Sex Education … But Make It Comprehensive:

The Impacts of Non-Inclusive Sex Education on the Rates of Sexually Transmitted Infections, Teen Pregnancy, and Young People’s Mental and Emotional Health
Abstract

This study looks at the impact of non-inclusive sex education on STI and teen pregnancy rates and the mental and emotional health of young people in the United States. By highlighting the complicated history of sex education, and the assumptions that underly how Americans perceive sex and innocence, one can begin to understand the state of sex education in the United States. Through interviews with 15 former high school students from three different states (Arizona, Texas, and Massachusetts), and an analysis of the geographic distribution of STI and teen pregnancy rates in the United States, the correlation between comprehensive/non-comprehensive sex education and the sexual health of adolescents is strongly suggested. As a solution, this study proposes a standardized curriculum, informed by the voices of students, to be implemented nationwide. To further the research conducted for this study, the author encourages other researchers to expand on his work, interviewing more students from more states.
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Chapter 1: Sex Education: What We Know About It and Why It Sucks

The following anecdotes are from various public media outlets covering people’s worst experiences with sex education. The rhetoric in these stories is not only shocking, but also a clear indication of why Americans need to change the way they approach sex education.

I … remember my teacher passing a Reese’s Peanut Butter Cup around class, telling us to “do whatever we wanted to it.” After people had licked it, thrown it on the ground, stuck their pencil into it, etc., she claimed that “having sex with more than one person is exactly the same. No one wants to eat this peanut butter cup, so why would someone want to have sex with you if you have been ‘passed around.’”1 - Rachel Puleo, 22

We all got a sex-ed presentation in middle school. They kept the boys and girls together because the presentation wouldn’t work without boys. They had two girls holding clear cups of clean water. They then gave several boys cups of water and had them swish it around in their mouths before spitting it into one girl’s cup. This was supposed to represent what sex does to you, I guess. Turns you into a nasty grimy cup of spit water. Who would ever want you when there’s a sparkling virgin right over there?2 - Melissa Rinkel, 22

For us sex ed was not a class anyone really wanted to take. It was equated to baby dissecting. In my graduating class we had 66 girls and 12 were pregnant by graduation day — one with her second baby. Our sex-ed policy did not work but as far as I know, they still have this policy today.3 - Amanda K. Mazurkiewicz, 32

We were told that masturbation would make us sterile (male OR female), that birth control caused both sterility and cancers, and that even “heavy petting” could cause pregnancy.4 - Jeremy Geopfert, 31

We were shown a slide show of 'deformities' that 'illegitimate babies' could be born with as a deterrent to premarital sex. We were also told gay sex was illegal, and PMS was 'largely psychosomatic' and just an excuse for women to get out of their marital duties. We were told this by a woman.5 - catnelsonl

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We were taught that there are holes in condoms and the 'holes' were bigger than sperm and the AIDS virus. Therefore, the only way to not get pregnant or get AIDS was to not have sex.⁶ - solobodi19

My sex ed teacher told us you can get pregnant from all forms of sex, including anal and oral. She also said you can digest the sperm if you swallow it and that can get you pregnant. When we asked about, like, gay sex, she just changed the subject and pretended it didn’t exist.⁷ - eal0314

Sex education curricula vary from state to state leaving students with different levels of knowledge regarding sex. The lack of a federally mandated curriculum stems from the partisan debate over whether the classroom is an appropriate setting to be learning about sex. The divisiveness of this debate has resulted in conservative states teaching abstinence-only, hetero-forward sex education, and many liberal states teaching more comprehensive curricula on relationships, contraceptives, and alternative sexual lifestyles. The purpose of this study is to identify a correlation (if any) between non-inclusive sex education and STI and teen pregnancy rates in the United States. Additionally, through ethnographic interviews, this study aims to analyze the mental and emotional health impact of non-inclusive sex education on young people.

Questions this study aims to examine include: Why is sex education in the United States the way it is? How do politics and policy play into the debate over sex education curricula? What is the epidemiological impact of non-inclusive sex education? How does non-inclusive sex education impact the mental health of young people in the United States? How does non-inclusive sex-education specifically impact young people who hold alternative sexual and gender identities?

'If It Ain’t Broke, Don’t Fix It:’ Why Study Sex Education

In order to contextualize the debate over sex education, it is important to explore how dissent around sex education was fueled by the sexual revolution of the 1950’s and 60’s, and how that dissent translated into partisan politics and still does to this day. Further, to fully analyze the role of sex education in shaping the health of young people in the United States, one must look at the research for how sex education has impacted rates of STI’s and teen pregnancy in states that offer different levels of sex education. The states that will be investigated in this study are Arizona, Texas, and Massachusetts. Lastly, recent data suggests that LGBTQ+ populations face a disproportionate burden of physical and mental health challenges compared to heterosexual youth. It is thus important to look at how STI and teen pregnancy rates, in addition to the mental health challenges of adolescents, may be affected by the level of sex education they are receiving.

Academics have widely researched the impact of ideology and politics on sex education in the United States. The current partisan climate in the United States has resulted in the separation of supporters of comprehensive sex education within the Democratic Party, and opponents in the Republican Party. Sociologist Joseph O. Baker, in addition to Kelli K. Smith and Yasmin A. Stoss, discuss how the presence and strength of Christian right members in the Republican party have contributed to the opposition of sex education among party members, outside of abstinence-only curriculums (2015). Compared to the Democratic Party, the Republican Party, emphasizing conservative Christian ideologies, is much less likely to support comprehensive sex education and lessons such as in-school condom demonstrations (2015). The ideological differences between Republicans and Democrats has led to a debate over the appropriate amount of sexual health knowledge that young people in the United States should be
receiving. The debate is further complicated by input from parents, teachers, and religious groups.

Dr. Casey Ryan Kelly with the University of Nebraska-Lincoln suggests that the rhetoric behind abstinence only education goes further than partisan divide and the religious nature of one political party over another. He argues that the debate over sex education is derived from the belief that sexual liberation and human expression negatively impact the productivity of a nation. Kelly refutes Freud’s sexually repressive hypothesis using both Foucault and Marcuse, pointing to how the advancement of a nation stems from the proliferation of sexual expression rather than its subjugation. He historicizes sex education further by discussing the political alignment of proponents of sex education, highlighting that rather than a liberal vs. conservative issue, contemporary stances on sex education are instead a reproduction of sentiments against the 1960’s sexual revolution (2016). Kelly’s analysis of ideology is limited and does not point to the partisan divide in the United States as one of the core reasons for the modern debate over sex education. Although the policy disparities between the Republican and Democratic parties may have stemmed from the sexual revolution, one cannot separate political alignments, economic investment, and religion from the current debate.

Dr. Ashley M. Fox, a sociomedical scientist at the University of Albany, and Georgia Himmelstein, BA, Hina Khalid, PhD, MPP, and Elizabeth A. Howell, MD, MPP further address the correlation between state ideology and health outcomes in states that offer varying levels of sex education. Fox, like other researchers, acknowledges that abstinence-only interventions have no positive correlations with sexual health outcomes for teens, whereas comprehensive sex education is effective at both delaying sexual activity, and increasing contraceptive use (2019). However, abstinence-only curriculums are still more prevalent than comprehensive ones as,
since 1998, two billion dollars has gone towards abstinence only education for kids (2019). Many more liberal-leaning states have denied government funding in order to offer a more comprehensive sexual health education. Conservative-leaning states are the biggest recipients of the funding, yet they consistently have higher pregnancy and birth rates than more liberal or moderate states (2019). This study highlights many of the ideological and economic problems in providing comprehensive sex education vs. abstinence only education, but it does not provide solutions beyond the need for bipartisan discussion. In order to make comprehensive changes to sex education in the United States, decision-makers should focus on standardizing a comprehensive curriculum, making sure that states have the necessary financial resources to implement it.

Reflections on the history of sex education and its ability to replicate social inequities and spark division between liberals and conservatives is another important part of contextualizing the modern debate. Sociologist Sinikka Elliott, through ethnographic work in two high schools in a predominately conservative state, interviewing both teachers and students, concludes that current sex education curriculums produce a limited idea of what a good sexual citizen should be. Elliott touches on the gender stereotypes reproduced by current sex education curricula, and the assumed heterosexuality that accompanies those stereotypes. Elliot comes close to addressing the importance of including sexual lifestyles beyond heterosexuality in sex education, but again, does not offer any solution (2014). Her mention of the replication of social inequities does however point to how liberals are associated with social justice and inclusion, allowing them to be proponents of comprehensive, medically accurate sex education. Despite many liberal states being champions for further inclusion of more sexual lifestyles in school curriculums, Elliot’s
discussion clearly demonstrates that sex education policy has been dominated by conservative values and voices.

The categorization of different levels of sex education can aid in the analysis and construction of a sex education landscape and its problems. Biologist and geneticist, Kathrin F. Stranger-Hall and David W. Hall, using national data from 2005, look at state sex education policies to find an association between state ideology and STI and teen pregnancy rates. First, Stranger-Hall and Hall placed different sex education policies into levels. The levels range from zero, being those that do not mention abstinence-only, to three, a policy that stresses abstinence until marriage. With respect to the relevant case study states, Arizona and Texas both are reported to have level three laws and policies, and Massachusetts is reported to have level one policies. The results Stranger-Hall and Hall’s study also indicated that the more strongly abstinence is stressed in schools, the higher the average teen pregnancy and birth rate in that state. The researchers suggest the integration of a sex education curriculum based on the National Science Standards for U.S. middle and high school students (2011). Stranger-Hall and Hall’s study is helpful in determining a structure for rating different sex education programs in the United States. It also clearly points to the benefits of comprehensive sex education compared to abstinence-only curricula. Voices from researchers like Stranger-Hall and Hall are vital in advocating for a standardized curriculum.

A country’s religious majority can also have a major impact on sex education policies, and therefore, the sexual health of young people. Ashling Bourke, an assistant professor in Psychology and Human Development at Dublin City University and associated authors, discuss sex education in Ireland, a predominantly Roman Catholic country that teaches students about self-confidence and relationships rather than sexuality. Using data from the Irish Contraception
and Crisis Pregnancy Survey, Bourke determined that sex education can serve as an agent of protection against negative sexual health practices, and should be targeted at ages deemed likely to be at risk for early sex (2014). The United States has no national religion, yet 70.6% of Americans identify with some sect of Christianity, emphasizing again that religion is likely an additional influence on sex education policy (NW, Washington, and Inquiries n.d.).

Previous studies have discussed important trends that contextualize the current debate over sex education policy in the United States. The division between liberal and conservative beliefs is only strengthened by the partisan political climate of the 21st century. Although liberal voices often dominate the media with moral arguments for the implementation of inclusive sex education, conservative policy and values still dominate school curricula. However, many researchers point to the correlation between the prevalence of abstinence-only education and worse health outcomes when compared to more comprehensive sex education. As a result, it is important to consider alternative, more comprehensive models of sex education in order to appropriately equip youth to make safe and informed sexual decisions.

Sociologist Douglas Kirby discusses five different models of sex education and their effectiveness in improving the sexual health of young people, ultimately determining that comprehensive sex education is the most effective. The five models he discusses are: Curriculum-based sex and STD/HIV education programs, clinician-patient interactions in clinic settings, stand-alone video-based and computer-based interventions, sex and HIV/AIDS education programs for parents and their families, and multicomponent programs (2007). Kirby emphasizes that although the sample size of the study was small, a majority (61%) of all sex education programs he looked at showed a positive impact on one or more sexual behaviors. Kirby’s research criticizes states and schools that offer no version of sex education, pointing to
how at least some presence of sex education in schools has a positive correlation on the health of young people (2007). Even though this study does not cover the differences in health outcomes between levels of sex education, it is important because it demonstrates sex education, even in its most limited state, plays a role in reducing risky sexual behavior in young people.

Young people also face the burden of STI and sexual health challenges unlike any other demographic population in the United States. Authors and researchers Naomi Starkman and Nicole Rajani indicate that young people under the age of 25 are disproportionately affected by the HIV/AIDS and STI epidemic. The authors express that by advocating for abstinence-only education, the United States and associated state governments are not equipping teens and young adults with the tools to deal with the epidemic being presented to them. In addition, the paper mentions that abstinence-only education has shown no direct effect on reducing sexual activity, whereas comprehensive sex education both delays sexual activity and increases contraception use. The study also emphasizes that comprehensive sex education has been endorsed by the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Nurses Association, and the American Public Health Association (2002). The support and evidence for comprehensive sex education presented in this paper further highlights why sex education is a public health issue, and why comprehensive sex education should be invested in and standardized.

Many researchers have tested the benefits of different US specific sex education programs. Using a clustered randomized control trial, phycologist Robert LaChausse, analyzed the impact of the Positive Prevention PLUS Program on preventing teen pregnancy. PLUS is a pregnancy prevention program developed from existing literature about the effectiveness of in-school prevention curriculums. LaChausse studied students in different schools in Southern
California, administering a student survey about sexual experiences. He found that prevention programs like PLUS are incredibly effective in delaying sex and reducing teen pregnancy (2016). Even though the PLUS program was found to be highly effective and has gained support from government organizations like the CDC, it can only be implemented on a school-by-school basis, and costs money to do so. Many U.S. schools are already running on a tight budget, despite the minuscule investment for comprehensive sex education programs from the government. Effective curricula and programming like PLUS are in need of more funding and advocacy.

