Thinking – and Teaching – Outside the Gender Binary Box: Study Proposal for Promoting Gender Inclusivity Instruction in U.S. Public Schools Grades K and 1st

Kelli Jeanne Ling
Boston University, USA, https://orcid.org/0000-0001-6363-958X

Kera Chi Hwei Ling
National Louis University, USA, https://orcid.org/0000-0001-5734-3504

Abstract: This study proposal will provide a theoretical framework based on persuasive communication theories for educators seeking to make their curriculum more gender inclusive for contemporary school settings. The authors argue that too many U.S. public schools lack educational materials for young students in health classes about the value of understanding and respecting gender diversity and all individuals on the gender spectrum (i.e., nonbinary gender, gender fluid, transgender, cisgender, agender, etc.). On the whole, a majority of educators may agree that health/sex education classes in both elementary and middle schools should require some gender diversity instruction, since it could conceivably be one of the most important ways that these institutions can help students to establish early on positive relationships with their own bodies and healthy, constructive attitudes towards their peers’ self-identifications. Yet, the reality is that very few states require institutions to provide this type of health-related information beyond the standard binary gender anatomy, physiology, and reproductive history (Leins, 2019; Laslett, 1989). Therefore, this communication-based proposal is focused on the twin goals of awareness and implementation of age-appropriate course materials for educators working with children in the 5-7 age range on topics surrounding a greater understanding and respect for gender diversity in oneself and others. A process model approach that reaches these young learners before they form strict binary gender views and stereotypes can help educators working with vulnerable school-aged children in the gender minority (Cross & Madson, 1997). Relevant qualitative theories include Weinstein and Sandman’s Precaution Adoption Process Model, McGuire’s Persuasive Communication Model, and Bertalanffy’s System Theory (Schiavo, 2014; Bertalanffy, 2015).

Keywords: Gender inclusivity, persuasive communication, education in elementary schools, gender diversity, Precaution Adoption Process Model, Persuasive Communication Model, System Theory

Introduction

A community college student once remarked in class: “You call me ‘she,’ Mrs. Ling, but I prefer ‘they.’”
This was a wake-up call to me as a progressive educator. I was already aware of studies showing how language use impacts beliefs and can lead to implicit bias (Von der Maisburg et al., 2020). However, this incident involving language (preferred pronouns), self-identification, and traditional binary gender notions helped me appreciate why we need to continue those important and sometimes heated conversations in education on the gender spectrum and expanding nonbinary-based gender education.

The paper’s authors posit that in order to promote the development of gender diversity literacy in our educational settings, teachers in the earliest elementary grades of Kindergarten and 1st should be approached with awareness-based communication paradigms designed to scaffold this work. Our proposal, therefore, targets early childhood educators who work with grades K and 1st since they interact with and influence their students’ mindsets, attitudes, and behaviors towards others in the earliest elementary grades. This young student age group is certainly educable on controversial issues involving self-identification because they may not yet have formed strict notions of what it means to be referred to as either ‘him’ or ‘her’ (e.g., traditional binary gender classifications taught in sex education and health classes in most schools). However, they soon will form specific attitudes and behaviors, which may influence peer relationships and acceptance throughout middle and high school years.

More generally, the influence of age on traditional gender constructs and stereotypes surrounding men versus women are based in part on research conducted by Bian, Leslie and Cimpian in their study entitled “Gender stereotypes about intellectual ability emerge early and influence children’s interests” (2017). American society has become even more aware of the realization that gender is much more than the biological sex of either male or female that we are assigned at birth; but instead, an important societally-entranced self-perception/self-identification that interconnects with all aspects of a person’s life and which warrants recognition as a valuable study in our public school’s health and sex education curriculum.

The fear of being labeled as different or abnormal when it comes to gender diversity is, in fact, real and can single students out for harm and violence by peers, particularly in later adolescence (Marshal et al., 2011). In fact, this abnormal label is sometimes given to those children who don’t conform to binary gender norms for dress, play, and behavior very early on by educators, coaches, parents, and/or other concerned adults. Herein, the authors offer a qualitative-based theoretical framework to encourage discussions on expanding gender diversity instruction in American school settings, based on relevant persuasive communication theories that can be applied to gender inclusivity instruction such as: Weinstein and Sandman’s Precaution Adoption Process Model, McGuire’s Communication for Persuasion Model, and Bertalanffy’s System Theory (Schiavo, 2014; Bertalanffy, 2015).

We posit that too many U.S. public schools, regardless of economic status and student population diversity, allow gender stereotypes among students in health classes to continue due to a lack of a more expanded, more realistic gender curriculum (Canal & Oakhill, 2015). Schools may also lack appropriate educational materials in health and sex education classes that focus on teaching about the value of respecting all individuals on the
gender spectrum (For a solid review on these important terms and their meanings, please refer to Schlauderaff S, Davis K, Naime D, Rothblum E. “Can I Tell You About Gender Diversity? A Guide for Friends, Family and Professionals,” listed in Bibliography.). Understanding and accepting the various terms that people use to describe themselves is crucial for healthy interactions and relationships.

