

Dissolution of Tennessee's Percentile Rank Sex Education System and Suggested  
Improvements to Tennessee's SB 3310 Legislation

by  
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A thesis presented to the Honors College of Middle Tennessee State  
University in partial fulfillment of the requirements for graduation from  
the University Honors College.

Fall 2020

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## Acknowledgments

Firstly, I would like to thank the Honors College, Honors staff, and Middle Tennessee State University for giving me the chance to pursue my education without major debt due to the transfer fellowship scholarship. This scholarship allowed me the opportunity to expand my scope of knowledge and it has made me realize that I still have so much left to learn.

Secondly, I would like to thank Dr. Monica Wallace for continually supporting me and encouraging me no matter how daunting this writing process has felt at times. She believed in me and that in turn made me believe in myself. I will always be grateful that I got blessed with such a kind, patient, and smart advisor who made time for me despite all her current responsibilities.

Thirdly, I would like to thank my reader Dr. Ashleigh McKinzie for always pushing me to look beyond societally construed ideas in order to acknowledge disparities and injustices that prevail in modern society. I would also like to thank her for encouraging me to chase my dreams.

Fourthly, I would like to thank my family for constantly supporting me, making sure I eat, wiping my tears, and listening to me ramble endlessly about sex education in Tennessee and other places around the U.S. and the world. I would like to thank my mom for always rooting for me even when I could not seem to see the end of the tunnel.

Fifthly, I would like to thank my other two-thirds (the other two in my triplet set) for endless proof reading and their encouragement. I cannot imagine any phase of life without them. They have been my rocks since birth.

## Abstract

Sex education has varied throughout history and continues to evolve in response to societal change and sex education research. In the modern era, American sex education varies according to state mandates. In Tennessee, the most current sex education legislation that was released is Senate Bill 3310. The bill was signed by Governor Bill Haslam on May 10<sup>th</sup>, 2012 and since then has been amended many times with new additions or clarifications due to things like unclear word choice (“State”, 2020). Senate Bill 3310 is the first ever abstinence-centered sex education in Tennessee creating a bridge for Tennessee sex educators between abstinence only sex education and a more comprehensive sex education. In this thesis, I analyzed the major components of SB 3310 and found literature that offers societal, sociological, psychological, or statistical support to include additional facets of sex education currently not included in Senate Bill 3310. Additionally, I analyzed the percentile rank sex education system and rallied for the justification of its removal.

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## Sex Education History

Since sexual intercourse is a requirement to perpetuate life on earth, a knowledge of sex has been necessary throughout human history. However, for many centuries, open and frank discussions about sex were not commonplace. Prior to the 19<sup>th</sup> century, discussion concerning sex took place predominantly in the quiet seclusion of individual homes within family units and, “the conversations tended to be minimal, usually a mix of practical physiology and moral instruction, grounded in religious standards” (Huber & Firmin, 2014, p. 25). As Huber & Firmin state, “most believed that this topic was not an appropriate responsibility for the school and that doing so would supplant the role of the parent” (2014, p. 25-26). In many societies sex was deemed only for marriage (Peterson, 1983).

Our nation held tightly to the ideals of its forefathers, consistently stressing in public discussions the foundational beliefs of abstinence until marriage and the view of sex primarily for childbearing with little to no discussion regarding sexual intercourse for pleasure (Reed, 2003). However, by the end of the Progressive Era (1880-1920), American society began to view some matters about sex differently (Moran, 1996). There was an immense change in societal views toward sex. The Progressive Era concluded with a sexual surge, what is infamously known as the “Roaring 20’s”; it was now socially acceptable to engage in sex for pleasure. The 1920’s were marked by a breakdown of sexual taboos, which led to an overwhelming “sexual obsession” (Huber & Firmin, 2014). In the aftermath of such a “sexually unconstrained society” emerged an increase of health concerns such as sexually transmitted diseases and infections (Huber & Firmin, 2014).

The tremendous effects venereal diseases were having on the military's manpower subsequently brought on by the promiscuity of the "Roaring 20's" began creating complications for the military strength and caused enough alarm that the military decided action needed to be taken to prevent the continual increase in venereal diseases (Huber & Firmin, 2014). Therefore, the rise in venereal diseases within the military engendered the need for the first ever sexual education outside of family units. The War Department of 1918 not only provided sex education to its servicemen but also instructed them to be pro-active by taking this information home to their younger brothers (Huber & Firmin, 2014). During this same time period, the very first sexual education campaign of billboards posting such powerful statements as "Fight the Enemy at Home" emerged (Maxwell, 1919). This campaign was the catalyst which led to the fiercely debated introduction of sexual education in public schools in the 1920's (Harris, 2015).

The initial experimental school-based sex education program began in a Chicago public school in the early 1900's. The Chicago public school was chosen due to the daunting rates of STD's and prostitution in the region. The experiment included an innovative sex education program for the era, covering physical facts, the necessities of waiting until marriage for sexual intercourse, and discussion of sexually transmitted venereal diseases (Huber & Firmin, 2014). However, this campaign was met with such grave opposition it stopped after one semester. Huber & Firmin state, "[w]idespread sex education in the schools was still an idea whose time had not yet come, but the foundation was largely built during this period" of the Progressive Era (Huber & Firmin,

2014, p. 32). However, in Chicago and other urban areas “reformers grew increasingly concerned about sexual vice, prostitution, and venereal disease [...] and they began to suspect that these carnal errors were the direct result of the public's massive sexual ignorance” (Moran, 1996, p. 481). These concerns led to the reintroduction of sex education in Chicago public schools and other urban public schools throughout the nation (Moran, 1996).

However, this reintroduction of sex education caused controversial debates among liberal and conservative parties (Huber & Firmin, 2014). Liberals were pushing for sex education in schools and conservatives were opposing the role of the school as a sex educator. In attempt to halt sexual education as a mandated class addition during the Intermediate Era (1920-1960), some school officials, politicians, and common folk attempted to mediate a middle ground between blatant denial of education (which leads to ignorance) and the incorporation of sex education classes within schools. This middle ground was achieved through the application of minimal sexual education in the form of character education. Therefore, sexual education became an integral part of the movement encouraging character education (Huber & Firmin, 2014).

Character education curricula integrates a moral and upright ideal of societal information that is deemed beneficial to the “character” of students. Therefore, character education curricula implemented inclusion of components that teach students how to be productive citizens. Some examples would be teaching things such as compassion, loyalty, honesty, respect, and responsibility (“Character”, 2020). These qualities viewed as instilling character are camouflaged into standard curriculum classes, such as, Biology, English, Physical Education, and the Social Sciences (Huber & Firmin, 2014).



Despite reaching a middle ground, many people strongly fell into one of two camps: either for or against sex education. After a middle ground was mediated, some communities continued teaching sex education within schools (outside of just the minimal sex education that was being taught through character education). Nonetheless, from the 1920's to the 1950's, both sex education classes and character education programs predominantly emphasized a concentration on premarital abstinence and fidelity within matrimony (Huber & Firmin, 2014).

As the Intermediate period ended, it gave way to the genesis of the “Great Sexual Revolution” of western civilization (1960-1980). The Great Sexual Revolution is often referred to as “a time of sexual liberation” and it began predominantly amongst those protesting the Vietnam War with their “Make Love – Not War” slogan. However, the fuel of the great sexual revolution was believed to have additional impetus from the release of oral contraceptive in the 1960's and the rallying of scholars such as Sigmund Freud, Otto Gross, and Wilhelm Reich who all supported the ideas of sexual liberation including sex for pleasure (Thompson & Baker, 2013).