The most telling epidemiological review is the annual report released by the CDC on STI statistics in the United States. Published in October of 2019, the CDC reported on the growing STI crisis in America, releasing 2018 statistics on the prevalence of Chlamydia, Gonorrhea, Syphilis, and Chancroid. They report that half of all sexually transmitted diseases affect young people ages 15 to 24, creating long-term health effects like infertility, and costing the U.S. healthcare system billions each year. Chlamydia, the most commonly reported STI in the United States, had a prevalence rate of 539.9 cases per 100,000 people, an increase of 2.9% from 2017. The overall prevalence of gonorrhea also increased by a rate of 5% for both men and women. Importantly, rates for both Chlamydia and Gonorrhea were most common in the southern region of the United States, with rates for Chlamydia in the region increasing by 1.9% and rates for Gonorrhea increasing by 1.3%. The south is notorious for having non-inclusive sex education, highlighted by Texas and Arizona, level three states that offer predominantly abstinence only education (2019). These new statistics from the CDC clearly point to the correlation between sex education curriculums and poor sexual health outcomes for teens.

We see, then, that many studies confirm that non-comprehensive sex education has an adverse effect on the health of young people when compared with the effect of comprehensive
sex education. The lack of a standardized, medically accurate curriculum, in addition to the distribution of STI and teen pregnancy rates within the United States, points to the urgent need to address sex education as a public health issue and a way to protect American adolescents from risky sexual choices. So if we have such evidence, why are there still so many states that advocate for non-comprehensive sex education?

The lack of alternative sexual lifestyles included in sex education curricula also clearly sparks unique health consequences for non-cis gender, LGBTQIA+ individuals, and other marginalized groups. Being traditionally left out of conversations in classrooms, teens who hold these identities engage in increased risky sexual behavior, and often face a heightened burden of mental health challenges. This lack of a presence in school’s leaves LGBTQIA+ and gender non-conforming teens to seek information outside of school where information can be unreliable or highly stigmatized, thus exacerbating the problem. Not including alternative sexual and gender identities in sex education has an impact on the mental and emotional health of teens who hold these identities, in addition to their conceptions of sex as a whole. Several researchers discuss the impacts of ignoring these identities and the results of various other topics being left out of sex education curriculums.

Sociologist Michelle Estes shares her findings on how non-inclusive lessons impact LGBT youth. Estes highlights, through interviews with ten LGB identifying individuals ages 19 to 25, that sex education in schools in not only heteronormative, but also generally centered around abstinence only, leaving LGB individuals without the basic health and behavioral information needed to make informed sexual decisions. Parents, who are also generally seen as important sources for sexual health information, are often uncomfortable talking about LGB sexual health, and even preach ‘waiting till marriage’ rhetoric like many schools. The lack of
formal information provided to young LGB people draws them to get sexual health information from popular media sources which can be unrealistic or inaccurate. Estes suggests that sex education curriculums should be written to include the unique sexual health challenges of LGB individuals. Additionally, she recommends that teachers should be appropriately trained on how to instruct students on these difficult topics (2017). The inclusion of LGBTQIA+ voices and the training of professional sex education teachers are two key factors that will lead to the successful implementation of comprehensive sex education in the U.S.

Inclusivity of different sexual and gender identities seems like a basic request, yet many argue that because these ‘lifestyles’ do not apply to all students, they should not be required. However, the mental health impact of non-inclusive sex education outweighs the fact that these topics are not universally applicable to all students. Chelsea N. Proulx, researcher at the Center for LGBT Health Research and other researchers, indicate in the Journal of Adolescent Health that over 60% of LGB youth experienced depressive symptoms in the year of 2015 (2019). They also reported that LGBT individuals are up to five times more likely to develop suicidal thoughts as a result of their sexual or gender identities (2019). After analyzing 2015 state-level data from eleven states, they determined that the mental health outcomes for LGBT students are significantly improved by inclusive education (2019). This reality and the barriers to be included that LGBTQIA+ students face to be included are thus too pressing not to address in schools.

In addition to teaching students about non-heterosexual identities, it is important students are given education about aspects of non-reproductive sex. Doctor Erica Koepsel aims to explain the benefits of including education on sexual pleasure in the classroom, advocating that it is an important and necessary part of comprehensive sex education. Koepsel points to public health research that highlights pleasure as an effective tool in reducing teen pregnancy and rates of
STI’s and HIV. She also highlights the reasons why sex education is not inclusive—inadequate funding, a lack of uniform guidelines on sex education, a lack of sex-positive public discourse, and inconsistency in teaching techniques (2016). Ultimately, she emphasizes that including pleasure education in comprehensive sex-ed curriculums advances feminist theory, reinforces similarities in bodies between different sociodemographic groups, and creates a more inclusive sexual conversation beyond that of reproduction, abstinence, and the gender, heteronormative binaries (2016).

Such studies point to the need for action and change in the way Americans understand and teach sex education. The debate over sex education has been charged by partisan politics and a fear that sex education teaches young people how to have sex. The health impacts of this rhetoric are clear in the distribution of STI and teen pregnancy rates across different regions of the United States. Lastly, leaving LGBTQIA+ and gender non-conforming youth out of sex education curricula is no longer an option, as the challenges young people with these identities face are too prevalent and harsh not to address. Ultimately, the prevalence of non-inclusive sex education stems from a failure of parents, schools, and decision-makers to acknowledge the disproportionate STI and teen pregnancy rates in states that offer varying levels of sex education, and a failure to address the mental and emotional health challenges that are associated with sexual trauma and an exclusion of LGBTQIA+ voices in the classroom. Finally, the lack of comprehensive sex education comes from a failure to fund sex education appropriately (the training of teachers and comprehensive materials) and develop a standardized, effective curriculum for all classrooms in the United States.

This study aims to address the gaps in previous research, focusing on how non-inclusive sex education influences the prevalence of STI and teen pregnancy rates, and the mental health
and conceptualization of sex by young people. What are the underlying assumptions of our
society and culture that inform the debate over sex education curricula? How do young people
feel about sex education and the effect that it has on their health?

Gayle Rubin, a queer anthropologist, emphasizes that Americans understand sex under a
hierarchy (Rubin 2012). In her essay, “Thinking Sex: Notes for a Radical Theory of the Politics
of Sexuality,” she explains that sexual activity exists in relation to a perceived “charmed circle”
where some versions of sexual activity are considered normal and good whereas as other
versions are considered bad and unnatural (Rubin 2012, 153). Interestingly, Rubin points to the
fact that Americans generally view sexual acts to be “dangerous, destructive, [and] negative”
(Rubin 2012, 148). This conceptualization of sex as something ‘bad’ contributes to the taboo
nature of discussing sex in the classroom. Additionally, rhetoric surrounding young people and
sex is strongly influenced by notions of innocence and childhood sexuality being perverse,
giving a theoretical basis to why many Americans believe in abstinence-only sex education.

The strength of these ideas is evident when put into the context of ‘doxa.’ Pierre
Bourdieu, a distinguished French anthropologist, introduced the concept of doxa in his 1977
book, *Outline of a Theory of Practice*. He describes ‘doxa’ as “the absolute form of recognition
of legitimacy,” referring to concepts that are so ingrained in society that they go unchallenged
and unchanged (Bourdieu 1977, 168). Keridwen Luis, author of *Herlands: Exploring the
Women’s Land Movement in the United States*, also looks at doxa to inform her arguments. She
emphasizes that “doxa is the unspoken social order, that which lies too deep to be spoken of, and
which is taken for granted as the natural order of the universe” (Luis 2018, 10). Doxa is often
conflated with ideology, but the two serve to explain different cultural phenomena. Doxa refers
to that which is undisputable, simply, “true.” Ideology is the beliefs that people recognize to be
fluid and debatable. Some of the debate over sex education curricula can be blamed on ideological differences; however, some arguments are at the level of doxa. This study further explores the socio-cultural assumptions that fuel sexism, homophobia, and visions of right and wrong, some being doxic, at the heart of the current debate over sex education.

This research indicates that non-inclusive sex education in schools often creates a culture of shame and fear surrounding sex. Through a combination of scientific understanding, socio-cultural analysis, and policy recommendations, I aim to understand and propose solutions for the contemporary crisis of sex education in America.

Methodology

This study examines the socio-cultural assumptions that inform the current debates surrounding sex education in the United States. I look at the relationship between different levels of sex education and STI and teen pregnancy rates, and how non-inclusive sex educations impact marginalized communities. These marginalized communities include women, LGBTQIA+ identifying people, disabled people, and gender non-conforming and transgender individuals. This study (approved by the Brandeis University Institutional Review Board (IRB)) also highlights the voices of various former students who took sex education in one of three case study states—Texas, Massachusetts, and Arizona. The three states were chosen for their varying state policies on sex education.

Arizona was chosen for the state’s focus on abstinence only education. In the state, sex education “shall not include the teaching of abnormal, deviate, or unusual sexual acts” and
“stress[es] that pupils should abstain from sexual intercourse until they are mature adults.”

Texas was chosen for a similar reason, but because of the state’s size, sex education curriculums vary widely. Through interviews with former students, it became evident that sex education requirements in Texas can be taught online, in a classroom, or even in other non-health specific classes. The diversity of sex education experiences in Texas made it an interesting state to add to this study.

Massachusetts is a state that offers fairly comprehensive, medically accurate and inclusive sex education. Although much of the sex education in Massachusetts is comprehensive, the state has no standardized requirements, thus individual schools have the agency to determine their sex education curriculum. As a result, there are massive gaps in what some students in Massachusetts are being taught compared to others in the state, adding to the complexity of the state’s relationship with sex education.

The interviews that made up the qualitative research in this study were conducted at Brandeis University with various students or former students of the institution. Subjects were a variety of ages ranging from 20 to 29. Subjects also identified across a diverse gender and sexuality spectrum, adding to the depth of their experiences with sex education. In addition to former students, one current sex educator was interviewed about the curriculum she is teaching and its effect on her students. Additionally, many of the subjects I interviewed were either friends, acquaintances, or people at Brandeis University who various professors put me in touch with. Every subject interviewed was either a former student who went through sex education in one of the three case study states, or a sex educator in one of the case study states. These initial connections with the subjects aided in the creation of a space of trust and vulnerability during interviews.

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Table 1. Characteristics of the 15 Interview Subjects
As a gay man, I personally empathized with many of the experiences the interview subjects shared. As a result of my queer identity, I believe many of the LGBTQIA+ identifying subjects I interviewed were more willing to speak candidly about their relationship to sex and sex education. During interviews, subjects sometimes had trouble recalling different lessons and specific aspects of their sex education curriculum, making recall bias one of the flaws of this study. It was also difficult to maintain consistency in interviews as many of the follow-up questions stemmed from the personal experience’s subjects had with sex education, and no one experience was the same.

For the interview with the sex educator, it became clear that the teacher I interviewed was not representative of most sex education instructors. Many of the student subjects indicated that they were taught sex education by someone who was not necessarily well-trained (a coach, or teacher who taught another subject), yet, the sex educator I interviewed was trained in how to teach comprehensive sex ed in her state, having personally experienced the effects of poor sex education. Because of my limited network, there were a number of perspectives that I was not able to capture such as those from untrained sex educators. To further this research, I would include these perspectives to show how much the quality of the instructor is a driver of sexual health knowledge. Another limit to this study is that it only covers three states, and the number of interviews was quite small at just 15 persons. In the future, it would be interesting to include more case study states and interviews from former students.

Another important facet of this research is the use of the word ‘queer’ in the interview portion. Queer, in its modern sense, refers to someone who identifies within that spectrum of the LGBTQ+ community, but does not specifically identify with any one identity that is represented. It refers to someone who identifies beyond they spectrum of straight, or cis gender. In the pages below, my interviewees use queer in a variety of ways including as a personal identity, and as a way to refer to the greater LGBTQIA+ community. Out respect for the participants of this study, it is important to understand the significance of the word ‘queer’ in its modern use.
The quantitative portion of this study includes an epidemiological analysis of recent Centers for Disease Control (CDC) reports on the distribution of STI rates for Chlamydia, Gonorrhea, Syphilis, and Chancroid. Additionally, the epidemiological report includes visual representations of the themes presented in the interviews for this study, and the distribution of negative and positive associations with sex education across the case study states. This portion of the analysis will also showcase an outline of the prevalence of teen pregnancy across different states and regions. By looking at this data, one can see the distribution of different STI’s and teen pregnancy in different regions of the United States. The synthesis of this data gives a clear impression that there is a correlation between non-inclusive sex education and STI and teen pregnancy rates.

Lastly, my personal experience with sex education seems to be more comprehensive than most. I attended high school in Bethesda, Maryland, where although there is no standard curriculum, schools are required to teach students about “human reproduction…contraception, family planning, and sexually transmitted diseases.” Teachers are also heavily encouraged to talk about sexuality and alternative family structures in the classroom. My sex education also included various demonstrative lessons, including how to put a condom on. These lessons are different from many of the subjects I interviewed for this study. As a result, much of the data presented in this thesis comes from a place of trying to understand abstinence-only and ‘waiting till marriage’ rhetoric, and how non-inclusive sex education has informed students’ conceptions of sex beyond high school.

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I used social, political, and economic lenses to analyze the state of sex education in the United States and the sexual health of young people. By using this interdisciplinary method of analysis combined with an extensive epidemiological review, I was not only able to address the impacts of sex education on former students, but I was also able to offer potential solutions for how to improve sex education in order to make it more inclusive and reflective of students’ needs.
Chapter 2: The History of Sex Education in the United States and Beyond

Sex education in the United States stems from a desire to teach young people about the dangers and consequences of having sex prematurely. The history of sex education is embedded with politics, religion, and backlash, highlighting that sex is a highly charged topic in American culture. Although Americans are frequently exposed to sexual content from media, sex is often a controversial and embarrassing topic to discuss in the classroom. I aim to illustrate how the history of sex education and notions of sex in the early twentieth century still inform sex education and Americans’ conceptions of sex to this day. The history of sex education suggests that many states have outdated, ineffective, and harmful policies that should be amended to address the current relationship between teens and sex.

