Sex Education: A Study of University Students

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Abstract

Sex education is a dynamic topic. Terminology, programming, and research are constantly changing and expanding to include new ideas of how to best reach youth. Despite this ongoing sharing of information, the discussion of sex education lacks one important stakeholder perspective: the youth voice. This research is a culmination of the current literature as well as a study conducted that seeks to provide insight from the point of view of college-aged youth on real-world experience and application of sex education. This study sought to examine the relationship between current sex education practice and what the literature and youth find to be significant.

Keywords: sex education, youth, perspective

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Sex education has been a highly debated topic in America for decades. Over the years, there have been several decisions made both by governmental and organizational entities regarding what is included in formal sex-education. Presently, formal sex education has been handed over to each state to regulate within school systems (National Conference of State Legislatures, 2016). Because of this state sovereignty, there are various requirements included (or not included) throughout the country. Some of these are that of: 24 states require sex education be provided through schools; 13 of those provide medically accurate information; 26 require information to be age appropriate; and 38 have provisions about parental involvement (Guttmacher Institute, 2018). As for what the education consists of, 20 states require information on condoms and other contraception, 39 require information regarding abstinence, and 34 require HIV information (Guttmacher Institute, 2018). There are currently no consistent regulations provided by the federal government or reporting mechanisms for continual feedback and quality control. This means that in each state, each student is being provided sex education with expectations and recommendations without having a central entity to which to report.

Although current policies within each state define the boundaries and regulations, these decisions did not come to fruition without political and public controversy. As of 2004, 15% of Americans believed abstinence-only education (AOE) should be taught while 46% believed that abstinence-plus (abstinence is stressed but other sexual health topics such as contraception and condoms use are also discussed) is the best form of school-based sex education (SBSE) (National Public Radio, 2004). Meanwhile, 36% of

adults believed that abstinence should not be the primary focus of sex education (National Public Radio, 2004). In 2016, controversy between parents, AOE advocates, students, and the Omaha school board erupted as conversation about change in the SBSE began (CBS, 2016). The school district involved was contemplating a change in the sex education curriculum that had been in place for over 30 years. In 2017, a school district in Palo Alto faced similar opposition from parents when a modification necessitated by larger policy change occurred. In these cases, public opinion informed policy creation and change. However, the controversy and constant change continues as long as sex education is not contained under federal policy.

There are several facets of the debate of sex education: who should teach it, what topics should be taught, and what angle should be taken (abstinence or comprehensive on a spectrum). These are questions that may never have definitive answers. However, the more holistic the research, the closer educators can get to finding more accurate and successful methods of impacting American youth. The majority of pre-existing research focuses on the aforementioned topics from the perspectives of parents, educators, and program providers while very few focus on the perceptions of individuals currently receiving SBSE. It is this lack of insight from the primary recipients that creates the need for more research in this controversial area.

History of School Based Sex Education

Sex education has shifted its focus every few decades to address changing social concerns (Iyer & Aggleton, 2015). This constant redirection has contributed to many misconceptions and apprehensions about formal sex education. To understand the importance of formal sex education, an overview on the history of its implementation into

school systems will be provided. This history provides context to the current policies, perspectives, and research on the topic.

The 1800s and Social Purity

Sex education in the United States has a long history filled with debate and discussion. Much of the early arguments against it stemmed from the fear of "normalizing" risky and immoral sexual behavior in youth and women. For example, one of the first movements towards implementing SBSE stemmed from the desire for social purity in the late 1800s (Lamb, 2013). Some of the aims were to govern promiscuity, eliminate prostitution, and avert "racial degeneration of white (seen as pure) children" (Lamb, 2013, p.443). This suggests that formal sex education has always been aimed specifically at youth. Until the 20th century, sex education was solely the responsibility of parents.

The 20th Century and the Beginning of School Based Sex Education

In the early 1900s, sex education entered the school systems at a rapid pace. At this time, sex education was regarded as "social hygiene" and it often included general health topics such as diseases (what are now STIs), development (puberty), and reproduction (Fucci, 2000). In 1912, the International Congress of Hygiene coined the term "sex education" to describe the information provided to youth regarding sexual health and behavior (Fucci, 2000). Two decades into the 20th century, 40% of schools provided some form of sex education (Lamb, 2013). In the 1920s sex education programs became more popular in school settings, likely in an attempt to reduce the increasing rates of teen pregnancy (Fucci, 2000). Therefore, sex education throughout this century was a response to ever-changing social and health concerns.

The 1940s and Sexual Morality

Iyer and Aggleton (2015) described the era during World War II in the 1940s with sex education having a focus on morality and venereal disease. They further highlighted that this came out of the "in the moment" perspective many youth had about life and risky sexual behavior stemming from the war. Furthermore, in the 1950s people re-focused on family and procreation in response to the loss of people, role models, and morality from the war. Lastly, in response, sex education shifted to emphasize responsibility, respect, and honor by teaching family roles and expectations rather than focusing on risks and consequences of sexual activity (Iyer & Aggleton, 2015). Thus, this demonstrates a shift from the previous era by changing the focus from targeted populations (women, individuals of European descent, upper-class) to that of a more universal and collective focus.

