

“Starting Strong: The Case for Comprehensive Sex Education at the Elementary Level”

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A Glossary of Helpful Terms

Please read this glossary before you continue to my thesis. I have outlined vocabulary, key concepts, and terms necessary to understand my argument and the literature I will reference. They help create a basic understanding of the topic so that the readings and resources will be easier to understand. The definitions I have included are either my understanding of the term or a combination of my knowledge and information from sources like the World Health Organization, SEICUS, and other organizations I have used throughout my research project. They will be cited as such. This is a partial list; any other unfamiliar terms will be elaborated on within the main body of my thesis.

Heteronormativity is the assumption that heterosexuality is the default or ‘normal’ expression of sexuality. It is based on the (cis)gender binary and privileges sexual and romantic relationships between people of the opposite sex. Essentially, it is the assumption that everyone is, or should be, straight.

Intersectionality is a term coined by Kimberlé Crenshaw, a Black feminist legal scholar, in 1989. It describes the way that different systems of oppression (based on race, gender, sexuality, economic status, etc.) *intersect* or overlap “to create distinct experiences for people with multiple identity categories” (The Editors, 2020, para. 1). While today, the term is used by a wide variety of oppressed groups, Crenshaw initially used the term to name Black women’s unique social situation that “couldn’t be encompassed exclusively with the terms ‘racism’ or ‘sexism’” (The Editors, 2020, para. 1).

Psychosocial Competence refers to a person’s ability to cope with the challenges of everyday life. As discussed by Leung et al., they “are an important protective factor for adolescent [sexual] risk behavior” (2019, p. 17). Psychosocial competencies include “resilience, emotional competence, connectedness, moral competence, and positive identity” (Leung et al., 2019, p. 17).

Sexual Health, as defined by the World Health Organization (WHO), is “...a state of physical, emotional, mental and social well-being in relation to sexuality; *it is not merely the absence of disease, dysfunction or infirmity*. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (World Health Organization, 2006, Sexual Health section, emphasis added).

Sexuality, as defined by WHO, is “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors” (World Health Organization, 2006, Sexual Health section).

Sexualization occurs “when a person's value comes only from her/his sexual appeal or behavior, to the exclusion of other characteristics, and when a person is sexually objectified, e.g., made into a thing for another's sexual use” (American Psychological Association, 2007, para. 3).

Sexual Literacy is defined as “the amount of knowledge a person has of sexual health information and their ability to apply that knowledge in their everyday life. People with high sexual literacy can make informed decisions that will help them reduce the risks associated with sexual activity ... [and are empowered to] exercise their sexual health rights of engaging in sexual activity without coercion or violence” (Newland et al., 2022, p. 2).

Sexual Risk Behavior is sexual behavior that increases the possibility of a person having unintended health outcomes, such as sexually transmitted diseases, unwanted pregnancies, and physical or emotional sexual violence, among other things. Put simply, they are behaviors that “[entail] physical risks and psychosocial harms” (Alimoradi et al., 2017, Background para. 1).

Sexual socialization “refers to the process of acquiring knowledge, norms, attitudes, cultural symbols and meanings, codes of conduct, and values about a wide range of topics concerning sex and sexuality” (Warner et al., 2020, p. 160). It often begins at home with the family but can be influenced by friends, teachers, the internet, media, religion, and others.

Socialization “is the process through which an individual acquires an understanding of ideas, beliefs and values, shared cultural symbols, meanings and codes of conduct” (Shtarkshall et al., 2007, p. 116). This can be done by parents and family members, teachers, friends, the media, religion, and others.

“Step-wise” Sexual Development is a model of sexual development starting from birth that helps adults with “understanding and supporting an individual child’s or adolescent’s personal stage of sexual development that is normal and healthy and must not be hastened” (Cacciatore et al., 2019, p. 320). The model “illustrates the many important steps of sexual development arising before the act of sexual intercourse takes place, focusing particularly on the emotional aspects of sexual development” (Cacciatore et al., 2019, p. 320).

Sexual Debut is when an individual engages in their first consensual sexual experience, marking their initiation into the realm of intimate physical relationships. This milestone can encompass a wide range of activities, such as kissing, sexual touching, or sexual intercourse, and is a significant step in a person’s journey of sexual self-discovery and interpersonal relationships. The timing and circumstances of a sexual

debut vary from person to person, reflecting the diversity of human experiences and the unique nature of each individual's emotional and physical development.

The Social Learning Theory is a psychological concept that posits individuals learn by observing and imitating the behaviors of others within their social environment. Developed by Albert Bandura, this theory emphasizes the importance of observational learning, modeling, and reinforcement in the acquisition of new behaviors, attitudes, and skills. It suggests that people can learn not only from direct personal experiences but also by observing the consequences of actions experienced by others. The Social Learning Theory highlights the role of cognitive processes, such as attention, retention, reproduction, and motivation, in shaping behavior through social observation and interaction (Bandura, 1977).

Human Rights Approach uses international guidelines as references at conventions like UN Convention on the Rights of the Child and the UN Convention on the Elimination of all Forms of Violence to argue that “children and young people have the right to receive comprehensive, accurate, scientifically sound and culturally sensitive sexuality education, based on existing international standards” (Mijatović, 2020, para. 18). It is worth noting that the Rights of the Child Treaty has been ratified by almost every country except for the United States, “which never even sent it to the Senate for consent and approval” (Mehta, 2015, para. 1).

‘Sex education’ vs. ‘sexuality education:’ What is the difference?

In essence, sex education tends to focus on the biological and reproductive aspects of human sexuality. In contrast, sexuality education takes a more comprehensive approach, considering the broader context of relationships, identity, and societal influences. The latter recognizes that individuals are more than just their bodies and that factors such as emotions, communication skills, and cultural influences play crucial roles in shaping one's sexual experiences and relationships. Both forms of education are essential components of a well-rounded approach to promoting healthy sexual development and well-being.

Foreword

*“Sexuality education is about knowing one’s rights and respecting other people’s rights, about protecting one’s health, and about adopting a positive attitude towards sexuality and relationships. It is also about acquiring valuable life skills, such as self-confidence, critical thinking and the capacity to make informed decisions. **There is obviously nothing wrong with this.**”*

- Dunja Mijatović, 2020, para. 28

I was born in 2002 in Iowa City, Iowa. I attended public school from kindergarten through senior year, and reflecting on my experiences there got me thinking about the current state of sex education in the US. I first asked my parents about sex in second grade after hearing the song “Sex-o-matic Venus Freak” by Macy Gray while my parents were making breakfast one morning. I remember this moment vividly. At eight years old, I didn’t know what I was getting myself into by asking this question; I had never heard the word *sexomatic* and wanted to know what it meant. After the song ended, I walked into the kitchen and asked my mom what the word meant. She eyed my dad nervously; as the firstborn, my parents had never been confronted by a child wanting to have ‘the talk.’ My mom said she needed to get a book to explain it to me and that we would talk about it another day.

That day came about a week later after she had found time to check out a book from the library called *It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families*. We sat in my room and made our way through the comic-book-style lessons about how babies are made. I don’t remember much about that book, except the part where the egg slid down the fallopian tubes to meet her friend, the sperm, in the uterus. For a long time, I was disgusted by the idea of sex. Just thinking about it made me uncomfortable, and besides that day, I never really talked about it with my parents.

Fast forward a few years, and I was almost ready to begin puberty. I remember coming home after school one day and finding the American Girl Doll book called *The Care and Keeping of You: The Body Book for Younger Girls* on my bed. I was absolutely obsessed with that book. I remember looking through it with my friends, stopping on the pages with pictures of breast development, and giggling at the

instructions on putting a tampon in. I read *Are You There God? It's Me, Margaret* a thousand times, and even did the whole “we must, we must, we must increase our bust” routine every night for a while in hopes that my body would start developing as the girls in my American Girl Doll book were.

When in-school sex education classes finally started in fourth or fifth grade, I went in confident that I already knew everything there was to know about sex. When my teachers started playing clips from sex education resources on VHS tapes that looked like they were from the 80s, I knew I was wrong. One showed how a girl was kidnapped off of the street and sexually assaulted by a stranger. Another followed a young girl walking into her neighbor's house, only to find shoe boxes full of pornographic pictures of her and the other girls who lived on her street. I was absolutely horrified. We had three or four days out of each school year where we would rewatch those videos, but that was the extent of my elementary sex education. As one would expect, those videos drastically changed my perspective on sex and puberty from something weird and funny to something that I should be deeply afraid of.

In middle school and high school, not much changed. We watched episodes of the 1989 version of *Degrassi High*, saw an up close and personal video of a woman giving birth, learned about the dangers of STDs and teen pregnancy, and memorized the labeled version of the male and female reproductive systems. My high school sex ed class, called “health,” was taught by the varsity football coach. He was an old man who thought the most important part of the class was learning the difference between aerobic and anaerobic exercises and how to correctly spell the word ‘guarantee.’ Throughout this time, I was still afraid of sex and my changing body.

I am lucky because I have visited a gynecologist regularly since fifth grade to manage my endometriosis. Over the years, and still to this day, the gynecologist has helped me learn about my own body and how it functions. Endometriosis is a condition where cells from the uterine lining, called endometrium, grow outside the uterus. The tissue thickens and sheds just like the endometrium in the uterus does, but it has nowhere to go and gets trapped in the abdomen. Because of my gynecologist, I developed an understanding of my body, its development, and sex that I otherwise would not have

received in the public school's version of sex ed. For this reason, I became interested in how the curriculum for sex ed was chosen and developed and why it is so often ineffective.

When I studied abroad in Amsterdam during my junior year in college, I explored this interest more through class work. I took a class called Sexual Development, Parenting, and Education at the Universiteit van Amsterdam that completely changed how I thought about sex education. In this class, I learned about many of the frameworks and theories I used to develop my thesis. The Netherlands is a very sexually progressive and sex-positive country. In the Netherlands, "all primary school students ... by law must receive some form of sexuality education ... [and] the core principles taught in these classes are sexual diversity, sexual assertiveness, and encouraging respect for all sexual preferences" (de la Mora, 2020, p. 17). Starting as early as primary school, "[t]heir brand of sex ed reflects a broader emphasis on young people's rights, responsibility and respect that many public health experts say is the foundation of sexual health" (de Melker, 2015, Beyond Risk Prevention section, para. 3).

Learning about the Dutch methods of sex education was a healing experience for my inner child. As I will explain in the main body of my thesis, educators in the Netherlands focus on more than just sexual development and safe sex practices, although those are included in the lessons. "Sexuality is so much more than that," and according to Saskia de Melker, a Dutch journalist living in the United States, "it's ... about self-image, developing your own identity, gender roles, and it's about learning to express yourself, your wishes and your boundaries" (de Melker, 2015, 'Little butterflies in my stomach' section, para. 8). I fell in love with this idea and planned on writing my thesis about a more comprehensive model of sex education ever since.

Introduction

A History of Sex Ed Since the Mid-20th Century

The development of school-based sex education programs began in the early 20th century. The movement for this education was born out of a deep fear of the loose sexual morals that were beginning to threaten typical middle-class American values and views of sex. The general public began to recognize

the need for a specific curriculum emphasizing the importance of avoiding promiscuity and disease. According to the Sexual Information and Education Council of the United States (SEICUS), “each time society grappled with ‘a problem’ related to sex and relationships—whether it was the perceived rise in prostitution in the early 1900s, [or] the fear of sexually transmitted infections (STIs) among soldiers during WWI ... —sex education was offered up as part of the ‘solution’” (*History of Sex Ed*, n.d., p. 6). However, because these early programs were fear-motivated, much of the content relied on racist, sexist, and classist stereotypes to promote the idea that only certain groups of people should be having sex and reproducing. It relied on beliefs shared by supporters of the eugenics movement, “which believed that the human race would be improved if only certain people—white, middle class, Anglo-Saxons—reproduced” (*History of Sex Ed*, n.d., p. 10). This early version of sexuality education was called the ‘social hygiene movement’ (*History of Sex Ed*, n.d.). The American Social Hygiene Association (ASHA), created in 1914, was a leading actor in advancing early sexuality education initiatives. The social hygiene movement incorporated elements from public health, formal medicine, and social science to deter people from engaging with sex workers and, more broadly, vice. While their calls to discuss sex in public settings were progressive for the time, the purpose of their messaging was to help people protect themselves from sexual deviance and to keep sex only within the context of marriage. Operating with theoretical frameworks original to eugenics practices, proponents of the social hygiene movement believed that by informing people about the risks of unsafe sex practices, “they would steer clear of sex workers and keep sex within marriage where it was not just ‘safe,’ but where it was ‘meant to be’” (*History of Sex Ed*, n.d., p. 10). Their programs were created for young white men and, therefore, focused mainly on white heterosexual male sexuality. Messages about racial supremacy, justification of patriarchal hierarchies, and conservative moralistic views were hidden between the lines. While medical information was the main topic of these presentations, “the social message of these lectures was just as clear—sex was only appropriate within the confines of marriage” (*History of Sex Ed*, n.d., p. 10).

Sex education entered the realm of public schools in 1913 when Chicago schools decided to trial-run a curriculum developed by Ella Flagg Young, the superintendent at the time. After clearing her

idea with the school board, she hosted “a series of lectures by physicians that came to be known as ‘personal purity’ talks” (*History of Sex Ed*, n.d., p. 14). As one would expect, these lessons were very conservative and traditional compared to modern sexuality education curricula and still included and upheld prejudices about between whom and in what settings sexual activity should be taking place. Even so, members of the Chicago community characterized the unfamiliar content as “smut” that would “plant ideas in [young people’s] heads and stoke their curiosity” about sex and sex-adjacent topics (*History of Sex Ed*, n.d., p. 14). After the year-long experiment, Ella Flagg Young’s lessons were pulled from public school curriculums.

This conservative backlash and reasoning has been common throughout the history of sex education. However, it was amplified as parents and religious leaders began attributing young people’s departure from nuclear family ideals and religious traditions to the increased education material about sex. Gordon Drake, a member of conservative groups like the Christian Crusades and the John Birch Society, spearheaded this movement by appealing to American parents and religious leaders through writing. His 1968 article *Black Board Power: NEA (National Education Association) Threat to America* and his 1969 pamphlet *Is the Schoolhouse the Proper Place to Teach Raw Sex?* aroused public fears that school children were “turning ... away from parents and religion and toward ‘secularism and groupthink’” (*History of Sex Ed*, n.d., p. 30). He used exaggerated stories and lies about what went on in sex education classrooms and purported that sex education was not the school’s responsibility to influence the public’s opinion on sex education and encouraged his supporters, or “morality crusaders,” to run for school boards and “wage countless local wars against sex education programs in attempts to divide communities and gain political power” (*History of Sex Ed*, n.d., p. 32). While Drake and his supporters failed to eliminate sex education from school curricula entirely, his movement did give rise to abstinence-only programs.

More recognizable versions of sex education started gaining popularity in the mid-80s as the HIV/AIDS epidemic swept the nation. Once the public understood that the disease was spread through sexual intercourse, the importance of public sex education began to outweigh opposition similar to Drake’s and other anti-sex education advocates. Even Surgeon General C. Everett Koop weighed in on the

matter, arguing that sex education should begin as early as third grade and that Americans needed “sex education in schools [that includes] information on heterosexual and homosexual relationships” (Donovan, 1998, p. 189). Although the new curriculum did include information on queer relationships, there was obvious bias and discouragement of queer sex based on a lack of understanding of the HIV/AIDS crisis. Because of this, the number of school-aged children who received in-school sexuality education increased in the late 80s and early 90s. After a decade or so of increased instruction time, the U.S. government adopted and funded abstinence-only sex education, also known as abstinence-only until marriage (AOUM) sex education, as the primary form of adolescent sex education in public schools (Hall et al., 2019). As it was a part of the welfare reform project of the 90s, abstinence-only programs were “funded within a variety of domestic and foreign aid programs, with 49 of 50 states accepting federal funds to promote AOUM in the classroom” (Hall et al., 2019, p. 1). As more research was conducted on the effectiveness of abstinence-only programs, evidence emerged that discredited the abstinence-only movement’s claims that their curriculum delayed sexual debut and reduced sexual risk-taking behaviors (Leung et al., 2019). In 1991, the first edition of the Guidelines for Comprehensive Sexuality Education was released by the SEICUS task force (SEICUS, 2021). This publication was the first model for comprehensive sexuality education (CSE) in America.

The evidence undermining the effectiveness of abstinence-only education programs, along with SEICUS’s guidelines, eventually impacted national policy. In 2010, under the Obama administration, funding for the abstinence-only educational curriculum was cut in favor of more comprehensive forms (Leung et al., 2019, Policy section, para. 1). This move was based on the premise that it would be impossible to “dissuade a certain proportion of the adolescent population from sexual activity” and that instead, schools should promote safe sex practices like contraceptive use as a new approach to lowering national teen pregnancy and STD transmission statistics (Leung et al., 2019, p. 5). While abstinence was still represented as a way to protect oneself from unwanted health outcomes, other prevention strategies were now emphasized. This progress was set back by the Trump administration, which redirected funds to

outdated abstinence-based education promoting sexual risk avoidance through abstinence and even cessation support (Leung et al., 2019, p. 5).

Today, sex education programs have the potential to create generations of sexually literate, responsible youth who value their bodies and respect the diverse embodiments of sexuality that they will encounter as they come of age. However, this is not what sex education was designed to do. Unlike other school subjects like math or history, sex education classes “[exhort] students about how to live the most intimate parts of their lives” (Hendricks and Howerton, 2011, p. 590). Current abstinence-only models and other forms of sex education teach gendered and racialized lessons in an attempt to prevent young people from exploring their sexuality. In doing so, children are trained to ignore or suppress an essential aspect of their social and physical development. However, comprehensive models of sexuality education can change both individual and societal relationships with sexual development, desire, and practice. School-based sexuality education can “give us knowledge about our bodies; debunk harmful stereotypes about sex, race, and gender; provide opportunities for us to think critically about our own values and relationships; and empower us to stand up for our rights and the rights of others to pleasure, bodily autonomy, and consent” (History of Sex Ed, n.d., p. 5). The bottom line is that by transitioning from outdated abstinence-only approaches to more comprehensive models of sexuality education, we can promote healthier, more informed, and empowered youth who value their bodies and embrace the diversity of human sexuality.

PART I

1.1 Introduction

This literature review synthesizes existing knowledge, identifies gaps, and proposes a comprehensive framework for sex education that aligns with the evolving needs of today's youth.