According to popular media reports from 2019 to 2020, only four states in the U.S. were in the process of actively remediing these gaps in missing gender diversity curriculum. Several states, such as Texas, Alabama, and Louisiana, have already mandated against gender diversity instruction in schools (Aspegren, 2021). This leaves educators with next to no options when it comes to expanding discussions on the gender spectrum and promoting good peer citizenship skills with all peers on the gender spectrum throughout grades K through 12th, and this is particularly unfortunate because such a discussion could help decrease discrimination and violent behaviors against students in the gender minority (Day et al., 2019).

One very liberal state that is already addressing these important educational issues and implementing changes. California, through its mandated “Healthy Youth Act” program (HYA), is already ahead of the curve nationally (Leins, 2019). Understanding the impact of this state’s work can provide further insight into the challenges faced by public elementary schools in terms of implementing a non-traditional, outside-the-box framework for expanded gender instruction for children. Drawing guidance from the HYA, this proposal focuses on twin goals of awareness and implementation of age-appropriate materials for target educators (priority population) working with school-aged children in the 5-7 age range. Readers may ask: Why so young? Why not begin this complex instruction when children are older? The key reason is that positive self-identification through expanded gender education and awareness can help to build trust with teachers, parents, and classmates, as well as a real sense of belonging and potential for success in academic environments (Martino & Cumming-Potvin, 2018). This can be crucial as school-aged children move through the K-8th grades and then navigate the difficult high school years.

We already know that even children as young as age five may have questions along with some confusion about gender differences and why some sexes are allowed or encouraged to wear certain colors (e.g., pink/blue) or engage in certain activities (e.g., playing with dolls and dress-up rather than physical sport activities), while others are discouraged from doing so – based on masculine versus feminine constructs. So, a process model approach that reaches these young learners can help scaffold educators as they work to increase awareness and acceptance in their classrooms for those potentially vulnerable children leaning towards being identified outside the traditional binary gender classification.

**Case Studies**

Consider the following real-life examples:

*Case Study #1*

Bee is an 18-year-old community college student with a gifted intellect and future career interests in the visual
and fine arts. She has been living at home with her mother in order to save money, taking a full-load of post-
secondary education courses. As she describes her home environment, it is clear that Bee’s mother is very
supportive of her daughter’s educational goals and objectives. However, Bee says that she does not dare reveal
too much personal information about herself to her family, or she could lose her housing situation due to
discrimination and intolerance.

In fact, she describes college as being the first time in her young life where she feels accepted for who she is.
Bee is an individual who does not conform to traditional binary gender roles of either female or male. Instead,
she considers herself (and said she has always considered herself) to be nonbinary gender identified. In
interviews, Bee explains that this reality of gender identification took a long time for her to come to terms with,
and that she struggled enormously during her childhood and adolescence to fit in with her binary-gendered peers
at school. She also confessed that she thought of herself as being abnormal compared to her family and friends.
Yet, Bee (and many others like her) is perfectly normal. She may be born with an assigned biological gender at
birth, but she naturally falls outside those strict binary classifications and falls elsewhere on the gender
spectrum.

Also, what she feels she lacked throughout her childhood and adolescent was support. Like most U.S. public
schools, Bee’s health and sex education classes and teachers ignored the gender spectrum as well as the various
ways in which people identify themselves as either, for example, gender nonconforming or transgender. It was
those taboo topics she could never discuss safely in her home environment, either, and when she enrolled in
required health and sex education classes, her teachers failed to cover issues involving gender diversity, even
after she asked repeatedly. Instead, she learned only about human anatomy and physiology, the differences
between male/female reproductive organs, human development from conception through death which usually
included mating and offspring, and very limited at-risk developmental behaviors involving STDs and substance
abuse. Her schools, like the majority in the U.S., failed to acknowledge, address, or inform students about those
who do not share the same male versus female gender attitudes.

Indeed, they may have the sex organs of one or another gender assigned at birth and be labeled as such, but, like
Bee, the reality of how they identify themselves and their place in U.S. society is a different matter entirely. And
this lack of information and support, particularly during those early formative years in elementary and middle
school, affected not only Bee’s perceptions of herself (as normal versus abnormal) but also her general welfare
and outlook on life, love, and relationships. In the primary grades, Bee said she felt invisible and conducted
herself as such due to this rigid educational environment that failed to acknowledge her nonbinary identification.

Case Study #2

Rosie is an 18-year-old undergraduate who, like Bee, experienced a turbulent youth and adolescence due to her
feeling abnormal. She struggled with severe depression, suicide ideation, and self-isolation and was in
psychiatric treatment for the majority of her adolescence. Rosie considers herself as a nonbinary gender
individual and does not like being referred to as the gender of she/her assigned at birth. However, her relationship with her mother was in stark contrast to Bee’s situation. While the latter was careful to keep her gender identity a closely guarded secret in order to survive, Rosie’s mother was not only aware but also highly supportive of her daughter’s gender identification journey. Whether she embraced the notion of a gender spectrum as normal and acceptable, we do not know. But we do know from interviews with Rosie that her mother was instrumental in helping her deal with major mental health concerns, and she did not try to change her daughter into someone else (someone who identified as either ‘she’ or ‘he’).