The 1960s and Policy Formation

The Sex Information and Education Counsel of the United States (SIECUS) was formed in the 1960s with a mission to normalize sexual activity; it was created in response to preceding programs that focused solely on the negative consequences of sex (Lamb, 2013). Up until the 1960s many sex education programs attempted to teach morals as well as "right" sexual attitudes while SIECUS strayed away from that model to separate morals from education. Through SIECUS, sex education became a response to the need for information and education rather than a perceived need for moral direction. In the 1960s sex education was accompanied by other health education topics such as smoking, drinking, and drug abuse all in one, comprehensive program (Gudridge, 1969). Sex education was not seen as a large societal concern at this time (parents were still

deemed solely responsible for educating their children on such matters), and education was beginning to require more compartmentalized time on core topics such as math, science, reading, and writing, so the Joint Committee of the National School Boards Association and the American Association of School Administrators set forth a resolution combining all forms of public health into one joint program across all schools. The goal of this programing was to save time and cover all general topics of public health. SIECUS examined these programs in the 1960s and determined that there was a gap between the education being taught and the education being retrained and helpful; when asking about the state of sex education at various schools, SIECUS found that adults responded by saying yes, sex education was being taught, but students responded the opposite, that there was no sex education being taught (Gudridge, 1969). In 1965, Family Life and Sex Education (FLSE) became a popular program which provided youth the freedom to discuss, debate, and express questions and concerns about sexual behavior (Lamb, 2013). This program's openness to sex education marked the beginning of a modern debate over sex education: who should be in charge of it and to what extent? Therefore, this century lead to the growth of organizations and state policies in an attempt to impact and regulate SBSE.

The 1980s and Governmental Regulation

In 1981, the US government implemented funding for school-based sex education (SBSE). In 1996, Title V of the Social Security Act became the prevailing legislation regarding SBSE programs which, at the time, consisted of abstinence-only programming. While the reported number of teens (individuals in grades 9-12) having sex has decreased since SBSE became federally funded, there are still 24% of 9th graders who report to have

had sexual intercourse and 4% of individuals who have had sexual intercourse before the age of 13 years old (CDC, 2015). Until 1981, SBSE programs were carried out regardless of parental involvement. It was not until Congress added family participation in these programs into Title X, a program that promotes family planning, that parents became involved in modern educational approaches to sex (Schoemaker, 1987).

Types of Sex Education

There are numerous definitions of various, widely recognized sex education types. Some will be discussed briefly as they are subtypes of the more widely understood AOE and CSE. These include abstinence-based, abstinence-only-until-marriage, and fear-based (Bruess & Schroeder, 2015). The larger context of abstinence comprehensive programming is understood in this way as a spectrum.

The current discussion between AOE and CSE does not revolve around the education itself but the goal. Each state has various requirements for public SBSE. Despite this broad spectrum of programs and focuses, there are comprehensive, national goals for SBSE. Some of these include disease prevention and unintended pregnancy prevention. These broad goals have numerous intended consequences including decreased financial burden of the individual and the health care system as well as increased education opportunities and decreased health burden (CDC, 2016). To summarize the goal of AOE is to eliminate or prohibit premarital sex whereas the goal of CSE is to limit the negative outcomes of premarital sex (Rubenstein, 2017).

Abstinence-only Sex Education

Abstinence-Only or Sexual Risk Avoidance (SRA) programs focus on limiting the act of sexual behavior (specifically sexual intercourse) as the best and only method to

avoid unsafe sex and its consequences (Family & Youth Services Bureau, 2019). The federal government has recognized the need for SBSE programs since the 1980s (Adolescent Family Life Act, 1981). For thirty-nine years, federal government funding has supported AOE. The US federal government promoted and funded abstinence-only education in 36 states as of 2015 (Rubenstein, 2017). This has continued with the Trump administration that has budgeted millions of dollars to promote the Abstinence Education and Personal Responsibility Education Program that promotes abstinence while teaching about contraception among other preparatory topics such as finances, career paths, and healthy living (Affordable Care Act, 2010). According to the literature, AOE programs focus on abstinence from premarital sex and that avoiding sex is the only way to circumvent unintended pregnancy and sexually transmitted infections (STIs) among all people with a focus on prevention for young people (Rubenstein, 2017; U.S. Department of Health and Human Services, 2014).

While AOE is supported by federal policy, evidence suggests that abstinence-only SBSE is not the most effective method of teaching and prevention. In 72% of states, AOE is promoted and taught leaving out important topics such as contraception, safe sex, and healthy relationships (Rubenstein, 2017). Because of the lack of information provided in AOE, it is commonly believed that this method of sex education simply leaves youth unaware and uninformed about sexuality topics (Lindberg, 2017). A literature review by Lerner and Hawkins (2016) suggests that school-based sex education programs should incorporate abstinence teachings within a comprehensive program.

Most youth begin experiencing sexual activity between ages 10-14 (Guilamo Ramos, Jaccard, Dittus, Gonzalez, & Bouris, 2008 in Lerner & Hawkins, 2016). The

younger an individual is when he or she initiates sexual behavior, the less likely that youth is to use protective factors such as birth control and condoms (Manlove, Ryan, & Franzetta, 2007; O'Donnell, O'Donnell, & Sueve, 2001 in Lerner & Hawkins, 2016). In reviewing meta-analyses done on AOE, Lerner and Hawkins (2016) concluded that this form of sex education has no beneficial outcome regarding reduction of risky sexual behavior among youth ages 10-14 (Hauser, 2004).

