework that has teachers think critically about themselves (and their peers) and their attitudes toward teaching sexual health education topics that some might find unfamiliar or uncomfortable: for example, gender identity or sexual orientation (Haberland & Rogow, 2015). This is the teacher's responsibility, and in some states, the law. Sufficient time toward critical reflexivity must be dedicated to ensuring the best learning environment for students.

Classroom Recommendations: Prioritizing Youth-Driven Curriculum

Youth perspectives are critical to visionary or imaginative thinking that queers the normative construction of classroom pedagogy and current manifestations of sex education. It is important that readers are clear that the recommendations I provide in this section for sex education classrooms and sex education teachers are built entirely from what students shared with me during my time at Hillside while also paired with my own experiences in the class with them. This section purposefully amplifies their perspectives, decentering the narratives

of adult-centered suggestions in sex education research (Fields, 2008). Although restricted to the California frame, these recommendations are transferable to abstinence-only programs and other variations taught across the nation because, as research shows, these programs are not effective and do not meet students' needs (Santelli et al., 2017).

The title of Chapter 4 summarizes the current state of Hillside's comprehensive sex education classroom and warrants its necessary restructuring: "it was just mediocre," as one student explained. During interviews youth expressed that more topics and more time are top priorities and in order to make such requests a reality, I offer curriculum-focused recommendations for teachers that incorporate the youth they serve. In all, educators and students in schools need to work together in creating the sex education students want and deserve. One suggestion that invites collaboration is for teachers to consider adding elements of youth feedback into their teaching through classroom assessment techniques (Angelo & Cross, 2012): anonymous and ungraded opportunities that request student input. Prior to the start of the sex education unit and during classroom instruction, students may respond to an anonymous poll or a written feedback form where they make suggestions about topics they would like to explore in class. In addition, they can provide any questions they might have at the time or any other additional comments they would like to share with the teacher prior to the unit (personal information included). This would give the teacher an opportunity to synthesize students' needs while also balancing district expectations and state-mandated legislation. More importantly, this strategy is youth-driven and engages the schooling

community of peers and teacher in intentional ways that encourage open and honest conversation and engagement with youth.

Research Recommendations: YPAR, Queer Methodologies, and Community-Based Solutions

Recognized as a limitation to this study's work, future research interested in school-based sexual health (regardless of whether it is an examination of curriculum, instruction, or outcomes) must be youth-run and youth-involved. I return to Coll et al.'s (2018) suggestion referenced in Chapter 4, as they write about "(re)positioning young people as architects of their own learning" (p. 162) through YPAR methodologies and sexual health exploration. I echo their theorizing and know that YPAR creates powerful opportunities for students to engage in research processes within their own communities and on their own terms (Sperling, 2020). For example, students decide if research stays within the locale of the school or if it extends into the less formalized spaces where sexual health learning and education still occur. Similar to Coll et al.'s (2018) attention to youth-led research via YPAR, James (2011) calls for a new research space within youth sexuality studies that,

contributes to the construction of an integrated Black feminist, queer, and pleasure-centered model of sexuality education that allows youth to freely ponder/discuss/theorize about race, class, gender, and age tensions as they relate to sexuality. Sexual health educators could work together with Black girls to develop modes of addressing these tensions in ways that respect the vast variety of individual feelings on sexual pleasure and danger. (p. 42)

James' (2011) attention to intersectional analyses (drawing on Black feminist and queer theories) and their suggestion for Black girls to collaborate with sexual health educators as they make sense of their own experiences with sexuality, is the necessary future direction of sex education research and collaborative models of teaching within schools. From this frame, students are positioned as decision makers and prioritized as thinkers and theorists, working alongside sexual health educators. James' (2011) decision to use "sexual health educators" instead of teachers is another important distinction that I intentionally signal in this context. As illustrated through analysis of guest speakers' curriculum and messaging to students in Chapter 3, it is imperative that professionals working with youth in schools are qualified to do the work in ethically and inclusive ways that meet district and state requirements. The differences between a sexual health educator, teacher, and guest speaker are blurred and this opacity runs the risk of potential misinformation and harmful effects on students in schools; Todd and Christina are examples of this. School administrators and teachers need to actualize and practice a formal process whereby invited speakers undergo an initial informational conversation. During this time, learning objectives and curriculum are shared, providing all involved the space to ask any questions or express comments and concerns. Not only does this process standardize the expectations in schools, but it also starts to build community between the school leaders and those invited to the classroom.