Brief History

Early sex education in the United States evolved from a widespread desire to preserve the purity, innocence, and respectability of children. All of these traits, particularly in the Victorian era, were enforced by keeping young girls in the dark about pregnancy, womanhood, and where babies come from (Campbell 1986). For boys, sexual purity involved refraining from inherent sexual desire and masturbation, and instead exercising, praying, or “[thinking] about your mother’s love” (Campbell 1986). As early as 1882 in the United States, the National Education Association began discussing the concept of “moral education” in schools (Cornblatt 9AD). Although cryptic, this new desire for sex education stemmed from growing rates of syphilis and gonorrhea among young people (Cook 2012). Before most STIs could be treated with penicillin, catching gonorrhea or syphilis involved a painful treatment process. Individuals who contracted
STIs during the early twentieth century were also highly stigmatized and seen as social and sexual outcasts, adding to the desire to educate America’s youth about the dangers of sex.

The United States has come a long way in terms of sexual liberation and freedom of expression, yet there is still an underlying notion that talking about sex in the classroom is disrespectful and shameful. That one should be ashamed of their sexuality and that in order to be ‘respectable,’ it should be hidden for as long as possible. Thus, many schools limit the amount of ‘inappropriate’ material disseminated to children as a way to maintain their innocence. Author Hera Cook highlights how the movement against sex education was mainly driven by mothers from the 1850’s and 60’s (2012). Interestingly, the same arguments that were used in the 1800’s to ‘defend the innocence of children’ are still used today as way for states to justify outdated policies.

The concept of a formal sex education was first introduced by Ellen Key of Sweden in 1900 via the publication of her book, *The Century of the Child* (Zimmerman 2015, 5). Key outlines why children should be treated like adults, capable of understanding difficult subjects like sex and relationships. Although there were many examples of ‘moral education’ before the 1900’s, the introduction of this book in Sweden was the first known formal movement towards teaching children about their bodies in the classroom, including the mechanisms and functionality of heterosexual sex. From the books first mention of teaching children about sex, there was backlash from Swedish parents, teachers, religious educators, politicians, etc. (Zimmerman 2015, 5). Many parents in Sweden believed that teaching kids about sex in the classroom would lead them to engage in more sex outside of school. Many religious critics saw the sex education as a deviation from the practice of faith and abstinence (Zimmerman, 2015, 10). Teachers thought that teaching immature students about sex would erode the fragile
authority they possessed in school. For this reason, much of the sex education in the early 20th century in the United States and Europe was fairly basic. The main goals, as described by author Jonathan Zimmerman, were “for boys, … [to] refrain from masturbation and sex, [and for girls to not] tempt boys with sexual desire” (Zimmerman, 2015, 33).

In 1913, Chicago became the first U.S. city to implement sex education for high school students, facing similar backlash to the proposition of sex education in Sweden (Cornblatt 9AD). Even though sex education has been present in the United States for much of the twentieth century, comprehensive sex education (CSE) did not gain widespread support until the 1960’s (Calderone, n.d.). Youth in America during the 1960’s and 70’s encountered a growing level of pornographic imagery and literature “as national censorship laws fell away” (Zimmerman 2015, 82). This counterculture energy grew stronger as youth oriented political campaigns and antiwar protests became more and more common. The rebellious spirit of America’s youth meant that young people were having more sex, resisting the “abstinence only until marriage” narrative that dominated classrooms that offered sex education. “Liberal intellectuals declared a new gospel of sexual freedom and called upon schools to preach the same…[whereas] Conservatives in Europe and North America joined hands to defend the old verities: faith, chastity, and authority” (Zimmerman 2015, 81). Advocates against comprehensive sex education such as Mary Whitehouse, a British schoolteacher, believed sex education was too detailed and not “moralistic enough” (Zimmerman 2015, 92). Whitehouse worked with groups such as the Citizens for Decent Literature and former president Nixon’s National Commission on Obscenity and Pornography to spread her message.

On the opposite end of the sex education debate, many supported the right for children to be exposed to a sensitive topic like sex. One of the main advocates for the pro-sex education
movement was Dr. Mary Calderone. In 1964, Calderone founded the Sexuality Information and Education Council of the United States (SIECUS), a center dedicated to the sexual health of young people, and the access of medically accurate information on sexual health related topics. The center became an important resource in defining comprehensive sex education and remains a source of sexual health knowledge to this day.

The key difference, however, between the two sides of the sex education debate is the agency and rights inherently assigned to children. During the 60’s and 70’s, one of the notable conversations about sex education curriculums was surrounding “whether [children] were naturally sexual beings” at all (Zimmerman 2015, 98). Were young people even capable of understanding sex and sexual desire? Conservatives fought for the right for children to remain sexually innocent, yet surveys from the time have revealed that children “knew more about sex than many adults imagined” (Zimmerman 2015, 99).

Another question of choice and rights came with whether parents would have the ability to exclude their children from sex education programming they deemed inappropriate or unnecessary. “Only in the United States – with its deep-rooted traditions of lay and local school control – did parents win real authority to exempt their children from sex education” (Zimmerman 2015, 97). The parental-withdrawal rule still exists in some states and is one of the main differences between sex education in the United States and sex education in other parts of the world. It meant that even children within the same school could have a diverse range of ideas about sex.

Some argued that children should be talking to their parents about the subject of sex and not their schoolteachers. However, this assumption that parents knew about the sexual challenges of young people during the sexual revolution, in addition to trusting children to ask the right
questions to fully equip themselves to be safe sexual citizens, is both naïve and irresponsible. How is one supposed to ask informed questions without being informed? Ultimately, “by 1980, nine states specifically decreed that parents could withdraw children from the subject; five others required written parental consent before students could receive it” (Zimmerman 2015, 97).

One of the last stakeholders in the debate over sex education was teachers. Teachers of sex education risked being ostracized by their communities, judged for teaching children “how to have sex,” and other topics perceived as “perverse.” Some made judgements about the sexuality of sex education teachers, such as that many of them had sexual experiences with members of the same sex (Zimmerman 2015, 112). Certain states went so far as to bar homosexual men from teaching in public schools (Zimmerman 2015, 112). These decisions were informed by a climate of scapegoating marginalized communities. The gay community, especially during the 1980’s, was associated with risky sexual behaviors, making gay individuals the perfect people to blame when America’s youth also began engaging in ‘non-reproductive’ sex. “By 1979, at least 90% of American schools provided some kind of sex education,” but in the wake of the HIV/AIDS crisis, comprehensive sex education took on a new urgency (Zimmerman 2015, 85). By 1992, all but two states either required or recommended some form of sex education; however, in 1999, one in three American schools taught an abstinence only curriculum (Zimmerman 2015, 118).

The partisan nature of sex education in the United States led to increasing tension among liberals and conservatives. Traditionally, democrats believed in a more comprehensive form of sex education whereas the religious nature of the republican party led conservatives to seek a more “moralistic” approach. On a global scale, NGOs and development organizations began to preach the importance of safe sex and respecting male and female sexuality. Advocacy surrounding comprehensive sex education gained support from organizations such as the
American Public Health Association, the American Medical Association, the American Academy for Pediatrics, and more (Starkman and Rajani 2002). Various guidelines and definitions have been published since comprehensive sex education was recognized as a way to decrease risky sexual behavior in young people. It is important to understand and reflect on these definitions of sex education and sexual health as they contextualize how the two sides of the debate view sex education today.

The first organization to publish a definition for sexual health was the World Health Organization (WHO) in 1975. The definition reads: "sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love" (Auteri 2015). From this point on, doctors and public health professionals began to see sexual health as an important part of one’s overall well-being. In 1991, the Pan American Health Organization and the World Association of Sexology furthered the definition by including language about the links between mental health and sexual health, in addition to the importance of recognizing an individual’s sexual rights (2015). These definitions have been revised over the years since their publication to meet the needs of organizations that have different definitions of sexual health. For instance, one of the most recent definitions refers to “having pleasurable and safe sexual experiences” as important for one’s sexual health, however, the Centers for Disease Control removed the word “pleasure” from their own recommendation and definition (2015). Arguments over whether pleasure should be included in defining sexual health is one of the main controversies between advocates of sex education. Some see the inclusion of pleasure as an unnecessary addition to an already complicated definition, whereas others like Dennis Fortenberry, chair of the Board of the
American Sexual Health Association, saw pleasure as vital because it emphasizes “self-determination and autonomy” in sex (Auteri 2015).

Further, comprehensive sex education has grown from these inclusive definitions of sexual health. According to the National Guidelines Taskforce, a panel of experts gathered by SIECUS to evaluate the importance of comprehensive sex education, comprehensive sex education promotes sexual health in the following ways.

- It provides accurate information about human sexuality, including growth and development, anatomy, physiology, human reproduction, pregnancy, childbirth, parenthood, family life, sexual orientation, gender identity, sexual response, masturbation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted infections.\(^\text{10}\)
- It helps young people develop healthy attitudes, values, and insights about human sexuality by exploring their community’s attitudes, their family’s values, and their own critical thinking skills so that they can understand their obligations and responsibilities to their families and society.\(^\text{11}\)
- It helps young people develop communication, decision-making, assertiveness, and peer-refusal skills so they are prepared to create reciprocal, caring, non-coercive, and mutually satisfying intimacies and relationships when they are adults.\(^\text{12}\)
- It encourages young people to make responsible choices about sexual relationships by practicing abstinence, postponing sexual intercourse, resisting unwanted and early sexual intercourse, and using contraception and safer sex when they do become sexually active\(^\text{13}\)

Various sexual health advocacy organizations have also developed CSE curriculums, definitions, and guidelines in order to more broadly define what lessons on sexual health should be taught in the classroom. Planned Parenthood, a non-profit organization that focuses on reproductive care advocacy, pushes for lessons on “Human Development (including reproduction, puberty, sexual orientation, and gender identity), Relationships (including families, friendships, romantic relationships and dating), Personal Skills (including communication,
negotiation, and decision-making), Sexual Behavior (including abstinence and sexuality throughout life), Sexual Health (including sexually transmitted diseases, contraception, and pregnancy), [and] Society and Culture (including gender roles, diversity, and sexuality in the media)” (“What Is Sex Education? | Sex Ed Definition and QA” n.d.). In addition to Planned Parenthood, the organization Future of Sex Education defines comprehensive sexuality education as “a planned, sequential K-12 curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality” (“Sex Education Definitions and Select Programs” n.d.). The Guttmacher Institute, a leading research policy organization for sexual and reproductive rights, defines and highlights seven essential components of comprehensive sex education: gender, sexual and reproductive health and HIV, sexual rights and sexual citizenship, pleasure, violence, diversity and relationships (“Demystifying-Data-Handouts_0.Pdf” n.d.).

The history of sex education in the United States is plagued with partisanship and dissent; however, the legitimacy of sexual health has progressed immensely since it was first conceptualized as something needed for holistic well-being. The two sides of the sex education debate are replicated today in political parties, across state lines, and in schools. In conclusion, schools are still hesitant to teach advanced sexual topics in the classroom for a variety of reasons including religion, parental backlash, community standards, and more. By looking at the history of sex education, one understands that the class stems from a time when there was only an elementary understanding of sexual health. Therefore, I suggest that current sex education be updated to reflect modern advances in sexual health knowledge and technology.
In addition to highlighting the rich history of sex education, it is also important to look closely at modern curricula, federal standards and investment in sex education, and the current landscape of sex education in the three case study states: Arizona, Texas, and Massachusetts.

The Current Landscape of Sex Education in the United States

Although there is no standardized curriculum for sex education in the United States, federal, state, and local governments provide loose guidelines for schools. Guidelines are often intentionally vague in order to meet community standards and beliefs in all parts of a state. The following will provide an outline of current national legislation in place, including government funding for sex education and country-wide recommendations from both state and national organizations.

Since 1982, the federal government has supported Abstinence Only Until Marriage (AOUM) curriculums in schools. More than two billion dollars have helped these programs flourish, despite the fact that they lack basic lessons on contraception and STIs (“How Sex Education Is Funded” n.d.). Although former president Obama shifted sex education funding away from abstinence only programs, social conservatives and the Trump administration have reversed these progressive steps (“The Looming Threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs?” 2017). This funding for abstinence programs has meant that investment in comprehensive sex education is private or state-funded, and clearly lacking. Schools are forced to choose between not having any federal funds to supply an informative course on sex education or providing a less comprehensive program. As a result, very few states offer ALL of the lessons that comprise what could be defined as a comprehensive sex education curriculum.
According to the Guttmacher Institute, as of January 1, 2020, 39 states and the District of Columbia (DC) mandate a version of sex education or HIV/AIDS education (27 states mandate both, two states only require sex education, and ten only require HIV/AIDS education) (“Sex and HIV Education” 2016). One of the most striking facts reported by the institute is that only 17 states require sex education to be medically accurate (2016). Additionally, 36 states still allow for the option for parents to remove their children from the course if they deem the information inappropriate (2016). These policies do not reflect the current liberated climate of sex in America and are more a reflection of the partisan nature of state policy. Another revealing policy that reflects the partisan nature of sex education is that 29 states require abstinence to be stressed and 10 states and DC require that abstinence is covered (“Sex and HIV Education” 2016). Among those 39 states, 19 require instruction on the importance of waiting until marriage to engage in sexual acts (2016). The current proliferation of abstinence is clearly tied to the federal funding for these types of programs.