In the evolving landscape of sexual education, understanding typical childhood sexual development and behaviors has become a critical focal point for educators, policymakers, and parents alike. As societies grapple with navigating the delicate balance between safeguarding children's innocence and providing them with essential knowledge, an in-depth literature review is indispensable for shedding

light on the multifaceted aspects of this complex subject. Understanding the intricacies of childhood sexual development requires an approach that takes into account biological, psychological, and socio-cultural factors. This chapter explores the physiological milestones, cognitive shifts, and emotional dimensions that shape children's evolving understanding of their bodies and relationships. Examining existing sex education models and practices provides insight into the diverse approaches taken globally. By scrutinizing the strengths and limitations of these models, we can identify gaps in knowledge dissemination, cultural sensitivities, and the varying degrees of inclusivity in addressing diverse identities and orientations. The emphasis on comprehensive sexuality education as a cornerstone in shaping informed, responsible, and empowered individuals cannot be overstated. The chapter will also explore the broader implications of a holistic approach, encompassing not only reproductive health but also relationships, consent, communication, and the cultivation of respectful attitudes towards diverse expressions of sexuality. The Dutch approach to sex education has gained international acclaim for its effectiveness in fostering a healthy, informed attitude towards sexuality among young people. A critical analysis of the Dutch model will illuminate key components, strategies, and cultural factors contributing to its success, providing valuable lessons for global implementation. A significant portion of this paper is dedicated to a thorough analysis of the current state of sex education in the United States, offering a policy roundup to provide readers with a snapshot of the landscape today. As the call for comprehensive sex education grows louder, the question of responsibility becomes paramount. The end of this section will explore the roles of educators, policymakers, parents, and community stakeholders in crafting and implementing effective programs that cater to the diverse needs of learners. Understanding the external forces that shape sex education is crucial for fostering cooperation and consensus.

1.2 Early Sexual Development in Children¹

Due to the historical lack of research and literature about childhood sexual development, there are often wide gaps in knowledge among educators, parents, and lawmakers. Before discussing the positive

¹ This section contains pieces of writing from my own unpublished writing, "Guiding Curiosity: The Vital Role of Adults in Children's Intellectual, Social, and Sexual Development." Please see my reference list for a complete citation (Kahle, 2023).

implications of implementing comprehensive sexuality education, it is important to develop a holistic understanding of the early sexual development processes in children. Without this background information, the potential impact and relevance of comprehensive sex education initiatives may be compromised, hindering our ability to address the specific needs and challenges that arise during this critical phase of human development. By laying a foundation grounded in the stages of childhood sexual development, we can better appreciate the significance of comprehensive sexuality education in shaping healthy attitudes, promoting informed decision-making, and fostering respectful relationships among young individuals.

1.2.1 What behaviors constitute developmentally appropriate sexual behaviors among young children?

At a very young age, kids may begin to explore their bodies, including their genitals, through touch. In fact, these types of actions, including masturbating during the pre-pubertal stages of development, have been found to be "necessary for the development of healthy sexual desire and active sexual behavior in adulthood" (Cacciatore et al., 2019, p. 324). It is important to note that most behaviors are not sexually motivated and are instead driven by general curiosity and the need for self-soothing methods (American Academy of Pediatrics, 2023, Children's Natural Curiosity About Their Bodies section, para. 1). This curiosity can also cause children to be interested in the bodies of their friends, family members, and people in general. It is common for children to try to touch a peer or sibling's genitals, show their genitals to their peers, stand or sit too close to someone, try to see other people naked, be curious about bathroom functions, or show interest in playing doctor to explore a peer's body (American Academy of Pediatrics, 2023, Normal Sexual Behaviors in Toddlers and Preschoolers section, para. 1). They may have questions about hygiene, body parts, showing affection, sexuality, or reproduction (Cacciatore et al., 2020, p. 2730). While this is all common, adults must emphasize the importance of personal boundaries and respect. Concerning questions about naming body parts and differences between AFAB and AMAB² bodies, it is important that adults "offer children health-promoting knowledge, such as age-appropriate terms for their private parts and a respectful

² The AFAB and AMAB acronyms stand for "assigned female at birth" or "assigned male at birth."

understanding of everyone's right to privacy and to safety" (Cacciatore et al. 2020, p. 2731). Behaviors become problematic when the ages of the children involved are notably different, when the behaviors become too frequent, are involuntary, or are not easily diverted when adults intervene (NCTSNadmin, 2018, p. 3). It is normal for children to experiment with sexual behaviors. However, because of their lack of full cognitive development, they are less likely to accurately assess the risks and consequences of their choices (Igras et al., 2014, p. 557). Adults must be prepared to address these instances nonjudgmentally and with the knowledge that these behaviors are common.

Discussing topics such as sex, reproductive processes, and anatomy with young children is often considered taboo. The reluctance to engage in these conversations stems from adults' limited knowledge, general discomfort, and societal norms emphasizing childhood innocence. This avoidance creates a significant gap in an essential aspect of children's social and cognitive development. While it is necessary to address preventing sexual abuse and protecting children from harm, these aspects represent only a portion of the broader conversation on childhood sexual education and sexual health. Promoting young children's overall well-being is equally important by facilitating accurate and age-appropriate discussions about their physical, emotional, and social development (Cacciatore et al., 2020, p. 2732). In fostering open and informed dialogues on these subjects, we can empower children to actively engage with their education and cognitive and social development, ensuring a more comprehensive, supportive, and rights-based approach to their overall well-being.

When an adult is willing and able to have open conversations about sexuality and sexual development, children learn that these types of conversations are okay to have (Engel et al., 2020, p. 86). This openness is the easiest way for adults to encourage children's curiosity. In doing so, they establish a trusting relationship that the child can refer back to as future questions or problems arise. When parents and teachers avoid answering children's questions, they often seek out alternative resources to fill their gaps in knowledge (Yağan-Güder & Alabay, 2018, p. 139). The credibility of these alternative resources, including peers, other adults, and online sources, is often questionable. To avoid prompting children to seek out information independently, adults should understand their foundational role in meaning-making

and developmental processes and rise to the task. Not only does answering these questions help with healthy sexual and social development, but it also can strengthen bonds between parents and children (Yağın-Güder & Alabay, 2018, p. 139). Engel et al. have found that a child's sense of safety relies on "a child's first relationship: an ongoing and close bond with a primary caregiver" (Engel et al., 2020, p. 83). They argue that a close bond between a child and their primary caregiver and the feeling of safety the bond creates is a perfect combination for unbridled curiosity.

Sciaraffa and Randall (2011) have found that "when children's curiosity about sex is ignored or when children are told that they should not say 'those words' or are shamed for asking questions, an attitude of secrecy is conveyed" (p. 33). As children get older, this attitude of secrecy and feeling of shame follows them, leading to potentially unhealthy relationships and negative views about seeking help from adults. They feel as if by having sexual feelings or questions, they are transgressing against societal norms. Instead, Sciaraffa and Randall emphasize the importance of adults' and children's understanding of these behaviors as natural, healthy, and developmentally appropriate.

This conversation raises the question of whether childhood sexual latency, a temporary absence of overt sexual interest or activity in a child, is natural or encouraged by adult repression. Children are heavily influenced by the behaviors of the adults around them. The social learning theory, developed by Albert Bandura, explains this phenomenon well. The theory posits that individuals learn by observing, imitating, and modeling the behaviors of others within their social environment (Bandura, 1977). It emphasizes the role of observational learning, where people acquire new behaviors and information by witnessing the actions and consequences experienced by others. The theory also underscores the importance of cognitive processes in learning, such as attention, retention, reproduction, and motivation. Bandura's theory has significant implications for understanding how individuals acquire and develop behaviors through social interactions, emphasizing the impact of role models, media, and social reinforcement in shaping human behavior. Children's (sexual) identities are shaped by the people and media around them. Their identities develop in the context of their relationships with adults and peers, media consumption, and home and school environments. Flanagan (2011) maintains that "wherever there

is language, action, silence, distraction, hyperbole and metaphor related to sexuality in its range of representations ..., children are immersed in a milieu that introduces and promotes understandings and meanings of sexuality” (p. 74). This immersion, in turn, introduces and promotes the formation of understandings and meaning-making related to sexuality for children. Essentially, Flanagan highlights the pervasive nature of sexual themes in various aspects of a child's surroundings, emphasizing the role of these influences in shaping children's perceptions and comprehension of sexuality.

The Social Learning Theory is relevant when discussing negative adult reactions towards children's questions and behaviors. When adults refuse to answer questions or are embarrassed to engage in these conversations, children pick up on their social cues. Granger (2011) expands on this idea by arguing that

[this] repression can be understood as a response to the demand to ignore, and consequently as a defense against curiosity. And so if, as psychoanalysis claims, the child's sexual curiosity is predicated on a polymorphous sexuality³, we might read the refusal to name the genitals as a non-acknowledgment of them, and, furthermore, as a repression of that curiosity: *an unconscious attempt to ignore or deny sexuality* (p. 121, emphasis added).

This quote, notably the mention of repression as a consequence of the demand to ignore and as a defense against curiosity, can be interpreted through the lens of the Social Learning Theory. In the context of the quote, the act of refusing to name genitals and the reluctance to acknowledge them can be seen as learned behaviors within a social context. The demand to ignore and the subsequent repression of curiosity may result from societal norms, cultural expectations, or parental attitudes toward sexuality. Children internalize these social cues through observational

³ Polymorphous sexuality is a concept introduced by Sigmund Freud in psychoanalytic theory. It refers to the idea that, in early childhood, individuals experience a diverse and undifferentiated range of sexual sensations and pleasures that are not yet confined to specific genital zones. According to Freud, children initially exhibit a polymorphous sexuality, where various parts of the body are potential sources of pleasure. As the child develops, there is a process of sexual maturation and organization, leading to a more focused and socially acceptable adult sexuality (Freud, 1905).

learning and adopt behaviors that align with the prevailing norms. In this case, the refusal to name genitals and the repression of curiosity could be considered as socially learned responses shaped by the broader cultural context that overvalues childhood innocence and inaccurately labels this kind of curiosity as perverse and having adult-like sexual motives.

These challenges increase when childhood sexual development is discussed in the context of the classroom; nurturing and addressing sexual curiosity in these settings presents an entirely distinct set of hurdles. Since sociocultural norms project taboos onto this subject, it is rarely discussed in elementary classrooms. Many teachers do not know how to react in these situations and are more likely than parents to treat children's sexual behaviors and curiosity as misbehavior (Martin, 2014, p. 1642). Children's expressions of sexuality are often inaccurately perceived as having adult-like motives, and teachers and childcare professionals may respond in a judgemental and uninformed manner. Teachers often resort to punishment instead of addressing the behavior and discussing the importance of situational appropriateness and personal boundaries (Cacciatore et al., 2020, p. 2731). As previously discussed, this type of reaction from adults sends societal messages to the child. Negative reactions from respected adults may cause feelings of shame and embarrassment in young children, which can be detrimental to healthy social and sexual development. Sciaraffa and Randall (2011) argue that "[t]he child who discovers that [their] genitals give [them] good feelings but arouse disgust or horror in a [respected adult] may come to feel that such feelings are bad, that [their] body is bad and that [they], as a person, [are] bad" (p. 32). This feeling of shame can deter children from expressing emotions or addressing their fears regarding sexuality in the future, and this can prevent children and adolescents from seeking out education and help when they need it (Cacciatore et al., 2020, p. 2731). Accurately and non-judgmentally addressing sexual behavior in elementary classrooms contributes to healthy sexual development and assists in the exploration of personal boundaries and appropriate behavior (Martin, 2014, p. 1643). Instead of reacting with punishment or shaming, teachers can

use rhetorics of good touch versus bad touch, explain what should be done in private, and encourage children to ask questions if they do not understand.

For adults, particularly parents, family members, and teachers, being comfortable and able to answer children's questions about life, body parts, and relationships becomes crucial. Through these conversations, children satisfy their curiosity and build a foundation for understanding, trust, and the development of essential life skills. Adults who can engage with these questions contribute significantly to a child's intellectual and emotional growth, fostering a positive learning environment that encourages exploration and understanding. The positive effects of open communication about sexuality between young children and trusted adults suggest that not only can younger children engage in discussions on sexuality-related matters, but that early-elementary grades may be an optimal period to introduce topics included in sex education curriculum (Goldfarb & Lieberman, 2021, p. 22). This approach is particularly effective during a stage when children, according to the Social Learning Theory, are most receptive to knowledge and are open to developing a healthy understanding of sexuality.

1.2.2 The Steps of Sexuality Model

The Steps of Sexuality model, proposed by Cacciatore et al. (2019), comprehensively explains the stages of sexual development, including typical ages, behaviors, and developmentally appropriate sex education topics that should be discussed during the corresponding stage. Cacciatore et al. (2019) say that their model “provides tools to educate timely about the several phases in sexuality way before adult-type sexual behavior” (p. 334). Many sexuality education models begin during middle or late adolescence with a focus on minimizing risk-taking behaviors like teenage pregnancy and the transmission of sexually transmitted diseases (STDs) instead of providing children with all the information they need *before* they begin to make decisions about their sexual and romantic relationships (Cacciatore et al., 2019, p. 320). Typical sex education models spend time trying to delay children’s sexual debut, the first experience with intercourse. In contrast, the Steps of Sexuality model starts at birth, laying the foundation for healthy sexual development and setting children up for success with its age-appropriate lessons. The model

includes information on eleven stages of sexual development ranging from birth to age eighteen and uses a holistic, evidence-based approach to emphasize “the emotional, child-centered facet of sexuality” (Cacciatore et al., 2019, p. 329). In doing so, the model provides methods for adults and children to understand their development and needs as they grow, including what is normal and healthy. The Steps of Sexuality includes resources and important educational messages that adults can use to help guide children through each level. As each stage of the model is completed, children move on with the knowledge needed to navigate the next developmental tasks⁴ successfully. Completion of one stage and its developmental tasks is needed to thrive in the next. According to Cacciatore et al., the developmental tasks of childhood and adolescence include body positivity, understanding gendered social roles, becoming emotionally independent from parents, developing close relationships with peers, understanding what constitutes socially acceptable behavior, and creating a personal value system (2019, p. 321). Successful completion of these tasks will provide children and adolescents with trust and respect for themselves and their bodies that will follow them as they explore romantic and platonic relationships with others in the future.

Van der Doef and Reinders (2018), experts in sexual health and development, have found that when young people take their time and follow the developmental timeline proposed in the Steps of Sexuality, they exhibit less sexual risk behavior than those who do not. This decline in risk-taking behaviors is because “[adolescents] use these steps to learn from the experiences of the previous steps and become more empowered to say ‘no’ to behavior they are not ready for, or ‘yes’ to behavior they enjoy” (van der Doef & Reinders, 2018, p. 133). The same study found that 90% of female respondents and 94% of male respondents who followed Cacciatore et al.’s model said that they had positive sexual experiences (van der Doef & Reinders, 2018, p. 133). The findings from Van der Doef and Reinders (2018) underscore the significant impact of adhering to the developmental timeline outlined in the Steps of

⁴ A developmental task refers to a specific skill or ability that individuals are expected to master at a particular stage of their life in order to progress successfully through their developmental trajectory. These tasks are often associated with different life stages and essential for optimal physical, cognitive, emotional, and social growth (Cacciatore et al., 2019).

Sexuality. Not only do young people who follow this timeline exhibit less sexual risk behavior, but they also demonstrate a heightened ability to navigate their sexual experiences with empowerment, as evidenced by the study's findings on informed decision-making. The overwhelmingly positive sexual experiences reported by a majority of the respondents further highlight the potential benefits of a structured and informed approach to sexual health and development.

For early childhood educators and parents, the Steps of Sexuality model is helpful because it emphasizes the importance of accepting children and adolescents as sexual beings with the agency to make responsible decisions about their own lives. Van der Doef and Reinders (2018) argue that, by clarifying normal sexual development and behavior by age, the Steps also encourage “an open attitude and frank communication between parents and educators with adolescents,” another important factor in a child’s healthy sexual development (p. 134).

1.3 Current Sex Education Models and Practices in the United States

Sex education serves a multifaceted role that extends beyond the reduction of adolescent pregnancy and sexually transmitted disease rates. As Patricia Donovan (1998) contends, its primary goal is expansive, aiming to provide young people with the knowledge and skills necessary to make informed decisions about their sexual health (p. 188). By offering comprehensive information and facilitating self-reflection on values, sex education empowers individuals to resist engaging in sexual activity before they are ready. The broader objective is to prevent unsafe and unwanted sexual situations and foster responsible, respectful, sexually healthy adults. Moreover, as noted by Victoria de la Mora (2020), sex education is a critical component in protecting children from sexual violence and exploitation (p. 6). Providing relevant and accurate sexuality education becomes a means to develop a sense of control and responsibility, empowering individuals to navigate their sexuality throughout their lifespan, regardless of their past and current sexual activity status. Ultimately, sex education plays a pivotal role in shaping informed, responsible, and empowered individuals in matters of sexual health and relationships.

With this in mind, we can examine how US sex education programs align with the broader goals of empowering young individuals to make informed decisions about their sexual health and relationships.

Considering the input from Patricia Donovan and Victoria de la Mora, who stress the importance of comprehensive education that goes beyond the mere reduction of pregnancy and STD rates, it becomes necessary to scrutinize how U.S. sex education programs incorporate elements such as diverse and inclusive messaging, personal values examination, relationship skills development, and protection against sexual violence. Evaluating whether these programs address the complexities of sexual health, promote a sense of control and responsibility, and avoid disempowering and stigmatizing approaches will provide insight into their effectiveness and shortcomings.

Sexual education programs in the United States can typically be categorized into two forms: abstinence-based and research-based. Within each of these categories, there are subgroups based on how the curriculum is created. Generally, research-based programs use factual information based on extensive research to provide students with information on contraception, STD and pregnancy prevention, and the benefits of abstinence. Abstinence-based programs, on the other hand, push students to completely abstain from sexual activities until marriage and claim that abstinence is the only way to avoid sexual risk behavior and negative outcomes. These programs often omit information on STD prevention and contraceptive options, except to emphasize failure rates (Hendricks & Howerton, 2011, p. 593). While there may be benefits to abstinence-only programs, it is important to note that comprehensive and evidence-based sexual education programs have shown greater effectiveness in promoting safer sexual practices and reducing the rates of unintended pregnancies and sexually transmitted infections.

Exclusively promoting abstinence as the sole method of prevention may ignore the reality that many individuals engage in sexual activity before marriage. As a result, those who have not received adequate information about contraceptives and safe sex practices may be at a higher risk of facing negative consequences (Stanger-Hall & Hall, 2011; Hendricks & Howerton, 2011; Harley, 2020). By examining each form of current sex education practice, we can identify the benefits and downsides that come with each method.

1.3.1 Abstinence- Based Programs

According to the Sexuality Information and Education Council of the United States (SEICUS)'s Community Action Toolkit, there are five different forms of abstinence-based sex education: abstinence-only, abstinence-plus, abstinence-only-until-marriage (AOUM), risk-reduction, and sexual-risk-avoidance ('Community Action Toolkit,' 2018, p. 15). While similar, each form differs in its approach to providing students with abstinence-focused information. Abstinence-only programs preach complete, indefinite abstinence from intercourse and do not usually provide any information on alternative safety precautions or other types of sexual activities. Abstinence-Plus programs discuss the benefits of abstinence while also including limited information on different ways to engage in sexual activity and about pregnancy and disease prevention methods. Sexual Risk Avoidance (SRA) programs aim to reduce sexual behaviors by, as the name suggests, emphasizing the dangers of engaging in sexual activities. Abstinence-only-until-marriage (AOUM) programs promote complete abstinence from sexual activities outside of traditional heterosexual marriages. They present marriage as "the only morally correct context for sexual activity" and "typically emphasize failure rates" of contraceptive methods ('Community Action Toolkit,' 2018, p. 15). This type of education is almost identical to sexual risk avoidance programs that focus only on abstinence and omit all information about healthy sex practices and reasonable risk-reduction practices. Because SRA and AOUM programs "purposefully deprive students of the information and education they need to lead healthy lives," they disproportionately harm the minority populations including people of color, LGBTQ individuals, and sexual assault survivors who may already have limited information about identity specific sexual education outside of educational settings ('Community Action Toolkit,' 2018, p. 15). The diverse array of abstinence-based sex education programs, as outlined by SEICUS, highlights the many approaches taken to convey abstinence-focused information. As underscored by SEICUS, the shortcomings of risk-reduction programs and sexual-risk-avoidance programs pose risks by depriving students, especially those in minority communities, of essential information needed to make informed decisions about their sexual health, thus conveying the need for more inclusive and evidence-based sexual education practices.

