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Exploring the Sexual Literacies of Denison University Students

by

Ellie Gutmann

Senior Project submitted to the Faculty of the Undergraduate School of Denison University in Granville, Ohio, in partial fulfillment of the requirements for the Bachelor of Arts degree from the Women's & Gender Studies and Anthropology & Sociology Program

Primary Advisor: Dr. Hanne Blank Boyd

Secondary Reader: Dr. Fareeda Griffith

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Abstract

The purpose of this research is to develop a greater understanding of the range in sexual literacies of Denison University students. The primary focus of the study is concerned with the different levels of sexual health education that students received prior to arriving at Denison University. The school has a range of students who come from different demographic backgrounds, which include a wide array of sex/health education knowledge and experiences. This research is important in order to better contextualize how much knowledge Denison students have prior to arriving on campus, so the university is able to better provide incoming students with relevant resources and materials. Through this research, qualitative and quantitative data have been collected through an online survey, and two in-depth interviews. These were then analyzed in order to better understand the differences in sexual literacies of Denison students, and to share a final report with university administration. The researcher concluded that comprehensive sexual health education is a necessary component of ones' secondary schooling experiences. Although the quantitative data reflected that majority of respondents had access to a sex education class/curriculum in their middle and/ or high school, the qualitative responses reflected that students were unsatisfied with the level of information they received. The goal of the researcher included the submission of the final report to the university, in thinking about how they may approach or provide sexual health education programming to incoming students.

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Introduction

“Well if by racy you mean highly researched and completely essential to the health and well-being of our children — then yes, I suppose is” (*Sex Education*: S3, EP 1).

Articulated in the highly popular Netflix series, *Sex Education*, the importance of sexual health education is consequential. Sex education (sex ed) has a highly disagreed upon place in the public education system. There is contention surrounding the levels of education that people believe students should receive. While some remain neutral on this topic, there are many who believe the only appropriate sex education for young people is teaching abstinence. Although this public opinion is widely held, there are still many in favor of a more all-encompassing, or comprehensive form of sex education. Because of this debate, there is no nationally agreed upon standard for the sex education that students in public school receive. If

taught comprehensively, sex education is a topic that covers a very wide variety of subjects pivotal to youth development.

The Guttmacher Institute, a pro-choice research organization defines comprehensive sex education (CSE) as “A rights-based approach [which] seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality— physically and emotionally, individually and in relationships.” Because of the all-encompassing nature of CSE, it is structured to educate people on more than just sex, pregnancy, and disease prevention. CSE covers a broad range of issues relating to the physical, biological, emotional and social aspects of sexuality (Guttmacher, n.d.). Individuals who argue against the teaching of CSE in public schools often utilize the argument that having access to so much information prompts young people to make irresponsible sexual decisions. However, multiple research studies have shown that abstinence-only education does not delay sexual relations between young people, nor act as a barrier in preventing sexually transmitted infections (Santelli, Kantor, Grillo, et. al).

Research surrounding the importance of sex education in schools is imperative in the continuing efforts to provide students with information and resources to ensure that they are safe and healthy. The research project conducted between the departments of Anthropology and Sociology and Women’s and Gender Studies is informed by the belief that sex education is an important tool for youth – and if Denison University can better provide incoming students with information that may have been lacking during their secondary schooling, that would be incredibly beneficial. This research is important because for students to make informed

decisions about their health, the health of their friends, and peers, they need to have sufficient information.

Purpose

The purpose of this research is to develop a better understanding of the range in sexual literacies of Denison students. Although a smaller school, Denison has students who come from different demographic backgrounds. These varying backgrounds include a wide array of sex/health education knowledge.

This research was conducted with the intention to learn whether Denison students received sexuality education prior to arriving at Denison, and if so, what type and amount of education they received. Conducted qualitatively and quantitatively, the data collected from this research project should be recognized as imperative in understanding the sexual literacy of Denison University students. The primary method of data collection was through an online survey. Although the survey did not inquire specifically about student experience at Denison University, the survey does inquire (for those *with* and *without* a middle/high school sex education class) about the level of preparedness they felt transitioning to college surrounding topics including; understanding their peers, themselves, relationships, and sex. Through this research, the overarching goal was to get a better gauge of the ways in which Denison students have been educated on topics of health and sex education.

Although the broad purpose of this research was to generate a better understanding of the level of sex education that Denison students have received prior to arriving on campus, the results will also be utilized to inform the writing of a policy-based proposal for Denison's First

Year Office in the hope that it can assist the university in future sexuality/sexual health programming for incoming students. If Denison were able to have transparent information about its students' knowledge on topics of sex and sex education, the institution as a whole could do a better job of providing the information and resources that students need.

Lisa Wade, PhD offers a sociological perspective on why this specific type of research is especially important on college campuses. In an expert from her book; *American Hookup: The New Culture of Sex on Campus* (2017), Wade reports,

“We no longer need to speculate as to what students are or aren't doing. We know. And it's time that everyone knows. Students need to know so that they can find a way to wrest pleasure and joy from hookup culture, while acting fearlessly to remake their environments from the inside out. Former students need to know so that they can reflect on their time in college and be able to imagine a way forward that is the healthiest and most productive for them. Parents need to know so that they can prepare and support their grown children as they navigate hookup culture's most treacherous features. And college staff, administrators, and faculty need to know so that they can intervene to make for a more humane residence life” (24-25).

In order to keep the students on Denison's campus safe, healthy, and happy – this research is necessary to meet them where they are at.

Theoretical/ Conceptual Framework:

Prior to conducting research, the review of literature served as an integral source in better understanding the theoretical and conceptual frameworks that are applicable and can relate to this study. This research was informed by the Feminist Health Movement (within the United States) which draws from the literature and praxis of Feminist Theory. Although Feminist Theory can be broadly understood through the lens of the fight for gender equality, American activist, author and scholar bell hooks further expands upon the theory itself. bell

hooks' writings about Feminist Theory are centered around the goal to create a perspective of equality that begin at a personal level and are ultimately acts of liberation (hooks, 1991).

Feminist Theory should be understood as the interrogation of how systems of power and oppression interact with one's gender, and other social identities.

The Feminist Health Movement, or feminist model in medical practice is grounded in the inherent belief that the personal is political. Feminist medical practitioners are committed to safe, effective, and affordable health care for everyone (Andrist, 1997). Within this movement, there has been a plethora of activists, scholars, and collectives that practice a feminist health model, especially in thinking about topics surrounding comprehensive sex education. Some of the influential feminist groups and literature for this research include: The Boston Women's Health Book Collective, which created the book *Our Bodies Ourselves, S.E.X, second edition: the all-you-need-to-know sexuality guide to get you through your teens and twenties* by Heather Corinna, Chicago Women's Health Clinic, and a plethora of other supplemental resources.

Additionally significant to note, during the 1970's, there were major federal governmental initiatives pushing for comprehensive sex education – although not specifically rooted in feminist theory, rather, in public health ideology. The Title X Family Planning Program, signed into act by President Nixon, created more opportunities for providing services and education to youth. With this growth in educational opportunities, came a growth in the push for institutions like the Office for Family Planning, situated within the U.S. Bureau of Community Health Services (Scales, 1981). This prompted a surge in sex education, or human sexuality education. This initiative also made space for social service organizations, like Planned Parenthood, dedicated to providing young people with the resources they need to be safe and

healthy. The ever-present and unsettled discourse surrounding sex education in public schools should ultimately be recognized as another major influence for this senior research project.

Review of Relevant Literature

History of Sex Education

Historically, the American federal government has played a large role in the facilitation and funding of national sex education curricula and programs. Since the year 1996, they have spent millions, annually (Beh & Diamond, 2006) to promote the teaching of abstinence-only sexual health education. But what does this all mean, and why is it important? To understand this, we need to define and contextualize sexual health education, and its origins. Planned Parenthood Federation of America defines sex education, broadly, as “[A tool that] helps people gain the information, skills and motivation to make healthy decisions about sex and sexuality.” Although the topic can be understood through multiple lenses, the overarching goal is to educate youth about healthy ways to understand their own, and other people’s bodies.

There is a limited amount of literature regarding the content of sex education prior to the 1900s. The home was recognized as a primary institution for this type of general education, and no sexual behaviors until marriage was the most widely held understanding for what was physically acceptable (Huber & Firmin, 2014). The Progressive Era, lasting from 1880-1920 as highlighted by Huber and Firmin is in reference to the shift towards including educational rhetoric regarding sex, morality, and sex education that occurred in America during that time (but stems beyond those topics). As time passed, increased amounts of alcohol consumption became linked with illicit sex, thus *both* becoming recognized as harmful towards society.

Groups formed in the hopes of inciting concrete changes around the ways in which alcohol was consumed. Among those, the Women's Christian Temperance Union had a large role in the fight for promoting alcohol abstinence. In the year 1920, the Prohibition, which was a nationwide ban on alcoholic beverages, was enacted. In "A History of Sex Education in the United States since 1900," Huber and Firmin note that, "the period between the end of the progressive era (1920) and the beginning of the sexual revolution (1960) was the intermediate era in the development of public-school sex education in America" (p.32). During this time the eugenics movement was beginning to lose traction and make way for the national advancement of (semi)accessible birth-control as a means of legitimate sex education. The act of abstaining from sexual relations was highly tied to national militaristic efforts in the hopes of educating soldiers and preventing the spread of STDs during war. These efforts were commonly viewed as not only a personal triumph, but also as an act of patriotism.

For over 60 years, the idea of no sexual relations until marriage was emphasized, encouraged, and taught strictly in schools. All the while, the "Sexual Revolution Era" was on the rise. Beginning in the 1960s, ideas surrounding 'free love' and 'pro-sex' were beginning to surface as public challenges to widely held societal norms. Organizations such as The National Organization for Women, Sexuality Information and Education Council of the United States, and the American Association of Sex Educators and Counselors and Therapists began to form and take up space as reproductive rights and accessible sex education advocates during this time as well (Huber & Firmin, 2014). Despite the implementation and growth of these varying groups, there was still significant federal funding and support for sex education focusing on abstinence-only (*Journal of Public Health Policy*, Volume 38, 2003). In 1970, President Nixon signed Title X

Family Planning Program into law, acting as the first program with funding completely devoted to family planning, significantly increasing the number of teens who received contraceptive education (Huber & Firmin, 2014). The law was then amended in 1978 by President Carter, who specifically mandated “that part of the services and education be devoted to unmarried teens, providing the first explicit funding stream for community-based sex education” (pg. 39, 2014). At this time of presidential abstinence-only encouragement, only six states within the U.S. were mandating public school sex education curriculums and/or classes anyways (Huber & Firmin, 2014). During the height of the HIV/AIDS epidemic which peaked in the mid-1980s (CDC, 2016), there was a unified agreement that reform was necessary. No one was particularly elated about the increasing number of unplanned teen pregnancies, unwanted sexually transmitted infections, and ultimately, deaths. While there was an agreed upon need for systemic improvements, the push for what type was where contestation arose. Both sides of the movement were extremely determined despite their oppositional efforts.

In a brief report provided by the organization Sex Ed for Social Change (SIECUS, 2018), it was noted that since 1981, the federal government provided substantial funding for three abstinence-only-until-marriage programs. The first, passed in 1981 by President Reagan was titled the Adolescent Family Life Act (AFLA), ensuring that *abstinence* was the only thing to be taught in sex education and/or health classes. This act promoted individuals to abstain from any sexual behaviors in order to avoid unwanted pregnancy, STI’s, and AIDS/HIV. The AFLA funding provided the abstinence-only advocates with a large platform, and lots of support for their strict abstinence-based curricula. AFLA, however, was quickly criticized by the American Civil Liberties Union as an invalid program because of the ties it shared with religious beliefs. This

concern was *not* validated by the Reagan Administration, nor by the Supreme Court of the United States. In fact, following the AFLA funding, President Clinton signed the Welfare Reform Act, or, Title V abstinence-only-until-marriage program into law. It is, however, worth noting that while nationally the funding went towards more conservative measures, state and local funding and curriculum efforts also existed and were often relatively liberal in the 1970's, until the year 1996 (Huber & Firmin, 2014).

The Section 510 Title V Abstinence Education Program block grant created in 1996, designated funding to states in "proportion to their child poverty figures" (Huber & Firmin, 2014, pg. 41), with the hopes that more education in impoverished areas could lead to fewer unintended pregnancies and help break the poverty cycle. The bill stressed that all programs funded under the act must only teach about the benefits of abstaining from sex until marriage. Support for this program was extensive. With the passage of this abstinence-only curriculum came an eight-point list of the federally mandated requirements for this specific abstinence-education. This list especially emphasized the importance of not teaching any other information relating to contraceptive methods aside from the abstaining from sexual relations until marriage (SIECUS, 2018). The President of the United States at the time, George W. Bush, was a strong proponent of the abstinence-only platform, continuing to provide governmental assistance for singularly focused programs. The third program, Community-Based Abstinence Education (CBAE) was yet another abstinence-only funding stream created by the federal government. The funding for CBAE, doled out in 2000 was recognized as the most restrictive of the three funding streams (SIECUS, 2008). In fact, the guidelines for CBAE were so specific and particular about the ways in which abstinence-only was articulated, that the guidelines

specifically stated that grantees, “could not provide program participants with positive information about contraception or safer-sex practices” (SIECUS, 2018, pg. 5).

However, despite the continuing federal assistance for abstinence-only, there was still a clear longing for more comprehensive, or at least more contraceptive based options as well, especially from concerned individuals surrounding the HIV/AIDS crisis. In April 2008, Congress held the first-ever hearing on abstinence-only-until-marriage programs where a plethora of researchers testified that in fact, the abstinence-only-until-marriage programs offered were not delaying sexual initiation, nor reducing teen pregnancies or STDs (SIECUS, 2008). With the inauguration of President Barack Obama in 2008, major strides for advocacy and political support were enacted for more comprehensive sex education programs in public schools. Huber & Firmin note that “Once installed as president, Obama submitted his 2010 budget proposal to Congress. In it, he called for the elimination of all funds previously devoted to abstinence education. In its place, he proposed a new “pregnancy prevention program” that would create a dedicated funding stream for “comprehensive” programs supported by pro-sex organizations” (p. 43, 2014). Since the adjustment in funding, there has also been more room for social service advocacy groups such as Sexuality Information and Education Council of the United States (SIECUS), Advocates for Youth, Planned Parenthood, and others alike to receive access to more tangible resources.

Well-known policy research center The Guttmacher Institute conducts ongoing research regarding state laws and policies that involve the educational advancement of sexual and reproductive health and rights. According to The Guttmacher Institute, as of December 1st, 2021, 39 states and the District of Columbia mandate sex education and/or HIV education - and

within that, only 30 states (and DC) mandate that their sex and HIV education programs meet certain general requirements. Although substantial progress has been made, there is still a considerable amount of work to be done in the fight for ensuring accessible and comprehensive sexual health education for all young people within the United States.

'Abstinence Only' vs. 'Abstinence Plus' Education

As seen in the historical background, the two main types of sex ed have remained relatively the same, with a third type that is less common, but still present. The two typical types include comprehensive sex education and abstinence-only, with the recognition of the third being abstinence-plus. As spotlighted earlier, The Guttmacher Institute, a pro-choice research organization that works to study, educate, and advance sexual and reproductive health and rights defines Comprehensive Sex Education (CSE) as, "A rights-based approach... [that] seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships... CSE covers a broad range of issues relating to the physical, biological, emotional and social aspects of sexuality. This approach recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. CSE programs should be adapted to the age and stage of development of the target group." Because of the all-encompassing nature of comprehensive sex ed, there is an abundance of literature regarding the traits and/ or characteristics of what should be included in an effective comprehensive sex education curriculum (see next section). The Guttmacher Institute outlines seven components that they have recognized as essential when cultivating a comprehensive

sex education course and/ or curriculum. These ‘essential components’ require content and discussion about gender, sexual and reproductive health and HIV, sexual rights and sexual citizenship, pleasure, violence, diversity, and relationships. SIECUS suggests that the proper guidelines and courses for comprehensive sexuality education can begin as early as kindergarten and be integrated into curricula up to the senior year of high school (12th grade). SIECUS highlights, six key concepts including human development, relationships, personal skills, sexual behavior, sexual health, and lastly, society and culture. From this, we can deduce that comprehensive sexual health education aims to inform student about topics extending far beyond sexual and/or physical relations. Comprehensive Sexual Health programs, while acknowledged as effective by many, is not recognized as the *only* way to inform young people about topics surrounding health and wellness.

In addition to CSE, there are two other forms of sex education. The American Academy of Family Physicians contrasts abstinence-only and abstinence plus education through outlining the ways in which “Abstinence-plus interventions are designed to prevent, stop, or decrease sexual activity while promoting safer sex practices for persons who choose to engage in sex. In contrast, *abstinence-only* interventions promote abstinence as the only way to prevent HIV infection [and pregnancy]” (*Am Fam Physician*, 2008). Although, in 2018, The Guttmacher Institute released an article addressing the possible re-branding of abstinence-plus curriculums as, “Sexual Risk Avoidance” (SRA) programs. Some of the more common organizations which facilitate SRA programs include Ascend, Choosing the Best, For Keeps, and a variety of others. Abstinence-only until marriage programs are more explicit in that there is even stricter enforcement on abstaining from all sexual actions without mention of alternate contraception

to abstinence. Much of the curriculum for abstinence-only until marriage classes comes from federal funding (Santelli, J; Kantor, L; Grilo, S, et. al).

It is important to understand the arguments and perspectives of both abstinence-only and comprehensive sex education advocates, as both sides ultimately strive to keep young people safe from sexually transmitted infections, and unwanted/unintended pregnancies, just with differing tactics. Even so, sex education classes that are taught from an SRA, or abstinence-only lens have been established as ineffective in the overarching goal of preventing teen pregnancy and STIs and have been reported to do more harm than good (Santelli, J; Kantor, L; Grilo, S, et. al). When researching the efficacy of the varying methods, it is imperative to account for scholarly peer reviewed data that there is on each side. Based on research studies conducted in the United States, what does categorize or legitimize a sexual health education class/course as successful?

Traits and/or Characteristics of Statistically Effective Sex Education Programs

There is a considerable amount of discourse regarding the traits and characteristics that make a sex education course and/ or curriculum *statistically* successful. Firstly, it is important to examine and determine the meaning of ‘statistically successful’ for the purpose of this research. Perrin and Bernecki Dejoy conducted a literature review, concluding that for a sexual health education program to be identified as statistically successful, there needs to be accessible data proving that there is a clear reduction (CDC, 2014) in the number of teen pregnancies and STI rates as a result. While their research was conducted in the year 2003 and does remain applicable, recent data such as the comprehensive report titled: “National Sexuality Education

Standards Core Content and Skills, K–12,” (2012) assembled by a plethora of CSE based organizations and team of advisors contends that a comprehensive sexual health education course/curriculum needs to be more inclusive and employ a wider variety of programs beyond pregnancy prevention/education, and sexually transmitted infections information. A few of the organizations included in the compilation of the review include: The American Association of Health Education, The American School Health Association, The Future of Sex Education Initiative, accompanied by a slew of others.

Much of what is taught in CSE holds the potential to change the course of an individual's life but cannot be measured quantitatively. There are many virtual resources, databases, and organizations that provide statements, thoughts, and opinions on the matter of what should or should not be taught in this type of class. However, most resources regarding comprehensive sexual health education favor more information over less. The literature in favor of CSE (Abraham, 2005; Goldfarb & Lieberman, 2020; Tortolero et. al, 2001; Van Vliet & Raby, 2008) overarchingly emphasizes the importance of *all*, in connection to all-inclusive, or all-encompassing information. A common trait of comprehensive sex education courses' imperative for success is the insistence that the teacher/ course curriculum is looking at the *whole* student. As outlined above, statistically effective sex education programs tend to be measured through the medical outcomes of the programs. The Future of Sex Education (FoSE), a partnership between Advocates for Youth, Answer, and the Sexuality Information and Education Council of the United States (SIECUS) released a document in 2016 (Future of Sex Education, 2016) underpinning the ways in schools can and should build a foundation for K-12 sexual health initiatives. The document highlights evidence of how CSE positively affects

students' lives. The data FoSE offers includes the likelihood that, guided by the standards outlined in the document, a CSE based class can help “improve academic success; prevent child sexual abuse, dating violence, and bullying; help youth develop healthier relationships; delay sexual initiation; reduce unplanned pregnancy, HIV, and other sexually transmitted diseases (STDs) and related disparities among youth; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth” (2016).