The last statistic of relevance, and one of the most concerning, is that “Alabama, Arizona, Mississippi, Oklahoma, South Carolina, and Utah require that sexuality education present homosexuality in a negative light” (“Sex Education and the Promotion of Heteronormativity - Tanya McNeill, 2013” n.d.). These states are candidly known as the ‘no promo homo’ states (“‘No Promo Homo’ Laws” n.d.). The pathologization of gay, lesbian, and bisexual sexualities in the classroom is both irresponsible and backwards. LGBT+ students exist in all states, and are disproportionately burdened with mental health issues, shame, guilt, bullying, etc. When there is harmful language in the classroom directed at members of the LGBT+ community, these mental health effects are elevated. Curricula must reflect the specific health challenges of ALL students.
Stigma is a public health issue and should be treated with the utmost importance. Schools should be a place to fight stigma, not instigate it.

Because there is no standardized sex education curriculum in the United States, different curriculums developed by private organizations have grown in popularity on both sides of the sex education spectrum and are frequently used or adapted to meet the standards of a community. As of 2004, some of the most popular abstinence-only curriculums were Choosing the Best Life (2003), Choosing the Best Path (2001), A.C Green’s Game Plan (2001, WAIT Training, Choosing the Best Way (2001), and more (WAXMAN, n.d.). The prevalence of these programs has grown since 2005 when the Bush Administration pledged $170 million to abstinence-only programming. Strikingly, there were 13 popular abstinence-only curriculums in 2004, yet 11 of the curriculums contained false information about the sexual health of young people (WAXMAN, n.d.). Many of the curriculums reported false information about the effectiveness of condoms in preventing STIs and teen pregnancy. One curriculum claims: "if condoms were effective against STDs, it would be reasonable to expect that an increase in condom usage would correlate to a decrease in STDs overall - which is not the case, rather, as condom usage has increased, so have rates of STDs." 14 This curriculum fails to mention the declining rates of prevalent STIs such as syphilis and gonorrhea, and instead makes a sweeping generalization, blaming this failure to improve overall STI rates on the ineffectiveness of condoms. False information was also reported on the risks of abortion, risky sexual behavior, human genetics,

14 https://congressional-proquest-com.resources.library.brandeis.edu/congressional/result/pqresultpage.gispdfhitspanel.pdflink/$2fapp-bin$2fgis-congressearch$2f3$2f6$2f9$2f3$2fcmp-2004-hgr-0005_from_1_to_26.pdf/entitlementkeys=1234%7Capp-gis%7Ccongressearch%7Ccmp-2004-hgr-0005
puberty, and HIV (n.d.). In addition, these abstinence-only curriculums reinforce stereotypes about women being weak and men being naturally aggressive (n.d.). Curriculums such as ‘Choosing the Best…’ are still prevalent today despite their flaws. Not all abstinence only curriculums are inaccurate, however, many such as the WAIT Training, Sexual Health Today, and more either neglect or falsify information that is vital to the development of a healthy sexual citizen (WAxMAN, n.d.).

On the opposite end of the debate, sex education advocacy organizations have published their own versions of comprehensive sex education curriculums in lieu of a national one. Organizations such as Planned Parenthood, The Future of Sex Education, and SICUS have all released guidelines on what they believe makes up a comprehensive education. One of the most detailed publications is the 2011 National Sexuality Education Standards, Core Content and Skills, K-12, published by the Sexuality Information and Education Council of United States. The curriculum was endorsed by organizations such as Advocates for Youth, American School Health Association, American Association for Health Education, and more. It includes lessons on anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, sexually transmitted disease and HIV, healthy relationships, and personal safety” (“National-Sexuality-Education-Standards.Pdf” n.d.). The recommendation also outlines different lessons to be taught at different grade levels, emphasizing the importance of building a foundation of core concepts and information in order to enter young adulthood with the ability to make smart decisions. Various guidelines, such as the one from SIECUS, are publicly available and being used to shape comprehensive curriculums across the United States.

Another factor that contributes to sexual health knowledge disparities in the United States is the difference between sex education in public and private schools. Public schools, as a whole,
have less agency when it comes to deciding what their sex education curriculum is going to look like, often having to conform to community standards, parental input, or the federal budget for sex education. Private schools, however, are not constrained by these factors, and often formulate a curriculum that is in line with school values and practices rather than the communities. Curriculums in private schools can be both more comprehensive than state norms, or completely lacking, depending on the climate of the school and community.

By looking at the statewide distribution of topics being taught in the United States, it is clear that there is an overwhelming number of states teaching students abstinence forward curriculums compared to comprehensive ones. It is impossible not to associate the prevalence of abstinence only curriculums with the federal funding for such programs, even though many abstinence only programs were found to have a multitude of inaccuracies. Finally, by looking at comprehensive sex education curricula, one can begin to understand the dramatic differences between the two sides of sex education advocacy in the United States. To further understand these differences, this study looks at the policies of three states that offer different levels of sex education.

Looking at the Sex Education Landscapes of Arizona, Texas, and Massachusetts

The current sex education landscape in Arizona is generally considered non-comprehensive. The laws governing sex education instruction in the state were first passed in 1978, and have not been amended since 1989 (“Attachment-d-R7-2-303-Sex-Ed-in-Schools-Rule.Pdf” n.d.). They begin by clearly stating that sex education may be offered to a child, only if his/her parents’ consent. The legislation also states that all local governing boards must approve of the sex education curriculum before it is taught. One of the most revealing portions of
the document, however, is that students will be ungraded and have no homework, making the sole purpose of the course self-reflection and analysis. Although it is important that sex education is taught differently than other classes, by making the class ungraded, decision-makers are allowing students to not take sex education as seriously as it needs to be taken. Additionally, the legislation states that “lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or his parents' personal beliefs or practices in sex, family life, morality, values or religion” (n.d.). In terms of lessons being taught, it is mandated that boys and girls are separated, and that lessons reflect community sensitivities and standards. Materials discuss the following:

i. Stress that pupils should abstain from sexual intercourse until they are mature adults;

ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100% effective;

iii. Stress that sexually transmitted diseases have severe consequences and constitute a serious and widespread public health problem;

iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;

v. Promote honor and respect for monogamous heterosexual marriage; and

vi. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.15

The curriculum requirements above reflect what a traditional abstinence only sex education curriculum looks like.

In a 2017 report by the Centers for Disease Control and Prevention, researchers analyzed Arizona’s sex education programming and its effects on the health of young people in the state. They found that among secondary schools, only 31% of teachers tried to increase student

knowledge in human sexuality, 36% in HIV prevention, and 35% in STD prevention (“Arizona Summary Report. Analysis of State Health Education Laws.,” n.d.). The fact sheet also states that sex educators in Arizona don’t have to be formally trained, meaning sex education can be taught by teachers that have no experience talking to adolescents about the risks and benefits of sex. These statistics foreshadow the health outcomes that result from teaching an abstinence only curriculum to sexually active young people.

Texas, like Arizona, is a state that teaches predominantly abstinence-only curricula. In a 2011 report by the Texas Freedom Network Education Fund, it was reported that 74.6% of schools teach abstinence-only, and 25.4% of schools teach abstinence-plus (n.d.). Although sex education in Texas is notorious for being abstinence forward, there is very little specific legislation on the subject. In Texas’ education code, the only mention of sex education instruction highlights that “a school district that provides human sexuality instruction may separate students according to sex for instructional purposes” (“EDUCATION CODE CHAPTER 28. COURSES OF STUDY; ADVANCEMENT” n.d.). One reason for the lack of formal rules surrounding sex education in Texas is that the state is so large it would be impossible to incorporate all community standards in one piece of sex education legislation. For this reason, formal legislation on sex education in Texas is fairly basic.

The CDC reported in 2017 that the only two required topics for sex education in Texas are contraception and abstinence (“Texas Summary Report. Analysis of State Health Education Laws.,” n.d.). Additionally, parents must be given the option to remove their children from the sex education classroom (n.d.). These two lessons, however, are inherently contradictory. Teaching kids about contraception warrants the assumption that schools know adolescents are having sex, and that they want them to be protected, yet, the requirement of abstinence related
topics conflicts with this notion. For this reason, Texas is a unique case study, as schools could technically offer comprehensive sex education if they mention topics of abstinence. The legislation is intentionally vague to allow for this type of interpretation, as Texas is a state with varying levels of conservatism, religiosity, and openness. In addition to these unique aspects of the state’s relationship with sex education, the CDC reports that 79% of secondary schools tried to increase student knowledge in human sexuality, 86% in HIV prevention, and 86% in STD prevention (n.d.). This commitment to teaching young people about risky sexual behaviors is commendable; however, sex education in Texas is not taught in the most productive way. It is not required that curriculums are delivered by trained instructors, and because of this, sex education can be taught via online lessons and non-sex ed specific classes that fulfill the sex education requirement for the school. By not having a trained instructor in the classroom, and by allowing students to take sex-education online, sex education in Texas is not supplied with the right platform to be taken seriously and for information to absorbed appropriately. Ultimately, sex education in Texas has the potential to be far better than it currently is.

Massachusetts is a state known for its progressive legislation and quality healthcare and research. Although many schools in Massachusetts, both public and private, offer comprehensive sex education, there are very few laws that regulate the material that is taught in classrooms. Despite Massachusetts being on the opposite political spectrum to Texas, it is hard not to see some similarities in policies between the two states. The CDC reports that the only requirements for adolescent health instruction in Massachusetts are that the educators must be trained and that parents have the option to remove their children from sex education classrooms (“Massachusetts Summary Report. Analysis of State Health Education Laws.,” n.d.). One of the main differences in the regulation of sex education between Texas and Massachusetts is that in Massachusetts,
“abstinence as a topic of instruction is not addressed (n.d.). Additionally, teachers in the state on average tried to increase students’ knowledge of human sexuality by 83%, HIV prevention by 81%, and STD prevention by 81% (n.d.).

Formal legislation might mirror that of Texas, but the landscape of sex education in Massachusetts could not be more different. One reason for this is that Massachusetts is much more politically liberal, so when communities create a sex education curriculum based on community standards, they are often more inclusive of sexual health and choices, sexuality and gender identity, and family planning. Additionally, sex education in Massachusetts has to be taught by a trained professional meaning that is almost always taught in a classroom and by someone who has more expertise in the subject than other less-qualified teachers. In Texas there is no such requirement which is why the delivery of sex education in the state varies so widely. Another difference between Massachusetts and the other two states is that legislators in Massachusetts are currently trying to improve the nature of sex education in the state. Most recently, in the Massachusetts State Legislature, an act known as the ‘Healthy Youth Act’ would mandate that schools currently offering sex education programs must make them comprehensive, medically accurate, and inclusive (“The Healthy Youth Act” n.d.). This growth mindset is emblematic of sex education in Massachusetts and how it differs from many other states across the country.

I explored the complicated history of the sex education debate and how conceptions of sex and sexuality have shaped modern advocacy efforts. I also looked at how sex education differs across the country and in different states. Comprehensive sex education programs and abstinence only programs are both prevalent across the United States, yet many students receive
far more abstinence forward sex education compared to students who receive CSE. The difference between sex education in public and private schools, as well as where schools get their sex education programming/funding was also highlighted. The differences in the sex education landscapes in Arizona, Texas, and Massachusetts clearly indicate that ideology heavily influences what is taught in the classroom, and that more formal legislation on sex education is needed in both liberal and conservative leaning states. Interviews with former students and one Texas based sex educator will illustrate how some of the gaps in sex education policy and curricula have impacted young people
Chapter 3: The Impacts of Sex Education Then and Now: Former Students’ Perspectives

Throughout the interview process, I was able to piece together a sex education narrative for each of the case study states of Arizona, Texas, and Massachusetts. Despite each state having its own very different version of sex education, there were recurring themes among all interviews with former high school students that revealed a strong correlation between sex education and mental, emotional, and sexual health. The importance of looking at the mental and emotional impact of sex education, in addition to its physical impact, lies in the fact that an individual’s conception of sex can often have prolonged effects on the sexual health of an individual, whereas a more physical ailment like a Sexually Transmitted Infection (STI) tends to be more treatable than ever. Additionally, students who hold queer identities or who experience sexual trauma are at a greater risk of developing PTSD, anxiety, and depression (Martinson et al. 2013; Kann et al. 2016). According to researchers from the University of Maine, PTSD and the mental burden of sexual trauma can lead to major disruptions in a person’s ability to trust and form relationships (Martinson et al. 2013). The prevalence of mental health challenges among sexual assault survivors suggests that the impacts of not learning about consent, safe sex, and healthy relationships are tangible. Sadly, the impact of non-inclusive sex education for LGBT youth is also very tangible. The CDC reports that “nationwide, 17.7% of all students; 14.8% of heterosexual students; 42.8% of gay, lesbian, or bisexual students; and 31.9% of not sure students had seriously considered attempting suicide during the 12 months before the survey” (Kann et al. 2016). This means that LGB identifying students were 2.89% more likely to heavily consider suicide than heterosexual students.
Interviews with 15 former high school students conducted for this study reveal the profound effects sexual education can have on young people. Students interviewed for this project are from Arizona, Texas, and Massachusetts, three states with widely varying forms of sex education. The ages of participants ranged from 20 to 29. Subjects also self-identified across a diverse sexuality and gender spectrum, adding to the richness and differing perspectives from each interview. The interviews highlighted several key themes including: scare tactics in the classroom, the exclusion of queer perspectives, sex education not being taken seriously, traumatic experiences, sources of information outside of the classroom, and false information. Certain themes such as the presence of scare tactics and trauma were more present in Texas and Arizona, whereas sex education not being taken seriously and the exclusion of queer perspectives were seen more uniformly across interviews. Students from Massachusetts, who identified their experience with sex education as comprehensive and generally positive, seemed to experience fewer negative associations with sex education. Names have been changed to preserve the anonymity of the interviewees.