While some abstinence-only until marriage programs provide accurate and helpful information regarding anatomy and pregnancy, this information alone seems to be unrealistic for teaching sexuality education. According to Pew Research (2017), Americans are marrying later in life (in their later twenties). Therefore, the probability of engaging in premarital sex has increased. AOE programs provide incentive for youth to avoid risky sexual behavior, but when marriage is the only setting provided for sex, the individuals marrying later may be faced with risky situations while single. This lack of information being provided has stemmed from several forms of programming based on this abstinence mentality. Several of these programs consist of more than abstinence alone while maintaining the identity of abstinence in their message to youth.

Within AOE, there are several existing programs that use various formats and have differing subjects of focus. Some programs included are:

- Teen Pregnancy Prevention Program (TPPP)
- Division of Adolescent and School Health (DASH
- Personal Responsibility Education Program (PREP) Sexual Risk Avoidance Education AOUM Grant Program
- Competitive "Abstinence Education" Grant Program (CAE)

- Title V “Abstinence Education” State Grant Program

Abstinence-based education. Abstinence-based education or abstinence-plus and abstinence-centered focuses on abstinence as the primary method of protecting sexual health and safety. Furthermore, this form of education also opens discussion to include sexual behaviors outside of genital intercourse as well as contraception and pregnancy prevention options. Lastly, the goal is information provision while promoting abstinence (Bruess and Schroeder, 2015).

Abstinence-only-until-marriage. Abstinence-only-until-marriage programs promote complete sexual abstinence until marriage which, in this context, is often considered heterosexual. This program method is delivered through discussion of failure rates of contraception and pregnancy prevention methods. (Bruess and Schroeder, 2015).

Fear-based sex education programming. Fear-based programs are a sub-category of abstinence-based programs. These programs utilize fear tactics such as emotional shame and guilt, negative information regarding contraception and pregnancy prevention methods, STIs, and sexual activity as well as creating negative stigmas around sexual behavior. These programs also utilize common biases surrounding sex and gender, sexuality, sexual orientation, marriage etc. (Bruess and Schroeder, 2015).

Comprehensive Sex Education

In the last few years, the government has made some efforts to reduce AOE in the hopes of raising CSE available to youth. The Obama Administration limited federal funding for AOE in order to provide more funding for CSE programs that provide “evidence-based, accurate, and age-appropriate health education” (SIECUS, 2019, para.1). CSE focuses on abstinence, yet includes information regarding contraception

(birth control and condom use), sexuality, pregnancy prevention, sexually transmitted infections, and sexual health (Rubenstein, 2017; Kulik, Brewer & Hileman, 2016). This form of SBSE has become more widely supported by individuals and organizations, but it is still not supported by government policies. Research suggests that CSE which covers a variety of sexuality related topics is more beneficial regarding prevention among youth and young adults. In one study, it was suggested that the more topics covered in sex education before age 18, the more likely a 15-20 year old male is to use contraception during sex (Jaramillo, Buhi, & Corliss, 2017). The same study found that when one receives sex education, on one topic such as STDs, HIV/AIDS, birth control methods, and how to say no to sex, they are more likely to use measures of safe sex. Each secondary topic taught in sex education helped increase the odds of using contraception even further (Jarmillo, Buhi, & Corliss, 2017). In summary, this suggests that the more topics covered by SBSE, the more likely young adults are to engage in preventative measures. In another survey by Bourke, Bodusek, Kellecher, McBride, and Morgan (2014), it was found that there may be a correlation between reception of sex education and use of contraception at first sexual intercourse.

Although CSE is supported by some parents, students, teachers, and professionals (National Public Radio, 2004), it remains incapable to stand alone as the sole preventative measure of negative consequences of sexual activity among youth. A study conducted by Gelfond, Dierschke, Lowe, and Plastino (2016) that focused on preventing teen pregnancy through use of a comprehensive, three year sex education program revealed no significant patterns of sexual behavior and outcomes. The study tracked the pregnancy rates of 1437 students over three years in a comparison group who received no

intervention and an intervention group who received the sex education (Gelford, Dierschke, Lowe, & Plastino, 2016). The lack of evidence for positive outcomes from the intervention group suggests that comprehensive sex education throughout high school is not enough to prevent teenage pregnancy.

Youth want to learn about sex and they want to learn about it from trusted sources including teachers (Natsal-3 in Emmerson, 2016). Young people want to receive sex education. This is why the lack of research regarding data on what youth find effective and helpful about their individual sex education and experience is concerning. If prevention is really the goal as the literature suggests, should the source of information include those who are first-hand preventing the outcomes?

There are a variety of professional organizations that support comprehensive sex education programs. This demonstrates that comprehensive programs are viewed as more substantial and informative to youth than those limited to the topic of abstinence. These CSE programs include:

- American Medical Association
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Public Health Association
- Health and Medicine Division of the National Academies of Science, Engineering, and Medicine (formerly the Institute of Medicine)
- American School Health Association and the Society for Adolescent Health and Medicine (Guttmacher Institute, 2017).

Some existing CSE programs that have stemmed from the efforts of the above organizations include:

- Teen Prevention Education Program (Teen PEP) (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959206/)
- Future of Sex Education (FoSE) (www.futureofsexed.org/documents/josh-fose-standards-web.pdf)

The Significance of Sex Education

Sex education was implemented into formal school settings to relieve various moral, relational, and health concerns among youth and their families (Fucci, 2000; Guttmacher Institute 2019). With the national implementation of sex education through public funding, many agencies and organizations have worked to create programs that better help youth understand sexuality education topics (SIECUS, 2019). This vested interest in youth sexuality continues to fuel numerous concerns as well as a general concern for youth well-being and although there is a common goal of education, the methodologies and reasoning behind this goal vary (SIECUS, 2018).