Wilhelm's beliefs coincided with the nations interest in sexual encounters (outside of sex for procreation alone) like seeking orgasm and experimenting with non-heterosexual sexual pleasures (Bramwell, 2018). “Not surprising[ly], the public display of sexuality affected school sex education, further greasing the wheels on a train headed towards heated battles in the near future” (Huber & Firmin, 2014, p. 36). Following the Intermediate Era, “[r]ising concern about nonmarital adolescent pregnancy beginning in the 1960s and the pandemic of HIV/AIDS after 1981 shaped the need for and acceptance of formal instruction for adolescents on life-saving topics such as contraception,

condoms, and sexually transmitted infections” (Hall, K; Sales, J; Komro, K; Santelli, J, 2017, para. 1). The integration of a more informative sex education was an aftermath decision based on the results of individuals not waiting until marriage for sexual activity. However, while schools began integrating more sex education, they were not supported by the government in their decision to teach beyond just abstinence (Harris, 2015).

Despite the U.S. ranking first amongst developed nations for teen pregnancy and STD's/STI's, by the 1970's most states continued to refuse governmental funding unless “abstinence-only” sex education was taught (“Sex and HIV”, 2020). This refusal of governmental funding deterred some schools from teaching a more comprehensive sex education due to needing the governmental funding. The Sexual Revolution ended with an unsettled, yet increased debate between abstinence-only versus the idea of a more comprehensive approach to sex education that was supported by government funding. This controversial debate between abstinence-only and a more comprehensive sex education continued into the 21<sup>st</sup> century (Huber & Firmin, 2014).

#### Modern Era Sex Education

Currently, in the Modern Era (2020), individual states within the United States mandate their own sex education programs through legislation which means that there are significant differences in curricula from one state to another (“State”, 2020). Many states do not require a mandate of sex and/or HIV education. In fact, 17 out of 50 (34%) states do not currently mandate sex education and 8 out of 50 (16%) states do not mandate HIV education (“Sex and HIV”, 2020). States vary in regard to general requirements for sex and HIV education, content requirements, and life skill inclusions. Unsurprisingly, the variation in these curriculums effects the level of sex and HIV education that students

receive across states. Individual states vary in whether they choose to mandate the provision of abstinence-only, abstinence-based/ abstinence-centered, comprehensive sex education, or no sex education curriculum (“Sex and HIV”, 2020).

States vary on general requirements pertaining to whether they think sex education or HIV education should be mandated and the content that should be taught. For example, states make choices about whether the material should be medically accurate, age-appropriate, culturally appropriate/unbiased, and whether they think it should promote or not promote religion. State requirements differ regarding inclusion of discussion about contraception, abstinence, importance of sex only within marriage, sexual orientation, negative outcomes of teen sex, and whether HIV education should discuss condoms and/or only abstinence (“Sex and HIV”, 2020). States also have different rules regarding the parental role. For instance, there is the question of should a parent be given a notice and/or provide consent to their child taking sex or HIV education, or should a parent be allowed to opt their child out of sex and HIV education (“Sex and HIV”, 2020).

An additional area where states curricula vary relates to the life skills discussed within sex and HIV education. Examples of topics that fall under the life skills category include healthy relationships, sexual decision making and self-discipline, refusal skills and personal boundaries, consent, dating, and sexual violence prevention (“Sex and HIV”, 2020). Some of these life skills are very similar to character education lessons that began to be integrated into sex education during the Intermediate Era. For instance, self-discipline relates to responsibility and personal boundaries relates to respect, which applies to respect for others space (“Character”, 2020).

## A Brief Overview of Tennessee Sex Education History

As aforementioned, sex education entered American public high schools in the 1920's (Harris, 2015). The exact year that sex education began in Tennessee is hard to tell due to varied documentation of a starting date. Although Tennessee curriculum implementation followed the American cycle of sex education curriculum previously described, Tennessee laws always tended to fall on the more conservative side with their views of sex education. Like other U.S. states, Tennessee schools began incorporating sex education by teaching health and character-building classes in public schools that contained minimal sex education (Huber & Firmin, 2014). In the 1980's, Tennessee began to exclusively teach abstinence-only-until-marriage sex education ("Abstinence", 2017). This form of sex education taught students that waiting until marriage was the only right option and that premarital sex could lead to adverse physical and psychological ramifications ("Abstinence", 2017).

Abstinence-only-until-marriage sex education received stark opposition from adolescent sexuality researchers. In fact, "[t]hirteen leading experts in adolescent sexuality research and policy, including Guttmacher Institute researcher Laura Lindberg, reviewed the scientific evidence accumulated over several decades [and] [...] conclude[d] that AOUM [(Abstinence Only Until Marriage)] programs are ineffective, stigmatizing and unethical" ("Abstinence", 2017).. Many people in Tennessee began to push for a more comprehensive sex education that better informs Tennessee adolescents. In 2012, the senate passed legislation (known as Senate Bill 3310) creating an abstinence-centered or abstinence-based sex education (Johnson, 2012).

According to Senate Bill 3310:

‘Abstinence-based’ or ‘abstinence-centered’ means an approach that promotes sexual risk avoidance, or primary prevention, and teaches vital life skills that empower youth to identify healthy and unhealthy relationships, accurately understand sexually transmitted diseases and contraception, set goals, make healthy life decisions, and build character. (Johnson, 2012, p. 1)

Tennessee’s sex education is mandated on a percentile rank threshold system, meaning that “sex education is required in a county if the pregnancy rate is at least 19.5 or higher per 1,000 young women aged 15-17” (“Sex and HIV”, 2020). Tennessee’s current curriculum allows discussion about healthy relationships, sexual decision making, self-discipline, refusal skills, personal boundaries, dating and sexual violence prevention, importance of sex only within marriage, and the negative outcomes of teen sex if the percentile rank sex education threshold is met. Tennessee also has a mandated HIV education program that teaches students that the way to avoid HIV is abstinence (waiting to engage in sex until marriage). Tennessee’s sex education program does not mandatorily include topics related to consent, sexual orientation, contraception (including the basic condom), or sexual relations other than heterosexual penile-vaginal intercourse.

Looking to the Future of Sex Education in Tennessee

In the modern day, many individuals are still activists for a more well-rounded sex education curriculum. Many activists disagree among themselves regarding what is age-appropriate and beneficial for adolescents to learn. Therefore, the mandating of what is age appropriate could be a potentially beneficial component for Tennessee legislative

leaders to continue to discuss and include in legislation. SB 3310 shows significant change and shift in values for sex education curriculum in Tennessee schools. Looking into what the majority of other states are doing and the positive impact may allow a better understanding of topics and concepts that may similarly benefit Tennessee youth in a positive way.

### My Research Suggestions in Response to SB 3310

I have spent the past year analytically reviewing SB 3310 and reading research related to sex education curriculum and health outcomes for youth. I have read scholarly evidence that is in support of potential changes to TN SB 3310. This research opened my eyes to facets of a healthy sex education curriculum that Tennessee is currently missing. During my research, I looked at abstinence-only data, comprehensive sex education data, religious belief factors, non-religious belief factors, conservative agendas, and liberal agendas.

