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College students' suggestions for improving sex education in schools beyond 'blah blah blah condoms and STDs'

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ABSTRACT

Young people in the USA view the sex education they receive as outdated and insufficient. The prevalence rates of sexually transmitted infections and pregnancy among adolescents further attest to the inadequacy of current sex education paradigms. In order to identify suggestions for the improvement of sex education, we conducted six focus groups with 38 college students at a southwestern US university. Participants discussed the school-based sex education they had received and their suggestions to improve this aspect of education. Participants reported that the sex education they received was awkward, not helpful and often used scare tactics. Six themes about potential improvements emerged including the desire for basic information about sex; coverage of diverse sexual behaviours and identities; more discussion of the social, emotional and relational aspects of sex; sex education earlier and more often; the inclusion of updated and realistic information; and instruction from trained professionals. This study adds to the current body of literature studying ways in which sex education is not meeting the needs of adolescents in the USA. Implications for changes to current sex education practices are discussed.

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Introduction

Compared to other countries and age groups, adolescents in the USA are disproportionately at risk for sexually transmitted infections (STIs) and unplanned pregnancy (CDC 2019; Kost, Maddow-Zimet, and Arpaia 2017; Sedgh et al. 2015). In fact, half of new STI diagnoses are among 15–24 year-olds (CDC 2019) and the teenage birth rate in the USA is higher than most other industrialised nations (Kost, Maddow-Zimet, and Arpaia 2017; Sedgh et al. 2015). Additionally, 40% of US high school students have engaged in sexual intercourse, with 46% of sexually active teenagers reporting not using a condom at last intercourse (CDC 2019). In an attempt to decrease adolescent risk of STIs and unplanned pregnancies, school-based sex education programmes covering various topics (e.g. abstinence, consent, HIV, etc.), have been implemented across the USA (National Conference of State Legislatures 2019; Shapiro and Brown 2018).

Despite these efforts to provide adolescents with sexuality information in schools, a large proportion of US adolescents and young adults (ages 13–25) report dissatisfaction with the sex education they receive and call for change (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kimmel et al. 2013; Kubicek et al. 2010). For example, adolescents and young adults report wanting discussions of medical facts, STIs, and safety during sexual activities (e.g. condom demonstrations; Gardner 2015; Kimmel et al. 2013) and find this information, when it is included, to be helpful (Kubicek et al. 2010). Although some adolescents and young adults report enjoying the abstinence-based messages they receive in school sex education classes (Kimmel et al. 2013; Yoo et al. 2004), many find the discussion of these topics alone insufficient and unrealistic (Broadbear and Broadbear 2012; Gardner 2015; Gubrium and Shafer 2014). Students want demonstrations on how to use different methods of protection (e.g. male and female condoms; Kimmel et al. 2013), as well as discussions on the importance of using condoms (Kubicek et al. 2010).

Many adolescents and young adults also report a desire to cover non-heterosexual identities and sexual behaviours other than penile-vaginal intercourse, such as information on masturbation, anal sex, manual sex (i.e. 'fingering'), etc. (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kimmel et al. 2013; Kubicek et al. 2010; Pound, Langford, and Campbell 2016; Teitelman, Bohinski, and Boente 2009). In addition, students want to learn how to be safe even when engaging in other sexual behaviours (e.g. cleaning sex toys after using them with a partner, not spreading STIs through manual or oral sex; Kimmel et al. 2013). Including these topics would provide the opportunity to discuss a wider variety of sexual behaviours in a less threatening way for individuals who participate in sexual behaviours other than solely partnered penile-vaginal intercourse, including sexual minority students (i.e. those who identify their sexual orientation as anything that is not heterosexual). This is important given that previous researchers have found that not only do sex education programmes provide no discussions of 'gay sex' (Kubicek et al. 2010, 249), the young men in their study reported that even asking questions about same-sex sexual behaviours was met with laughter and social isolation from their peers, while teachers discouraged these behaviours and labelled them as just 'wrong' (Kubicek et al. 2010, 248).