Through this research inside Hillside and my own participation within the Oceanview community, I have learned that school-based health teachers who cover sex education in their curriculum are not the only people in youth's lives that educate or communicate with youth

about sex and sexual health information: sex education comes from within the community. Drawing from her work in community-based organizations, Baldrige (2019) writes that we must recognize "...an ideological shift from viewing classroom teachers as the only bearers of knowledge" (p. 206) and incorporate youth workers and learning in community-based spaces of learning. Youth professionals across learning environments and inclusive of international settings, such as nonprofit organizations or afterschool clubs and sports groups, are also critical to the conversation of youth sexual health and have lasting effects on youth lives. As shown in Chapter 2, for example, independent intersex advocacy groups and other international activist networks are positioned as powerful resources dedicated to supporting youth and their perspectives provide critical insight for sexual health education reform for youth in K-12 schools. As I have started during this work and will continue to explore, future research will include a close examination of youth workers' roles as sexual health educators outside the formal school space. Deeper understandings of the ways youth experience sexual health information inside schools and outside schools make for a more holistic approach that this field requires.

In addition to informal learning spaces that have physical locales within the community that usually have time and curriculum allocated to sex education-related materials, there is a budding field of work within youth sexuality studies research that explores teaching and learning sex education in the digital world. As reflected in this dissertation, the shift to online learning because of COVID-19 drastically shifted teacher curriculum and plans for instruction, leaving many students missing the sex education unit

entirely. But what would (or does) teaching sex education look like online? How is it different than in-person facilitation? These questions bring new ethical considerations for teachers and researchers, including issues of student privacy, access, and comfort that comes with navigating this complex terrain in a digital world. I trust that youth perspectives will again play a seminal role in this research and analysis, as we look to them for perspectives regarding online searches and digital media forms.

An abolitionist approach to school-based education?

My hopeful and imaginative repositioning of sex education in schools are met with my own hesitancy and disdain, as I too believe that “this broken, neoliberal inflicted system, while enacting violence primarily on Black and Latinx bodies, has ruined us all” (Miguel & Gargano, 2017, p. 7). Although recommendations that seek to dismantle current school-based sex education approaches are important, I question their potential and possibility after witnessing firsthand the ways research continues to find flaws and shortcomings. From this work’s findings, it is clear that school-based sex education is part of the system Miguel & Gargano (2017) describe and that this dissertation’s introductory theorization of schools as ecosystems of violence that reproduce inequalities is correct. Sex education in school functions as a mechanism of governance and power over students’ learning, growth, and development. In addition, policy’s limited attention to implementation juxtaposed with harmful curriculum, pedagogy, and instruction systematically shapes and controls students into the “responsible sexual agent [who] is self-sufficient, self-regulating, and consequence-bearing” (Elliott, 2015, p. 213). Unless the system no longer exists, this neoliberal attention

to personal responsibility will continue to infiltrate teaching and learning due to public education's sustained and reproduced histories of pain and violence.

Adopting abolitionist logics, Miguel & Gargano (2017) argue that intersectional feminism is the tool needed to eradicate the current system and rebuild anew suggesting that we look to students and their families to guide us towards a reconstruction of an education system that works for them, that holds their humanity tenderly, that fights for their potential and that aims to secure their futures... it will value the poor, queer, disabled and people of color and not only recognize how their humanity has been wrongfully threatened but also facilitate reparations (p. 7).