1.3.2 Research-Based Programs

Research-based programs are created with a completely different set of goals than those of abstinence-based teaching methods. SEICUS's *Community Action Toolkit* identifies three main forms of this type of sex education: evidence-based, evidence-informed, and comprehensive sexuality education (CSE) ('Community Action Toolkit,' 2018, p. 15). Again, while all forms share similar characteristics, each has distinctive features that differentiate it from the others. Evidence-based programs go through exhaustive evaluations and are specifically designed to reduce risk-taking behaviors. While evidence-based and risk-reduction practices may sound similar, evidence-based curricula use research-backed methods of risk-reduction and do not solely promote abstinence as risk-reduction programs do. Evidence-informed curriculums use a similar approach to evidence-based ones, but they have not undergone the extensive evaluation process. They still, however, rely on research-based approaches and content in their lessons. Evidence-informed curricula share evidence-based curricula's goal of reducing unplanned pregnancies and STD transmission rates ('Community Action Toolkit,' 2018, p. 15). Comprehensive Sexuality Education (CSE) curriculums use aspects of the previous two methods to provide students with detailed and age-appropriate developmental messages and corresponding activities and are specifically implemented in kindergarten classrooms all the way through twelfth grade. According to the *Toolkit* (2018), "these programs include ... medically accurate information on a broad set of topics related to sexuality including human development, relationships, personal skills, sexual behaviors including abstinence, sexual health, and society and culture ... [and] provide students with opportunities for learning information, exploring their attitudes and values, and developing skills" (p. 15). The CSE approach is particularly effective because it focuses on the developmental tasks, as previously discussed, and messages most relevant to children at specific developmental stages.

1.4 The Shortcomings of Abstinence-Based Approaches

Despite the increasing evidence challenging the traditionally held belief that abstinence-based sex education is the most effective approach to reducing sexual risk behaviors and negative outcomes, there persists a widespread belief that it should remain the primary form of sex education for students. Rooted in moral and conservative ideologies, this approach typically excludes relevant information about

contraception, safe sex practices, and the diversity of sexual orientations and identities. “The class time freed up by that exclusion,” as Hendricks and Howerton (2011) point out, is “filled with wide-ranging ‘values’ instruction that is riddled with pressure to conform to traditional norms” (p. 589).

Abstinence-based sex education often appeals to individuals who prioritize moral and religious values in shaping their views on sexuality and relationships. Proponents of abstinence-based sex education view abstinence from sexual activity in a moralistic manner. Traditional religious views of chastity and virginity guide, either overtly or covertly, discussions about the benefits of abstaining from sex until marriage. In abstinence-only-until-marriage programs (AOUM), students are taught that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity,” and any deviation from that norm will call their character into question (Leung et al., 2019, p.3). By equating morality with abstinence until marriage, abstinence-only supporters believe they are helping children and adolescents avoid both the emotional and physical turmoil that potentially comes with premarital sexual relationships (Hendricks & Howerton, 2011, p. 589). Critics argue that abstinence-based education has several shortcomings, including its failure to address the realities of adolescent sexuality, limited effectiveness in preventing risky behaviors, and potential negative impacts on the overall sexual health and well-being of students.

Abstinence-based programs rely heavily on withholding information about safe-sex practices, contraception, and how to navigate healthy sexual relationships before marriage. By including such information, abstinence education supporters fear that they will encourage students to participate in sexual behavior. Instead, AOUM “policies prohibit or limit the mention of contraception in sex education, and biased findings of contraceptive methods (e.g., condoms and birth control pills) as failures are often presented” (Leung et al., 2019, p. 3). In this type of classroom, sex may be likened to immoral and unlawful behaviors. In extreme cases it can be linked, albeit incorrectly, to “poverty, heartache, disease, and even DEATH” (Hendricks & Howerton, 2011, p. 604, emphasis original). Abstinence-based educators may cause children to develop negative feelings about sex by using fear-based lessons and portraying sex outside of marriage as dangerous. By replacing factual and scientifically accurate

information with misinformation or no information at all, abstinence-based education uses this fear, shame, and guilt to discourage students from exploring their sexuality (Leung et al., 2019, p. 3; *Community Action Toolkit*, 2018, p. 8). However, studies have shown that this approach to sex education may be having the opposite effect on students. By withholding this science-backed education, AOUM/SRA programs may be promoting sexual-risk behavior like unprotected sex and incorrect use of contraceptives (Stanger-Hall & Hall, 2011, p. 9; *History of Sex Ed.*, n.d., p. 50). Abstinence-based programs purposely keep adolescents uneducated by not providing students with accurate information, sexual knowledge, and safe decision-making skills. As Stanger Hall & Hall (2011) found, “the effect of presenting inadequate or incorrect information to teenagers regarding sex and pregnancy and STD protection is long-lasting as uneducated teens grow into uneducated adults” (p. 9). AOM models ignore the fact that sexuality is an important aspect of development and refuses to admit that it has the potential to be a source of happiness and pleasure, and in doing so, can negatively affect the trajectory of healthy sexual and emotional development (Cacciatore et al., 2019, p. 332; *Community Action Toolkit*, 2018, p. 8).

In 2012, Ascend, a prominent organization leading advocacy efforts for AOUM/SRA programs in the US, went so far as to claim that abstinence-based education could help people avoid poverty (*History of Sex Ed.*, n.d., p. 56). Completely ignoring systemic barriers like institutionalized racism and socioeconomic status, Ascend suggested that by abstaining from sex until marriage, students would minimize their risk of future poverty (*History of Sex Ed.*, n.d., p. 56). Not only was this information completely out of touch with the realities of American society, it was incorrectly grounded in research authored by Brookings Institution researcher Ron Haskins, a congressional staff member who helped write guidance for Title V Section 510 that increased the number of abstinence education programs in the US and included a strict definition of abstinence-based education (*History of Sex Ed.*, n.d., p. 56; *HHS Fact Sheet...*, n.d.). Haskins’s research supported the theory of ‘success sequencing,’ which suggested that “people who graduated from high school, got a job, and waited until they were married and older than 21 to have a child were less likely to be living in poverty” (*History of Sex Ed.*, n.d., p. 56). Ascend skewed the theory to support its claim that in order to live a successful life, both parenthood and sex itself

must only come after marriage. Later research from the Brookings Institution found that success sequencing typically only worked for white people (*History of Sex Ed.*, n.d., p. 56). Other research has found that only a college degree and job security reduced the risk of future poverty, while premarital sex had no effect (*History of Sex Ed.*, n.d., p. 56).

In response to shifts toward more comprehensive sexuality education (CSE), the abstinence-only movement argues that “comprehensive courses actually encourage teens to engage in premarital sex” and “are a direct cause of increased levels of STDs and teen pregnancy,” a claim that has been disproven many times (Hendricks & Howerton, 2011, p. 593). In fact, a congressionally mandated study of four federally funded AOUM programs conducted by Mathematica found that the students in these programs were no more likely to abstain from sex than students in other research-based programs (*History of Sex Ed.*, n.d., p. 50). Similar studies found that “[abstinence] programs are not effective in reducing the age of sexual initiation, incidence of unprotected sex, frequency of sex, or number of sexual partners,” further discrediting the claims of abstinence-only supporters (*History of Sex Ed.*, n.d., p. 50).

Various studies examining the link between negative sexual health outcomes—such as unintended pregnancy and STD transmission—and the level of emphasis on abstinence reveal an interesting pattern. States with greater emphasis on abstinence education tend to exhibit higher rates of teen pregnancy and birth compared to states employing comprehensive, research-based approaches in their classrooms (Stanger-Hall & Hall, 2011, p. 6). This correlation remains true “even after accounting for other factors like socioeconomic status, education, ethnicity, and the availability of Medicaid” in each state (*History of Sex Ed.*, n.d., p. 50). The observed pattern linking higher rates of teen pregnancy and birth to states with a greater emphasis on abstinence education further challenges the viability of such programs. Notably, federally-funded abstinence education programs “often target low-income school districts, which are more likely to be filled with Black students” (Harley, 2020, para. 10). This is a concerning trend within federally-funded abstinence education programs that suggests a disproportionate impact on low-income school districts with a higher percentage of Black students. The targeting of such districts raises questions about equity and access to inclusive and comprehensive sexual health education. By concentrating these

programs in economically disadvantaged areas predominantly occupied by Black students, there is a risk of intensifying existing health disparities and perpetuating inequalities. The potential consequences of this targeting strategy include limited access to accurate information about sexual health, contraception, and safe sex practices for students in these communities. Given the historical disparities in healthcare and education, the concentration of abstinence education programs in low-income areas with a higher Black population may contribute to an unequal distribution of resources, ultimately affecting the overall well-being of these students.

As the discussion shifts towards the impact of abstinence-only education on minority communities, it becomes evident that these programs, by perpetuating misinformation and neglecting the unique challenges faced by marginalized groups, can exacerbate existing disparities in sexual health education. The disproportionately negative consequences on minority communities underscore the urgent need for a more inclusive and evidence-based approach to sex education that addresses the diverse needs and realities of all students. As previously discussed, abstinence-only movements have historically been rooted in racist, classist, sexist, homophobic, and transphobic ideologies, among others (*History of Sex Ed.*, n.d., p. 44). Abstinence-only-until-marriage programs, in particular, promote the nuclear family - a white, cisgender, heterosexual, able-bodied family comprised of a husband and wife and their children - as the ideal family composition. This heteronormative, white-centered education, including its emphasis that heterosexual penetrative sex is the only acceptable form of sex, ignores “young people who are most in need of sexuality information, education, and skills” whose experiences are not represented by the nuclear family model (McNeill, 2013, p. 830; *Community Action Toolkit*, 2018, p. 12). Sex education that reflects the experiences of students of color, queer students, gender-nonconforming students, and disabled students is necessary to foster an inclusive, affirming learning environment that acknowledges diverse identities and experiences, promotes empathy, and equips all students with the knowledge and skills essential for making informed and empowered decisions regarding their sexual health and relationships. This, however, is not the goal of abstinence-based sex education.

The ongoing debate surrounding abstinence-only sex education underscores the tension between traditional beliefs rooted in moral and conservative ideologies and the growing body of evidence that advocates for a more comprehensive and inclusive approach. Finding a balance between moral values and the imperative to provide accurate, holistic information remains a crucial challenge in shaping effective and responsible sex education for all students. An exploration of abstinence-based sex education reveals a persistent adherence to traditional, moralistic ideologies that exclude essential information, perpetuate fear-based narratives, and disproportionately impact minority communities, raising significant concerns about equity and access to accurate sexual health information. The evidence presented strongly challenges the effectiveness of abstinence-only programs, debunking claims that comprehensive sex education encourages risky behaviors. As the focus transitions to the imperative of inclusive sex education, it becomes evident that the existing abstinence-based approach falls short of addressing the diverse needs and experiences of students. An evidence-based, inclusive approach is essential to foster a supportive learning environment that empowers all students to make informed decisions about their sexual health and relationships, challenging the historical biases embedded in abstinence-only education.

1.5 What Do Effective Sexuality Education Programs Look Like?

When acknowledging the limitations of abstinence-based sex education, one must also explore key elements that contribute to the effectiveness of sex education programs in general. The National Sex Standards (NSES) outlined by the Future of Sex Education Initiative and SEICUS's Guidelines for Comprehensive Sexuality Education delineate several characteristics that can be found in effective sex education programs. These programs prioritize inclusive, evidence-based, and developmentally appropriate approaches that address not only the biological aspects of reproduction but also encompass essential topics such as communication skills, consent, healthy relationships, and the diverse spectrum of human sexuality. Both lists focus on a variety of different factors: programs should be research-based, focus on behavioral outcomes, provide accurate information, address various social influences, be personalized to individual experiences, encourage student engagement, last more than a few hours or lessons, and should be taught by teachers who have been trained in the subject (SEICUS, 2021, p. 87;

Future of Sex Education Initiative, 2020, p. 12). These shared principles underscore elements considered crucial for the effectiveness of sex education programs, whether aimed at reducing unintended pregnancies, HIV/STD infections, or promoting overall sexual health. Both resources mention the importance of personalizing lessons to meet the needs of students. However, the NSES goes further by emphasizing the importance of using “learning strategies, teaching methods, and materials that are trauma-informed, culturally inclusive, sex positive, and grounded in social justice and equity” (Future of Sex Education Initiative, 2020, p. 12). Similarly, they encourage schools to embrace individual values and beliefs when teaching (Future of Sex Education Initiative, 2020, p. 12). This commitment to personalized education from the NSES goes beyond adapting lessons to individual needs, emphasizing an approach that ensures a nuanced understanding of diverse perspectives and values in the realm of sexual health education.

SEICUS’s Guidelines also have some unique points. While both sources mention that teachers must include information about safe sex practices and healthy decision-making, the Guidelines for Comprehensive Sexuality Education explicitly mention that programs that “deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception,” are most effective (SEICUS, 2021, p. 87). This underscores the significance of promoting abstinence as part of a comprehensive approach to sex education. By explicitly acknowledging the effectiveness of programs that deliver a clear message about both abstaining from sexual activity *and* using safe-sex practices or contraception, the guidelines demonstrate a commitment to inclusivity (Leung et al., 2019, p. 3). This approach recognizes that individuals may have different values, cultural backgrounds, and personal choices when it comes to their sexual activity. By addressing both abstinence and safe sex practices, sex education programs can better meet the varied needs of students, promoting a more realistic and holistic understanding of sexual health. It reflects a commitment to providing information and skills that empower individuals to make informed decisions based on their values and circumstances.

Abstinence-only education, which exclusively promotes abstaining from sexual activity without providing comprehensive information on safe sex practices, lacks the qualities highlighted by these sources as essential for effective sex education programming. The rigid focus on abstinence alone fails to address the diverse needs of students, neglecting the realities of sexual health and limiting the potential for positive outcomes. The evidence-based, inclusive, and comprehensive principles outlined in the NSES and SEICUS's Guidelines collectively illustrate why abstinence-only education falls short of meeting the standards of effective sex education. The limitations of abstinence-only education become apparent when juxtaposed with the evidence-based, inclusive, and comprehensive principles advocated by the NSES and SEICUS's Guidelines. Effective sex education programs, as highlighted by these sources, are rooted in research, considering not only biological aspects but also encompassing essential topics such as communication skills, consent, and healthy relationships. The rigid adherence to abstinence as the sole focus of sex education neglects the reality that students have varying values, beliefs, and experiences related to sexuality. The principles endorsed by the NSES and SEICUS underscore the importance of recognizing and respecting diverse perspectives, values, and cultural backgrounds. Abstinence-only education, by contrast, tends to adopt a one-size-fits-all approach that may not resonate with the diverse needs of students, limiting its potential to effectively address the complexities of sexual health. Furthermore, the lack of emphasis on safe sex practices in abstinence-only education can leave students ill-equipped to make informed decisions about their sexual health. Effective sex education programs, as per the outlined principles, prioritize providing accurate information about the risks of sexual activity and ways to protect oneself from unintended consequences such as pregnancy and STDs. Abstinence-only education, by neglecting this comprehensive approach, may leave students uninformed and vulnerable to potential health risks.

1.6 Comprehensive Sexuality Education as an Alternative

Comprehensive sexuality education (CSE) emerges as a superior alternative to abstinence-only approaches by providing a holistic and informed understanding of human sexuality, fostering essential life skills, and empowering individuals to make well-informed decisions regarding their sexual health. CSE

can be defined as programs that build on knowledge and skills related to human sexuality, development, relationships and communication, and decision-making over time throughout a child's educational career. According to the National Sex Education Standards (NSES), this education should begin in kindergarten and continue until the student graduates (Future of Sex Education Initiative, 2020). The NSES standards state that CSE should be "age-appropriate, medically accurate, evidence-based, and culturally responsive ... [and should include] topics such as sexual assault, violence prevention, mental health, sexual behavior, sexual orientation, gender identity, race, ethnicity, and the impact of media and societal norms" (Future of Sex Education Initiative, 2020, p. 60). The most effective implementation, According to the NSES standards, happens when educators "avoid cisnormative, heteronormative approaches, aim to strengthen young people's capacity to challenge harmful stereotypes, and be inclusive of a wide range of viewpoints and populations without stigmatizing any group (Future of Sex Education Initiative, 2020). It should also acknowledge the effects of structural inequalities based on race, socioeconomic status, gender, and ability and how these disparities can negatively affect health outcomes. All of these differentiating factors influence health outcomes through specific social environments, physical environments, and availability of health services. By including a diverse array of topics, CSE provides children and adolescents with knowledge and skills that enable them to improve and protect their health and well-being, engage in safe and healthy sexual and romantic relationships, know their rights, and respect their own choices and those of others. As one might notice, CSE equips young people with practices, values, and understandings that reach far beyond the realm of human sexuality. These skills can be carried throughout life and used in general peer-to-peer relationships and can foster a sense of understanding of other people's circumstances, backgrounds, choices, and values. It is important to realize that in comprehensive sexuality education practices, "sex education [itself] is conceptualized holistically with the goal of empowering youths to better understand their sexuality and relationships, which will ultimately improve adolescents' sexual health and overall quality of life" (Leung et al., 2019, p. 2).

Zach Eisenstein (2018), a SEICUS contributor, describes CSE's foundation-building approach compared to how other school subjects are taught. In an article describing the CSE approach, he says:

Taking a holistic approach to teaching about sex and sexuality starting in kindergarten really isn't a revolutionary idea. This approach of laying a foundation early on and building on top of it as students age and develop is something we already do with most subjects taught in schools. For example, think about math. Often, students learn (as early as kindergarten) about basics like counting and adding and fractions and so on and so forth all the way up until their senior year of high school when they might study more complex subject matter like calculus. It would not make sense to suddenly teach students about polynomial expressions during their freshman year of high school if they hadn't previously learned about multiplication earlier on. And yet this is exactly how most schools approach teaching sex ed (if they even offer sex ed in the first place). More often than not, out of the blue, high school students will receive a short-term lesson about sexually transmitted infections (STIs) or pregnancy prevention (para. 14-17).