An extensive literature review conducted in January 2021 by Dr. Eva S. Goldfarb and Dr. Lisa D. Lieberman analyzed three decades of research on school-based programs. This in-depth research analyzed data from over 8,000 sources in order to form more extensive documentation and evidence regarding the efficacy of comprehensive sexual health education. Their goal was to understand whether comprehensive sex education makes a difference in students' lives beyond the statistics for teen pregnancy and STI rates. Through the systematic literature review the sex education scholars were able to pinpoint some of the broader topics that are not only becoming increasingly important in sex ed courses, but also prompting real change in young people's lives. The research Goldfarb and Lieberman survey clearly indicates that comprehensive sexual health classes, programs, and initiatives increase student acceptance of sexual diversity, reduce instances of homophobia and bullying, prevent instances of dating and intimate partner violence, broaden acceptance for gender equity and rights, and engender many other positive outcomes (2020). They reinforce that “if students... avoid early pregnancy, STIs, sexual abuse, and interpersonal violence and harassment, while feeling safe and supported within their school environment, they are more likely to experience academic success, a foundation for future stability” (2020).

Another important factor that helps set a precedent for cultivating an “effective” sex education course/ curriculum includes intentional selection of the language that is embedded in the resources and utilized throughout the class/program. Because these topics directly affect youth and the way in which they live their lives, it is imperative that the language is refined in a way that is understandable, but also gives youth a way to verbalize experiences. For instance, in relation to appropriate use of language, gender identity and pronouns can be employed as an example. The language regarding one’s gender identity and the pronouns they use to describe themselves have shifted throughout time. When introducing oneself, it is now recognized as appropriate to ask someone, or state one’s own gender pronouns (i.e., she/her, he/him, they/them, and so on), whereas this may not have been acknowledged as important. It is necessary that as we understand more about the human body and how to appropriately communicate its needs, wants, and desires, the language shifts with us. Specifically, in multiple studies investigating the requirements of LGBTQ youth in the sex ed/health classroom, we continuously see evidence of a disconnect between the information that they receive and the information that they believe they need to succeed outside of the classroom (Currin et al., 2019; Gabb 2004; Jarpe-Ratner, 2020; Pingel et al., 2013; Roberts et al., 2020). In a thematic analysis study conducted by five researchers at the University of Michigan school of Public Health, it was reported that young men identifying as gay, bisexual, or questioning disclosed the belief that they received “Inadequate sexual health information through their schools’ sex education programs and felt that their needs were left out of the curriculum. As a result, many young gay, bisexual, or questioning men felt unprepared to protect themselves in their sexual experiences from HIV/STIs and to advocate for their sexual needs and desires, especially during

their sexual debut” (Pingel et. al, 2013). The experiences of a group of people should never be essentialized into a single story or narrative, however the idea that students may feel there are topics missing from sex education classes holds true for a plethora of other subjects.

Comprehensive sex education is important because of its’ all-inclusive and all-encompassing nature.

Collecting and retaining data on this subject is difficult. In order to evaluate the efficacy of a program surrounding these topics, there would ideally be some sort of required longitudinal national survey catered towards young students – inquiring about the role, or lack thereof, that their sex education/health course played in their life. However, because this is not the case, the nation is left with null data for topics surrounding the efficacy of sexual health education classes in public schools. To ensure there is sizable data collection, a survey such as the one proposed *must* be a required component of the courses for there to be substantial data to observe and pull from for future research. In thinking about this proposed method of data collection, we can turn to one data point within this subject that has already been of interest to researchers for years: teen pregnancy. Although the data surrounding teen pregnancy is important, it is not completely representative; and it is also not an accurate depiction of whether the sex ed course was successful. However, the statistics about number of teen pregnancies in America remains a highly accepted data point because generally, people are willing to trust that information as a wholly accurate representation of the efficacy of public-school sex education.

An effective sex education class or program is not ‘one size fits all.’ An individual is more likely to benefit from having a comprehensive sexual health education from a young age rather

than simply focusing on the prevention of negative situations in order to encourage physical, mental, and emotional well-being (Van Vliet & Raby, 2008). A plethora of researchers and scholars have collected data in favor of comprehensive sex ed, but what do parents, teachers and students think about this?

Public Opinion of Sex Education in Public Schools

In the investigation of the analysis of sex education curricula, much of the work conducted has been surrounding public opinion of sex ed, where it should be taught, and by whom. There is rich public conversation among educators, parents, and the students themselves. All the research papers and journal databases analyzed in this review of literature highlight the repetitious data stating that overarchingly, almost all respondents from the data pools outlined in the reviewed literature *are* in favor of having a more informational form of sex education for youth. This research also shows that a lot of the arguments against CSE come from ‘concerned individuals’ who assert that a wealth of information would prompt or encourage young people to engage in more, and unsafe, sexual relations. It is necessary to conduct further review of relevant literature regarding the opinions and perspectives of parents, educators, and students and where they believe sex education should be taught, and at what level of detail.

The Parent Perspective

In relation to what parents of school aged children prefer their kids to learn about in health classes, there has been a multitude of research studies at the city, state, and nationwide

level. While there is some variation in the results, a vast majority of respondents from the different studies observed in this analysis of literature offer support for a more informational and all-encompassing approach to sex education classes/ content (Bleakley et al., 2006; Constantine et al., 2007; Eisenberg et al., 2008; Tortolero et al., 2011). Regardless of the specific survey questions asked of the parents from each study, responses highlight a general parental preference for a more comprehensive form of sex ed to be taught in public schools. In fact, the results collected from a particularly fascinating study conducted in five different regions within California concluded that their data could likely be nationally generalized to reflect a much wider pool of parental opinions. The researchers deduced that alike the five surveyed regions other, “States and school districts around the country can be informed by the consistency of the various aspects of support for comprehensive sex education found across California’s diverse regions and demographic subgroups.” This research study, along with many others, showcases the significance that these types of studies could have on potential policy implications. Corroborated by the literature reviewed in the current study, there is a recognition of the widespread support from parents for *more* sexual health related education for their children. Nearly each study argues that this data should be considered and reflected in the course content and funding that the public-school districts receive. For many of the studies, researchers have found that this data remains applicable regardless of the parents’ political affiliation (Kantor & Levitz, 2017; Shtarkshall, Santelli, & Hirsch, 2007; Goldfarb & Lieberman, 2020).

The Educators' Perspective

The content of a health/sex education class taught to students in public schools is not typically determined by the teacher, but rather, the local school board. The Guttmacher Institute's thorough data collection on state level laws and policy requirements for sex and HIV education, makes it clear that not every state requires sex and HIV education, nor does every state require medically accurate information to be taught to students at public schools. While educators in these states may have individual opinions on the class content, what they teach must not reflect their personal beliefs. Researchers David J. Landry, Jacqueline E. Darroch, Susheela Singh, and Jenny Higgins (1999) set out to better understand the opinion and perspectives of teachers providing sex education in grades 7-12. The data and results collected from this study suggested that instructors' do believe that their "approach to teaching about methods [of sex education] is a very powerful indicator of the content of sex education," and therefore "sex education in all U.S. high schools should include accurate information about condoms and other contraceptives" (1999). Although this data does not express the opinions of all sex educators in America, the survey was nationwide, so the perspectives reflect multiple different regions.

Studies conducted concerning the educators' opinion appear to commonly inquire about the qualifications of the people teaching the health course. Like parents, teachers who participated in these research studies (Eisenberg, et al., 2010), tend to prefer a broader and more all-encompassing curriculum to present to their students. This helps to ensure that the students can digest the information and create an environment where they may ask candid questions without fear of judgment (Buston, Wight, & Hart, 2002). Students need to feel a sense of trust,

friendship and enjoyment in sex education classes, and the teachers from Buston, Wight, and Hart's study were able to recognize and affirm that.

The Student Perspective

Data regarding parent, educator, and other perspectives relating to sex education in public schools is important. But focusing on who is receiving and retaining sex education is another major factor in thinking about the status of sex education classes in American public schools. Although K-12 students may not have strong opinions or personal stake in the abstinence-only versus comprehensive sex education debate, it is not uncommon for them to have questions about topics beyond teen pregnancy and STI rates within America. However, much of the research that has been conducted on adolescent opinions of sex education in schools does not pertain to what students think is appropriate, as the students likely do not know the depth of the content.

For many students, physical puberty typically begins around the time of one's middle and high school years, so the information that they learn in health class is especially applicable. Student perceptions of sex education are interesting because where students absorb their information can affect whether it will be recognized as medically accurate or factual. Many adolescents acquire sexuality information outside of the classroom, especially in the absence of sex ed classes.

Much of the literature regarding the ways in which youth digest sex education information pertains to gendered differences in how youth interact with the content. Studies repeatedly highlight the notion that male and female students view sex education, and its

significance in their lives, differently (Hilton, 2007; Measor, 2007; Somers & Surmann, 2004). Although varying topics may be of greater interest or priority to different students, it is imperative that a plethora of subjects are discussed so that individuals can be exposed to Sex education class is a chance for students to access language and concepts relating to things they may already, or will potentially, experience. Sex education website “Sex Etc.” (run by teens, for teens) curated a list of ‘hot topics’ to browse as an introduction to the site. This website is important in connection to the examination of student perspectives in order to better understand what students find to be significant topics of education for their age group. They list: Birth Control, HIV/AIDS & STDs, Pregnancy, Your Body, LGBTQ, Abuse & Violence, Relationships, and Sex as the primary eight topics which youth may be interested to learn more about. Although there are many topics that may be of interest to adolescents surrounding sex and sex education, if they were not learning about the topics in school or other structured programming, it would likely lead them to seek out alternative resources, if they are interested to engage with the subject matter. Whilst there are a multitude of important topics, it is imperative to understand the urgency of student opinions and perspectives.

Because the identities and backgrounds of students are so incredibly varied, a ‘one size fits all’ curriculum is not appropriate for a sex education course, as much research has corroborated (Roberts et al., 2019). A study that I conducted in 2021 specifically analyzing the experiences of Granville, OH High School (GHS) alumni’s experiences in their health and sex education course validates the belief that students, much like parents and educators in previously examined studies, would prefer a more sex education class that covers a wider variety of topics. Through a qualitative analysis including a short virtual survey and three

subject interviews, four common themes arose that GHS alumni presented as topics they wished had been included in their health course. These included increased focus on LGBTQIA+ content, information on sexual assault/healthy relationships, and the normalization of conversations surrounding sexual wellbeing (Gutmann, 2021). Students within the study also expressed frustration that they felt the course only reflected the needs of white, straight, cisgender men. Although this study was limited in scope, the data resembles the widespread finding that young people too, want access to a range of topics for their health/ sex education course (Hilton, 2007; Measor, 2004; Somers & Surmann, 2004).

If Not Sex Education Class, Where Else?

There are a variety of pedagogical tools which help young people learn about health, wellbeing, and topics of sexuality. Traditionally, students have learned through explicit instruction either in the home, or the classroom (Huber & Firmin, 2014). With an influx of new research being conducted, there is an increased emphasis on the importance of sex education as a critical topic for young people (Buston, Wight, & Hart, 2002). There are many sources of information on sexuality topics as well, although they may not be medically accurate. TV shows and movies, books, video games, pornography, friends, and many other outlets are all potential sources for people to gather sexuality information.

There are resources that are directly targeted towards young people, reiterating the significance of sex education in creative ways that stem beyond the classroom. There are television shows such as *Sex Education* and *The Sex Lives of College Girls* which highlight major topics of sexuality inquiry for adolescents. Young adult literature is another outlet for

adolescents to acquire information that they may not have access to or feel comfortable searching for otherwise. Authors Bryan Gillis and Joanna Simpson co-authored the book, *Sexual Content in Young Adult Literature: Reading Between the Sheets*, detailing the ways in which sexuality and other sexual acts can be utilized as teaching moments in books *for* adolescents. Gillis and Simpson explicitly state that their hope for the book is that it may “provide parents, teachers, and librarians with a better understanding of the role that sex in young adult fiction plays in the socioemotional and academic development of adolescents” (ix). The authors highlight over fifty novels and short stories that showcase various types of young adult romance and sexual content. This book normalizes the ways in which topics surrounding sexual content and young romance in literature created for adolescents can serve as positive examples of young relationships and individual growth.

Gillis and Simpson also recognize that books and literature may not be the dominant source from which youth learn about sex-related issues. As society progresses, so does the amount of accessible content on the Internet. Although there has been some reported concern regarding young people’s exposure to sexually mature content online (Braun-Courville & Rojas, 2009), there has also been increased interest in potential that the internet holds for positive sexual identity development in young people (Gillis & Simpson, p. 6, 2015). Pornography is most recognized as “the depiction of erotic behavior (as in pictures or writing) intended to cause sexual excitement” (Merriam-Webster, n.d.). Depictions of sexual nature and erotic content have been around for centuries, however the term itself originated as early as 1864 from Greek writing, however there is no record of when the definition was officially added to the dictionary. It is not uncommon for young people to seek out various alternate methods of sex

education. MD Debra Braun-Courville and PhD Mary Rojas conducted a study to better understand the role that mass media and the internet play in the sexual socialization of youth. From their research, they concluded that “Exposure to Internet pornography has potential implications ... Sexually explicit websites can serve an educational purpose and create an opportunity for adults to engage adolescents in discussions about sexual health and consumption of Internet material” (2009). Australian researcher Kath Albury calls attention to the fact that there is no universal consensus for whether pornography teaches its viewers, and just how much individuals can accurately learn from consuming porn.

The internet can also serve as a useful tool for young people to learn about topics surrounding sex education. Factually accurate web sites and pages have been specifically curated for young people to investigate topics of sexuality without fear of judgment. Online sites like Scarleteen (<https://www.scarleteen.com/>), Go Ask Alice (<https://goaskalice.columbia.edu/>), and Sex, etc. (<https://sexetc.org/>). are all recognized as effective sources for virtual education. None of these websites, however, advertise themselves as serving in place of a sex education course. All of them provide educational materials, suggestions, and answers to frequently asked questions/concerns. There is no national survey reviewing all the avenues through which young people may receive sex education. In other words, there is no database that records “X number of people get their sex education from pornography, while Y number of people receive it through word of mouth from friends or family.” Much of the literature surrounding this topic does express that there is a lack of data surrounding how many individuals use pornography as a form of sex education, and that future

research should concentrate more on topics surrounding alternate sources of sex education (Albury, 2014; Braun-Courville & Rojas, 2009; Goldstein, 2020; Jochen & Valkenburg, 2016).

A research study conducted in 2004 by scholars Cheryl Somers and Amy Surmann uncovered that broadly, the students in their sample preferred parents as a primary source of sex education, with school and peers presented as strong secondary option. Although this study occurred over 18 years ago, it remains relevant when considering how sex education curricula could better integrate themselves into students' lives. A successful school-based sex education course should exist in a way that simultaneously leaves room for students to learn from sources outside the classroom such as parents, religious institutions, self-education, and so on. There are resources that have been tailored to engage youth and teach them about topics surrounding sexual health and well-being in engaging ways including books like: *S.E.X.: The All-You-Need-To-Know Sexuality Guide to Get You Through Your Teens and Twenties*, Heather Corinna, (2016); *Wait, What? A Comic Book Guide to Relationships*, Heather Corinna & Isabella Rotman, (2019); *Sex, Puberty, and All That Stuff*, Jacqui Bailey, (2016). As recognition of the importance of sex education increases, so do the number of resources that become available.

Conclusion

The state of sexual health education in America has undergone various governmental and societal changes. Prior to the year 1900, there is virtually no evidence pointing to any form of sex education in educational institutions such as schools (Huber & Firmin, 2014). Following an outbreak of a multitude of sexually transmitted infections in the mid-1980s, there was a

widely agreed upon belief that some sort of reform and education was necessary. Although the need for education was acknowledged, the level of education, and where people should receive that education, was (and still is) commonly disputed. In the present day, many states still have curriculum solely centered around abstinence and how to avoid sexual relations. As outlined earlier in the review, The Guttmacher Institute reports that as of January 1st, 2022, up to 39 states and the District of Columbia mandate sex education and/or HIV education. Beyond the mandate for sex education, there is widely varying levels of content requirements for each state (Guttmacher Institute, 2021).

Although there is no national agreement about the levels of sex education that young people should receive, there are still many organizations dedicated to providing youth with accessible, informational content on topics surrounding sex and sex education. Some of the more well-known organizations include Planned Parenthood, Advocates for Youth, Sex Ed for Social Change (SIECUS), Comprehensive Health Education Foundation, and so on. The argument of which type of sex education should be taught to young people remains an area of contention. There are still many individuals, and a few select organizations that are strong advocates for abstinence-only curricula. While this does mean that they teach youth to abstain from sexual relations until marriage, it does not mean that they may not also teach information pertaining to sexually transmitted infections, contraception, and other topics (depending on the program and institution). Similarly, although comprehensive sex education is meant to be all-encompassing, that does not mean that every CSE curriculum has identical course content. Generally, people in America agree that the sexual health and overall well-

being of young people are intertwined and are necessary components of individual development (Van Vliet & Raby, 2008).

In order to categorize a sex education class or program as effective, researchers and policy makers typically lean on statistical analyses of two specific outcomes: pregnancy and STI rates. Traditionally, if direct results of lower teen pregnancy and STI ratings can be attributed to the “health class,” it is considered statistically successful. The lessons that a comprehensive sexual health education class teaches stem beyond those two outcomes and may affect other aspects of well-being and sexual health, more research is needed.

Despite the large demand for more detailed and all-encompassing sex education, the national debate has not completely subsided. Extensive research on public opinion suggests that regardless of political affiliation, religious identity, and geographic location (in the U.S.), there is still an overwhelming amount of support from parents and other public figures for the sex education of youth to extend beyond the teachings of abstinence only (Eisenberg, Bernat, Bearinger, & Resnick, 2008).

Understanding where children and youth receive information surrounding topics of sexual health, wellness, exploration, and so on is important. There are several resources where young people can access information relating to topics, they would otherwise learn about in sex education class. Books, TV/movies, websites, parents/friends/peers, and many other sources are recognized as places where young people can receive sex information. Being able to have a class that provides resources, examples, and safety/security is very beneficial for young people when learning about topics that can be extremely sensitive, but also imperative to individual development.

As outlined earlier in the research paper, sex education is *especially* important in the context of college campuses (Wade, 2017). Young people transitioning from living at home or some variation of a structured environment to a campus where they have extended autonomy is a large change. Because of a lack of parental or supervisory restrictions on young people in college, there is a lot more room for students to experiment and experience. Simultaneously, the Center for Disease Control estimates that “youth ages 15-24 account for almost half of the 26 million new sexually transmitted infections that occurred in the United States in 2018” (CDC, 2021). This statistic is one of many that could be averted if young people had better sex education at a younger age. College students specifically face many issues that could be prevented or lessened with better education in their secondary schooling experiences. Although you cannot force an individual to create and maintain healthy relationships, boundaries, healthy sexual practices and habits, among others, you can provide them with information that may make their decisions easier in keeping healthy habits. It is imperative that institutions like Denison University better understand students’ sexual literacies in order to better provide services that are directly applicable to the campus community.

Methods

What research methods did you select as most appropriate?

The research methods employed for this project included the design, creation, and administration of an online survey of current Denison students. The survey included a question inquiring upon whether or not students would be interested in volunteering their time for a

more comprehensive follow up in-person interview. Two individuals who responded affirmatively to this question were chosen for further in-depth interviews.

Why were these particular research methods most appropriate to answer your research question?

For the research being conducted, the researcher wanted a larger pool of responses so that she would be able to better generalize the results to be reflective of the Denison campus community. These particular research methods were deemed most appropriate to answer the question because in order to understand the sexual literacies of Denison students, the researcher needed a wide variety and representation of Denison students. Although the larger data should be recognized as highly significant, it was also important to the researcher to collect extended, and more detailed information beyond the survey responses. The subject interviews were another major factor for the researcher in order to get a more thorough understanding of individuals' educational experiences (for sex ed/ health class). While the researcher understood that the survey and interview responses are not representative of all Denison students, it should be acknowledged that there is only so much data that can be collected in a single semester. The survey was completely voluntary, Denison students were not incentivized to respond. These research methods were appropriate for the specific type of concentrated undergraduate research study that was being conducted.

What are the advantages of the method(s) you used? What are the disadvantages and how did you compensate for them?