Overall, I looked at additional multiple perspectives in order to form a comprehensive, analytical, literature search and review. I continually saw references to four broad things that differ between the Tennessee sex ed curriculum as compared to other states or variables that seem to be nationally left out of sex education mandates. These four differences include: (1) the percentile rank sex education system, (2) discussion on consent/respect, (3) exclusion of discussions in regard to sexual orientation/sexual identity outside of the heterosexual norm, and (4) discussion about the sex spectrum scale. The overall goal was to accurately interpret whether the research and data I found provides evidence to support Tennessee expanding its sex ed curriculum in a way that may possibly be more balanced and comprehensive while intentionally taking

into account the religious and moral aspects of abstinence-centered sex ed. I discuss how these four specific proposed changes to sex ed in Tennessee SB 3310 have the potential to benefit our state's health and wellness and lead to a more equipped and informed society.

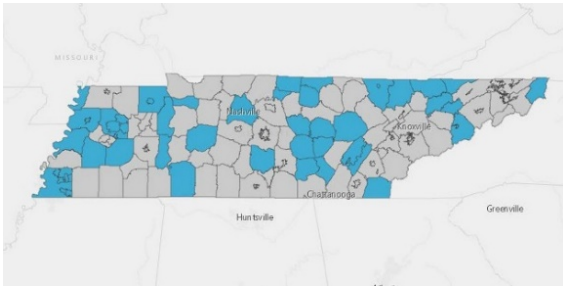
### Percentile Rank Sex Education

The first change I explore is the removal of the percentile rank system used to determine under what circumstances abstinence-centered sex education is mandated to be taught in a school district. Percentile rank sex education is when sex education is mandated or not based on the teen pregnancy rates in a county. These teen pregnancy rates vary from county to county and therefore determine the mandate of sex education for adolescents and teens within each county in Tennessee. According to Guttmacher Institute, in Tennessee, “[s]ex education is required in a county if the pregnancy rate is at least 19.5 or higher per 1,000 young women aged 15—17” (“Sex & HIV”, 2020). Tennessee is the only state that uses the percentile rank system for sex education, which is a reactive system where sex education is implemented after children are born, pregnancy is terminated or miscarriage resulting from pregnancy complications by young parents. Teen pregnancy statistics are calculated by adding the number of births, abortions, miscarriage, and stillbirths that are carried by teenage girls (“Tennessee Data”, 2020).

Based on use of the percentile rank system, how many counties in Tennessee are mandated to offer sex education? The most recent data I found (see Figure 1) came from data collected by the Tennessee Department of Health in 2013. The data are represented on a color-coded map to reflect which counties have a pregnancy rate exceeding 19.5 per

1,000 females, ages 15-17 (“Map”, 2015). Counties colored in a blue hue are the counties that exceed the 19.5 requirement for the mandate of sex education. The gray color represents counties that remain below the 19.5 threshold for sex education mandate in Tennessee.

Figure 1:



(Permission granted to use image via personal communication on 9/16/2020 at 8:58 AM by Comptroller of the Treasuries Director of Communications, John Dunn)

This is Tennessee’s most recent county data, and it equates to only 37% of counties in Tennessee being mandated to teach sex education in 2013. Therefore, 58 out of 95 (61.053%) of Tennessee counties in 2013 were not required/mandated to teach sex education. This data shows an immense disparity in the mandate of sex education in Tennessee in 2013.

#### Most Recent Tennessee Teen Pregnancy Data

Teen pregnancy has been on the decline in Tennessee and nationally, yet the U.S. rate is still one of the highest in the developed world (“Teen”, 2020). Based on the most recent data “[c]onsistent with national trends, Tennessee’s teen pregnancy rates per 1,000 females declined from 49 in 2013 to 32.5 in 2016 (“Teen”, 2018). A decline in teen



pregnancy is a good thing and beneficial to the health of individuals and society.

However, a decline in teen pregnancy could mean the percentile rank threshold is unmet which simultaneously leads to the possibility of no sex education provided by schools in some Tennessee counties. Sex education has numerous beneficial components outside of the prevention of teen pregnancy and the use of the percentile rank system potentially takes away these educational opportunities and results in students possibly missing out on education about such topics as healthy relationships, sexual decision making, self-discipline, refusal skills, personal boundaries, dating and sexual violence, STD's, or contraception. Furthermore, if schools do not provide sex education, then where does this education occur for those students who live in Tennessee counties where sex education is not guaranteed?

If Not Schools, Then Who?

Some sources of sex education that children and adolescents may seek out include peers, parents, or social media including pornography (Brown & Keller, 2000). However, there are possible pitfalls that arise when children receive their primary sex education informally about sex. Nevertheless, when sex education is not taught within schools then children and adolescents are undoubtedly going to learn about sex in some other way.

During childhood, adolescence, and the teenage years people tend to spend a large portion of time surrounded by peers their same age due to public and private education being a reality for most students in which students are categorized with other students who are their age (by grade). These “[p]eer groups are social groups that consist of people of the same age [that tend to] have similar interests and usually equal in terms of the education and social class” (Peci, 2017).. According to statistical data from the US

Department of Education, in 2012 only 3.4% of U.S. students were homeschooled; therefore, 96.6% of U.S. children in 2012 were in public or private schools for a time span approximately between 5 and 18 (“Statistics”, 2020). This is on average a 13-year span of time where children, adolescents, and teenagers are influenced by their peer groups and have the opportunity to obtain sex education in a school setting by a trained teacher who could provide age appropriate information that could guarantee medically accurate and complete information, which may not be provided by other outside sources like peers. Mandatory school sex education would allow sex education curriculum to progressively build from year to year as age appropriateness is justified. Thus, engraving such knowledge into young minds by using repetition, just as the math and reading curriculum do, and meaning that sex education can grow and change as students do.

While in school, peers are influenced by what other peers are doing or believed to be doing sexually. According to *The European Journal of Contraception and Reproductive Health Care*, “Sexual permissiveness of peers is associated with a higher frequency of sexual practices considered risky. The attitudes of peers with regard to contraception are associated with protective contraceptive attitudes” (Potard, Courtois, & Rusch, 2009). Therefore, peers can both positively and negatively influence one another in regard to sexual promiscuity and the use of contraception. However, when peers are learning from peers instead of from educated teachers, peers may present inaccurate information and apply pressure to engage in sexual activity without accurate sexual understanding. The abstinence-centered sex education curricula when mandated discusses these issues and helps youth navigate these peer pressures by equipping students with

knowledge about refusal skills, personal boundaries, sexual decision making, and self-discipline.

A second way that children, adolescents, and teens may obtain sex education (especially if it is not offered at school) is from their parents. Survey data from 2014 indicates that, “Forty-three percent of parents say they feel very comfortable talking with their children about sex and sexual health. However, 57 percent said they only feel somewhat comfortable or uncomfortable talking to their children about sex and sexual health” (“New”, 2014). Therefore, the majority of parents reported feeling some level of discomfort talking about important sexual information including contraception and sexual pleasure (“New”, 2014). This means that if sex education was left up to parents alone, then only 43% of parents would feel very comfortable educating their children. However, within this 43%, how many of these parents provide adequate comprehensive sex education?

Consistent with the survey results regarding level of comfortability among parents, the parents surveyed reported a strong level of support for sex education programs in middle and high school (“New”, 2014). Additionally, data from Planned Parenthood indicates that “[m]ore than 90% of parents support sex education [programs] that cover a wide range of topics in both high school and middle school” (“Lack”, 2015). Schools are in the position to provide accurate education and fill in the gap for parents who are uncomfortable teaching their children. However, this education is not guaranteed for families that live in one of the 58 Tennessee counties not mandated to provide comprehensive sex education.