Along these same lines, many adolescents and young adults report the desire for sex education to include holistic and positive discussions about sex that move beyond abstinence and medical facts about contraceptives alone (Pound, Langford, and Campbell 2016). They want their education to include more than just 'the bad stuff' communicated through scare tactics (Gubrium and Shafer 2014, 654; Teitelman, Bohinski, and Boente 2009). Instead, they want a more positive approach that includes discussions about pleasure, removes the gender double standard for sex, normalises a variety of sexual behaviours, and acknowledges a variety of sexual choices and identities (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kubicek et al. 2010; Teitelman, Bohinski, and Boente 2009). Moreover, adolescents and young adults wish to be given accurate, developmentally appropriate information rather than having certain sexual information withheld because of their young age (Gubrium and Shafer 2014). Specifically, they want realistic information on emotions and relationships (e.g. becoming emotionally attached to a sexual partner), discussion of pleasure, and skills on refusing sex and discussing abuse (Gubrium and Shafer 2014; Kimmel et al. 2013; Pound, Langford, and Campbell 2016; Teitelman, Bohinski, and Boente 2009). They also report a desire for guidance from school-based sex education on beginning a romantic relationship, developing a mature

relationship, dealing with break-ups, and avoiding getting hurt in a relationship (Making Caring Common Project 2018).

Adolescents and young adults in the USA have also expressed disappointment at the teaching style and methods of sex education in schools. Many adolescents and young adults have reported that teachers appeared uncomfortable, unprepared, apathetic, patronising, untrustworthy and awkward when teaching about sexual topics (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kimmel et al. 2013; Pound, Langford, and Campbell 2016; Yoo et al. 2004). In a sample from Nova Scotia, Canada, teachers were also described as old-fashioned, judgemental, boring, uncomfortable and unknowledgable (Langille et al. 2001). Further, Langille et al. (2001) found that adolescents ages 15–18 reported that teachers only taught topics with which they were comfortable, often excluding information related to female reproduction and physiology (e.g. yeast infection, periods). As a result of these teacher characteristics, students reported feeling unsafe when asking questions about topics important to them, fearful of breaches of their confidentiality, embarrassed and disrespected when asking questions (Kubicek et al. 2010; Langille et al. 2001; Pound, Langford, and Campbell 2016). These few studies highlight students' dissatisfaction with sex education in high schools. However, additional studies addressing adolescents' or young adults' opinions of teacher characteristics are needed in order to better understand if this sentiment is limited to these few samples or shared more broadly across various regions of the USA and among diverse samples.

The current literature on specific opinions and suggestions from adolescents about sex education in the USA is limited. In their recent systematic review, Pound, Langford, and Campbell (2016) found only eight peer-reviewed studies conducted in the USA after the year 2000 on this topic. This small number of qualitative studies highlights that more replication work needs to be done in order to examine opinions from additional and more diverse samples in order to develop a more nuanced understanding of the opinions of adolescents and young adults on sex education in the USA. (e.g. canvassing the opinions of students who participated in abstinence-only vs. comprehensive sex education; from distinct racial/ethnic backgrounds; with varying sexual values, identities, and experiences; from different areas of the country; etc.).

Moreover, much of the current research conducted in the USA solicits opinions on school sex education from parents or the general public (e.g. Dunn et al. 2014; Eisenberg et al. 2008; Kantor, Levitz, and Holstrom 2020), with fewer studies focused on the opinions of adolescents or young adults themselves about their specific sex education experiences (e.g. Kubicek et al. 2010). Based on a thorough search of the literature, no other peer-reviewed qualitative studies were found that asked for student feedback of the sex education programmes they received in the state of Texas, a state whose legislation bars any sex education that is not solely focused on promoting abstinence before marriage (Guttmacher Institute 2020). This is problematic as Texas consistently has one of the highest teenage pregnancy rates in the country, with their rate more than 1.5 times the US average (44.4 per 1000; Ventura, Hamilton, and Mathews 2014), as well as one of the highest rates for Chlamydia, gonorrhoea, and syphilis when compared to other US states (Jozkowski and Crawford 2015). Additionally, as of 2018 Texas ranked 7th highest in the USA for HIV diagnoses for people ages 13 years and older, collapsing across race/ethnicity and sex (CDC 2018). These statistics highlight the importance of examining, from

students' perspective, the sex education they received while in school and soliciting their opinions on changes that need to be made in order to more effectively meet their needs.