In both elementary and middle school, Rosie was aware of being different than her close friends, who were mostly girls, she said. But, like most public school students, she also was not taught about gender minority issues, and she had no concept then that being ‘normal’ could apply to those outside of the traditional nonbinary roles of male or female. So, Rosie struggled with feeling apart and isolated from others, including her closest friends, because of this confusion. When she finally learned about nonbinary gender identification, her world expanded, and she was able to talk about this openly with some of her family and get much-needed support from her mother as she grew up. While in community college, Rosie was determined to keep this progress into her adulthood and to bravely remind her instructors to refer to her in gender-neutral terms (e.g., they and them). But not all of Rosie’s undergraduate instructors respected this request.

**Health Communication Objectives**

“Thinking – and Teaching – Outside the Binary Gender Box” begins modestly by approaching educators in two primary grades of Kindergarten and 1st, preferably through existing health and sex education classroom curriculum. These early elementary grades, where students are learning more about life skills and appropriate behaviors towards others – including boundaries -- is an arguably appropriate time, the authors posit, to implement this information on the gender spectrum. As teachers are profoundly aware, positive learning environments where students feel valued and accepted for who they are produce better learning outcomes and fulfill important mission statement objectives requiring inclusivity, tolerance, and good citizenship. Furthermore, because it is considered a significant public health issue for vulnerable youth in other places like Canada, intervention programs are being designed, implemented, and studied to see the effects on school environments. If attitudes about peers are formed early on and in a negative, hostile way, it may lead to instances of future discrimination and violence towards pre-adolescents and adolescents who identify differently than the majority students (Burk et al., 2018).

Through an application of communication theories, such as Weinstein and Sandman’s 1984 Precaution Adoption Process Model, McGuire’s 1969 Persuasive Communication Model, and Bertalanffy’s 1968 System Theory, this proposal can help educators in those early grades to integrate and assess this new course material into already-existing health and sex education curriculum for childhood audiences. Moreover, these two grades (K and 1st) are successive in nature, and the Kindergarten grade can provide a baseline on which to build or revise new curriculum in order to achieve better health and education outcomes. Being successive in time helps
to strengthen the recall of new materials as well. For example, after introducing topics through the sharing of age-appropriate children’s books and role playing, teachers in K and 1st grades can then introduce themes such as preferred pronouns and why some students wish to be referred to in the plural. While the priority population for our recommended gender inclusive studies is public elementary school teachers, other staff members, such as counselors and administrators, can also gain insight into working with this group of students on expanded gender curriculum. It is not a problem area limited solely to teachers.

Study Population

This study targets public school elementary teachers in Kindergarten and 1st grades. Since it is not feasible to study all teachers in the U.S. in these two primary grade levels, we need to draw a sample from the population in order to make accurate inferences. Since researchers may need to compare the two groups of primary teachers involved in this curriculum, a stratified random sample may be chosen (Keyton, 2018). We can stratify teachers according to grade level (those who teach Kindergarten; those who teach First Grade) and focus on a specific geographic region, such as a large urban area like Chicago, Detroit, or Boston. It could then be argued that a non-probability framework that relies on volunteer subjects to complete the surveys would work for such a sensitive subject matter. However, this needs further consideration and evaluation.

As with most studies of this nature, qualitative focus groups will be used to gain insight into our research questions and hypothesis. Researchers need to survey in pre- and post-tests attitudes regarding gender spectrum models, instruction, and curriculum prior to implementation. Researchers may also benefit from knowing how this priority population views gender issues and how comfortable or uncomfortable they are, as a group, expanding sex/health curriculum with younger audiences.

Understanding the Target Population

According to the National Center for Education Statistics, in the 2015-16 academic year, it was found there were approximately 1.9 million elementary school teachers. A large percentage (77%) of public-school educators in the U.S. were described as “female” compared to a smaller number described as “male” (23%). There was no data available on gender diversity among educators in this particular study (NCES, 2017). More secondary teachers held post-baccalaureate degrees than elementary public-school teachers. Also, an overwhelming majority (90%) of all public-school teachers were state-certified and/or held advanced certifications. In the 2015-16 academic year, approximately 10% of teachers were considered novices; that is, having 3 years or less of teaching experience. But almost 40% reported having a decade or more of teaching experience. In terms of ethnographic characteristics of race and ethnicity, the vast majority (80%) of public-school teachers identified as “White” or Caucasian, with only 9% identifying as Hispanic, 7% as “Black” or African American, 2% as Asian American, and just 1% from two or more races. This data is based on findings in the Public-School Teacher Data File report at the U.S. Department of Education's National Center for Education Statistics (See...
In terms of economics, the average baseline salary was found to have dropped for public school teachers compared to earnings in prior years. Teachers were paid about $2,000 less than secondary school teacher in this time frame; in part, due to the former group’s fewer post-baccalaureate degrees/professional certifications. “Female” teachers were also found to earn a lower average salary compared to “male” teachers: approximately $55,000 versus $57,000 respectively (NCES, 2017). From considering this collection of characteristics, we know that most of our priority population includes elementary public-school teachers who identify as White, female, with an undergraduate degree and state certification, and are paid less than their male peers and secondary teachers with advanced degrees. They may hail from different religious affiliations (and philosophies), so researchers cannot necessarily assume a Christian belief bias. However, target educators are very likely Western-educated and have teaching experience in the traditional school systems that cover only binary gender reproduction/health curriculum.

