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***CLAREMONT COLLEGE STUDENTS' PERCEPTIONS OF SEXUAL EDUCATION
EFFECTIVENESS***

An Analysis of Demographic Characteristics and Values

By Michelle Calcany Blair

A Thesis
Submitted to Pitzer College
For the Political Studies Major

Professor VanSickle-Ward
Professor Barndt

Claremont, CA

April 29, 2021

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Introduction

Sexuality education-- often referred to as sex education or sex ed-- is a topic that many people have experience with, or knowledge of, due to its standardization in the United States public school curriculum around the 1900s.¹ Most people that went to school in the United States have taken some form of sex education classes at some point during their lives, and yet, stories about sex education experiences vastly differ from person to person. Colloquially, people often hear about sex education “horror stories.” For example, a 2013 article lists various anecdotes:²

We all got a sex-ed presentation in middle school. They kept the boys and girls together because the presentation wouldn't work without boys. They had two girls holding clear cups of clean water. They then gave several boys cups of water and had them swish it around in their mouths before spitting it into one girl's cup. This was supposed to represent what sex does to you, I guess. Turns you into a nasty grimy cup of spit water. Who would ever want you when there's a sparkling virgin right over there?

“Scare tactic” techniques like these are still being used in certain schools³, and such narratives can have damaging effects on the students that hear them.⁴ Researchers, parents, teachers, and policymakers often ask the following questions: What makes sex education effective? What should sex education include? How can sex education be improved? I argue throughout the course of my paper that these questions are being discussed by the wrong people, and that the wrong characteristics are being considered, thus making the solutions somewhat ineffective. While professionals and parents ponder how to improve sex education, the young adults that have most recently experienced sex education and are beginning to formulate their sexual identities are often overlooked in the sex education decision-making and revision process.

¹ Huber, Valerie J., and Michael W. Firmin. “A History of Sex Education in the United States since 1900.” *International Journal of Educational Reform*, vol. 23, no. 1, 2014, pp. 25–51., doi:10.1177/105678791402300102.

² Gray, Emma. “10 Real Sex-Ed Horror Stories.” *HuffPost*, HuffPost, 18 Apr. 2013.

³ Parenthood, Planned. “Abstinence-Only-Until-Marriage Programs.” *Planned Parenthood Action Fund*.

⁴ Boyer, Jesseca. “New Name, Same Harm: Rebranding of Federal Abstinence-Only Programs.” *Gutmacher Institute*, 4 Mar. 2020.; Faulkner, Monica. “When Sex Education Emphasizes Shame, It Harms Youth Who Have Been Sexually Abused.” *Phys.org*, Phys.org, 3 Sept. 2015.

I argue that the insights that can be gained from such a swath of the population are crucial. If we are to understand how sex education programs affect our youth, and what changes need to be made, we should be asking young adults. Furthermore, I argue within this thesis that not only are the wrong *people* being asked, but the wrong *questions* are being asked. Individuals experience their lives differently than others due to their unique perspectives and ways of living in this world. Therefore, it is critical that we understand how demographic factors and socioeconomic status also influence students' experiences with sex education. Sex education in schools is often largely ineffective for many students, and only through understanding young adults' perspectives and considering how different demographic factors can influence one's experiences, can policymakers and parents hope to make a more inclusive and comprehensive curriculum.

This project analyzes how college students from the Claremont Colleges view their experiences of sex education in K-12 schooling through a series of evaluation questions administered anonymously online, while also considering how demographic factors influence student experience. Through these findings, I hope to give young adults more agency in discussions about sexuality and sexual health while also providing a basis for future dialogue for improving sex education standards across the United States.

The History of Sex Education in the U.S. and its Importance

Before sexual education curricula were incorporated into schools, large scale social changes had to occur within the United States. These fundamental changes in American views on both sex and education focused on the views and beliefs of adults that were further removed from the experiences of those learning about sex education. Also, decisions were often

influenced by outside groups and factors that had religious and political motivations. In 1913, Grace Hoadley Dodge had an event at her house in New York where a score of academics, lawyers, and other high brow individuals began discussing the concept of sexuality and health.⁵ About two years later, they created the American Social Hygiene Association (ASHA), a group dedicated to eliminating venereal diseases and prostitution. The ASHA focused on educating young people, but also tied sexual practices to the matter of health, thus making sexuality a social issue.⁶ ASHA saw their mission as a larger attempt of “solving the dilemmas confronting men and women both in and out of the bedroom” (42), and thus combined masculine and feminine qualities to improve society. Their message was so powerful that only a few years after the organization's inception, The National Congress of Parents and Teachers began to create curricula for draftees that were to fight in the war.⁶ This initiative was further supported by a 1919 report by the U.S. Department of Labor’s Children’s Bureau, which claimed that introducing conversations about sex in classrooms could minimize the number of soldiers that contracted STIs (sexually transmitted infections) as well.⁷ The councils of this time that determined the standards necessary for young adults' health consisted of teachers, parents, and politicians, but notably excluded young adults from the conversation.

In the 1890s to the 1920s, the concept of sex was further challenged by the American populace.⁸ In previous years, discussions surrounding sex were portrayed through a lens of repression. Narratives such as the belief that sexual repression “provide[d] the force for creating values, chastity and sexual restraint were directly related to the middle-class constellation of

⁵ Luker, Kristin. *When Sex Goes to School: Warring Views On Sex--and Sex Education--Since the Sixties*. W.W. Norton & Co., 2007.

⁶ “American Social Hygiene Association.” *Social Welfare History Project*, Virginia Commonwealth University, 16 Oct. 2017, socialwelfare.library.vcu.edu/organizations/american-social-hygiene-association/.

⁷ Harris, Bryan. “The History of Sex Education.” *The CSEs National Sex Ed Conference*, 25 Mar. 2015.

⁸ Strong, Bryan. “Ideas of the Early Sex Education Movement in America, 1890-1920.” *History of Education Quarterly*, vol. 12, no. 2, 1972, pp. 129–161. *JSTOR*, www.jstor.org/stable/366974. Accessed 6 Apr. 2021.

values that included work, industry, good habits, piety, and noble ideals” (130) both encouraged abstinence and portrayed sexual promiscuity as a detrimental force for one’s character. Engaging in sexual activity was expected to create ignoble values and characteristics in a person, and thus, one was only expected to engage in sexual activities with the intent of bearing a child. This became more complicated for women of this time, for just as sexuality was taboo, it was also the only acceptable role a woman could fulfill to be considered useful for society, by having children. The view that sex was a negative force that needed to be restrained began to be challenged by new sexual ideologies in the 1900s, which suggested that sex could be a source of pleasure, and thus did not need to exist strictly for procreation.

In the 20th century, a more liberal view of sexuality gained further popularity. Several factors emerged and indicated a shift in the popular view of sexuality, including a declining birth rate (resulting from the use of birth control instead of abstinence), increased discussion of sex within the media, and the proliferation of the concept of sex without the intent of procreation. This shift, however, worried those who still believed in 19th century values surrounding sex. As a result, “many concerned parents and educators began to reconsider the traditional methods of socializing their children sexually,” (135)⁹ as they believed that young children would be negatively affected by positive narratives of sex and sexual behaviors. Parents in past eras would prepare their children for healthy sexual lives by not giving them information of any kind, however, parents in the 20th century began to question the commonly-held belief that repressing access to information would encourage repression of sexuality since social forces, such as the media, discussed sex in a liberal manner. Worried that their children would learn about sex through the media if they remained silent, parents began to support alternative educational models. As parent views began to change, support for sex education within classrooms ensued,

so as to prevent peers and the media from being the sole source of information for their children. However, many still wanted conversations about morality and sexuality to be included within sex education lessons. Instead, educators of the time focused on anatomical discussions of reproduction and health, which did not fulfill the desired requirements for parents; this focus also did not provide adequate information for students, who were curious about other factors regarding sex and sexuality. The contrasting desires of parents, educators, and students during this period is echoed later in history as well. While student curiosity regarding sex and sexuality remains prevalent, considering which topics would be most effective and helpful for students is often not the foremost concern of schools and the state, as will be discussed later in this paper.

While the 1920s was described as the progressive era and the 1960s were considered the sexual revolution, the point in time in between has been considered by some to be the intermediate era for sex education in U.S. public schools.⁹ In 1936 Margaret Sanger-- an activist for reproductive health-- won a court case that ruled that “birth control devices and materials could no longer be considered ‘obscene’” (33). Further progressive strides were taken in 1946 as Planned Parenthood, supported by Sanger and biologist Gregory Pincus, created a birth control pill that was shared with the public in 1959. As contraceptives became increasingly available for public use, they also became a more common topic in sex education classrooms. Support for sex education in schools was further renewed in 1936 following a large outbreak of syphilis. This outbreak also resulted , however, in a surge of abstinence-based education. The government, for example, began to create imagery and messaging for their soldiers to remain abstinent for both patriotic and personal reasons. Therefore, opponents of sexual freedom-- which were often also

⁹ Huber, Valerie J., and Michael W. Firmin. “A History of Sex Education in the United States since 1900.” *International Journal of Educational Reform*, vol. 23, no. 1, 2014, pp. 25–51., doi:10.1177/105678791402300102.

supporters of abstinence-only education-- were able to further question whether sex education was an effective means to help young adults remain healthy.

By the 1960s, sexual education had gained both public and political support. School curriculums were mandated to include sex education as well as “family life courses, including preparation for marriage and parenthood, [to] be instituted as an integral and major part of public education from elementary school through high school.” (11)¹⁰ Family life education and sexual education worked in tandem during this period, designed to discuss elements deemed essential for sexual and familial health. Most family life classes were only available for women at the time, however, which underlines the gendered history of sex education from its early stages.

Despite increased support for its inclusion in schools, there were some obstacles to the creation of sex education curricula, including the difficulty of creating definitions for sex education and family life curriculums, competing interests wanting to gain control of the programs, limited academic support and status, difficulty in depending on volunteers to teach the courses, and fear and reluctance to implement new practices in response to social changes. Although a new concept, these early 1960s classes laid the groundwork for future sex education curriculums. Somerville highlights their crucial foundational role in the paper *Family Life and Sex Education in the Turbulent Sixties*, as she explains that the 70’s have the advantage of being able to “build on a foundation of experience, particularly in facing the forces of organized opposition, that exposed the vital issues in the field” (11) of sexuality education. However, Somerville also warned that teacher effectiveness could be lessened through new legislation, a concept that foreshadowed the highly political nature of the sex education debate in the years to

¹⁰ Somerville, Rose M. “Family Life and Sex Education in the Turbulent Sixties.” *Journal of Marriage and the Family*, vol. 33, no. 1, 1971, p. 11., doi:10.2307/350155.

come. Although sex education had widespread support early on, as sexuality education became increasingly integrated into schools it also gained political attention and opposition.

The politicization of sex education became apparent through the rise of special interests, as the sexual education debate became more ubiquitous in classrooms across the U.S. In the 1980s and 1990s, sex education entered the national debate because of the HIV/AIDS epidemic.¹¹ Curricula began to focus on new topics, such as teaching students to use condoms as an effective way to prevent STDs such as HIV from spreading. At the same time however, special interests began propagating myths about condoms and HIV survivors in an attempt to undermine sex education. Malone and Rodriguez state in the piece *Comprehensive Sex Education vs. Abstinence-Only-Until-Marriage Programs* that these counter-movements have occurred throughout sex education history, citing for example, the “\$1.5 billion that was funneled by the federal government to the abstinence-only-until-marriage industry between 1996 and 2009” (5). This abstinence-only-until-marriage industry supported abstinence education in schools instead of education that focused on safe sex practices or methods for preventing pregnancies and STIs (such as contraceptives).¹²

Much of the changes that have occurred over time have been political in nature. In 1996, for example, President Bill Clinton offered money to state governments to implement abstinence-based programs for their sex education classes,¹³

¹¹ Malone, Patrick, and Monica Rodriguez. “Comprehensive Sex Education vs. Abstinence-Only-Until-Marriage Programs.” *Human Rights*, vol. 38, no. 2, 2011, pp.5–22. *JSTOR*, www.jstor.org/stable/23032415. Accessed 4 Feb. 2021.

¹² “Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior.” *Women's Health Policy*, KFF, 1 June 2018, www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/.

¹³ Healy, Melissa. “Clinton Frees \$250 Million for Sex Abstinence Teaching.” *Los Angeles Times*, Los Angeles Times, 1 Mar. 1997, www.latimes.com/archives/la-xpm-1997-03-01-mn-33685-story.html#:~:text=The%20Clinton%20administration%20on%20Friday,expected%20standard%E2%80%9D%20of%20human%20behavior.

despite the fact that abstinence-only sex education has been proven to not help improve the health of students.¹⁴ As a result, many schools were financially incentivized to change their curriculum to make it less comprehensive, even if it might not have been best suited for the students.¹⁵ These examples showcase how the origins of sex education have been influenced by factors other than students' well-being, and further, how differing beliefs have affected educational standards and individuals' experiences throughout time.

While the AIDS epidemic caused controversy among religious groups and those that believed sex education was encouraging students to have sex and thus spread infection, it also resulted in increased support for sex education as well. The epidemic, coupled with an increase in the amount of teenage pregnancies from 1975 to 2005, further increased support for sexual education during this time as parents realized that students needed to be educated on safe sex practices. One study in the 1990s emphasized the need for more comprehensive sex education in classrooms by demonstrating that American youth do not engage in more sexual activities than their counterparts in European nations, and yet rates of pregnancy, disease, and abortion were much higher in the United States⁶. What was also interesting about this study was that it was mirrored by other studies which showed that “[l]ike teenagers, adult Americans get pregnant more often when they don’t intend to, pass on more sexually transmitted diseases, and have higher abortion rates than almost any other adults in the industrialized world” (27). This

¹⁴“Abstinence-Only-Until-Marriage Programs Are Ineffective and Harmful to Young People, Expert Review Confirms.” *Guttmacher Institute*, 22 Aug. 2017, www.guttmacher.org/news-release/2017/abstinence-only-until-marriage-programs-are-ineffective-and-harmful-young-people#.

¹⁵ Stanger-Hall, Kathrin F., and David W. Hall. “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” *PLoS One*, Edited by Virginia J. Vitzthum, vol. 6, no. 10, 14 Oct. 2011. *US National Library of Medicine National Institutes of Health*, doi:10.1371/journal.pone.0024658. “Statistics.” *National Sexual Violence Resource Center*, www.nsvrc.org/statistics#:~:text=Girls 14 to 17 years, sexual assault during their life.; Santelli, John S., et al. “Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine.” *Journal of Adolescent Health*, vol. 61, no. 3, 2017, doi:10.1016/j.jadohealth.2017.06.001.

problematic trend of unintended teen pregnancies is symptomatic of a larger issue surrounding educational and safe sex practices within the United States. Although those rates have gotten better in recent years, the topic of sexuality education is still widely controversial among the American populace.

In 1999, a study found that topics such as abstinence, STDs, and peer pressure were included in curriculum at an earlier age than in 1988¹⁶. Not only did these conversations begin to occur sooner, but also the study found that schools were in general placing more emphasis on the topic of abstinence and were “less likely to present students with comprehensive teaching that includes necessary information on topics such as birth control, abortion, and sexual orientation” (204). While initiating conversations about sex education at an earlier age seems to be progressive step forward, the abstinence-based focus seemed to signify that not all future changes resulted in more comprehensive curriculums. Sex education’s highly contested and politicized nature ensures that liberal or more comprehensive change is not always linear. Furthermore, the students from the survey performed in 1999 stated that they did not receive adequate or accurate information on relevant topics, and this still represents a significant problem still today.