The current study explores the opinions of college students on the quality of their school-based sex education and their suggestions for improvement. Our study contributes to the current body of work by replicating the few qualitative studies that have been done on this topic in the US, recruiting a racially and ethnically diverse sample (42.1% racial/ethnic minorities), and utilising a sample from the southwestern US, a region with little to no published data on this topic despite the high rates of STIs and unplanned pregnancies among adolescents. Our study focuses specifically on this geographic region because it has the potential to elicit valuable suggestions for improvement given the state's sex education policies. Additionally, the opinions of college students are important as they offer a fresh, retrospective view of experiences with sex education in high school and can provide relevant recommendations. Understanding the opinions of this population on this topic can provide policymakers, administrators and educators with information on how best to tailor future sex education in schools to the needs of adolescents. Because school-based sex education is designed to promote healthy sexual behaviours among adolescents, it is crucial to understand whether young adults feel the current approaches are effective and pertinent to their sexual decision-making.

Methods

This study was conducted at a large, public university in the southwestern US as part of a larger project exploring college students' experiences with hook-up behaviours in addition to their sex education and parent-child sexual communication experiences. At the time of data collection, undergraduate enrolment in the university was approximately 30,000 and steadily growing with no other universities in the same town. The sample comprised a convenience sample of young adults from an abstinence-only state with a teenage pregnancy rate consistently in the top five in the country (Ventura, Hamilton, and Mathews 2014), making it an ideal location from which to collect data. After receiving approval from the Texas State University Institutional Review Board (IRB), college students were emailed a survey at the end of the autumn semester of their first year in college. At the end of the survey, students were asked if they would like to receive 20 USD for participating in follow-up focus groups. Of the 527 students who completed the survey, 354 students agreed to participate in the focus groups. We randomly selected 60 students to participate in one of six focus groups during their first year. Only students who reported having had sexual intercourse were included as the larger focus of this study examined sexual hook-up behaviours. This number of participants was selected as to not exceed the recommended maximum sample size of 10 per focus group (Krueger and Casey 2014) while still using three focus groups to reach saturation (Guest, Namey, and McKenna 2017). Thirty-eight of these students responded to the email invitation and were available during at least one of the designated focus group times. The focus groups were divided by gender (three male groups and three female groups) as sexuality is likely experienced differently by gender (Krueger and Casey 2014). Each focus group consisted of 5–8 participants and lasted an average of 65 minutes. Participant demographics are included in Table 1.

Table 1. Descriptive statistics for demographic variables.

Variables	Mean or (%)	SD	Range
Age	18.6	.50	
Gender			
Male	50.0%		
Female	50.0%		
Sexual Orientation			
Heterosexual	78.9%		
Lesbian/Gay/Bisexual	13.2%		
Did not report orientation	7.9%		
Race			
White	57.9%		
Black	18.4%		
Hispanic	18.4%		
Pacific Islander	2.6%		
Multiracial	2.6%		
Relationship Status			
Committed relationship	38.2%		
Single	41.2%		
Casually dating one partner	14.7%		
Casually dating multiple partners	5.9%		
Age of first intercourse			
Males	16.13		
Females	16.18		
Number of lifetime sexual partners			
Males	6.44		
Females	4.11		

Focus groups were conducted by the sixth author, a female faculty member trained in conducting focus groups, with the assistance of a trained graduate student note-taker. Focus groups were conducted face-to-face and held in a private meeting room in the student centre. Questions focused on the participants' experiences of sex education in school, their evaluation of these experiences, and their suggestions for how their experiences could have been improved. Focus groups were audio-recorded and transcribed verbatim.