Changes at the state level are occurring and ongoing. For example, in Illinois, a new law signed into effect by Gov. J.B. Pritzker is called “The Inclusive Curriculum Law.” It requires that by the time students finish the 8th grade in the Illinois public school system, they must have been exposed to information that covers the historical contributions of individuals in the LGBTQ+ community. The new law was based on studies of gender minority students who were found to experience a disproportionate number of challenges within and outside of the school setting, including being exposed to discriminatory language, dropping out of high school before graduating, facing homelessness due to their gender status, and being more likely than their heterosexual and cisgender peers to attempt suicide (IICAC, 2020).

However, the Illinois law is currently limited to instruction on the historical contributions of the LGBTQ+ community, such as knowing about the first gay female astronaut, Sally Ride, and her accomplishments. Furthermore, public administrators are voicing concerns about being able to fund these new educational initiatives, since the state has offered minimal financial assistance. Still, it can be seen as a step in the right direction; one that may help enhance other curriculum and aid in maintaining an environment that stresses healthy, peaceful, non-discriminatory relationships throughout childhood.

Research Questions, Methods and Experimentation

Qualitative Research Questions

RQ1: Do the earliest elementary grades of K and 1st have an influence on the development of students’ attitudes regarding gender diversity and gender norms in themselves and their peers?
RQ2: Do communication exchanges by public school teachers in the earliest elementary years have an influence on their students’ attitudes regarding gender constructs?
RQ3: Does awareness of gender diversity create a more positive learning environment for elementary students?
RQ4: Does awareness of gender diversity in the earliest elementary grades impact future middle and high school acceptance of peers in the gender minority?

Hypothesis

It is hypothesized that early childhood educators in grades K and 1st who implement gender diversity curriculum in their existing classes will experience positive educational and health outcomes with their students, and that this positive trend in attitudes and behaviors towards others in the gender minority will continue into later middle and high school years, thereby helping to reduce discrimination, bullying, and harmful behaviors (such as suicide attempts) of gender minority students.

Proposed Methodology

Focus groups will be used to gain insight into these research questions and hypothesis. By conducting small size groups with no more than 6 to 8 teacher-participants at a time, researcher can better understand various perceptions related to gender diversity, gender norms, and educational pedagogy through initial and follow-up questions/discussions. The rationale behind focus groups is so that teacher-participants can talk freely on this complex, controversial topic without feeling limited to simple “yes” or “no” questions. Also, small groups of participants can get to know one another and develop trust, even if they feel embarrassed about the subject matter (i.e., gender self and peer identification in working with elementary students). A collaborative communication environment is recommended to help teacher-participants move from a state of resistance to a state of neutrality and, eventually, acceptance of study proposal. This trajectory follows Social Judgment Theory, which is based on latitudes of acceptance, rejection, and noncommitment of an issue. In this case, we are discussing constructs of gender diversity and gender norms. In a focus group setting, facilitators can sensitively ask for clarification on responses or even additional follow-up questions that may yield important information on attitudes towards teaching nonbinary gender materials.

Experimentation -- Pre-test Survey to Target Population

A survey is needed to help access attitudes and behaviors on gender diversity instruction. We also need to consider compliance-gaining in the target population. It is recommended to strategically craft correspondence (mailed and available on schools’ official websites) that communicates the enrichment value of this proposed instruction before training programs are offered.

a. This (sample) letter could read as follows:
   Dear Educator [Name]:
   You are being asked to complete a short survey regarding new health-related curriculum on gender diversity being proposed in the Kindergarten and 1st grade classrooms for a pilot study. The survey attached includes questions about gender diversity instruction, learning and your own teaching
pedagogy. Please note that we are trying for a or higher response rate in order to accurately assess and more effectively implement this new curriculum. In addition, please answer as honestly as possible, as the survey is completely anonymous. Thank you very much for your time, support, and feedback!

Sincerely,

Researchers’ Names

*Also, please answer the following seven [7] questions: Agree/Disagree/Neutral

Q1: I am aware that children in grades K and 1st are beginning to become more aware of prescribed gender differences (what color to wear, what toys to play with, which gender group to interact with, etc.) that may impact how they learn and socialize in school settings.

Q2: As an educator, I do not hold attitudes and/or behaviors towards people who are gender-identified differently than myself.

Q3: As an educator, I know what to say when a student asks me about being non-binary gender, transgender, or really any gender description that is different from their assigned biology at birth.