These examples of conflicting progression and regression in curricula, paired with the demonstrated shortcomings of accuracy, highlight a large problem with sex education: the factors that often influence sex education are external in nature, and do not focus on student success and opinions, a concept that will be further explicated throughout this piece. Malone and Rodriguez argue that the debate about sex education is either fought on an ethical or effectiveness platform.⁷

¹⁶ Darroch, Jacqueline E., et al. “Changing Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988-1999.” *Family Planning Perspectives*, vol. 32, no. 5, 2000, pp. 204–211. *JSTOR*, www.jstor.org/stable/2648173. Accessed 6 Apr. 2021.

It seems to be problematic, however, that the opinions of students are not considered more strongly from both an ethical and effectiveness standpoint. I argue that in order to create a more ethically-based curriculum, students need to be included in the process, and doing so would provide students with autonomy and decision-making power to determine what is effective and relevant for their own lives. The turbulent history of sex education highlights that the changing nature of sex education pervades all school spaces, and that students had different experiences with sex education depending on when they went to school, political considerations, and other factors. Therefore, I argue that demographic factors-- such as the state one went to school in, school type, political affiliation, race/ethnicity, and gender-- are equally important and can influence how one experiences their sex education.

Why is Sexuality Education Relevant?

It is important to focus on sexuality education because of the integral role that it plays in the lives of young people. It has been shown, for example, that sexual education can help improve the health of adolescents. In the article “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” Kathrin Stanger-Hall and David W. Hall examine the effects abstinence-based policies and laws have on pregnancy rates in different states. By retrieving data from state profiles on laws and policies across the 50 states in 2005 for sexuality education,⁸ they were able to create a coding scheme that analyzed whether the laws and policies in a state were abstinence-based, and then ranked them accordingly on a scale from zero to three (zero being not abstinence-based, and three being a curriculum that emphasized abstinence only education). Although two states had to be excluded from the study, the other forty-eight states’ rates of pregnancy and level of

abstinence-based education were compared. They found that “the level of abstinence education (no provision, covered, promoted, stressed) was positively correlated with both teen pregnancy... and teen birth,”⁸ indicating that abstinence-based education was not effective at curbing sexual activity, and was unable to provide students with the proper information or support to prevent teen pregnancies.

This study also suggested that other factors played a significant role in influencing teen pregnancies and abortion rates-- the two most relevant being socioeconomic status and race. Stanger-Hall and Hall found that areas with lower socioeconomic status had higher rates of teen pregnancy, and also that higher socioeconomic status areas were less likely to have abstinence-based education.¹⁷ The latter finding suggested that state laws were often biased by monetary factors, since richer neighborhoods had more comprehensive sex education and lower rates of pregnancy. They also found that of the three different racial groups analyzed in the study (white, Black, and Latinx), minority groups had a higher percentage of teen pregnancies as well. Similar to their first finding, they discovered that states with higher proportions of white teens tended to have state curriculums which emphasize abstinence less than areas with lower proportions of white teens. Again, the prevalence of specific individuals (white and well-off) played a large role in dictating the quality and characteristics of the sexual education provided in different communities, with a skew benefitting the white and wealthy. This further suggests the importance of analyzing how sexual education affects different groups of people and areas within different states. Furthermore, the study underlined the problematic factors at play in sexual education decision-making.

¹⁷ Stanger-Hall, Kathrin F., and David W. Hall. “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” *PLoS ONE*, vol. 6, no. 10, 2011, doi:10.1371/journal.pone.0024658.

While further research has suggested that comprehensive sexual education classes are important for reasons of health¹⁸, other articles have analyzed the importance of sexual education from a different perspective-- one more focused on the overall well-being of students through sex education. Catherine Ashcraft argues in the piece “So Much More Than ‘Sex Ed’: Teen Sexuality as Vehicle for Improving Academic Success and Democratic Education for Diverse Youth” that the education system often overlooks the importance of teens learning about their sexuality, as a way to not only increase their academic skills, but to become a functioning member of a democratic society.¹⁹ Ashcraft states that one reason that schools or communities do not fully appreciate sex education is because when people discuss the importance of sex education they do so from a public health standpoint. She states that when sex education is framed in this way alone, it “virtually ensures that legislators, administrators, educators, and larger numbers of the U.S. population will see sexuality education as peripheral to the central goals of schooling.” (632). Public health is undoubtedly important, but Ashcraft’s argument is unique in that it supports sex education by aligning the goals of sex education with the interests of educators and the school system at large.

Ashcraft asserts that sex education is essential for three key factors. First, sex and sexuality are ever-present in the lives of adolescents (for example, through “gendered hierarchies of school personnel; the masculinizing or feminizing of certain curricular areas, sports rituals, and... the dynamics of students interactions or peer cultures.” (635). Second, she argues that sexuality creates the basis of social roles in society, and thus can reaffirm inequality; learning about such roles can lead to a more democratically aware and conscientious citizen, she

¹⁸ Daniel, Annerieke. “Comprehensive Sex Ed for All Can Improve Peoples Health.” *Human Rights Watch*, Alabama Political Reporter, 28 Oct. 2020, www.hrw.org/news/2020/08/06/comprehensive-sex-ed-all-can-improve-peoples-health.

¹⁹ Ashcraft, Catherine. “So Much More Than ‘Sex Ed’: Teen Sexuality as Vehicle for Improving Academic Success and Democratic Education for Diverse Youth.” *American Educational Research Journal*, vol. 45, no. 3, 2008, pp. 631–667. *JSTOR*, www.jstor.org/stable/27667146. Accessed 5 Feb. 2021.

argues. Lastly, she explains that information about sexuality is especially important for “urban youth and youth of color, as these are also the same youth who are disproportionately victims of sexually transmitted diseases and HIV/AIDS” (633). Thus, she claims that teens can become empowered by learning about sexuality, and in the process are able to develop skills that help them academically, professionally, and personally.

The results of Ashcraft’s analysis, which involved examining at a community-based sex education program called ESPERANZA, supported her theory and helped allow teens to become leaders and sources of information for their peers. Furthermore, her desire to improve the curriculum within schools, by suggesting changes that were implemented through her own ESPERANZA program, highlight the limitations of current sex education standards in classrooms. She acknowledges that “public schools encounter different constraints and conditions that would make wholesale implementation of the practices in ESPERANZA difficult or even impossible” (660) because of parental and teacher objections. Thus, it is important that when talking about sex education, to place an emphasis on how to best serve students. Unfortunately, much of the focus still currently rests on parental objections²⁰.

It is precisely because of differing parental views and breadth of knowledge that schools are a critical venue in which sex education must be taught. A poll conducted by Planned Parenthood and New York University’s Center for Latino Adolescent and Family Health in 2014 examined the views of parents and their children regarding conversations about sex and sex education in school. Of their representative sample composed of 1,663 children (9-21) and adult pairs, they found that 8 out of 10 parents talked about sexuality at home.²¹ Although participants

²⁰ Brown, Emily J. “WHEN INSIDERS BECOME OUTSIDERS: PARENTAL OBJECTIONS TO PUBLIC SCHOOL SEX EDUCATION PROGRAMS.” *Duke Law Journal*, vol. 59, no. 1, 2009, pp. 109–144. *JSTOR*, www.jstor.org/stable/20684799. Accessed 5 Feb. 2021.

²¹ GfK Custom Research, LLC, et al. “PARENTS AND TEENS TALK ABOUT SEXUALITY: A NATIONAL SURVEY.” Planned Parenthood, Planned Parenthood, 2014. ; Bleakley, Amy, et al. “Public Opinion on Sex Education in US Schools.” *Archives of Pediatrics & Adolescent*

stated that many important conversations occurred when their child was aged 9-14, they also found that often “important topics in the teen and young adult years” were excluded. Some of these conversations involve “strategies for saying no to sex, birth control methods, [] where to get accurate sexual health information,” where to find and how to access reproductive healthcare, and how to create a healthy sexual relationship, but unfortunately, most conversations were still unable to adequately meet the needs of their children as they got older and needed new information.¹² The gap in parental transfer of information regarding sex and sexuality is one that can be alleviated through sex education in schools. Over 90% of parents polled thought that sex education in middle school and high school was crucial-- a view that reaffirms the idea that most people do support some sex education in classes.²² Some of the factors those surveyed identified for defining sex education involved content regarding “birth control, STDs, healthy vs. unhealthy relationships, abstinence, and sexual orientation” underlining the need for more comprehensive curriculum than simply abstinence-based education. Public support, health, and student success all indicate the necessity of comprehensive sex education, but not all states agree with this conclusion, or even simply agree about what “comprehensive sexual education” means.

Definitions

In order to provide a more thorough review of concepts that are integral to the discussion of sexual education, a list of operational definitions are included below. These definitions were specifically created for the purpose of this study through compiling information gathered from

Medicine, vol. 160, no. 11, 2006, pp. 1151–1156., doi:10.1001/archpedi.160.11.1151.

²² Bleakley, Amy, et al. “Public Opinion on Sex Education in US Schools.” *Archives of Pediatrics & Adolescent Medicine*, vol. 160, no. 11, 2006, pp. 1151–1156., doi:10.1001/archpedi.160.11.1151.; Kantor, Leslie, and Nicole Levitz. “Parents’ Views on Sex Education in Schools: How Much Do Democrats and Republicans Agree?” *Plos One*, vol. 12, no. 7, 2017, doi:10.1371/journal.pone.0180250.

various sources, and are relevant in order to better understand the concepts discussed further in the piece.

1. Sexual Education: Classes or curriculum taught in schools for the purpose of educating students on topics surrounding the concept of sex/sexuality and health.
2. Comprehensive sexual education: Sex education that includes information regarding anatomy, physiology, well being, HIV, healthy relationships (including consent), STDs, safe sex, gender/sexual fluidity, and is inclusive for all students.
3. Abstinence-Only Education: Education that focuses solely on abstinence as a form of sexual health (in contrast to abstinence-plus education where abstinence is discussed, but other forms of safe sex are also considered, and comprehensive sex education).
4. Private vs. Public Schools: Two school types that are differentiated for this study through whether they are funded by a state or by individuals, and also what organizations place constraints on their curriculum. Public schools are funded and mainly constrained by the state, while private schools can be influenced by outside sources and are not dependent on state funds.

Previous Studies: Asking the Wrong People the Wrong Questions

In a recent study, *Public Opinion on Sex Education in US Schools*, Bleakly, Hennessy, and Fishbein surveyed the general public about sex education and their views. The respondents were comprised of people aged 18-83, and the mean age of those respondents was 46.8 years, marking a significant age gap between sexual education experience and their evaluation of it. The survey found that “US adults, regardless of political ideology, favor a more balanced

approach to sex education compared with the abstinence-only programs funded by the federal government” (1151). Furthermore, the majority of those surveyed also did not believe that abstinence-only sex education was effective or helpful. While these results are indeed interesting, they do not focus specifically on satisfaction, or on how comprehensive they viewed their experiences to be. Furthermore, the age range of the sample size is older, and thus more removed from their sexuality education classes. While this study did allow for young adults to voice their opinions, there was no specific focus on young adult’s views. This further showcases how conversations regarding sex education are often not asked to young adults specifically.

When studies target specific groups of people to ask about sex education, often the focus is instead on the views of educators and parents. For example, the study *Sexual Health Education from the Perspective of School Staff: Implications for Adoption and Implementation of Effective Programs in Middle School* by Pesken et al. focused specifically on teacher views of sex education standards, specifically for middle school teachers²³. This study sampled a variety of teachers and administrators within an urban Texas school district in an effort “to describe the prevalence of these psychosocial variables and assess whether they vary by demographic factors including school position, experience teaching sex education, gender, race/ethnicity, age, highest completed degree, and years in education.” (2) Overall, the majority of those interviewed were in favor of sex education at the middle school level. However, not all teachers and administrators felt comfortable discussing sex education within their classrooms or implementing certain strategies. Furthermore, the study focused on parental support as well, asking teachers how much support they believed they received from parents regarding their sex education curricula, with

²³ Peskin, Melissa F., et al. “Sexual Health Education from the Perspective of School Staff: Implications for Adoption and Implementation of Effective Programs in Middle School.” *Journal of Applied Research on Children*, vol. 2, no. 1, 2011, pp. 1–38.

“almost 60% of administrators perceiv[ing] support from parents compared to only 37% of non-PE/non-health teachers, 35% of PE/health teachers, and 40% of nurses/counselors” (11), even though recent research had found that there was overwhelming support for sexual education by parents in the county of the school district. Interestingly, this single paper showcases further the problem with sex education surveys-- their respondents. All too often, the ones being asked to respond to surveys about support for and attitudes regarding sex ed are those in charge-- parents, and those that teach the material. These surveys are relevant to understand whether sex education is supported by parents and teachers, but not by students. It also does not explain how sex education could be improved for the people it is meant to support.

Even when students *are* asked about sex education they are often not asked the right questions. For example, in the article “Sexual and Contraceptive Knowledge, Attitudes and Behavior of Male Adolescents” Madelon Lubin Finkey and David J. Finkel surveyed 421 male high school students in 1975.²⁴ This survey asked students about their knowledge of sex, including the sources of information that they had received content from. Those surveyed that had previously taken sex education classes were better able to answer questions about sex and sexuality correctly, although there were still large swaths of their sample that believed in sexual myths (such as the belief that partners cannot become pregnant if their partner “withdraws” before ejaculation).²⁶ Other questions highlighted gendered dynamics of relationships, such as the forty percent of respondents that disagreed with the statement that “A male who uses a rubber ... shows respect for his girl friend.”²⁶ The researchers concluded that their results showed that the sex education programs in high school were ineffective because they occurred too late and did not provide adequate information before sexual activity occurred among students. This survey

²⁴ Finkel, Madelon Lubin, and David J. Finkel. “Sexual and Contraceptive Knowledge, Attitudes and Behavior of Male Adolescents.” *Family Planning Perspectives*, vol. 7, no. 6, 1975, pp. 256–260. *JSTOR*, www.jstor.org/stable/2133651. Accessed 27 Feb. 2021.

is helpful in its analysis, but is also limited in its approach. For example, its conclusion that sex education needed to be improved upon was based on a very limited sample-- only male high school students who identified as heterosexual-- and thus excluded the potential perspectives of a sample with increased diversity in gender, sexuality, and other demographic characteristics. Furthermore, the study concludes that sex education needs to be improved upon, but fails to ask its participants what information would be relevant for them. Policy implications for sexual education curriculum are often discussed by adults that are far removed from any sexual education classroom, therefore, a study that is more specific in asking students what information would be helpful would provide more useful insight for creating effective policy changes. Further, a study that asks about young adults' views while considering demographic factors allows for us to understand how, and why, sex education views differ from person to person.

As far as I can determine, the only study to consider this angle of sex education was performed in the UK, and analyzed specifically what role gender plays in influencing student views of sex education curricula. Their study, *Young People's Views of Sex Education: Gender, Information and Knowledge*, was based on research conducted in 1984, 1998, and 2003, and their research suggested not only that one's gender impacted how they were taught about sexual education at home, but also how they interacted with sex education at school.²⁵ Their study showed that participants had different gendered expectations when it came to sex and sexual education-- believing for example that it was men's responsibility to learn about sex. There were also differences in how participants of different genders acted in classrooms when discussing sexuality education, with boys acting up much more than women, by talking over teachers or making jokes in class. While this study is a good start and is important in showing

²⁵ Measor, Lynda. "Young People's Views of Sex Education: Gender, Information and Knowledge." *Sex Education*, vol. 4, no. 2, 2004, pp. 153–166., doi:10.1080/14681810410001678338.

how gender as a demographic factor is relevant for understanding why students have different experiences with sex education, it does not go far enough in considering how other demographic factors impact student ratings of their sex education experiences. Thus my thesis analyzes demographic factors and student analyses of their sex education's comprehensiveness to better understand how to create effective school curriculums.