A third way that children, adolescents, and teenagers can learn about sex is through media usage. In modern society “[s]exual content is highly prevalent in traditional media, and portrayals rarely depict the responsibilities and risks (eg, condom use, pregnancy) associated with sexual activity” (Collins, Strasburger, Brown, Donnerstein, Lenhart & Ward, 2017, p. iv). This surge of sexual content in media exposes children, adolescents, and teenagers to ineffective sexual education due to media being more focused on drawing audiences and gaining profit margins than promoting healthy sexuality (Brown & Keller, 2000). This “[e]xposure to such content is linked with shifts in attitudes about sex and gender, earlier progression to sexual activity, pregnancy, sexually transmitted infection among adolescents”, a greater acceptance of violence, unlevelled concentration on male-centered pleasure, and objectification of women (Collins et al., 2017, p. iv).

Nonetheless, a minority of media outlets do promote responsible sexuality; 1 in 11 television programs that display sexual acts make mention of risks associated with sexual activity (Brown & Keller, 2000). However, this type of responsible discussion about healthy sexuality in television shows tends to bring in less revenue and thus is less common in media. Therefore, some television programs place a higher concentration on profit over social responsibility (Brown & Keller, 2000).

One form of media that children, adolescents, and teenagers may learn about sex from is pornography. According to Psychology Today, “[p]ornography is the world’s single most influential sex educator”; however, pornography exaggerates and removes several important components of sex and sexual safety. Pornography inaccurately displays partners as always eager, displays male penises as bigger than average, displays

instant erections, and displays inaccurate displays of fellatio to intercourse percentages (Castleman, 2012). On top of those sexual inaccuracies pornography also ignores contraceptive use or the connection between intercourse and possible pregnancy or sexually transmitted diseases (Castleman, 2012). Pornography has become so commonplace in society that “[t]he first exposure to pornography among men is 12 years old, on average” (“Pornography”, 2020). Therefore, adolescents and teens are potentially exposed to inaccuracies which they may unfairly project upon their future partners.

In Tennessee, school-based sex education curriculum must be medically accurate and age appropriate; therefore, standards are in place that protect children from inaccurate or age inappropriate information. Peers, parents, and media will continue to teach about sex regardless of whether or not sex education is mandated in schools; however, having a mandated sex education in school systems ensures that young minds have an readily accessible opportunity for students to be guaranteed scientifically accurate information that prepares them to make informed sexual decisions.

### Sociological Outlooks

Sociologists often examine possible social injustices and seek to find social justice. According to *Salem Press Encyclopedia* social justice “occurs when members of a society value all human beings and ensure that people are treated equally regardless of their personal or social characteristics” (Comstock, 2019). On the contrary, social injustices negatively impact society by allowing some people to be privileged and some people to be mistreated due to unfair and absurd reasons. Some reasons that citizens receive unfair treatment are due to race, geographic region, gender, age, religion, education, sexual-orientation, and social class (Comstock, 2019).

I would like to argue that the use of the percentile-rank sex education system in Tennessee is a form of social injustice. As noted previously, the percentile rank sex education system is solely based on teen pregnancy rates in each Tennessee county. If a county is above 19.5 pregnancies per 1,000 women between the ages of 15 and 17, then the state determines that sex education should be taught (“Sex and HIV”, 2020). Thus, the percentile rank system distributes sex education dependent upon where one lives within Tennessee’s ninety-five counties (“County”, 2020).

Further, this geographic-based pregnancy statistic also only focuses on the number of pregnancies and it excludes an accurate calculation of other pertinent information such as the extent of sexual activity or rates of sexual diseases among youth in these counties. Relatively recent data suggest that half of all females and more than half of all males in America have sex by the time they are seventeen (“Sexuality”, 1995), and another survey by the Center for Disease Control and Prevention survey found that almost forty percent of high school students have reported having sex while in high school (“Fewer”, 2018). Additionally, an outcome of unsafe sex for some youth is sexually transmitted diseases and some sexually transmitted diseases remain dormant or asymptomatic for years. However, while in this time of asymptomatic reactions these sexually transmitted diseases can still be passed on to sexual partners and the symptoms of these diseases can eventually result in negative outcomes such as infertility or even death (Boskey, 2020). Thus, these factors are also important determinants of why sexuality education is important and not just teen pregnancy rates. These are

negative outcomes that possibly could be prevented through adequate education. A lack of sex education also prevents youth from gaining knowledge about the positive aspects of healthy and age appropriate sexual activity.

The percentile rank system unfairly excludes the right of males to be offered sex education unless female pregnancy rates are high enough. While both male and female are required to reach conception, the female pregnancy rate should not be the only factor that determines whether males should receive school-based sex education. Is being a father the only way that a male's need for sex education can be recognized? The percentile rank sex education is an injustice for Tennessee youth. Tennessee is the only state in the United States that has decided to use the percentile rank sex education that through this decision Tennessee has decided that it is not essential to have a proactive sex education that takes into account both the needs of males and females.

The use of the percentile rank sex education system can also be viewed as an educational injustice because it leaves a large majority of Tennessee adolescents uninformed and unprepared for safe sex which could directly result in uneducated students making uneducated decisions. These uneducated decisions could result in sexually transmitted diseases or infections, unplanned pregnancy, abortion, and many other negative side effects of ineffective sex education. In order to ensure socially just education for all Tennessee students, the evaluation of and possible removal of this percentile rank should be of utmost interest to all Tennessee residents.

However, access is not the only prohibitive factor associated with Tennessee sex education. Sex education like all education is a field that is ever adapting with new research and a field that is perpetuated forward by societal changes. The latest sex

education bill in 2012, SB-3310, has been met by a societal push for topic expansion to contain material on consent, respect, sexual orientation beyond the heteronormative ideal, and gender discussion beyond the binary norm. These societal pushes have been catapulted by the virtualization of the me-too movement in 2017 making consent and respect a paramount issue (Snyder & Lopez, 2017). The 2015 supreme court ruling that legalized same sex marriage and the rise of intersex support groups globally around the world increased support of sexualities that do not fit the heterosexual norm (“Intersex Support”, 2020; Liptak, 2015). Additionally, science has clearly reported long before the 2012 SB-3310 bill was passed that people have been born on a sex spectrum for centuries. In the 21<sup>st</sup> century many organizations have begun to rally in support of the removal of societal ignorance in regard to intersex existence and intersex people have been speaking out for social change (Fausto-Sterling, 2000; Davis, 2015; Carpenter, 2016, & “Intersex”, 2020). Intersex existence is another area that should be considered for topic expansion in sex education given the scientific evidence for its existence and the push for societal acceptance of a broader view of human sexuality.

#### Lack of Mandate for States Without Sex Education Laws

States that are not mandated are still capable of teaching sex education if a unanimous decision is reached by local authorities like the governor and school board officials; however, sex education is not a definite requirement. This allows for an absence of sex education to adolescents and teens in counties with low teen pregnancy rates. Thus, this places the importance of sexual education topics upon what the district officials choose should be included in their curriculum if they decide to incorporate any facets of sex education in their district at all. Thus, sex education is incorporated into



district codes and education department manuals instead of state sex education laws. Overall, 17 out of 50 states have a lack of mandate on sex education throughout state laws in: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Idaho, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Missouri, New York, Oklahoma, Pennsylvania, and Wisconsin (“Sex and HIV”, 2020). Thus, a lack of mandated sex education prevails in these 17 states and in Tennessee regions that fall below the 19.5 per 1,000 pregnancy thresholds for young girls aged 15-17.