Virtual Survey Method: The online survey was easily accessible to the larger campus community and in addition, due to the anonymity of the survey, it was more likely to receive responses and authentic answers. In addition, the online database that was utilized (Qualtrics) automatically generates the numerical data of respondent demographics. Lastly, the affordability of the method should be taken into account as the subscription to the survey database that was utilized is covered by Denison University. However some of the potential disadvantages of the virtual survey method included: there was no incentive offered for taking the survey, and/or respondents could complain that the survey is too long, although none did. Also, the survey is anonymous so there are no opportunities for follow up unless the respondent elected to share their personal information. Because of the short nature of the survey – the respondents were more likely to share brief responses – possibly inhibiting the researcher from receiving the most comprehensive data possible. Lastly, because the pool of respondents was only Denison students, that limited the data pool for more broadly understanding the sexual literacies of other individuals in the age ranges of 18-22.

Subject-Interview Method¹: Advantages to utilizing the data collection method of subject interviews allowed for a more in-depth understanding and recount from students. Because the interviews had no specific time limit, the interviewee should have been able to be thoughtful

¹ See Appendix A for Interview Transcript

and intentional about their responses. However, because the interviews were structured to be longer, there was a limitation, in that the researcher only had enough time to interview a small number of people (two) – so the data collected from this portion of the research could and should not be generalized to be reflective of the greater campus community. Another limitation is that the interview data collected cannot stand alone, it is supplementary and should be understood in connection with the survey data.

What are the ethical and political implications of research in this field? Show that you have thought reflexively about your research and your own place in it

The ethical implications of this research stemmed from risk of distress or psychological harm to the respondents. Although the researcher did not subject the respondents/interviewees to any direct physical/mental harm, the topic may have been sensitive for some individuals and that is important to recognize. For the students who consented to interviews, they underwent the process of informed consent prior to the interview, and the debriefing process afterwards to ensure that their rights were respected and understood.

Project Overview:

Methods

Online survey with live link for three months during Fall semester of 2021, and two follow-up in depth subject-interviews.

Who?

The participants were all current Denison students. The respondents surveyed and interviewed were all current Denison students between the ages of 18 and 23 years old. The participants voluntarily participated in the online survey, and then were given the option to self-select whether or not they would be interested in participating in a follow-up subject interview.

The survey link was sent to: every Academic Administrative Assistant at Denison, as well as the president or main point of contact for each of these on-campus organizations: Active Minds, CLIC, Alpha Kappa Alpha , Delta Sigma Theta, Denison Asian Student Union, Denison Campus Governance Association, Denisonians for Planned Parenthood, Denison Coalition for Sexual Respect, Denison Community Association, Denison Film Society, Denison International Student Association, Denison Mindfulness Club, Denison Outdoors Club, Denison Student Athlete Advisory Council, DU Votes, First Generation Network, Green Team, Hillel, Knowlton Center, Middle Eastern Cultural Organization, Multicultural Greek Council, Muslim Student Association, Office of First-Year Experience, Outlook, Phi Beta Sigma, Phi Iota Alpha, Sigma Gamma Rho, Sigma Lambda Gamma, The Bullsheet, The Denisonian, The Office of Multicultural Student Affairs, University Programming Council, Women in Business, Interfraternity Council, Panhellenic Council. The survey was also distributed directly to individuals through word of mouth. In addition, posters were hung all over Denison's campus with a QR code linked directly to the survey.

Survey Questions

My online survey questions, student gets a different set of questions depending on whether or not they had a sex ed class:

Questions for All Respondents:

1. What gender do you identify as?
2. What race/ ethnicity do you identify as?
3. If applicable, what is your religion?
4. What is your sexual orientation?
5. What year did you graduate high school?
6. What is your class year?
7. In what state (or country if applicable) did you attend middle/ high school?
8. What type of middle school did you attend? (i.e. public, private, religious, charter, other?)
9. What type of high school did you attend? (i.e. public, private, religious, charter, other?)
10. Did you have a sex education class/curriculum in your middle/ high school?

Questions for Respondents Who Did Not Have a Sex Education Class or Curriculum:

1. How would you define comprehensive sex education?
2. Since you did not learn about topics surrounding sexual health and well-being in school, where did you get information about them?
3. On a scale of 1-5 how well prepared/ informed did you feel entering college regarding topics surrounding sex and sex education? (1: not at all prepared, had a lot to learn still, 5: perfectly -- I felt there was nothing I needed to know!)
4. Where should young students should be taught about sex and sexual health education? (i.e. home/parents, school/ formal education, religious institutions, doctor/ health care provider, self-education, other)
5. Is there anything else that you would like to contribute that I have not inquired about?
6. If you would be interested in being considered for an in-person follow up interview with the researcher, please provide your name and email here: _____

Questions for Respondents Who Did Have a Sex Education Class or Curriculum:

1. How would you define comprehensive sex education?
2. How would you describe your experience in your middle/ high school sex education course? (i.e. informative, moderately informative, uninformative, other)

3. Check off each topic that you covered in your course/curriculum (i.e. Abstinence, Sexual anatomy and physiology, Bullying and bullying prevention, Pregnancy, Sexual decision making, Dating and relationships, Pregnancy options, STI prevention, Dating violence, Pregnancy prevention, Gender and sexual orientation, Puberty, Male and female-bodied pleasure, Non-heterosexual sex, Other)
4. Were there any topics that you wish you learned more about in this course? Topics that may have been missing from the class/ curriculum?
5. Where should young students be taught about sex and sexual health education? (i.e. home/parents, school/ formal education, religious institutions, doctor/ health care provider, self-education, other)
6. On a scale of 1-5 how well did your formal sex education course/curriculum prepare you for understanding your peers, yourself, relationships & sex? (1: not at all prepared, had a lot to learn still, 5: perfectly -- I felt there was nothing else I needed to know!)
7. Is there anything else that you would like to contribute that I have not inquired about?
8. If you would be interested in being considered for an in-person follow up interview with the researcher, please provide your name and email here: _____

Interview Questions

My subject interview questions for participants that had a sex education course:

1. What year did you graduate from high school?
2. How would you define comprehensive Sex Education?
3. Can/do you recall any of the specific topics you covered during your time in the health/sex education course?
 - Follow up question: How would you describe your experience in your high school sex/sex education course?
4. Do you feel that you learned an adequate amount about sex and sexual health in your class?
 - Follow up question: Did you learn about topics such as: abstinence, sexual anatomy and physiology, bullying, pregnancy, sexual decision making, dating relationships, pregnancy options, sexually transmitted infection prevention, dating violence, pregnancy prevention, teen pregnancy, gender and sexuality orientation, puberty?
5. Were there any topics that you wish you learned more about in this course?
6. Do you think that this course prepared you well for post-graduation regarding topics around sex and sex education?
7. Do you have any thoughts about where young students should be taught about sex and sexual health education?
8. Were there any topics that were missing from the curriculum?

9. Is there anything else that you would like to contribute that I have not inquired about?

My subject interview questions for participants that did not have a sex education course:

1. What year did you graduate from high school?
2. How would you define comprehensive Sex Education?
3. Since you did not learn about topics surrounding sexual health and well-being/ education, where did you get information about them?
4. Do you feel that you were well prepared for post-graduation regarding topics around sex and sex education?
5. Do you have any thoughts about where young students should be taught about sex and sexual health education?
6. Is there anything else that you would like to contribute that I have not inquired about?

Results

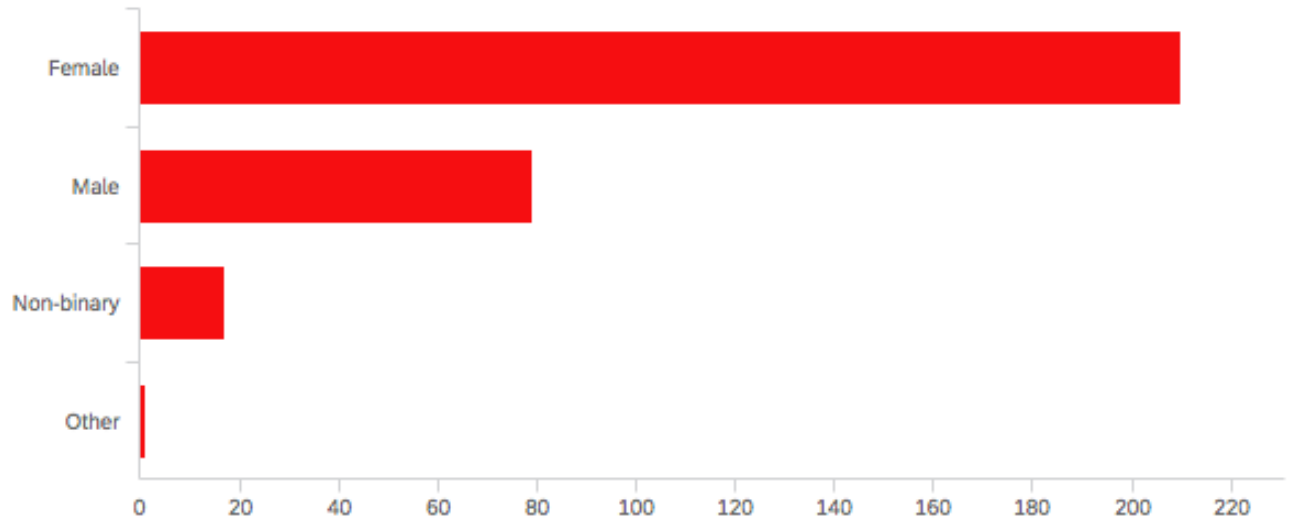
Inferential Statistics:

Table 1: Denison University Fact Book of Student Demographics

ENROLLMENT											
TABLE B6: ENROLLMENT STATISTICS											
Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SEX (all students)											
Male	1,008	978	982	958	966	987	1,020	1,044	1,093	1,109	1,054
Female	1,265	1,310	1,354	1,316	1,314	1,295	1,257	1,297	1,301	1,277	1,204
Total	2,273	2,288	2,336	2,274	2,280	2,282	2,277	2,341	2,394	2,386	2,258
STATUS (all students)											
Full-Time	2,255	2,264	2,305	2,253	2,263	2,253	2,259	2,319	2,365	2,356	2,252
Part-Time	18	24	31	21	17	29	18	22	29	30	6
Total	2,273	2,288	2,336	2,274	2,280	2,282	2,277	2,341	2,394	2,386	2,258
GEOGRAPHIC ORIGIN (full time, on campus, degree-seeking)											
In-State	632	611	609	574	547	551	526	515	507	489	472
Out-of-State	1,358	1,373	1,413	1,414	1,440	1,440	1,454	1,441	1,457	1,432	1,395
Non-Resident Alien	130	157	160	148	163	172	188	228	280	323	363
U.S. Citizen Residing Abroad	1	2	3	2	1	2	17	13	12	15	21
Total	2,121	2,143	2,185	2,138	2,151	2,165	2,185	2,197	2,256	2,259	2,251
ETHNICITY (full time, on campus, degree-seeking)											
African American	141	151	141	142	157	146	147	149	146	139	132
White	1,609	1,545	1,536	1,452	1,418	1,418	1,429	1,396	1,401	1,394	1,347
Amer. Indian/Alaskan Native	5	3	3	1	1	1	1	0	0	1	0
Asian	58	60	71	74	82	86	89	91	91	86	79
Hispanic	99	124	168	199	221	222	211	210	202	186	177
Hawaiian/Pacific Islander	1	1	0	1	2	2	1	2	0	0	1
NRA/International Residence	126	157	153	148	155	172	188	228	280	324	365
Unknown	6	21	34	41	36	35	36	46	58	51	61
Multiracial	76	81	79	80	79	83	83	75	78	78	89
Total	2,121	2,143	2,185	2,138	2,151	2,165	2,185	2,197	2,256	2,259	2,251
NEW DEGREE STUDENTS											
New First-Time Degree	623	606	629	582	609	632	637	617	654	625	605
New Transfers -Total	18	11	13	17	15	33	14	18	19	20	31
% Transfers from 2-Yr. Program	0%	14%	0%	6%	7%	9%	7%	17%	5%	0%	6%
% Transfers from 4-Yr. Program	100%	86%	100%	94%	93%	91%	93%	83%	95%	100%	94%

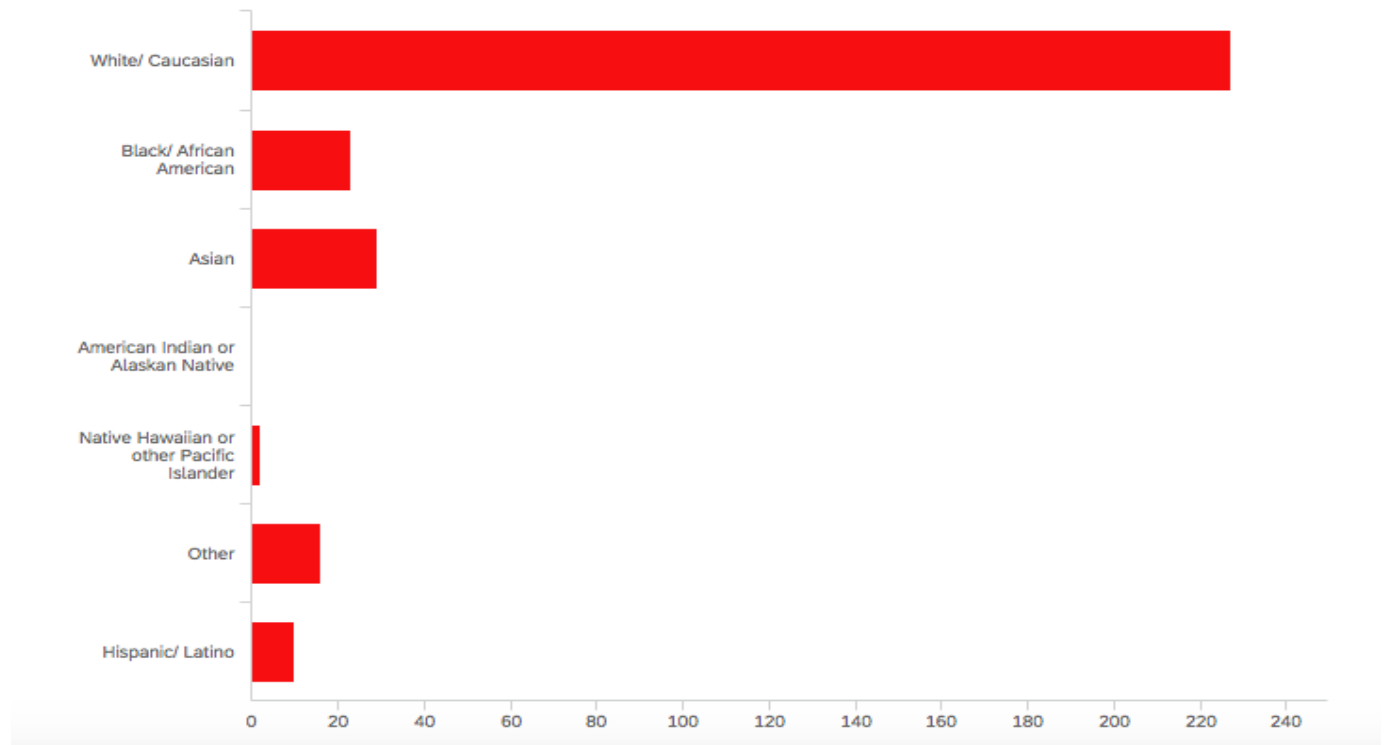
SURVEY DEMOGRAPHICS

Table 2: What gender do you identify as?



The results of the online survey were not able to be generalized to represent the greater Denison community because they reflect only a small portion (13%) of the student body, however, they are as follows: approximately 68% of the survey respondents identified themselves as female, 25% of the respondents identified themselves as male, while about 5% identified themselves as non-binary, leaving less than 1% (0.33) to identify with the category of other. According to the Denison University Fact Book of student demographics for the academic year of 2020-2021, the report shows that there were 1,204 female students enrolled compared to 1,054 male students, excluding data for those who do not identify themselves as either gender.

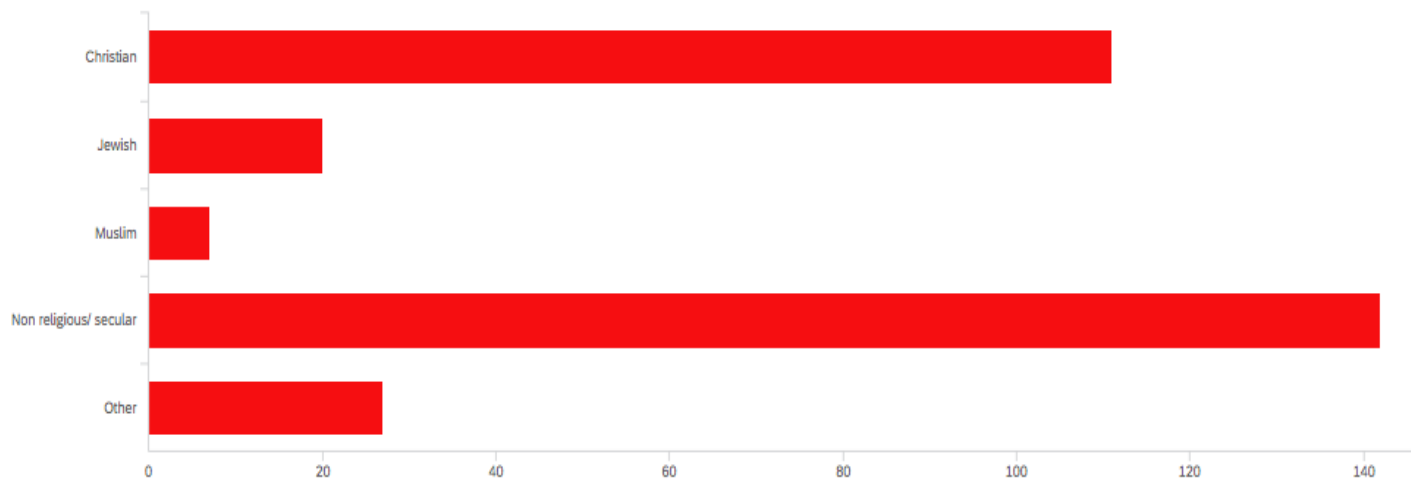
Table 3: What race/ethnicity do you identify as?



The racial/ ethnic breakdown of the survey respondents was overwhelmingly un-diverse. For this category of racial demographics, although the survey respondents are not representative of all Denison University students, the results are similar to the university demographics provided by the Denison University Fact Book of student demographics for the academic year of 2020-2021. For the survey, the respondents were approximately: 73% white, 9% Asian, 7% Black/ African American, 5% Hispanic/ Latino, 3% 'other,' and less than 1% American Indian or Alaskan and Native Hawaiian or Other Pacific Islander. According to the Denison University Fact Book of student demographics, the report shows that in the 2020-2021 academic year, the breakdown of student ethnicities were reported as follows: 1,347 white

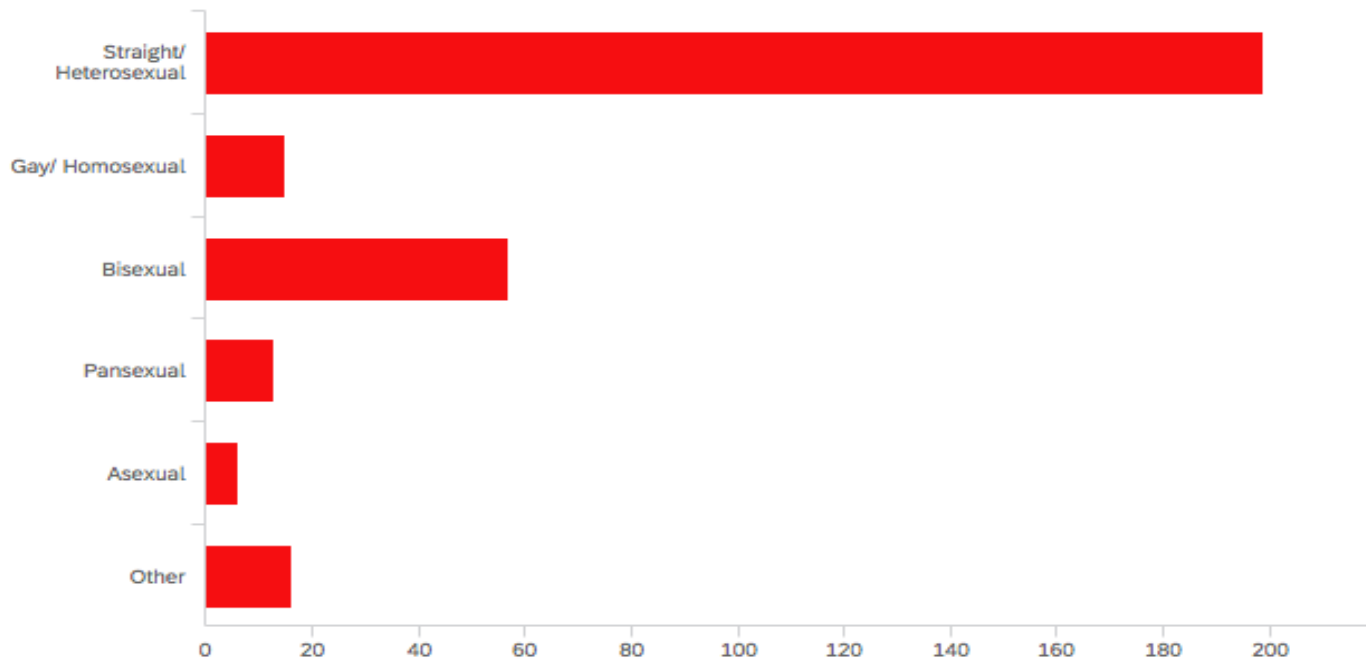
students, 365 International Residence students, 177 Hispanic students, 132 African American students, 89 multiracial students, 79 Asian students, 61 'unknown' students, 1 Hawaiian/ Pacific Islander student, and 0 American Indian/ Alaskan Native students. The university data was reflected in the data collected for this senior research project as well, as the overwhelming majority of respondents identified as white or Caucasian, while the number of students who identified as racial or ethnic minorities was significantly smaller.