Why It is Relevant to Study Demographic Factors

According to social identity theory, a person's social identity consists of their belonging to a specific group or social category.²⁶ It is only "through the process of self-categorization or identification, [that] an identity is formed" (224), and thus becomes integral to how one experiences the world and forms their own identity. Through adolescence, individuals learn to form, in addition to their overall identity, a sexual identity. It is important to understand what aspects of one's identity are particularly relevant for helping one to define their sexual identity. The concept of relevant identities is further seen through the concept of saliency, or "the probability that an identity will be activated in a situation" (229).

In the next section of the literature review, six key demographic features expected to help form one's sexual identity through their sex education experiences are identified. By understanding the role one's state of schooling, type of schooling (private, public, or religious), political affiliation of their school and neighborhood, race, and gender plays in determining how students view their sexual education, one can better understand the role these factors play in helping them to determine their sexual identity. Furthermore, the inclusion of these demographic variables can improve our understanding of how to modify or address sex education, for if we want to improve our sex education, we need to address that as a whole there are inherent biases

²⁶Stets, Jan E., and Peter J. Burke. "Identity Theory and Social Identity Theory." *Social Psychology Quarterly*, vol. 63, no. 3, 2000, pp. 224–237.

and differences from curriculum to curriculum and person to person. The only way to thus find solutions is to narrow down which aspects of one's identity are most affected within sex education and to ascertain whether improvements need to be made holistically or for certain subgroups of individuals and schools. The following sections include information from various sources that were used to inform the research design and hypotheses discussed later in the piece.

1. State Differences in Sexual Education Standards

California is generally thought of as a liberal state, with standards to guarantee comprehensive sexual education curriculums.²⁷ In many respects, this view is correct. According to the Guttmacher Institute, California is one of the thirty states that requires sex education, one of the thirty-nine states that requires education on HIV, one of the seventeen states that requires that information be medically accurate, one of the twenty-six states that the education must be age appropriate, one of the nine states that it be appropriate culturally and unbiased, and one of the three states that articulate that it cannot push forward religious ideals¹⁶. In this sense, California is certainly among the more liberal-minded states in terms of sex education standards. The California State Legislature defines comprehensive sexual education as “education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections.”²⁸ Furthermore, new state standards in California make it one of the only nine states that discuss “consent”¹⁶ within their curriculum and as a result of the 2016 California Healthy Youth Act, parents cannot opt-out of LGBT+ friendly curriculum. This act ensures that the curriculum “must also teach students about gender, gender expression, gender

²⁷ “Sex and HIV Education.” *Guttmacher Institute*, 1 Feb. 2021, www.guttmacher.org/state-policy/explore/sex-and-hiv-education#; “Most Liberal States 2021.” *World Population Review*, 2021, worldpopulationreview.com/state-rankings/most-liberal-states.

²⁸ “Code Section.” *Law Section*, California Legislation Information, 2018, leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&ionNum=51931.

identity, and explore the harm of negative gender stereotypes” in order to better protect LGBT+ students.²⁹ Californian standards of sex education stand in stark opposition to other, more conservative states. For example, of the requirements listed above (that states require sex education, education on HIV, that information be medically accurate, that it be age appropriate, that it be appropriate culturally and unbiased, and that state it cannot push forward religious ideals), Alaska meets none. Nor does it require sex education curriculums to include “consent” or discussions on healthy relationships.¹⁶ This is interesting, since Alaska is considered to be a more republican state as well.¹⁷ This disparity showcases the stark differences between sex education curricula from state to state, as well as a common correlation between political affiliation and attitudes towards sex education standards.¹⁵

These variations between different states highlight that definitions about sexual education, comprehensive sex education, or effectiveness of sex education are variable. Healthy relationships and discussions about consent are particularly pertinent for specific groups of people. For example, of adolescents that are sexually assaulted, 82% are female, while of adults that are sexually assaulted, 90% are female.³⁰ Furthermore, “21% of TGQN (transgender, genderqueer, nonconforming) college students have been sexually assaulted,” which is a larger percentage than non-TGQN students.²⁰ Women of color are also more likely to be assaulted and sexually abused than white women, with Native Americans facing the highest rates of sexual assault in the United States.³¹ Thus, conversations about healthy relationships and consent within a sex education curricula could be vital for specific groups of people, but these groups

²⁹ “Know Your Rights: Sex Education: ACLU of Northern CA.” *ACLU of Northern California*, ACLU, 22 Jan. 2018, www.aclunc.org/our-work/know-your-rights/know-your-rights-sex-education#compliance

³⁰ “Victims of Sexual Violence: Statistics.” *RAINN*, www.rainn.org/statistics/victims-sexual-violence.

³¹ “Survivor of Color Prevalence Rates.” *END RAPE ON CAMPUS*, www.endrapeoncampus.org/new-page-3; Ashcraft, Catherine. “So Much More Than ‘Sex Ed’: Teen Sexuality as Vehicle for Improving Academic Success and Democratic Education for Diverse Youth.” *American Educational Research Journal*, vol. 45, no. 3, 2008, pp. 631–667. *JSTOR*, www.jstor.org/stable/27667146. Accessed 5 Feb. 2021.

may not be receiving this information in certain states. In contrast, other groups of individuals may not notice a lack of conversations about safe sex nor be harmed by their lack thereof. This disparity is integral to this research design, as different states mandate very different standards within their public school systems.

The six key variables being utilized to determine the comprehensiveness of a state's curriculum for the purpose of this study are: whether states require sex education, whether the education must be medically accurate, whether there is HIV information, whether the information is appropriate and unbiased, whether it is inclusive of sexual orientation, and whether it discusses consent greatly varies from state to state. Thus, from one state to another students may have vastly different appraisals of the comprehensiveness of their sex education as a whole. Comparing student ratings of sexual comprehensiveness on a state-by-state level will thus help to determine if state standards are affecting curricula and whether or not they have a positive effect on student ratings.

2. Religious Schools

Another key demographic that could influence student responses is whether or not their school is religiously affiliated. Kristin Luker argues that the main difference between sex education supporters and contrarians concerns morality, and that morality is often a question of religion.³² Specifically, she asserts that conflict arises because sex education condemners do not support the focus of curriculums on “the idea that sex is defined by *how* you do it (carefully) rather than *where* you do it (in a marriage between a man and a woman).” (29) Although this is a question of standards, she argues that this is also a moral consideration, as many opponents of

³² Luker, Kristin. *When Sex Goes to School: Warring Views On Sex--and Sex Education--Since the Sixties*. W.W. Norton & Co., 2007.

sex education see it as a dangerous tool that teaches children how to engage in sexual activity outside of the confines of a marriage. This thus becomes a morality issue, and for many, questions of morality are also tied into questions of faith and religiosity. Therefore, religion can be a powerful force in influencing one's views of sex education standards. Just as it can be detrimental, it can also have a positive influence as well. Luker suggests that religion can help to mobilize support by "giv[ing] people a vocabulary, a cultural tool kit, with which to talk about the issues that sexuality raises, and a set of templates for understanding alternative visions of family life, not to mention the larger world." (25) Therefore, analyzing whether one's school is religious in nature can provide important insights for how one also views their sexual education history.

There are many different types of schools that students can go to in the United States, and while the state one is located in can dictate the sex education curriculum, the type of schooling can influence the curriculum as well. This becomes relevant when one considers the importance of sex education specifically within a religious setting. Researcher Mark Regnerus argues that parent discussions about sex education outside of the classroom vary depending on how religious one is, and what religion they ascribe to.³³ Regnerus found for example that "almost 22 percent of parents who attended church at least once per week reported never talking about birth control with their adolescent child, compared with 15 percent of parents who attended services less often" (89), and also that more religious households stated that they discussed the moral implications of sex more than less religious households. This could suggest that at least for certain religious groups, discussions about sex are less likely to occur at home and need to thus be taught in classrooms. Furthermore, different religious groups reported

³³ Regnerus, Mark D. "Talking About Sex: Religion and Patterns of Parent-Child Communication about Sex and Contraception." *The Sociological Quarterly*, vol. 46, no. 1, 2005, pp. 79-105., doi:10.1111/j.1533-8525.2005.00005.x.

different levels of comfort surrounding discussions about sex, as “Roman Catholic, Jewish, and Mormon parents reported comparably low levels of ease in communication” (89) as opposed to Black Protestant Parents and unaffiliated parents.²³ This clearly shows that the specific type of religious affiliation is crucial, as different religions discuss sex in different ways. Thus, identifying both whether or not a student went to a religious school and what type of religious school they went to becomes relevant when understanding their rating of their sex education experiences.

Furthermore, studies show that religiosity can influence sexual behaviors and acts.³⁴ In one such study, Haglund and Fehring concluded that “religiosity is a protective factor that appears to contribute to decreased sexual risk behaviors,” meaning that students that were more religious were less likely to have sex at an early age, more likely to practice abstinence, and less likely to have multiple partners. They also concluded that “[y]ouths who were more religious had significantly less permissive views regarding premarital sex and endorsed more religious attitudes on sexuality,” thus further suggesting that religiosity can influence moral and social beliefs. They refer to this theory as reference group theory, the idea that referencing religion will affect an individual’s views and actions, and they theorize that this reference will prove protective for the health of young individuals. In their representative survey, Haglund and Fehring found that “adolescents who viewed religion as very important were 27% less likely to ever have had sex,” had fewer partners, and were more likely to remain virgins. There is some debate, however, as to whether these indicators truly mark sexual health (e.g. abstinence

³⁴ Haglund, Kristin A., and Richard J. Fehring. “The Association of Religiosity, Sexual Education, and Parental Factors with Risky Sexual Behaviors Among Adolescents and Young Adults.” *Journal of Religion and Health*, vol. 49, no. 4, 2010, pp. 460–472. *JSTOR*, www.jstor.org/stable/40961600. Accessed 8 Apr. 2021. ; Penhollow, Tina, et al. “The Impact of Religiosity on the Sexual Behaviors of College Students.” *American Journal of Health Education*, vol. 36, no. 2, 2005, pp. 75–85., doi:10.1080/19325037.2005.10608163. ; Luquis, Raffy R., et al. “Religiosity, Spirituality, Sexual Attitudes, and Sexual Behaviors Among College Students.” *Journal of Religion and Health*, vol. 51, no. 3, 2011, pp. 601–614., doi:10.1007/s10943-011-9527-z.

practices). Nonetheless, this article and others clearly showcase that religiosity, sexual principles, and sexuality education are inextricably linked.

From a historical perspective, religion is an important factor in the conception of sex education. According to the Guttmacher Institute, religiosity has long ties to abstinence-based curriculum.³⁵ As early as 1981 a religiously-affiliated group, AFLA, focused on teaching teenagers the importance of discipline and virginity-until marriage. This eventually led to the first federal program that worked to create abstinence-only curricula. Michael Maher states in the 2007 article, *Gay And Lesbian Students In Catholic High Schools: A Qualitative Study Of Alumni Narratives*, that sex education was supported by the Vatican Council in 1965.

Discussions surrounding sex and sexuality have also become more widespread, as homosexuality is now also a topic of discussion that Catholic schools can include within their curriculum.³⁶

Maher, however, claims that the focus on homosexuality can take two different approaches, mainly through support or through analyzing ways to “cure” homosexuality. The article seems to suggest that Catholicism has a complicated relationship with the LGBT+ community, and this is true in religious schools as well. Maher’s survey of Catholic school alums concluded that while Catholic schools place more emphasis on integration in their schools, they “seem to have failed in achieving this goal for gay and lesbian students... [since] the integration of faith, knowledge, experience, school, community, and family is lacking.” (468)²⁴ Maher specifically states that religious schools and public schools have very different goals; it stands to reason that ones experience with sex education would also be different then depending on their identity and the

³⁵Boonstra, Heather D., and Guttmacher Institute. “Matter of Faith: Support for Comprehensive Sex Education Among Faith-Based Organizations.” *Guttmacher Institute*, 27 Feb. 2008, www.guttmacher.org/gpr/2008/02/matter-faith-support-comprehensive-sex-education-among-faith-based-organizations.

³⁶ Maher, Michael J. “GAY AND LESBIAN STUDENTS IN CATHOLIC HIGH SCHOOLS: A QUALITATIVE STUDY OF ALUMNI NARRATIVES.” *Catholic Education: A Journal of Inquiry and Practice*, vol. 10, no. 4, 2007.

type of school they went to, especially when religious values can conflict with more the values of sex education curriculums.

Religious ties to abstinence education can also be political in nature as well. For example, Boonstra argues that “the current federal definition of what constitutes a fundable abstinence education program—which is enshrined in Title V of the Social Security Act and which governs allocations now approaching \$215 million annually—reflects socially and religiously conservative ideals.”³⁶ The wording used in the law is only furthered by federal funding programs that only offer funding for abstinence-only programs if they discuss concepts such as “a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity,” and also that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.” As the Guttmacher Institute states, this makes it so that usually only religious and conservative groups are able to get funding. Therefore, the connection of abstinence education and religiosity within a school’s curriculum is strengthened.

These conclusions, that religious principles and schools are connected with more support for abstinence-based education; support for virginity, waiting until marriage, and fewer sexual partners; and a connection to non-friendly LGBTQ+ depictions influence my hypothesis regarding whether individuals that go to religious schooling will be more or less satisfied with their sexual education history. This connection is somewhat tied to political affiliation as well. These views listed above are more conservative in nature³⁷ and thus those that self-identify as more liberal will be less likely to support those ideals. As my interviewing sample is composed

³⁷ Alldred, Pam, and Miriam E. David. *Get Real about Sex the Politics and Practice of Sex Education*. McGraw-Hill, 2007.

of students of the Claremont Colleges, and these schools are generally liberal,³⁸ this will certainly effect student responses and their own definitions of comprehensive sex education.

3. Political Affiliation

As is true with most aspects of American life, politics plays a role in the sex education debate. In the piece *Battling a 'sex-saturated society': The abstinence movement and the politics of sex education*, Jean Calterone Williams argues that the Christian right movement was at the forefront of the abstinence movement for sexual education in schools.³⁹ This movement gained increased political support over the years, as “a number of single-issue abstinence groups have formed over the past 10 to 15 years in the USA; their political success in advocating a ‘values-based’ response to sexuality and the current scope of abstinence education is unprecedented in US politics” (416). This debate became a question of morality in terms of religious, and often Evangelical Christian, values. Although the base considerations are religious and moral in nature, the fight for abstinence sex education has quickly become a powerful political force. Politically conservative groups that support abstinence education “clash with the more secular and politically liberal values of those who support comprehensive sex education” (420), thus showcasing a further divide between politically liberal and conservative groups. This debate has spread to policy decisions as well, as Christian conservatives have fought against measures such as Title X family planning programs, since they are seen as supporting sex and

³⁸ Yang, Gregory. “Schools With The Most Liberal And Conservative Students.” *Poets&Quants for Undergrads*, 4 Sept. 2018, poetsandquantsforundergrads.com/2018/09/04/schools-with-the-most-liberal-and-conservative-students/ ; “Perceptions of Speech and Campus Climate: 2018 Gallup Survey of Pomona Students and Faculty.” *Pomona College in Claremont, California - Pomona College*, Pomona College, 2018, www.pomona.edu/public-dialogue/survey. ; “Claremont McKenna College Top Questions.” *Colleges Get Matched To Colleges Explore All Colleges Colleges By State Review a College*, Unigo, www.unigo.com/colleges/claremont-mckenna-college/reviews/describe-the-students-at-your-school#:~:text=The%20student%20body%20at%20cmc,are%20kids%20from%20all%20over.

³⁹ Calterone Williams, Jean. “Battling a ‘Sex-Saturated Society’: The Abstinence Movement and the Politics of Sex Education.” *Sexualities*, vol. 14, no. 4, 2011, pp. 416–443., doi:10.1177/1363460711406460.

stressing clinical instead of moral considerations of sex. Abstinence-only groups have gained an impressive amount of support and power, and in doing so, Williams argues that Christian conservatives are able to also gain “visibility and potentially their numbers at the grassroots level, and [may gain] support to their anti-gay and traditional marriage planks” (418). Thus, the divide between political entities when discussing sexual education is prevalent, and religious groups on the right are able to increase their political power through the sex education debate.