Q4: As an educator, I can always learn something new and valuable when I use gender diversity materials appropriate for my classroom age groups?

Q5: As an educator, I prefer not to teach or use any classroom materials that discuss gender identification outside the traditional male/female (binary) descriptions?

Q6: As an educator, I consider students with gender diversity descriptions that are nonbinary to be outside the norm.

Q7: I think the lack of gender diversity studies in our schools represents a social issue/problem that needs to be addressed.

Applicable Communication Theories

Through an application of Weinstein and Sandman’s Precaution Adoption Process Model (1984), or PAPM, as a primary paradigm and theories such as McGuire’s Persuasive Communication Model (1969) and Bertalanffy’s System Theory (1968) as secondary paradigms, this study proposal hopes to persuade educators to integrate new curriculum on gender diversity into existing health classes in K and 1st grade. In addition, barriers to this campaign would be addressed in a future health communication campaign (which is outside the scope of this study proposal) through life skills argumentation and identifying specific cognitive processes, such as respondent’s notions of acceptance, rejection, and noncommitment to a particular message (Sherif, 2005). Social Judgment Theory, in particular, enhances this discussion by focusing on individual’s views regarding a construct (e.g., gender identification) and its meaning in communication exchanges.

The Precaution Adoption Process Model

This model outlines specific stages that describe how people come to their awareness of issues and decisions and then determine whether to act or not. It is considered psychologically-based and takes into account qualitative differences among study participants that influence desired change. Because it is outcome-oriented, it
is also teleological and therefore, applicable to this thematic proposal on expanding gender spectrum education (Weinstein, 2008).

Stage 1: Unaware of the Issue. Educators need to be aware that this is an important issue in schools, society and in many families. Certainly, they may have heard of terms like transgender and non-binary gender identification, but they may need instruction in and encouragement to include this material into their health curriculum. Through application of research and case studies, this campaign will help teachers in grades Kindergarten and 1st to understand the importance of teaching gender diversity topics in their health classes. Also, it will encourage them to remember to use gender-neutral terms and pronouns to avoid furthering stereotypes in language use/word choice.

Stage 2: Unengaged by the Issue. In this stage, there is a distinction made between those educators who are unaware of the issue and those who may know about it, but don’t care enough to do anything like add new curriculum to their health classes. Again, solid research and reasoning will help convince educators that they need to be more engaged on this public health educational issue.

Stage 3: Deciding about Acting. Here, educators are aware of the issue and considering what they are going to do about it. Since this has to do with the cognitive process, it is important to convince educators of the necessity of taking action (action that is within their power as educators) to avoid undesirable outcomes (e.g., their students being bullied or discriminated against in later middle and high school years). It is important to note that this stage is all about the study participant’s intention. The target population hasn’t decided in Stage 3 whether or not to act, so a strong persuasive message could move them from a decision of not engaging to instead act. Confidence and skills of educators need to be considered in this crucial stage.

Stage 4: Deciding not to Act. This stages basically eliminates those educators who are averse or hostile to teaching gender diversity topics. The study hopes to avoid having large numbers of target educators who elect
this end stage, because it will be less successful in terms of an entire community.

Stage 5: Deciding to Act. Here, educators have made the conscious decision to act. But they have not yet taken any action. At this stage, concrete suggestions on implementing course materials may be positively received. Promote this idea as an essential component of the pillar of inclusivity in educational paradigms. Help teachers to see this as an evolution of our limited sex education and health wellness programs in public schools – rather than worry that it may be controversial or uncomfortable information.

Stage 6: Acting. In this stage, educators are taking desired action by including this course material into their existing health classes, but not yet maintaining it. This is a chance to problem-solve for issues and concerns with open communication and regular monthly meetings throughout the school year.

Stage 7: Maintenance. The last stage is where the new behavior is accepted and maintained. Advocate pre- and post-attitudinal studies that addresses questions such as: how well did the curriculum work? Do any adjustments need to be made in the course materials or classes? Do teachers need additional support, such as funding or peer support, in order to continue teaching the new health curriculum?

McGuire’s Communication for Persuasion Theory

This 12-step model focuses on how people process the information they receive, and it is invaluable for this health communication-based proposal. There may be overlap with innovations of diffusion process theories, since McGuire’s theory is based on exposure and understanding of the message through an input to output linear model, which ties in with patterns of communication in diffusion process theory (McGuire, 1969; Shiavo, 2014, p. 36). Moreover, it moves towards an objective or goal (teleological) that is either confirmation or rejection of proposed new behaviors or the cessation of certain likely more harmful behaviors. This ties in with the construct of risk communication apparent when discussing controversial, highly sensitive, and polarizing topics in different settings. It has been defined by the US Department of Health and Human Services as being “an interactive process” for the exchange of opinions, experiences, knowledge, and information between people and within institutions such as K – 12th grade schools (HHS, 2002). Again, one can see the overlap between the two schemes, but the persuasive message focus is one of the key reasons why McGuire’s theory can be extended to specific health communication education-based campaigns and how this process may work to change or influence primary educators’ attitudes on binary gender-only course materials for young audiences.