Sexual Risk Behaviors

The need for sex education stems directly from the risky sexual behaviors of youth. Sexual risk behaviors (SRB) are behaviors which "place [individuals] at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy" (CDC, 2017, para. 4). These risks are most prevalent among youth. According to the Morbidity and Mortality Weekly Report by the CDC (2017), 40% percent of high school youth have reported having had sex by the time they graduate high school. Of these youth in the same report, 25% percent have reported having more than four sexual partners. Young

people (ages 15-24) represent about 50% of new STI cases each year and in some cases, this group represents well over half of new cases (chlamydia at 63.1%) (CDC, 2017). This demographic also has a higher risk of obtaining STIs than older individuals due to higher risk sexual behaviors and choices. One study demonstrated contraception use among women ages 15-24 as 47.4% compared to higher rates among their older counterparts and these young women are more likely to use a pill method of birth control as opposed to a male condom or other pregnancy prevention form of contraception (CDC, 2016). In other words, according to the Center for Disease Control (2016), younger women tend to utilize contraception less and use less effective (as far as protection from STIs) forms than older women. However, young males ages 15-24 represent the highest number of consistent condom usage suggesting that younger men reap the benefits of contraception awareness (CDC, 2017). This collective research indicates that youth perceptions of safe sex are narrow and their awareness of protection and prevention is limited.

Current Sex Education

Sex education requires the provision of information that promotes sexual health. Sexual health is defined as "… a state of physical, emotional, mental and social well-being in relation to sexuality..." (WHO, 2015, p. 5). Sex education is one method in which sexual health can be promoted and informed. Sexuality education is defined in many ways, but most appropriately as:

> a lifelong process that begins at birth. Parents/caregivers and other trusted adults, family, peers, partners, schools, religious organizations, and the media influence the messages people receive about sexuality at all stages of life. All people have

> the right to accurate information and age- and developmentally appropriate education about sexuality. Sex education should address the biological, sociocultural, psychological, and spiritual dimensions of sexuality within the cognitive learning domain (information), the affective learning domain (feelings, values, and attitudes), and the behavioral learning domain (communication, decision-making, and other skills). (SIECUS, 2019, para. 2).

Opting-Out

Several states provide an opt-out option to parents and students when it comes to sex education. This option provides parents with written notification of upcoming sexual education lessons in order to give parents the ability to remove their child from sexual health and information courses within the school system (SIECUS, 2018). This means that those students are not receiving any information regarding sex education or sexual health within the school system. This recognizes the parental right to maintain responsibility for that aspect of learning. However, many parents are unaware of the details of their child's SBSE therefore, unable to make an informed decision on the child's behalf.

The Noodle Company gathered data in 2014 that summarizes some of the primary reasons parents choose to either opt-in or opt-out of SBSE for their children. One parent stated that SBSE is simply a continuation of the main function of a school: to provide information and socialize students. In a national study, 70% of parental respondents replied that sex education should be discussed in sexuality education (Singer, 2016). On the other side, one parent stated that sex education is not beneficial in a formal setting. This individual believes the parent should form sex education to their child's needs

(personality type, level of risky behavior, known sexual behavior, etc.). In one California school district, several parents fought to opt their children out of the SBSE due to the "sexy" nature (Martinez, 2018). The parents believed the curriculum could not possibly be approved by the California Department of Education, but "there are only recommended curriculum, there are no mandated curriculum under the California Healthy Youth Act" (Martinez, 2018, para. 10). In response, parents are fighting for the adoption of a sex education curriculum that focuses on appropriate and accurate information for the sixth, eighth, and tenth graders receiving the SBSE.

On the opposing side of the opt-out choice is the expanding opt-in option. Three states and several more school districts have mandated an opt-in form requiring parents to sign for their children's reception of sex education. This method requires all teachers to receive written consent (in the form of a permission slip) from parents and guardians before a child participates in the sex education curriculum (SIECUS, 2018).

Unifying Sex Education Standards

There are no federal sexual health regulations that are mandated for every sex education setting or even every SBSE program (Guttmacher Institute, 2019). The standards that are nationally recognized are not only non-governmentally upheld, but are also not mandated universally for SBSE programs (Future of Sex Education, 2012). This is partially due to the unique nature of a classroom setting. Classes are composed of dozens of very unique circumstances based on teacher and student abilities, personalities, skills, learning styles, teaching methods, among other things. This makes creating a universal program for SBSE extremely difficult. While it is a positive thing that several groups are focusing on the importance of sex education, the overwhelming abundance of

suggested standards makes it even more difficult to expect a universal understanding of sexual health and education. However, in recent years, these organizations have begun to form more comprehensive and united methods, through the Future of Sex Education (2012) organization, for publishing and distributing a single set of standards.

As of 2018, SBSE is determined by states with few regulations stemming from the federal government (National Conference of State Legislatures, 2016). This division of sex education standards among 50 states and across various school districts leads to inconsistencies and lack of common understanding among American youth. In 1995, the American Cancer Society developed the National Health Education Standards. While these standards did not specifically mention or focus on sexuality education, they did provide information and suggestions regarding physical health which many schools have adopted and chosen to follow (Future of Sex Education, 2011). These standards were revised in 2007.