This tie between religion and conservatives condemning sexual education practices, is strengthened in the article *Religious Conservatives and Safe Sex: Reconciliation by Nonpublic Reason*. While Robert S. Taylor’s main argument is that many Conservatives actually incorrectly cite religious rationale when going against comprehensive sexual education standards, he also utilized the example of sex education and vaccinations to showcase how these debates are political in nature.⁴⁰ Taylor explains that “Religious conservatives in the United States have frequently opposed public health measures designed to combat sexually transmitted diseases among minors, such as sex education, condom distribution, and human papillomavirus (HPV) vaccination,” but further that the debate for sex education and health is thus also tied to another political debate regarding vaccinations. Many conservative groups do not support vaccinations for a variety of reasons.⁴¹ For the HPV immunization, however, Taylor argues that religious conservatives do not support the vaccination on both sexual and religious grounds. He states that “HPV is transmitted sexually, and religious conservatives worry that by reducing the health risk of sex, HPV immunization will unintentionally encourage premarital sex and even promiscuity among minors”; thus conversations about sexual health are also tied, in this example, to another

⁴⁰ Taylor, Robert S. “Religious Conservatives and Safe Sex: Reconciliation by Nonpublic Reason.” *American Political Thought*, vol. 3, no. 2, 2014, pp. 322–340., doi:10.1086/677736.

⁴¹ Allen, Arthur. “How the Anti-Vaccine Movement Crept into the GOP Mainstream.” *POLITICO*, 29 May 2019, www.politico.com/story/2019/05/27/anti-vaccine-republican-mainstream-1344955.

deeply political debate regarding vaccinations and public health. It is difficult to extricate the two, thus further cementing the idea that sexual education debates are political by nature, and are used in political debates and value-making. Even in 1985, the separation between liberals and conservatives was seen through a religious light, as a paper argued that “The most striking difference between liberal and conservatives, however, concerns religion. Conservatives tend to believe, liberals to doubt” (51).⁴² Thus, while the debate is usually seen through religious and moral lines, political affiliation is an undoubtedly connected aspect as well.

4. *Public and Private Schools*

Public and private schools often have different curriculums and students have varying experiences with them due to their differing structure. One key difference is that public schools are required to fulfill state requirements, or else risk losing funding from the state.⁴³ In terms of sexual education, this can be good or negative for increasing comprehensive sexuality education standards. Different states have different laws regarding sexual education standards (as shown in the state section above), and a large number of states actually require that sex education curriculums be abstinence-only.⁴⁴ Furthermore, public schools are less independent and it can be reliant on parent support for determining what curriculum is acceptable and what materials can be included.⁴⁵ Since public schools are more easily influenced by political decision-making, parental factors, and as a result of monetary dependence, sexual education in the classroom is not always determined or supported by the teachers and trained staff. As Coleman et al. put it, “the

⁴² Dannhauser, W. J. (1985). Religion and the conservatives. *Commentary*, 80(6), 51. Retrieved from <http://ccl.idm.oclc.org/login?url=https://www-proquest-com.ccl.idm.oclc.org/scholarly-journals/religion-conservatives/docview/1290192985/se-2?accountid=10141>

⁴³ Donovan, Megan K., and Guttmacher Institute. “The Looming Threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs?” *Guttmacher Institute*, 30 Mar. 2017.

⁴⁴ Palmer, Tessa. “Sex Education in Public Schools.” *PIT Journal*, 2016.

⁴⁵ Barth, Robynn. “Sex Education in the Public Schools.” *AMA Journal of Ethics*, 2005, doi:10.1001/virtualmentor.2005.7.10.msoc2-0510.

constraints imposed on schools in the public sector (and there is no evidence that those constraints are financial, compared with the private sector) seem to impair their functioning as educational institutions, without providing the more egalitarian outcome that is one of the goals of public schooling” (9)⁴⁶ Private schools, on the other hand, are often afforded a certain amount of freedom that public schools do not have. While sex education is thus not required in private school environments, most private schools have resources available that public schools do not possess, and would be able to use these funds to support comprehensive sex education standards. Based on this information and the information listed in the state and religious sections of the paper, I suggest that when looking at state differences, one should only consider public school experiences, as those are often the only ones beholden to state standards and funding.

5. *Race and Ethnicity*

One’s race often plays a powerful role in the formulation of one’s identity, both in and outside of a school setting.⁴⁷ I argue that race and ethnicity are also integral factors when considering sex education and the creation of student’s sexual identity as well. In the article, "We Can't Let Chicago Outdo Us, Can We?" Sex Education and Desegregation in New York City's Public Schools, Kurt Conklin discusses the historic relationship between race and sex education.⁴⁸ He argues that sex education policies were affected by racial justice issues and as a

⁴⁶ Coleman, James S., et al. “Public and Private Schools.” *Society*, vol. 19, 1982, doi:<https://doi.org/10.1007/BF02712901>.

⁴⁷ Langer-Osuna, Jennifer M., and Na'ilah Suad Nasir. “Rehumanizing the ‘Other’: Race, Culture, and Identity in Education Research.” *Review of Research in Education*, vol. 40, 2016, pp. 723–743. *JSTOR*, www.jstor.org/stable/44668635. Accessed 30 Apr. 2021.; Rumbaut, Ruben G. “The Crucible within: Ethnic Identity, Self-Esteem, and Segmented Assimilation among Children of Immigrants.” *The International Migration Review*, vol. 28, no. 4, 1994, pp. 748–794. *JSTOR*, www.jstor.org/stable/2547157. Accessed 30 Apr. 2021.; DeCuir-Gunby, Jessica T. “A Review of the Racial Identity Development of African American Adolescents: The Role of Education.” *Review of Educational Research*, vol. 79, no. 1, 2009, pp. 103–124. *JSTOR*, www.jstor.org/stable/40071162. Accessed 30 Apr. 2021.

⁴⁸ Conklin, Kurt. ““We Can't Let Chicago Outdo Us, Can We?” Sex Education and Desegregation in New York City's Public Schools.” *History of Education Quarterly*, vol. 53, no. 4, 2013, pp. 335–368., www.jstor.org/stable/42704888. Accessed 9 Apr. 2021.

result were forced to finally integrate sex education into their schools. In order to explain this connection, Conklin first explains that in the past, students that were pregnant were suspended. The Public Education Association, however, argued that this practice harmed minority groups more so than white women. This unequal harm was the result of fewer white women getting pregnant while still in school, but also that large amounts of pregnant white students were able to be financially supported by their families upon dropping out of school. For minority women, however, this negative effect was further compounded because their families were unable to support them and they could not fully support themselves without a proper education. Thus, Conklin argues that “in a system already charged with denying equality education to racial minorities because of a lack of a workable desegregation plan, the Board of Education was compounding the problem with medical discharges that disproportionately affected black and Puerto Rican girls” (336). The letter that uncovered this unjust practice to the Board of Education forced New York to revoke these policies and implement sexual education classes to try and curb the amount of teenage pregnancies they were facing. Thus, race and sexual education were historically related to each other, and at least for New York City, there is “compelling evidence in the Board of Education archives that the city’s changing racial dynamics, far more than the sexual revolution, finally forced the Board’s hand after three decades of delay” (339).

While racial considerations may have helped improve sexual health education standards in classrooms, too often narratives within classrooms exclude and deny the experiences of minority racial groups. In the piece, *The Role of Sexuality and Sex Equity in the Education of Minority Adolescents*, Nettles and Scott Jones discuss a number of ways in which race and ethnicity pervade classroom discussions about sex and sexuality. The classroom often becomes a

place where racial myths are propagated against certain demographics of students.⁴⁹ These myths are often sexual in nature, for example, the fetishizing of Asian women and the stereotyping of Black men as having “unrestrained, animalistic sexuality” (185). Nettles and Scott argue that these myths and stereotypes often exist in the minds of educators, and thus can be integrated into classroom discussions in a negative manner. They specifically highlight how conversations about unplanned pregnancies and AIDS are often linked to minority students in a detrimental way. This further connects to the political history of the creation of sex education, and contributes to the discussions of how individuals have different experiences with sex education

Evidence of stereotyping in the classroom is further supported by interviews collected by Lorena García in the journal article: *NOW WHY DO YOU WANT TO KNOW ABOUT THAT?: Heteronormativity, Sexism, and Racism in the Sexual (Mis)education of Latina Youth*. García interviewed young Latinas from 2002 to 2004 in order to better understand how the intersection between their racial and gender identities affected their sex education experiences. Previous scholars “suggest that some Latina youth encounter radicalized heterogendered constructions and experiences that limit their access to sex education related information and reinforce existing inequalities” (520),⁵⁰ and furthermore that race and ethnicity have impacted educational decisions about curriculum historically. Thus, García found it relevant to dive deeper into how Latinas are impacted, and through her interviews she highlighted a common theme among sexual education: it was set in a backdrop of heteronormality. García explains that “the institutionalization of heterosexuality via sex education also entailed the incorporation of racialized gender stereotypes to produce specific lessons for Latina youth about how they should

⁴⁹ Nettles, Sandra Murray, and Diane Scott-Jones. “The Role of Sexuality and Sex Equity in the Education of Minority Adolescents.” *Peabody Journal of Education*, vol. 64, no. 4, 1987, pp. 183–197. *JSTOR*, www.jstor.org/stable/1492837. Accessed 9 Apr. 2021

⁵⁰ GARCÍA, LORENA. “NOW WHY DO YOU WANT TO KNOW ABOUT THAT?": Heteronormativity, Sexism, and Racism in the Sexual (Mis)Education of Latina Youth.” *Gender and Society*, vol. 23, no. 4, 2009, pp. 520–541. *JSTOR*, www.jstor.org/stable/20676801. Accessed 8 Apr. 2021.

engage sex education in the classroom and what sex education information was most relevant to them” (528). This tailored content relied heavily on stereotypes and myths, as various students discussed how teachers implied that their cultural and racial differences resulted in higher rates of pregnancy and unsafe sex, including one example in which students described teachers’ presumptions that Latino men would be oppressive in relationships as a result of “machismo culture.” Teacher treatment and conversations about sex with minority students was thus markedly different than treatment towards white individuals. Therefore, in an environment catered to heteronormative and white expectations, minority communities may be exposed to racism and harmful dialogue that can effect their overall self-view and sexual identity. As a result, their experience with sex education would be more detrimental and less comprehensive due to these negative experiences.

6. Gender Identity

In certain sex education classes, gender plays an incredibly salient role. Take for example, classes in which students are separated by gender before any sex education instruction even begins.⁵¹ One’s gender has real implications beyond this separation, however, and can influence how one experiences their environment and how they build a self-identity. Pam Alldred and Miriam David argues in the piece *Get Real About Sex: The Politics and Practice of Sex Education*, that this is especially true for women who are sexualized often from a young age. For example, in the 17th century, “The female child went from swaddling clothes right into adult female dress. She did not go to school... the institution that structured childhood. At the age of 9 or 10 she acted, literally, like a ‘little lady’ and as soon as she reached puberty, as early as ten or

⁵¹ Alldred, Pam, and Miriam E David. *Get Real About Sex: The Politics and Practice of Sex Education*. McGraw-Hill, 2007.

twelve, she was married off to a much older male.” (3) Women were expected to fulfill a sexual role at a much earlier age. While this is no longer legal today, the expectation of maturity remains. Girls are expected to be more mature than their male counterparts and are told that they need to act in a more adult manner.⁵² This early social cue further reinforces the idea that girls advance into maturity, and thus into sexual individuals at a much earlier age. Yet, at the same time, that sexuality is stripped of many women as they age. In models and society, Alldred and David argue that normalcy is based upon a male body, and thus already “Girls’ bodies are those ‘marked’ as different within schools” (3-4). This marking can impact how girls see their own bodies and selves, and also how relevant their sexual education is for them. Furthermore, they argue that not only is male-ness prioritized in classrooms, but also that there is a “ever present default nature of heterosexualized gender relations in school” (5) as well. As a result, she argues that those that do not fit into these strictly straight narratives-- either due to their sexuality or gender-- are marginalized and discriminated against. Thus, those with gender identities that counter both of these norms (both women and those that are gender-fluid or bigender in the context of this study) are often not represented or fully supported within the classroom.

In Brian Strong’s article, *Ideas of the Early Sex Education Movement in America, 1890-1920*, he further argues that there was a gendered component to early sex education in America. While there was a debate at the time among parents and educators as to how to discuss sex and sexuality (through a 19th century view of morality or a 20th century and more liberal view), abstinence was still a common topic of discussion. These early conversations, however, had different implications for the men and the women being taught about sex and sexuality.

Whereas “[t]he dangers to men and boys were considered more moral because for them sex

⁵² Reid, Rebecca. “Stop Using the Excuse That ‘Boys Mature Slower than Girls’ for Bad Behaviour.” *Metro*, Metro.co.uk, 29 Jan. 2018, metro.co.uk/2018/01/29/stop-using-excuse-boys-mature-slower-girls-bad-behaviour-7270774/.

presented the problem of self-control” (141),⁵³ women and girls were depicted as having no sexual desires at all, and thus abstaining from sex was a moral imperative in order to prevent unplanned pregnancies. In classrooms, educators tried to encourage women and girls to be fearful of sex and sexual acts in order to help them maintain their status in society and prevent pregnancies outside of marriage. As a result, Strong claims that “girls were instructed in fear in order to make them sexually unresponsive, even frigid, in intimate situations that might lead to violations of sexual norms” (141). The varying emphases of sexual education for students that were male and female suggests that students had different experiences regarding their sexual education, and those differences are still prevalent in modern classrooms.

This concept of gender influencing experience with sex education is further supported in the piece, *Affirm gender and sexual diversity within the school community*. Leonardi and Staley explain that there is indeed discrimination that occurs against minority groups, but that “interventions focused on bullying do little to transform institutional practices and systems that encourage bullying on the basis of sex gender, and sexuality” (69-70)⁵⁴. These practices are occurring in school environments, and thus the piece argues that the solution also needs to occur in schools as well. While their piece focuses on education as a whole, the insights about the education system are profound and are also related to sex education. Students within the study argued that “the ways that heteronormative school cultures deny equal educational opportunities, and grappling with gender and sexual diversity needs to start in teacher education” (73), since teachers are not given adequate training in how to make their class environments safe and inclusive for all students. It thus follows that the exclusionary culture within educational

⁵³ Strong, Bryan. “Ideas of the Early Sex Education Movement in America, 1890-1920.” *History of Education Quarterly*, vol. 12, no. 2, 1972, pp. 129–161. *JSTOR*, www.jstor.org/stable/366974. Accessed 6 Apr. 2021 .

⁵⁴ Leonardi, Bethy, and Sara Staley. “Affirm Gender and Sexual Diversity within the School Community.” *The Phi Delta Kappan*, vol. 97, no. 3, 2015, pp. 69–73. *JSTOR*, www.jstor.org/stable/24578400. Accessed 8 Apr. 2021.

environments carry over into sex education classes. This lack of understanding and mistreatment of students based on gender informs my hypothesis of student reports of comprehensiveness of their sexual education. Classrooms catering to the needs of male students will also inevitably leave behind others.

Research Question/Hypotheses

This thesis investigates how college students view their overall experiences of sex education through their K-12 schooling, and to what extent demographic factors (such as the state they grew up in, their gender identity, or their race) influence their views? I hypothesize that most students will find their education to have been lacking. I make this hypothesis from personal experience, and through previous conversations I have had with my peers. Furthermore, six individual hypotheses that are based on the demographic information from the previous sections will be summarized in this section as well.