Step 1: Exposure to a convincing message. Research available from the Centers for Disease Control and Prevention would be useful to include at this stage. For instance, the CDC has found that there are certain health risks (e.g., depression, being bullied or sexually assaulted, committing suicide, etc.) and disparities associated with being gender minority youth (Kann et al., 2015). Since educators are concerned with reducing stigma and discrimination against students in their classes, this program could help address these issues through both prevention and education. Applicable research by Dr. Elizabeth Meyer of the University of Colorado on
gender diversity and teacher’s perceptions can be extremely useful, too (For more information, please see Elizabeth Meyer’s research on gender-based harassment in schools and responses by teachers when asked about interventions. See Bibliography.).

**Step 2**: Pay attention. If my campaign message is conceptually sound, visually appealing, understandable, and well supported with credible research and case studies, then it will attract this target population’s attention because they work with students from all gender self-identifications – not only male and female.

**Step 3**: Find it interesting or personally relevant. Even though educators may not have a personal connection to this issue, they have certainly heard and read about it in the media and on social network sites such as Facebook, so they may find it relevant to their work and interests. Moreover, since science tells us that there not two types of brain (“male” brain versus a “female” brain) and that this male or female brain is an outdated notion, educators can see the need for adding this course material into existing health classes which may wrongly encourage gender-based brain distinctions (Rippon, 2019). It is also important to explain how gender discrimination and violence can escalate against those in the gender minority in later school years.

**Step 4**: Understand it. Gender is a complex issue. To at least understand how it could impact students both positively and negatively in later middle and high school years can help elementary educators to better discuss this in their own health classes and with their educator peers. Also, it’s important to help define these terms, because educators as a community may not be aware of the differences. For example, what is meant by gender diversity, the gender spectrum, non-binary gender identification, gender fluidity, transgender, binary gender, and cisgender? (APA, 2015)

**Step 5**: Figure out how the new behavior could fit in his/her/their life. I would recommend that this new material be designed to merge with existing health curriculum. Age-appropriate picture books such as author/mother Cheryl Kilodavis’s My Princess Boy (2010), Leslea Newman’s Sparkle Boy (2017), and Rob Sanders and Letizia Risso’s Bling Blaine: Throw Glitter, Not Shade (2020) among others could be introduced for Kindergartners during class reading activities. Lesson plans could also include role playing and other fun activities to discuss gender roles students are becoming familiar with inside and outside of school and open possibilities for exploring gender diversity without forcing them to adopt any fixed roles. In 1st grade, teach children about asking for and using preferred pronouns as a way to create a safe and inclusive space for their peers. This will familiarize them with the expectation that they cannot automatically assume someone’s gender identity based on name and appearance; this will also normalize the habit of asking for pronouns, preventing the development of discomfort and even stigma when students encounter gender queer communities.

**Step 6**: Accept the change that is being proposed. The focus of empirically-based studies is sometimes on engagement and not necessarily persuasion of the target population. Yet persuasiveness is key to ascertaining teacher-participants’ cooperation in the study, which may ask unsettling, difficult questions that challenge notions involving gender-based stereotypes (Borelli & Cacciani, 2019). Also, McGuire’s persuasive
communication model may provide another option for approaching educators and stakeholders (i.e., school board) to secure their willingness to adopt this new curriculum. Researchers need to evaluate how well a new gender inclusive curriculum has been to the classroom and larger school environment (System Theory), which also involves persuasion of target populations.

**Step 7:** Remember and validate the message. In order to sustain and remember this information, educators will need to meet and discuss these concepts and course materials on a regular basis, taking into consideration new research findings and ways to incorporate better course materials as they become available on the education market.

**Step 8:** Be able to think of the message in relevant contexts or situations. This proposal is considered context-dependent since it targets educators in a public-school district who work with Kindergartners and 1st graders. So, this is important to keep in mind when surveying the results of this new curriculum. Did it work for this age group? Was it too simple or too advanced? What questions did students have about the information shared?

**Step 9:** Make decisions based on the retrieved information/message. This step relies on channels of communication being accessible and open as this new curriculum is implemented and refined. Educators need to be willing to consider how their classes are integrating this new information. So, feedback from peer health instructors in the district who are also trying out the new curriculum can provide comparisons as well as insight on making curriculum or course material adjustments.

**Step 10:** Be in line with that decision. Educators needs to feel comfortable enough to voice any concerns or reservations they may have with presenting this new course material to young audiences. Questions needs to be encouraged and fully answered by the campaign team in order to encourage cooperation and trust.

**Step 11:** Receive positive reinforcement for that behavior. This could be the result of studies and reviews of how the educator adapts this material into his/her/their health education curriculum. Students’ attitudes and behaviors following the implementation of this curriculum may serve to reinforce these endeavors.

**Step 12:** Integrate the new behavior into his/her/their life. If successful, based in part on attitudinal studies and observations of classes, this model could become a permanent part of the health education curriculum taught for these two primary grade levels at the school district. Finally, adopting new curriculum on gender diversity for the 5-7 age group could enhance students’ understanding of both themselves and their world, which is a goal of many educators.