Table 4: If applicable, what is your religion?



The survey responses for religion expressed more variation. The University does not appear to maintain accessible records of student religious affiliation. The respondents held a variety of religious identities including: 46% as non-religious/secular, 36% as some form of Christian, 8% as other, 6% as Jewish, and about 2% as Muslim.

Table 5: What is your sexual orientation?



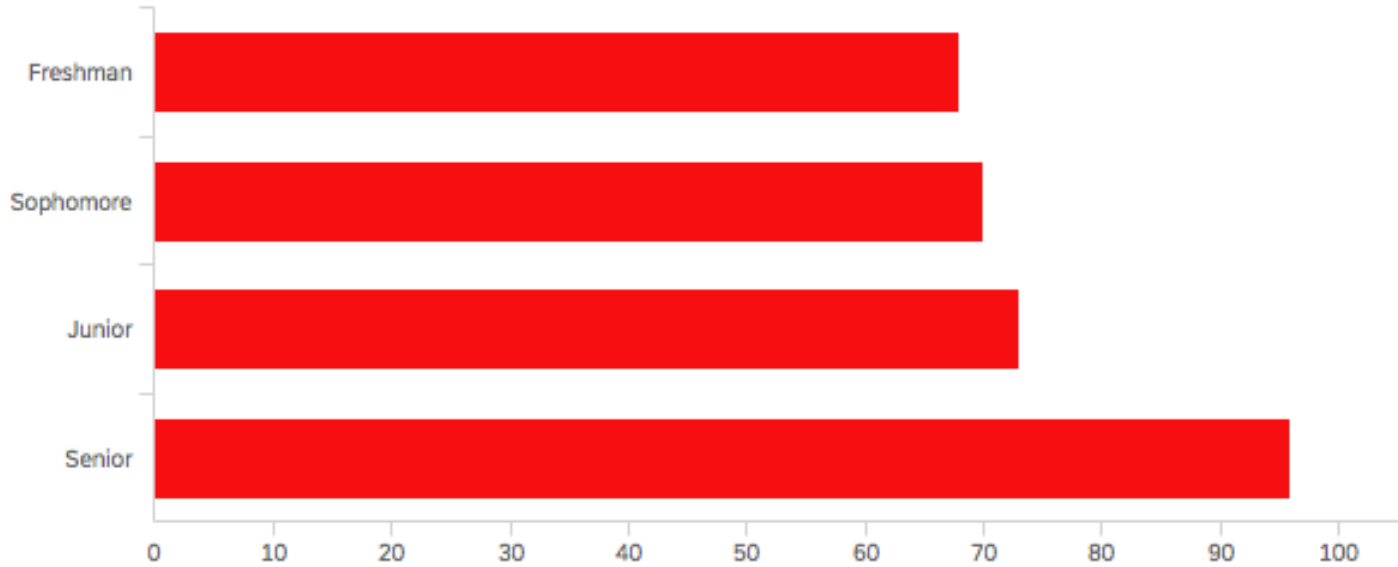
The breakdown of the survey respondents in relation to their self-identified sexual orientation does not have a lot of diversity in responses. The University does not appear to maintain accessible records of student self-identified sexual orientation. The survey respondents self-reported sexual orientations are as follows: 65% straight/heterosexual, 18% bisexual, 5% 'other', 4% gay/homosexual, 4% pansexual, and approximately 1% asexual. While these data do not represent the whole campus population, they do represent more than 13% of the student body.

Table 6: Breakdown of Class Year According to University Demographics

Class	Count
FR	664
SO	547
JR	534
SR	567
NonDegree	9
Grand Total	2321

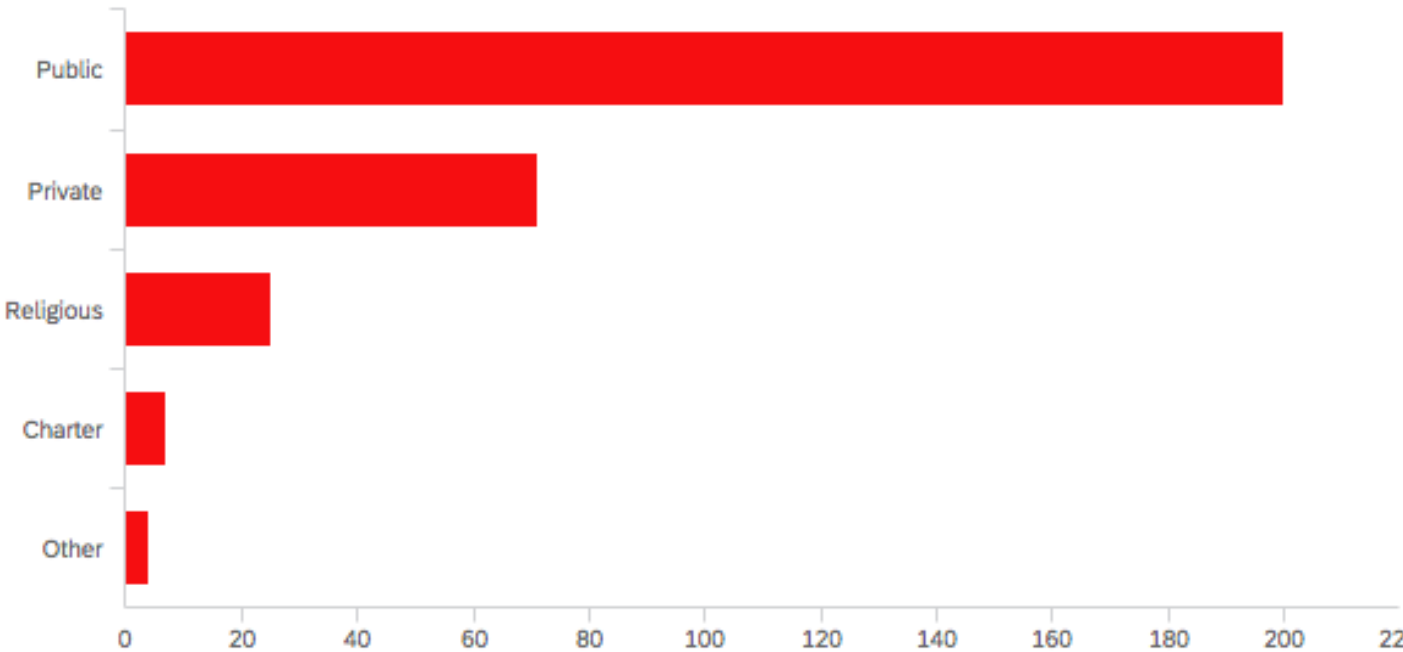
Entry Cohort	Count
First Year	654
Second Year	529
Third year	508
Fourth Year	510
Other - transfers, 5+ years, nondegree	120

Table 7: What is your class year?



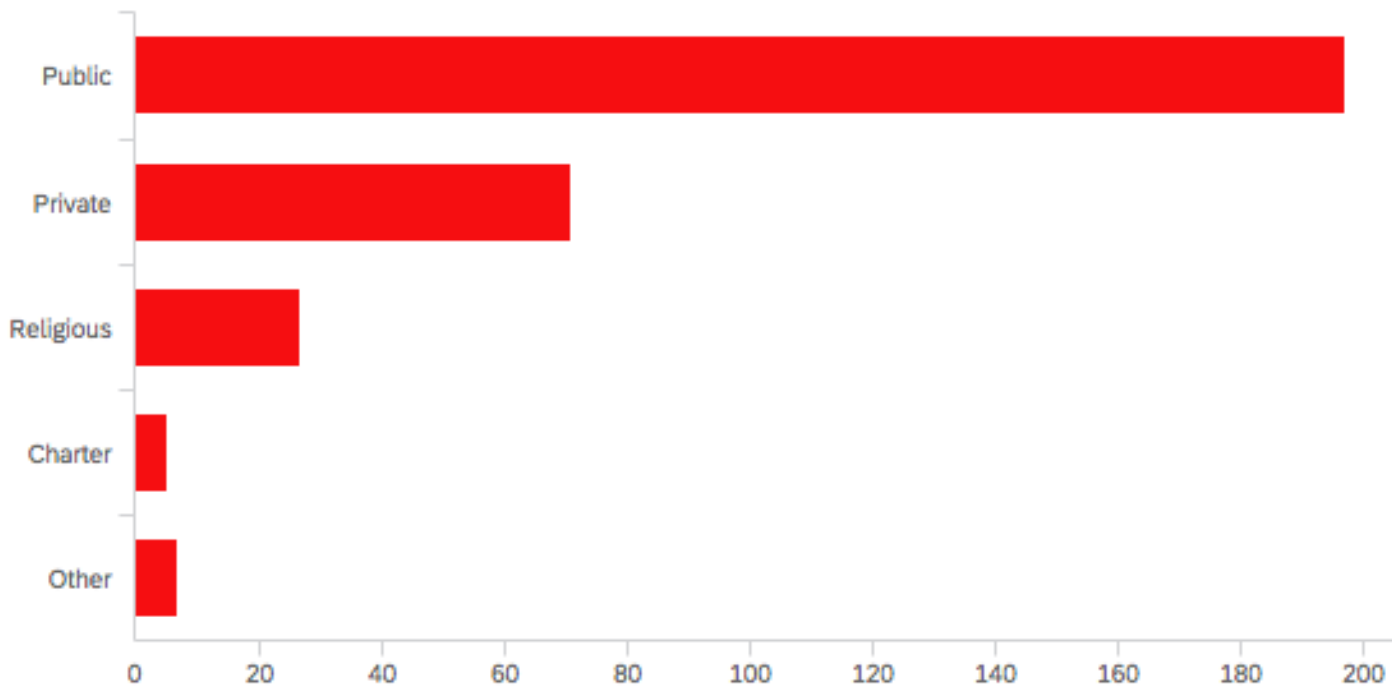
There was a semi-even division between the respondents from each class year. Although the senior respondents took the lead by about 7.49%, the rest of the split was relatively similar in number of responses. The percentages of respondents are as follows: 31.27% seniors, 23.78% juniors, 22.80% sophomores, and 22.15% were first years (freshman). The actual breakdown of class years according to the Director of Institutional Research, Dr. Barbara Wharton is as follows: 664 first years, 547 sophomores, 534 juniors, 567 seniors, and nine non degree. So, considering the breakdown of class years, the division in survey respondents is also representative of the larger student population.

Table 8: What type of middle school did you attend?



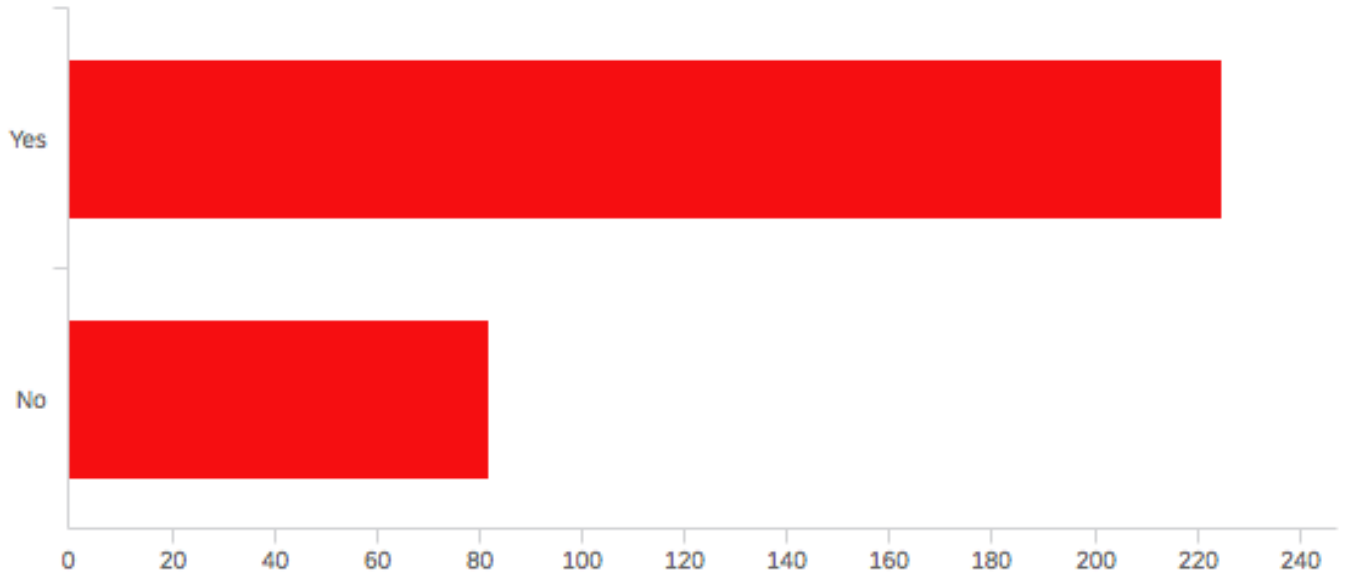
The number of respondents who went to a public middle school is significantly larger than any of the other types of educational institution. The breakdown of survey respondents who went to a variation of different types of middle schools is as follows: 65% public middle school, 23% private middle school, 8% religious middle school, 2% charter-style middle school, and 1% other type of middle school.

Table 9: What type of high school did you attend?



Similarly to the types of middle schools that the survey respondents attended, the number of respondents who went to a public high school is also significantly larger than any of the other types of educational institution. The breakdown of survey respondents who went to different types of high schools is as follows: 64% public high school, 23% private high school, 8% religious high school, 1% charter-style high school, and 2% other types of high schools.

Table 10: Did you have a sex education class/curriculum in your middle/ high school?

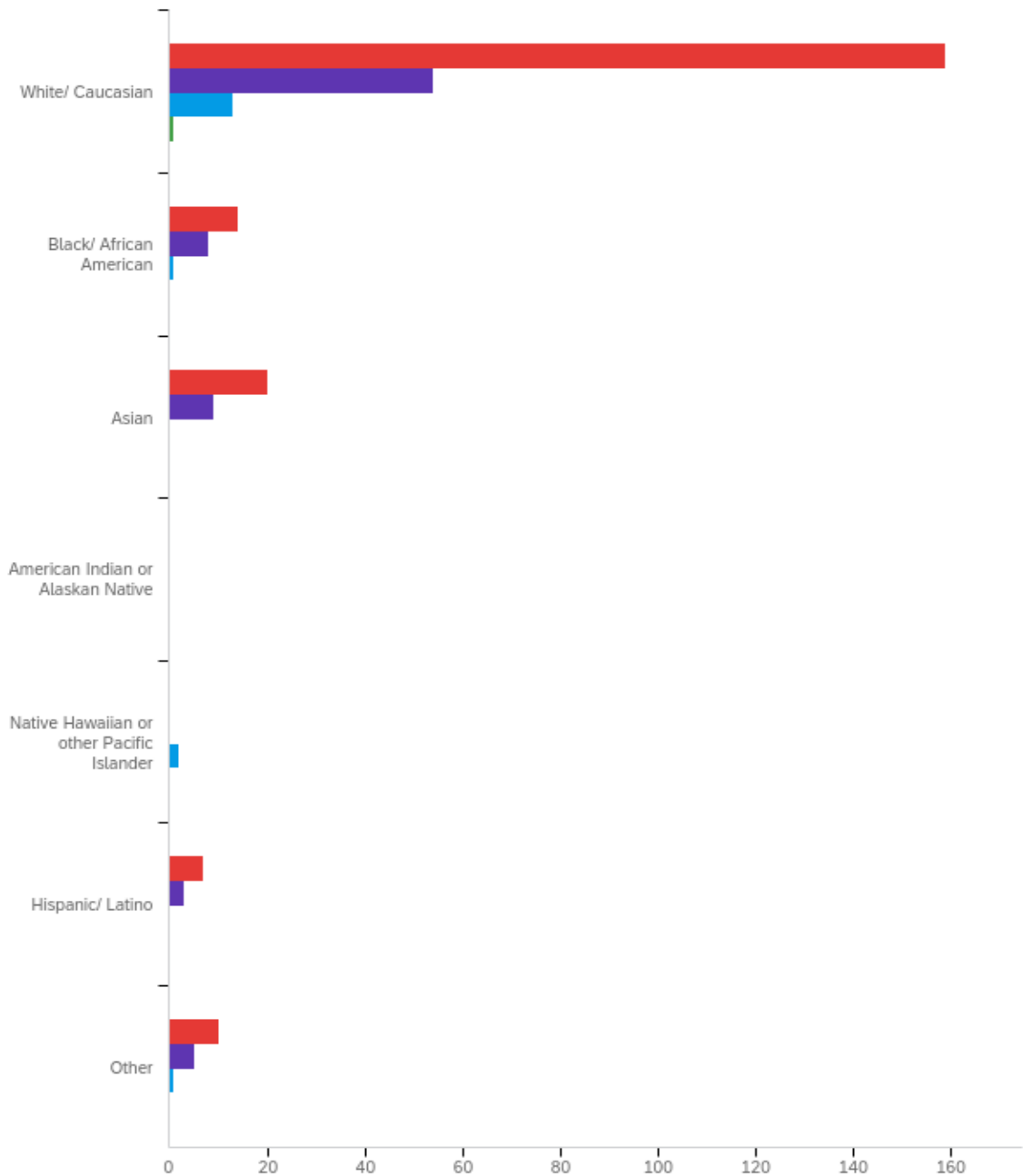


Out of all of the survey respondents, an overwhelming majority of respondents noted that their middle and/or high school had some form of sexual health education class or curriculum. However, this question does not deep dive into what this may mean for each respondent in connection to the specific level of education that they received. When asked to define comprehensive sex education in an open-ended question, over twenty participants responded some variation of, “I don’t know.” More than 73% of respondents self-reported that they did have a sex education course/curriculum in their middle and/or high school, while about 26% of respondents self-reported that they did not have a sex education course/curriculum in their middle and/or high school. One respondent noted, despite having sex ed in school, that when asked to define CSE: “I think of it as the opposite of abstinence. I didn't have it, but I'm imagining it as a healthy learning space where sex and sexuality are

taught like any other school subject.” This data table is imperative in further understanding the sexual literacies of Denison students.