I hypothesize that individuals from states with more comprehensive sexual education standards (as is ranked in table 1) will rate their sexual education histories as being more comprehensive and helpful than those who received sex education in states with lower ranked comprehensive sex ed standards.

I hypothesize that the effect of the independent variable of having attended religious school will be correlated with lower rates of satisfaction with sexuality education curriculum, and comprehensive sex education standards for those who attended religious schools in comparison to those whose schools were secular. Furthermore, I hypothesize that private non-affiliated schools will have higher student comprehensiveness ratings due to their non-religious affiliation and increased funding and freedom from state standards.

When considering political affiliation, I hypothesize that going to a more liberal school will increase satisfaction levels as well. Oppositely, those in more conservative school environments from K-12 most likely would rank their sex education as less comprehensive. Furthermore, those with neutral or apolitical school political affiliation I hypothesize that comprehensive standards will be ranked between liberal and conservative school environments.

When considering neighborhood political leaning, I utilize the same hypotheses, but only take into account those that went to public schools.

When considering race and ethnicity, I hypothesize that white individuals will rate their sexual education curriculum histories as more comprehensive than other racial and ethnic identities.

Lastly, I hypothesize that men will rank their experiences as more comprehensive than women, or bigender/gender fluid individuals. These hypotheses are suggested, in part, due to the overall left-leaning and liberal political views of the Claremont Colleges and thus will have more similar views of comprehensive sex education standards to those listed within the survey, as well as the supposition that those in higher education often support more liberal practices, such as encouraging comprehensive sex education curriculums.

My independent variables are the following demographic factors: type of schooling, state that one went to school in, gender identity, religious affiliation, race, and LGBT+ status. My dependent variable is how college students view their overall experience of sex education through K-12 schooling.

Research Methodology

A survey is the best method of studying this question in order to understand if the different demographic factors being studied-- state of schooling, type of schooling (public, private, and religious), political environment (of school and neighborhood), gender, and race-- are correlated with higher or lower rates of sex education comprehensiveness. Claremont College students were specifically sampled since as college students, they are consenting adults that are able to take the survey while also having experienced all of the sex education available for them from grades K-12. Furthermore, as consenting adults, the individuals being surveyed are beginning to develop a sexual identity that is dependent in part on their past experiences and education, thus making this topic relevant both to myself and those that chose to participate. The survey was conducted through Google Forms and participants were able to answer the questions remotely and anonymously online. The study was posted in Student Talk, an email chain for all Pitzer students, and was shared by various professors across the five colleges to their classes. Thus, participants were able to choose if they wished to participate. In an effort to limit bias among participants, specific questions were provided that identified aspects of sex education deemed comprehensive for the purpose of this study. Furthermore, value and opinion-based questions appeared at the end of the survey in order to get a more holistic understanding of whether participants agreed or disagreed with those standards. To prevent bias while collecting data, participants were anonymous and were not asked to share their name or other identifying information within the survey. Overall, most participants answered every question, although it was possible to skip or list "other" as an answer in order to provide participants with more freedom and comfort while responding to the questions.

Once students decided to participate in the study, they were asked to answer a list of questions regarding demographic information as well as their values and views of their previous sex education. The survey was separated into two sections and the questions were presented in a set order. Since the survey was not very long, the demographic questions were posed at the beginning of the survey since there was little to no concern over survey fatigue. Furthermore, by asking demographic questions first, I built rapport with participants and ease them into the survey by asking more easily answerable questions. In the first section of the questionnaire, the participants were asked about their demographic information and the questions included multiple choice and free form responses. Multiple choice answers were available for questions that only had a set number of options available (e.g. what state did you do most of your K-12 schooling in?), whereas questions that had a wide array of responses also had an option for participants to write in their own response (e.g. how many years did you go to school in the United States?). The main six demographic questions relevant to the study included questions about the state participants went to school in for their K-12 schooling, whether their school was religious, public or private, the political affiliation of their school and neighborhood, their race and ethnicity, and their gender identity. These factors are relevant in order to determine if demographic factors could influence participants' responses in the second section of the questionnaire.

In the second part of the questionnaire, students were asked value questions regarding their sex education experiences. Respondents were asked to answer the value questions on a five point scale spanning from 1 (strongly disagree) to 5 (strongly agree) to the statements listed. The first question asked about their overall impression of whether their sex education was comprehensive, whereas questions two through thirteen contained statements about specific aspects of their sex education experiences. These questions identified aspects of sex education that I deem within my

study to be necessary for a sex education curriculum to be considered comprehensive. They consider concepts discussed by the Guttmacher Institute which include states requiring: sex education, information on HIV, medically accurate information, non-discriminatory content, conversations about consent, and overall inclusivity.^{55 56} In the last few questions within the second section, participants were asked about their views of their curriculum, and whether or not it needed to be improved upon, in an effort to understand if their definition of comprehensive sex education was similar to my own, and if they found their education effective. The last question within the survey did not utilize the five-point scale, and instead allowed for a free form response and dialogue. Participants were asked about where they learned about sex outside of their school's sex education classes. This furthers the discussion about both the effectiveness and comprehensiveness of sex education, since a lack of comprehensive sex education would encourage participants to seek information elsewhere.

The benefits of this style of survey is two pronged. In the demographic section, by allowing free form and multiple choice answers there is the ability for a wider breadth of responses while also identifying key characteristics that people use when formulating their identity. This is a key component to the research and helps us to understand if key demographic factors can impact how comprehensive one deems their sex education experience to have been. In the second section, the five point scale allows for a numeric consideration of respondents' answers. In doing so, the views of participants are more easily identified and analyzed. A more thorough discussion of this process is included below. Furthermore, in combining these two sections together, it can be analyzed whether or not there is a relationship between different

⁵⁵ "Sex and HIV Education." *Guttmacher Institute*, 1 Feb. 2021, www.guttmacher.org/state-policy/explore/sex-and-hiv-education#.

⁵⁶ "Most Liberal States 2021." *World Population Review*, 2021, worldpopulationreview.com/state-rankings/most-liberal-states.

demographic factors and whether students stated that their sex education was more or less comprehensive. Appendix A shows a list of the questions correspondents were asked to answer, although they were able to skip a question if they wish. For the full list of questions, please see Appendix A.

Upon compiling the data received by the respondents, a numerical system was created using the five-point scale in section two, in order to better understand the findings and to compare higher comprehensive and lower comprehensive rankings in comparison to demographic variables. If more students, for example, ranked high satisfaction with their sexual education classes that also stated that they went to public school, then there would be a possible relationship between public school sex curriculum and student satisfaction.

The point system was created by calculating the average participants' scores from questions 1-13 in the second section of the survey paper. Their responses for each of these questions were between 1-5: 1 being strongly disagree and 5 being strongly agree. The questions themselves asked about positive characteristics of a comprehensive sex education, and thus if students self-identified as having more positive characteristics, their score average from questions 1-13 was higher, since they responded to questions 1-13 on the survey generally with more 4s and 5s (agree and strongly agree). Therefore, the higher the average score, the more comprehensive a participant identified their sex education to be.

The only caveat to this data collection is that question 11 is omitted, making the data set only out of 12 when finding the mean value. This is due to the confusing wording used in the survey (question 11 asks whether their sexual education classes discussed gender roles or gender expectations, which can either be interpreted from a liberal perspective, teaching about the follies of gender roles, or conservative, supporting family values and gender roles). Furthermore,

question 10 asks about abstinence instead of a positive characteristic of sex education. Thus the score was inverted. So, if someone ranked their experience for that question as a 1, it was calculated as a 5, and so on and so forth, since a lower score actually identifies a more comprehensive sex education rating. Through these calculations, graphs were created to analyze whether specific demographic factors influenced students' ratings of their education as more or less comprehensive overall.

While most demographic features are easily delineated from each other within the context of this discussion, it is important to specifically explain how I define and rank the demographic characteristic of states by their various levels of comprehensiveness. Differences in state-mandated standards for public schools is highlighted by information outlined by the Guttmacher institute.⁵⁷ Utilizing their data for 2021 state standards, the creation of a ranking system regarding sexual education standards comprehensiveness is listed below. Table 1 is separated into seven broad levels of comprehensiveness based on six standards (whether sexual education is mandated in public schools, whether the curriculum must cover information about HIV, whether or not that information is medically accurate, whether the curriculum must be inclusive for sexual orientations, and whether the curriculum is culturally unbiased and inclusive, and whether or not curriculum discusses consent). The highest ranking of those categories has all six of those necessary conditions for state curriculum; the second level are states that fulfill five of the six factors; the third category of states are states that only mandate four of the six factors; the fourth category of states are those that require three of the factors; the fifth category of states

⁵⁷ "Sex and HIV Education." *Guttmacher Institute*, 9 Apr. 2021, www.guttmacher.org/state-policy/explore/sex-and-hiv-education; Fay, Laura. *Just 24 States Mandate Sex Education for K-12 Students, and Only 9 Require Any Discussion of Consent. See How Your State Stacks Up*. The 74, 1 Apr. 2019, www.the74million.org/article/just-24-states-mandate-sex-education-for-k-12-students-and-only-9-require-any-discussion-of-consent-see-how-your-state-stacks-up/.

are those that require two of the six characteristics; the fifth level are states that require one of the six characteristics; and the last category are states with no requirements of the six outlined above. Within these six categories, states are listed alphabetically and are not ranked in a specific manner. This ranking system not only showcases the disparity between different state standards, but also helps in formulating my hypothesis. I hypothesize that students that had their K-12 schooling in the states from a higher category will also rate their satisfaction and comprehensive sexual education levels as higher.

Table 1: State Ranking by Comprehensiveness of Standards

Characteristics	Ranking and State	
Requires public schools have sex education, HIV information, medically accurate information, is culturally appropriate and unbiased, inclusive of sexual orientation, and talks about consent (6/6)	1. California	
	1. New Jersey	
	1. Oregon	
	1. Rhode Island	
Requires public schools have sex education, HIV information, requires medically accurate information, is culturally appropriate and unbiased, and inclusive of sexual orientation (5/6)	2. Iowa	
	2. Washington	
Requires public schools have sex education, HIV information, medically accurate information, and talks about consent (4/6)	3. Hawaii	
	3. North Carolina	
Requires public schools to have sex education, HIV information, and is inclusive of sexual orientation (3/6)	4. Delaware	
	4. Maryland	
	4. New Mexico	
	4. Maine	
Requires public schools have sex education, HIV information, and requires medically accurate information (3/6)	4. Utah	
	4. Virginia	
	4. Tennessee	
Requires public schools to have sex education, HIV information, and is culturally appropriate and unbiased (3/6)	5. Georgia	
	5. Kentucky	
	5. Minnesota	
	5. Montana	
	5. Nevada	
	5. North Dakota	
	5. Ohio	
	5. South Carolina	
	5. Vermont	
	5. West Virginia	
	5. New Hampshire	
	5. Texas	
	Requires curriculum be culturally appropriate and unbiased and is inclusive of sexual orientation (2/6)	6. Colorado
		6. Mississippi
Requires public schools to have sex education (1/6)	6. Kansas	
	6. Massachusetts	
Requires curriculum be culturally appropriate and unbiased (1/6)	6. Connecticut	
Requires curriculum to be inclusive of sexual orientation (1/6)	6. Alabama	
Does not require sex education in public schools, but requires HIV education (1/6)	6. Arkansas	
	6. Illinois	
	6. Indiana	
	6. Michigan	
	6. Missouri	
	6. New York	
	6. Oklahoma	
	6. Pennsylvania	
	6. Wisconsin	
	Does not require sex education in public schools (0/6)	7. Alaska
7. Arizona		
7. Florida		
7. Idaho		
7. Louisiana		
7. Nebraska		
7. South Dakota		
7. Wyoming		

These findings and comparisons will help to examine the six hypotheses listed above. By determining if different demographic factors influence one's sexual education rating of their experiences, further implications for how to make sex education more equal can be discussed. In doing so, the hope to create more inclusive and effective curricula can be promoted.

Policy approaches or opinions can then be based on these evaluations. Furthermore, the focus of this survey is different than previous survey approaches, and will provide new insight on how to approach sex education issues in the future. This approach is also limited however, in part due to its interval measurement. The variables are more open to interpretation due to the qualitative approach of the survey; while participants' statements are given numeric values (scale of 1-5), the content of those responses may differ from person to person depending on how they understand the question. This survey is also limited due to its small sample size, a severe limitation that will be addressed throughout the text. However, the strength of this approach is not in necessarily being holistic and conclusive, but merely in providing important information and direction for future research models. This being the case, it will be necessary to carefully analyze whether certain results indicate a correlation or causation, or if there simply is not enough data to make a conclusion about certain demographic factors and sex education experience.

Results

Part 1: Overview of Responses

95 people responded to the survey, and of those there was a relatively even spread of responses from different age groups and grades of school. In total, 19.8% were 18 years of age, 28.1% of respondents were 19 years old, 21.9% were 20 years old, 13.5% were 21 years old,

15.6% were 22 years old, and only 1 % were older than 22 years of age. For school year, the highest percentage (33%) of respondents were first years in college, 25.8% were second years in school, 21.6% were in their third year, and fourth year students made up the smallest percentage of respondents with 19.6% of the participants. The vast majority of individuals that participated in the study were from Pitzer College (85.6%), followed by Claremont McKenna College, Pomona College, Harvey-Mudd College, and Scripps College respectively. Additionally, around half of the participants (46.4%) identified as White/Caucasian, followed by those that identified as Asian (22.7%), Hispanic/Latin X (11.3%), Multiracial/Biracial (9.3%), African American (5.2%), Other (2.1%), those that chose not to respond (2.1%), and Native American/Alaskan Native. Furthermore, more women participated than any other gender, with women making up 71.1% of respondents, men making up 25.8%, and bigender/genderfluid individuals making up 3.1%. Interestingly, most participants (46.2%) went to K-12 schooling in California. While no participants were homeschooled within this survey, the majority of students (67%) went to public schooling compared to the 32% that went to private, and 1% that answered “other”. Most students did not go to religious schooling at any point in their lives with only 24.7% of students stating that they did go to a religious school at some point during their K-12 schooling. Of those that went to religious schools, the majority identified their school as being Catholic. In the last portion of the demographic section, most participants stated that both their school and neighborhood were left-leaning (52.6% and 58.8% respectively). 23.7% perceived their school as being apolitical, 12.4% perceived their school as neutral leaning, and 10.3% viewed their school as conservative. In comparison, 12.4% identified their neighborhood as apolitical, 12.4% viewed their neighborhood as neutral, and 11.3% perceived their neighborhood to be conservative. The remaining participants chose not to answer.