The interviews in this chapter do a powerful job conveying that sex education should be more comprehensive, medically accurate, and inclusive. Every student interviewed discussed changes they would make to state and national policy on sex education, and why. By looking at the following interviews, the correlation between the mental, emotional, and physical health of young people and sex education is strongly supported.

**Scare Tactics**

The use of scare tactics in a classroom setting can be associated with all forms of sex education. Scare tactics are commonly used by schools as a way to make the consequences of
having sex seem drastic and irreversible. Although ‘scare tactics’ may not formally be a part of sex education curriculums, the discussion surrounding common topics like pregnancy and STI’s can be considered scare tactics depending on how they are presented. Showing students sores and infections from STI’s, or making a student carry around a baby doll to imitate the attention a newborn would need are both examples of sex education scare tactics.

Although it is important to look at some of the potentially unintended consequences of sex, scare tactics can create a fear of sex altogether, or make students who may have already engaged in sexual activity feel shame and regret. In both cases, students may not feel like they have the education or connections to seek support. In both Texas and Arizona, it was clear that sex was framed so that it would be perceived as dangerous, risky, and even life threatening. Samantha, age 21 and from Arizona, identifies as both bisexual and non-binary and discusses their sex education experiences, highlighting the scare tactics in their school: “They kind of framed just engaging in sex and stuff like that as being risky, and as being like—like a risk to be taken. And they talked a lot about the dangers [and] bad consequences of sex.” When asked to reflect on whether these depictions of sex seemed accurate to them, they said, “I would characterize it as pretty dramatic and deterring without actually telling you don't have sex but telling you all the bad things that could happen.”

Even though Samantha went to a private school in Arizona where sex education is notably more comprehensive than in the rest of the state, there was still a heavy focus on the negative aspects of sex, rather than the pleasure or other positive dimensions often associated with it. Rebecca, a 22-year-old woman from Arizona, describes her experience at a public school in the state, saying that, “honestly, sex education felt more like a scare tactic then to educate [us] on something that's probably inevitable in a lot of people's lives at some point.”
Similarly, in Texas, many schools taught about the dangers of sex, rather than teaching students to have a more holistic conception of sexual health. Lynne, a 20-year-old queer woman from Texas, discusses this rhetoric: “There was scare tactic information in it that did have information about STI studies, but presented in not a very holistic way so there was never anything about treatment, just that this is a risk that happens.” The current climate of sex education in Texas coincides with the states traditionally conservative beliefs. For many who come from a Christian background in the state, the narrative associated with sex education made it something you should fear rather than enjoy. Maria, a 21-year-old straight woman from Texas, speaks to this point.

Yeah, so I had no sexual experiences in high school. And I know part of that is because... and I'm not sure how much of this is connected to the sex education I received versus coming from a Catholic background where [this] also was pushed very heavily there, but I was terrified about getting pregnant and had no idea about how to even. I knew about condoms and birth control but birth control wasn't accessible and so yeah, I had no sexual experiences [back] then out of fear.

Even in Massachusetts, where sex education is generally thought of as being inclusive and comprehensive, scare tactics exist in the classroom. Scare tactics in Massachusetts may not demonize sex as a whole, yet certain lessons and activities subtly (and not so subtly) subject students to the potential consequences of sex, forcing them to confront some of the harsher realities of engaging in sexual activities. Agnes, a 21-year-old pansexual woman, shares the following story.

We also had the baby project where you would have to take a fake baby home that would cry, or you could walk around with the pregnancy suit. I think [this] was more to scare us about what could happen if we were to have a child, which I don't necessarily think is a very positive message to be sending but it did. It gets the job done, especially for a high schooler to see what could happen if you did have a child at that age.
In addition to students recognizing scare tactics in the classroom, one sex educator I interviewed, Mary, a 27-year-old woman living in Texas, talked about some of the images that kids are exposed to in order to create this scary narrative.

I do believe they showed some pretty awful pictures that were a kind of scare tactic. These are things that can happen to you if you do have sex outside of marriage. But again, there wasn't any resources to prevent these things. It was just, this is what will happen, which was obviously, it's been proven time and time again, scare tactics don't really work. It's how they treat smoking and everything like that, if this is what's going [to] happen, that doesn't really necessarily prevent anybody from doing that. And you're also assuming that the students are valuing the opinion that it is wrong or whatever.

The overall message of scare tactics in sex education is still that it has life-changing consequences for teens. Queer anthropologist Gayle Rubin reflects on how we as a society conceptualize sex. She highlights that Americans think of sex within a hierarchy, and in the United States, we have determined that non-reproductive, non-marital, non-heterosexual sex is “bad sex” (Rubin 2012, 151). Americans conceptualization of sex therefore inherently demonizes most types of adolescent sex. The positive and pleasurable side of sex is therefore rarely discussed in current sex education curricula. Pleasure, masturbation, and consent are all topics that many schools do not teach, even though they are vital lessons for the development of healthy adolescents. Another damaging aspect of sex education that many interviewees alluded to is the heteronormative focus, conveying what is thought of as the true purpose of sex: reproduction.

**Exclusion of Queer Perspectives**

Even though there has been an increase in alternative gender and sexuality identities presented in the media over the last decade, queer topics are still often highly stigmatized subjects for schools to address. LGBTQ+ students struggle with the realities of an unwelcoming school environment, not knowing how to define themselves because they have not been taught
that there are options outside of cis gender and straight, and that sexual experiences do not always correlate with your sexual identity (Linville and Carlson 2010). Also, many curricula do not have lessons for the unique health challenges LGBTQ+ people face. Another barrier to this education is when teachers do not believe this to be a necessary topic for classrooms. This narrative is mainly prevalent in states that have traditionally acted harshly towards the LGBTQ+ community such as Arizona. In Arizona, discussing “alternative sexual lifestyles” in a positive light is not only frowned upon, but forbidden in the classroom due to community standards and old laws that do not reflect the modern shift towards accepting LGBTQIA+ people (“Sex Education and the Promotion of Heteronormativity - Tanya McNeill, 2013” n.d.). Samantha recalls the following.

I remember [in the] seventh or eighth grade, I asked about gay sex and specifically lesbian sex and I [was] immediately shut down. ‘We can't talk about that.” And then they said like, "Oh maybe you can discuss that in the high school course real-world.” I didn't even feel comfortable asking, but I remember just having literally no idea what lesbian sex would be like.

Additionally, by not teaching students about alternate identities, there can be serious mental health consequences.

Yeah, I know that my friend, who was out as trans definitely had a struggle and originally came out when she was really really young, and then went back in the closet to everyone and herself, and I know that the situation at my school was one of the reasons why she went back in the closet and went back to being a boy and or presenting as a boy, and then she was able to come out when she got to high school. - Samantha

As a gay man myself, I could not imagine the feeling of needing to go back in the closet because of the beliefs of my community. It has been proven that the repression of these identities creates unnecessary and dangerous mental health burdens for LGBTQ+ individuals (Proulx et al. 2019). The negative impacts on students who hold these identities is heightened by a lack of resources for LGBTQ+ students in schools. When
queer issues are brought up in the classroom, teachers do not feel comfortable or prepared to talk to students in a productive way. Agnes generally feels like she had a positive sex education experience, yet she acknowledges in the next few moments how there was very little support for LGBTQ+ students in her high school.

We had one gay guidance counselor who just took all of them under his wing, but he did that out of his own initiative, not necessarily because the administration told him to, if that sort of...And I think that definitely contributed to the awkwardness cause it was just not something that was discussed enough at home, and then not discussed enough in the classroom, especially in literature, and in history. These themes come up a lot. But they were just glossed over and so it was just not talked about at all, really.

They only really talked about if you are a man with a penis. They didn't really give any insight to how it might differ for people based on how they identify. It was really just... If you're a cis woman, this is how it is, or if you're a cis man, this is how it is. Cause we went through the anatomy and everything like that, but that's obviously different for people depending on how they identify and things like that. So, it was medically accurate but not covering all the bases.

I got made fun of for people thinking I was a lesbian for a long time, and that was associated with questions that I would ask during sex education, and also just how I dress, in the normal stereotype. But I think specifically with sex education, I remember very clearly my teachers talking about vaginal sex with the man and I was like, Okay, but what about men and men or what about women and women? And she looked at me and she goes. “We don't need to talk about that right now.” If you have questions, you can talk to me later, and then people in the class were like, "Oh she's only asking that cause she wants to know how to have lesbian sex and stupid things like that, and it's like, Well, first of all, no I'm not just asking that for that reason because I don't identify as a lesbian. Second of all, even if I was... Why should it matter?

Agnes went on to describe how she grew up in a relatively progressive town in Massachusetts, but many teachers were still not trained in how to have difficult conversations about sex beyond the binary. Jonathon, a 21-year-old straight man from Massachusetts, encapsulates this point by saying: “It wasn't in the curriculum, so it wasn't mentioned. The gym teacher was teaching it, and it wasn't like something that they could
really deal in to, I'm sure, yeah, and the gym teacher was like a—I wanna say, a 29-year-old straight dude.”

In states where the LGBTQ+ community is not as well-represented, a conversation on LGBTQ+ identities is rarely mentioned in the classroom. James, a 21-year-old straight man from Texas, mentions how he didn’t know about different gender identities until coming to college.

It was mostly general males and females. There wasn't really much talk about... Like I mentioned, intersex was not even a thing that was brought up. We knew about homosexuality, but homosexuality as far as in actual sexual practice that was never brought up. They didn't even go there. So yeah, it was mostly just like very male, female.

Lynne, a 21-year-old queer woman from Texas, also discussed the binaries that existed in a normal sex education classroom in her state: “I think having literally any dialogue about non-hetero sex would be nice cause even in the very limited sex education that I had, there was really no understanding that there could be sex other than a penis belonging to a man and a vagina belonging to a woman.”

Martin, a 21-year-old queer man from Texas, described how his school taught about STIs and HIV/AIDS without discussing the history and current demographics associated with the illnesses: “So they talked about the diseases and more than anything the symptoms of different STIs and STDs. But when they got to HIV, they're like Oh, you will mostly see this in the homosexual community, and that was about it.” This rhetoric can not only be harmful, but incredibly scary if you are someone who identifies as LGBTQIA+ or have yet to come-out. If the only thing I was taught about gay people is that they get AIDS, I would be scared too!
Martin also mentions some of the false information that was spread about homosexual relations, pointing to the lack of knowledge around LGBTQ+ sexual health.

I remember, basically, that homosexual relations were brought up through the context of AIDS. That protection isn't a worry for any sort of homosexual relationship, except for HIV. But that was pretty much it. I wish they had done something more comprehensive with the different types of queer relationships [and] gender identities that go beyond just the binary. – Martin

Mary, the sex educator I interviewed, also mentions the effects of not teaching students about alternative sexual and gender ‘lifestyles’: “Absolutely no talk of homosexuality. Yeah, or anything outside of cisgender, homosexuality was not really allowed at all and that was mainly because [schools] worried about the backlash from parents.” She furthers this point by emphasizing why talking about different identities in the classroom is so vital: “I think that it was very harmful to not have any talk about other genders and sexualities in school. I think just having the rigid cisgender, heterosexual narrative was very harmful to many people in life and also caused them to struggle with how they felt about their own identity.”

Finally, Samantha emphasizes how their schools relationship with the LGBTQ+ community made them feel about their own queerness: “It definitely made me feel really guilty and ashamed of being attracted to girls, and I knew I was attracted to girls when I was eight but I didn't tell anyone or connect that that was bisexuality or lesbian.”

Not discussing the LGBTQ+ community at school, in addition to not providing resources for queer students, gives all teens who hold these identities the impression that one, they are not supposed to be having sex, and two, that they are not normal and should feel bad for being this way. In one study in the Journal of Sex Research, researchers found that data “does indicate that including positive representations of LGBT people,
history, and events in school curriculum is associated with a safer, more accepting school climate for LGBTQ youth” (Gowen 2014, 789). Not including these perspectives, also sends the message to straight students that being queer is different and wrong. Clearly, avoiding these topics is having harmful impacts on students.