A lack of mandated sex education raises a concern in the United States according to the data concluded by Kantar, Levitz, and Holstrom who conducted an American national survey on sex education and found that individuals from all different forms of geographic, political, and cultural backgrounds unanimously showed strong support for teaching on abstinence, birth control, and STD prevention programs (2020). This study, after cleaning the data, included 965 voluntary adults who reside within the United States. The results from the study indicated that the American people view STD prevention as equally important to pregnancy prevention in sex education (Kantar et al., 2020). Thus, this shows both support for sex education mandates like state laws and the mandate of preventative programs instead of reactive programs. However, in Tennessee, basing sex education on a pregnancy statistic in a county removes the requirement for preventative teaching about pregnancy and STD prevention prior to conception rates leading to regional percentile rank sex education thresholds being met.

## Consent in Senate Bill 3310

After further evaluation of SB-3310, I came to the conclusion that Senate Bill 3310 covers many topics in regard to relationships that are foundational to healthy sexuality (e.g., teaching prosocial habits, identification of healthy versus unhealthy relationships, avoidance of unhealthy relationships, and tips on forming and maintaining healthy relationships); however, there is an evident gray area in regard to teaching components of consent (Johnson, 2012). Consent is important in eliminating unwanted sexual actions. The only mention of consent discussion in Senate Bill 3310 is as follows: “[a]ssist students in learning and practicing refusal skills that will help them resist sexual activity” and “[e]ducate students on the age of consent” (Johnson, 2012, p.6). Therefore, Tennessee sex education legislation recognizes discussion on refusal skills and the age of consent as important. In many places around the world including “the United States, the age of consent is the minimum age at which an individual is considered legally old enough to consent to participation in sexual activity” (“Tennessee Age”, 2020). In Tennessee, the legal age of consent is 18 (“Tennessee Age”, 2020). While teaching the age of consent and refusal skill are important there are other aspects of consent that may be beneficial to teach Tennessee students.

### Potentially Beneficial Consent Additions

Several factors in regard to consent are not included in the latest Tennessee sex education legislation (SB 3310) such as; learning how to gain consent, learning what is acceptable consent, learning when a person is capable of giving consent, and learning that consent is necessary before moving forward in any sexual activity whether in a

committed relationship, casual hookup, or any other scenario that involves sexual contact amongst two or more people (Wertheimer, 2003; Flecha, Tomas, & Vidy, 2020; Lanford, 2017).

Incorporating this information early on could help eradicate rape culture (Lanford, 2017). This “[r]ape Culture is an environment in which rape is prevalent and in which sexual violence against [people] is normalized and excused in the media and [in] popular culture” (“Rape Culture”, 2020). This normalization has led to the invention of movements such as the “MeToo” Movement that began in 2006 and the “No means No” Movement that began in 2009 (“About”, 2018; “Understanding”, 2020). The Me-Too Movement has shown progressive change within the last two decades by exposing rape culture and partially removing the judgment and victim blamings that victims/survivors have faced in the past. Additionally, the Me-Too-Movement has allowed survivors to speak out, make a difference with their testimonies, and find community amongst other survivors of sexual trauma (Beitsch, 2018).

Integrating consent into general education and sex education may be an additional step towards helping to make some positive change for Tennessee and for the United States because consent applies to more than just sexual activity. Consent can be applied to all ages and is a healthy thing for all children to learn early on in regard to any choices that they decide to make (Tatter, 2018). Nonetheless, if American society was more prone to seeking consent prior to sexual activity then there would be an evident decrease in sexual assaults and rapes that can leave lasting psychological implications for

victims/survivors. Incorporating consent in school education, maybe even sex education, would not eliminate these heinous scenarios of sexual assault and rape; however, it could be a step towards creating a more informed society.

### Alarming Rates of Sexual Assault

In Tennessee, 2018 data regarding rates of sexual assault indicate that “14-17 year old’s had the highest rate of sexual assault compared to other age groups” with a rate of 461.8 per 100,000 in a population (“Rape Prevention”, 2020). This age range includes high school students and this and other sexual assault data highlight the need for discussion on consent and respect within sex education programs for middle and high school students. A stronger focus on this component in SB 3310 is needed in the early grades and throughout high school as a way to empower youth to protect themselves and educate youth on the importance of consent.

Only “9 states require the importance of consent to sexual activity to be covered” in sex education within school systems (“Sex and HIV”, 2020) seemingly indicating that teaching about consent is not of high concern to sex educators in America. Nonetheless, the rates of sexual abuse in the U.S. continue to rise (Morgan & Oudekerk, 2019). The most recent U.S. sexual abuse statistics were published in 2019 based on 2018 data. According to the most recent data available, “[t]he self-reported incidence of rape or sexual assault more than doubled from 1.4 victimizations per 1,000 persons age 12 or older in 2017 to 2.7 in 2018” (Morgan & Oudekerk, 2019).

Yet, this drastic increase does not include all unreported cases of sexual abuse and assault as there was a corresponding decrease in reporting to police in 2017 as compared to 2018. Forty-percent (40%) of rapes and sexual assaults were reported to police in

2017, but only about 25% were reported to police in 2018” (Morgan & Oudekerk, 2019). Given the rates of both reported and unreported sexual abuse, it seems an alarming oversight that Tennessee and 40 other states in America do not see it crucial to teach consent within sex education courses within the school system. Despite secondary school years corresponding with the age ranges where data suggest that sexual assault rates are among the highest. This lack of preventative education could lead to lifelong psychological damage (Hock, 2016).

### Sexual Orientation and Sexuality

Sexual orientation is a labeling system based on sexual and romantic behaviors. Sexual orientation can be discussed using numerous terminologies that have been societally derived in order to label patterns of romantic and sexual behavior towards someone of the same sex or gender, opposite sex or gender, both sexes or genders, or a multitude of different forms of sexual and romantic patterns of attraction (Abrams, 2019). According to *Healthline*, there are over forty different terms that describe a form of sexual orientation perpetuated by innate or developed attraction that leads to sexual behaviors (Abrams, 2019; Santos-Longhurst, 2020). Furthermore, sexuality is the way that people express these romantic and sexual feelings. However, components of “sexualities equality” remain largely unaddressed in school systems, partially due to teacher and instructor comforts, apprehensions, and suspicions (Atkinson & DePalma, 2006, p. 1). Thus, push back suggests that sexual orientation is not meant for school education despite sufficient support in regard to the negative ramifications that a lack of sexual orientation discussion in sexuality education has on non-heterosexual students and educators (Atkinson & DePalma, 2006).

## Sexuality and Sexual Orientation in SB 3310

SB 3310 has little discussion about sexual orientation outside of the push for sexual activity once within matrimony. However, when this bill was released in 2012 the schools predominately only included discussions about heterosexual sex due to homosexual marriage not being legal in Tennessee and the SB 3310 legislation promoting abstinence-centered sex education that suggests waiting for coitus until marriage (Johnson, 2012). Since then, in 2015, the Supreme Court ruled same sex marriage legal in all 50 states (Chappell, 2015). Thus, since legality of same sex marriage, abstinence-centered sex education is more inclusive for both heterosexual and homosexual couples and individuals.

Despite this one legislative change, same sex relationships still experience prejudice and bigotry in modern society. This opposition is apparent through hate crimes, workplace discrimination, and societal prejudices (Green, 2019). At the same time, there is a large amount of evidence that supports a greater acceptance for same sex relationships in contemporary America (Green, 2019). However, for much of history those who engaged in same sex sexual relations (even among consenting adults) were shamed, jailed, and in some places banished and beaten due to their expressions of sexuality being socially stigmatized as immoral and grotesque (Green, 2019).