Focus group transcripts were coded using thematic analysis (Braun and Clarke 2006). A team of four coders independently read each transcript and developed codes utilising line-by-line analysis (Strauss and Corbin 1998). We used multiple coders because, 'in striving for consensus in the findings, the nuances in meaning brought by multiple researchers adds richness to the analysis by prompting deeper analysis' (Olson et al. 2016, 26). Therefore, after individually coding each transcript, the team then met and resolved coding discrepancies by reaching consensus regarding the best representation of the data. These line-by-line codes were then entered into the QDA Miner Lite software, a tool for managing qualitative data (Provalis Research, n.d.). Following the completion of line-by-line coding and data entry into the software, team members then reviewed, defined and named themes that appeared most frequently within the coded sections.

Findings

Our analyses yielded information on the quality of sex education in schools as well as suggested improvements. To protect the identities of participants, all names have been replaced with pseudonyms. Most participants described the sex education they received in school as 'not helpful,' 'inadequate' and/or 'awkward.' Only 2 out of the 38 participants in our sample reported their experience as being helpful or somewhat helpful. Participants

most commonly reported receiving instruction on abstinence, STIs, reproduction/anatomy, puberty, or on no topics at all. Only six of the participants reported receiving instruction on birth control, contraceptives or condoms. Participants commonly reported the use of scare tactics during these lessons. As one female participant, Piper, reported

In high school, we did have a cop come and talk about sex and how you can go to jail, like the certain age criteria and stuff and I mean like told everyone who was . . . under 17 in the state of Texas to stand up and he called us jailbait and told us to sit back down.

Most of the reports of scare tactics involved pictures of STIs, with participants reporting that teachers ‘always show you the worst cases.’ One female participant, Ingrid, stated

They just showed us really gross pictures and didn’t really tell you anything so you would have no idea if you had chlamydia or something or like what to do. They just show you pictures of it and are like this is what happens, don’t do it.

Other scare tactics included exaggerated or inaccurate descriptions of the negative consequences of sexual activity outside of marriage. As one male participant, Jesús, illustrated, ‘In 6th grade, my health teacher basically was like “if you have sex and you’re not married you’re going to get an STD” and “you’ll get Chlamydia if you’re not married and you have sex.”’ Most participants were taught by one of the high school coaches (softball, track, football or golf), rather than by nurses, guest speakers, or other teachers.

Our analyses yielded six main themes regarding suggestions for improving sex education in schools. Presented in order of prevalence, participants wanted their sex education to address the mental, relational and emotional aspects of sex; present updated and realistic information; provide basic information about sexuality; cover diverse sexual behaviours and identities; start earlier and be offered more frequently; and be taught by trained instructors.

Mental, emotional, relational, and social aspects of sex

The most common suggestion for improvement expressed by participants was a desire for a more holistic discussion of sexual behaviour within the context of relationships. The main issues participants wanted to be covered were the 1) social consequences of sexual activity among peers, 2) mental preparedness for possible consequences of sexual activity, and 3) the emotional and relational consequences of sexual activity.

Participants acknowledged the existence of social consequences of being sexually active. One female participant, Veronica, shared that the ‘Bitches [who] run the school [are] going to judge you . . . you never know when they’re going to pop up again, they can use [information about your sexual activity] to destroy you if they want’. As a result, participants thought sex education classes should discuss the negative social consequences of being sexually active and help students consider them beforehand. Another female participant, Liliana, suggested that sex education ‘should go through . . . examples of how maybe a girl who was pregnant or got an STD, maybe it was exposed to everybody, how they would feel.’ It is important to note that most discussions of social consequences focused primarily on female experiences of judgement or embarrassment.