**Sex Education Not Being Taken Seriously**

Sex is still highly stigmatized in American society, and a gym teacher talking about sex to a group of high school students is definitely not the most effective way to convey important information on how to take care of your sexual health. However, many states do not mandate that sex education teachers be trained in sex education (“Sex and HIV Education | Guttmacher Institute” n.d.). In addition, Gayle Rubin alludes to the fact that Americans still view sexual activity negatively (Rubin 2012, 148). These negative associations directed at sexual activity make it harder to have conversations about sex in the classroom, as many students have never been exposed to or been expected to talk about sex candidly. Ultimately, sex education is not given the platform it needs to be effective. Some students take sex education online, or fulfill the course requirement through another class, allowing them to quickly scroll through lessons. Because this information is not presented in a setting that enables serious conversations, many students reflect on their sex education experience as being unproductive. In Texas, James, Maria, Martin, and Veronica recall:

> It was kind of a low-class, and so they could get all semesters worth of a course [they could] basically just chill in. Like I said, [it was] taught by the football coach. And so I think it was mostly PowerPoint, talking to, presenting, and if I remember correctly, the materials that [were] presented for the class weren't developed by the teacher, they were the standard required by the state kind of
things, and so it wasn't really even like, they [knew what they] were talking about [or] what they thought was important, it was more talk down, I guess. – James

So in high school we had one semester of health that was required and you could take it online, which is what I did, and I think the majority of it was not about sex education. There was maybe a unit or two, on STIs, and then the reproductive system. I mean it was an online program so you could just skip through it and occasionally have to answer a quiz but it wasn't very involved. – Maria

Yeah, so in high school, our sex education was about two weeks of an online course really... We had just one health class, and it was all online, there was no teacher for it. You just did the work at your own pace and you had the semester to get it done. Most kids got the whole health course done in a month, cause then you'd have an off period for that whole class. So realistically a lot of people would just click through the slides and get it over with. – Martin

I could hear through the door; the kids definitely weren’t really feeling the video and they felt all embarrassed and silly. I didn't see it, but I have trouble comprehending how [it] could have been in any way super informative to sixth graders, and I think that's a general feeling with non-secondary school sex Ed. – Martin

Yeah, I think we didn't trust him because he probably wasn't very articulate from what I remember, I don't think we trusted that he had correct information, he just seemed like a coach, I think he was an assistant football coach, and was required to teach health for his paycheck, and it kind of felt like that. - Veronica, 29

Mary, the sex educator from Texas, discussed in her interview how she wishes she took sex education more seriously. “I did not experience [comprehensive sex education] when I was growing up, and so I had no idea the seriousness of what I was doing [or] my options [or] anything like that.”

One participant from Arizona, Rebecca, 22-years-old and straight, explained that when sex education is taught by PE instructors, it is much more difficult to have constructive conversations about important topics. The initial relationship established between students and gym teachers is not one that conducts the authority needed to lead a conversation on sex.
A lot of the students did not take it seriously in a school at all because I don't necessarily think that the teachers took it super seriously...and so to go into this transition into a more serious conversation of what should have been taken more seriously, the teachers or coaches, whatever, you’re gonna call them, are seemingly less engaged in that conversation than they were during other hours of PE, but the students definitely did not take it seriously.

A major issue with sex education is that sex is a highly stigmatized and embarrassing topic to cover in the classroom. Sex is often greeted with humor or ignorance, as students have a hard time relating to a concept they have been exposed to so little of. In order to reduce the stigma surrounding sex, it is important that sex education be taught comprehensively and by professionals, in an age-appropriate manner from a young age. An early introduction to basic sexual health topics will help to normalize conversations around sex in the classroom. Further, the anecdotes in this section point to greater structural issues in the delivery of sex education that will be addressed in the conclusion of this study.

**Traumatic Experiences**

The correlation between sex education and STIs and teen pregnancy rates has been addressed in previous sections of this thesis; however, sex education can also have severe repercussions for those who pursue sex before they fully understand the consequences, or how to protect themselves. Many curricula fail to touch on the emotional and phycological impact sex can have on an individual. When two people engage in sexual acts without fully understanding consent, safe-sex practices, or birth control, they are putting themselves at risk for trauma. The following anecdotes are from students who wish they would have had more comprehensive sex education in order to make better and more informed decisions in high school. Additionally, subjects who
experienced more comprehensive sex education point to how they felt more empowered to make safe sexual decisions.

TRIGGER WARNING: Some of the following content refers to sexual assault and abuse.

Veronica, one of the former students from Texas, reflected on specific instances of homophobia when asked about her community’s attitudes towards the LGBTQ+ community.

I remember there was definitely a culture of homophobia. There were two students who were out, and they were definitely seen as different, and on the National Day of Silence for gay rights or something like that, some [of the] football boys wrote on their shirts, “Adam and Eve, not Adam and Steve. - Veronica

James, another student from Texas, discusses the frustration he felt coming to college, having abstained from any sexual activity out of fear.

It was mostly because I was coming to college, I was like, I'm not as experienced as other people and so that was kind of, I guess, frustrating, cause I was like, Man, it would've been nice to... and also, like, you're missing out because in my opinion now, sex can be very fun for sure. And so it was kind of like... Damn, I have [been] missing this the whole time. – James

Particularly in the instance of backlash from the “football boys,” it is obvious how actions from the community would make other students who may be thinking about coming out feeling like it is not okay. Not feeling like it is safe to identify as yourself is a terrible feeling, and it is one of the main causes for heightened mental health problems within the LGBTQ+ community (Kann et al. 2016). Additionally, there should never be a reason for students to fear sex. It should be treated as a normal part of the human experience for those who wish to engage in sexual acts. The stigmatization of sex as a whole is clearly harmful to a person’s overall conception of sex.
Mike, a 23-year-old gay man from Arizona, looks back on how not seeing his identity represented in the classroom affected his opinions about sex and himself.

At the time, until I received a good [sex] education, I wasn't active, but as far as how it impacted me in other emotional/mental parts, I think it definitely made [it] a little bit more difficult to feel like myself or to actually look upon sexual activity, especially the way that I wanted to do it, in a way that was healthy or it was more of like a... It definitely did not feel good… I'm sure. – Mike

Samantha, also from Arizona, opened-up about many personally traumatic experiences during the years they received sex education. Unfortunately, their story shows what can happen when students aren’t taught about consent and healthy relationships from a young age. Their story is personal and true, and I thank them for being so open and trusting.

I was raped when I was in the eighth grade, it was like the end of eighth grade, and I feel like it took me a long time to realize what had happened because I wasn't given any kind of consent education, so I didn't know that, one; What had happened to me was rape, and two; I could have said something during it, and I could have been like... I don't want this, please go away, and I didn't have the knowledge that I could have fought for myself, and also he didn't have the knowledge that he was doing something really, really wrong so it took me so long to admit to myself what it was... What had happened, but then it was really easy for me to forgive him because I sat in Sex Ed with him, and I know that we weren't given any kind of education on what consent is like and I feel like had he been given actual education on consent, we may not have had that situation. He may have realized that when I said no, it meant no and that wasn't okay, but we didn't have that kind of education. – Samantha

Samantha’s story is sadly not unique. It is much harder to say “no” to an unwanted sexual advance if you are unaware that saying “no” is an option. Consent, they indicated later in the interview, is the most important lesson we should be teaching students.

Hannah, from Massachusetts, explains how her experiences differed from students who experienced non-comprehensive sex education. She explains how engaging
with students who did not have the same experience affected her. She says that she knew “a lot of people in my town who have had traumatic sexual experiences, but no one knew how to respond, and the way that their peers treated them multiplied the traumatic effect.”

I felt like I knew enough to engage. I felt somewhat empowered, not from a psychological perspective, I felt empowered to be safe, not to have pleasurable or good sex, but to be safe. So yeah, I mean I, to some extent, I can know all I want about consent, but other people have to know it too for it to matter. So there's that. I knew enough to identify when horrible things had happened to me. – Hannah

I've definitely seen other people be spoken to as if they were childish or stupid for not knowing things. And I've also seen people really not understand unhealthy relationships that they're in or other people are in. And I've seen people give really terrible harmful advice about healthy relationships because they don't know how to identify them. – Hannah

Lastly, Mary, the sex educator from Texas, discusses why she initially chose to start teaching sex education. Her story epitomizes why sex education needs to change in the United States.

I did fall pregnant when I was 15, and I had a miscarriage, but before that I ended up going to what I thought was just a clinic that was going to help me [and give me a] pregnancy test for free. It ended up being a very religious organization that was very, very conservative and very judgmental. They told me a lot of things that were not only biased, not based in fact, but also fear-based about abortion and about my choices or lack of choice. It was [a] very, very daunting scary terrible time for me because I didn't feel like I had any adults that I could go to, and that was an adult situation that I was in, yeah, so as I got older and I got into Health Education because I knew and I always knew I wanted to teach but as I looked into my options, I realized that not everywhere in the US has the same rules as Texas, and that God, I wish I could be that person that was that trusted adult that was speaking out of fact and knowledge in research-based things rather than opinion and religious beliefs and things like that, and that's really what drove me to that and then…I fell in love with it and I really loved seeing the other side of it and seeing how positive it could be.

Sexual trauma is so common, and the lack of knowledge on how to recognize and prevent it is perpetuating its frequency. Schools must begin to cover topics that are
known to reduce the frequency of sexual trauma. In order to do this, schools must realize the mental and emotional health impacts that non-inclusive sex education has on students.

**Information Outside of Sex Ed**

The internet, parents, friends, and alternative sex education classes are all places students can also go to get information if their schools are not providing them with lessons to make safe sexual choices. Even though most information students need is readily accessible, information off of the internet or from unreliable sources can lead to misconceptions or harmful false information. Content from these resources is also subject to bias from its producers. The following student from Texas mentions different ways she worked to create a well-rounded sex education for herself. “It's a little bit difficult to sort out the different messaging I received because the information I would get from my mom for instance is incredibly different from the sort of messages that the school was telling us. I found it very funny that my school was teaching that sex is a risk factor leading to an early death. I was 16, [and] I knew much more than they instructed at that point.” Martin, another student from Texas, mentions that a majority of the knowledge he retained from sex education was via another class: “I probably learned more about sex ed, especially STIs and STDs through my biology class in high school. I had a great teacher for that and... Yeah, I definitely got more knowledge [through that] then through my actual sex ed course.”

Additionally, Veronica discusses how her church developed a whole other sex education curriculum, as her parents didn’t feel like the curriculum she was exposed to in school was enough to prepare her for the realities of sex. “Through my church, my parents taught something called ‘Our Whole Lives’ … so that was the Unitarian Universalist version of sex ed and it was comprehensive, which is probably why I don't
remember anything [from] the high school [class], because nothing stuck because it wasn't very meaningful or impactful.”

One’s access to information and parental relationship is another driving factor of sex education. In Massachusetts, the following individual felt uniquely equipped to have sex because of the open relationship they have with their family. “I am blessed to have a family that is very invested in health. [They] bought me condoms, a week [into me] being in a relationship in 10th grade, and [were] like...Yeah, [you] probably don’t need these, but whenever you do, they're here, I'm not gonna count them.” – Elizabeth, 21-years-old queer woman from Massachusetts

The media has an incredibly strong influence on how teens view sex and their bodies. Television, the biggest source of sexual content for adolescents, makes up, on average, 4.5 out of 11 hours spent being exposed to media daily (“Influence of New Media on Adolescent Sexual Health: Evidence and Opportunities | ASPE” n.d.). In order to break through some of the messages being given to teens via the media, these themes should be analyzed in a classroom, with a teacher acting as a trusted resource for sexual health information. Teachers don’t have to be the only source of sexual health knowledge, but they should act as the go-to resource for students who are unable to access other valid sources of health information. The last section of this chapter offers anecdotes from those who were given blatantly wrong information in their sex education classes.
False Information

Some of the following quotes are humorous, yet they highlight just how little sex education is accurately portrayed, and why it so badly needs to be both medically accurate and comprehensive. Samantha mentions the following scenarios which happened during their sex education class: “So, specifically, there was a girl [who] asked the teacher if boys could pee while they had [an] erection and she was like—No, it's physically impossible to pee when you have an erection.” They also recall their teacher saying that “you can still get HIV, even if you use a condom.” When referring to lesbian sex, their teacher told them, "Well you can’t get STDs, from that.” Martin, from Texas, touches on the lack of knowledge students had of different reproductive organs. He says: “I was friends with [someone] in high school who thought women bled for an entire month once a year, that was interesting.” He also mentions the following scary fact: “When I became sexually active for the first time, I was under the impression for at least a year or two that unprotected sex was somewhat safer.” Lastly, Rebecca from Arizona remembers that one kid in her class asked: “So if you have sex under water, does that mean your kid is gonna be a mermaid?”

After reflecting on the interviews from all three case study states, it is clear that those who experienced sex education in Massachusetts had a more positive relationship with sex education than students who took the course in Texas and Arizona. Students in Massachusetts more frequently identified their curriculum as comprehensive, and also indicated less traumatic experiences and exclusion of queer perspectives. Although this study focused on interviews with 15 former high school students from three states, the relationship between sex education and the physical, mental, and emotional health of young people is strongly suggested. The interviews
performed for this chapter open up the conversation about the real impacts of sex education beyond statistics and theory. It is clear that some of the themes discussed have led to serious, long-term impacts on the mental and emotional health of those interviewed. The current culture of fear and misinformation when it comes to sex is dangerous to the development of young people, and these interviews only scratch the surface of why comprehensive sex education should be mandatory.