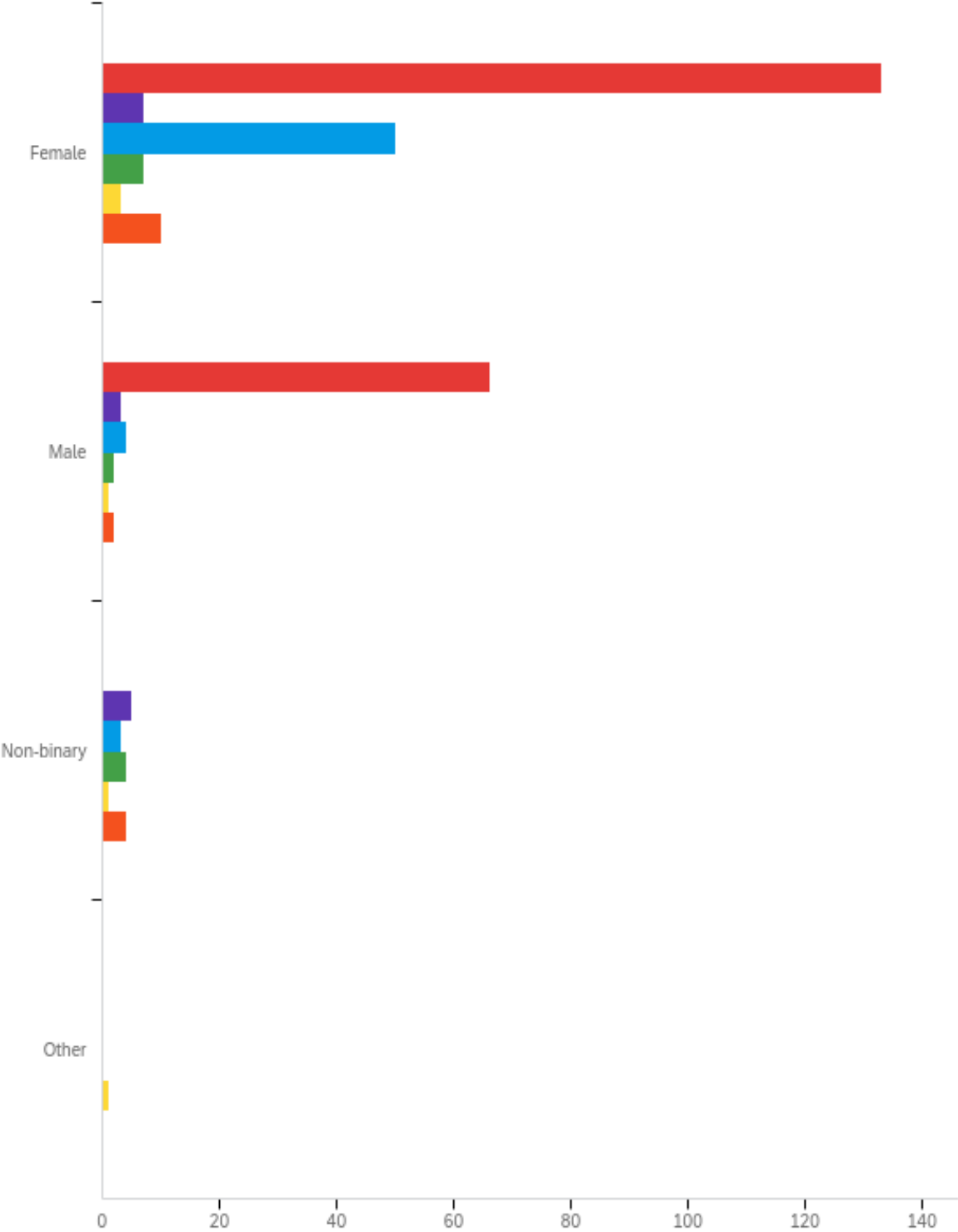
CROSS-TABULATIONS

Table 11: Cross-Tabulation of Respondents Race/Ethnicity and Gender



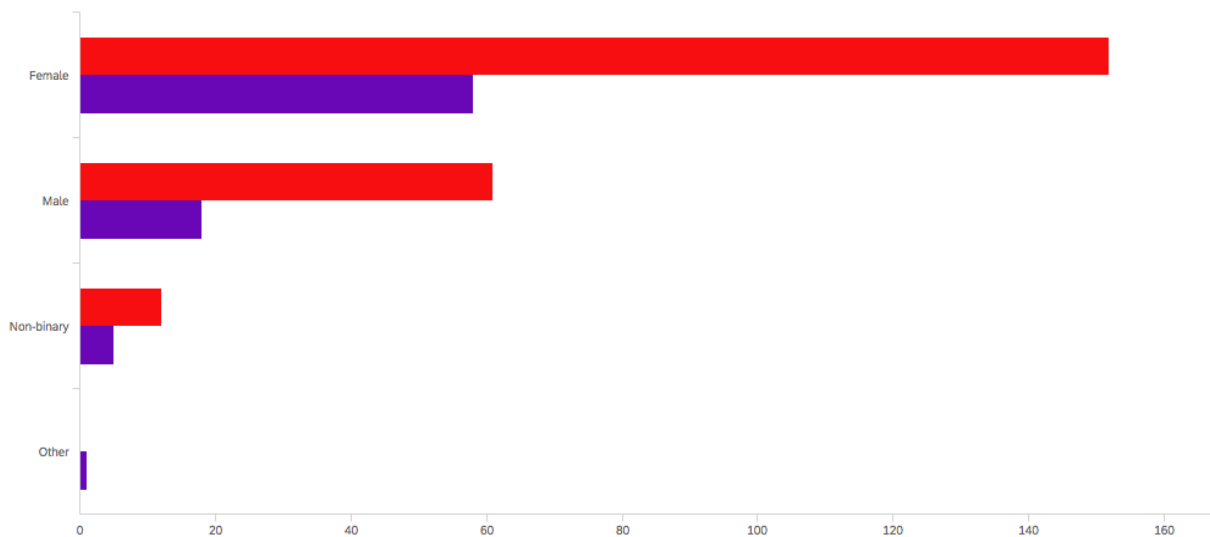
Majority of the respondents identified as female, and of those female respondents, most identified as the race/ethnicity of white (75%), followed by Asian (Table 1) (0.09%). For respondents who identified as male in Table 1, white was also the predominant race of the respondents, with a total of 79 male respondents and 54 of them selecting white (68%). Similarly to the female respondents, Asian was the next highest number for respondents, coming in at 9, or (11%) of male respondents. Table 1 suggests that this pattern of overwhelmingly white respondents holds true for the categories of non-binary and other as well. For the female and male identifying respondents, Black and African American identifying respondents were both the third largest number of responses.

Table 12: Cross-Tabulation of Respondents Gender and Sexual Orientation



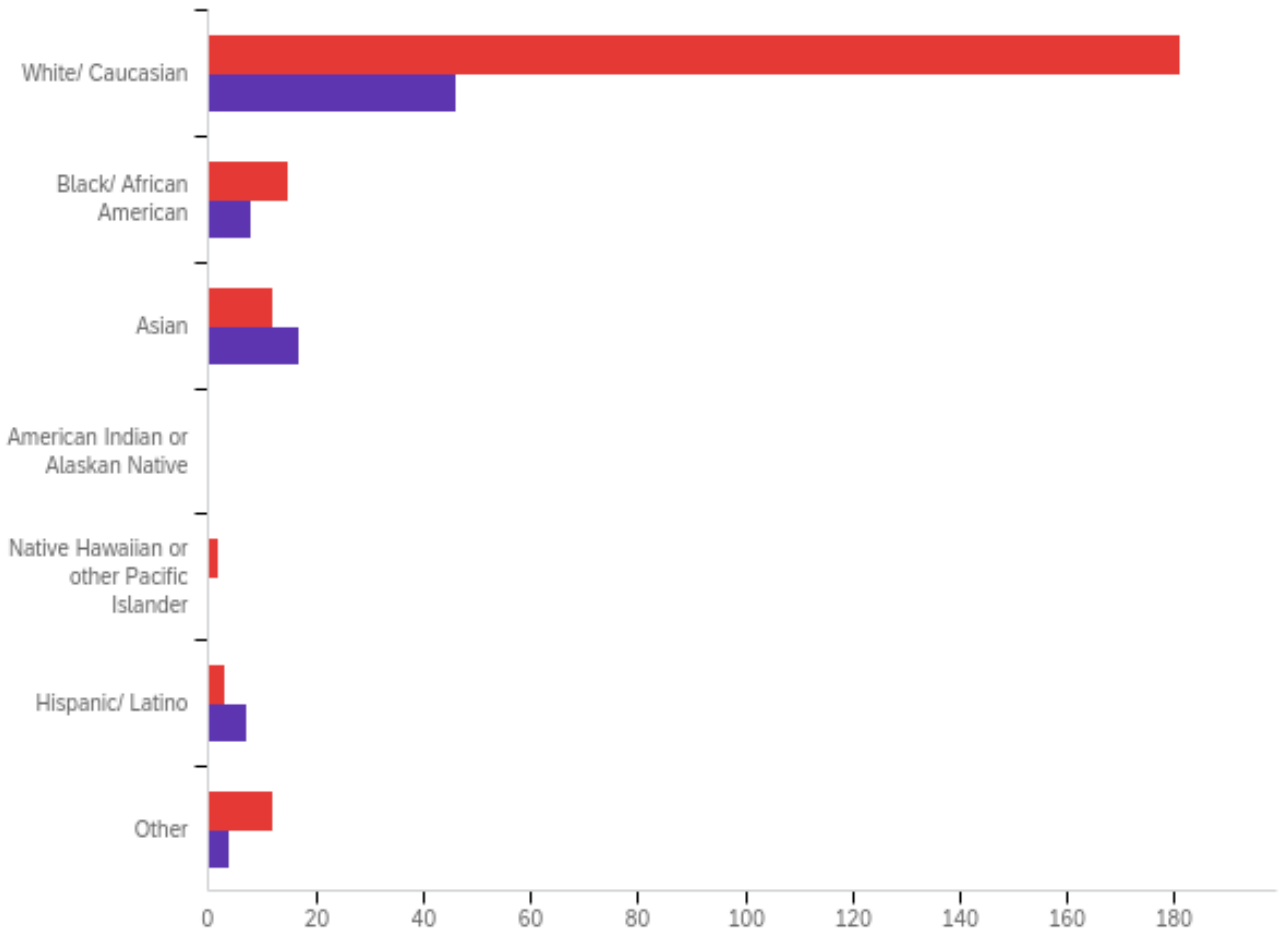
Among male and female identifying respondents, heterosexual/straight the most commonly reported sexuality. Female identifying respondents were over 63% straight/heterosexual identifying, while for males, the number was approximately 84%. There was more variety in responses for the female identifying respondents than the males, but not by much. While 23% of female respondents self-identified as bisexual as the next largest category, only 0.05% of males self-identified as bisexual. Individuals who identified their gender as nonbinary, although a smaller sub-group of respondents, had a wider variety in responses for their sexual orientation. For the survey respondents who identified as nonbinary, the most reported sexual orientation was gay/homosexual (29%), followed by pansexual and 'other' (both 23% of respondents), followed by bisexual with about 17% of the nonbinary respondents.

Table 13: Cross-Tabulation of Respondents Gender and 'Did you have a sex education class/curriculum in your middle/ high school?'



Regardless of gender identity, majority of respondents did have a sex education class/curriculum in their middle and/or high school. The breakdown of this for female, male, and non-binary respondents is all relatively even. For female identifying respondents, about 72% had a sex ed class or curriculum, while about 28% did not. The breakdown for male-identifying respondents was similar, with 77% of individuals responding yes, and about 23% responding no. And again, the responses from nonbinary individuals was a pretty even split between 70% yes and 30% no responses.

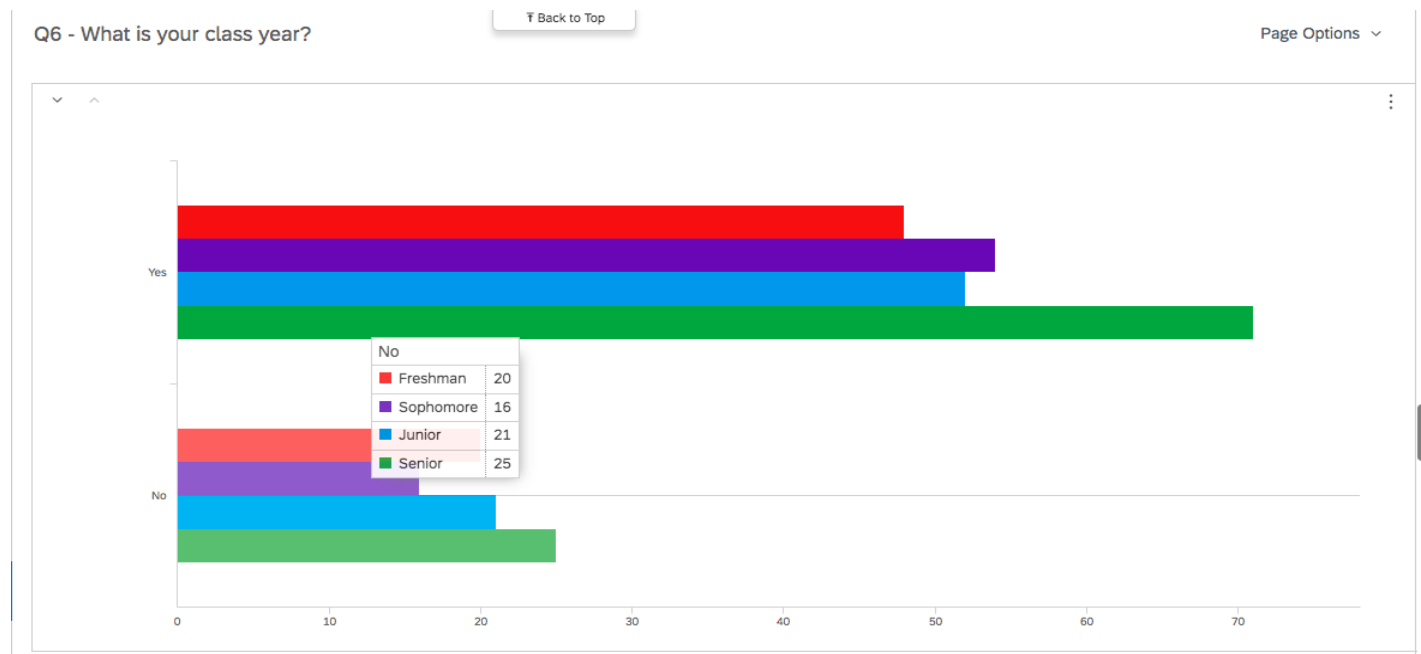
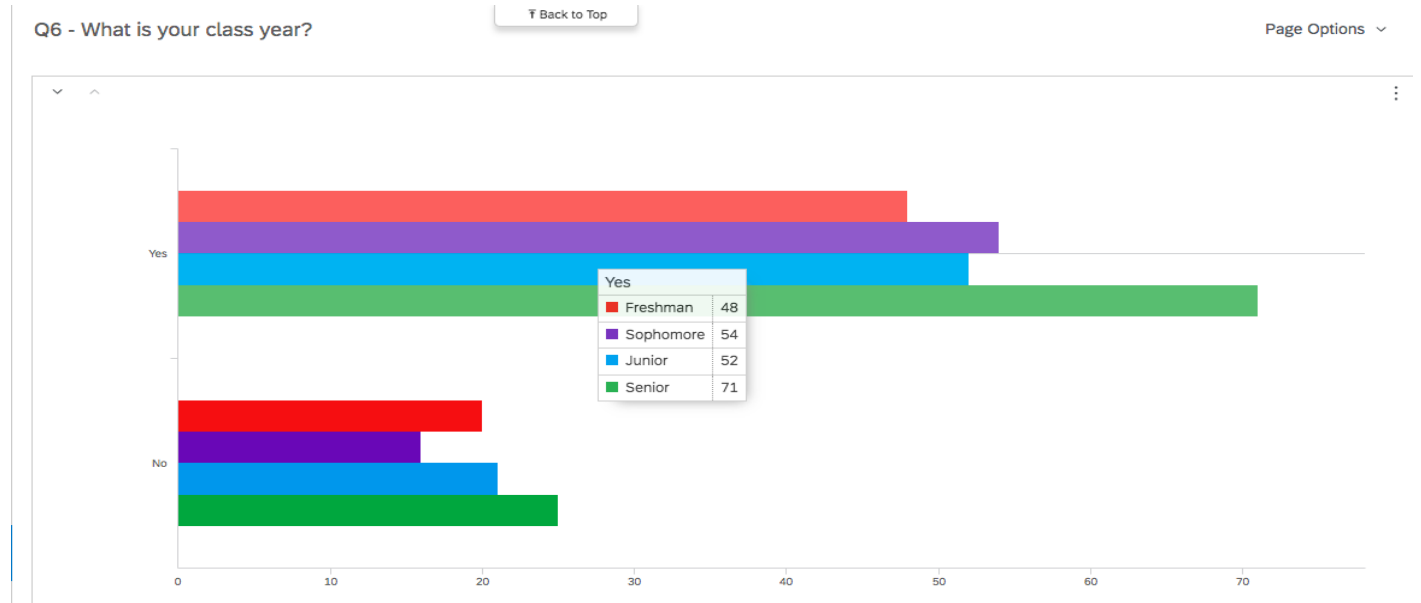
Table 14: Cross-Tabulation of Respondents Race/ Ethnicity and Did you have a sex education class/curriculum in your middle/ high school?



The racial/ethnic breakdown between whether or not the respondent had a sex education class/curriculum in their middle or high school is not dissimilar to the greater data collected from this survey. The breakdown of responses is interesting, as there is no consistent response between each race/ethnicity. For the White/Caucasian respondents, 79% reported that they did have a class or curriculum, while 21% did not. For the respondents who self-identified as Black/ African American about 65% of participants responded affirmatively to having a sex ed

course/curriculum, while 35% did not. The respondents who self-identified as Asian presented as one of two racial/ethnic groups that had more respondents who did not receive sexual health education, than those who did (58% did not have sex ed, while 42% did). As for the respondents who self-reported as Hispanic or Latino, this was another group of respondents where more individuals did not have sex education (70% of respondents did not have sex ed, while 30% did). The last applicable category for this table includes the individuals who identified themselves as 'other' than any of the racial/ethnic identities listed within the survey. For the group titled, 'other,' 75% of the respondents noted that they did have a sex ed course/curriculum, while 25% of the respondents said they did not. Although this data is very interesting, and is applicable to the research, generalizable assumptions cannot be made about the respondents solely from this specific data table.

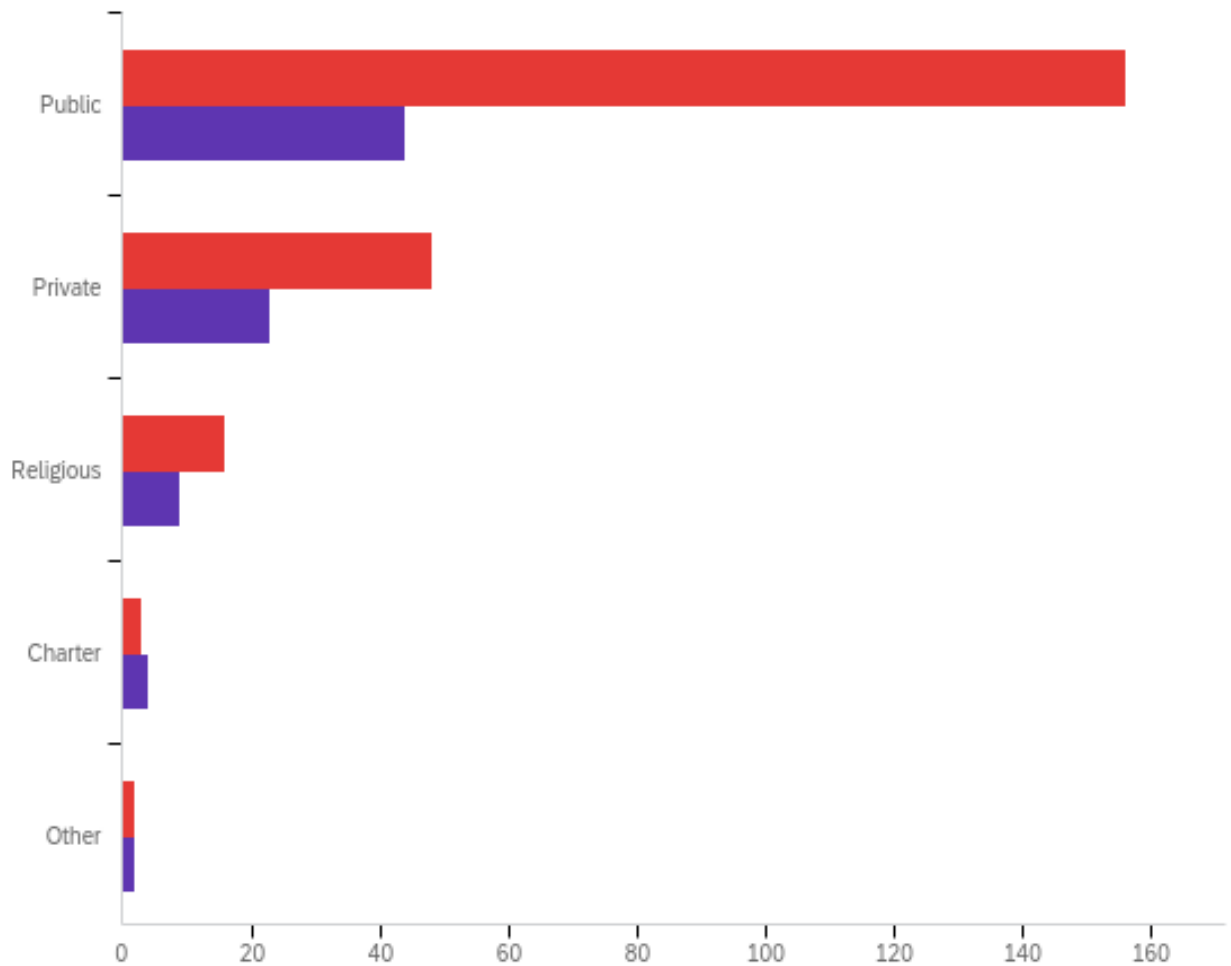
Table 15: Cross-Tabulation of Respondents Class Year and ‘Did you have a sex education class/curriculum in your middle/ high school?’