This vision humanizes students and their families and in reading brings up feelings of radical love and a commitment to healing and justice – the antithesis to U.S. public education as it is today and how it has existed since its foundation. The authors' suggestion does not revolve around reforming existing policies or defunding governmental money streams because this does not break the institutional foundation and organizational structures that maintain disciplinary order and hegemonic control. Minoritized student populations' everyday experiences in schools are restricted and bounded by the oppressive and institutionalized racism, sexism, heterosexism, classism, ableism, and transphobia they face on a daily basis. This begs the question: how can all students experience equal and equitable public education, inclusive of sexual health education?

Many scholars, particularly scholars of color, have dedicated their efforts to addressing this question and have recommendations and suggestions for a new public

education system. Dumas (2014) suggests a complete “re/decentering” of whiteness, explaining that recentring whiteness occurs when the political gaze is shifted away from students of color, and instead, focuses on the ways wealthy white families “hoard educational resources for themselves, and create exclusive educational spaces that limit access to others” (p. 11). Decentering whiteness refers to the discourse of desegregation and how necessary it is to unpack the histories of greed and entitlement that fueled the debate and continue to fuel segregationist ideologies and practices in schools.

Hines & Wilmot (2018) similarly articulate the essential move in decentering whiteness by developing “spirit-healing” pedagogies that address the anti-Blackness and racialized and gendered violence experienced by Black girls in schools. They believe that educators must actively resist white supremacist structures and eliminate disciplinary policies in schools that delegitimize and dehumanize Black girls and Black people. It is not enough to admit that the current public education system is simply doing a disservice to youth today because “children are being punished instead of educated in US schools” (Giroux, 2015). If the current repressive tools continue to victimize and be harmfully used by those in dominant decision-making places, inequalities in education will continue to reproduce gendered and racialized violence against minoritized groups: “...for the master’s tools will never dismantle the master’s house” (Lorde, 1984).

Like the aforementioned anti-Blackness within the United States public education system, sex education is built atop that historical foundation. School-based sex education abolition requires a deepened understanding and recognition of the violent, exploitative, and historical

harm of Black and Brown bodies. These are only representative of a few of the truths of America's history that have shaped sex education to be what it has been for decades. Students need to know and learn these histories. An abolitionist approach to sex education knows that anti-discrimination laws and policies focused on diversity and equity practices do not do enough to support youth, particularly gender variant and trans youth (Bassichis, et al., 2011; Meyer & Keenan, 2018). Well-intentioned invitations that foster feeling of inclusion inside a fundamentally exclusive and oppressive institution are not viable solutions. New visions of sex education cannot continue to reproduce histories of discipline and punishment and instead must love and care for all youth and the decisions they make. Sex education must stop stigmatizing youth sexuality, teen moms, LGBTQ youth of color, and all marginalized youth. Although a bold suggestion, I believe we must work toward abolishing school-based sex education and the public school system as it exists today because it is failing to provide young people with the sexual health education they need. However, this is a much harder goal to meet than merely updating antiquated curriculum and creating inclusive or "safe" spaces (which are also incredibly necessary). It requires educators, including classroom teachers, administration, outside guests, and family members to be critically reflexive of themselves and their own assumptions regarding sexual behavior, decision-making processes around relationships and sexual experiences, and sexual health information and materials they believe to be important and valid. More specifically, it demands that the gendered sexual and racial/ethnic stereotypes about minoritized students are unlearned through invaluable introspection. Given what I have learned from students at Hillside and youth across

Oceanview, investing time in ourselves and with others for complicated and deeper discussions are a pedagogical necessity inside and outside of the classrooms. Families and communities need to be involved in collaborative ways, providing spaces that allow for misunderstandings or differences of opinions to be shared and worked through in beneficial ways for all involved. Lorena García (2012) writes, “If we want students to take their sex education seriously and to benefit from it, then we need to take students seriously as sexual subjects” (p.156).

When youth learn and practice the power of unpacking and articulating feelings, emotions, and traumas in ways that feel right and truly respect their bodies, and their whole selves, I believe they will be prepared to make informed decisions about their health, their relationships, and their lives. This requires building skillsets and humanizing processes whereby all youth ultimately advocate for themselves, each other, their loved ones, and their communities. For me, and this entire project, this is sexual health. It is a project of liberation, of affection, and of mutual care and respect that all youth deserve because I know that sex education saves lives.