Participants acknowledged that sexual intercourse could lead to negative outcomes. To illustrate this, one male participant, Evan, described how ‘you could lose your health,

you could risk someone else's health, you could make them literally have a baby and that's a super big deal'. As a result of these outcomes, participants suggested that sex education should discuss the level of maturity and mental preparedness necessary for dealing with consequences such as pregnancy. As Jesús stated

There is a good chance that you could end up with a child if you're having sex, even if you have a condom, there's still a risk that that condom could break. If you want to have sex just make sure you are mentally ready for dealing with the situation like that, wait until you're older, don't just do it because you want to do it.

Other participants noted the importance of teaching young people how to know when they are ready to engage in sexual activity and how to prepare mentally.

Third, there was an emphasis among our sample on discussing the emotional and relational connection that occurs between sexual partners. As Veronica stated, 'They need to talk about how it affects your emotions in your head.' Participants, such as Veronica and others, also wanted to learn more about how to deal positively with the emotional and mental aspects of sexual relationships:

That's the biggest part of sex, the tricks that it can play with your mind. I don't care what anyone thinks ... it affects everyone differently ... and that's like a constant rate, everyone gets affected by it. Not everyone gets an STD, not everyone gets pregnant, but everyone does get affected by it that way.

Similarly, another female participant, Devyn, stated:

I feel like the school should teach the emotional side as well as just like the penis and vagina and this is what happens. They should be like "oh it's mentally connected, whether you're male or female, it comes with obligations and attachments and stuff" because I don't think I've ever heard that mentioned in a school before.

Although only mentioned by one participant, Alyssa, sexual assault was identified as a topic to be discussed in sex education. Specifically, Alyssa stated that she wanted information on how to be prepared to deal with situations involving sexual assault and/or sexual coercion:

They didn't really talk about someone being forced into doing it, they never said like "oh if you're raped what you can do from there" or anything like that. They just kind of said "either you say yes or no if you're ready," but I kind of feel like they need to put it in a situation to where if we're under the pressure of like putting out or not, they need to give us a situation like that. Or if someone were to be forced or sexually abused or anything. They kind of need an example to tell us more about something like that.

Updated and realistic

The second most common theme in our data was the call for up to date and realistic sex education. Many participants said that the sex education they received in school was unrealistic and outdated. Participants reported being unable to connect with the material being taught because it was not relatable. Liliana stated

The videos they used in my class were like from the 50s and 60s so it was like, it was all just like a big joke. They need to use like today's videos of what our parties today actually look like in high school.

Other participants thought it was unrealistic to teach abstinence-only material in sex education. As one male participant, Damian, stated, 'I feel like, the more . . . you try to force abstinence on a kid the more they're going to try and rebel and say oh no.' Similarly, a female participant, Filgia, said

You can't be a grown adult and sit there and think that everyone is going to wait until marriage, especially when like there's a pregnant teenager in your class and they're telling her to wait. I mean obviously it's not working, whatever you're trying to do.

Participants said they wanted more statistics on how many people their age engaged in hook-ups, got pregnant and were diagnosed with STIs. Participants wanted teachers to tell them 'really how it is' rather than lie or hide the facts.

Last, although an uncommon topic in the focus groups, Stephen expressed his desire for more sex-positive education after discovering a sex-positive podcast:

You spend your whole high school years thinking about sex as this extremely negative thing and it was good to hear someone [podcast host] talk about it naturally instead of trying to treat you like you're a bad person for wanting to participate in it.

Basic information about STIs and condoms

The next most common suggestion the participants made was to provide information about STIs and condoms. Many participants reported not receiving any basic education on these topics and expressed the desire to receive this information via school sex education. One female participant, Bianca, said, 'I definitely would have wanted some kind of education being like "this is [STI]s and use condoms" and stuff like that because I didn't get anything and, yeah, I just had to learn on my own through friends and stuff.' Another female participant, Tiana, said:

I don't think the health class should be a blow off class like mine was. I think we should actually learn stuff in it because I was actually interested in it . . . that's what is going to make the world be a better place without all the diseases and infections and kids with no parents and stuff like that.