In 2005, the American Association for Health Education (AAHE) updated pre-existing standards for teacher preparation in the field of sex education. These standards, known as the Professional Standards for Health Education Teacher Preparation, helped the formation of the National Teacher-Preparation Standards for Sexuality Education which have become the basic professional standards considered by those trained in the field of sexuality education (Journal of School Health, 2014). These programs, while helpful when implemented, do not involve mandatory standards across the sex education field. In 2008, the National Sexuality Education Standards were created that were influenced by the American Cancer Society's National Health Education Standards.

> The standards are the result of a cooperative effort by the American Association for Health Education, the American School Health Association, the National Education Association Health Information Network, and the Society of State Leaders of Health and Physical Education, in coordination with the Future of Sex Education (FoSE) Initiative. Nearly 40 stakeholders including content experts, medical and public health professionals, teachers, sexuality educators, and young people developed the standards in a two-year process. (Advocates for Youth, 2008, para. 3)

These sexuality education standards are divided into various lessons and topics based on age-appropriate content. These standards were created utilizing evidence-informed information and theory-based content. One goal of the Future of Sex Education (FoSE) program is to support schools by providing criteria and programs that touch on topics relevant to student performance (Future of Sex Education, 2012). These standards have a purpose of guiding educators through topics that their students should know by the conclusion of specific time periods (grade levels). As of 2018, 41 states utilize some version of the FoSE Standards (Paterson, 2018). A second important goal for the organization is to get these standards adopted by school systems across the United States in order to form a more universal understanding of sex education among youth throughout the nation. A third goal is to provide information and a setting for approaching sexual education from emotional, intellectual, physical, and social contexts (Future of Sex Education, 2010). It is important to note that the topics (an outline) are only provided through these standards, there is no given way to teach them due to the uniqueness of each classroom, student, and relationship between educator and student.

The Center for Disease Control (CDC) has created the Health Education Curriculum Analysis Tool (HECAT) in order to analyze school-based health education and provide suggested methods of instruction for these topics in a classroom setting (CDC, 2012). However, the HECAT is an optional resource for schools, it is not a mandatory tool. This means that those who are using it as a guideline are able to follow a constructed guideline for health education that has been approved by the federal government through the CDC. Individuals and organizations who utilize this resource are provided manuals, trainings, outlines, suggestions, to "conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum" (CDC, 2012, para. 1).

Sex education has been defined ultimately by federal, state, and local governmental entities and professional organizations with input from parents. Although these individuals and groups have valid reason and expertise to create such defining features as policy, regulations, and standards, they may want to consider the viewpoints of their constituents, the students, who are utilizing the information provided. Each of these views is important in the decision-making process as they represent the numerous stakeholders who influence the "policies that directly affect them, their families, and… leads to a better process, greater community support, more ideas on the table, and, ultimately, a more effective and collaborative effort" (United Advocates for Children and Families, 2018, para.2). In other words, gathering perspectives from various sources that influence and are influenced by SBSE can help create a more collective and therefore more influential method of information provision.

Recommendations for Sex Education: A Review of the Literature

There are several facets to sex education with current benefits and downfalls. While much debate on the topic focuses on underlying beliefs about the topic of sex, the focus may need to shift to a focus on the education portion. Modern America has normalized and beautified sex in its culture. Limitations on the education youth receive seem to create a widening gap between what is expected by culture and social standards (regarding sexual behavior) and what youth and young adults are thoroughly educated on and understand. This gap could be a slippery slope into dangerous consequences such as new and expanding STIs and their concerns (take HPV for example) as well less threatening ones such as a misunderstanding of how sexual behaviors and choices may end up (CDC, 2017). In order to limit these consequences, it is increasingly necessary to "upgrade" American SBSE (Paterson, 2018). There have been numerous suggestions of methods to improve SBSE for parents, teachers, and most importantly, students.

SBSE begins with an educator willing to share information regarding sex, among other topics. While most schools are able to find an educator within the school who is willing to teach on SBSE topics, in order to have the best education possible, that individual or group also requires further training. Experts associated with the National Education Association (NEA) suggest that an educator be trained, straightforward, serve as an advocate for constantly improving SBSE programs, be comfortable discussing the topic and be open to the students questions and needs (Paterson, 2018). Currently, there is a lack of perceived comfort around topics of sex education that students feel as a result of educator discomfort and openness. In a pilot study that was a precursor to the present research, it was found that students tend to agree.

Once an educator is established, it is imperative that the program used is age-appropriate, medically accurate, and tiered (builds off of previously discussed topics from grade level to grade level). Further suggestions revolve around cultural and community values that may involve sex education topics (Paterson, 2018). This may require programs to be clear yet flexible for a variety of school districts throughout the U.S.

Purpose of Study

There have been several recommendations for adding and expanding topics within SBSE. Some of the topics at the forefront include consent, healthy relationships, and sexual assault. Currently, only ten state SBSE programs discuss those topics and terms. (Shapiro and Brown in Paterson, 2018). Due to the high risk associated with sexual behavior among youth along with the lack of research on youth perceptions of sex education, it is imperative that research consider the information being provided by SBSE programs from the point of view of youth. The youth voice is important for effective sex education because youth are those individuals who determine relevance and educational needs of SBSE (Sex Education Forum, 2019). Through changing views and expression of sexuality, youth define their needs of SBSE, therefore defining the effectiveness and success of sex education programs.