The remainder of this study will analyze the correlation between non-inclusive sex education and emotional and mental anguish, in relation to elevated rates of STIs and teen pregnancy rates in states that offer non-inclusive sex education. Finally, the last chapter will highlight some of the changes these students and I would make to the state of sex education in the case study states and nationally.
Chapter 4: The Physical, Mental, and Emotional Health of Teens in Arizona, Texas, and Massachusetts: An Epidemiological Review

A large portion of research surrounding sex education predominantly discusses its physical impacts on adolescents. Academics Naomi Starkman and Nicole Rajani look at how abstinence only curriculums are not as effective at preventing STIs and HIV in young people when compared to the effects of comprehensive sex education (Starkman and Rajani 2002). Additionally, Kathrin Stranger-Hall and David Hall convey the need for comprehensive sex education by highlighting that abstinence-only curriculums are “positively correlated with teenage pregnancy and birth rates” (Stanger-Hall and Hall 2011). This evidence represents the physical impacts of sex education. What is missing from this discourse is sex education’s impact on mental and emotional health. There are a variety of resources available for those who contract an STI or experience an unexpected pregnancy. However, sexual trauma survivors, in addition to those who have never been able to have sex out of fear or shame, can be left to bear the burden of their mental anguish on their own. There is still only an elementary understanding of how sex education plays a part in shaping teen conceptions of sex. Additionally, there are confounding factors such as socio-economic status, religion, and race that also contribute to the physical and mental health of teens. The data in this study, however, supports that non-comprehensive sex education creates long-lasting mental and emotional impacts on adolescents in the United States. The data presented in the following sections comes from the Center for Disease Control’s (CDC’s) annual reports on STI and teen pregnancy rates and the 15 interviews with former high school students conducted for this study. The chapter will look at how the physical impact of sex education correlates with its mental and emotional effects.
Sexually Transmitted Infections

Firstly, the CDC produces an annual report on the distribution of teen pregnancy and STI rates across the United States. The report illustrated that not only are STI rates increasing, but they are disproportionality affecting different regions of the U.S. Data from the CDC report was collected via disease reporting from local STD programs, projects monitoring STD prevalence, and various national surveys. It measures the prevalence of three STIs: Chlamydia, Syphilis, and Gonorrhea per 100,000 people (CDC 2020). The CDC study also divides states into four regions based off their geographic location; West, South, Midwest, and Northeast. The following graph looks at the three most prevalent STI’s in each region (CDC 2020).

The above graph highlights that the Southern and the Western regions of the United States have higher rates of STI’s than the Northeast. Non-comprehensive sex education
programs, which are more prevalent in these regions of the United States, often do not cover ways to protect yourself from STDs and STIs, only that sex has scary health consequences (“Infographic: Sex Education Mandatory in Half of U.S. States” n.d.). The graph below further emphasizes this regional divide in comprehensive sex education (“Infographic: Sex Education Mandatory in Half of U.S. States” n.d.).

It is no coincidence that that southern and western regions are associated with abstinence-only education. Every state that is required to present homosexuality in a negative light is in the western of southern regions of the United States: Alabama, Arizona, Mississippi, Oklahoma, South Carolina, and Utah (“Sex Education and the Promotion of Heteronormativity – Tanya McNeill, 2013” n.d.). STI rates in Arizona, Massachusetts, and Texas also suggest a correlation between STI rates and different models of sex education. The following graph depicts data from the 2018 CDC report on STI surveillance across the United States (CDC 2020).
The graph above suggests that among states with varying levels of sex education, Massachusetts, known for its progressive sex education, has fewer cases of STIs than Texas and Arizona. The conclusion of this CDC report analysis is that there is a substantial correlation between STI rates and the level of sex education in states.

**Teen Pregnancy**

Similar to STIs, teen pregnancy is another indicator of the physical impact of sex education in the United States. Teen pregnancy is often seen as something that inhibits the economic potential and educational attainment of young people; however, in some states and cultures it is more widely accepted as normal. The CDC does not take into account cultural context when measuring rates of teen pregnancy. Abstinence-only sex education programs tend to ignore the subject of teen pregnancy altogether, presuming that if you are not having sex, there is no need to talk about pregnancy, protection, or any of the complicated decisions that many feel are inevitable.
The CDC conducts an annual report on teen pregnancy as a way to measure its effects and distribution across states. Although teenage pregnancy rates are not measured regionally, there is a clear regional trend that mirrors the prevalence of STIs. The following graph looks at teen pregnancy for each state, visually representing rates through color. The deeper the shade of red, the higher the rate of teen pregnancy (“Stats of the State - Teen Birth Rates” 2020).

The graph highlights that states in the Southern region of the United States have much higher rates of teen pregnancy than states in the Northeastern region where comprehensive sex education is more prevalent. Teen Pregnancy rates in Massachusetts, Texas, and Arizona also support this hypothesis (“Stats of the State - Teen Birth Rates” 2020).
This portion of the epidemiological review conveys that the prevalence of STIs and teen pregnancy in different states is not random. Although this study only looked specifically into three states, the research collected is consistent with national findings, and clearly supports the claim that sex education is a factor in determining STI and teen pregnancy rates. By looking at the distribution of STI and teen pregnancy across the United States, the correlation between sex education and physical health is obvious, but there is an equally important emotional and mental health impact.

**Mental and Emotional Health**

The effects of sex education on an individual’s conception of sex and health cannot by overestimated. The interviews in the previous chapter stressed that experience with sex education has a major impact on sexual health. Depending on which state subjects took sex education, they identified having positive or negative associations with sex education. The next section of this epidemiological review will seek to demonstrate that the geographic distribution of STI and teen pregnancy rates also correlates with the emotional experience of sex education.
The following graphs were assembled using data from the interviews conducted for this research study. Although the sample size is small, and the interviews only reflect the perspectives from a unique group of individuals, the data collected suggests something broader about the state of sex education in the United States. The study size of the population from Texas was seven students (five subjects from Massachusetts, and three from Arizona). In states that offer abstinence-forward education, subjects had negative feelings about their sex education. The graph below highlights subjects from Texas. We see that subjects experienced negative associations with sex education, in addition to increased themes of scare tactics, traumatic experiences, and exclusion of queer perspectives in their high school classroom.

Similarly, subjects from Arizona also had mostly negative associations with sex education.
These graphs shed light on many of the problems with non-inclusive sex education. Firstly, the one student in Texas who identified having a positive experience in sex education only took the class in middle school where she was living in a different state. This person did not receive any sex education from her school in Texas. Similarly, the one person who had a positive sex education experience in Arizona also felt like the school’s climate towards the LGBTQ+ community created traumatic experiences for him as a gay man. Although we see themes of excluding queer perspectives and sex education not being taken seriously in most schools and curricula, it is impossible not to acknowledge that having negative associations with sex education has a significant impact on the mental and emotional health of students.

In contrast, the following graph looks at responses from students in Massachusetts. The sample size for subjects from Massachusetts is similar to the sample population from Texas, allowing interviews from the two states to be compared more easily.
These five students all had positive associations with sex education. They not only felt more prepared to have sex safely, but many students also indicated that they would be able to identify if they were ever in a toxic or negative relationship. The sex education in Massachusetts seemed to normalize sex in a way that non-comprehensive sex education does not. Sex was not made to be the pinnacle of human intimacy, but rather a normal, functional, and enjoyable part of the human experience. All students from Massachusetts indicated that their sex education was true and medically accurate. The one person who said that she had experienced a traumatic experience, also said that her sex education made her better at identifying and getting out of the situation. These positive experiences and lower rates of STI and teen pregnancy, again, highlight the correlation between sex education and physical and mental health outcomes.
Much of the current research around sex education and its impact on health outcomes only looks at the physical and short-term impacts of sex (Stanger-Hall and Hall 2011; Starkman and Rajani 2002; LaChausse 2016). STI’s have been curable, for the most part, since the invention of penicillin. Fear around HIV/AIDS has subsided to a certain degree, as it is now a highly treatable and survivable disease. There are also many more options for young people who get pregnant, despite still being highly stigmatized in some cultures. Additionally, abortions are far safer than they have ever been, and there are institutions and resources in place for teen moms. Not that contracting an STI or getting pregnant unintentionally is necessarily good, but their many of the effects have been curtailed by the resources available. Sexual trauma, however, and negative conceptions of sex have a dramatic impact on the ability of an individual to feel intimacy and form relationships post-trauma. Researchers from the University of Maine found that individuals who experience sexual trauma have increased “inappropriate sexualized behaviors, report distorted ideas about sexuality, and experience either an excess or lack of control in their relationships; survivors also tend to have difficulty achieving romantic intimacy, difficulty with emotional communication, and difficulty with tolerating emotional closeness” (Martinson et al. 2013). Survivors are also at an increased risk for developing Post Traumatic Stress Disorder (PTSD), a debilitating mental illness associated with Trauma (Martinson et al. 2013). This illness can have major long-term effects on an individual’s life, “directly [impacting] a survivor’s ability to form and maintain healthy bonds and relationships” (Martinson et al. 2013). Seeing that states that don’t teach about consent and healthy relationships seemingly have increased levels of students who experience trauma, it is clear that sex education has an influence on one’s emotional and mental health.
Additionally, sex education has a major impact on the formation of one’s identity, specifically for LGBTQ+ individuals. “The National Gay and Lesbian Task Force (1984) determined that 83% of sexual minorities believed they might be subjected to some form of abuse in the future, with 62% saying they were afraid for their security. Also, 45% of those polled shared having previously changed their behavior to decrease the risk of an attack occurring” (Ferrell 2018). The exclusion of queer perspectives and lessons in schools only perpetuates this feeling of isolation and internalized homophobia that queer people often feel. The mental health impacts of non-inclusive sex education have already been discussed; however, now they are informed by the knowledge that there is an absence of queer perspectives in the classroom at an elevated rate for students who don’t have comprehensive sex education compared to students who do.

This chapter reflects on the interviews presented in chapter three, in addition to the most current data from the CDC on STI and teen pregnancy rates nationally and in the case study states. Although certain studies mention the benefits of abstinence-only curriculums, saying that they leave “students with a more positive attitude toward abstinence and a greater intent to remain abstinent,” a majority of the current epidemiological data on sex education highlights that abstinence-only programs are associated with worse health outcomes (Denny and Young 2006; Carter 2012, 15). Abstinence may be the only guaranteed way to avoid the potential risks of sex, but evidence shows that teaching abstinence does not in fact result in practicing abstinence. If rates of STIs and teen pregnancy are in fact higher in the states that teach abstinence, we see clear, irrefutable evidence that teens in these states ARE having sex. This is epitomized by the rates of Chlamydia, Gonorrhea, and Syphilis in Texas and Arizona. Lastly, it is important to look
at the correlation between students’ conceptions of sex and the long-term impact sex education can have on one’s mental health. This research should be furthered by looking into the relationship between physical and emotional health and sex education in more states, with more students.
Chapter 5: Reflections, Recommendations, and Reforms: Improving Sex Education in the United States

The previous chapters have discussed the impact of non-comprehensive sex education on the physical, mental, and emotional health of young people. Almost every study looked at for this thesis concluded their argument with suggested changes to the way the United States approaches sex education. Sociologist Michelle Estes pushes for teachers to be appropriately trained on the unique health challenges of LGBTQ+ identifying students (Estes 2017). Additionally, researchers Kathrine Stranger-Hall and David Hall emphasize that sex education should be integrated into classrooms based on national standards for comprehensive sex education (Stanger-Hall and Hall 2011). Despite the clear benefits of comprehensive sex education, one study suggests that abstinence-only curricula have a similar impact on the health of teens. A study done by John B. Jemmott III, a University of Pennsylvania professor, found that abstinence-only curricula can be just as effective in delaying sexual activity in African American adolescents (Jemmott 1998). However, the delaying of sexual activity is a poor measure for the impact of sex education on adolescents, as it fails to take into account the mental and emotional health of teens during this time. There is also no specific age or time when a young person becomes sexually active because it is different for every person. Therefore, delaying sexual activity is an arbitrary and inaccurate method of measuring the effectiveness of sex education. It is clear that many who have researched sex education in depth recognize the importance of reforming the way it is taught. The following will discuss both my personal beliefs on how to improve sex education, in addition to thoughts from the interviewees of this study.

Additional Perspectives

Firstly, it is important to understand that a significant portion of students and parents agree that there needs to be a fundamental change in how we teach sex education. In a study
done by Louisa Allen from the University of Auckland, New Zealand, teens reflected on lessons they would have liked to have seen in their sex education class. The most requested topics included how to have pleasurable non-reproductive sex, options for getting an abortion, how to deal with teen relationships and break-ups, and teen parenthood (Allen 2008, 578). What these anecdotes suggest is that current sex education is not reflective of the real teenage experience. Although many schools teach important lessons like how to identify an STD and general body development, there is clearly a lack of teen-centric topics in sex education.

In addition to evidence that teens want more comprehensive sex education, parents are coming to recognize the importance of a comprehensive sex education as well. Leslie Kantor, a researcher at the Rutgers Global Health Institute, and Nicole Levitz, a reproductive health advocate, performed a study in which they interviewed parents who identified as both Democrats and Republicans, and asked them to what degree they thought sex education was important (Kantor and Levitz 2017). Out of 1,633 parents who completed the survey, 86.0% of respondents indicated that sex education is “very important” for high school aged students (Kantor and Levitz 2017). Further, 92.0% of democrats identified sex education as very important, whereas only 77.2% of republicans identified sex education as very important (Kantor and Levitz 2017). This statistic is consistent with the political divisions in the debate over sex education, but it clearly shows that many parents believe sex education is important to the development of healthy adolescents.

In the interviews I conducted with former students, many suggested ways that sex education could be improved both in their state and nationally. Firstly, James from Texas discusses the “strong desire to know more, and for more comprehensive education.” He points to multiple different lessons like learning about “not just condoms, but the pill even though as a
male, I'm not taking the pill or Plan B or anything like that, I think those would still have been really good to know about.” Other students from Texas also suggested ways sex education could be improved in their state. Lynne mentions that there needs to be a shift in how sex is taught in sex education because her peers were actively “scared of sex.” Maria mentioned that she “would have made it more inclusive, [and] I think I would have made it more frequent. I think it was only maybe two grades at all that we were required to take it and even [that] was pretty sporadic.” She also emphasized having practical lessons on “where you can go to buy contraceptives.” Martin, having taken his sex education online, said that he would “not allow it to be an online class.” Having a teacher present in the classroom to “make sure that they understand what's going on, and also that is open to them asking questions and providing feedback” is vital he says.