Other participants recommended including specific information on STI symptoms, what people should do if they get an STI or get pregnant, and frequency of STI diagnoses.

Diverse sexual behaviours and identities

Equally prevalent as the theme of basic information about sexuality, another salient suggestion for improvement was the inclusion of discussion on same-sex sexual behaviours and sexual minority identities. One male participant, Nathan, shared the following: 'when I had sex education, it was only about straight couples, and they didn't talk about gay, lesbian, or bi-sexual couples and I'm gay myself, so I didn't learn anything about that.' Other participants expressed ignorance of STI transmission through same-sex practices and wanted information on how to be safe while engaging in a variety of sexual behaviours other than penile-vaginal intercourse. One heterosexual female participant, Teresa, stated:

I think kids should learn about all kinds of sex because I know some of my friends who are gay and like didn't know any of it ... last semester, someone was like "you can get an STD from having sex with a girl" and I was like "I didn't know that!"

Although some participants wanted specific information on behaviours and safety, most who commented on this topic simply desired a basic acknowledgement of gender and sexual identities in the sex education they received in school. As Jesús stated, 'I think as society does continue to become more liberal and accepting, then there's lots of ideas for people that should potentially be taught.'

Timing and frequency

Participants reported the desire for increased frequency of sex education in school and for this education to begin at a younger age. Jesús expressed, 'I would tell them when they're little; it's kind of late to tell them when they're 16'. Similarly, Gianna shared, 'They should ease into like, kind of like elementary school, like kind of do what we got but maybe a little bit more, but then like middle school ease into more.' Participants felt sex education needed to start at a younger age and should be a consistent part of the school curriculum. As Filgia stated, 'It should be repeated through middle school and high school and it should be required'. Participants thought that consistency and repetition were important due to the changing needs and questions of different age groups. Carlos expressed his frustration with the large gap in time that passed between his sex education classes:

I learned about [sex education] in like 3-5 grade and then they dropped until my junior year ... it was that huge gap, like by the time I learned about it, it just didn't even matter, like I already knew everything they were telling me and they were hardly telling me anything.

Instructor (teacher) characteristics

The last and least prevalent suggestion that participants shared for improving sex education involved who they wanted teaching these topics. Participants shared a desire for someone other than a sports coach to teach sex education because, as Carlos explained, having a coach teach sex education could be awkward because of the relationship between students and coaches: 'That just takes the awkward conversation with your parents and makes it bigger'. Brian stated, 'I'd want it to be like a professional'. Jesús stated he thought it should be 'someone else who is actually trained'. Alyssa specified that the person who taught the class should be young, stating:

Someone closer to my uh, not like my age, but just someone young. Like at least probably, if you're going to teach a high school class, like at least have like an alumni [sic] that has lived through that. Like at least someone still in college or a fresh college graduate, just not someone that's from like a different generation. I'm not saying that they were never young, but it's more interesting to hear from someone like closer.

Discussion

Participants in this study expressed discontent with their sex education experiences, which were typically characterised by scare tactics and information on abstinence,

anatomy and STIs and were taught mostly by coaches. Participants reported that although learning the basic health information and medical facts about anatomy and STDs was necessary and desirable, it was not sufficient. Similar to previous research, participants expressed a desire for more discussion of the non-physical consequences of sexual behaviour (e.g. its emotional, mental, social and relational aspects; Gubrium and Shafer 2014; Kimmel et al. 2013; Pound, Langford, and Campbell 2016). They wanted this discussion to be accurate, up-to-date, realistic and delivered more frequently starting at a young age. Also consistent with previous findings, participants wanted sex education to fully capture the spectrum of sexual experiences possible, including those relevant to sexual minority identities (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kimmel et al. 2013; Kubicek et al. 2010; Pound, Langford, and Campbell 2016). Participants preferred that this education be delivered by a professional rather than a coach or a teacher at the school.