Put in this way, laying foundations for sexual literacy early and building on it as students develop only makes sense. When compared to other school subjects, sex education is the outlier in this way. When the content evolves throughout the process of children's sexual development, it can address the growing students' changing needs and capabilities. Therefore, students receive contextually relevant material that matches their developmental stage. Developmentally appropriate sexuality education means that it "accommodates developmental diversity; adapts content when cognitive and emotional development is delayed; and is presented when the internalization of [sexual and reproductive health] and relationship-related messages is most likely" (UNESCO, 2018, p. 16).

1.6.1 Intersectionality in CSE

Black feminist scholar Kimberlé Crenshaw first coined the term intersectionality in 1989 to describe the ways that (minority) identities overlap, or intersect, to create unique situations of oppression (The Editors, 2020, para. 1). More specifically, intersectionality involves a close examination of the interaction between social identities and systems of power and oppression to uncover "the way that multiple systems of oppression interact in the lives of those with multiple marginalized identities and how this mixture impacts both our self-perception and how we are viewed and treated by other individuals,

groups, institutions, and by society” (Future of Sex Education Initiative, 2020, p. 11). In the context of sex education, this means that curriculums must include an exploration of the diverse experiences and challenges faced by individuals with multiple marginalized identities, both historically and currently. For example, ‘culturally responsive’ sex education must include honest and complete discussions about racism and how racist and sexist practices like the experimentation on and forced sterilization of Black and Indigenous women contributed to modern understandings of gynecology (Gaines & Miller, 2022, Sex Ed Recommendations are Always Evolving section, para. 6; Harley, 2020).

CSE’s intersectional aspects also require the inclusion of diverse sexual identities. In a study about how educators interpret early elementary sex education, Victoria de la Mora (2020) found that participants noticed a lack of discussions about non-heterosexual relationships within their curricula (p. 30). Educators emphasized that topics left unaddressed, such as diverse expressions of sexuality, tend to be enveloped in shame. They asserted that by openly discussing these subjects, educators can reduce such shame while simultaneously contributing to the development of empathy and respect in children (de la Mora, 2020, p. 30). This approach ensures that sex education programs, in line with NSES guidelines, are not only inclusive but also attentive to the complex interplay between social identities and systems of power, fostering a more comprehensive and empathetic understanding of sexuality.

1.6.2 Avoiding Heteronormativity in CSE

Avoiding heteronormative practices in sex education is also a key component of CSE. Non-heteronormative approaches to sex education specifically address the privileging of cisgender heterosexual (cishet) romantic and sexual relationships and the lack of queer-centered lessons in traditional curricula (de la Mora, 2020). Heteronormative sex education curriculums teach exclusively about heterosexual relationships, adopt binary perspectives, omit queer-focused topics, use heteronormative language, assume that all students are heterosexual, neglect queer-specific health topics, and lack inclusive resources. Tanya McNeill (2013), an expert on the promotion of heteronormativity in US school policy, found that “sexuality education is perhaps one of the most explicit sites of the regulation of gender and sexuality” within schools (p. 828).

McNeill (2013) argues that “sexuality education policies, standards, and curricula demonstrate ambivalence towards LGBT individuals and families, and recirculate and reproduce racialized, gendered norms about what forms of desire and familial attachment are appropriate and healthy for American citizens” (p. 827). She also frames sex education politics as a form of bio-politics, “which entails political or governmental regulation and disciplining of all aspects of life at the level of the body, and at the level of population” (McNeill, 2013, p. 828). Heteronormative educational policies send clear messages about what behaviors are acceptable and expected of students through language choices and lesson focuses, and some schools use blatantly homophobic language to further stigmatize and even pathologize queer youth (McNeill, 2013, p. 839). Consequently, these policies contribute to the reinforcement of societal norms and expectations, perpetuating a climate that may be exclusionary and harmful to LGBTQ+ individuals within the educational system.

Comprehensive sexuality education uses a non-heteronormative approach that embraces differences because, as Cacciatore et al. (2019) points out, “there is no reason to assume that [queer youth] do not go through the same phases of emotional development and have the same emotional needs as their heterosexual peers” (p. 329). In fact, due to external pressures and the overall lack of attention to queer-specific struggles, queer youth face unique challenges when becoming aware of their differences and exploring their identities in a world that devalues their experience, pressures that make their relationships more difficult to maintain than average (Cacciatore et al., 2019, p. 329). These are challenges that their heterosexual peers do not face. CSE goes beyond binary perspectives on sexuality and gender, acknowledging the spectrum of identities that exist. In a non-heteronormative sex education curriculum, there is a deliberate effort to discuss and validate the experiences of LGBTQ+ individuals, offering information about various types of relationships and diverse family structures. This approach aims to create a safe and supportive learning environment, fostering understanding, empathy, and respect for the diversity of sexual orientations and gender identities. Non-heteronormative sex education is crucial for dismantling stereotypes, reducing stigma, and promoting a more inclusive and equitable educational experience for all students.

The positive effects of non-heteronormative sex education have been proven. Tanya McNeill's study of heteronormative educational policies in the state of Virginia reveals an interesting trend. In schools with abstinence-only, heteronormative curriculums, there are more instances of homophobic verbal and physical harassment than in schools with other forms of sex education (McNeill, 2013, p. 840). Analyzing data from a 2011 Virginia school climate survey conducted by the Gay, Lesbian & Straight Education Network (GLSEN), she discovered that in schools implementing abstinence-only curricula, approximately 66% of queer students experienced harassment related to sexual orientation, while nearly 50% reported harassment based on gender identity (McNeill, 2013, p. 840). These percentages are significantly higher than those of queer students from Virginia schools with other forms of sex education, where around 55% experienced sexual orientation-based harassment and 40% reported identity-based harassment (McNeill, 2013, p. 840). While both sets of data expose unacceptable levels of harassment, it becomes evident that educational frameworks grounded in heteronormative assumptions are associated with heightened levels of victimization for queer students. The same 2011 GLSEN Virginia-based study found that "'inclusive curriculum' defined as 'curriculum that includes positive representations of LGBT people, history and events,' correlated with lower rates of absenteeism, 'a greater sense of connectedness,' less homophobic language prevalent in schools, and greater reported acceptance," as well as an increased sense of safety (McNeill, 2013, p. 840). The GLSEN's climate survey, as well as McNeill's analysis, suggests that state policies and funding have the power to either condone homophobic, sexist, and transphobic bullying or to provide students with space to develop empathy and respect for all sexual identities.

1.6.3 Rights-Based Approach

UNESCO states that CSE should "[build] on and [promote] an understanding of universal human rights – including the rights of children and young people – and the rights of all persons to health, education, information equality and non-discrimination" (UNESCO, 2018, p. 16). Rights-based approaches are grounded in the principles of human rights, emphasizing that every individual has the right to access accurate, comprehensive, and age-appropriate information about sexuality, as emphasized by

international human rights bodies like the UN Convention on the Rights of the Child, the UN Convention on the Elimination of all Forms of Violence against Women, the International Covenant on Economic, Social and Cultural Rights (Mijatović, 2020, para. 18). However, it is important to highlight that while the UN Convention on the Rights of the Child stands as the most universally ratified human rights document globally, the United States remains the sole nation that has not ratified it (Abaya et al., 2022, para. 2). By approaching sex ed with a human rights framework, educators are able to help young people recognize their rights, identify injustices, and advocate for their peers whose rights have been infringed upon.

A rights-based approach recognizes sexuality education as a fundamental human right that contributes to individuals' overall well-being and development. By acknowledging and respecting the diversity of sexual orientations and gender identities, a rights-based approach ensures inclusivity in CSE, fostering an environment that is free from discrimination. The empowerment of individuals to make informed decisions about their sexual and reproductive health is at the core of comprehensive sexuality education and can be achieved with a rights-based approach. A rights-based approach contributes to the development of a society that values respect, autonomy, and the overall well-being of its members. This is pivotal for promoting a positive and empowering sexual education experience that respects the rights and dignity of every individual.

Key components of the rights-based approach to comprehensive sexuality education include respect for diversity, an emphasis on consent and autonomy, access to adequate health services, and addressing stigma and discrimination. By participating in comprehensive sexuality education programs, students should understand that they “have a right to be treated with dignity and respect, no matter [their] identity” (*Community Action Toolkit*, 2018, p. 10). As a result, comprehensive sexuality education not only enhances adolescents' sexual health and overall quality of life but also promotes a broader sense of empathy and understanding in peer-to-peer relationships, reflecting its enduring impact beyond the realm of human sexuality.

Ensuring equal access to CSE in school settings across the country, we can equip the next generation with depth of knowledge and interpersonal skills to ensure their “right to the highest attainable

standard of health, including safe, responsible and respectful sexual choices free of coercion and violence, as well as their right to access the information that young people need for effective self-care” (UNESCO, 2018, p. 16). Embracing CSE is not just an educational shift but a step toward a more equitable, informed, and compassionate society.

1.7 Comprehensive Sexuality Education: Key Teaching Concepts

Based on the research behind what makes an effective sex education program, we can identify the key concepts that should be taught at each developmental level as per the Steps of Sexuality and comprehensive sexuality education (CSE) models. As previously mentioned, CSE includes a wide range of information, ranging from hygiene and puberty to self-esteem and the importance of showing respect for others. SEICUS’s *Guidelines for Comprehensive Sexuality Education* (2021) identifies six essential “key concepts” that should be taught at each level of instruction: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture (p. 15). These concepts are taught at all developmental stages, ranging from kindergarten to high school, but are presented in a way that ensures developmental appropriateness. Each key concept is further divided into specific topics that should be addressed. Appropriateness is guided by the developmental messages that coincide with the four different age levels and stages of development⁵. The four levels, as defined by the *Guidelines for Comprehensive Sexuality Education* (2021), are middle childhood (5-8 years), preadolescence (8-12 years), early adolescence (12-15), and adolescence (15-18) (p. 17). In order to help readers understand how each key concept is presented in different developmental stages, the *Guidelines* (2021), provides an example of lessons in level one (middle childhood) vs level four (adolescence):

For example, within Key Concept 6: Society and Culture, Topic 5 is Diversity.

Developmental messages about diversity for Level 1 include: ‘Individuals differ in the way they think, act, look, and live,’ and ‘Talking about differences helps people understand each other better.’ In contrast, developmental messages for Level 4 include:

⁵ As sexual development is a lifelong process that begins at birth, the key concepts and developmental messages can be adapted to fit younger children’s needs. However, because the *Guidelines for Comprehensive Sexuality Education* specifically target in-school sex education, the youngest age mentioned is 5 years old.

‘Confronting one’s own biases and prejudices can be difficult,’ and ‘Workplaces benefit from having employees from diverse backgrounds’ (p. 17).

Both discussions address the key concept of society and culture and the topic of diversity, but the developmental messages for each stage are appropriate to the students’ developmental context. This tailored approach ensures that comprehensive sexuality education addresses relevant topics and respects students’ cognitive and emotional readiness at different levels, contributing to a more effective and age-appropriate learning experience.

To understand the relevance of sex education that starts in kindergarten, we must examine the developmental messages and lessons that elementary students receive during these formative years. An early introduction to sex education in kindergarten serves as a crucial foundation for fostering a healthy understanding of oneself and others. It goes beyond traditional notions of sexuality and instead focuses on age-appropriate topics such as body autonomy, personal boundaries, and the importance of respect and consent in relationships. By instilling these foundational concepts from the beginning, sexuality education contributes to the development of crucial life skills, including effective communication and understanding diversity, which are essential for navigating relationships in later stages of life. Furthermore, starting early helps destigmatize discussions around sexuality, creating a more open and inclusive environment for students to ask questions and seek guidance. In essence, initiating comprehensive sexuality education in kindergarten sets the stage for a holistic approach to personal well-being that extends throughout one’s educational journey and beyond.

Given the primary focus of this paper is on comprehensive sexuality education in early elementary classrooms, it is necessary to delve into the specific lessons that would be incorporated. Most of these lessons would target the first developmental stage (5-9 years old). Cacciatore et al. (2019) emphasize that young children establish the groundwork for healthy sexual development and future relationships through elements such as attachment, closeness, safety, curiosity, loving care, and trust (p. 329). Building on this foundation, comprehensive sexuality education in kindergarten can effectively impart crucial social skills, including self-regulation and setting boundaries. Developmental messages and

lessons also help strengthen students' self-understanding and respect, communication skills, and confidence (Cacciatore et al., 2019, p. 334).

Lessons encompass various aspects, including understanding different family structures and fostering friendship (de Melker, 2015). Body awareness is emphasized, and students are expected to identify and properly name body parts, including genitals, by the end of the first developmental stage (de Melker, 2015). The curriculum also emphasizes healthy relationships, teaching students how to express emotions within such relationships in a manner beneficial to everyone involved (Eisenstein, 2018). Lessons extend to differentiating between wanted and unwanted touch, including communicating personal boundaries (de Melker, 2015). These foundational lessons persist into the second developmental stage, expanding on each topic to include new developmentally appropriate subjects. By the end of level two, at the age of eleven, students are expected to be comfortable navigating discussions about reproduction, safe sex, and sexual abuse (de Melker, 2015).

CSE not only educates children on the importance of personal boundaries and consent but also teaches them to trust their instincts and report any uncomfortable experiences. In teaching these important communication skills, CSE also provides children with a defense against sexual exploitation and abuse. Amazingly, one study found that sex offenders often avoid children who have the language to correctly name their genitals and body parts because they are more able to accurately report what has happened to them (Iowa Youth Congress, n.d.). While it is unfair to expect children to be able to prevent sexual assault, providing them with the ability to articulate boundaries, express discomfort, and communicate their feelings empowers them to recognize inappropriate situations and seek help when needed (de la Mora, 2020, p. 14). Excluding lessons about healthy communication, good touch and bad touch, and anatomy may leave children vulnerable to sexual exploitation and abuse (UNESCO, 2018, p. 18). By encouraging open communication and awareness, CSE creates an environment where children feel supported and can navigate potential risks more effectively, promoting their safety and well-being.

1.8 Support for Comprehensive Sexuality Education

In contemporary discourse on education, the advocacy for comprehensive sexuality education has gained significant momentum due to its multifaceted benefits for individuals and society as a whole. This section explores the reasons supporting the implementation of comprehensive sex education, emphasizing its targeted approach towards the most vulnerable and open age groups. We will delve into the critical role comprehensive sexuality education plays in addressing inaccurate depictions of sexuality in the media and highlight its widespread support among parents and citizens. As school-based sex education is often the primary source of such information, this section underscores its crucial significance in shaping the sexual literacy of young individuals.

Universal comprehensive sex education is urgently needed in the United States, as evidenced by the nation's ongoing struggles with elevated rates of teen pregnancies. Leung et al. (2019) highlight the alarming reality that the U.S. consistently reports some of the highest teen pregnancy rates among developed nations (p. 4). Contributing factors include a minimal requirement for sex education, limited access to contraception, socioeconomic disparities, and the influence of religious beliefs on attitudes toward reproductive health. The absence of a unified approach to sex education at the federal, state, and local levels has led to a lack of standardization in curricula, as emphasized by Leung et al. (2019, p. 6).

As outlined in research conducted by the Guttmacher Institute, the current landscape of sex education in the United States reveals varying state-level requirements. Their study found that only 26 states mandate age-appropriate content, 13 states require the importance of medical and scientific accuracy, 8 states demand that information be free from race and gender bias, 8 states necessitate the inclusion of content on sexual orientation, and notably, only two states insist on the content being religion-neutral (Leung et al., 2019, p. 6). The diverse mandates reflect a decentralized system, highlighting the influence of state-level policies on the content and quality of sex education. This is problematic for many reasons, including the potential for inconsistent and incomplete information provided to students.

The lack of a standardized approach raises concerns about the equity and comprehensiveness of sex education across the country. Students in different states may receive varying levels of exposure to

crucial topics such as reproductive health, sexual orientation, and gender bias. The emphasis on age-appropriate content, medical and scientific accuracy, and inclusivity in some states is a positive step. However, the uneven distribution of these requirements underscores the need for a more unified national approach to sex education.

Inconsistencies may contribute to gaps in students' knowledge and understanding of critical issues, potentially impacting their ability to make informed decisions about their reproductive health and relationships. Furthermore, the limited insistence on religion-neutral content in only two states raises questions about the potential influence of religious beliefs on sex education curricula in different regions. A federally mandated comprehensive sexuality education curriculum could solve these problems. Such a curriculum would ensure that all students, regardless of their geographic location, have access to accurate, age-appropriate, and unbiased information about reproductive health.

1.8.1 Positive Health Outcomes

Comprehensive sexuality education curriculums have been found to have many important behavioral and health-related outcomes. Eva Goldfarb, a professor of public health at Montclair State University and a co-author of many sex education-based studies and curricula, found that if done correctly and presented to students at an early age, CSE can “increase prevention of child sex abuse, increase prevention of dating and interpersonal violence, decrease homophobic bullying and harassment, promote healthy relationships, build life skills, such as empathy, respect for others” (Gaines & Miller, 2022, Goldfarb dialogue para. 17; Goldfarb & Lieberman, 2021, p. 15-22). Goldfarb and Lieberman (2021) have also concluded that comprehensive sexuality education often results in increased appreciation for sexual diversity, lower rates of homophobia and homophobic bullying, increased understanding of gender norms, increased prevention of dating and intimate partner violence, higher rates of bystander intervention, increased skills and knowledge of healthy relationships, better communication skills, child sexual victimization prevention, and media literacy (Goldfarb & Lieberman, 2021, p. 15-22). Other research has found that properly implemented CSE can delay sexual debuts, decrease the frequency of sex, reduce the number of sexual partners one has, reduce risk-taking behaviors, and increase the use of

condoms and contraception (UNESCO, 2018, p. 28; *Guidelines for Comprehensive Sexuality Education*, 2021, p. 13; *Community Action Toolkit*, 2018, p. 8). Furthermore, UNESCO's *International Technical Guidance on Sexuality Education* (2018) has proven that comprehensive sexuality education, whether in or out of school settings, "does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates" (p. 28). This finding refutes a commonly cited argument by anti-sex-education movements.

These positive outcomes are especially important when considering that CSE's age-appropriate lessons would be occurring during the early childhood period, in which children learn faster, are most affected by their environment, and the chances of a child maintaining learned attitudes and behaviors as they continue to develop are highest (Kurtuncu et al., 2015, p. 208). The age-appropriate, "scaffolded learning" approach that Kurtuncu et al. (2015) discuss is also supported by Goldfarb and Leiberman (2021), who say that "building an early foundation and scaffolding learning with developmentally appropriate content and teaching are key to long-term development of knowledge, attitudes, and skills that support healthy sexuality" (p. 22). CSE's tailored focus on younger age groups ensures that the information reaches those who require it the most and will derive the greatest benefits from it (Belay, 2017).