Looking back on this historical maltreatment based on sexual orientation and sexuality allows us to realize how far society has come in accepting sexual orientations beyond the heterosexual norm. Immense changes have occurred on behalf of same sex couples during the 21<sup>st</sup> century including: (a) the removal of criminalization in 2002, (b) the first state declaring legality of same-sex marriage in 2004 (Massachusetts), (c)

eighteen states and the district of Columbia declaring legality of same sex marriage in 2013, and (d) all fifty states declaring legality of same sex marriage in 2015 (Green, 2019). Thus, in present day America the government allows same-sex couples to make their commitments official in the eyes of the law anywhere within the United States; further, this allows same sex couples to travel and move between states without concerns about loss of marital benefits or status due to relocation (Green, 2019).

Despite same-sex marriage being illegal in 2012 at the time when SB 3310 was passed, the bill does nonetheless have some inclusionary components that could apply in some regards to same sex as well as opposite sex couples or intimate partners. For instance, in 49-6-1301 sections 10 and 11 sexual activity is defined as “sexual penetration or sexual contact, or both” and sexual intercourse is defined as “mean[ing] that a penis is inserted into a vagina, mouth or anus” (Johnson, 2012). Therefore, sexual contact could be one inclusionary example for lesbian couples and anal discussion could be one inclusionary example for gay couples, whereas all aspects stated could apply to facets of both same sex and opposite sex couples or intimate partners.

Despite the legality of marriage for same sex couples within all 50 states becoming law in 2015, currently, only 12 out of 50 states mandate discussion on sexual orientation within sex education (“Sex and HIV”, 2020) and Tennessee still strongly supports heteronormative sexuality based on Senate Bill 234 that was passed on April 9<sup>th</sup>, 2019, stating that “grade levels pre-K through eight (pre-K-8), any such classroom instruction, course materials or other informational resources that are inconsistent with natural human reproduction shall be classified as inappropriate for the intended student audience and, therefore, shall be prohibited” (Campfield, 2019). This verbiage

unequivocally shows a lack of support for the LGBTQI+ community in Tennessee sex education and perpetuates a heteronormative focus. Nonetheless, the inclusion of sexual orientation material in sex education could allow for sexual acceptance, self-expression, and mental health benefits.

In a 2012 national survey, it was reported that 79.1% of high school parents supported the inclusion of sexual orientation in sex education and 66.4% of middle school parents supported the inclusion of sexual orientation in sex education (“Let’s”, 2012). A legal mandate to teach about sexual orientation would guarantee that Tennessee schools teach the topic of sexual orientation to those ages that are deemed age appropriate based on research. Age appropriation is specified in SB 3310 as “teach[ing] concepts, information, and skills based on the social, cognitive, emotional and experience level of most students at a particular age level” (Johnson, 2012).

However, legal, and societal resistance prevails despite parental support for an inclusion of sexual orientation in sexual education. For instance, recent legislative events seem to show that our lawmakers (at least) want a heteronormative society and hold homophobic views. There has been a push to make same-sex marriage illegal again with the Tennessee Natural Marriage Defense Act. Additionally, Tennessee has continued to complicate same-sex adoption protocols (e.g., Tennessee governor Bill Lee signing an act that allows “religious adoption agencies [to] deny service to same-sex couples”) (Aviles, 2019; Ebert, 2020). The exclusion of sexual orientation as a topic in Tennessee’s sex education curriculum means that schools are not required to teach about sexual orientation beyond the norm of heterosexuality.



## Despite a Lack of Mandate

Regardless of a lack of mandate, some Tennessee counties do include the topic of sexual orientation in their sex education curricula. The Sexuality Information and Education Council of the United States (also known as Siecus) in 2018 reported that “14% of Tennessee secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8” (“State”, 2019). Tennessee Siecus 2018 data also reported that “48.5% of Tennessee secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12” (“State”, 2019). Therefore, a little under half of Tennessee schools taught subject matters pertaining to sexual orientation without being mandated to do so. However, this still leaves over 50% of Tennessee high schoolers deficient in school-based sex education pertaining to sexual orientation.

Therefore, a push towards mandating sexual orientation as a required topic in Tennessee sex education curriculum, would ensure that all students are educated on components of sexual orientation. The fact that sexual orientation is being taught to some despite a mandate allows the opportunity for Tennessee officials to examine the effects of its incorporation. Also, the fact that some middle and high school students have been being taught sexual orientation despite no mandate allows for an evaluation of benefits in relation to age-appropriateness.

## Exclusion of LGBTQI+ Sex Information

Recent legislative events point to Tennessee being a partially heteronormative society. There has been a push to make same-sex marriage illegal again with the Tennessee Natural Marriage Defense Act. Additionally, Tennessee has continued to

complicate same-sex adoption protocols such as when the Tennessee governor Bill Lee signing an act that allows “religious adoption agencies [to] deny service to same-sex couples” (Aviles, 2019; Ebert, 2020). The exclusion of sexual orientation mandate in sex education means that schools are not required to teach about sexual orientation beyond the norm of heterosexuality and Senate Bill 234, passed in 2019, prohibited discussion on sex that does lead to reproduction in grades kindergarten through eighth grade.

Tennessee students receive education about possible ramifications of opposite-sex sexual activity such as pregnancy and STD’s if their counties sex education threshold is met. However, due to the lack of mandate to teach about sexual orientation in Tennessee schools’ areas such as contraception, STD’s, and risk factors are not required to be taught in relation to same-sex sexual encounters. This lack of sexual orientation mandate “not only prevents LGBT students from learning information and skills they need to stay healthy, but it also contributes to a climate of exclusion in schools, where LGBT students are already frequent targets of bullying and discrimination” (Slater, 2013, para. 2).

#### Sexual Orientation Exclusion Creates Complications

The absence of inclusive sexual orientation education (beyond the norm of just heterosexual education) during high school corresponds with the age at which many individuals are beginning to recognize their sexual orientation of same-sex attraction. Research supports that an “awareness of homosexual orientation often emerges in students during their high school years” (Hunter & Schaecher, 1987). This understanding of one’s sexual orientation that strays from that of the norm heightens the student’s likelihood for being bullied. A 2017 United States survey done by the Center for Disease Control and Prevention: morbidity and mortality weekly report statistically analyzed the

likelihood of on school campus bullying in regard to many varying facets like sexual orientation. The study determined that “[t]he prevalence of having been bullied on school property was higher among gay, lesbian, and bisexual (33.0%) than heterosexual (17.1%)” students in high school within the United States (“Youth Risk”, 2018). This indicates that students with sexual orientations that strayed from the norm experienced a 15.9% heightened chance of bullying than heterosexual students.

This type of “[b]ias-based bullying [that focuses] on sexual orientation or gender identity in schools has significant negative implications for the academic, social, and emotional well-being of students” (Williams, Banks & Blake, 2018). Thus, this heightened chance of bullying for non-conforming students can lead to damaging consequences as a direct result of this bullying. According to the CDC bullying can “result in physical injury, social and emotional distress, self-harm, and even death. It also increases the risk for depression, anxiety, sleep difficulties, lower academic achievement, and dropping out of school” (“Centers”, 2015).

#### Sex Education Mandating May Help Remove Ignorance and Stigma

The detrimental effects of a lack of sexual orientation discussion are daunting. Some aspects of society show continued support for acceptance of sexual relationships beyond the heterosexual norms, decreasing some of the negative stigma (Green, 2019). Thus, it seems reasonable that sex education could help remove ignorance in regard to various sexual orientations and promote further destigmatization of sexual orientations beyond the heterosexual norm. Thus, this would allow students to come to the conclusion that they are not alone in their sexual identities or desires. Additionally, if sexual orientation discussion is implemented correctly it may even obtain the ability to be an

ignorance remover in modern society that may open students' eyes and potentially lead to an acceptance of people who differ from the societal norms. More broadly speaking, comprehensive sexual orientation discussion implementation could potentially result in the dissemination of acceptance of non-heteronormative sexuality and non-binary gender identity. If this were feasible then it could possibly reduce bullying, promote mental health, and allow educated students to be more informed, open-minded, and kind.