It is important to note that the students in this study think sex education is valuable. They want to learn not only scientific and medical facts but also how to navigate sexual decision making in the context of relationships. It is clear why school-based sex education would be seen as a necessary and valuable resource for today's youth, as adolescents live in an environment in which 40% of US high school students are sexually active (CDC 2019), over half have had oral sex (Lindberg, Jones, and Santelli 2008), 69% report dating or going out with someone (CDC 2017), and they are regularly exposed to sexualised media (Brown et al. 2006). Despite the fact that adolescents are constantly having to navigate relational and sexual issues, they are rarely given any formal instruction in how to do so, beyond 'don't have sex' and 'use protection' (Shapiro and Brown 2018; Negy et al. 2016). Our findings support the idea that sex education is not simply an academic topic to be addressed among many others, but rather is something that can help prepare adolescents for their current and future sexual development and relationships. Participants' narratives clarify why current sex education curricula, which typically exclude information on relationships and are hyper-focused on abstinence, are perceived by adolescents as being unrealistic and unrelatable.

In particular, students want practical guidance on how to navigate their own relationships and sexual decision-making. Consistent with previous findings, adolescents want to discuss healthy relationships and sexuality (Gubrium and Shafer 2014; Kimmel et al. 2013; Making Caring Common Project 2018; Pound, Langford, and Campbell 2016). However, fewer participants in our sample mentioned a desire for discussions of pleasure and sexual abuse/coercion compared to previous work (Gubrium and Shafer 2014; Kimmel et al. 2013; Pound, Langford, and Campbell 2016). Instead, many of the suggestions regarding the mental, emotional, and relational aspects of sex focused on being prepared for the consequences of sexual activity. Participants wanted to know how they could avoid negative consequences or, at the very least, deal with them well.

The desire for more information on diverse sexual identities and a variety of sexual behaviours is reflective of the wider acceptance of the behaviours and identities of today's youth compared to previous generations (GLAAD 2017). Regardless of sexual orientation, many adolescents and young adults would benefit from sex education on this topic as a significant proportion of individuals who identify as heterosexual also engage in same-sex sexual practices from time to time (McCabe, Brewster, and Tillman 2011). Unfortunately, in the absence of education on this topic, many adolescents are forced to turn to sexually

explicit media for their education on same-sex sexual behaviours, including the mechanics of sex, sexual organs and function, how to know if you are ready for sex, sexual roles (e.g. 'top' or 'bottom'), how sex should feel, and how sex should happen (Arrington-Sanders et al. 2015; Kubicek et al. 2011, 2010). These media depictions often display risky sexual behaviours (e.g. not using a condom or dental dam) and are therefore not effective educational tools, despite being used as such (Arrington-Sanders et al. 2015).

Most of our findings align with previous research assessing adolescents' opinions and suggestions for improvement of sex education. Participants' reported suggestions for improvement mirror those provided by samples in Colorado, Florida, Tennessee, Hawaii, New England, Michigan, California, and Louisiana (Broadbear and Broadbear 2012; Gubrium and Shafer 2014; Kimmel et al. 2013; Kubicek et al. 2010; Yoo et al. 2004). This suggests that the opinions documented in this study are widespread across various parts of the USA.

Implications

Findings from this study have implications for school administrators, educators and policymakers. Based on young people's suggestions, administrators and educators responsible for sex education should focus on providing a comprehensive curriculum that extends beyond abstinence-only education to include safer sex practices; contraceptives; information on STIs; diverse sexual behaviours and identities; and the social, emotional, and relational aspects of sex. Our findings support the need to implement developmentally appropriate sex education programmes early, beginning in elementary school, and provided through ongoing programming in middle and high school.

Sex education must also be relatable and applicable to the young person's current relational context in order for them to feel it is effective. This means lessons on abstinence or medical facts alone are insufficient. Although some adolescents may choose some form of abstinence, adolescence is a developmental period in which romantic relationships and sexual exploration are common (Collins 2003). Only learning about abstinence or the biological aspects conception or pregnancy does not address the new relationships and sexual decisions young people face at this age.