The Steps of Sexuality model, as a holistic approach that informs the content of CSE, focuses on cognitive, emotional, social, interactive, and physical aspects of sexual development, while empowering young individuals at all stages with "information, skills, and positive values to understand and enjoy their sexuality and having safe and fulfilling relationships" (Cacciatore et al., 2019, p. 333). Emphasizing the importance of allowing safe and informed exploration within the appropriate developmental steps, this model contributes to achieving a state of overall well-being in relation to sexuality and general health (Cacciatore et al., 2019, p. 333). Igras et al. (2014) highlight that well-being in younger adolescence encompasses physical, mental, emotional, and physical safety, positive self-effect, decision-making skills, and academic engagement (p. 557). Expanding on this in an interview with NPR, researcher Eva Goldfarb asserts that comprehensive sex education, when "scaffolded across grades [and] embedded in supportive

school environments,” can enhance sexual, social, emotional health, as well as academic outcomes for young people (Gaines & Miller, 2022, para. 13). Furthermore, this approach yields positive short-term effects on knowledge and attitudes, fostering increased communication with parents and greater self-efficacy to manage risky situations (UNESCO, 2018, p. 29). Promoting sexual literacy within CSE classrooms, as suggested by Shtarkshall et al. (2007), extends beyond imparting knowledge, contributing to psychosocial development and wellness throughout adolescence and into adulthood (p. 116). Thus, a comprehensive sexuality education framework emerges as a vital tool in promoting holistic well-being, empowering young individuals with the knowledge, skills, and values necessary for navigating healthy sexual development and relationships.

1.8.2 Addresses Social Inequalities

CSE’s emphasis on intersectionality, non-heteronormativity, and general radical inclusivity also has an important impact on how schools address social inequalities. Research into the state of sex education in America by Hall et al. (2016) has found that when sexuality education curricula take time to discuss and include diverse sexual orientations, gender identities, and racial and ethnic minorities, school social and learning environments become safer and instances of bullying decline (p. 31). Work by Goldfarb and Leiberman (2021) and Mijatović (2020) supports Hall et al.’s claim, with Mijatović specifically mentioning that the inclusion of “factual, non-stigmatising information on sexual orientation and gender identity” can help lower homophobic and transphobic-related bullying in schools (Mijatović, 2020, para. 17; Goldfarb & Leiberman, 2021, p. 2). This intentional wording underscores the necessity of providing accurate and unbiased information about diverse sexual orientations and gender identities. By emphasizing the term “factual,” the author emphasizes the importance of basing education on scientific knowledge and research to build a foundation of understanding that dispels myths and stereotypes. Additionally, the inclusion of “non-stigmatizing” addresses the need to create an inclusive and respectful learning environment, free from judgment or bias.

CSE’s inclusive style also aids in the prevention of gender-based stereotypes and violence. From the start of CSE programming in kindergarten, there are “strong messages in favour of equality between

women and men, promoting non-stereotyped gender roles, educating about mutual respect, consent to sexual relations, [and] non-violent conflict resolution in interpersonal relationships” (Mijatović, 2020, para. 14). This early approach to addressing gender inequality allows children to grow up with a defense against binary societal messaging that frames women and girls as inferior to men. In addition, CSE pays special attention to the difference in girls’ sexual development and the way that sexism and misogyny affect the process of growing up. Studies on girls’ common experiences and emotions in relation to sexuality and sexual activity by Verbeek et al. (2020) have revealed that girls are more likely than boys to report negative sexual emotions and that because of this, they are missing an important piece of sexual health⁶ (p. 215).

There are many potential explanations for this pervasive phenomenon. First, the stigma surrounding female pleasure and sexual expression and the intense focus on male sexuality may be contributing to young girls and women missing out on crucial gender-specific information in sexuality education classrooms and an overall lack of knowledge about what to expect from sexual relationships (Verbeek, 2020, p. 211). The oversight and neglect of women's sexuality can be attributed to various social, cultural, and historical factors. Throughout history, societies have often been shaped by patriarchal norms and power structures, leading to a disproportionate focus on male perspectives and desires. This has resulted in a lack of attention to women's sexual agency, pleasure, and diverse experiences. Stigmas surrounding female sexuality, perpetuated by cultural taboos and conservative ideologies, further contribute to the silence and ignorance surrounding the subject. In some cases, societal discomfort with open discussions about women's sexuality may lead to avoidance or neglect in educational and public discourse. A second similar explanation may be the sexual double standard, which states that “boys are generally expected (by society and significant others) to be sexually active and to enjoy sexual behaviors, whereas girls are commonly expected to be sexually conservative, reactive, and passive” (Verbeek et al., 2020, p. 215). Third, the likelihood of experiencing sexual coercion and physical pain during sexual activities, including intercourse, is higher for girls in relation to their male peers (Verbeek et al., 2020, p.

⁶ See the glossary entry on “Sexual Health” for an in-depth definition.

215). This highlights an extremely concerning aspect of gender-based disparities. Such statistics demonstrate the importance of addressing power imbalances and fostering environments that prioritize consent and mutual respect in intimate relationships.

Raising awareness, promoting comprehensive sexual education, and challenging societal norms that contribute to unequal power dynamics are crucial steps that we must take when working towards a more equitable and safer space for all individuals in their sexual interactions. Breaking down taboos and challenging ingrained societal norms are essential to recognizing and acknowledging women's sexuality. Such efforts can empower women, promote healthier relationships, and contribute to a more equitable and understanding society. These measures can also be applied to the broader struggle for inclusive and diverse sexuality education. "If allowed," SEICUS argues, "sex education can continue to help us dismantle the systems of power, oppression, and misinformation that are at the heart of efforts to deny sexual and reproductive freedom to individuals and groups" (*History of Sex Ed.*, n.d., p. 60).

1.8.3 Representations of Sexuality in the Media

Another compelling rationale for embracing the CSE model in the United States lies in its potential to counteract the impact of misleading portrayals of sexuality in the media by educating individuals about what constitutes healthy sexual and romantic relationships. While it is impossible to fully protect children from biases portrayed in movies, television, and music that may inform a child's attitude toward sexuality, CSE can provide lessons that can be used to critically examine and consume diverse forms of media (Cacciatore et al., 2021, p. 333). Representations of adult-type sexual behaviors and other types of sexual content are commonly found in (Western) media and culture. These representations often ignore the importance of responsible relationships, mutual respect, the emotional aspects of sex, and gender equality (Cacciatore et al., 2021, p. 333; de la Mora, 2020, p. 15). What is considered 'normal' sexuality among younger, predominantly heterosexual populations is often "glorified violence" that plays into the idea of "'rape culture': the normalization of sexual boundary crossing, often along gendered lines" (Belay, 2017, para. 4). Consequently, children or adolescents without proper comprehensive sexuality education may be susceptible to internalizing harmful beliefs and behaviors,

perpetuating a culture that normalizes and trivializes sexual misconduct. CSE is crucial in equipping students with accurate information on healthy relationships, consent, and boundaries. In doing so, it actively works to counteract the negative effects that media portrayals of adult-type sexual behaviors may otherwise inflict, fostering a culture that prioritizes respect, communication, and the prevention of sexual misconduct. CSE plays a vital role in empowering young people to navigate their sexual experiences with awareness, responsibility, and a deep understanding of the importance of mutual respect within intimate relationships that are not always represented in contemporary media.

1.8.4 Citizen Support for CSE

There are high levels of support for the implementation of comprehensive sexuality education among parents and the general population, which is not reflected by the current state of sex education in the US. It has been argued that state and local guidance on sex education in schools is most effective because it reflects diverse family values and attitudes toward sexuality that may be regionally specific, and that changing to a federally-mandated and federally-funded CSE model would result in intense backlash (Stanger-Hall & Hall, 2011, p. 8). However, multiple studies and surveys in the past two decades have found that there is overwhelming support for comprehensive and evidence-based sexuality education among parents and adults.

Sex education, more broadly, has received high levels of approval since the turn of the 21st century. As reported by Shtarkshall et al., a 2004 parent survey by NPR, the Kaiser Family Foundation, and Harvard's Kennedy School of Government found that around 90% of parent participants believed that teaching sex education in schools was “very or somewhat important,” while less than 10% did not want it to be taught at all (‘Sex Education in America,’ 2004; Shtarkshall et al., 2007, p. 117). Data from that same survey showed that a majority of the parents supported comprehensive approaches to sex education instead of abstinence-only lessons (‘Sex Education in America,’ 2004; Shtarkshall et al., 2007, p. 117). Stanger-Hall and Hall’s 2011 CSE-specific research found that “approximately 82% of a randomly selected nationally representative sample of U.S. adults aged 18 to 83 years ... supported comprehensive programs that teach students about both abstinence and other methods of preventing pregnancy and

sexually transmitted diseases,” while abstinence-only programs “received the lowest levels of support (36%) and the highest level of opposition (about 50%)” (Stanger-Hall & Hall, 2011, p. 8). Additionally, a 2018 survey conducted on behalf of the Planned Parenthood Federation of America that assessed voters’ feelings about the use of sex education and federal funding to prevent unplanned pregnancy yielded interesting information. The survey responses indicated that not only do a majority of people support sex education in schools, but they also support federal funds being used to address problematic sexual outcomes (*Community Action Toolkit*, 2018, p. 10). Respondents indicated that “sex education should cover a range of topics including birth control, STIs and HIV, puberty, consent, healthy relationships, sexual orientation, and abstinence,” all of which are included in the CSE curriculum (*Community Action Toolkit*, 2018, p. 10).

CSE supporters have cited numerous reasons to advocate for comprehensive sexuality education. Parents commonly argue that sex education is necessary because it “[fosters] the proper attitudes of children toward each other and both genders’ and ‘[guides] children’s curiosity correctly’” (Shin et al., 2019, p. 321). This perspective highlights the belief that comprehensive sexuality education contributes to the development of respectful attitudes, healthy relationships, and an understanding of gender dynamics. Parents recognize the importance of providing accurate information in a structured manner to guide their children's curiosity and support their overall well-being, emphasizing the role of sex education in shaping positive attitudes and behaviors. Supporters also argue that CSE allows children and adolescents to make informed decisions about their relationships while also demonstrating the health benefits of delaying sexual debuts until they are more mature (Hendricks & Howerton, 2011, p. 593). Concerns about abstinence-based approaches underscore the recognition that such methods can be counterproductive, as they may perpetuate factual inaccuracies, promote religious bias in public schools, and instill harmful gender stereotypes and negative attitudes about sex among teens (Hendricks & Howerton, 2011, p. 593).

Despite high levels of support for the implementation of comprehensive sexuality education across the country, the sex education approaches in the United States do not align with these sentiments. This disparity raises concerns about the disconnect between public preferences and the actual content and

delivery of sex education in schools. Bridging this gap is essential to ensure that the educational curriculum aligns with the values and expectations of the community, fostering a more informed and empowered generation regarding their sexual health and relationships. As the conversation on comprehensive sexuality education continues to gain momentum, it becomes clear that a standardized, inclusive, and evidence-based approach is essential for shaping a society that prioritizes sexual health, respect, and well-being for all individuals. The Netherlands provides a concrete example of what effective CSE programs look like and how they positively impact youth populations.

1.9 The Netherlands: The Dutch Approach to Effective CSE Program Implementation

In comparison to the United States, Europe generally exhibits a more open and accepting attitude towards discussions about sex and sexuality, with a lower level of societal taboo surrounding these topics. European cultures often embrace a more liberal approach, creating an environment where sex education is less stigmatized and can be integrated into public discourse and educational systems more seamlessly. This openness contributes to a healthier and more informed societal dialogue, allowing individuals to discuss sexual health, relationships, and diversity with greater ease and reduced judgment. It is easier for the general population in Europe to access information and services related to sexual health, “which is facilitated by a societal openness and comfort in dealing with sexuality, by pragmatic governmental policies, and less influence by special interest groups” (Stanger-Hall & Hall, 2011, p. 9).

In the realm of comprehensive sexuality education (CSE), the Netherlands’ Dutch approach is an exemplary case, often regarded for its success in fostering a society that is well-informed, respectful, and inclusive in matters of sexual health. This exploration looks into the intricacies of the Dutch model, aiming to draw insights that could inform potential CSE implementation in the United States. Renowned for its comprehensive and evidence-based approach, the Dutch system offers a unique perspective on sexual education that aligns with international standards. By examining concrete statistics and outcomes associated with the Dutch approach, this exploration seeks to illuminate the tangible benefits of CSE, providing valuable insights for those considering the enhancement of sexual education practices in the

United States. The Dutch experience offers a case study for effective CSE and serves as a blueprint for creating a healthier and more informed societal framework.

There are many reasons that CSE is the preferred method of sex education in the Netherlands. Concerns about problematic representations of sexuality in contemporary Western media, reminiscent of those in the US, prompted sexual and public health experts to recognize the need for the portrayal of sexuality as something that requires respect, intimacy, and safety (de Melker, 2015). NPR journalist Saskia de Melker (2015) argues that the Dutch “brand” of sexuality education highlights the significance of a curriculum that is based on youth rights, responsibility, and respect (Beyond Risk Prevention section, para. 3). In her article, she contends that the US has misconceptualized sex education and sexual health by claiming that its main goals are disease prevention and reducing unplanned pregnancies (de Melker, 2015). This type of sex education leaves children and adolescents without proper skills for coping with emotions or decision-making. The Dutch recognize that as a society, they must understand all of the components of sexual health, not just preventative practices, in order to create generations of healthy adults.

Dutch legislation requires that all students in the Netherlands must receive “some form of sexuality education” (de la Mora, 2020, p. 17). Aligning with SEICUS and NSES guidance, the core concepts taught in these classes are sexual diversity, sexual assertiveness and agency, and respect (de la Mora, 2020, p. 17). Students begin lessons in primary school when they are most open to new knowledge. By starting sex education so young, Dutch educators hope that children will grow up with the understanding that “sexual development is a normal process and all young people have the right to frank, trustworthy information on the subject” (de la Mora, 2020, p. 17).

Parents and caregivers are considered to be their children's first educators, playing a crucial role in shaping their early development and laying the foundation for lifelong learning. From the moment a child is born, parents actively engage in teaching fundamental skills, values, and behaviors that extend beyond formal education. Through everyday interactions, parents impart language, social norms, and basic life skills, fostering cognitive, emotional, and social growth. This primary educational role continues

as parents support their children's exploration of the world, curiosity, and intellectual development. The Dutch approach to comprehensive sexuality education recognizes the importance of a supportive home environment in nurturing a child's overall well-being and academic success. Parents in the Netherlands often start discussing sexuality with their children from a very young age and continue to be involved partners in their sex education as they enter school settings (van der Doef & Reinders, 2018, p. 134). Dutch schools prioritize making space for parental education, too. Many schools in the Netherlands hold parent nights, at which educators and public health experts give adults tools to use when navigating discussions about sexuality with their children (de Melker, 2015). These events emphasize the importance of “[taking] cues from their kids and [making] it an ongoing conversation, rather than one awkward, all-encompassing ‘birds and the bees’ talk” (de Melker, 2015, Let’s Not Talk About Sex section, para. 9). As a result, Dutch youth grow up in supportive and sex-positive environments that encourage learning, guided curiosity, and exploration both at home and in school. This has resulted in “a youth-friendly and supportive health-care system ... and laws that support young people to develop their sexuality in a safe, pleasurable, and consensual way” (van der Doef & Reinders, 2018, p. 134). By not problematizing youth sexual development and expression, Dutch parents and educators allow children and adolescents to have agency in their developmental processes through nonjudgemental support instead of control.

Much of the opposition to comprehensive sexuality education comes from the misconception that educators begin discussions about sexual intercourse right when students enter kindergarten (de Melker, 2015). This, of course, is not the case. Dutch CSE, similar to American approach to CSE, necessitates that all lessons must be age and developmentally-appropriate. Comprehensive sexuality education in the Netherlands uses Cacciatore et al.’s Steps of Sexuality model to determine key concepts and developmental tasks for different age groups. Similar to the SEICUS’s *Guidelines for Comprehensive Sexuality Education*, Dutch students are expected to be able to name body parts by age seven and navigate conversations about reproduction, safe sex, and sexual abuse by the time they are eleven (de Melker, 2015, ‘Little butterflies in my stomach’ section, para. 7 and para. 9). In combination with a continuous conversation about sexuality at home, developmentally-appropriate lessons ensure that all students get

complete information that, instead of centering risks, focuses on the positive aspects of sexuality and sexual development (van der Doef & Reinders, 2018, p. 134). This type of education is designed to encourage critical thinking, curiosity, and discussion among students. Active engagement in the learning process not only enhances understanding but also cultivates a sense of comfort with the material, creating an environment conducive to open discourse.

The efficacy of the Dutch approach has been demonstrated through extensive research, which consistently reveals positive outcomes in sexual health, well-informed decision-making, and overall positive attitudes towards sexuality among students who have undergone the Dutch comprehensive sexuality education program. According to Zach Eisenstein, director of communications at The Trevor Project, the Netherlands, has some of the best teen health statistics in the world (Eisenstein, 2018). Studies show that a majority of teens report having positive first sexual experiences, which is interesting considering that most American teens report the opposite (Eisenstein, 2018, para. 22). Additionally, 90% of Dutch teens report that they used contraception during their first sexual encounter (Eisenstein, 2018 para. 22). According to Eisenstein's article for SEICUS, the Netherlands has both some of the lowest rates of teen pregnancy and HVI/STI infection in comparison to other countries (2018, para. 22). The positive outcomes revealed through extensive research, particularly in the areas of sexual health, well-informed decision-making, and overall positive attitudes towards sexuality among students, underscore the effectiveness of the Dutch CSE program. These findings substantiate the Dutch approach as a successful and impactful model for shaping positive sexual health outcomes and attitudes among young individuals.

1.10 U.S. Policy Roundup: What Does Sex Ed Look Like Today?

In recent years, the landscape of sex education in the United States has become increasingly contentious, marked by political polarization and broad opposition. This opposition traces back to societal taboos surrounding sex and sex education, leading to discomfort and reluctance in addressing these topics. Criticisms against school-based sex education often revolve around concerns of early sexualization, the promotion of certain values, and the alleged infringement on parental rights. This section explores the recent historical context, legislative actions, and societal attitudes that have shaped the current state of sex

education in the U.S. With a focus on the challenges posed by divisive concept bans, parental rights bills, and the impact of restrictive legislation on elementary sexuality education, the narrative unfolds against a backdrop of disinformation campaigns and the resurgence of regressive minorities. It is essential to understand the interconnectedness of these legislative developments as we advocate for inclusive, evidence-based education that prioritizes the well-being of all students.

1.10.1 Opposition Movements

In the past decade, sex education has continued to be a point of contention in local, state, and national settings. Increasing political polarization has created a renewed opposition to evidence-based comprehensive sexuality education that is reminiscent of the political battles of the 20th century. This opposition can be traced back to the broader social conception of sex and sex education as taboo subjects. Because of this taboo and shame, conversations about sex ed are often seen as uncomfortable or unnecessary.

One of the main arguments made against school-based sex education is based on the idea of “sexuality education as sexualizing children at an early age, ‘propaganda in favor of homosexuality’, spreading ‘gender ideology,’ and depriving parents of their right to educate their children in accordance with their values and beliefs” (Mijatović, 2020, Dispelling the Myths About Comprehensive Sexuality Education section, para. 1). Others argue that “sex education encourages promiscuity among youths, and believe that this issue should be avoided so as not to ‘awaken the sleeping bear,’” or normalize sexual activity in adolescent contexts (Leung et al., 2019, p. 2). Regardless of the reasoning, opposition to sex education is grounded in wider disagreements on what constitutes ‘normal’ sexual behavior in children and adolescents, how to most effectively minimize risk-taking sexual behaviors, and whose responsibility it is to teach these topics to our youth.