The present research was focused on college freshman who had received sex education in a formal school setting during the elementary, middle, or high school years. The question to be answered in the study was: what are the perceptions of school-based sex education among college aged youth? The immediate goal was to gain insight on the perception of SBSE according to those who have received it most recently. The long-term goal is to provide recommendations to both inform and educate those responsible for

implementing SBSE of more holistic methods of providing not only sexuality education, but education on comprehensive sexual health topics.

Methods

Research Design

The research design consisted of a survey which included a list of questions regarding personal experience with school-based sex education. These questions were tested in a pilot study and reviewed by experts. In the survey, each participant was asked several questions about sex education including: most recent experience with SBSE, type of program, program provided information, and perceptions of the topics often found in SBSE. Participants were then asked to respond by choosing one or more of several provided options based on their experience and knowledge of sex education in a school-based setting. The survey format was utilized due to the nature of the research question; In wanting information about perspective while maintaining a reasonable level of limitations for analysis, a survey allows for controlled options (closed-ended questions) to be considered by participants (Jones, Baxter, & Khanduja, 2013). The survey was prepared in July 2018 and disseminated to participants that September.

Subjects

The subjects of this survey were utilized due to their convenience. The target population was Malone University freshman. The participants were identified through targeting freshman-level introductory courses that follow the general education requirements for all incoming students. This helped to gain a high proportion of potential participants within each course selected. This population was selected to be surveyed because of their chronological age in relationship to receiving sex education. Of those

subjects available by convenience, most college freshman are closest to last receiving elementary and/or high school-based sex education. This aimed to prevent false memories and retroactive interference.

Data Collection Procedures

The survey was physically disseminated by professors who had access to Malone students in their classes. The survey was anonymous in nature and informed consent was assumed by the completion of the survey. The introduction to the survey included informed consent that included 1) information and purpose about the survey, 2) survey length, 3) the option of choosing not to participate, 4) the ability to stop at any time without penalty, and 5) the Malone University Institutional Review Board (IRB) approval and contact information. The data were collected from participants in mathematics, psychology, English, and theology. The copies of surveys and consent were provided to each professor with written instructions to return the completed surveys in a brown envelope (provided) to the mailbox of the advisor to the thesis project. This maintained participant anonymity by allowing the researcher to remain out of the classroom setting. It also provided a safeguard by only allowing the researcher and the advisor to view the surveys and results.

Instrumentation

This questionnaire was developed through a literature review and then tested with a pilot study of similar structure. The pilot survey was created as a part of a psychology course on research methodology. The pilot survey was utilized as a method of testing the study survey and protocol. It was used to inform necessary changes before disseminating the final survey for data collection and analysis. The present survey consists of

demographic information, operational definitions, and several questions regarding personal experience and perceptions with school-based sex education. Both the pilot study and the final study were IRB approved.

Data Analysis

The results were entered into Excel and then moved into PSPP. The PSPP is an open-source statistical analysis program and is similar in nature to SPSS. The PSPP software was used to quantitatively analyze the data. This provided frequency data on demographics and general sex-education questions. It was also used as a comparative tool between current sex education teachings and student perceptions.

Results

The study consisted of 103 participants. The mean age of participants was 19 years old (SD +4.28). Most participants; identified as male (53%, n=55), and white (74%, n=75). The second largest subject group identified as African American or black (17%, n=17) while another 7% (n=7) identified as Latino/a (4%, n=4) or biracial. Ninety percent (n=92) of participants were first year students. The majority had attended public high school (79%, n=81) or religious parochial school (14%,n=14). With regard to religious affiliation, 86% identified religiously as Christian (n=88) with the highest reported denominations of non-denominational (30%, n=21) and Roman Catholic (17%, n=12). The majority of participants reported having received school-based sex-education (83%, n=85) while 5% (n=4) reported having opted-out or being unsure of their participation in a school-based sex education program. Out of those who received sex education, the majority last participated in high school (53%, n=43) and middle or junior high (38%, n=31). Comparing types of sex education (comprehensive or abstinence), 43% were

unsure of the program type (n=34), 34% received comprehensive sex-education (n=27), and 24% received abstinence-only sex education (n=19).

Student endorsement of specific topics they had in their sex education (as informed by the literature) are found in Table 1. General health, healthy relationships, male and female reproductive systems, and Sexually Transmitted Infections (STIs) are the topics most provided by SBSE programs experienced by participants (Table 1). Table 1 also provides responses from participants on how helpful these topics were perceived for informed decisions on sex. Within each aforementioned topic, nearly 50% of participants who were provided the information found it helpful. As for each topic in Table 1, at least one-third of participants found it to be helpful.

Table 1: Information provided to students who responded (n=88)

Topics often found in SBSE Programs	% Provided Sex Education	% Found Helpful
Abstinence	66% (n=57)	28 % (n=25)
Birth Control	48% (n=42)	30% (n=26)
Condoms	58% (n=51)	26% (n=23)
General Health	**78% (n=69)**	**42% (n=37)**
Healthy Relationships	**73% (n=64)**	**47%(n=41)**
Female Reproductive System	**75% (n=66)**	38% (n=33)
Male Reproductive System	**76% (n=67)**	33% (n=29)
Pregnancy Prevention	48% (n=42)	26% (n=23)
Sexuality	33% (n=29)	10% (n=9)
Sexually Transmitted Infections	**77% (n=67)**	**52% (n=46)**
None	N/A	12% (n=11)

Bold type denotes highest percentages of topics provided and perceived as helpful by participants

Table 2 discusses broad topics provided by the literature and perceptions of these topics as most important and currently lacking in SBSE programs according to participants. These topics include: comprehensive sex education topics, healthy

relationships, open communication, prevention behaviors, risk behaviors, and overall sexual safety. This table depicts the responses of all participants (n=103) based not only on their direct experiences of sex education but on their personal knowledge and perceptions of sexual education topics.