For this category between the division of class year and sex education access in school, over half of the respondents answered yes to having a sex education course/curriculum in middle and/or high school. While seniors had the highest response rate for having a sex

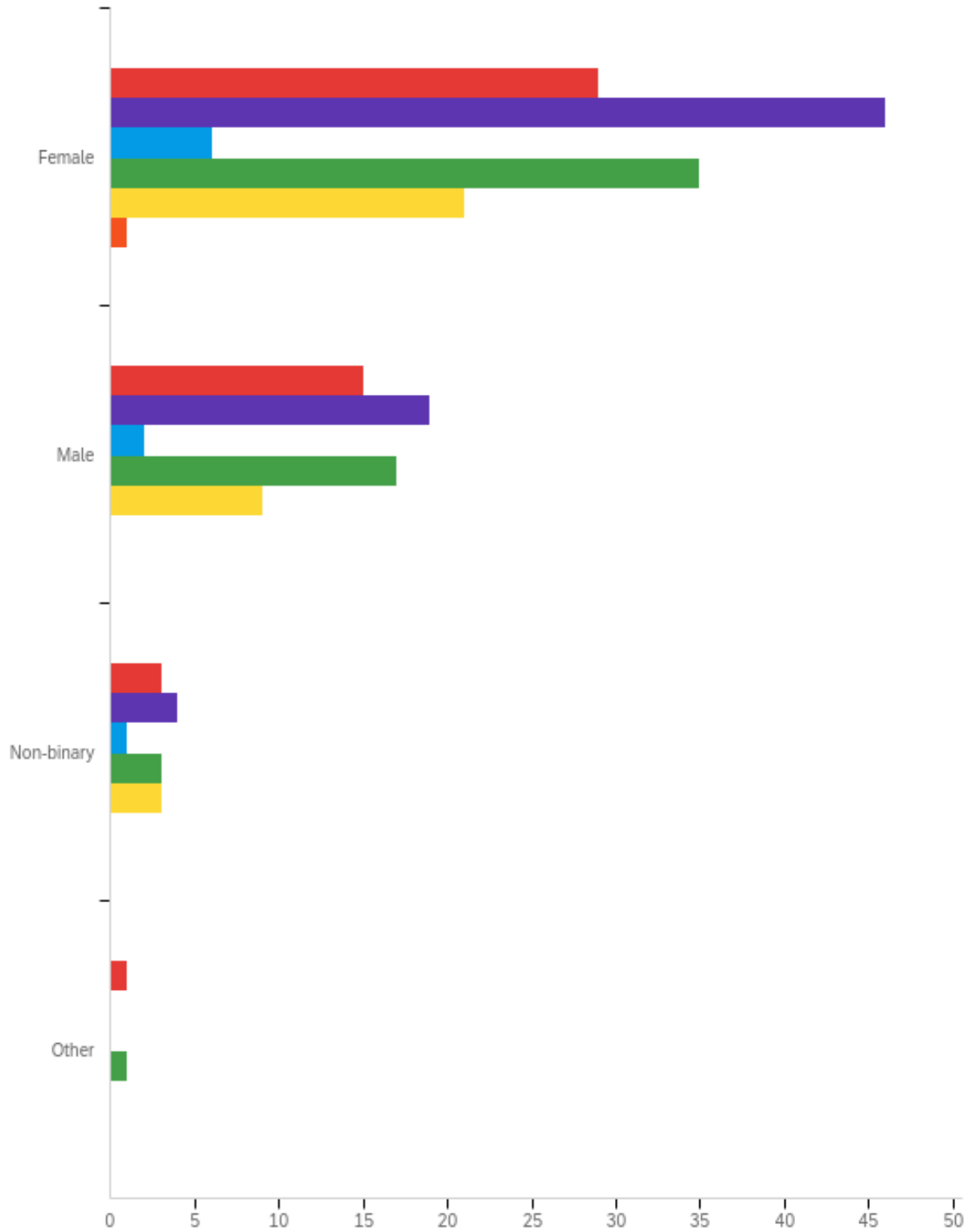
education class/curriculum in their middle/ high school, they also had the highest response rate for not having a sex education class/curriculum in their middle/ high school. The responses for “yes” are all within a range of approximately 20 responses – so there is not too much variation. The same can be said for the “no” responses, as the range for those is only as great as a difference of ten. Also, because more seniors responded to the survey, there is more information on that pool of respondents.

Table 16: Cross-Tabulation of Respondents Type of High School and ‘Did you have a sex education class/curriculum in your middle/ high school?’



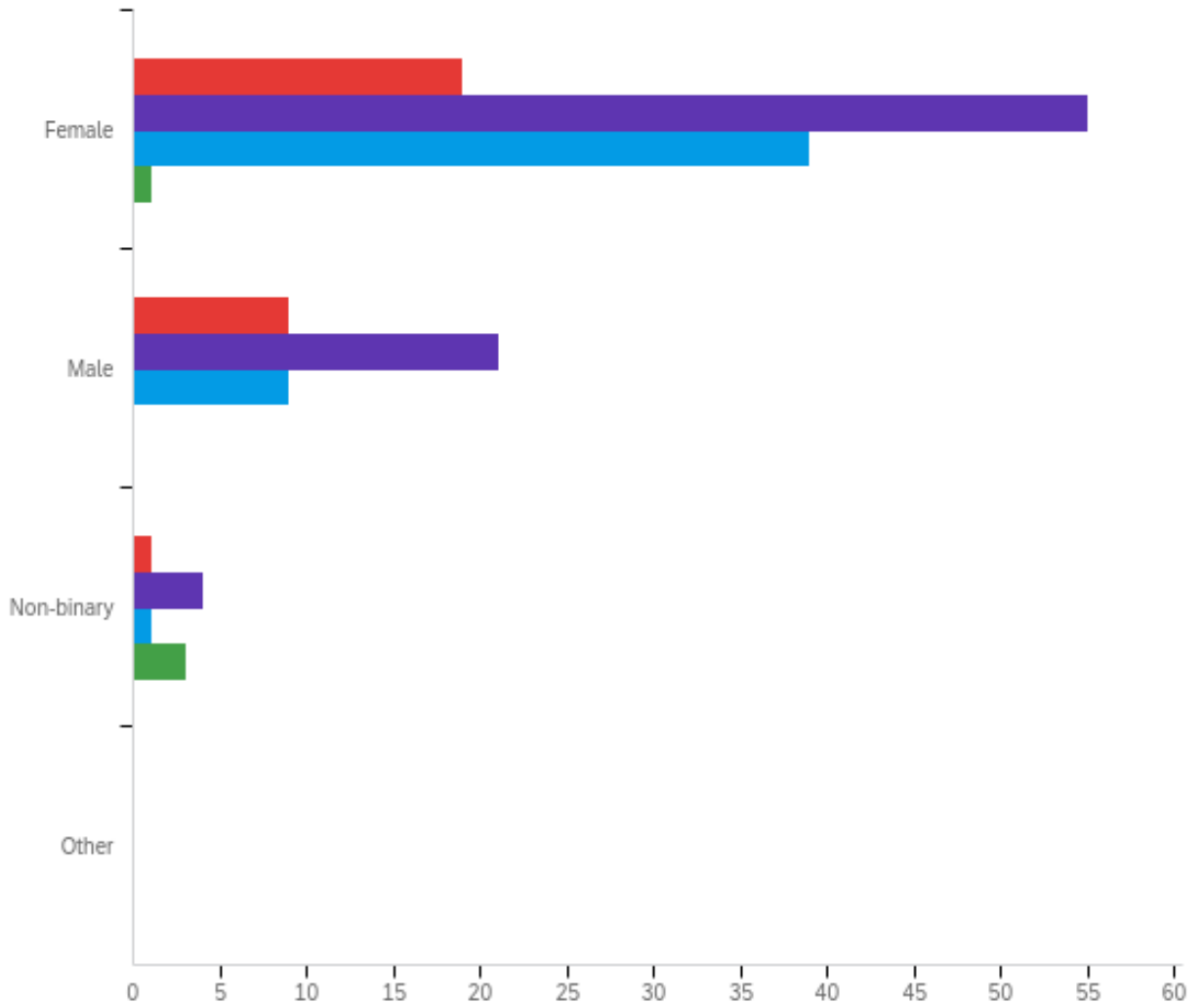
The differences in respondents type of high school cross-tabulated with whether or not they had a sex education class/curriculum was another interesting category. For almost all of the different types of schools, the overwhelming response was affirmative towards having a class or curriculum dedicated to sexual health and/ or wellbeing. For the individuals who responded that they attended public schools over 77% said they had a sex ed class or curriculum, while 22% did not. For the respondents who responded that they went to a private high school, about 73% noted that they did have a sex ed class/curriculum, while only 26% noted that they did not. The differentiation of respondents who went to religious high schools was a more even split between the respondents. About 51% of respondents who self-reported attending a religious high school said they did have a sex ed course/curriculum while 48% did not. The breakdown between respondents who self-reported that they went to charter high schools, or other types of educational institutions had much fewer respondents in general, so the divide between responses was relatively even for both 'yes' and 'no'.

Table 17: Cross-Tabulation of Respondents Gender and 'Where should young students be taught about sex and sex education?'



The breakdown between respondents' gender, and where they think that students should be informed about topics of sex/ sex education has some interesting diversity in responses. The location options for where students should/could be taught were pre-selected by the researcher. Across the respondents who identify as female, male, and nonbinary, the most selected response for where young students should be educated was "school/formal education." For female respondents, the next most selected category was "doctor/health care provider," with a total of 25% of respondents selecting this option. This was reciprocated within the category of male respondents as well, with 27% of respondents choosing "doctor/health care provider." For the self-identified nonbinary respondents, although "school/formal education" was the most selected category, three other categories ("home/parents," "doctor/health care provider," and self-education) were tied as the next most selected category for where young students should be taught about topics regarding sex and sex education. For all three genders, "school/formal education," "home/parents," and "doctor/health care provider" were chosen as the top three places where respondents noted that they believed students should learn about topics of sex and sex education.

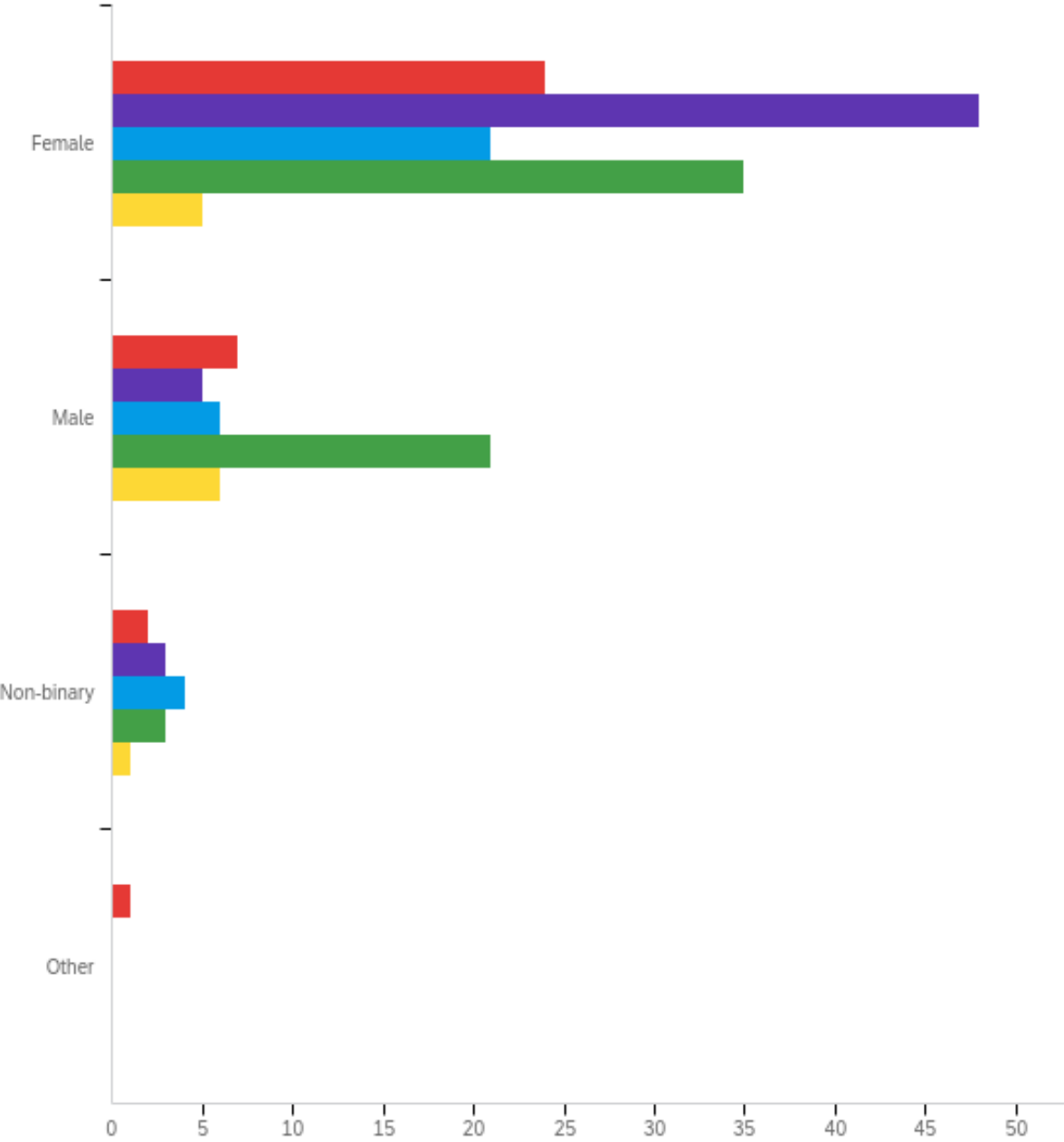
Table 18: Cross-Tabulation of Respondents Gender and ‘How would you describe your experience in your middle/high school sex education course?’



The responses for the cross-tabulation of respondent’s gender and the numerical ranking in which they would “grade” their middle and/or high school sex education have some variation. The majority of female, male, and nonbinary identifying respondents reported that their middle and/or high school sex ed class/curriculum was moderately informative (48% of female, 53% of male, and 36% of nonbinary respondents). However, for the female identifying respondents, the next most selected category, by more than 18%, was uninformative, which

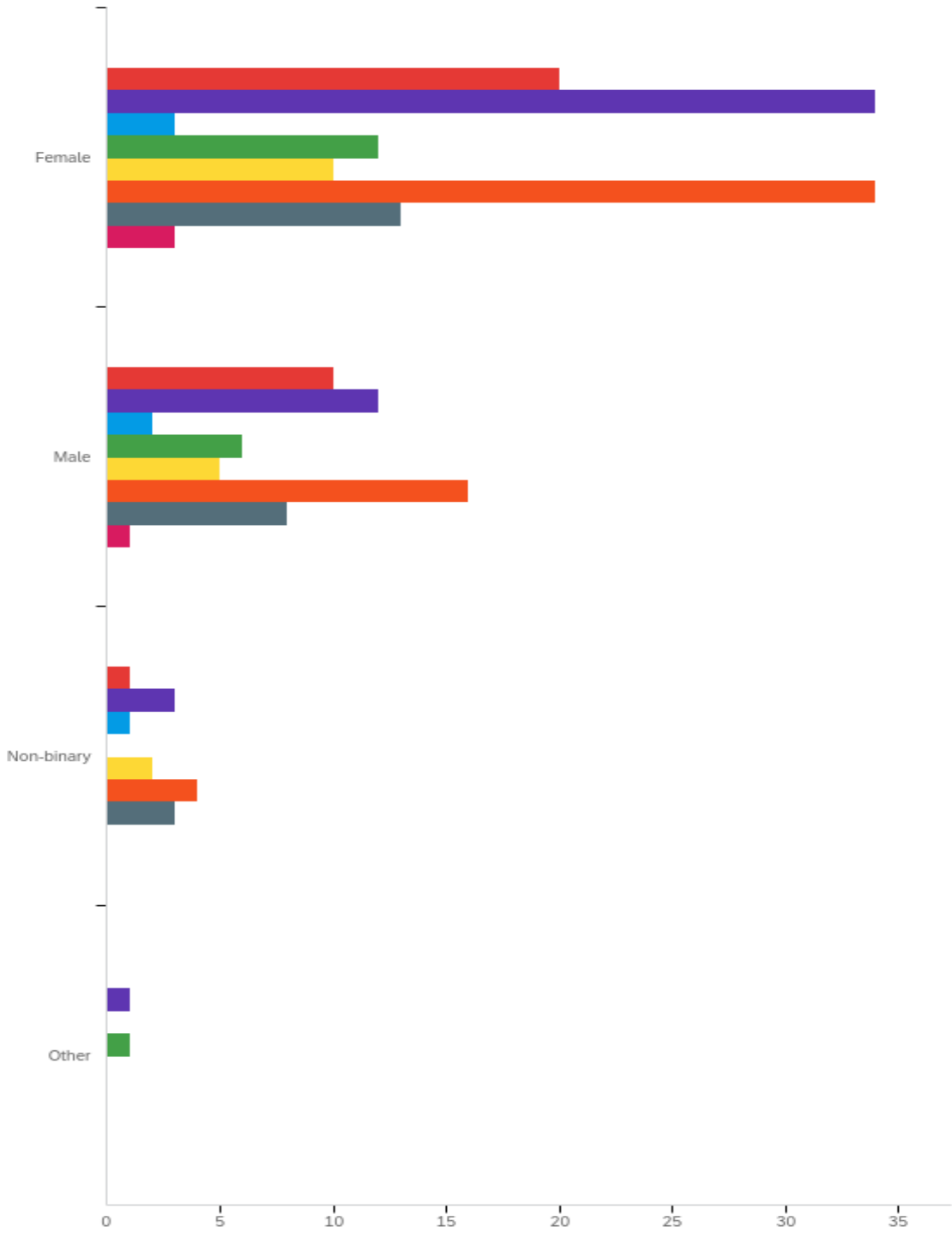
differs from the statistics of the other two gender identities. For the male identifying respondents, the next most commonly selected options were tied between informative and uninformative, both of them having 23% of the respondent's votes. For the individuals who self-reported their gender identity as nonbinary, their second most reported category was 'other,' with 27% of respondents selecting this category. These responses are interesting, primarily because sex education classes within public schools are more widely recognized for their heteronormative, cisgendered content – which may be reflected within the results from this table.

Table 19: Cross-Tabulation of Respondents Gender and ‘On a scale of 1-5 how well did your formal sex education course/curriculum prepare you for understanding your peers, yourself, relationships & sex? (1: not at all prepared, had a lot to learn still, 5: perfectly -- I felt there was nothing else I needed to know!’



This table reflects the responses from the individuals who had a sex education class/curriculum in their high school middle school. The color red correlates to the number one (students who responded they felt not at all prepared), scaling all the way to yellow, correlating to the number five (as in students who felt well-prepared). There is a stark difference in the number of female respondents who felt ill or underprepared to enter college, pertaining to topics from their formal sex education course/curriculum regarding their understanding peers, them self, relationships & sex – compared to the male respondents. While 36% of females responded that they felt “not very well but somewhat prepared,” 46% of the male respondents reported that they felt “decently prepared” to enter college, pertaining to topics surrounding their understanding peers, them self, relationships & sex. For the nonbinary respondents, the largest percentage of respondents reported feeling neutral, “neither prepared nor unprepared.” These statistics are interesting to further analyze why there may be such a variance in responses from each gender.