### Intersex

Intersex is a third anatomical sex that is often socially rejected due to a socially constructed binary sex system that views an individual's sex as only that of a male or female. However, there have been reoccurring documented births of intersex babies since the first documented adult in the late 1780's ("Maria", 2020).

The current socially accepted sex classifications are defined as:

"Males have an X and a Y chromosome, testes, a penis and all of the appropriate internal plumbing for delivering urine and semen to the outside world. They also have well-known secondary sexual characteristics, including a muscular build and facial hair. Women have two X chromosomes, ovaries, all of the internal plumbing to transport urine and ova to the outside world, a system to support pregnancy and fetal development, as well as a variety of recognizable secondary sexual characteristics (Fausto-Sterling, 2000, p. 20)".

Variants outside of these two socially accepted sexes are known as intersex. Therefore, Intersex is a broad term that characterizes any individuals that are born with sexual anatomy that does not align with solely either male or female. Therefore, sex truly consists of a sex spectrum with male and female being on the opposing sides and many

variants of intersex existing in the middle. This spectrum has been scientifically and medically documented as a distinct sex classification; yet it is a topic that many are ignorant of or non-accepting of (Fausto-Sterling, 2000). The SB 3310 legislation includes no mandated discussion of this sex spectrum (Johnson, 2012). Including the sex spectrum in sex education could be a starting point for removing social ignorance regarding intersex people.

The idea of sex identification has changed and been viewed in many varying ways throughout history. These adaptations in the idea of sex identity have been declared based on a continuum of things. Some justifications for beliefs about sex identification have been made based on thoughts, science, physiological appearance, and religious beliefs. Understanding these historical changes shows importance because it allows us to analyze how societal views on sex and gender have changed throughout history. Realization of historical change can allow us to remove our societally created lenses of binary sex enough to realize that societal perceptions have been wrong in the past and that adjusting with new scientific data is important. However, even with millenniums of change, American society still fails to acknowledge scientifically proven facts that support the need for a spectrum of sex and/or a tertiary gender system. This downfall leads to the exclusion of intersex individuals in modern day.

### Intersex History

Historically, in 335 B.C.E, Aristotle brought society to believe that there is only one sex (Gilbert, 2000). The only existent fully formed sex was that of a male. Females were simply just men whose mothers' wombs became too cold during childbirth (Gilbert, 2000). As Gilbert states, "Aristotle (ca. 335 b.c.e.) promulgated a very straightforward

hypothesis of sex determination: women were men whose development was arrested too early” (2000). Therefore, all of mankind was deemed to be males. This thought process was based on the physical look of genitals as well as Aristotle’s belief that heat during sex and the warmth of the womb indicated whether an individual would be born as a full male verses being born as a “lesser male” (once referred to as a woman). Gilbert states, “The view that women were but poorly developed men and that their genitalia were like men's, only turned inside out, [this] was a very popular [viewpoint] for over a thousand years” (2000).

In 2020, our society still holds onto the idea of the binary sex system; however, this binary system is inaccurate because sex exists on a sexual spectrum between male and female. This spectrum in no way discredits the Bible, which is widely accepted among Tennessee residents, but instead alludes to the idea that this spectrum may have evolved over time due to mankind taking part in unwholesome sexual pleasures that go against biblical beliefs (Galvin, 2017). The same sexual pleasures that have led to many diseases, such as AID’s, that once did not exist throughout mankind.

While most people are born male or female there are and have been many documented individuals born in the spectrum between male and female for over a century. However, the proper way to socially identify these individuals has been a constant struggle and injustice. Individuals within the sex spectrum were first referred to as hermaphrodites due to the belief system in the Greek gods and goddesses (Iqbal, Jam, Saleem, & Ahmad, 2011). The Greek gods are believed to have existed before the existence of the earth; therefore, it is impossible to know how far back the origination of the sex spectrum could have possibly began if this story had any real life basis.

Nonetheless, no records are kept this far back to document the existence of a human who exists on the sex spectrum other than the Greek god story of Hermaphroditus. Therefore, many scholars believe that Hermaphroditus could just be a made-up tale (Tagg, 2016). Due to this story, individuals with a combination of both male and female make-up were referred to as hermaphrodites although records are not kept on the distinction of hermaphrodite discussion outside of the Greek gods until the 1780's ("Maria", 2020). Therefore, there is no way to know if this was a made-up tale or a recollection upon an existent person.

In 1780, Maria Dorothea Derrier/Karl Durrge was the first documented hermaphrodite in the world ("Maria", 2020). However, in 1917 a new term, intersex, was coined by Richard Goldschmidt to refer to individuals who fall within the sex spectrum (Tagg, 2016). Intersex is a term that is still used to classify people who are born within the spectrum between male and female in modern day. Therefore, the coining of intersex in 1917 makes intersex a relatively new term that refers to people who are born with characteristics of both a male and a female anatomical, genetic, or physiological makeup. More specifically, "Intersex people are individuals born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones or genitals" ("Intersex", 2020). In the United states, the first government documented case of an intersex individual was made in 2016 for 55-year-old Sara Kelly Keenan who was born in 1961 (O'Hara, 2016). Therefore, intersex individuals do not only exist in other countries, but they exist in the United States. Thus, social justice will never fully be available for intersex individuals until intersex individuals are allowed to be viewed as a third sex.

Ignoring intersex as a third sex results in detrimental ramifications for intersex individuals.

### Complications of being intersex in a Binary World

Due to a lack of social acceptance of intersex as a third sex complications arise integrating children into gender roles and gender classifications within the school system, government, and society. Furthermore, “[m]ost people with intersex bodies are completely healthy. However, they can experience social stigma and medical interventions because their bodies are perceived as different. All these things can impact their mental health” (“Intersex People”, 2019). This does not mean that all intersex individuals experience mental health complications; however, there are unique mental stressors that do exist when being intersex in an ignorant world. “Living with biological differences in a stigmatizing society can create personal distress. This in turn can lead to secrecy and shame relating to bodily appearance and function. It can get worse when there is a lack of accurate information” (“Intersex People”, 2019). These damaging societal stressors can lead to social isolation. There is also the added stressor of possible unwanted medical interventions that may embed an anger towards parents and/or medical professionals. Confusion with gender roles may arise that may leave an individual feeling out of place.

Another stressor that has been “reported [is the] pressure to conform to social norms for their sex and gender. This can include the mistaken expectation that having an intersex variation means to be gay, lesbian, bisexual, or transgender”; however, these sex and gender identities are not synonymous with intersex (“Intersex People”, 2019). Other mental health outcomes can arise like “depression, anxiety, and issues with trust and



intimacy in relationships. While parents and doctors may act with the best intentions, rushing to ‘fix’ a child's bodily difference, most often [these surgeries] do much more harm than good” (“Intersex 101”, 2020). These negative ramifications of an ignorant society support a push for scientifically and medically accurate information in sex education when discussing matters of sex variations.