Overall, most participants ranked their sex education as less comprehensive and were overall unsatisfied with their sex education, which was one of the predictions presented in the hypothesis section. On a 5 point scale where 1 is strongly disagree and 5 is strongly agree, 68.7% ranked their schools sex education comprehensiveness as a three or lower, and 31.2% responded above a 3 when responding to the statement: “From elementary to high school, I believe I was given a comprehensive sexual education.” When asked whether or not participants thought their sex education was sufficient to prepare them for life outside of school, the highest percentage of students responded with 2 or “disagree” (34%). 17.5% responded 1 (strongly disagree), 19.6% put 3 (neutral), 19.6% answered 4 (agree), and the smallest percentage 9.3% answered five (strongly agree). (See figures 1 and 2 for more information)

Figure 1: Asking participants if their sexual education was comprehensive

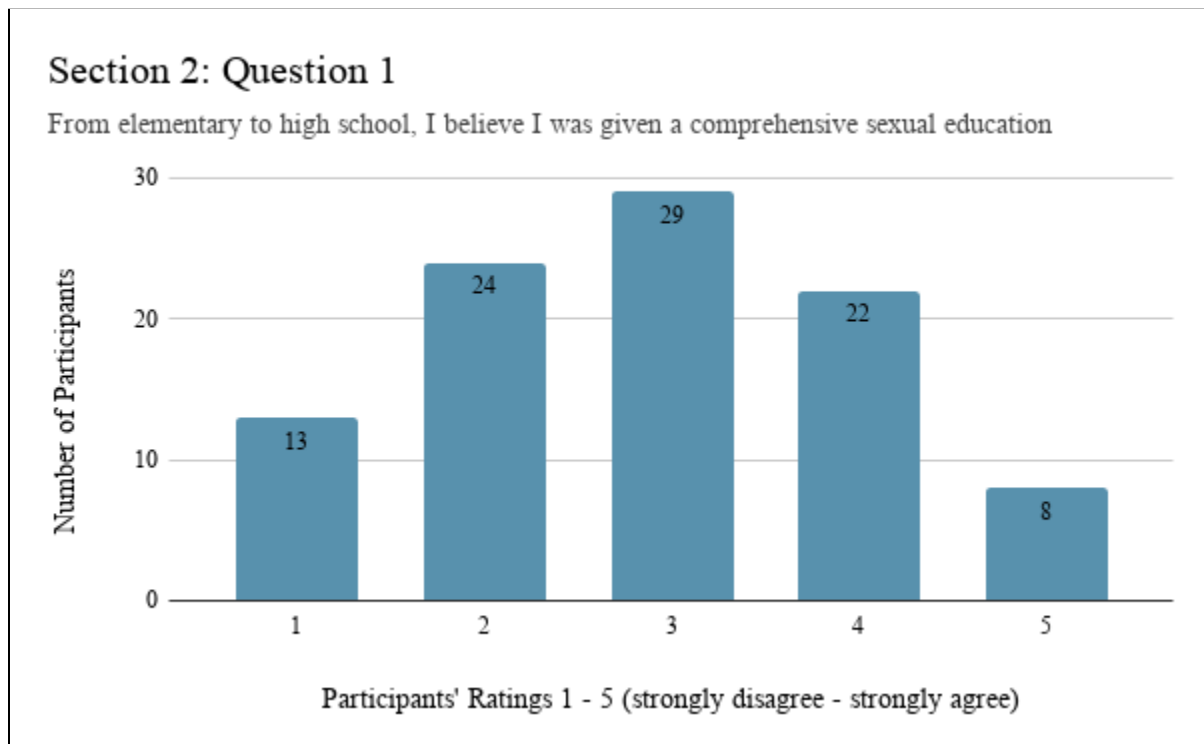
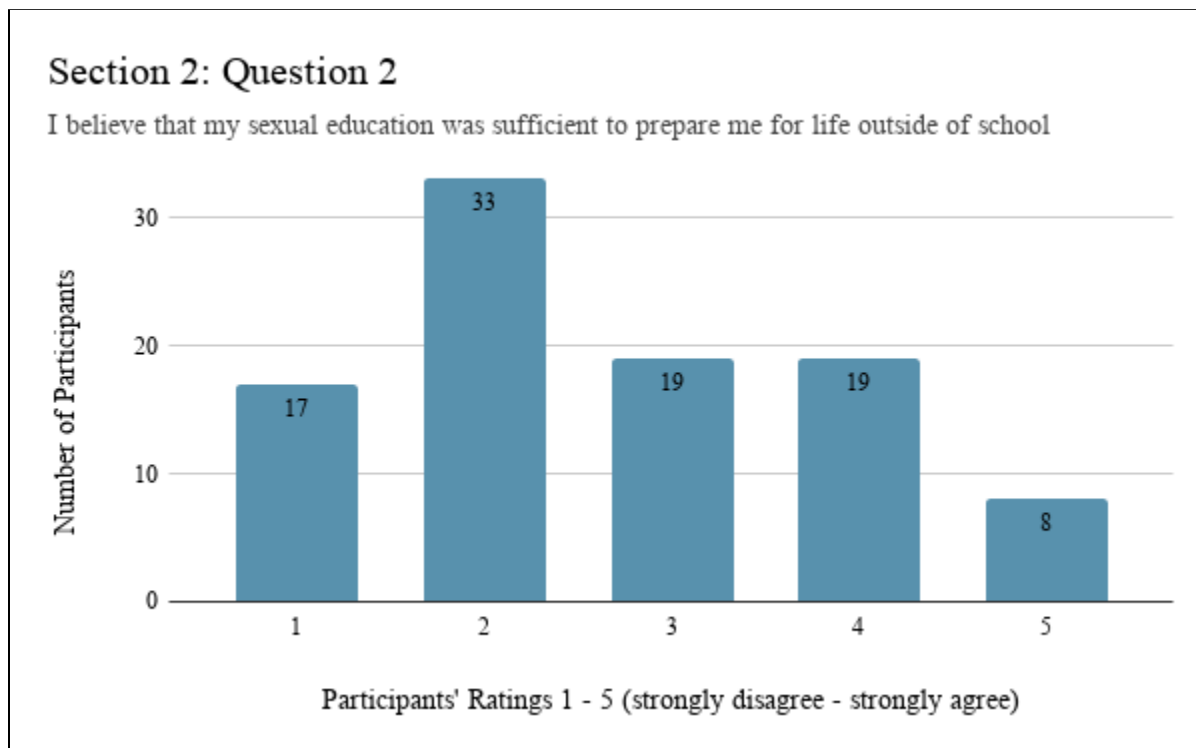


Figure 2: Asking participants if their sexual education was sufficient



Most students strongly disagreed with the statements that their sexual education was inclusive towards and discussed the topic of gender and sexual fluidity (60.8% and 54.6% respectively). The smallest percentage of respondents greatly agreed with those statements, with 5.2% strongly agreeing that their curriculum was inclusive towards gender fluidity, and a slightly higher percentage at 7.2% strongly agreeing that the curriculum was inclusive and discussed the topic of sexual fluidity (see Figures 3 and 4).

Figure 3: Asking participants if their sexual education discussed gender fluidity

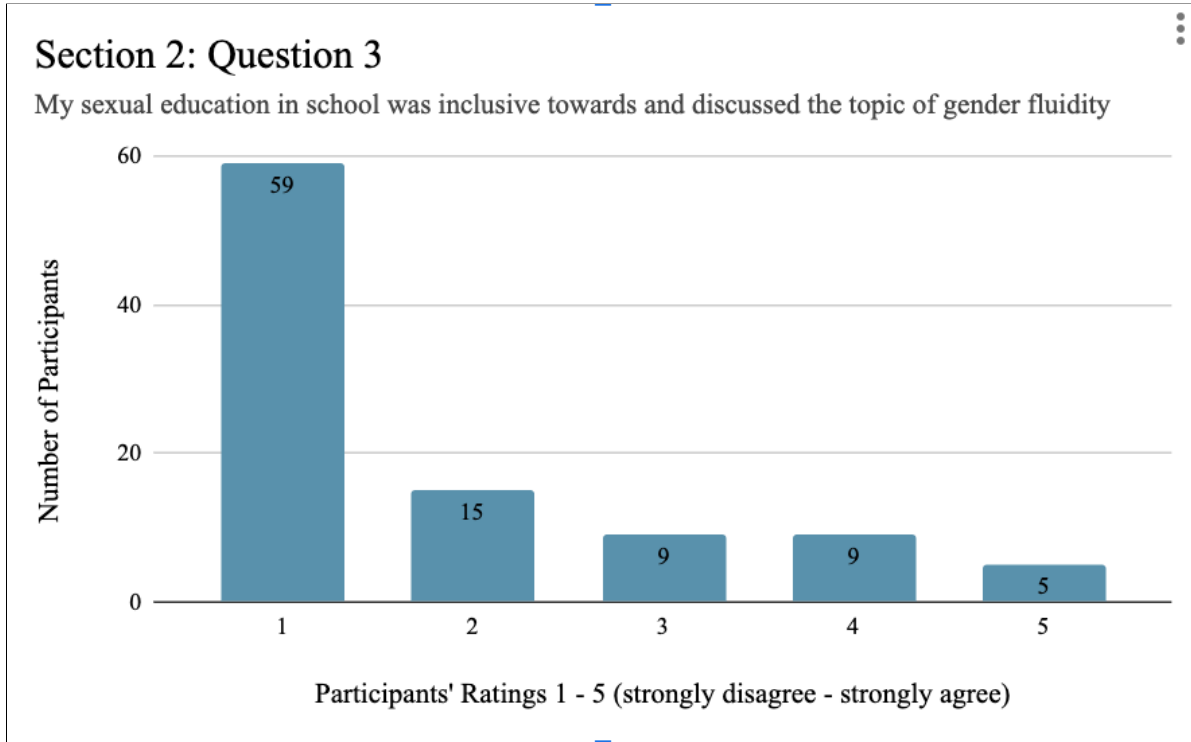
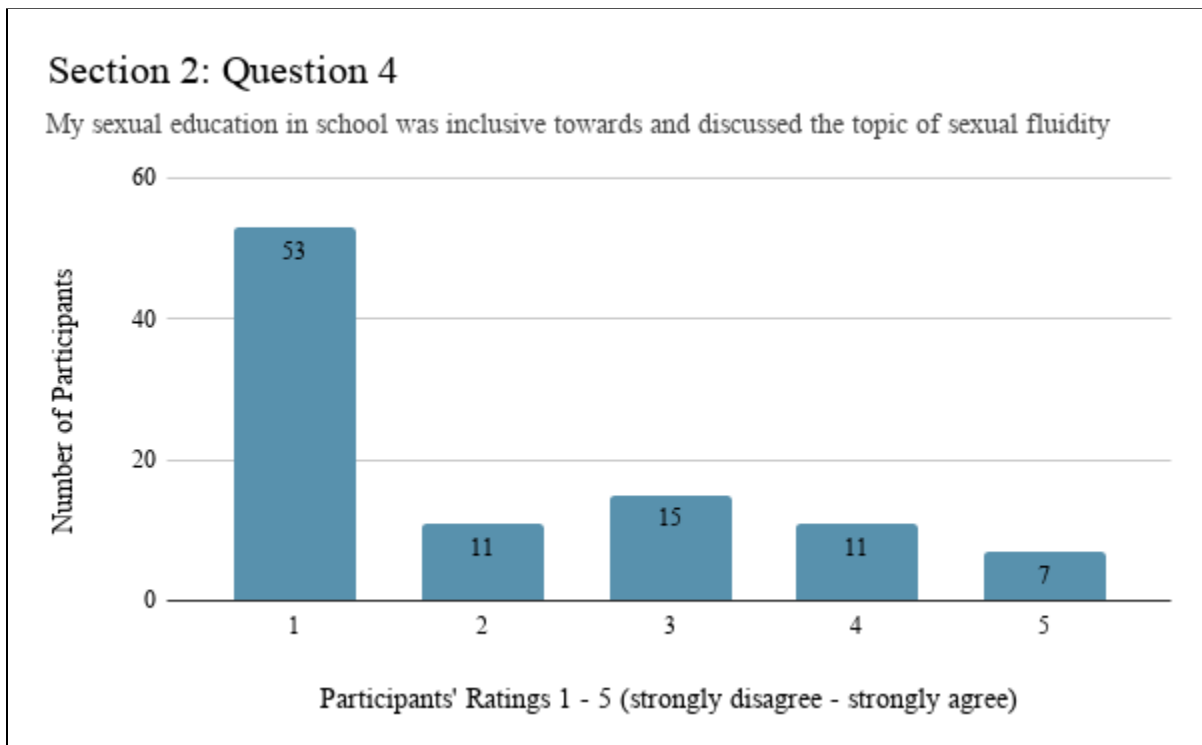


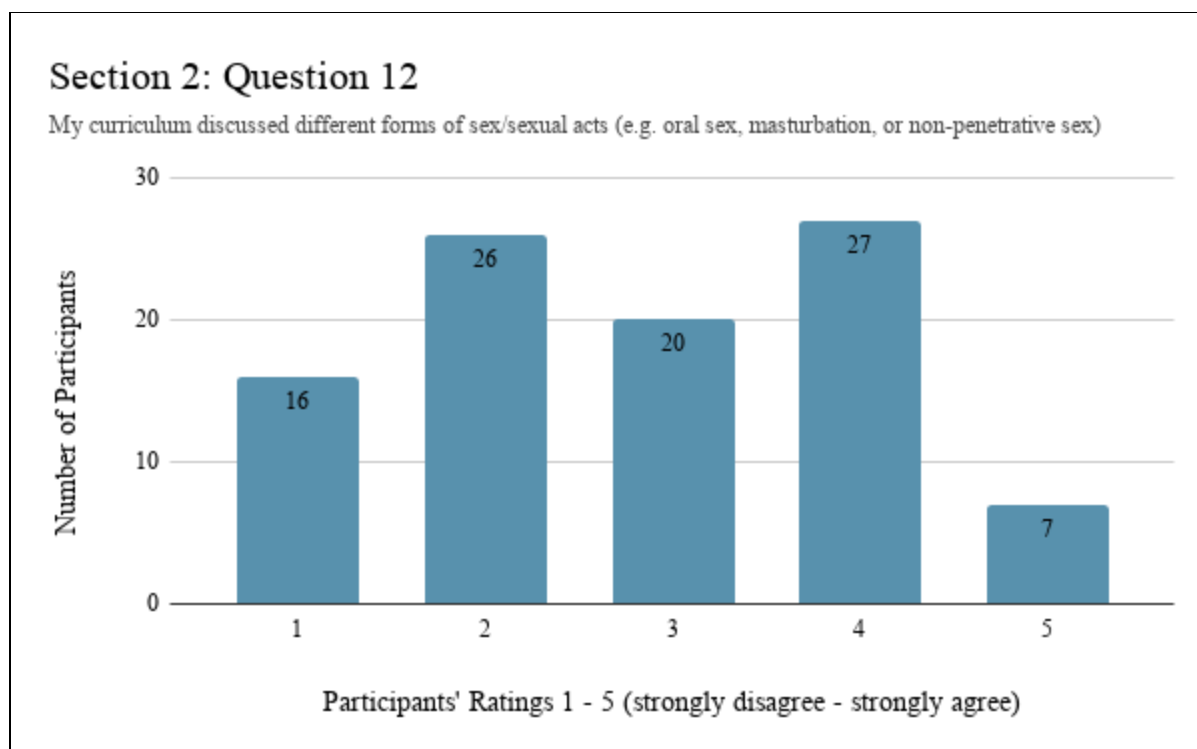
Figure 4: Asking participants if their sexual education discussed sexual fluidity



Overall, higher percentages of participants agreed and strongly agreed with statements that their curriculum discussed healthy relationships (25.8% and 24.7%), and 36.5% strongly agreed with the statement that their sexual education classes discussed “consent.” Further, high percentages of students also agreed and strongly agreed that their classes discussed anatomy and physiology as well as provided comprehensive information on STDs and other complications. 41.2% of respondents also strongly agreed that their classes discussed contraceptives and safe sex.

When asked whether their curriculum focused on abstinence, 25.8% of participants strongly disagreed, 27.8% disagreed, 18.6% were neutral, 11.3% agreed, and 16.5% strongly agreed with the statement. The majority of those surveyed disagreed with the statement that their classes discussed gender roles or gender expectations (58.8%). The vast majority stated that their curriculum discussed how pregnancy occurred, with 53.6% strongly agreeing, and 30.9% agreeing. Furthermore, an interesting trend was showcased when participants were asked about whether their curriculum discussed different forms of sex/sexual acts including oral sex, masturbation, and non-penetrative sex. The distribution of responses was higher in the “disagree” (2) and “agree” (4) categories to create two bell curves within Figure 5. 16.5% of respondents strongly disagreed to the statement, 26.8% answered that they disagreed, 20.6% were neutral, 27.8% respondents agreed, and 8.2% stated that they strongly agreed.