Students from Arizona had similar critiques of their sex education curricula.

“I feel like guys should also learn about periods,” Samantha says, reflecting on why classes should not be split by gender. Rebecca emphasizes that she would have liked to learn about “birth control and the different types, and what would be most effective or best for me and being able to understand those options.” Mike wanted to see the “inclusion of direct kinds of sex” into curriculums, emphasizing why inclusivity and sex education is a national issue.

Lastly, in Massachusetts, students discussed ways that legislators could build on current comprehensive sex education. On the topic of healthy relationships, Agnes mentioned the following; “I think it would have been very useful to also know warning signs of a toxic sexual relationship or something like that, making sure that both needs of the party are met.” Agnes also talked about providing schools with additional resources in order to teach sex education more accurately. “I think that there might have been opportunities to talk a little bit more about sort of
the nuance of consent cause I feel like framing it as this very black and white, very clear thing is misleading” Hannah says. Hannah also discusses how it is important to teach teens about “communicating with partners and debunking myths that we get from pornography and different things like that, because I think media portrayal of sexual interactions is really inaccurate.”

Although many students have discussed lessons they would like to see more of in sex education, Johnathon emphasized a change he would make regarding the instruction of sex education itself: “I think having teachers that are either very well-educated on the topic or very passionate about the topic would definitely be helpful.”

Mary, the sex educator, suggested that “there should be a standard for the minimum that you should teach and the minimum things that you should cover, and the things that should be discussed.” This standardization of a curriculum is something that I think should be done on a state by state basis, but ultimately, it is the path forward in advancing sex education in the United States.

Creating the Curriculum: Topics for Comprehensive Sex Education in the United States

After conducting interviews with former students and taking a deep dive into the history and current state of sex education, it became clear that sex education curricula are not reflective of what teens (or former teens) would like to know. The most important lessons and changes they reflected on can be condensed into the following topics: Affirmative consent, LGBTQ+ identities and health, methods of birth control beyond condoms and the pill, healthy relationships, and the training of sex education teachers. There are many other topics that could be covered in the classroom such as sex and the media and sex beyond reproduction/sex for
pleasure; however, I believe the lessons mentioned above will inform students enough to make safe and smart decisions if taught by teachers who have been trained appropriately.

Affirmative consent is one of the most important lessons teenagers should be discussing in the classroom. The concept of affirmative consent stems from a ‘yes means yes’ framework, emphasizing that anything but a vocalized “yes” means “no” when consenting during sexual acts. Although this framework is important, because it is not taught universally or comprehensively, it is less effective. Jen Gilbert, a faculty of education at York University, conveys that affirmative consent doesn’t cover all of the nuances of sex today (Gilbert 2018). She argues that non-consensual sex can still occur depending on whether an individual is intoxicated, in a dangerous situation, is coerced into saying ‘yes,’ or there is a power dynamic between the individuals engaging in sexual acts (Gilbert 2018). To simplify Gilbert’s point, a simple ‘yes’ does not confirm that someone wants to have sex. In order to teach consent in the classroom, it must be taught comprehensively, with multiple lessons on the intricacies of engaging in sexual activities.

Students should spend a class defining consent and working through scenarios that cover what consent looks like in different contexts. It is also important to look at how consensual conversations can be made normal, and why consent is not normalized in the media. If adolescents are exposed to consent from a young age, it will begin to be perceived as something that is necessary to make sexual decisions, and not as an impediment to pleasurable sexual experiences.

Specific lessons on LGBTQIA+ identities and health should also be included in a standardized comprehensive sex education curriculum. First, it will be important to define what it means to be queer or identify as LGBTQIA+. The acronym stands for lesbian, gay, bisexual, transgender, questioning/queer, intersex, and asexual. Some teenagers may not have ever been
exposed to these terms, so it will be important to describe what each identity means. Another important lesson within this topic is going to be explaining the difference between gender identity and sexuality. Gender non-conforming identities are often included in the queer canon, yet someone’s gender is completely different from their sexual preferences. Margaret White, a psychologist from Cambridge University, looks at how gender and sexuality are often conflated, and the impacts it has on individuals who hold different identities (White 2017). Specifically, she highlights that the confirmation of transgender identities in the classroom has major improvements on the mental health of trans individuals (White 2017). Additionally, in a study done by researchers at the Center for Innovative Public Health and the University of New Hampshire, it was confirmed that queer individuals faced higher levels of sexual harassment in schools (Mitchell, Ybarra, and Korchmaros 2014). The authors reported that “the highest rates [were] reported by lesbian/queer girls (72%), bisexual girls (66%), and gay/queer boys (66%)” (Mitchell, Ybarra, and Korchmaros 2014). The study goes on to look at the importance of sexual harassment prevention education with an emphasis on people in the LGBTQIA+ community. Looking at the discrimination, stigma, and sexual harassment that queer people face is a vital discussion for a well-rounded education on the challenges of identifying with this community.

Teens should also look at methods of contraception and birth control beyond condoms. Very few sex education curriculums discuss all of the options for STI and pregnancy prevention. This is because condoms are used to prevent both STIs and pregnancy, whereas other methods of contraception like birth control signify non-reproductive sex. Although condoms are generally very effective, just discussing condoms is not inclusive of all types of sex, and they are certainly not the only option. Dental dams, IUD’s, diaphragms, birth control pills and patches are all important to discuss in the classroom. Two additional prevention methods should be discussed in
the classroom: Plan B and PrEP. Plan B, candidly known as the ‘morning after pill,’ can be used to prevent pregnancy after having unprotected sex. Educating students about plan B will allow teenagers to feel like there is another resource in case a condom fails/breaks, which does occasionally happen. These non-condom methods of protection are traditionally not taught in the classroom because they are inherently used to prevent pregnancy. Educating students about these options would thus go against the abstinence curricula in place in many schools across the U.S. However, the FDA reports that access to emergency contraceptives “increases timely, appropriate use without adversely affecting routine contraception and sexual risk-taking behavior” (Schwarz 2004). In addition to providing education on Plan B, schools should also make an effort to subsidize plan B options for students as a way to eliminate the barriers young people have in accessing emergency contraception. PrEP is another important drug that should be talked about in the classroom. PrEP, or Pre-Exposure Prophylaxis, is a pill that can be taken to prevent HIV/AIDS. Researchers who pioneered the study of PrEP found that it was 92% effective in preventing HIV/AIDS (Underhill et al. 2016). It is currently being advertised to men who have sex with men and transgender individuals, but as HIV/AIDS affects a diverse range of populations, it has the potential to have major community-based and global impacts. Discussing PrEP in the classroom will also help to destigmatize HIV/AIDS and queer sex. Lastly, one lesson I personally think is lacking in sex education classrooms is a discussion about lube. Lube not only creates a more pleasurable sexual experience, but it can also prevent the condom from breaking or damaging (“This One Small and Inexpensive Change Can Transform Your Sex Life” 2015). These lessons will help to normalize sex for teens, in addition to showing them that there are many options to mitigate the risks of sex, not just condoms.
Teens should also be required to learn about different types of relationships, looking at what makes a healthy relationship and what makes a toxic one. Adolescents will inevitably explore their sexuality through relationships, so it is vital to discuss information on defining a relationship, saying yes and no, relationships between people of all gender and sexualities, and what a toxic relationship may look like. Teens should be able to discuss these topics openly in the classroom, and teachers should work to create a safe space for students to share. In a study in the British Journal of Social Work, researchers looked at Discovery Dating, a healthy relationships curriculum, and its impact on Native American teenagers. The curriculum appeared to have a correlation with lessened rates of teen pregnancy, domestic violence, and sexual assault (Schanen et al. 2017). This study highlights that teaching adolescents about healthy relationships can improve sexual health outcomes. Learning how to mutually respect someone in a relationship is an important lesson for emotional development too, and what students learn in the classroom could help them form relationships for the rest of their lives.

Lastly, students should be taught sex education by professionals who are trained to have conversations about these sensitive topics. By analyzing both the interviews conducted for this study and various pieces of literature presented, it became clear that having untrained gym teachers, or taking sex education online, is not as effective as having the class in person. Teachers should be required to get a specific certification if they plan on teaching sex education, and should be trained comprehensively on all of the topics mentioned above. One barrier to having trained sex education teachers is that some school districts will not have the financial capacity to pay for the training and hiring of these specialized teachers. It is also unlikely that the government will begin to assist schools for this additional training, as the federal government does not have a good track-record for funding comprehensive sex education programs. This
means that trainings will have to be either online or funded by private donations and organizations. Websites like https://www.ohjoysextoy.com/ and https://www.scarleteen.com/ are useful resources for students and sex education teachers, providing in depth information on sex and relationships for different genders and sexualities. Teachers should be required to demonstrate a certain proficiency in these topics before they begin talking to students. Having a professional in which students respect and can speak with outside of the classroom will help teens take sex education more seriously.

Outside of the lessons that should be taught in sex education curricula, there are multiple structural changes that need to be made in terms of how the United States government approaches sex education on both a national and state by state basis. Lessons on consent, gender and sexuality, birth control, and healthy relationships should all be a part of a standardized curriculum that all schools in the United States are required to teach. The curriculum should be conceptualized and approved by the U.S. Departments of Health and Human Services and Education. Additionally, it is important to include voices from organizations and associations that are advocates for comprehensive sex education and adolescent health. One such organization is RAINN, the Rape, Abuse, and Incest National Network, which has been providing sexual assault survivors with support and resources for 25 years (“RAINN | Rape, Abuse and Incest National Network” n.d.). Another organization that could be included in the discussion is Fenway Health. Both the Fenway Health Community Health Center and The Fenway Institute are pioneers in serving the LGBTQ+ community, and providing medical care and research that caters to the unique health challenges that the community faces (“Mission & History | Fenway Health: Health Care Is A Right, Not A Privilege.” n.d.). The American Medical Association, The Sexuality Information and Education Council of the United States (SEICUS), and other national
health institutions should weigh in on the content of a standardized curriculum. Faith leaders from across the country and from multiple different faiths should also be included in the conversation, as much of the backlash against current comprehensive sex education is associated with religion. Once a curriculum is developed, funding is the next major hurdle in its implementation.

In order for a standardized curriculum to be successful, it should be dynamic enough to be adapted to each state’s liking, without sacrificing the curriculum’s guiding principles. However, some states have values that combat the very nature of a comprehensive curriculum. For instance, it would be incredibly difficult to implement lessons on the challenges the LGBTQ+ community faces in states that require homosexuality to be portrayed negatively (McNeill, 2013). Thus, advocates, teachers, and parents should seek to create broader changes within their communities and states when debating this new curriculum. Each state should be given a small stipend to both implement the curriculum and adjust its materials to meet the needs of the students in that state. This not only gives states an incentive to implement the curriculum, but it also puts every student in that state on an even playing field when it comes to knowing about their bodies. Additionally, each state should be required to fund the training of sex education teachers. For states that may struggle to pay for these trainings, the federal government should provide additional support. This will ensure that students have at least one knowledgeable resource for sexual health issues, even though many students do not receive this knowledge solely from the classroom.

Lastly, comprehensive sex education will always spark debate among different ends of the political spectrum and individuals with fundamentally different morals and worldviews. It will also remain controversial across different regions of the United States. Legislators and
advocates who are in favor of this type of sex education should continue to push even harder for the rights of adolescents. One potential lobbying technique that both advocacy groups and legislators could use would be to hold ‘mock’ sex education lessons. When a comprehensive sex education bill was proposed in Massachusetts, advocates brought in professional sex education teachers to teach mock lessons from the proposed elementary, middle, and high school curricula. This gives legislators a chance to learn about what “medically accurate, LGBTQ-inclusive, age-appropriate information and discussion on consent” actually look like in practice (Program n.d.). It is also important that the people who are actually effected by sex education are included in the conversation on how to make it better. Adolescents should thus be brought into state houses across the country to talk with local legislators about what sex education means to them and why it is so important to their growth. By using advocacy techniques that help legislators visualize what comprehensive sex education looks like in practice, it will be harder to demonize comprehensive sex education.

Sex education is a difficult topic to advocate for: over complicated by politics, religion, gender, world views, and moral ideologies. The social stigmas and ideologies that lie behind sex education are seen throughout the history of its conceptualization. Backlash from parents, teachers, and politicians has also made it harder to see the struggles teens affected by sex education endure. By looking at both CDC reports on STI rates across the United States and interviews with former students, the physical and emotional effects of sex education become obvious. Rates of trauma and worsened mental health are experienced at higher rates in states that offer non-comprehensive sex education (Texas and Arizona), than in states that offer more comprehensive sex education (Massachusetts). To address these issues, a standardized
curriculum must be established, incorporating lessons that have been deemed important for teens, by teens. The implementation of a curriculum will be aided by the advocacy of various stakeholders including sexual health organizations, schools, and students themselves.

This project is the culmination of many different studies and publications on sex education, yet it seeks to advance the discussion by looking at how physical and mental health in different states is tied to sex education, and how underlying ‘doxic’ notions around sex have informed sex education curricula over decades. I urge researchers, scientists, legislators, and advocates to push for a better understanding of what sex education means in different contexts, and to look at the scale of the impact sex education has on the overall health of adolescent.
Works Cited