Two-thirds of topics found in Table 2 were perceived by over one-third of participants as most important. These topics include open communication, safety, healthy relationships, and prevention behaviors. Aspects of sex education deemed most important by over half of participants include open communication (68%, n=70) and sexual safety behaviors (67%, n=69). The topic found least important was comprehensive topics (8%, n=2).

Half of the topics found in Table 2 were perceived as lacking in sex education by the majority of participants. These topics include comprehensive topics (57%, n=59), healthy relationships (50%, n=51), and prevention behaviors (51%, n=52). In all topics provided, nearly one-third of participants found information to be lacking. Safety was perceived as the topic most sufficiently covered by sex education (31%, n=32).

While a majority of participants found that open communication in the discussion of sex and sex education to be most important 68% (n=70), the number of respondents that found this aspect as lacking in their sex education experience was low at 37% (n=38). Data on both topics taught and those that are perceived as lacking reveals that, while 39% of students (n=40) find healthy relationships as important to sex education and rated it the third highest, 50% (n=51) find the topic lacking in their personal experience of sex education.

Table 2: Student perception of information provided (n=103)

Topic Provided by SBSE Program	Most Important	Currently Lacking
Comprehensive Topics	8% (n=2)	**57% (n=59)**
Healthy Relationships	**39% (n=40)**	**50% (n=51)**
Open Communication	**68% (n=70)**	37% (n=38)
Prevention Behaviors	35% (n=36)	**51% (n=52)**
Risk Behaviors	31% (n=32)	37% (n=38)
Safety	**67% (n=69)**	31% (n=32)

Bold type denotes topics perceived as most important and most lacking by participant percentage

Table 3 depicts frequencies of male and female responses regarding perceptions of sex education. In the majority of cases, the percentage of male and female responses was similar. Although no statistical analysis was done, response frequencies from males and females appear to view each topic similarly in regards to importance. They also tend to agree on which topics are lacking in current SBSE based on personal experience. These topics include comprehensive sex education, open communication, and safety. The largest gap is found regarding the importance of open communication within the sex education program. Male respondents found that this topic is more important (44%) than risk behaviors and safety whereas female respondents found it to be the least important (29%) of the provided topics. Male respondents found safety (29%) to be the least important discussion topic.

Table 3: Frequencies of male and female respondents on information provided

Topics often provided by SBSE	Female (n=48) Currently Lacking	Male (n=55) Currently Lacking	Female (n=48) Most Important	Male (n=55) Most Important
Comprehensive Topics	**73% (n=35)**	**84% (n=46)**	**54% (n=26)**	**60% (n=33)**
Healthy Relationships	48% (n=23)	31% (n=17)	**50% (n=24)**	**49% (n=27)**
Open Communication	**67% (n=32)**	**69% (n=38)**	29% (n=14)	44% (n=24)
Prevention Behaviors	38% (n=18)	33% (n=18)	**54% (n=26)**	**47% (n=26)**
Risk Behaviors	33% (n=16)	29% (n=16)	38% (n=18)	36% (n=20)
Safety	**60% (n=29)**	**73% (n=40)**	33% (n=16)	29% (n=16)

Bold type denotes highest percentages among sexes regarding topics perceived as most important and most lacking

Discussion

The current study provided an overview of sex education with common themes and elements provided by the literature (CDC, 2016; SIECUS, 2018). This study investigated perceptions of university students on these topics through survey form. The results of this study provided mixed results. The sex education topics deemed most often provided and perceived as most helpful included general health and sexually transmitted infections. Topics found most important included open communication and safety while the least important topic was comprehensive sex education topics. Topics most lacking included comprehensive sex education topics and prevention behaviors. The most successfully addressed topic was safety. According to the National Health Education Standards proposed by the Future of Sex Education (2012, p.10), personal safety, sexually transmitted diseases and HIV are two of the seven key topics to be discussed within SBSE programs while comprehensive topics and prevention behaviors are only

alluded to, not specifically addressed in the “essential content and skill[s]” provided by these standards. This shows a relationship between what is promoted (and what is left out) by SBSE program standards and what is perceived by students as successfully and unsuccessfully addressed.

Overall, the study provided important information about school based sex education from the perspective of college aged youth. While it is important to have input from professionals and experts contributing to the literature, it is also important to have the perspectives of student stakeholders (Sex Education Forum, 2019). These stakeholders often provide unique contributions to influence the creation and implementation of sex education topics and programs due to their current reception of sex education information.

As demonstrated in Table 1, most students validated that the main topics on sex education proposed in the literature were also provided in the sex education they received. However, while experts note that these topics are important to help students receive comprehensive understanding of sex education (American Public Health Association, 2014), the majority of students reported these topics as not helpful. This leaves a disconnection between the information being provided to youth and the information that youth find necessary and important to their personal experiences regarding sexual health topics.