Figure 5: Asking participants if their sexual education discussed different forms of sex

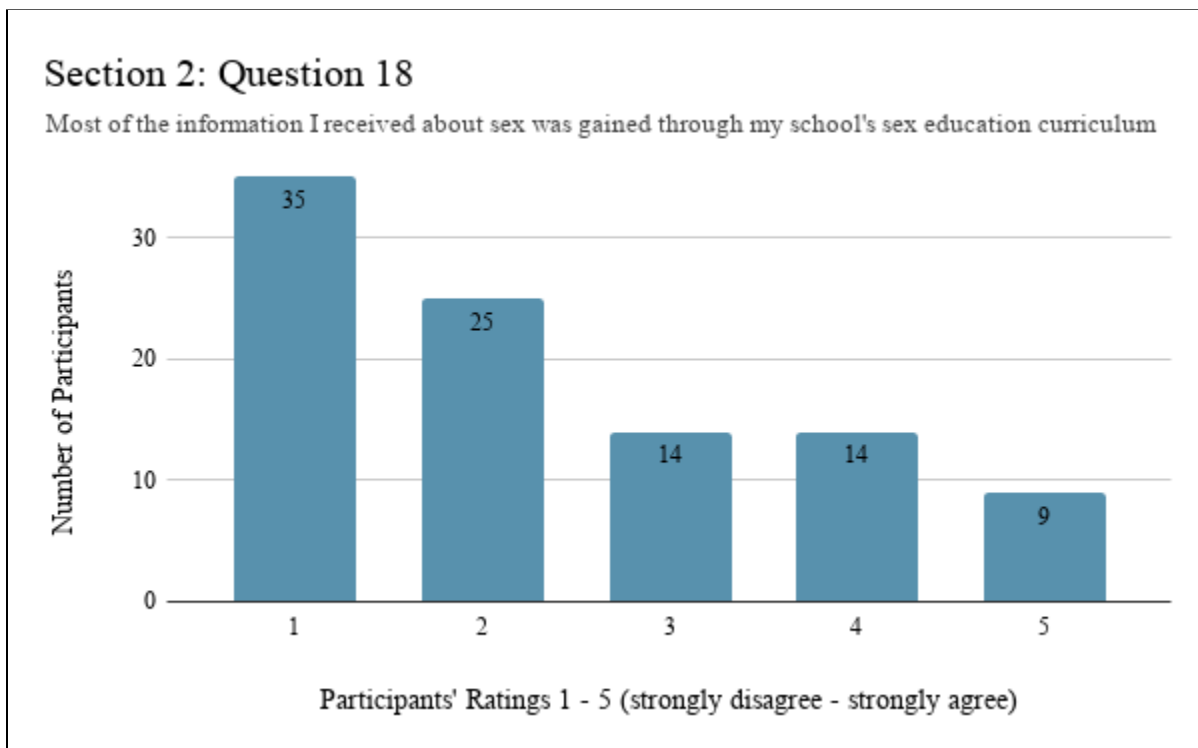


When asked about whether participants believed that their sexual education classes could have been improved upon, those surveyed showcased significant support for their classes needing improvement, a finding that supports the initial hypothesis that people would state that their sex education classes could be improved upon. 60.8% of respondents strongly disagreed with the statement that their sex education classes did not need to be improved, with 23.7% disagreeing, 7.2% neutral, 4.1% agreeing and 4.1% strongly agreeing. When asked specifically if they believed their classes should have included more discussions on healthy relationships, 48.5% strongly agreed and 26.8% agreed, while only 14.4% were neutral, 3.1% disagreed, and 7.2% strongly disagreed. When asked if they believed their classes could improve if they discussed gender and sexual fluidity, 71.1% strongly agreed and 18.6% agreed with only 7.2% that were neutral and 3.1% that strongly disagreed. Additionally, when asked whether they

believed their classes should have focused more on abstinence, 67% strongly disagreed, 18.6% disagreed, 9.3% were neutral, 4.1% agreed, and 1% strongly agreed.

Participants were also asked where they received most of their sex education from, and a large amount of students stated that they did not receive most of their information about sex through their sex education in school. In fact, when asked to respond to the statement that most of the information they received was from their school sex education, only 14.4% agreed and 9.3% strongly agreed. In comparison, 14.4% were neutral, 25.8% disagreed, and 36.1% strongly disagreed (information included in Figure 6).

Figure 6: Asking participants if they received information about sex mainly through sex education classes



Individuals were then asked to specify what sources they utilized when learning about sex if not from their school's sex education classes and curriculum. The majority of individuals received that information from peers, friends, and the internet, as well as their family members. For a more in-depth review of the responses received, refer to Table 2.

Table 2: Where students received information about sex outside of sex education

Source	Number of Participants
1. Friends/Peers	32
2. Internet (including social media)	31
3. Parents/Family	18
4. Through work/job	7
5. Sex Ed Programs (outside of school)	4
6. Personal Experience	3
7. Books/Magazines	3
8. T.V. shows/movies	3
9. Pornography	2
10. Medical Professionals	1

Part 2: Comparing Demographic Information

1. *States Results*

Overall, the rankings gathered for each state varied in relation to the hypothesized rankings of the states as outlined above. If my hypothesis was correct, then the higher ranked states in the left column of Table 3 would also have higher overall ratings from the respondents. Instead, as is also outlined in Table 4 below, the ratings by respondents did not seem to follow a

specific pattern in comparison to the ranking variable. The highest rated state by respondents was Massachusetts, which in fact was ranked within the hypothesis in the sixth category out of seven, meaning that the state did not have very comprehensive standards for their sex education curriculum according to my definition. The second highest rating was tied between Oregon and Wyoming, which were ranked first and seventh respectfully within this study. An overview of this information is located in table 3 and 4 below.

Table 3: Comparing State Ranking with Student Rating

Characteristics	Ranking and State	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Requires public schools have sex education, HIV information, medically accurate information, is culturally appropriate and unbiased, inclusive of sexual orientation, and talks about consent (6/6)	1. California	15	15	2.938
	1. New Jersey	1	1	2.625
	1. Oregon	~	3	4.083
	1. Rhode Island			
Requires public schools have sex education, HIV information, requires medically accurate information, is culturally appropriate and unbiased, and inclusive of sexual orientation (5/6)	2. Iowa			
	2. Washington	~	3	3.777
Requires public schools have sex education, HIV information, medically accurate information, and talks about consent (4/6)	3. Hawaii			
	3. North Carolina			
Requires public schools to have sex education, HIV information, and is inclusive of sexual orientation (3/6)	4. Delaware			
	4. Maryland	1	~	2.333
	4. New Mexico			
Requires public schools have sex education, HIV information, and requires medically accurate information (3/6)	4. Maine	1	~	2.666
	4. Utah			
	4. Virginia			
Requires public schools to have sex education, HIV information, and is culturally appropriate and unbiased (3/6)	4. Tennessee			
Requires public schools to have sex education, and HIV information (2/6)	5. Georgia			
	5. Kentucky			
	5. Minnesota			
	5. Montana			
	5. Nevada	1	1	3.541
	5. North Dakota			
	5. Ohio			
	5. South Carolina			
	5. Vermont			
	5. West Virginia			
	5. New Hampshire			
	5. Texas	3	1	2.416
	Requires curriculum be culturally appropriate and unbiased and is inclusive of sexual orientation (2/6)	6. Colorado	1	~
Requires public schools to have sex education (1/6)	6. Mississippi			
	6. Kansas			
Requires curriculum be culturally appropriate and unbiased (1/6)	6. Massachusetts	~	4	4.104
Requires curriculum to be inclusive of sexual orientation (1/6)	6. Connecticut	1	1	3.333
Does not require sex education in public schools, but requires HIV education (1/6)	6. Alabama			
	6. Arkansas			
	6. Illinois	1	3	2.978
	6. Indiana			
	6. Michigan			
	6. Missouri			
	6. New York			
	6. Oklahoma			
	6. Pennsylvania	~	1	3.083
6. Wisconsin				
Does not require sex education in public schools (0/6)	7. Alaska			
	7. Arizona	3	~	2.195
	7. Florida			
	7. Idaho			
	7. Louisiana			
	7. Nebraska			
	7. South Dakota	1	~	2.333
7. Wyoming	~	1	4.083	

Table 4: Comparing State Ranking with Student Rating Continued

State Responses Rated	Respondents' Ratings	Hypothesized Ranking
1. Massachusetts	4.104	6
2. Oregon	4.083	1
2. Wyoming	4.083	7
3. Washington	3.777	2
4. Nevada	3.541	5
5. Connecticut	3.333	6
6. Pennsylvania	3.083	6
7. Illinois	2.978	6
8. California	2.938	1
9. Maine	2.666	4
10. New Jersey	2.625	1
11. Colorado	2.5	6
12. Texas	2.416	5
13. South Dakota	2.333	7
13. Maryland	2.333	4
14. Arizona	2.159	7

2. Religious, Public, and Private Schools Results

To understand the effect of public, private, and religious schooling on student rankings of comprehensiveness, student rankings among the three variables were compared to one another. I hypothesized that private non-religious schools would have the highest ranking, followed by public schools, and then private religious schools. Of those surveyed, 14 identified that they went

to private non-religious schools, 17 went to private religious schools, and 63 went to public schools. Of private religious schools, 14 went to Catholic schooling, 2 Christian, and 1 Jewish school. When compared to each other, private non-religious schools had the highest comprehensive rating by respondents with an average score of 3.619. Private religious schools followed with a score of 3.137, and public schools had the lowest rating of 3.083. This information is included in Table 5.

Table 5: Comparing Private, Public, and Religious Schooling with Student Ratings

Type of Schooling	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Private non-religious	3	11	3.619
Private religious	7	10	3.137
Public	30	33	3.083

3. Political Affiliation of Schools Results

When considering political leaning, information was gathered concerning both the political leaning of the school and the neighborhood. For the political leaning of the school, both private and public schools were included, however, for neighborhood leaning, only public schools were considered since geographical considerations are not relevant for private schools (those in public schools can only go to that school if they are a certain distance away, but for private schools you can live anywhere and pay to go to that school).⁵⁸ When considering the

⁵⁸ Chen, Grace. "Public School vs. Private School." *Public School Review*, 5 Apr. 2019, www.publicschoolreview.com/blog/public-school-vs-private-school.

school's political leaning, five options were available: liberal, conservative, neutral, third party, and apolitical. Fifty-one students stated that their school was liberal, and of those students, nineteen of them ranked their sex education as less comprehensive (between 1 and 3) and thirty-two ranked their sex education as more comprehensive (more than 3 to 5).

Overall, students who identified their school as liberal gave their schools an overall higher average score in terms of comprehensiveness, with the average score being 3.411; this supported my earlier hypothesis about political preference and student ratings. 22 students stated that their school was apolitical with eight of them ranking their sex education as less comprehensive and fourteen rating their education as more comprehensive and the overall average score was 3.128. Those that believed their school was neutral politically ranked their school on average at a 2.694 with eight participants ranking their education between one and three and four participants ranking it as more than three to five. In last place, of the ten students that stated that their school was conservative, seven ranked their education as less comprehensive and three rated it as more comprehensive with a total average score of 2.516. No students identified their school as being politically third party- leaning. A full breakdown of the scores for school political leaning is present in Table 6.

Table 6: Comparing School Political Leaning with Student Ratings

Political Leaning	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Liberal	19	32	3.411
Conservative	7	3	2.516
Neutral	8	4	2.694
Third party			
Apolitical	8	14	3.128

4. Political Affiliation of Neighborhoods Results

In addition to analyzing the political affiliation of the schools, participants who identified that they went to public schooling were asked about the political affiliation of their neighborhoods as well. On average, those that stated that they went to a public school in a liberal neighborhood ranked their sex education as more comprehensive than for the other political options, which supports my hypothesis. Overall, those in liberal neighborhoods rated their sex education at 3.294 with fourteen participants rating it as less comprehensive and twenty-two rating the education as more comprehensive. Of the twelve students that stated that their neighborhood was neutral, seven stated that their sex education was less comprehensive in comparison to the five that found it to be more comprehensive. Overall, the average score for neutral neighborhoods was 2.896. The third highest comprehensive rating from participants was in conservative neighborhoods, with a score of 2.842 and five students that rated their education as less comprehensive and four that found it more comprehensive. Lastly, those in apolitical

neighborhoods rated their comprehensive level as the lowest with a score of 2.555 and four individuals that rated their sex education between one and three, and two that rated it as more than three to five. Once again, the category of third party had to be omitted since no individuals stated that their neighborhoods were politically third party-affiliated. The breakdown of these results is shown in Table 7 below.

Table 7: Comparing Political Affiliation of Neighborhood with Student Ratings

Political Leaning	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Liberal	14	22	3.294
Conservative	5	4	2.842
Neutral	7	5	2.896
Third party			
Apolitical	4	2	2.555

5. Race and Ethnicity Results

Overall, the highest overall score for sex education comprehensiveness was displayed by those that identified as African American, at 3.616. White individuals had the second highest comprehensive average rating with 3.293. Native American/Alaskan Native participants' average score was 3.25 and Asian participants' rated their sex education on average as 3.15. At the bottom of the ratings, those that identified as Multiracial/Biracial ranked their education as 2.891 and Hispanic/Latinx individuals overall ranked their sex education as less comprehensive with a

score of 2.681. It is important to note, however, that there were incredibly limited numbers of participants that identified themselves in certain racial categories. For example, only four people identified as African American and only one person identified as Native American/ Alaskan Native. Therefore, these samples are not representative. The results of this section are also included in Table 8.

Table 8: Comparing Race and Ethnicity with Student Ratings

Race/Ethnicity	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Asian	8	11	3.15
African American	1	3	3.616
Hispanic/Latinx	7	4	2.681
Native American/Alaskan Native	~	1	3.25
Native Hawaiian/Pacific Islander			
White	17	27	3.293
Multiracial/Biracial	5	5	2.891

*Six people were omitted since they did not include race or ethnicity

6. Gender Identity Results

The last demographic factor considered within this study was gender identity, of which the three choices available were: female, male, and bigender/gender fluid (although there was the

option for students to choose “other” and to specify or to not answer). Of the 66 female participants, on average, they ranked their sex education as 3.162 placing them between the ratings of both male and bigender/genderfluid individuals. Male participants on average had the highest rating with a score of 3.213. Lastly, bigender and genderfluid individuals rated their sex education as less comprehensive with a score of 2.916. For more detailed information, please consider Table 9.

Table 9: Comparing Gender Identity with Student Ratings

Gender Identity	Number of Students Who Ranked Sex Education as Generally Less Comprehensive (1-3)	Number of Students Who Ranked Sex Education as Generally More Comprehensive (more than 3-5)	Overall Average score
Female	29	37	3.162
Male	9	16	3.213
Bigender/ gender fluid	2	1	2.916

Discussion

First and foremost, it is incredibly important to note that while this information is interesting and relevant, my sample is too small and isolated to make any widespread conclusions or to suggest a correlation between any variables within this study. That being said, with my limited data, I was able to begin to disprove or support my hypotheses. In general, most of my hypotheses (with the exception of states, conservative neighborhoods, and African American respondents) were supported by the results of the survey.

Overall, respondents had varying views of their sexual education curriculum's comprehensiveness, but most participants acknowledged that their curriculum could have been improved in one or more ways, a finding that was hypothesized earlier in the paper. Interestingly, very few respondents experienced sexual education classes that discussed or were inclusive of different sexual and gender fluidity. This marks a significant problem in terms of my definition for comprehensive sexual education and the actual curriculums the respondents experienced. Furthermore, most people did not gain sexual knowledge mainly through their schools' sex education programs, but rather from external sources such as the internet, friends, and family. This could be potentially problematic as these sources might not provide accurate information or support safe sex practices, both of which are features that more individuals hope school curriculums can provide.