### Removal of Ignorance

While a tertiary gender scale may be something that socially develops with time, the initial issue is a lack of education regarding intersex persons. Incorporating discussion about intersex people in sex education could help eliminate this social ignorance. One myth that arises to the surface in regard to intersex beings is that intersex is unsocially discussed due to its rarity; however, this same logic is not applied to other medical diagnoses. Additionally, various cultural groups, and traits are socially recognized despite their prevalence being less than that of the 1.7 percent of human births that are statistically calculated to be intersex (Fausto-Sterling, 2000). That is statistically comparable to the amount of people born with red hair, which is between 1% and 2% of the general population (Rettner, 2013).

Other examples of medical or psychological problems that are generally recognized by society but have lower percentages than the number of persons born intersex are schizophrenia (1.1%), Dissociative Identity Disorder (approximately 1%), scarlet fever (less than .01%), MRSA (1%), pancreatic cancer (less than .06%), multiple sclerosis (less than .06%), dwarfism (less than .06%), triplets (.1%), and many other various diagnoses (“Dwarfism”, 2020; “5 Statistics”, 2020; “MRSA”, 2020; “Multiple Births”, 2020; “Multiple Sclerosis”, 2020; “Pancreatic”, 2020; “Scarlet”, 2020;

“Schizophrenia”, 2014). Many of these conditions are discussed in history books, public service announcements, news networks, movies/television shows, and sports journals; therefore, embedding their existence into linguistics, which promotes understanding and social discussion (Boyle, 2009; Crant, 2018; Muller, 2013; Pritchard, 2017).

Starting the conversation and removing the ignorance could be the first step towards justice for intersex people. Intersex consists of a group of people that is 85 times bigger than the whole Jewish population (.02%) (“Jews”, 2016); yet, they are socially ostracized and pushed to conform to anatomical sexes that are not natural to their physical makeup. These visual comparisons help create an understanding of just how common intersex people are, yet they are socially rejected, ignored, and even shunned despite the fact that intersex medical research documents that sex is not binary.

### Conclusion

I have examined various aspects of Senate Bill 3310 legislation related to the provision of sex education in Tennessee and offered suggestions based on research and data to enhance the comprehensiveness of what is taught in Tennessee schools. My overall suggestions include adding content about consent clarifications, sexual orientation dialogue, and discussion of the biological third sex, known as intersex. These topics are all absent from SB 3310; however, some recent pending house bills rally in support of the addition of consent (House Bill 2434) and it is possible that other topics in this thesis may be supported by Tennessee residents and lawmakers in time (“State”, 2020). The suggestion was made that the use of the percentile rank system be discontinued due to it producing a reactive rather than proactive sex education in Tennessee. Thus, educated

young men and women after a certain proportion of the region's young have already conceived human lives.

Overall, analyzing the history of sex education allows a vaster understanding about how sex education has changed throughout history and how societal factors have shaped the progression of sex education globally, federally, and locally. In the current era, sex education is mandated based on state by state sex education laws or by local officials. Tennessee's most recent sex education law was senate bill 3310 and its primary agenda was that of an abstinence-centered sex education that maintains a focus on abstinence, while still deciding to teach about safe sex. Additionally, Tennessee is the only state in America that bases sex education on the percent of pregnant females in a county between the ages of 15-17. The dissolution of this percentile rank was of primary concern to me when delving into this research because the percentile rank sex education protocol is capable of leaving young adolescents and teens uninformed and this system only takes effect after a percentage of conceptions to young teens. Removing the percentile rank percentile system in sex education would ensure that all Tennessee students are educated on matters of sexual education.

Three additional sections that repeatedly stood out as matters for further research were consent, sexual orientation and sexuality, and the sex spectrum (intersex people). Consent is a matter that is only loosely confronted in SB 3310; however, consent is an important life skill that teaches students to seek a response before action. Consent was analyzed on a basis of adequate understanding as well as by the implication that a lack of consent can lead to negative outcomes like sexual assault, which are far too apparent in modern society. Next, sexual orientation was discussed. The lack of discussion on sexual

orientation can leave students confused and uninformed and it is matter that has been brought up in sex education discussion more frequently since the legalization of same sex marriage in 2015. Lastly, the sex spectrum is a component of sex that has been proven by modern science and supports that people are born on a spectrum and not on a binary system. Nonetheless, society stands by the binary acceptance of sex and this can create complication for people born within the spectrum, known as intersex.

The topics I discussed were chosen based on research, news reports of societal voices, and personal experience as I was educated based on the SB 3310 mandates when I was in middle and high school. I attempted to remove any personal, political, or religious beliefs when analyzing the inclusion or exclusion of sex education topic mandates that are currently within sex education legislation. Additionally, during this research other sex education topics surfaced; however, they were left out of the overall thesis due to time limits. Some topics that may also be beneficial factors for further research are how to teach sex education for mentally disadvantaged students (Russell, 1974), effects of humor within sex education settings (Kolenz & Branfman, 2019), and the effects of an inclusion of mandate on contraceptive education that teaches concepts that help prevent unwanted pregnancy as well as sexually transmitted diseases.

One weakness of the current thesis was a lack of recent statistical data that compares current state sex education programs on a basis of curriculum in correlation with success rates that take into account locational and religious factors of a region. I reviewed the most recent data available, but I also focused on reviewing relevant historical, psychological, and sociological components. Nonetheless, it is possible that some sources I read included biased results due to sex education being such a heated and

controversial debate between political parties and religious sects. Republicans push for abstinence concentrations and liberals push for a more comprehensive and explorative sex education. Many religious groups like evangelical Christians have pushed for an abstinence focus due to religious beliefs; however, despite America being one nation under God it has statistically been supported that most American people do not wait until marriage to have sexual encounters. Therefore, throughout my research I found that sex education is a very controversial topic matter that has continually been debated even prior to its entrance into the school system in the 1920's (Harris, 2015).

Comprehensive sex education (CSE) informs students about abstinence as well as safe sex; therefore, equipping students with adequate knowledge regardless of what sexual decisions they decide to make. This form of sex education takes into account religious beliefs about waiting for sex until marriage, while also preparing for the fact that all students do not decide to wait until marriage for sex ("Comprehensive", 2020). Thus, comprehensive sex education teaches about additionally important factors like STD's, pregnancy, reproductive development, and contraception.

Research has "demonstrated that comprehensive sexuality education programs reduce the rates of sexual activity, sexual risk behaviors (e.g., number of partners and unprotected intercourse), sexually transmitted infections, and adolescent pregnancy" ("Comprehensive", 2020, p. 1). Thus, the topics discussed throughout this thesis may be factors to take into account for further evaluation and consideration, due to Tennessee's relatively recent acceptance for a more comprehensive sex education that is supported by the inclusion of topics beyond abstinence in Senate Bill 3310 that was released in 2012.

Additionally, further research could help better inform legislators about whether any of these additions are potentially plausible for future sex education laws.

The goal of this thesis was to complete an analytical research project that focused on examining components that are not existent in Tennessee sex education that have some form of societal, psychological, sociological, or statistical substantiation on society. I in no way intended to conclude if these additions would be the best course of action to take, result in a certain outcome, or even if they will someday happen. It is my hope that the continued development of sex education curricula in Tennessee will be guided by research, data, public input and the desire to educate Tennessee youth to be informed and productive citizens who have a healthy view of their own and other's sexuality.

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## Permission Letter

Wed 9/16/2020 8:58 AM

Summer,

Thank you for writing.

The Tennessee Comptroller's Office gives you full permission to use the information contained within any of our public reports. These documents are public records, and you are welcome to use them in your research and report writing.

While we haven't revisited the teen pregnancy issue for a few years, our latest (2017) information can be found [here](#).

The State Health Department provides more current information on pregnancy rates among teenagers. That info can be found [here](#).

**John Dunn**

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