Seventy percent of topics were provided to over 50% of participants, while only 10% of topics were found helpful. Sexually transmitted infections was the only topic often found in sex education programs that was also found helpful by 50% or more of participants. Although it was not directly tested in the research, this disconnect could be

caused by the lack of use of the information by students surveyed. In other words, students responding to the survey are not having sexual relationships and therefore not utilizing the information being provided in SBSE programs. It could also be because sex education is not focusing on the "right" subjects or teaching in the right way (Santelli et al., 2017).

Table 2 depicts student perceptions of broad SBSE topics as found in the literature. The opinions gathered were based on perceptions of information that is found helpful and information that is lacking in current sex education. Open communication and safety were deemed as important by more than two-thirds of participants but were also found as lacking by one-third of participants. This could suggest that the sex education needs of youth are not being met by current programs that are being utilized by schools (CDC, 2016). Programs may exist that reach the youth needs, but those programs are not being implemented into schools as frequently as other, inadequate programs (CDC, 2017).

Healthy relationships were listed as third highest on importance, yet over 50% of participants believe it is a topic that is lacking in formal education. This suggests that the topics and information youth find most necessary for their healthy sexual development are not being met by school-based education. According to the CDC (2016), relationship education is not even a topic required by the School Health Policies and Practices Study (2016). Specifically, broad topics directly related to sex education such as relationships are perceived as not being met by SBSE programs. This gap may be caused by the provision of sex-specific topics by other means (parents, friends, social media, etc.) and a lack of this external information regarding more broad topics (Guttmacher Institute,

2017). Healthy relationships are a very important topic to cover within sex education as the issue of dating violence in high schools has become a concern (CDC, 2019).

Knowing the perceptions of male and female students on sex education is important to determine if specific needs exist for each sex. Table 3 demonstrates male and female perceptions of sex education topics and shows that sexes are similar regarding the perceptions of what is lacking in sex education programs. The consistency between sexes is also found in the top three topics ranked most important. A shift between the two sexes occurs in the perceptions of which topic is least important. Male respondents reported that safety was least important (29%, n=16) whereas females reported that open communication when teaching sex education was least important (29%, n=14). This difference suggests not only that males and females have different priorities regarding their sex education, but it suggests that gender socialization may play a role in the sex education of youth. Females may learn more about communication as they are socialized in informal settings leading them to perceive the topic as less important in formal education (Martinez, 2017). Males may be socialized to perceive safety concerns as less threatening than females which could cause their responses to lean toward lesser importance (Hitchcock, 2001).

Limitations

Due to the limited resources available for this study, there are some notable limitations. The convenience method of sampling along with the small sample size limit generalizability to the larger population. The sample consisted of students who attend a Christian school where sexuality is an often stigmatized subject. This may have resulted in skewed self-report data regarding honest perceptions of sex education. The survey also

did not account for reasons why students deemed topics helpful and important which suggests that this sample may not be utilizing the information provided currently and therefore may report as unhelpful and unimportant. These perspectives could change based on samples and backgrounds of the individuals. Because the survey questions were not standardized by the literature, they lacked reliability and validity. However, the pilot test helped to address this issue by providing an opportunity to revise concerns in the final survey. Despite these limitations, this survey contributed to a gap in the literature by investigating perspectives on sex education topics from youth. The current data can help triangulate and inform the needs of sex education for youth.

Implications

Micro-level. On an individual level, this research provides youth with an opportunity to voice their thoughts and concerns with their personal education. In asking for opinions, this research may empower not only the participants, but their peers to share their thoughts on topics that affect them directly. Although this survey was anonymous, the message of advocating for one's needs was prevalent. Through participant willingness to complete this survey, each individual provided information on the gap between teaching and learning. This type of research is the beginning point for self-reflection: what does the individual want to know, where does the individual want to retrieve the information, what format does the individual want to learn from, and what sources should the individual trust and reach out to? Therefore, continuation of research such as this plays a vital role in youth gaining self-efficacy and empowerment within their education as well as helping expand youth-informed programming.

Mezzo-level. Implications of this study for youth collectively include utilizing the youth voice to promote institutional change. This includes promotion of already existing and creation of new sex education teaching styles and programs such as peer facilitation, participatory action research, and teach-ins to inform community and school members of the importance to quality, comprehensive sex education which fit the varying needs of cultural, geographical, and socio-economic differences among youth populations (Free Child Institute, 2019; Harley, 2019). The disconnections between youth perception and teaching imply that youth are collectively misinformed and misguided about sexual health. It appears as though youth are searching for a wider variety of topics in their SBSE such as consent, sexual justice, and healthy relationships (Harley, 2019). While youth have no legal voice to change the sex education system, it is imperative that they begin to communicate with school boards, community members, and most importantly, one another about their sex education experiences and expectations (Bridges & Hauser, 2014). Changes in programming content and implementation should reflect the voices of the students.

Macro-level. Implications of this study for the future of sex education include policy, practice, and research changes and expansions. The research suggests that continual evaluation of programming and implementation in formal settings such as schools would enhance the real-world effects of SBSE on youth (CDC, 2017). Considering the viewpoints of student stakeholders may increase the likelihood of positive evaluation and outcomes SBSE programs (CDC, 2015). A final but major policy implication is increased funding for comprehensive education programs (SIECUS, 2019). Expansion of these programs and the support for them could not only provide youth with information to

make positive and healthy life-long decisions about their sexual health and behaviors, but it would provide opportunity to decrease sexual stigma, decrease misinformation, and create positive social change (Harley, 2019)

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