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APPENDIX A

Guide for Interview with Students

Interview Reason/Purpose: I first just want to say thank you so much for taking time out of your day to talk with me. I have some questions planned to help guide our conversation, but I am really hoping to take the conversation as you prefer it. There is no right answer to any question, and we are here doing this so I can learn from you about what you think. If there is any question you feel super icky or uncomfortable about, we can skip it no problem. Or if you decide that you just don't feel like talking anymore, you are also more than welcome to leave, and we will stop. I also want to invite you to ask me any questions, about anything, at any time. It can be about the material, off-topic, or just a clarifying point or question you might have. I have also provided us with a recap of the topics covered and the materials used in the comprehensive sex education unit for reference. And lastly, I have blank paper here if you ever feel like drawing or charting out your ideas works better for you or is more comfortable for you as we talk through these sensitive topics.

Recording plans: I also plan on recording the conversation on this device. At any time if you'd like me to stop recording, or if you want me to delete or cut out any particular part, just let me know and I will do that no problem. I also wanted to remind you that this information will be anonymous and will only remain in my possession. Does that work for you? Do you have any questions before we jump in? Okay great.

Potential Questions

- Drawing on previous knowledge
 - o What sort of experience did you have with sexual education prior to the time with Ms. B?
 - o Are there other places where you have learned about sex education? How does that compare to the semester with Ms. B?
- Experiences with sexual health curriculum
 - o What are your thoughts on the material covered during the comprehensive sex education portion of health class?
 - o What topics covered in your sexuality education class were most relevant to you? Which did you find least helpful?
 - o What do you remember most about the class?
 - o How did it feel talking about and learning about (sex, gender identity, STIs, etc.)?
 - o Do you think things could have been done differently?
 - o If you could design a sexual education class what would it include?
 - o What sorts of suggestions or recommendations do you have for high school health teachers or younger who teach sex education?

APPENDIX B

Guide for Interview with Teacher

Interview Reason/Purpose: I first just want to say thank you so much for taking time sit down and talk with me formally like this. I know we have spent countless days talking through ideas and debriefing and I really appreciate your time now with me. I have some questions planned to help guide our conversation, but I am really hoping to take the conversation as you prefer it. My goal with this interview is really to understand your experiences as a health teacher, specifically as the sole person responsible for covering comprehensive sex education. Like, I tell the students in our interviews, there is no right or wrong answers to any questions – I’m honestly interested in hearing about your experiences and perspectives. If there are questions that make you uncomfortable or feel too personal, you do not need to answer. Or if you decide that you just don’t feel like talking anymore, you are also more than welcome stop the interview. I also want to invite you to ask me any questions, about anything, at any time. And lastly, I have blank paper here if you ever feel like drawing or charting out your ideas works better for you or is more comfortable for you as we talk through these sensitive topics (I also provided students with this option).

Recording plans: I also plan on recording the conversation on this device. At any time if you’d like me to stop recording, or if you want me to delete or cut out any particular part, just let me know and I will do that no problem. I also wanted to remind you that this information will be anonymous and will only remain in my possession. Does that work for you? Do you have any questions before we jump in? Okay great.

Potential Questions

Experiences as a teacher:

- I know you and I have talked a little about this in the past, but what made you decide to go into teaching?
 - o How did you end up here at?
 - o Is it different than your previous experiences?
- What are some things you’ve learned about this school since being here? For example, if a new teacher was interested in coming here and teaching, what are some important things to know that you would share?
- We have shared space now for quite some time and I understand the daily period logistics, but what is your overall typical day like from start to finish?

Teacher thoughts on CA Healthy Youth Act and teaching requirements

- How does the new legislation with sex education play into your decisions you make as a teacher?
- In looking through the material covered and activities that you chose to do with the students in the unit, which did you like the best? Which do you think you will repeat? Why is that?

- In teaching this material, what have you found most difficult? Are there any particular emotions that this unit brought up more than others?
- What sort of support are you getting from others regarding these new requirements? Are there trainings or staff meetings that are organized around this?
- In what ways do you think this could be improved?