Misinformation campaigns spread by conservative and religious groups are a deliberate attempt to scare parents into opposing sexuality education. They rely on inaccurately representing the content of sex education so that the effectiveness and importance of sex education in schools are clouded by fear. They are born out of larger social debates about “the role of government in family life and sex education;

parental control of the content of sex education; core values to be included in sex education...; and, fundamentally, what constitutes appropriate adolescent sexual behavior” (Shtarkshall et al., 2007, p. 116).

Often, opposition to sex education is led by small conservative or religious groups called ‘regressive minorities.’ These regressive minorities are “small but vocal group of individuals [who] organize with the sole purpose of opposing sex education... [arguing] for the elimination of all sex education programs or for the institution of [abstinence-only programs] that censor information and rely on messages of fear and shame” (Community Action Toolkit, 2018, p. 6). Similar to the social hygiene movement of the early 20th century, their programs rely on “racist, classist, and sexist views of sex and marriage and ... an idyllic view of the white, middle-class family as aspirational” (*History of Sex Ed*, n.d., p. 44). Their resistance to comprehensive sexuality education programs is often “an illustration of a broader opposition to the full realization of the human rights of specific groups,” including women, queer people, and children “on grounds that it would threaten traditional and religious values” (Mijatović, 2020, para. 3). In 2022, a “collaboration between the traditional Christian Nationalist movement and other white supremacist and fascist groups led to this regressive minority successfully pushing various forms of attacks at the local, state, and federal levels” (The SIECUS State Profiles, n.d., p. 7).

The introduction of Title V in 1996 was an important win for these opposition movements. Title V included a strict definition of sex education that emphasized abstinence-only methods. It required that, in order to be funded by the government, school-based sex education must

have as [its] ‘exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity [and also must teach]’ that a ‘mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity,’ and that having children ‘out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society. (*History of Sex Ed*, n.d., p. 44)

To meet these expectations and obtain federal funding, these programs relied on shame and fear to control the sexual behavior of the students. They posited that STDs were unavoidable, sex before marriage lessened the value of a person, and that the only appropriate setting for sex and childbirth was in the

context of heterosexual marriages (*History of Sex Ed*, n.d.). In doing so, educators ignored the possibility of non-normative identities and instead focused on cis-hetero models of family life.

Programs funded by Title V also relied heavily on religious and gendered messaging to address promiscuous behavior. By using familiar ‘boys will be boys’ rhetoric, these programs suggested that it was young women’s responsibility to prevent and protect themselves from the male gaze because “a young man’s natural desire for sex is already strong due to testosterone” and cannot be controlled (*History of Sex Ed*, n.d., p. 46). In retrospect, the implementation of Title V in 1996 not only marked a pivotal moment for opposition movements but also set the stage for a controversial era in sex education, where abstinence-only methods, stringent definitions, and gendered messaging took center stage, sidelining the recognition of diverse identities and perpetuating harmful stereotypes.

Legislative opposition to comprehensive forms of sexuality education like Title V “stigmatize the vital and important information provided by sex education [and] infringe upon young people’s right to access education that helps them make healthy, informed decisions for themselves” (‘Iowa State Profile,’ 2023, Recent Legislation Shaping The State Landscape section, para. 2). The autonomy granted to local authorities in overseeing sex education introduces distinct hurdles, leading to a noticeable disparity in the quality of education students receive in different parts of the nation. This decentralization of power enables the adoption of policies and curricula that may marginalize vulnerable groups, including students of color and queer youth. While guidelines prohibit bias based on race, ethnicity, sexual orientation, or gender identity in the curriculum, there is no mandate to include instruction on these topics or to tailor the education to the cultural needs of young people of color, as highlighted in the SEICUS Iowa State Profile (2023).

In certain state and local elections, candidates opposing public education secured victories. These electoral outcomes highlight the growing rift between regions influenced by anti-Democratic misinformation campaigns targeting sex education and public education, and areas characterized by support for sex education and political leadership aligned with democratic values. 2022 was a particularly eventful year for legislative action pertaining to sex education in the US. At the state and local levels,

there was a distinct increase in bills that threatened children's access to accurate, inclusive sexuality education. These bills mainly targeted public school curricula and libraries. According to SEICUS, there was "a 438% increase in so-called 'divisive concept' curriculum censorship legislation in 2022 as compared to 2021" (The State of Sex Ed., n.d., p.4). Divisive concept bans "restrict instruction on topics that might leave students feeling inferior or superior based on race, gender, ethnicity, or another attribute" (Wertheimer, 2023, para. 1). They are designed to limit or erase classroom and workplace discussions about sexism, racism, and discrimination. In addition to limiting classroom discussions on slavery, the holocaust, and critical race theory to avoid feelings of white guilt, these bans also protect cis-hetero people from feeling targeted by restricting instruction on diverse sexual identities and expressions. "What is especially pernicious about these bills," the National Coalition for History argues, "is that [divisive concept bills] masquerade as legislation defending free speech, but in fact have been purposely designed to curb consideration of subjects controversial and in any way critical of American society and culture" (Divisive Concepts Legislation, n.d., para. 1). In light of the concerning surge in divisive concept curriculum censorship legislation, the broader implications of these bans become evident, raising questions about the true nature of the purported defense of free speech by its supporters.

Another trend in legislation comes from 'parental rights bills'. These bills would require schools and districts to publish school curricula, a list of books available in school libraries, and obtain parental consent for some lessons. Former Speaker of the House, Kevin McCarthy, prioritized these bills during his short time in power, saying that House Republicans were "'keeping [their] promise, [their] commitment to America, [ensuring] that parents will have a say in their kids' education'" (Groves, 2023, para. 2). The bill passed 213-208, with only five House Republicans voting against it. SEICUS's State of Sex Ed cited that over 140 parental rights bills were introduced in 2022, "seeking to weaponize conservative litigation against public schools using fear-based tactics to misguide parents" (n.d., p. 4). In the wake of the passage of parental rights bills and their increasing prevalence, the landscape of education policy is shifting, reflecting a concerted fear-based effort to involve parents in curriculum decisions.

The effects of ‘divisive concept’ bans and parental rights bills have been compounded by efforts to pass legislation that restricts or eliminates elementary sexuality education altogether. “Don’t Say Gay” bills, first introduced by Florida’s House Bill 1557, aim to restrict or prohibit the discussion of LGBTQ+ topics, including issues related to sexual orientation and gender identity, in public schools. The restrictions vary in scope and language, but can extend to discussions, materials, or activities that acknowledge the existence or experiences of LGBTQ+ individuals. Similar bills have popped up all around the country in states like North Carolina, Arkansas, Iowa, and Indiana, among others, in 2023. The proponents of such bills often argue that they are intended to allow parents to have more control over their children’s education and to prevent what they perceive as the promotion of certain values or lifestyles. Critics, on the other hand, argue that these bills contribute to discrimination, stigmatization, and erasure of LGBTQ+ individuals, hindering inclusive education and creating an environment that can be harmful to LGBTQ+ students. According to SEICUS’s State of Sex Ed (n.d.), “these efforts are all implicated in preventing young people from learning content that helps them make healthy, informed decisions and from building community with others around them” (p. 27).

It is worth noting that the states endeavoring to restrict access to abortion services often coincide with those having inadequate policies on sex education in public schools. This underscores the heightened urgency to advocate for proactive reproductive health and education policies. In June of 2022, the United States Supreme Court declared that the Constitution does not protect the right to abortion care. The overturning of *Roe v. Wade* (1973) reversed almost 50 years of precedent protecting the right to privacy over one’s own reproductive health (The State of Sex Ed - SEICUS, n.d.). As a result of this decision, abortion access has become limited in over half of all states. This is troubling in its own right, but when abortion access is analyzed in relation to access to comprehensive sexuality education in schools, the situation becomes more dire. In many states that have restricted abortion access, like Arkansas and Mississippi, sex education curriculum is also limited to abstinence-only content (The State of Sex Ed - SEICUS, n.d.). Consequently, the states not only restrict young people’s access to essential reproductive

health care but also fail to provide the crucial education needed for their sexual and reproductive health and well-being.

1.10.2 Government Support for Sex Education

Amid this restrictive legislation, however, there are a few positive steps being taken by the federal government to ensure access to quality sex education. The reintroduction of The Real Education and Access for Healthy Youth Act (REAHYA) in 2023 is one of these crucial developments. Originally introduced by Senators Cory Booker (D-NJ), Mazie Hirono (D-HI), and Representatives Barbara Lee (CA-13) and Alma Adams (NC-12) in 2021, REAHYA “would offer the first federal grants for comprehensive sex education programs in the United States and end investments in harmful Title V abstinence-only programs” (‘Booker, Hirono, Lee, and Adams Introduce ...,’ n.d., para. 3). These grants would provide federal funding to schools and organizations that “provide quality, inclusive, and shame-free sex education to young people, especially marginalized youth such as young racialized people, LGBTQAI+ youth, and youth with disabilities” (The State of Sex Ed - SEICUS, n.d., p. 18). It is important for advocates, politicians, and voters to continue supporting REAHYA to ensure that children and adolescents will someday have access to quality, equitable, and inclusive sexuality education.

The tumultuous landscape of sex education in the United States reflects a complex interplay of historical legacies, societal taboos, and political ideologies. The opposition to evidence-based comprehensive sexuality education, fueled by disinformation campaigns and regressive minorities, has resulted in a myriad of legislative challenges. From divisive concept bans to parental rights bills and the controversial "Don't Say Gay" legislation, the educational landscape has become increasingly fraught with restrictions, jeopardizing the inclusive education of young individuals. The historical impact of Title V in 1996, institutionalizing abstinence-only methods, continues to cast a shadow on the current discourse, perpetuating harmful stereotypes and sidelining the recognition of diverse identities. Amidst these challenges, the reintroduction of The Real Education and Access for Healthy Youth Act in 2023 offers a ray of hope, signaling a potential shift toward federal support for comprehensive sex education programs. As we grapple with these divisive issues, it becomes imperative to advocate for inclusive, evidence-based

education that prioritizes the well-being of all students, transcending societal taboos and political agendas. The ongoing debate underscores the need for a targeted approach to education policy that safeguards the rights and informed decision-making of young people, paving the way for a healthier and more inclusive future.

1.11 Where Does the Responsibility Lie?

In regards to sex education, the question of responsibility involves various dimensions, from the formulation of programs, the impact of state and federal guidance, to their effective implementation in schools. This section explores the different aspects of sex education legislation and its execution, exploring key players and their roles.

1.11.1 The Role of Federal, State, and Local Governments

SEICUS's 2018 *Community Action Toolkit* is a great source of information about how federal, state, and local governments contribute to the processes involved in curriculum development, funding, and content regulation. By providing an outline of the legislative processes behind sex education requirements and content, the *Toolkit* helps us better comprehend what goes on behind the scenes. In the absence of a universal, federally-mandated sex education program in the United States, the federal government's role is constrained, primarily the provision of funding to educational programs (*Community Action Toolkit*, 2018, p. 18). Despite the absence of a centralized curriculum, the allocation of funds grants the federal government a measure of influence over state and local entities, underscoring the decentralized nature of sex education and the relationship between federal support and regional implementation. This funding often comes with certain guidelines or requirements, shaping sex education programs across the nation. The federal government provides funding to the Personal Responsibility Education Program (PREP) and the Teen Pregnancy Prevention Program (TPPP), although neither of these programs are explicit sex education resources (*Community Action Toolkit*, 2018, p. 18). As of 2018, the US government also spends around \$100 million each year supporting abstinence-only-until-marriage (AOUM) programs (*Community Action Toolkit*, 2018, p. 18). Additionally, federal agencies, such as the Department of Health and Human Services, may provide recommendations or guidelines to inform

state-level policies, contributing to a framework that addresses public health concerns and educational standards while respecting the diverse cultural and ideological landscapes within the country.

State governments, conversely, have a higher level of responsibility and a more direct influence on decisions about state-wide sex education programs and practices. Elected officials and relevant government agencies collaborate to mandate whether or not sex education must be taught at schools, require specific content to be included or discluded, set state guidelines, choose curriculums, and approve classroom resources and textbooks (*Community Action Toolkit*, 2018, p. 19). The discretion afforded to state governments extends beyond the decision on the inclusion of specific topics to encompass the very approach to sex education. States have the authority to determine the preferred methodological framework, allowing them to choose between comprehensive sex education that covers a wide range of topics, including contraception and safe sex practices, or an abstinence-only approach. A considerable number of states mandate that all sex education programs within their jurisdictions adhere strictly to abstinence-based teachings, emphasizing the importance of abstaining from sexual activity until marriage (*Community Action Toolkit*, 2018, p. 19). This diversity in state-level decisions again demonstrates the lack of standardized sex education in the United States, reflecting varying attitudes, values, and policy preferences across the nation. As of 2018, “less than half of all states require that some form of sex education be taught in the schools ... [and instead] ... allow local school districts to decide whether to provide this type of education” (*Community Action Toolkit*, 2018, p. 19). The variance in state-level choices regarding the inclusion of topics and the adoption of specific teaching methods leads to substantial regional differences in the approaches and content of sex education programs. Consequently, students across the country may encounter disparate resources and instructional materials, creating a landscape where the depth and breadth of information received depend significantly on geographical location. This regional disparity in sex education approaches highlights the need for a comprehensive and standardized framework to ensure equitable access to accurate, inclusive, and evidence-based information for all students, regardless of their location.

The impact of policy decisions on sex education is most pronounced at the local level, with school boards and local governments playing a central role in shaping the specifics of sex education programs. Regardless of the existence of a state-level course or content mandate, local administrators have the authority to institute their own mandates (*Community Action Toolkit*, 2018, p. 20). While local directives can expand the scope of education, they must remain compliant with overarching state-wide educational guidelines. For example, “if a state prohibits schools from providing information on contraception in favor of a strict AOUM message, schools cannot choose to include that information in their programs,” and the same is true if “a state mandates that schools provide information on contraception and STI prevention ... a local community cannot choose to implement an AOUM program that does not contain this information” (*Community Action Toolkit*, 2018, p. 20). Thus, it is important that school boards and local governments pay special attention to their state’s guidelines to avoid legal action. Some states are more lenient than others and may provide space for local governments to make important decisions even when state mandates are present (*Community Action Toolkit*, 2018, p. 20). Other states may be very strict about what choices are made at the local level.

1.11.2 Who Should Provide Sex Education?

The question of who is most able to provide sex education is indeed a crucial aspect of wider debates about sex education in schools. Various stakeholders play important roles in implementing effective sex education programs, and their involvement often reflects differing perspectives on the goals and content of such education (Shtarkshall et al., 2007, p. 116). Because sexuality education is a process that begins at birth, a child’s environment, including parents, siblings, teachers, community members, and media, all contribute to the processes of sexual socialization and sex education (Kurtuncu et al., 2015, p. 208). The complexity of sexual socialization underscores the interconnectedness of various influences on individuals’ understanding of sexuality, emphasizing the need for collaboration and communication among actors to ensure a holistic and developmentally appropriate approach to sex education in schools. The importance of collaboration is emphasized in UNESCO’s *International Technical Guidance on Sexuality Education* (2018), which found that “ [educational] interventions with higher levels of parental

involvement and community sensitization, for example, ... after-school sessions for parents and children; and encouraging parents to learn about the programme, showed the greatest impact on improving the sexual health of their their children” (p. 90). This collaborative approach extends beyond the classroom, incorporating after-school sessions designed for both parents and children. The emphasis on encouraging parents to actively participate in the program by learning about its content acknowledges the pivotal role parents play in shaping their children's understanding of sexuality. By creating an inclusive environment that engages not only educators and students but also parents and the broader community, sex education programs are better positioned to address diverse perspectives, values, and cultural complexities, ultimately contributing to better sexual health outcomes for young individuals.

Partnerships between parents and educators are especially important. While school-based sexuality education programs are indeed valuable, they should not serve as the sole source of information for students. It is crucial that the lessons delivered within the school setting are reinforced and enriched through continuous conversations between parents and children in the home environment, as emphasized by Mijatović (2020). In order for sex education to be as effective as possible, one form cannot come without the other. Involving both educators and parents in the process allows for the creation of a supportive home and school environment, which in turn can lower levels of risk-taking behavior (Igras et al., 2014, p. 564). As reported by Igras et al. (2014), “protective factors such as supportive families, schools and communities ... help delay sexual initiation..., while family conflict, negative role models and neglectful or disrespectful parenting place [youths] at higher risk” (p. 564). To effectively leverage these protective factors, it is imperative that parents and teachers collaborate, each playing unique and complementary roles. Parents serve as primary influencers in shaping their children's values and attitudes towards sexuality, called sexual socialization (Shtarkshall et al., 2007, p. 116). Educators contribute by providing accurate information and creating a safe space for open discussions within the school environment, referred to as sex education (Shtarkshall et al., 2007, p. 116). It is crucial for parents and educators to acknowledge and respect each other's roles, recognizing that both play essential and complementary parts in the process of fostering healthy childhood sexual development and education.

The role of parents in the sexual socialization of children is underscored by the notion that “parental teaching at home is one of the most important external environments affecting students' learning activities” (Shin et al., 2019, p. 313). As primary role models who are intimately aware of their children's specific development, parents play a pivotal role in effective sex education when they engage in discussions about sex-related issues with their children (Shin et al., 2019, p. 313). However, the effectiveness of this role is often hindered by parents' reported feelings of discomfort or embarrassment when broaching these topics (Shin et al. 2019, p. 313). Moreover, the concept of sexual socialization highlights the essential role of parents in shaping their children's understanding of ideas, beliefs, and values related to sexuality. Shtarkshall et al. (2007) emphasize that sexual socialization begins at home, providing parents with the opportunity to convey their deeply held values, whether or not these align with mainstream societal norms (p. 116). Parents serve as primary educators in teaching children about their “values and behavioral expectations” through explicit and implicit messages, contributing significantly to the early stages of sexual socialization (Shtarkshall, p. 116). It is important to recognize that these crucial aspects of sexual socialization often fall outside the realm of formal sex education, emphasizing the unique and influential role parents play in shaping their children's attitudes toward sexuality.

The role of teachers and schools in the sexual education and socialization of children is equally important, as highlighted in the UNESCO *International Technical Guidelines on Sexuality Education* (2018). Schools, “as spaces of teaching, learning, and personal development,” offer an established infrastructure with skilled and trusted teachers who can provide age-appropriate learning experiences (p. 19). Children and young people often perceive schools and teachers as reliable sources of information (UNESCO, 2018, p. 19). Because children spend significant amounts of time in school, classroom instruction is “a practical means of reaching large numbers of young people from diverse backgrounds in ways that are replicable and sustainable” (UNESCO, 2018, p. 19). Theories of adolescent development, as noted by Shtarkshall et al. (2007), acknowledge that parents are a child’s first socializing relationship, but that they may not be the most reliable source of specific, evidence and research-based information or

social skills training (p. 117). This emphasizes the unique role that teachers can play in imparting comprehensive sex education, complementing the broader socialization efforts undertaken by parents.