When testing if certain states were ranked as more comprehensive in their sexual education standards by respondents, no clear result could be concluded. The lack of information, limited amount of states covered, and the seemingly negative view of one of the most highly ranked comprehensive states within my list (California) seems to at least initially suggest that this factor is not relevant, or has a negative effect on determining actual comprehensiveness of public school sex education. In fact, since the results were so skewed, the original hypothesis that more comprehensive state standards would result in participants rating their sex education as more comprehensive is undermined. This is a troubling finding, as states create these standards in the hope that they are actualized within the classroom. This brings up questions about state efficacy and measures that ensure that policies and laws are actualized. Perhaps the independent nature of schools within various states (for example through school districts) is too varied and lacks a comprehensive overview system that can measure if individual schools are doing their

part to uphold the state standards. Furthermore, another question that appears is whether analyzing states as a whole is too broad, and instead if more specific regions of California would have different ratings by students. If this were true, it would highlight the limited extent to which state standards seem to effect actual classroom discussions (since they are not standard across the state), and also that more local factors might be relevant when considering whether sex education is comprehensive or not. To fully understand whether these implications might be relevant, larger and more representative studies should be conducted.

These findings also put into question the definitions listed above in how to delineate public versus private schools. If states do not dictate the curriculum of educational standards-- as showcased by the ranging levels of comprehensiveness shown by students across the fifty states-- then a key difference between public and private schools is eliminated. Once more the question becomes, what factors are then relevant for determining how comprehensive a student's sex education is to them? Another key insight gained is that when state-mandated curricula are eliminated from the discussion, the only remaining difference between private and public schools is funding. The larger amount of funding granted to private schools by special interests would be a significant difference, and would suggest that private schools would have both the freedom to implement whatever sex education curriculum they prefer, but also the funds to perform it better than a public school. This information provides an important first step in truly understanding which factors are most influential in shaping a student's sex education experience. Once again, however, it is important to also note that it would be difficult to extrapolate a single conclusion from such limited data. Thus, future research in this area should be done to expand upon it.

In terms of private versus public and private religious schools, my overall hypothesis that non-religiously affiliated schools would be ranked higher than either public or private religious

schools is somewhat supported by the survey results. This was supported by my hypothesis, since it was expected that private schools would have the means to provide a thorough and in-depth sex education, and without the religious affiliation, also the desire to do so as well. This result is important when compared to public schools since independent funding is a substantial difference between the two types of schools. Interestingly, private religious groups were ranked slightly higher by respondents than public schools, thus further lending itself to questions about state standards and their efficacy at implementation. The fact that private religious schools were ranked as more comprehensive than public schools may also show that religious schools are becoming more modern and are more supportive of a more comprehensive curriculum than it has been in the past. Or perhaps this result could insinuate that public schools within the United States have become more conservative or influenced by conservative politics. This could be supported somewhat by the ranking system utilized in the state section. The ranking system was out of seven points, and then ranked 1-7 based on how many of those characteristics each state mandated in their sex education. Only four states had all seven characteristics (ranked 1st), two states had six characteristics out of seven (ranked 2nd), two states had five of the characteristics (ranked 3rd), seven states mandated five of the seven characteristics (ranked 4th), and the other thirty-five states were ranked 4th or lower. In fact the largest number of states per category were ranked 6th, meaning they only required one of the seven characteristics that I deemed necessary for a comprehensive sex education. Thus, it is possible that public schools as a whole are more conservative leaning and therefore do not support comprehensive sex education standards.

For school and political leaning, more democratically ranked neighborhoods and schools resulted in higher comprehensiveness rankings by respondents, which falls in line with the theory presented above. This could suggest that more liberal schools have more liberal staff members

and administrations that would internally support comprehensive sexuality education. It could also signify that for public schools, the more liberal neighborhoods are successful at encouraging schools to provide more comprehensive sex information. This could either be because the parents are vocal about their support, or because the teachers and administrators that teach the content also live in the neighborhoods around their school. Liberal schools ranked significantly higher than both conservative, apolitical, and neutral schools which was further supported by my hypothesis, as I believed that conservative schools would teach less comprehensive sex education when compared with other political parties and preferences. However, when considering neighborhood political affiliation, participants from conservative neighborhoods ranked their sex education as more comprehensive than participants from apolitical neighborhoods. This is incredibly interesting as it goes against my theory. However, in keeping in line with the discussions presented above, perhaps my hypothesis was flawed because I believed public schools to be more liberal when I should have considered them to be more conservative by nature. Therefore, if a neighborhood is apolitical and does not want to get involved in political discussions and debates, the parents and teachers may not question a more conservative curriculum that is less comprehensive. One limitation of this section, however, is that there was a much higher number of respondents that went to liberal schools and lived in liberal neighborhoods than for the other categories.

The results regarding the race and ethnicity crosstab were inconclusive due to the limited number of respondents across the different categories, but still provided some interesting possible results. The vast majority of those that were surveyed were white, a significant limitation of the survey as a whole. White participants had the second highest rating of their sex education. It was hypothesized that that subgroup would have the highest rating of

comprehensiveness. Therefore, while the results do not completely support this hypothesis, white individuals did rank their sex education as more comprehensive than most of their peers.

Interestingly, the demographic that had the highest rating of their sex education's comprehensiveness was of African American/Black students. While only four respondents identified as African American, thus providing limited data to support this result, this is an intriguing result nonetheless. Considering that race is a significant factor contributing to how one interacts with the world, and that historically and currently minority individuals are ignored and harmed by current educational standards, this result has interesting implications. Perhaps another factor beyond racial identity is more important when specifically considering sex education standards. Or perhaps this group of students represent an anomaly that is present due to the limited data collected. While these results are somewhat promising, more in-depth and diverse surveys need to be conducted in order to come to a conclusion on this topic.

Lastly, male individuals did rank their sex education curriculum as more comprehensive than both women and gender fluid/bigender individuals, which supports the hypothesis regarding gender differences in participant's views of their sex education comprehensiveness. This result could further support the conclusion that sex education is built and catered to men more than other genders, and that this results in sex education being less comprehensive and effective for other individuals. Women ranked their sex education as more comprehensive than gender fluid and bigender individuals, which could highlight the greater disparities faced by those that exist outside of the gender binary that exists in discussions about sex and health. Therefore, LGBTQ+ inclusion and non-discriminatory mandates within sexual education curricula becomes essential, to ensure that those that are often left-out of conversations are also receiving information that is valid and relevant to their lives and speaks to their unique identities. Once again my results are

limited. Within my survey, the vast majority of respondents were female, thus marking a lack of information for both male and bigender/gender fluid analyses of their sexual education.

Importantly, these results provide a path forward for new scholars that hope to understand how young adults interact with and reflect on their sex education experiences. Through more careful and representative analyses strides towards more comprehensive sexual education in all classrooms can be attained, and understanding how young adults view their sex education through a number of factors is an important first step.

Limitations

The most severe limitation within this study is the sample, both in size and composition. My sample is not representative of the entire collegiate body, or even the entire Claremont student body since there was not an equal amount of participants from the five colleges. Furthermore, there were not enough respondents from the five colleges to be representative either. In a similar vein, this study was not representative of the larger population of college students. Furthermore, while the target of this study was young adults, and therefore, collegiate students often fit in that category, I acknowledge that there are young adults that are not in college and would have valuable insights about their K-12 schooling as well. This population is thus missed within the context of this study. Therefore, one cannot make overarching conclusions about correlation or connections, but can start to build the beginnings of a theory or future hypotheses about the topic of sex education through the work done in this study.

Another limitation is that I did not discuss different sexual identities within my survey, even though this is a crucial demographic factor that is incredibly relevant to my research. If I had the ability to redo my survey, I would ask about the participants' sexual orientation within

the demographic section. My hypothesis would also be expanded to include a hypothesis regarding which sexual orientations are likely to rate their sexual education as less or more comprehensive. This particular demographic factor is relevant considering not only state standards that dictate that comprehensive sexual education should discuss gender and sexual identities as well as be inclusive. Furthermore, a number of research articles discuss the relationship between LGBTQ+ students and schools. Some of these papers were even cited within the paper, thus showcasing the importance of this discussion and relevancy to this research. In order to understand whether demographic factors influence one's experience of sex education, all key demographic features need to be analyzed. Since sexual orientation is a clearly crucial factor, omitting this feature was a clear mistake. Future research can hopefully build upon this study and ask more inclusive questions in order to produce more applicable results.

Conclusion

Despite the limited scope of the paper itself, the information gathered within it is still relevant for future studies and for individuals hoping to understand how to improve sex education classes. Clearly, a large number of students are dissatisfied with their sex education and do not believe it to be comprehensive enough. This work marks a beginning in future work that focuses on the views and experiences of young adults. By changing the focus of future studies and works to analyze how college students view their own sex education, sex education can become both more effective and comprehensive for all students. By focusing further on how different students interact with their sex education differently, a more individualized approach can hopefully be created and supported.

Through the insights gained in this study, there are a number of sex education reforms that could be implemented in the hopes to make sex education more effective and educational. Some possible future policy proposals include creating better enforcement for curricula that are inclusive and non-discriminatory. This harkens back to the idea that state-mandated standards are not sufficient in creating or enforcing sex education standards. In order to ensure that sex education within schools follows the rules and guidelines set up by the state there needs to be more oversight into how it is being taught in individual classrooms. This could require an independent oversight committee that is run through school districts or through collaborations with an outside government agency. A possible downside to this plan could be that in states with limited standards, having an outside agency would encourage individual teachers not to go above and beyond by providing more comprehensive material on their own. At the same time, however, an advantage would be in providing more standard education across the state and ensuring that in states with clearly defined comprehensive guidelines, educators are encouraged to teach the correct curriculum. It is also further important to have student insights, as teachers may believe they are doing an adequate job meeting the standards laid out by the state, when in fact students are not receiving the information they need

Other studies have also shown that a peer-teaching approach could be beneficial in giving students more autonomy over their sexual health and also in making sexual education more effective.⁵⁹ Having students take control of their own sex education experience not only ensures that students have more of a say in their own education, but also gives students the tools to be leaders and take control of their own bodies and health. Additionally, it could allow for students

⁵⁹ Strange, Vicki, et al. "What Influences Peer-Led Sex Education in the Classroom? A View from the Peer Educators." *Health Education Research*, vol. 17, no. 3, 2002, pp. 339–350., doi:10.1093/her/17.3.339. ; Mellanby, A. R., et al. "A Comparative Study of Peer-Led and Adult-Led School Sex Education." *Health Education Research*, vol. 16, no. 4, 1 Aug. 2001, pp. 481–492., doi:10.1093/her/16.4.481.

to feel more comfortable asking and answering questions about sexual topics and helps to take away the stigma surrounding sex and sexuality. This becomes an important tool in giving students access to the information they need and are curious about. This becomes especially salient when one considers that the students within the survey identified their peers as being their foremost source of information about sex and sexual health (see Table 2); thus, providing peer mentors in a monitored and safe environment can help to ensure that the information being shared is both accurate and comprehensive.

Another possible policy proposal would be to increase training for educational professionals so that they feel more comfortable talking about sexual education while also limiting their own biases. This would help teachers to feel more comfortable following state guidelines while also receiving information that is medically accurate. Furthermore, trainings about diversity and bias are instrumental in countering implicit biases teachers may rely on when discussing sexual education within classes. State guidelines cannot simply require that content be inclusive and non-discriminatory without providing teaching and trainings to ensure that teachers understand their role in changing unequal systems. This would be beneficial not only for students, but also for teachers as they navigate every day class discussions and situations with a diverse student body. These trainings should include discussions on race, gender, and sexual orientation, which are particularly prevalent in conversations about sexual health. For example, teaching that there is more than one way to have sex (e.g. not just male genitalia, female genitalia, and penetration) allows for more inclusive dialogue and showcases that LGBT+ individuals have their own sexual identity that can and needs to be addressed in conversations about sexual health.

Another key solution to addressing current sexual education failings would be to prevent special interests from affecting school curricula, specifically when the interest groups are political in nature. This would be difficult to implement, especially because a wide range of organizations-- including medical associations for instance-- could be included under the title of a special interest group, thereby underlining the need for more conversations to occur surrounding this issue. This is a multifaceted discussion, and would be difficult to address, especially when considering the freedom granted to private schools when deciding curricula and standards. Changing the wording of the Title V Section 510 of the Social Security Act, for example would allow for private schools that are not just abstinence-only to receive federal funding.⁶⁰ Historically sexual education has been fraught with divisions, but remembering the earliest reasons for its implementation-- to help students build their sexual identity in a healthy and productive way-- suggests that when political pressure is stripped away, most people still believe in the importance of sex education.

Appendix A

Part 1- Demographic Information (multiple choice/free form responses):

1. How old are you?
2. What year are you?
3. What college do you go to?
4. Please select your race or ethnicity

a. Asian

⁶⁰ Malone, Patrick, and Monica Rodriguez. "Comprehensive Sex Education vs. Abstinence-Only-Until-Marriage Programs." *American Bar Association*, www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/comprehensive_sex_education_vs_abstinence_only_until_marriage_programs/#:~:text=And%20although%20the%20right%20wing,the%20Social%20Security%20Act%2C%20the.

- b. African American/Black
 - c. Hispanic/Latin X
 - d. Native American/Alaskan Native
 - e. Native Hawaiian/Pacific Islander
 - f. White/Caucasian
 - g. Multiracial/Biracial
 - h. Other
 - i. Would prefer not to answer
5. What is your gender identity?
- a. Female
 - b. Male
 - c. Agender
 - d. Bigender/Gender Fluid
 - e. Third Gender
6. Did you do any of your K-12 schooling in the US?
7. If you answered yes, please put how many years you studied in the United States before college (e.g. from kindergarten to senior in high school=13 years)
8. If you went to school in the United States before going to college, which state did you spend the majority of your academic life in? (in other words, looking at grades kindergarten-senior year of high school what state did you mainly go to school in)
9. What type of school did you go to for most of your childhood? (K-12)
- a. Public
 - b. Private

- c. Homeschool
 - d. Other
10. Did you go to a religious school during any of your K-12 schooling?
11. If you answered yes to the above question, please specify what the religious leaning of your school was
12. Did you perceive your school to have a specific political leaning?
- a. Yes, liberal
 - b. Yes, conservative
 - c. Yes, neutral
 - d. Yes, third party
 - e. No, apolitical
13. Did you perceive your neighborhood to have a specific political leaning?
- a. Yes, liberal
 - b. Yes, conservative
 - c. Yes, neutral
 - d. Yes, third party
 - e. No, apolitical

Part 2- Values and Self Assessment of Sexual Education (linear scale responses 1-5)

1. From elementary to high school, I believe I was given a comprehensive sexual education
2. I believe that my sexual education was sufficient to prepare me for life outside of school
3. My sexual education in school was inclusive towards and discussed the topic of gender fluidity

4. My sexual education in school was inclusive towards and discussed the topic of sexual fluidity
5. The sexual education classes I took talked about healthy relationships
6. The sexual education classes I took discussed the concept of "consent"
7. The sexual education classes I took gave me a good understanding of sexual anatomy and physiology
8. My sexual education classes gave me comprehensive information on STDs and other complications
9. The sexual education classes I took provided information on contraceptive use and other forms of safe sex
10. My curriculum focused on abstinence
11. My sexual education classes discussed gender roles or gender expectations
12. My curriculum discussed different forms of sex/sexual acts (e.g. oral sex, masturbation, or non-penetrative sex)
13. My sexual education classes discussed how pregnancy occurs
14. I believe my sexual education classes could have been improved upon if they included more discussions about healthy relationships
15. I believe my sexual education classes could have been improved upon if they included discussions about gender/sexual fluidity
16. My sexual education classes did not need to be improved upon
17. I think there should have been more of a focus on abstinence in my sexual education classes

18. Most of the information I received about sex was gained through my school's sex education curriculum
19. If you received more information through a different source other than school, please list and rank them below (ex. 1. _____, 2. _____, 3. _____)