**Bertalanffy’s System Theory**

System Theory is often cited as a basis of understanding human behavior and interconnectedness in organizational settings (Bertalanffy et al., 2015). However, it can be applied to educational institutions for the
rationale that discussions surrounding gender diversity and gender minority issues among children will, of course, stimulate curiosity, questions, and further discussions with teachers, classmates, friends, parents, and others. This is applicable because conversations surrounding what it means to be binary gender identified or nonbinary gender identified impact our attitudes and behaviors towards others in educational environments.

Based on both Bertalanffy’s paradigm, these individual elements affect our larger, extended environment due to its appreciation of interconnected human interactions. In this scheme, the individual is only one part of the picture; the entire system changes and develops as each individual influences his/her/their own mindset and worldview. If applied to educational settings at the earliest age/level possible (K – 1st grades), System Theory could help study participants to better understand and even modify their language choice and course materials to be more accepting and inclusive of all persons on the gender spectrum.

The authors posit that this could enhance peer relationships in later grades, especially in the potentially tumultuous adolescent years when peers are struggling to understand themselves and where they lie socially. Moreover, System Theory is applicable because it doesn’t seek to eliminate individual factors, such as differences in upbringing or religious beliefs, but instead encourages discussion among all participants for greater awareness and, possibly, acceptance of those who lie outside the societal norm (e.g., transgender students and teachers, etc.).

**Evaluation of Curriculum Gender Diversification and Timeline**

| Evaluation (Dashboard) | Goal: Increase key population’s participation in learning about and then implementing age-appropriate instruction on gender diversity knowledge and acceptance to applicable elementary students. | Type of Goal: Awareness of and appreciation for gender diversity education in health or sex education classes. | Content: To provide specific training and encouragement for including gender diversity instruction among educators in grades K and 1st in a pilot study. | Individual: Educators in these two targeted grades will improve their health literacy knowledge and understanding of gender diversity issues and be able to teach the importance of respecting all individuals, regardless of where they lie on the gender spectrum, through age-appropriate pre- and post-survey questionnaires. | Community: Meeting educational gaps in current health education curriculum in this hypothetical large urban school system. Question to consider: How can we stimulate community activism? | Activity: A series of teacher workshops and training sessions with the entire health communication team, sharing of data on gender diversity studies, distribution of posters and leaflets that describe the positive learning and behavioral outcomes of such curriculum (getting outside the binary gender box), and website materials/updates |
levels.
The beneficial aspects of adding in this new curriculum will be implemented through the crafting and distribution of leaflets, posters, and website materials for instructors.

class materials and discussions.

(Observing verbal and nonverbal responses in children will be noted and discussed; affect too is a primary way that child reveal their feelings and reactions when they lack the vocabulary.)

as counselors, school board members and other interested parties such as stakeholders and external partnerships, views and beliefs.

throughout the school year.

Collaborating with educators at the school as well as parents, determine health materials with HIGH impact and LOW impact. Be willing to adjust materials and course content based on study results.

**Specific: What do we want to achieve?**

- Our objective is to persuade educators to adopt a proposal advocating instruction outside the binary (male/female) gender box for K and 1st graders at U.S. public schools in order to promote a healthier educational environment for all populations of minority students. This might entail getting support of school administration as well as parents of students who are receiving this education.

- We hope that educators who work with and influence the attitudes of 5-7-year-old school-aged children will be persuaded to take an inclusive, respectful, and more knowledgeable approach to gender diversity curriculum and instruction in their existing health classes.

- The desired outcome: After considering the strengths and weaknesses of this study proposal, we hope that educators will be willing to address and remedy gaps in gender diversity studies. It will be successful if those targeted educators express positive attitudes following implementation.

**Questions on Measurability:** Pre- and post-attitudinal studies to determine the following outcomes: how well did the new curriculum on gender diversity work for this key population of elementary teachers, counselors, and their classes? Do any adjustments need to be made in the suggested course materials in order to make it more understandable, relevant and/or more accessible to the 5-7 age range? Is anyone in the target population expressing a need for additional support as they instruct gender diversity studies in these two grades; this may include additional funding for course materials and field trips, permission to invite (school-approved) guest speakers, and emotional support from their peers and the administration? An analysis of these survey findings would allow for strategic changes and adaptations to course materials if resistance is found to be high among teachers or if they have ideas for the inclusion of better, more relevant health materials appropriate to this elementary age group. Pre- and post-tests that encourage candid feedback from educators will help to determine what is lacking in this new proposal/scheme. In addition, changes in gender curriculum can be crafted and implemented after considering those responses from educators and their students, preferably over a 3-5-year
time period.

- Recommend monthly meetings with teachers, counselors, and other school administrators to determine the impact of this curriculum change on the key population’s (teachers, educators) perceptions, attitudes, and pedagogy regarding gender diversity instruction in their classes.