More challenges arise when determining the roles of educators in conveying social skills and secular values. While educational professionals are often trained to provide instruction on certain skills related to safe sex habits, they may potentially conflict with parents' views on proper healthy sexual conduct (Shtarkshall et al., 2007, p. 117). The question of who is best prepared to teach secular values, “such as responsibility, honesty, and respect for diversity,” is still up for debate (Shtarkshall et al., 2007, p. 117). Schools traditionally teach about these values, but Shtarkshall et al. argue that a shared responsibility between parents and professionals is necessary. However, conflicts may arise when parent beliefs do not align with the secular beliefs taught in school, especially in the highly sensitive context of sexual behavior (Shtarkshall et al., 2007, p. 117). Teachers and schools play a crucial role in providing factual information and social skills training, but cooperation with parents is essential to navigate potential conflicts.

The collaboration between parents and teachers in children's sex education is crucial for encouraging healthy future sexual behaviors among children and adolescents. While recognizing the importance of consulting and involving parents in school programs, it is essential, as highlighted by Shtarkshall et al. (2007), “that parents who oppose school-based sex education should not have veto power over sex education in schools or control over the content of sex education for other parents’ children” (p. 118). Instead, decisions regarding sex education should be guided by research on how to limit sexual risk-taking behaviors and enhance program efficacy, empowering health professionals and educators to determine the most effective content and format for classroom sex education.

1.11.3 Teacher Training

Besides parent-teacher collaboration and support, adequate teacher training is another predictor of the effectiveness of sexuality education programs. Many studies have shown that the quality of student learning is directly related to teachers’ comfort levels and previous training in the subject matter (Leung et al., 2019; Future of Sex Education Initiative, 2020; Centers for Disease Control and Prevention, 2022;

Patricia Donovan, 1998; UNESCO, 2018). Teachers' "commitment to, as well as comfort with the delivering of sex education" is directly impacted by their ability to understand and present the subject matter, all skills that are taught and encouraged in professional development and teacher training (Leung et al., 2019, p. 6). The Future of Sex Education Initiative's 2020 *National Sex Education Standards* goes as far as to say that teacher training is "*the most significant indicator*" when assessing the quality of instruction and teacher confidence and comfort levels, positing that pre-service training, continued professional development opportunities, and support and mentoring all affect the classroom experience (p. 13, emphasis original). The CDC's 2022 guidance also found that the quality of sex education is hugely impacted by teacher preparedness and ongoing professional development (p. 3). The same CDC research reports that "teachers' attributes such as professional qualifications or certification in health education and professional development experiences have been associated with improvements in student knowledge gains," further proving the importance of sex education-specific teacher programming (Centers for Disease Control and Prevention, 2022, p. 3). Discomfort with sexuality education materials is often attributed to teachers' lack of prior training in the field. Educators may feel unprepared to lead classroom discussions and engage with students' questions, problems that may come from "both inadequate instruction during the teachers' undergraduate preparation and from a dearth of staff development and training opportunities once they are in the classroom" (Donovan, 1998, p. P. 191). Educators' apprehensions about addressing sexuality-related issues in their classrooms stem from a shortage of resources, as well as insecurities and a fear of potential backlash and judgment (de la Mora, 2020, p. 32).

Despite the availability of well-crafted CSE curricula, teachers frequently avoid or ignore subjects that make them uncomfortable. Due to a lack of access to specific professional development opportunities centered on CSE, a considerable number of educators do not enter the workforce with the necessary expertise and familiarity with instructing sensitive and contentious topics (UNESCO, 2018, p. 18). The correlation between quality professional learning, which enhances both teacher competence and their comfort in addressing the subject matter, is linked to an increased likelihood of educators delivering sexuality education programs with consistency and quality that positively impact children and adolescent

sexual health behaviors (UNESCO, 2018, p. 18). It has been proven that effective professional development opportunities related to sexuality education include instruction on healthy sexual development and safe sex practices, instructional skills, and learning techniques (Centers for Disease Control and Prevention, 2022, p. 3). This type of program fosters increased teacher comfort and confidence, higher knowledge gains for students, higher teacher credibility among students, and higher levels of teacher empathy with students (Centers for Disease Control and Prevention, 2022, p. 3). All of these factors positively influence students' experiences in sexuality education classrooms, which may lead to them placing more value on this type of subject matter (Centers for Disease Control and Prevention, 2022, p. 3).

The responsibility for effective sex education is a complex and multifaceted issue involving various dimensions, from the formulation of programs to their implementation in schools. The examination of sex education legislation and its execution has revealed the critical roles played by different entities, including federal and state governments, educators, and parents. The decentralized nature of sex education in the United States, with significant variations in state-level decisions and local implementations, highlights the need for a comprehensive and standardized framework to ensure equitable access to accurate information for all students. The impact of policy decisions is most pronounced at the local level, where school boards and local governments play a central role in shaping sex education programs. The collaboration between parents and educators is crucial, recognizing the unique roles each plays in shaping children's understanding of sexuality. UNESCO's emphasis on increased parental involvement and community sensitization reinforces the importance of a collaborative approach beyond the classroom. This section also underscores the pivotal role of teachers in delivering comprehensive sex education. Adequate teacher training is identified as a crucial predictor of program effectiveness, highlighting the correlation between quality professional learning, teacher competence, and the positive impact on students' sexual health behaviors. The recognition of the challenges faced by educators, such as discomfort and insecurity, emphasizes the need for targeted professional development opportunities to address these issues and enhance their ability to deliver high-quality sex education. In

summary, achieving effective sex education requires a collaborative effort involving policymakers, educators, parents, and the broader community. The development of comprehensive, standardized frameworks, coupled with targeted professional development for educators, is essential to ensure that sex education programs meet the diverse needs of students and contribute to positive health outcomes.

Part One Conclusion

The exploration of comprehensive sex education in the United States has illuminated both its merits and challenges, offering valuable insights into the complex landscape of sexual health education. This literature review has served as a foundation, providing theoretical perspectives and empirical evidence. However, as we transition from literature to actionable insights, it becomes evident that real-world context is imperative. The subsequent phase of this thesis involves a careful integration of findings from interviews and surveys into the existing scholarly discourse. Recognizing the importance of real-world context and firsthand experiences, this synthesis aims to bridge the gap between theory and practice. By juxtaposing the academic understanding of comprehensive sex education with the diverse perspectives and lived experiences of educators, students, and other stakeholders, I hope to derive practical and contextually relevant recommendations for future teaching methods.

This process underscores the significance of incorporating real-world input into the creation of educational strategies. The lived experiences of individuals involved in sex education play a crucial role in shaping effective teaching methods. To create meaningful change, it is necessary to consider the varied perspectives that emerge from the intersection of theory and practice. The synthesis of literature, interviews, and surveys will not only enhance our understanding of the benefits and challenges but also empower us to propose pragmatic and adaptable solutions that resonate with the dynamic needs of students and communities. In this way, this thesis can contribute to the ongoing dialogue on comprehensive sex education, fostering an environment that prioritizes inclusivity, understanding, and informed decision-making.

Part II

2.1 Introduction

The undertaking of the following empirical research stems from a critical gap identified during the extensive literature review conducted on comprehensive sexuality education (CSE). While the literature provided valuable insights into the theoretical frameworks, pedagogical approaches, and policy implications of CSE, it notably lacked the nuanced voices of individuals directly impacted by these educational interventions. It is within this context that this research seeks to bridge the divide between academic discourse and lived experiences, particularly focusing on the perspectives of individuals who have or have not experienced CSE. By focusing on these personal narratives, this study aims to enrich our understanding of current sex education's effectiveness, challenges, and potential areas for improvement, thereby contributing to the ongoing discourse on comprehensive and inclusive sexual education practices.

2.2 Theoretical Framework

In the exploration of real-world experiences in sex education from both teacher and student perspectives, a theoretical framework is essential for an adequate analysis. Albert Bandura's Social Learning Theory forms a foundational lens through which to understand how individuals, both educators and students, learn and model behaviors based on observed experiences. As discussed earlier, The Social Learning Theory is a psychological concept which argues that individuals learn by observing and imitating the behaviors of others within their social environment. The theory centers the importance of observational learning, modeling, and reinforcement in the acquisition of new behaviors, attitudes, and skills. It suggests that people can learn not only from direct personal experiences but also by observing the consequences of actions experienced by others (Bandura, 1977). This is particularly pertinent for uncovering the mechanisms through which sexual health knowledge, attitudes, and skills are acquired and applied within the classroom. In the context of sex education, the Social Learning Theory is crucial for understanding how students and teachers internalize and replicate behaviors related to sexual health. Examining real-world experiences through the lens of Social Learning Theory can uncover the mechanisms through which knowledge, attitudes, and skills are acquired and applied.

Critical feminist pedagogy was also an important framework to apply in this study because it is a dynamic educational approach that merges critical theory with feminist principles to foster social justice

and empower individuals within educational contexts (Chow et al., 2003). Grounded in critical theory, this pedagogy delves into power dynamics, social structures, and systems of oppression, particularly as they manifest within educational institutions. By applying a feminist lens, it critiques traditional educational practices that perpetuate inequality and advocates for transformative change. This approach not only aims to raise awareness of societal power imbalances but also encourages active resistance and the creation of inclusive learning environments where diverse voices are valued and empowered. Applied to sex education, this framework is vital for exploring how traditional gender norms, power imbalances, and societal expectations influence the dissemination and reception of information. This pedagogical theory helps to uncover the ways in which traditional sex education may reinforce or challenge existing gender norms. It allows for an examination of how real-world experiences in the classroom contribute to or counteract gender-based inequalities and stereotypes.

Collectively, these theoretical frameworks serve as analytical tools that not only uncover the complexities of sex education experiences but also offer insights for improvement in current educational practices. By examining real-world teacher and student experiences through these lenses, there is a potential to gain a more profound understanding of how knowledge, attitudes, and behaviors regarding sexual health are shaped, internalized, and perpetuated. This understanding is paramount for educators, policymakers, and other stakeholders in devising inclusive and effective strategies for sex education that transcend traditional norms and actively engage with the diverse realities within educational settings. The intersection of these theories is essential for advancing the discourse on sex education, fostering environments that promote informed decision-making, inclusivity, and empowerment for both educators and students alike.

2.3 Methodology

The previous examination of the US sex education landscape underscores the critical need for an in-depth and personal understanding of the experiences and perspectives of students and teachers. The literature reveals a complex interplay of legal frameworks, legislative changes, and societal attitudes, shaping the landscape of sexual health education in the state. The absence of explicit standards on crucial

topics such as abstinence, consent, and detailed sexual health education, coupled with legislative proposals that could potentially impact the inclusivity and comprehensiveness of sex education, points to a challenging educational environment. Theory alone does not capture the full spectrum of challenges and successes in sex education. Therefore, the importance of collecting qualitative data and narratives from students and teachers becomes evident. Their insights can provide invaluable context, centering the lived experiences, concerns, and needs of those directly impacted by sex education policies and practices.

Through in-depth interviews, surveys, and firsthand accounts, my research aims to give voice to the individuals navigating the intricacies of sex education in our country. By engaging with the stories of students and teachers, the thesis seeks to uncover nuanced perspectives, challenges faced in implementation, and the effectiveness of current approaches. This qualitative data will serve as a complement to the theory-driven literature, offering a holistic view that captures the human dimension of sex education.

In essence, the data presented in the following section serves as a call to action, highlighting the imperative of including the voices of those directly involved in the education process. The insights of students and teachers will be instrumental in evaluating the efficacy of sex education programs, identifying areas for improvement, and advocating for policies that align with the diverse needs of the nation's youth.

2.3.1 Question Selection

Survey. The goal of the Google Forms survey was to collect a broad and diverse set of experiences and stories from students who had previously taken a sex education class. The survey sought to evaluate the effectiveness of current sex education curricula and teaching methods. Responses would be analyzed to identify strengths and weaknesses in the existing approaches, providing insights into areas that may require improvement. Answers to the survey questions were used to form a picture of sex education practices in the recent past and identify ways in which curricula and teaching methods could be improved to make school-based sex education more effective.

The survey's questions were carefully crafted to obtain detailed and diverse insights into individuals' experiences with sex education, aligning with the previously outlined overarching goals. First, I formulated demographic questions to grasp a better understanding of survey participants, allowing for the identification of trends and variations based on age, location, and the timing of sex education exposure. This exploration of when and where individuals received sex education enriches the diversity of perspectives. Next, the survey focused on the influence of parental guidance on sex education, offering valuable insights into the role of family dynamics in shaping individual perspectives on sexuality. This information proves pivotal for comprehending the broader context in which sex education unfolds. The survey then asked about the specifics of school-based sex education, content, instructors, requirements, and the overall approach of these programs. This detailed examination was vital for assessing the effectiveness and comprehensiveness of sex education in schools. To end the survey, I included reflective questions encouraging participants to critically evaluate the impact of their past sex education experiences and provide constructive feedback. This process of understanding perceived effectiveness and identifying areas for improvement serves as a foundation for generating recommendations to enhance future sex education programs.

Interviews. The process of formulating questions for the educator interviews closely paralleled the approach taken in the survey, aligning with the overarching goal of eliciting stories and personal experiences. I specifically chose educators and administrators involved in school-based sex education within one Iowa community school district for convenience purposes.⁷

The formulation of these interview questions was designed to align with the overarching goals of my research: obtaining an understanding of the experiences, perspectives, and challenges faced by educators and administrators engaged in school-based sex education. The questions were strategically crafted to delve into various facets of the educators' roles, backgrounds, and the dynamics within the classroom, aiming to uncover valuable insights. Questions about the interviewees' personal experiences

⁷Conducting interviews with Iowa-based educators was a practical choice due to my location in Iowa at the time. Being at home made it easier to schedule and conduct the interviews, ensuring convenience for both the educators and myself.

with sex education, the duration of their involvement in teaching health classes, and the formal training they possess set the stage by providing context and background. The questions further explore the educator's comfort level with sensitive topics, the adaptability of the curriculum to emerging health issues, and the influence of Iowa's state laws and conservative rhetoric. Additionally, insights into student reactions, common questions, and the educator's perspective on the adequacy of classes in preparing students for healthy sex lives contribute to the overall assessment of program effectiveness. The exploration of parental involvement, the optionality of health classes, and opinions on opting out provide a community-specific context for potential interventions and recommendations. Questions about teaching tools, resources, and the interviewee's vision for the future of sexuality education round out the set, offering a holistic understanding that informs targeted and community-specific improvements for sex education programs in Iowa City.

2.3.2 Collection Methods

Before the data collection process began, Institutional Review Board (IRB) approval was needed (see Fig. 5). Institutional Review Boards (IRBs) play a crucial role in ensuring that research involving human subjects is conducted ethically and in compliance with established guidelines. The approval from the IRB indicates that the proposed research design, methods, and procedures have been carefully reviewed to protect the rights and well-being of the participants. After receiving IRB approval, the data collection process began.

Surveys. A survey was administered using Google Forms, and promotion was carried out through personal social media accounts, an anonymous campus chat space, and various QR codes and flyers distributed across the Vassar campus. I invited people across the nation to participate in this study via social media. The survey was open to individuals aged 18 to 45 and was designed to maintain respondent anonymity by not collecting any identifying information. It encompassed inquiries about demographic details, participants' sex education experiences in elementary and high school, and their aspirations for the future of sex education. An adult consent form was included with the survey, as required by the Institutional Review Board. The consent form was placed at the beginning of the survey. It was made

clear to survey participants that the completion of the survey served as their informed consent. The aim of the survey was to shed light on the diverse range of sex education encounters that people ages 18-45 have experienced as students, facilitating a clearer understanding of gaps in current sex education practices in the United States. This approach also offered direct insights into students' preferences and expectations from sex education, adding invaluable perspectives to this thesis. A total of 61 responses were received in the two months that the survey was open, reflecting input from 26 U.S. states, with respondents spanning ages 18 to 41. A qualitative approach was integrated into the research through open-ended questions embedded within the student surveys. This component aimed to capture the perspectives, personal narratives, and qualitative insights that quantitative data alone may not fully encompass. The surveys provided an opportunity for participants to express their thoughts, feelings, and experiences regarding sex education in a more narrative and personalized manner. Open-ended questions encouraged respondents to share their unique viewpoints, allowing for a deeper exploration of their attitudes toward past sex education experiences and their aspirations for the future of sex education. The data gathered from these surveys added a layer of richness to the overall analysis, offering a more profound understanding of the diverse and individualized experiences students have had with sex education.

Interviews. In conjunction with the surveys, a series of interviews was conducted with sex educators within the one Iowa public school district. Identification of interview subjects involved navigating the district's website to locate guidance counselors and health teachers, with subsequent outreach through email. Five responses were received, leading to five interviews conducted either in person or via Zoom, each lasting between 30 to 90 minutes. Each interviewee was asked to complete an adult consent form and an audio release form, as required by the Institutional Review Board. These consent forms were collected before the interviews took place. The interviews followed a standardized set of questions, addressing the interviewees' school-based sex education experiences, professional backgrounds, teaching responsibilities in terms of content and grade levels, and personal perspectives on the effectiveness of Iowa's sex education. Audio recordings of the interviews were transcribed to facilitate the identification of themes and commonalities. The semi-structured interviews aimed to elicit rich

narratives from sex educators, gaining insights into the complexities of their roles, perspectives on sex education, and the challenges they encounter in their professional practice.

2.3.3 Data Analysis Protocol

To analyze the results of both data sets, I used a thematic analysis approach. Thematic analysis, as described by Braun and Clarke (2006), is a qualitative research method that involves a systematic process of identifying, analyzing, and interpreting patterns or themes within qualitative data sets. The first step I took was to carefully review the data to become familiar with its content. Next, I coded the data by labeling segments with descriptive or interpretive tags (e.g., ‘queerness,’ ‘pleasure,’ ‘teacher preparedness’), generating themes from both the data itself and the literature review portion. These themes represent overarching patterns or concepts that emerge from the coded data, which allowed me to group related codes into broader categories. After identifying major themes, I then analyzed the commonalities between survey responses and interview answers, first separately and then collectively, to determine the most widely held views among participants. This analysis provided a deeper understanding of the underlying meanings within the data, helping me interpret the findings within the context of my previously established research objectives. Overall, thematic analysis, as outlined by Braun and Clarke, enables a comprehensive and meaningful interpretation of qualitative data, leading to valuable insights and potentially informing recommendations or actions based on the analysis (Braun & Clarke, 2006).

2.4 Results

2.4.1 Data Set One: Online Survey Responses

When asked if they had heard the term “comprehensive sexuality education” before taking the survey, 57% of respondents reported that they had not. This statistic underscores a significant gap in public knowledge about comprehensive sexual education, which encompasses vital topics like consent, healthy relationships, LGBTQ+ inclusivity, and decision-making skills. Students may have had educational experiences that included these topics, but have never heard the term. However, only one participant explicitly indicated that this was the case. The lack of familiarity among a majority of

respondents suggests potential barriers to accessing comprehensive sex education programs, whether due to limited availability or insufficient information dissemination.