Table 20: Cross-Tabulation of Respondents Gender and ‘Since you did not learn about topics surrounding sexual health and well-being in school, where did you get information about them?’



The cross-tabulation from this table is different from the others highlighted in this report, as this table shows the individuals who did not receive sex education in their middle/high school schooling experiences. The options for the question “Since you did not learn about topics surrounding sexual health and well-being in school, where did you get information about them?” included: family (red), friends & peers (purple), religious institutions (blue), books/library (green), medical professionals (yellow), internet resources (orange), pornography (grey), and other (pink). For the categories of male, female, and nonbinary – friends and peers, as well as internet resources were the predominant sources for the respondents to understand topics surrounding sex and sex education. Although, regardless of gender identity, respondents did acknowledge that family and pornography were two other major resources for themselves to receive information surrounding topics of sex and sex education, and alike. For the individuals who self-identified their gender identity as “other” and did not have a sex ed class, the only two places where they reported gathering information were friends and peers, as well as books/library.

Discussion

There is a reasonable amount of data and existing literature regarding opinions on whether sex education has a purpose in public schools and, the level of information that students should receive. The literature review for this research project highlighted an overwhelming amount of support for sex education to be a required course in public school education. According to a report published by the American Civil Liberties Union, only 5% of students within the United States receive comprehensive sexuality education. This statistic is

interesting because, according to the CDC, more than 95 percent of all teenagers in the U.S. receive some “formal” sexuality education before they turn 18 (Martinez, Abma, & Copen, 2010).

Although this number *is* statistically significant, each individual’s level of education differs depending on state and city legislature. Since there is no nationally agreed upon standard for the appropriate level of information that an individual should receive, tracking the ‘levels’ of sex education, and the efficacy of the education that public schools provide is difficult. So while some students may be learning the intricacies of puberty, navigating healthy relationships, birth control options, and so on, others may still have “sex education” class, but only receive information on how to avoid teen pregnancy through abstinence.

The data collected through this research project is representative of national statistics, as 225 out of 307 (73.29%) survey respondents reported that they did have a sex ed class or curriculum in their middle/ high school. Although most respondents *did* have some type of class or curriculum in their middle/high school, because of the broadness of the question, the specific level of education that the individual received cannot be deduced from the individual question. In fact, it is important to note that looking at the quantitative data from the survey, it would appear that overall, Denison students were satisfied with the sexual health education they received in middle/high school – however, when observing the qualitative short response questions, individuals generally responded that their education was primarily unsatisfactory. For the purpose of this research project, and the large number of data collected, the central focus was informed more heavily by the understanding of how the respondents’ gender interacted with their middle/ school sex education experiences, or lack thereof. A vast majority

of the survey respondents (68%) self-reported their gender as female, which may be correlated to the greater student population at Denison, comprised of more female students than males. The survey responses for female, male, and nonbinary participants are not generalizable into one unified response. However, it can be observed that many of the male respondents, felt generally satisfied with the level of sex education that they received in middle/ high school, while the same could not be said for the female or nonbinary respondents. This is evident from the data shown in Table 19, where there is little diversity in responses from categories other than female. There has been an assortment of research studies that confirm how students with different gender identities view and experience sex education classes differently (Hilton, 2007; Measor, 2007; Somers & Surmann, 2004).

Further dissecting respondent demographics, the cross-tabulation between participants race/ethnicity and 'did you have a sex education class/curriculum in your middle/ high school?' (Table 14) is important to analyze. This cross-tabulation was interesting in the depth of responses, compared to other categories. The only racial/ethnic groupings that responded negatively to having sex ed in school were the Asian and Hispanic/Latino respondents. For White/Caucasian, Black/African American, Native Hawaiian or other Pacific Islander, as well as 'other' categories, the predominant number of respondents reported having a sex education class/curriculum in their middle and/or high school. It remains important to note that as significant as these statistics are, they are not wholly representative of the individual respondent's experience, nor the racial/ethnic groups collective experience. In working to further understand why these differences may be present, the literature is unhelpful. There are very few resources regarding students of color and access to sexual health education, and the

literature that was reviewed was primarily conducted outside of the United States. As outlined in research study conducted by Dr. Whitten and Dr. Sethna (2013), there is a clear and blatant deficiency of anti-racist efforts in sex education for young students. Although this study does not completely correlate to Table 14, they are linked in relation to the recognition that race/ethnicity may play a role in the level of sexual health education a student receives.

The data collected within the survey was broadly representative of the greater national data regarding public opinion and perspectives on sex education in schools. It was clear, through the survey responses that those who participated were able to recognize the significance of sex education as a subject within educational institutions (Van Vliet & Raby, 2008). As highlighted in the review of relevant literature, collecting data regarding the efficacy of ones' sex ed course is quite difficult. This difficulty was also present in the data collection for senior research. Although a plethora of questions were asked of the respondents, it is still challenging to measure the outcomes of one's sex education class in terms of longitudinal efficacy. Table 18 represents the cross-tabulation between the respondent's gender and the numerical ranking in which they would "grade" their middle and/or high school sex education class/curriculum. This table presented a clear difference in the gendered experiences of the respondents' opinions regarding how informative their sex ed course/curriculum was. Although the majority of female respondents who had a sex ed class reported that it was moderately informative (48%), the second most common response was uninformative – which was not reciprocated in the categories of male and nonbinary.

Ultimately, the Denison University students that participated in the survey responded affirmatively to having some form of sex education in their middle and/ or high school. Further

sifting through the comments and short response questions, it becomes apparent that although a majority of respondents had some form of education, that does not equate to preparedness surrounding subjects such as their peers, them self, relationships, and sex (Table 19). When asked about topics that respondents wished they had learned more about during their education, the participants had a lot to offer. While the male identifying respondents predominantly answered 'no,' there were still a handful of more detailed responses. For female and nonbinary respondents,' there were a lot more written-out answers. Although the participants of the survey all understood the baseline purpose of sex education, many were unfamiliar with the expansiveness that CSE holds. Regardless of the respondent's gender, the vast majority acknowledged that they believe school, and/ or a formal education is the best place for young students to receive sex education. The combination of quantitative and qualitative survey responses works in collaboration to emphasize the importance of sex education, and how problematic the absence of this content can be for young people. Denison should act as a resource for accessible and comprehensive sexual health education for all its' students, incoming, and current.

Limitations

There were many limitations within this research study. The first limitation stems from the quantitative demographic questions. There were survey respondents that noted they were disappointed that there was no biracial, or multiracial option to select for the question of: What race/ethnicity do you identify as? This was a limitation because this lack of representation may have deterred potential respondents from participating in the survey and was a potentially

inaccurate representation of respondent demographics. Another potential limitation of the demographic survey questions included that there was no question inquiring upon the respondent's socioeconomic status (SES). This is included as a potential limitation because SES is often linked with a student's school district, further correlating with the quality of education that they receive. Students that come from families of lower SES statuses more often receive lower quality sexual health education, if any (Atkins, Sulik, Hart, et. al, 2012). Both of these potential limitations should be addressed and acknowledged.

The next possible limitation from the study includes an error from the online survey database used. The software company, Qualtrics was utilized to make the survey and collect the data. For approximately the first 20 respondents, the software was malfunctioning and was asking them to repeatedly answer some questions, while simultaneously skipping others. Although this only happened to a select few respondents, it is still worth noting as a limitation. This software error could have potentially skewed the results and some of the data. Because of the wide range of responses recorded, this limitation is acknowledged, but no further action was taken.

A third potential limitation found within this research study includes the specificity of the subject matter. Because the research project is only focusing on Denison University students, the data cannot and should not be generalized to reflect the greater local or national standards. The purpose of this research was centered around Denison University students specifically, but this should still be acknowledged as a potential limitation.

The fourth limitation that should be acknowledged from the research study is the time constraint. Because this senior research was the length of one academic year – the project had to be conducted and analyzed in a limited time frame. Since the data was only collected in one semester, that may have potentially limited the number of individuals who took part in the survey, and had it been open for longer, the number of respondents may have increased. Despite the shorter time frame of the survey, there was still a sufficient number of respondents in order to analyze a wider pool of data. Although, because of this, there was such a wide scope of data that it was difficult to sort through it all. The survey responses were a mix of qualitative and quantitative data, so sorting through 300+ written responses in under a semester was extremely difficult. This limitation is significant because had this project been extended over a longer period of time, there may have been opportunities for a more comprehensive report and data analysis period.

The last potential limitation for this senior research project includes the researchers' possible biases, implicit and explicit. This topic is commonly recognized as a point of contention, and disagreement. Because the researcher holds a specific stance on the topic, it may be challenging at times, to remove the personal from the research, and remain a neutral figure in the process. As the researcher, a large part of the reason in which I am conducting this project is informed by the beliefs and opinions that I hold relating to information regarding sexual health and wellness as well as accessible education. This limitation is important to consider, as the research should not come from a place of bias or preconceived ideas.

All of these limitations are important to acknowledge and address. Most of the limitations outlined could not be overcome through the methods utilized. Although, a few of the limitations outlined could possibly be addressed through further research. Despite these limitations, the study should still be recognized as ethically and academically valid because of its acceptance through the IRB process, approval by research advisors, and integrity within the research process.

Conclusion

Ultimately, sex education is a topic that has been, and will continue to be debated for years to come. Despite the large number of research studies and scholarly articles reiterating the efficacy of comprehensive sexual health education, individuals still doubt the legitimacy of providing youth with a course that has a surplus of information. The basis of this research project was informed by the lack of information on Denison University students' sexual literacies. Because there is no nationally mandated curriculum for sexual health education in public schools within the United States, students attending a university from in and out of state are not likely to have the same level of knowledge pertaining to issues such as sex and sexual health. It is imperative that the university administration recognizes the importance that topics included in a CSE curriculum have on their students. The findings from this research project, as detailed in the discussion section, are generally reflective of the national population as well. According to the Center for Disease Control, more than 95 percent of all teenagers in the U.S. receive some "formal" sexuality education before they turn 18 (Martinez, Abma, & Copen, 2010).

This statistic from the CDC was reflected in the schooling experiences of Denison students as well, as 73% of respondents reported having some sort of sex education class or curriculum in their middle and/or high school. However, in order to better understand the specific level of education that students received; the data should not be observed from a solely quantitative perspective. In analyzing the data, quantitative, and qualitative, it was clear to the researcher that just because respondents reported having a sex ed class/curriculum, that does not equate to satisfaction and understanding of the material. In fact, when asked to define comprehensive sex education (Question 10), many of the respondents had extreme difficulty in constructing a response. Some of the relevant responses to the question of defining CSE include:

“Well, I think of it as the opposite of abstinence. I didn't have it, but I'm imagining it as a healthy learning space where sex and sexuality are taught like any other school subject.”

“Something that is mandatory that teaches about sexual education to help prevent biases and behaviors.”

“Sex education that transcends binaries of gender and sexual orientation in order to make everyone feel valid and included. Teaching everyone about everything, not splitting up genders. Teaching the complexities of consent and the importance of consent. The beauty of sex!!”

Although there were a few responses that stood out, the vast majority of respondents were stuck when trying to answer this question. Many respondents either tried to explain what they learned in their class/curriculum, list the topics they believe should be taught in CSE, (i.e. birth control, sex, etc.), or generally responded that they did not know/ understand what CSE is. Although this is one survey question, the plethora of confused and misguided responses should

be recognized as a lack of understanding, and therefore – the need for better, or at least a baseline understanding of topics surrounding sex and sexual health education when they arrive at college.

With all of this information in mind, it is still important to consider the services and programs that Denison already provides for students. Whisler Hall, the current wellness center of Denison University offers these select services listed under the category of “Sexual Health and Wellness” on the Denison website: Annual exams for men and women, Testing and care for infections and sexually transmitted diseases, Support and information for negotiating safer sex and choosing abstinence, Free condoms and dental dams, HIV testing, information, and counseling, Assistance in choosing and prescribing contraceptive methods, Refills on birth control prescriptions, Emergency contraceptive pills (the “morning-after pill”), Care and support for women with menstrual problems, Pregnancy testing and options, counseling, and referrals, Pelvic exams and Pap smears, Breast health information and exams, Gardasil vaccinations, GYN referral as needed, Information and care for gay, lesbian, and bisexual health concerns (<https://denison.edu/campus/health/sexual-health-wellness>). Additionally, at the bottom of the page there is a statement and website link stating: “All medical care is kept strictly confidential and is not released to family, friends or administration without your written authorization. We offer a number of programs to support your healthy sexuality” (<https://denison.edu/campus/health/healthy-sexuality>).

While this appears to be an all-inclusive approach to sexual health on campus, this is not reflected in the administrative way that resources are allocated. All Whisler employees are highly qualified, but none of the staff specialize in topics surrounding sexual health and

wellness. For the number of individuals on Denison's campus who have vaginas, there are two nurse practitioners that have gynecological experience. The services highlighted above are not advertised, and the cost is not clear. The wellness center does the best they can with the resources they are allocated, although, it is not much. Denison students have made many strides in providing the campus with opportunities surrounding sexual health and wellness. There are clubs and organizations that advocate for sexual respect, sexual pleasure, reproductive rights and justice, and beyond. In fact, it would be a disservice not to mention the newly implemented Peer Sex Educators (PSE) on Denison's campus. Although the methods of providing education have shifted, the goal has remained the same – the PSE's are a collective of students who go into first year advising circles to present basic information regarding sex and sexual health. However, it is not required for professors to have the PSE's present. In 2021, the PSE's first year as an active organization, they only went to 30% of the advising circles on campus, suggesting that the majority of professors do not see this opportunity as vital to students' well-being.

Those who fight for students' sexual health and wellness are essential advocates on campus, but this is not enough. Denison *must* provide incoming freshman with required opportunities for sex education. One survey respondent noted that, "Based on what I have seen from running/being a part of IMP [It's My Pleasure: Denison's first comprehensive, inclusive and non-judgmental sexual health magazine], most students on this campus are very unaware of all things sex. This is a trend that is not just in US students but international students as well!!! My health teacher in high school told me that it was not his job to teach us things that

our parents should be teaching us about.” The data from this project has exhibited, that although students may have had some form of sex education in middle/ high school, and despite the unexceptional resources Denison offers – there is a need for more explicit, and comprehensive sexual health education on campus. With the construction of the new Ann and Thomas Hoaglin Wellness Center, Denison is provided with the perfect opportunity to capitalize on the possibility of creating more options for sexual health and wellness education for incoming and current students.

Future Research

If there were to be future research conducted for this project, it would likely include the in-depth coding and analyzation of the qualitative survey responses. Because of time constraints, and the large number of short response questions, there was not enough time for the researcher to read and analyze each answer. Additionally, because Denison University graduates and welcomes new students each year, there may be a variation in responses, so it would be interesting to shorten the survey and ensure it is conducted annually, so that the services offered are continually reflective of the campus communities health related needs. There is much research to be conducted on this topic, which will be applicable for years to come.

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Appendices

Appendix A: Subject Interview Transcripts

Interview Transcript #1

Nonbinary, Sophomore, Yes to sex ed – but not very well prepared

E: Okay, now I will start asking the questions. So, I believe that I already have some of these answers as you typed them up on the online survey responses, but I find that subject interview, person-to-person communication can sometimes be a little bit more thoughtful and responsive than typing. So if you see that some of the questions are repeated, just, don't worry about it. So ya, to begin I'm just going to ask you what year did you graduate from high school?

K: 2020, it was quite a fun graduation.

E: Yeah, what a challenging year to graduate highschool.

K: Yeah challenging is one way to put it.

E: Haha, definitely. And then, the next question I have for you is how would you define comprehensive sex education?

K: Um, so I would say comprehensive sex education would give students information not just about heterosexual sex, but sex between any and all genders. And then also about the reproductive systems of the sexes and not just exclusive to like ... people assigned female at birth are given information about the reproductive systems of people assigned female at birth, it gives information about *all* reproductive systems. Methods of safe sex, methods for treatments of STDs, how to go about getting treatment for STDs, um, i'm trying to think of anything else. I think, and, oh – sexual violence. Giving resources on reporting sexual violence, what is sexual violence, what is relationship violence, like, relationship abuse and violence. So I think, I think that covers about everything, but ya.

E: Ya definitely, thank you so much for that. I am curious, where did you learn that definition?

K: So... it definitely wasn't from school because we did not go anywhere near that kind of depth, really the only depth that we went to was basic info about, um, preventative measures so like, condoms, or IUDs, heterosexual sex and uh, some STDs, but that was all we did in school, uh. My definition either came from the internet or uh, friends, or, learning that I am not like, heterosexual and then going forth and exploring - so what are the options, what are... you know. So a lot of it was doing my own research or talking to friends who had done their own research or whatever. So, as I was learning I was like, a lot of this should be taught in school, like a lot of this is important. It's important for peoples health, it's important for people's safety. So, um, that's why I think all of that should be included in sex education.

E: Definitely, yeah that was a great response and you actually started to answer my next question, that's how great of a response it was. You already touched on this a tiny bit but if you have any more to say - how you would describe your experience in your middle or high school sex education course? You can use a few words or if you need a few moments to think about it, whatever you need.

K: They started us technically in elementary school, separating boys and girls. Teaching the girls about periods, and teaching the boys about... I don't know because I wasn't there. There was no crossing-over of like, who learned about what. Middle school and 6th grade they covered

everybody was taught about everybody. So like, we were taught about like, uh, the girls or you know... girls were taught about both boys and girls and same for the boys. Uh, and then high school was where we learned about like STDs and preventative measures. Oh and all of it was... all of the curriculums were not abstinence only but they were pro-abstinence. So like, abstinence is the only 100% effective thing. Promoting abstinence, so, yeah.

E: Yeah, super interesting how that happens, isn't it. I guess this question again sort of feeds into the other two and your answer may have changed from when you took the class to now but, where there any topics that you specifically felt were missing from the curriculum? That either you could think about back then - when you were in class back then and you thought 'this is missing,' or, today thinking back on your experiences.

K: Yeah honestly, I can't exactly remember how much we touched on any sort of, like, anything to do with non-heterosexual sex. We did not talk about anything that had to do with like... I didn't even know dental dams were a thing until like... I don't know until, most of the way through high school like I didn't know that that was a thing that people used. So anything to do with non-heterosexual sex was not included in our curriculums. Uh, again I don't remember how much we touched on domestic violence, sexual violence, relationship abuse and how that can play into sex. Um, I don't know how much we touched on - I think we might have touched on it a little bit in high school but... Or even outside of relationships, just like, sexual abuse in general. We definitely didn't talk, even at an age-appropriate level in middle school or elementary school. Obviously you shouldn't go into super gory details for young, young children but I think it should be a thing looking back that they address and identify at an age-appropriate level for younger kids because it could happen, unfortunately, to anybody.

E: Yeah, for sure I think that was a really great and thoughtful response, and it actually brought up another question for me. I am wondering if, in your sex ed classes - if it was a health class that had a sex ed portion, or if it was a sex ed class?

K: A health class with a sex ed portion, we didn't have any sex ed/health class in elementary school. I know I definitely did in middle school, but again, it was part of health class.

E: Right, yes thank you for that. And then, um, I noticed in your survey you identified as nonbinary and pansexual, so if you're comfortable speaking about it I'm curious when you sort of learned this language if not in your health class - and would it have been helpful to learn this sort of language in your health class?

K: Oh, absolutely... I didn't learn it in my health class. This was again, sort of something that I learned from the internet and from friends - I, even in my household I was in a pretty sheltered and Evangelical Christian household, so, none of that was ever discussed as an option. Uh, and so I learned most of it from friends and from the internet. In terms of sexuality, I came to that conclusion early high school - gender identity, that came a lot later. That came I would say, haha, honestly the summer before freshman year of college. So like, quarantine, it was one of those things that I was like ... hm now I actually have time to think about things other than school - but ya that was definitely something that I never got from school and I think it would definitely have been helpful, if for no other reason than I could've come to that conclusion a lot sooner ... and like had answers for 'Why do I feel this way? That doesn't make any sense.' Or, like, we talk about "X,Y, Z" in classes or in school or whatever or at home but like, what about this? I don't feel that way. It would've been helpful to just identify that. But I will say that I did have kind of exposure to this stuff, like I said - on the internet, from a pretty young age - so I feel like i'm

lucky in that I don't have a whole lot of trauma associated with self-esteem because I thought that I was weird or different or whatever. So I think in general it would help people who have had those experiences, but I was lucky enough that I didn't have them. But I still think it would've been useful if for no other reason than I could've recognized it earlier.