- Before and after integrating the new course materials, teachers and counselors would be asked how they feel about the new curriculum in surveys. Moreover, questions in a post-evaluation could include: Yes or No -- Has this new curriculum been valuable to your students in your health classes? What were the reactions of students to learning about gender diversity issues such as clothing choices, preferred pronouns, and identify? Please provide specific examples or anecdotes from your class. Did the role-playing exercises and class discussions about the literature (children’s books) produce greater awareness and understanding of these issues, or increased confusion and anxiety?

**Attainable: Is this goal realistic and achievable?**

- The authors posit that it is certainly a realistic goal based on the more expansive K through 12th grade HYA already implemented in California (Meyer, 2018). Also, in Illinois, public schools have been mandated to include LGBTQ history studies by summer 2020. This is a step in the right direction and can help springboard health communication campaigns on gender diversity education. Moreover, this modest campaign – though smaller than the California program as it focuses on only two primary grades – takes a tiered approach to the health curriculum. First grade gender diversity studies build on knowledge gained in Kindergarten health classes.

**Relevance: Why is this goal relevant or worthwhile?**

There are certainly long-term advantages following the successful implementing of a program addressing health outcomes and disparities for a specific student population (e.g., the gender minority), including proposed fewer incidents of gender bullying and reported greater acceptance of those who identify as gender minorities (Denny et al., 2016; Colvin et al., 2019). The program may also enhance educational outcomes as well as school environments because it focuses on attitudes and behaviors in school environments.

The school might also choose to test outcomes through qualitative surveys designed for students that find out if they felt more (or less) confident when bringing up concerns or questions related to gender diversity issues after being introduced to this course material. This work relies on the assumption that educators have a positive and powerful influence on student interactions as a direct result of their teaching curriculum. The authors recommend a 3-5-year minimum commitment and study time to assess the effects of this new curriculum, since the program goals are considered long-term. Conducting studies at the end of each academic year -- right after the curriculum on gender diversity is introduced -- in order to more objectively research and assess attitudes is also encouraged.

**Re-evaluation of Curriculum Implementation on Objectives**
Using Level One guidelines, researchers will need to re-evaluate the effectiveness and scope of this proposal throughout the designated time period. We need to discover if those recommended activities (i.e., reading specific children’s books, role playing, etc.) were carried out by the target population (educators). Next, we need to determine whether the communication objectives were achieved. Again, this can be done through attitudinal and behavioral surveys provided at both the beginning (baseline) and the end (impact assessment) of this study proposal. In addition, outcome monitoring of our campaign objectives would be possible based on attendance at teacher training workshops, monthly meetings with educators, and feedback. Unintended and possibly unwanted outcomes could also be addressed at this stage, too. Recap data and show which channels of communication would help in achieving support for campaign proposal (media, social media, in school flyers, bulletin announcements, special school board meeting with parents, the governor’s office, and stakeholders, etc.). Total projected cost for the 3-5-year time period may be determined after subtracting public funding sources available.

Conclusions

History professor Louis Schmier wrote about teachers needing to understand and value all whom they are trusted to work with; complex, diverse human beings who may not be at the same place but who all deserve the benefits of a diverse education (Schmier & Mankazana, 2007). Extending this reasoning, schools would benefit from realizing that gender is (and may have always been) more than the body we are assigned to at birth based on our physiology. Instead, gender is an important social construct that influences self- and peer-perceptions and which deserves recognition in America’s health/sex education classes aimed at young audiences. It needs to be addressed in ways that treat the gender spectrum not as an aberration, but as a normal part of human development from childhood into adulthood.

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References


a. An interesting study that may relate when I address arguments for my claim of gender diversity studies. Here, the authors describe individual differences in the structure of one’s self (self-perceptions or constructs can be used as well) and connects this with men versus women (binary genders). Study considers self-construal to demonstrate gender differences in terms of cognition, motivation, emotion, and social behavior.


Appendix A. Focus Group Questions

1: What made you interested in participating in a group on the subject of gender diversity? Do you have a personal connection to the topic of gender diversity, or do you know someone with an interest in gender diversity?

2: What feelings or words occur to you when you think about gender diversity and young students (e.g., It’s frightening to talk about; It’s important to talk about in health classes; I could get into trouble with parents; It’s no big deal; I could get into trouble with other teachers; I’m hesitant because I don’t know enough about the gender spectrum, etc.)?

3: How comfortable would you say you are when communicating with others about people in the gender minority? (Interval: 1 = very uncomfortable, 2 = uncomfortable, 3 = neutral, 4 = comfortable, 5 = very comfortable)? Please elaborate on your answer.

4: Does a student’s gender identification matter to you? Why or why not?

5: Do you have any additional thoughts or feelings on this topic of teaching gender diversity to early elementary children that you would like to share?

6: Do you agree or disagree with this quote: “I have come to believe that teaching is more of a calling forth of wholeness to be a better person than just a jamming in of information, that it must deal with the entire person, not just the mind.” (Source: Schmier, L. 1995. Random thoughts: The humanity of teaching. Madison, WI: Magna). Please elaborate on your answer.