Although we recognise that the politics surrounding sex education in the USA makes it difficult to implement wholesale change, these results provide evidence that the current paradigm is not working. At the time of this writing, only 24 states and the District of Columbia require sex education be included in public school, with only 21 requiring the information to be medically accurate (National Conference of State Legislatures 2019). When sex education is provided, 29 states require that abstinence be stressed and only 19 states require that sex education includes a discussion of contraceptives (Guttmacher Institute 2020). Furthermore, only eight states require a discussion of healthy relationships and only nine require a discussion of sexual consent (Shapiro and Brown 2018). In addition, only 12% of young adults report learning about same-sex relationships in sex education and fewer than 5% of sexual and gender minority students report having sex education that includes positive representations of their sexual or gender identities (GLSEN 2013; Jones and Cox 2015). Findings from recent studies, including this one, suggest significant changes need to be made to this legislation in order to ensure that

sex education addresses the needs of *all* students in the USA (Gardner 2015; Making Caring Common Project 2018; Pound, Langford, and Campbell 2016).

Our findings also point to the importance of efforts to bring trained sex educators into schools. Specifically, because participants expressed dissatisfaction with their own coaches and teachers facilitating sex education, a finding corroborated by other researchers (Broadbear and Broadbear 2012; Kimmel et al. 2013), it may be prudent for schools to look outside of their own staff for sex educators. Schools could partner with community organisations to access professional sex educators who deliver evidence-based programming. These organisations could also conduct evaluations of their work to determine the effectiveness of the programme, provided funding was available.

Throughout every phase of programme development and evaluation, it is crucial that the opinions of youth students be solicited as they are key stakeholders. Student feedback is key to determining whether sex education is meeting adolescent needs in both content and delivery. However, there are complexities to incorporating student feedback as students may provide suggestions that perpetuate sex-negative or misogynistic beliefs that directly contradict a goal of sex education (e.g. promoting sex positivity; Harden 2014). Additionally, students might be unaware of important topics to be included in sex education (e.g. pleasure, consent, etc.). Therefore, programme developers need to be able to simultaneously respect and trust student opinions while being critical of suggestions that might be influenced by a sex-negative background or lack of awareness.

Limitations and future directions

Due to the small sample size and recruitment of college students from only one university in the southwestern US, our results are not generalisable to other populations. This study also required that participants had to have had sexual intercourse in order to participate; thus, our findings may lack relevance to abstinent emerging adults. However, emerging adults who have had sex might be more qualified to provide suggestions for improvement, especially when it comes to the basics of sexual activity and different forms of contraceptives. Additionally, while we used only one focus group interviewer in order to decrease interviewer bias (Creswell and Poth 2017), the fact that the interviewer was female may have influenced how participants responded in the male focus groups.

Future research should continue to examine adolescents' satisfaction with sex education and seek feedback for improvements, especially in the USA where this literature is sparse. Specifically, future research should seek feedback from students of all ages in order to identify the age-appropriate information students want. In-depth research on how adolescents define realistic and updated education would be helpful in guiding curricular change. Future research should also gather data from larger nationally representative samples in order to improve the generalisability of findings. It should also explore how differences in sexual orientation and gender identity affect students' suggestions for improvement and should focus on how sex education in schools can best meet the needs of *all* students. Finally, future research should continue to evaluate sex education curricula in order to determine which programmes both meet the needs of adolescents and bring about improved sexual and relational outcomes for participants.

Conclusion

As adolescents and young adults are important stakeholders in sex education programmes, it is crucial that their opinions are solicited, and their perspectives are integrated into future programming. In order to address pregnancy and STI rates among adolescents, sex education programmes should elicit students' opinions and use the information obtained to guide the development of more comprehensive programming. The findings from this study provide a start to further understanding the educational needs of students. However, additional resources should be directed to programming and evaluation in order to ensure students receive the best education possible to promote sexual health and well-being.

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