E: Yeah, no absolutely, I think that's a really great response which sort of brings me into another question that ties into a previous question but also your last answer and all of the above! So I asked you before you know, if you thought topics were missing and you said yes - a plethora. So I'm wondering, if you try to think back to your high school self - if you can think about topics that you wish specifically you would have learned about. And if you don't have an answer because that was a long time ago, that's okay.

K: I would say that I think it's something that we'd be hard pressed to obviously get into schools but I really do think teaching about non-heterosexual sex is super important and in my experience that's all [heterosexual sex] we ever talked about. And so I think a lot of prevention and safety could be discussed if we would only open the doors to talking about non-heterosexual sex which, for a plethora of reasons is a hard task to accomplish but I think a lot of risk-prevention and stuff like that could occur if we just talked about it, you know?

E: Absolutely

K: But I'd say that's the most important thing, and I even recognize that in high school.

E: Yeah absolutely and I think that's a really great response and I, I think a lot of people feel similarly and there's a lot of studies out there that say that people feel similarly, so it's so interesting to hear you say that you recognize that it would be difficult but there's a lot of need for it. So, yeah absolutely, let's see my next question for you ... this next question I already have a little bit of the answer to because of how you responded to the survey but the question that I had is, do you think your course prepared you well regarding topics of sex and sex education - and as a follow up, I know that on the survey you took you responded that you found yourself a two which is not very well but somewhat prepared regarding sexual health and wellness topics, especially pertaining to yourself your peers, your relationships and sex so I'm curious what, if anything do you think Denison could have done or could do to better integrate you into this area of campus culture since high school did not get the job done?

K: That's a good question. I remember that part of the safety courses we had to do before coming on campus had to do with like, relationships and stuff like that. Um, I don't know because it's hard, it's hard when everybody's coming from different levels of awareness ... because I don't know where I would draw like, 'this is what is necessary to talk about' - that's a good question. I mean I'd say that the course that we did was, it was effective for what it was trying to do but I think there are a lot of assumptions that are made about the level of knowledge that people come in having. And again, it's kind of like a person by person basis but I felt like, I don't know it's hard to say because my high schools sex was was like... not good. I didn't come in with a lot of knowledge, period. So, it's hard to say.

E: Yeah, absolutely.

K: You almost have to have a class, like an actual class on it. And so, it's not something that's super easy to fix. I don't know if there is something like this but just having like a class on like, the reproductive system, sexual health, like having that just available, I don't know if people are interested in taking classes like that, but just having that available to go into detail that we didn't learn before since it's broad and like, *laugh* something that requires more attention

than just a two hour course that you take online or something like that. But I think it's really hard to address all of the different levels of knowledge that people are coming in with, and the different experiences that people have – like some things aren't going to be relevant to some people and so, ya... it's hard.

E: No, absolutely, I think that's a really great point and that's part of the reason why I am conducting this research in the first place so you know you hit the... I don't know the saying, you hit the nail right on the hammer. To bring that question a little more specific and narrow, do you think that Denison should or could provide better resources on gender identity and different kinds of sexual orientations for incoming students?

K: You see, I think... I would say...I'd say we have good resources like the office of gender and sexuality and student programs and stuff, I, I don't know. I think we do well with the programs that we do offer. Uh, I think for somebody not like... somebody who isn't already familiar with gender identities and sexualities, somebody who isn't familiar with that would have a hard time jumping into like, panels or lectures about deep topics that have to do with gender and sexuality – and those have their place, they're important for people who are already familiar with that, like it's important to have those conversations but I think having more conversations and things available for people who just don't know. Like people who, all of their friends might be straight or, cisgender, and they themselves are straight and cisgender and they've never been exposed to the world of people who identify as beyond straight or noncisgender. Like I think, more things that are more introductory like, "what's the difference between gender identity and sex, and sexual orientation"... like I think just having like conversations or, I don't know what specific kind of program but just having things that have to do with that. Because that could be a jumping off point for somebody who doesn't know anything rather than like... "let's talk about LGBTQ issues in schools and how that effects..." like a very niche kind of topic that somebody with no experience will be like I don't know anything about that, that's not going to be interesting to me.

E: Yeah, absolutely, I mean I think that's super thoughtful and definitely interesting to dissect and think about more but I think that, that's a really interesting starting baseline perspective on that. Going off of that, the question that I have for you is sort of, where did you find this survey/ why did you choose to fill it out?

K: Oh Gosh!

E: I know it was a long time ago but...

K: I think, if i remember correctly there were like posters with a QR code on it.

E: Mhm, there were.

K: I think it was elevator in Knapp. And I scanned it, I was like – that's interesting, like I said at the beginning I think that research is important and really interesting. I was like... sex ed in schools, that's important, that's cool and I come from a place that did not have good sex ed in schools. So, I feel like I could offer interesting feedback.

E: Yes! Absolutely. Well you did offer interesting feedback and I am very appreciative of it.

K: Thank you!

E: I only have two questions left for you, so my first one is – do you have any thoughts about where young students should be taught about sex and sexual health education?

K: Young students as in like, kids... teenagers? Or?

E: No, middle and high school we'll say.

K: Okay, um, I think at that age it becomes necessary for somebody to start learning about that. So I think, it's equally as important as learning to read, learning what they're learning in their other classes. It's about their health, it's about their safety, it's about... especially at the middle school age when kids are undergoing puberty, that's when – I mean that's when it becomes particularly relevant. So I think it's vital, vital in schools. There needs to be sex ed classes in schools.

E: So your optimal platform for learning and teaching youth about topics of sex and sex education would be in schools?

K: Yeah, definitely.

E: Cool! Great, love that, I agree. *Laughs* Just curious to see what your thoughts would be on that. And then I guess before we close out I'm just wondering if there's anything else you'd like to contribute or add that I haven't asked you about.

K: I think I've covered everything... I think, yeah... I-I don't think I have anything else.

E: Well thank you so so so much for your participation this was a really great conversation.

K: Absolutely!

E: And it was super nice to meet you as well.

K: Yeah! Nice to meet you.

E: If you have any more troubles with the IRB form just email me and I'll sort it out and it won't be a problem.

K: I have it signed, typed up, I'm just going to email it as soon as we get off the call.

E: Perfect! Well thank you so much have a great rest of your Thursday and hopefully this rain goes away soon.

K: Yeah, thank you, you have a good day.

E: Thank you so much!

Interview Transcript #2

Female, Senior, No sex ed

E: So, I should be recording now.... I don't completely understand Zoom. You know. Okay, so – Hello, good afternoon.

R: Good afternoon. Is it recording, because normally it just tells you

E: Yeah, I think it is

R: Okay. Well, thank you for participating in my survey. The first question that I have for you is – what year did you graduate from high school?

R: 2018

E: Cool. My next question that I have for you is – how would you define comprehensive sex education? And it's okay if you don't have a definition.

R: I'd definitely say it's talking about sex, pregnancy, but also its' talking about female body and periods, menstruation – and like, also, STDs of course. As well as talking about the actual organs and how that works, I would definitely say for an answer.

E: Yeah, I would say that's a pretty solid definition. My next question for you is, I see you went to private middle and high school in... you noted two different high schools so I'm curious, did you have any form of a health course at either of those schools? And in that health course did you have any mention of anything sex education related ?

R: Um, in terms of a health course, I know back home in Nigeria when I went to boarding school, we got a lot of talk about the female body because we had matrons that lived with us.

E: What is that?

R: Oh a matron? A matrons basically like a house mother. She's maybe like 50 or 60, particularly they're always women and they're generally more knowledgeable about health stuff, many of them have been nurses or they're supposed to be taking care of you as like pastoral care. So they talked a lot about like, excretion, and like what comes out of ... like if your underwear is smelling, what that means. So, I did get a lot of like the female body in terms of what's coming out... shouldn't put anything in like... shouldn't do this – all of that. Uh, but it wasn't necessarily sex education it was like knowing more about your period. Because I think that's very very helpful. Uh, sex education, we did have a health class called PSHE which is like: Physical Sexual Health Education. You like, when you're 11 years old up to 16, but I wouldn't really call it comprehensive . People often joked about it all the time. They would try to do it but we did it with the guys in there so it was just like a joke and everything... and then when I was like 15/16 we talked about things like kissing and all that, but when they started saying those things it was always like, "you're going to get mouth sores," or some weird thing like that. So it was never comprehensive – you had to do a lot of learning yourself which meant like, watching TV shows. And then in high school, in the U.S., we did get sex ed, but it was mostly because they were like "you're going to college, you're a woman, you should know this," and it was literally like two hours. Yeah it was two hours... but she was really great I would definitely say. She was like "Oh I'm just going to talk about sex organs and how that works...if you need to go somewhere there are free clinics available." She did talk about Planned Parenthood and stuff like that – so it was like the most she could do in two hours of like, "oh you're going to college," but there was no sex education that I received as a junior and as a senior as like, comprehensively being there but I feel like they felt they had to tell us that because we were going out.

E: Right, yeah, interesting. So was the woman that spoke to you guys for those two hours a part of the school or was she contracted from outside the school to come and speak to you?

R: She was part of the school. She was like one of the counselors there. She was pretty young, and she was really helpful actually. I don't know if they got one [a talk] freshman and sophomore year because I wasn't there... but it wasn't one you get every year it was more like a crash course – two hours, "this is what I can give you."

E: Huh, super interesting. And then, back to when you were at the boarding school in Nigeria – the house matrons, were they like teaching you guys lessons or were they giving you informal advice about "oh this might be this way because of that..."

R: It was like a mix of both. I wouldn't say lessons because there was no like, teaching – but it's because the way it is structured as a boarding school you all live together, the matrons live in the same house you're living in so if you have a question – you can talk to them about certain

things. They were very receptive to answering any questions you might have about the female body – they’re just really helpful I would say. So they would say things like “oh this is smelling,” or, “you shouldn’t take out your pad like this,” “you should wash this every day,” things like hygiene and stuff like that. It was more, I would say, like a girl to girl “this is what you need to do” – and I think the school just recognized that was a thing that matrons do... it’s not like a course, you’re just always going to get that [the lessons]. Which is why I think it was so informal. But when you’re 12, and you live in that place, like who are you going to call? You know. And she would have private one’s with you. Like there was a time I used to take out – what’s it called? My... my liners, my panty liners and I would wear them, and I would put them inside the bin in the room ... and she was like “Don’t do that! It’s going to smell.” And I didn’t realize that until she was like, “Yeah, that’s why it’s smelling” – stuff like that. So they’re just basically giving you small things like “You should not put your pad inside your room,” but like, if you’re 14 you don’t really think about it like that. So it was just informal advice but they’re always telling you stuff.

E: Right, that’s very cool! And, I’m curious how many house matrons there were and how many students were living in the space?

R: So, there’s a house matron in every single dorm – even for the men’s dorms, there are women there. Uh, so I would definitely say you have a good, you have a proper matron which is like one there [the dorm], and then you have different people who live there – but I think it’s like one or two, I think it depends. It’s either one or two. They’re usually the same, pretty old... well not pretty old but, 50/60 – they have grandkids at that point. And many of them have been doing pastoral care for so long – like I had one who, she was like doing pastoral care in the UK and like many of them have been nurses, so they have a health background. Which is super different than when I came here because the pastoral care is actually your teachers, who just live there in the US for you – but back there they actually contract people who have always been in health, you could ask any question about health and they could answer like they would know what’s going on there so that was pretty helpful I’d definitely say. You don’t realize that until after you leave.

E: Yeah, definitely... well you saying that brought up another question for me so, it sounds like they were really helpful and spoke a lot about maybe like bodily changes and things like that, but do you know of people or would you have felt comfortable going to them for other things like relations advice? Or...

R: That was not as common.

E: Okay so it was more so just medical advice and what’s happening in your own body?

R: It’s more medical advice – they would have an abstinence-only policy. And they would definitely shame you if they saw you walking with a guy so...

E: And is that cultural or religious?

R: That is cultural *and* religious. It’s a mix of both. I don’t know, to be quite honest if people would even feel comfortable going to them if they were sexually assaulted, because it was just a mixed bag of what could be said – you don’t want to feel gaslit, you know?

E: Yeah. Thank you for that, that’s super interesting... and probably a lot more to unpack than we even have time for, but yeah. Okay, my next question for you which we sort of covered, a little bit but I guess thinking more into later years of middle school, early and late high school...since you didn’t have incredible education surrounding topics of sexual health and well-

being – where would you get information about any of that if you had a question? And you already mentioned TV shows a little bit, but were there any other outlets or resources that you utilized?

R: I mean, I feel like there are certain things you just know just from the inside. Being from Nigeria you kind of understand how being a woman is, just because of how society is, if that makes sense. Like you already know about things like rape and sexual assault because of how you've heard about it, or you know you're in a society where that just kind of happens. And in terms of getting comprehensive, I feel like that's just kind of always been separate like – LGBT is now definitely a part of comprehensive sex education but like even when I was doing it on my own, I wouldn't have placed that there mostly because I didn't correlate that with it –

E: Right, and if it's not part of your own personal identity you might not have gone out of your way to do research on it.

R: Yeah. I probably really only knew about birth control probably because my mom had the one in her arm, but that's like, genuinely it. Like, birth control was definitely not a topic that people discussed in the dorms at all, I mean, and condoms were always like a joke type thing. People had relationships... and the most people did was oral. Legitimately. I don't know if that's because of space [in the dorms] or... I don't know. That was the most people did, people were sensitive about actually having sex.

E: Did you find that to be different when you moved to the United States?

R: Yeah. It was definitely different. I could definitely get the vibe from watching TV shows, that was definitely different – but since going to an all-girls school you don't really um...

E: In the United States it was all-girls?

R: Yeah it was all-girls, so it wasn't like ... there wasn't guys there. But people did ... I mean, I always say I'm a fast learner so you just kind of have to like, move with the flow uh, people had boyfriends, they had guys over. So, of course you kind of like get that but I don't really know who was on birth control, mostly because I had Nigerian friends too so, at that age many of them weren't going to be on it anyways. Um, but I did know of people that had sex early – and I guess, you learn from them? I don't know.

E: So would you say it was fair that maybe you got some of your information from peers and friends and just word of mouth.

R: Yeah, I think it was peers, friends, family... my mom wasn't closed off to talking about things like that – I mean, you know, it was pretty understandable to ask, she was not closed off with that, so. But to be quite frank I didn't really ask that much – I was more like, "I know basics, I know what's happening here." I mean I did get tidbits from my older cousins when I was like 13 with like... periods, a girl getting pregnant at like 16, you know, all those things. It's mostly like a fear thing because you know, people always talk about like, abortion and stuff like that but like – I didn't know about any resource that would be helping people with that so...

E: Yeah, I think that makes a lot of sense. I'm interested to hear your thoughts on this question since maybe you didn't have the best experiences with sex education – do you personally have thoughts about where young students should or could be taught about sex and sex education?

R: I feel like – what do you mean by where? What age?

E: More so, where like – school, religious institution, home with parents, doctor's office. Where do you think would be the best place for the younger members of society to get information on topics of sex and sex education?

R: I feel like for women it's much better when there's older women doing it, I feel like they're more perceptive to every aspect of it because it's always better to ask people who kind of have already done it and already know more about it. I feel like at the doctors it's very uncomfortable to ask somebody who... I mean my aunts a doctor and I ask her a lot but she's also my aunt so we're very open about things like that, but she also feels like she has to tell me *because* she is a doctor. But for a lot of people asking their doctors it's just uncomfortable – there's also the fear of like, well, a lot of people don't know what's going on down there – and that's understandable because nobody tells us anything!

E: That's true...

R: Like, if you think you might have endometriosis because you have bad period pains and it's like, you don't actually really know what's going on there... this is why I think talking to a doctor is always difficult because for me, even for me when I'm on my period and I'm in pain I don't know how to explain it because I don't know any words to explain it. But I think when you talk to older women, they're more receptive because 9/10 times they know what you're talking about. Like, you know... they know how that feels or stuff like that. Like when I got a bump on my vagina – I was like 12 or something I was like, "What is this, is it cancer??" Then I asked somebody, and they were like, "No... it's not." Women check WebMD all the time, and parents can only do so much because they feel uncomfortable talking to their kids about sex . I just think it's better that way and I also think it benefits men more because men get a lot of their sex education from other guys which is highly problematic – In comparison, getting them from women which I think is more helpful because, I don't want to say it's cleaner but it's, it takes out a lot of innuendos. I don't know what the guys talk about... but I know it's nothing good because we live in this society so...

E: That is certainly the case, I would agree. So, would you say maybe in schools... but specifically having older more experienced women as the teachers?

R: Uh, my issue with the teaching thing is that I feel like I received better sex education informally, than formally. Plus, we did have PSHE – like an hour dedicated to it, and not much was gained to be quite fair. And, I think when things are formal people just don't feel that comfortable. It should be like a talk, you know – when it's like a lecture people are like "okayyy," and I think that's the issue is that it's too formal, I don't think that's – there's no interest there. No 11 year old wants to sit down and be lectured on something like that because people get sex education at different times but in my opinion women get sex education the earliest because, when you start hitting puberty people are already talking about you so, you kind of already get it regardless. I just, I think when it's formal and when it's mixed—when there's guys there—it's highly problematic because then it's just a joke. And for a lot of girls, that's the only time they can ask questions, but they don't feel comfortable asking questions in a formal setting, which is why it's always better when – I genuinely believe that sex education is better when it's segregated, and it's informal, and it's just a discussion. That way it can really work.

E: Definitely. I think that is a super interesting answer and I can definitely resonate and see value in those suggestions, absolutely. Moving along... this is a sort of broad question, but... do you feel that you were well prepared for post-graduation, high school graduation, regarding topics around sex and sex education – especially as you arrived at college?

R: That's a good question. I feel like I was moderately prepared if that makes sense. But at the same time since Denison is a smaller school, you can get by. I feel like I was moderately prepared in Aug-O they had that whole thing which I don't remember but I do know it was not worth it. But I think it was okay, I don't think it was great. I mean there's only so much you can do in two hours but at the same time I feel like sex education is a long process because you're always learning about your body anyways...

E: True

R: So, it's like you can never really get everything you need to know, even at 22 – you know, my period comes and I'm always checking online like what's happening. So, you know you're always learning. The only issue is

that there just always seems to be less people who you know, you can talk to – like Whisler. I'm not going to call Whisler and be like "Oh I have this thing.." I feel like they just wouldn't take it seriously. Mostly because I think this whole idea of like sex education is so formalized instead of just having somebody older – I just don't see why I can't talk to like an older woman about like, what's going on. I feel like maybe that's just in American context because I can do that back home. Um, but it's like here – there has to be a counselor, there has to be somebody with a specialized degree which I think is so dumb. It's really just age that makes you more knowledgeable about what happens to your body. I can talk to my 9-year-old cousin just because I'm 22. It's not about being licensed, I think.

E: Yeah... Well so, that's super interesting and I definitely see what you're saying there but to go—and I think this is the last formal question that I have—but to go off of that point, is there anything that you think Denison can do to better prepare incoming students? Like if they're seeking out information for any of these topics?

R: I feel like there's nothing Denison can do mostly because I don't like formalized things being done. I feel like there's something else that women on campus can do in terms of like, having their own discussions like, "Oh, let's talk about this!" Grab coffee, doughnuts, just chilling. The best discussions I've had about womanhood have been talking to other women, just talking. You can't really formalize that. And, any attempt to do so is always problematic and there's always an issue. I've had so many friends complain about the Aug-O thing with like the sexual assault thing like it's just problematic because a lot of women have been sexually assaulted, and there's just no point in acting that out. So, I think the only way you can really do this is if it's informal and like I said I don't think Denison can do much, and whenever it is done, it's not good so... maybe it's just something that women have to do on their own and the thing is that women do it every single day – you know you're always talking to your friend about whether, "Can I do this? Can I put this in? Should I put this on my face?" You learn so much from other people, and that's just the way women have done it for thousands of years. I don't think you can formalize that so.

E: All of your answers and responses have been so interesting and I definitely think you know, the more people that you speak with, exactly, will have different thoughts on everything but I do see the benefit of having an informal girls group where you get together and ask questions like "is this normal"

R: Yeah because no one's going to judge you because they might be going through the exact same thing.

E: Yeah definitely, I'm like... wondering why that hasn't been started yet... too bad we're graduating. Anyways, well, those were all the questions that I had for you – is there anything else that you would like to contribute or add that I haven't asked about?

R: Uh, no I think that's pretty much it.

E: Well thank you so much for your time, I'm going to stop recording now.