93% of respondents reported that they had been required to take sex education classes at least once in their K-12 education. This high percentage suggests a broad acknowledgment of the importance of providing young people with foundational knowledge about sexual health and relationships. It reflects a positive trend toward addressing essential topics such as anatomy, reproductive health, contraception, and sexually transmitted infections (STIs) within formal education settings. The widespread requirement of sex education also indicates a recognition among educational institutions and policymakers of the role these classes play in promoting informed decision-making, reducing risk behaviors, and fostering healthy attitudes toward sexuality. However, while the high percentage of mandated sex education is encouraging, it's essential to ensure that these programs are comprehensive, age-appropriate, inclusive, and evidence-based to effectively meet the diverse needs of students and contribute to positive sexual health outcomes in the long term.

Who taught your sex education in school? Survey participants were allowed to identify multiple instructor backgrounds when reporting who they received sex education from throughout their K-12 education (see Fig. 1). The diverse sources of sex education instruction represented in the survey responses, while offering varied perspectives and approaches, can also present challenges to achieving universal access, comprehensive and unbiased learning, and standardized teaching methods in sexual education. Different sources may cover different topics or emphasize certain aspects of sexual education over others. This inconsistency can lead to gaps in knowledge among students, depending on which sources they were exposed to, thereby hindering the goal of comprehensive learning. Certain sources, such as religious (3) leaders or community resources (5) with specific ideological stances, may introduce biases or misinformation into sexual education content⁸. This can result in incomplete or skewed information being presented, undermining the goal of unbiased and accurate learning. With sex education being delivered through a multitude of sources, there may be a lack of standardized curricula and teaching

⁸ The numbers in parentheses indicate how many survey participants provided that particular response.

methods (Centers for Disease Control and Prevention, 2022, p. 3). Because of these factors, it is challenging to ensure that all students receive consistent, evidence-based information regardless of their school or community.

Almost half (29) of the participants reported receiving sex education instruction from their gym teachers or athletic coaches, a majority of whom did not have specific training in teaching sex education classes. The absence of specific training in teaching sex education among gym teachers or athletic coaches raises concerns about the quality and accuracy of the information provided. Without adequate training, educators may struggle to address complex sexual health topics effectively, leading to potential gaps or inaccuracies in the information conveyed to students (Leung et al., 2019; Future of Sex Education Initiative, 2020; Centers for Disease Control and Prevention, 2022; Patricia Donovan, 1998; UNESCO, 2018). Additionally, gym teachers and athletic coaches may naturally prioritize physical health and fitness aspects of education, which could influence the scope and depth of sexual education content delivered. This might result in a narrower focus on topics related to physical aspects of sexual health, such as anatomy or contraception, while potentially overlooking critical aspects like consent, healthy relationships, and LGBTQ+ inclusivity.

Homeroom and general education teachers emerged as the next most popular sources of school-based sex education, with 17 out of 61 total responses mentioning their role. Since homeroom teachers typically interact with students over an extended period, they may have the advantage of building trusting relationships and providing ongoing support and guidance on sexual health topics throughout the school year or academic term. However, because there are no national standards and training for teachers who are responsible for teaching sex education lessons, homeroom and general education teachers may not be well-equipped with an understanding of best practices, how to address sensitive topics, ways to promote inclusivity, and the best ways to foster open dialogue with students.

These concerns also apply to the next two most popular sources of lessons: science teachers (13) and “health” teachers (16). Like gym and general education teachers, science teachers and “health” teachers may not always have specific training or expertise in teaching comprehensive sexual education.

Without specialized training, there's a risk of gaps in knowledge, inconsistent messaging, and potential inaccuracies in the information provided to students. Science teachers may excel in delivering biological aspects of sexual education, such as reproductive anatomy and physiology. However, they may have limited expertise in addressing broader topics like consent, healthy relationships, sexual orientation, and gender identity. Similarly, "health" teachers may cover various health-related topics, but their depth of coverage and expertise in sexual health may vary.

Notably, only 3 out of 61 total respondents reported that they had received sex education from certified sex education instructors. The low number of respondents who had access to these instructors suggests a potential gap in specialized expertise in sexual health education. Education from certified sex education instructors often ensures a higher level of quality, accuracy, and inclusivity in sexual education content. The limited exposure of respondents to such instructors raises questions about the consistency and comprehensiveness of the sexual education they received from other sources. Access to certified sex education instructors can positively impact student learning outcomes, including better understanding of sexual health concepts, improved decision-making skills, and increased confidence in navigating sexual relationships and situations. The low representation of certified sex education instructors in respondents' experiences highlights the importance of advocating for specialized training and certification in sexual education for educators across different disciplines. This can contribute to more standardized, evidence-based, and inclusive sexual education practices.

In situations where certified sex education instructors are unavailable, it is important to ensure that whoever delivers sex education has received adequate training and preparation. As mentioned in the literature review, teacher training is “the most significant indicator” when assessing the quality of instruction (Future of Sex Education Initiative, 2020, p. 13). This training should cover essential aspects such as evidence-based content, age-appropriate curriculum development, effective communication strategies, sensitivity to diverse backgrounds and identities, and knowledge of local laws and policies related to sexual education (Centers for Disease Control and Prevention, 2022, p. 3). Additionally, ongoing professional development and support should be provided to educators to stay updated with best

practices, address evolving challenges, and promote continuous improvement in sexual education delivery.

In your opinion, in what grade should sex education begin? While there was some variation in respondents' opinions, nearly 60% of respondents (36) think sex education lessons should begin in kindergarten (see Fig. 2). This finding reflects a prevalent viewpoint among respondents that introducing age-appropriate sexual education early in a child's education is important. This trend aligns with the literature, which discusses the positive effects that early implementation of *age-appropriate* sexual education has on children's socioemotional development (Kurtuncu et al., 2015, p. 208; Goldfarb & Leiberman, 2021, p. 22).

How, if at all, did your family contribute to your sex education? When asked about the involvement of their family members in their sex education, responses were nearly evenly divided. 30 out of 61 total participants mentioned that their family played a positive role, while 31 participants stated that their family played a negative role or no role at all.

The 30 participants who reported a positive role for their family in sex education likely experienced open communication, support, and guidance from family members regarding sexual health topics. This positive involvement can contribute to a more comprehensive understanding of sexual health, healthy attitudes toward relationships, and the development of communication skills related to sexual topics within the family unit. Some of the most cited positive effects mentioned how family members worked to create a safe space for open discussion and questions. One respondent mentioned that because their parents were open to answering questions that they had, they were "pretty knowledgeable and mature about the whole thing at an early age while most of [their] classmates were really immature." Another survey participant said that "because there was an open discussion about sex education in [their] home," they think that their parents "are the ones who really taught me what I know." Even in cases where family members did not initiate conversations, the fact that they were open to answering questions created a positive effect. One respondent reflected that "though [their] mother never taught [them about things] directly, she'd answer questions [they] had [about things that they had learned in other places]."

Another positive factor that some survey respondents mentioned was familial involvement in feminist activism both in professional spheres and in personal beliefs. One respondent's mother "is a strong-voiced feminist, so the topic of abortion and access to sex education and contraception was always something that was important in [their] family." Another participant's grandmother "was really active in reproductive rights activism, so [they] learned a lot about abortion and birth control from her."

On the other hand, the 31 participants who indicated a negative role for their family in sex education may have encountered challenges such as stigma, taboo, silence, or misinformation within their family environment regarding sexual health. One negative factor that some participants mentioned is that the information families provided was irrelevant, impersonal, and dismissive of the participant's lived experience. One participant lamented that "[their] parents have a different sexual orientation than [them], so a lot of what they told [them] was not really relevant and applicable." Similarly, another participant mentioned that their parents "did not shy away from talking about sex, but did not ask [them] about [their] own wants [and] needs in sex education." Others reported that the information they received from family members was unreliable and even blatantly incorrect. One survey participant wrote about how their older brother gave them false information about sex. According to them, their brother told them that "if men don't wear condoms, a baby will be born during sex."

Many survey respondents mentioned that they were uncomfortable having these types of conversations with their family members. One participant wrote that they could "sense discomfort" in both of their parents, so they "sought information elsewhere." This discomfort was represented in many other responses. One response wrote that because their parents avoided all discussions except when promoting abstinence, "they created a lot of shame in [them]." Another participant reported that the only sex-education-related conversations they had with their parents were extremely "fear-based." This demonstrated lack of support or effective communication can lead to gaps in knowledge, misconceptions, and difficulties in discussing sexual topics openly and confidently. Alarming, 21 respondents reported that their parents played no role at all. Many of them cited their parent's "hands off" approach to their sex education.

The contrasting experiences reported by respondents regarding family involvement in sex education underscore the critical role that families play in shaping individuals' sexual health literacy. Positive family engagement can empower individuals to make informed decisions, seek support when needed, and navigate relationships and sexuality in a healthy manner. Conversely, negative family dynamics can create barriers to accessing accurate information, addressing concerns, and fostering positive sexual health outcomes. The data reflects the literature's emphasis on the importance of creating supportive environments, both within families and broader communities, that promote open and informed discussions about sexual health (Igras et al., 2014, p. 564; Shtarkshall et al., 2007, p. 118). This includes initiatives to reduce stigma, provide resources for families to engage in meaningful conversations about sexual topics, and promote inclusive and comprehensive sexual education in schools and other settings. Efforts to promote positive family engagement, address barriers to communication, and foster supportive environments are essential for promoting comprehensive sexual education and improving sexual health outcomes for individuals and communities.

The social learning theory supports these initiatives by emphasizing the importance of environmental factors, such as family engagement and supportive environments, in shaping individuals' attitudes and behaviors towards sexual education (Bandura, 1977). This theory suggests that when families are provided with resources and support to have open and meaningful conversations about sexual topics, and when schools and other settings offer inclusive and comprehensive sexual education, individuals are more likely to learn and adopt positive attitudes and behaviors regarding sexual health.

What topics do you wish your sex education classes would have covered? In asking this pointed question, I hoped to gain insight into what changes must be made for sex education to be more relevant, effective, and helpful for students in the future. After studying the responses, they were sorted into twelve major categories (see Fig. 3). Each category represents a broad theme or area of interest that emerged from the survey responses. These categories serve as an umbrella to unify the more specific topics that were mentioned in the survey responses, as per Braun and Clarke's 2006 guidance. By organizing the responses in this way, I created a structured framework that highlights the key areas where

improvements are needed in sex education curricula. This process not only helps to identify common themes but also allows for a more in-depth analysis of the specific topics mentioned within each category. This approach enabled me to prioritize areas for curriculum enhancement based on the frequency and importance of topics mentioned by respondents.

The category with the most survey mentions was ‘queerness.’ 51 out of 61, or 83% of participants included topics related to queerness when answering this question. Specifically, participants said that they would appreciate lessons about queer and non-heteronormative sex, queer safety, gender-affirming care, gender and queer theory, asexuality, and intersexuality. The significant number of respondents expressing the need for queer-related topics in sex education indicates a clear gap in traditional curricula that was demonstrated in the literature review (de la Mora, 2020; Tanya McNeill, 2013, p. 828). This highlights the importance of updating and expanding sex education programs to be more inclusive and reflective of the diverse identities and experiences of students. By addressing this gap, educators can better meet the needs of LGBTQ+ students, promote greater understanding and acceptance among all students, and contribute to creating safer and more supportive learning environments. It also underscores the importance of ongoing efforts to advocate for comprehensive and inclusive sex education that addresses the full spectrum of human sexuality and relationships.

The survey responses revealed a desire for education on the emotional aspects of sex, voiced by 18 out of 61 participants, highlighting a critical need to expand traditional sex education curricula. This category was the second most popular topic among the responses. Respondents expressed a wish for lessons encompassing healthy relationships, boundaries, self-love, self-acceptance, and self-understanding. These components are foundational for healthy sexual development and overall well-being, guiding individuals toward making informed and positive choices regarding their bodies and relationships (Cacciatore et al., 2019, p. 334; Eisenstein, 2018; Gaines & Miller, 2022, Goldfarb dialogue para. 17; Goldfarb & Lieberman, 2021, p. 15-22). By integrating these topics into sex education programs, educators can equip students with essential life skills, promote healthier relationship dynamics, and foster a positive and empowered approach to sexuality and self-expression.

The third most popular category identified in the survey answers was ‘pleasure,’ tied with the last category with 18 out of 61 responses. Participants expressed a desire for more sex education instruction on giving and receiving pleasure, masturbation, female pleasure, the female orgasm, sex positivity, and kink education. Including discussions on pleasure in sex education is essential as it promotes a more holistic understanding of sexuality and sexual experiences. Teaching about giving and receiving pleasure fosters communication, exploration, and mutual satisfaction in intimate relationships, contributing to fulfilling and enjoyable sexual encounters. Education on masturbation is particularly valuable as it normalizes a natural and healthy aspect of sexual expression, helping individuals understand their bodies, desires, and preferences. Similarly, addressing female pleasure, including discussions on the female orgasm, challenges stereotypes and misconceptions while validating and celebrating diverse experiences of pleasure. Furthermore, incorporating teachings on sex positivity and kink education promotes a more inclusive and non-judgmental approach to sexuality, acknowledging and respecting diverse sexual preferences, identities, and practices. This encourages individuals to explore their sexuality with curiosity, confidence, and consent, fostering a positive and affirming sexual culture. By integrating pleasure-related topics into sex education programs, educators can empower students to develop a positive relationship with their bodies and sexuality, enhance sexual communication and satisfaction in relationships, and promote a culture of consent, respect, and diversity in sexual experiences. It contributes to creating a more comprehensive and relevant sex education that addresses the full spectrum of human sexual experiences and desires.

In retrospect, was your sex education helpful? To broadly assess respondents’ attitudes toward the sex education that they received in the past, I asked them to assess whether or not they thought it was helpful and to explain why. Including a question about respondents’ assessment of their past sex education and their reasons for finding it helpful or not is a valuable approach to understanding their attitudes and experiences comprehensively. It allows for a deeper exploration of how past sex education has impacted individuals and provides insights into areas needing improvement or enhancement in future curricula.

Only 9 out of 61 respondents (15%) reported that they thought their sex education was helpful (See Fig. 4). Participants who reported the helpfulness of their prior sex education often mentioned that the lessons they learned provided them with “good baseline information.” This statement suggests that while there is room for improvement in sex education curricula, the foundational knowledge imparted in their education was seen as beneficial. It also highlights the value of having a starting point from which individuals can further explore and educate themselves about more complex and nuanced aspects of sexuality. However, the low percentage of participants who found their sex education helpful indicates a clear need for improvement and enhancement in sex education curricula to better meet the needs and expectations of students.

27 out of 61 (44%) participants indicated that they believed their sex education was only somewhat helpful, further emphasizing the limitations and gaps in current sex education curricula. One respondent noted that despite the shortcomings of their sex education, the information they received was “more helpful than nothing at all.” This sentiment reflects the recognition of the importance of having access to at least some level of sexual health and relationship education, even if it falls short of ideal standards. Similarly, another participant mentioned that they did not receive sex education at home, indicating a lack of alternative sources for comprehensive information about sexual health and relationships. This highlights the critical role that formal sex education programs play in providing essential knowledge and guidance to individuals who may not have access to such information elsewhere. These responses demonstrate the complexity of evaluating sex education’s efficacy because even limited or imperfect education can still have value in providing foundational knowledge and support to individuals who may otherwise lack access to essential information. However, they also emphasize the ongoing need for improvement and enhancement in sex education curricula to ensure that all individuals receive comprehensive, accurate, and effective education about sexual health and relationships.

25 out of 61 (41%) participants said that they do not believe that their sex education was helpful at all. The most common complaints among these respondents include that the information provided was “not thorough,” “unclear and indirect,” “uninclusive,” “too basic,” and generally lacked the depth and

specificity needed to be effective. One particularly striking comment was that the information learned in sex education classes was "comparable to [doing] a Google search." This suggests a lack of depth, accuracy, and relevance in the content delivered, undermining the credibility and impact of sex education programs. Moreover, many respondents expressed frustration at having to "figure things out by [themselves]," indicating a lack of support, guidance, and resources within their sex education classrooms. This highlights the importance of not only providing comprehensive and accurate information but also creating a supportive and empowering learning environment where students feel comfortable seeking information and asking questions.

The high percentage of participants who reported that their sex education was only somewhat or not at all helpful (85%) is alarming. Overall, the feedback from these participants underscores the urgent need for comprehensive reform and improvement in sex education curricula. Addressing these limitations requires updating content to reflect current research and best practices, improving clarity and inclusivity, incorporating diverse perspectives and experiences, and ensuring that students have access to resources and support to navigate their sexual health and relationships effectively.

The survey findings provided valuable insights, yet to gain a comprehensive understanding of the limitations of traditional sex education, I sought to incorporate educator perspectives. This approach allowed me to delve deeper into how sex education can be improved to benefit both students and teachers. For this reason, I conducted interviews with five educators to further explore these aspects.

2.4. 2 Data Set Two: Iowa Educator Interviews

The second data collection phase consisted of five interviews with various Iowa City educators, including three elementary school counselors, a high school health teacher and coach, and a curriculum coordinator. Throughout all of the interviews, three main themes emerged: parental discomfort, teacher discomfort, and state government interference.

Legislative and government influence. Legislative and government interference pose significant challenges in the realm of sex education, impacting both educators and students. One interviewee expressed their frustration with the political landscape, stating, "the reason [sex education is] optional is

because we live in a very stupid state with a very stupid governor.” This sentiment reflects the influence of political decisions on the implementation and accessibility of sex education programs. It also very clearly illustrates the misalignment of educators’ beliefs and government decisions. Another interviewee highlighted the complexities of navigating laws related to sex education, saying that “the laws are the biggest challenge... They’re written in ways that ignore an entire subset of all of our kids and their identity.” This highlights how conservative policies and lack of awareness in state legislatures adversely affect both educators and students who do not see themselves reflected in the predominantly heteronormative sex education curricula mandated by state governments. Furthermore, the negative rhetoric from some lawmakers, as described by an interviewee, creates a hostile environment for educators. They mentioned how at the 2024 Iowa legislature’s opening session, “[lawmakers] were calling us sinister teachers, [saying] that we’re showing kids pornography in classrooms.” Such accusations not only undermine the professionalism of educators but also contribute to a climate of fear and mistrust surrounding sex education. Legislative and government interference in sex education can hinder efforts to provide comprehensive, inclusive, and evidence-based information to students. Addressing these challenges requires advocacy for clear and supportive policies that prioritize the well-being and education of our youth.

Effects of adult discomfort. Despite these obstacles, some educators have observed positive changes in students’ attitudes and comfort levels over time. One interviewee noted that “since [they have] had some of these kids for three years in a row, [they’ve] noticed that [their nervousness is] decreased and they have become more comfortable with it.” This statement aligns with the literature that suggests that consistent and comprehensive sex education can help students become more at ease with discussing these topics (de Melker, 2015, Let’s Not Talk About Sex section, para. 9). One interviewee expressed frustration with the adults who are against sex education in schools, stating that “your body is your home forever, and it's important to have the right to learn about it.” They expressed their disappointment “that adults who might be uncomfortable with [sex education] can take that [information] away from their kids.” This sentiment reflects the impact of parental discomfort and opt-out policies on students' access to

vital information about their bodies and sexual health. Despite recognizing parents' rights, another interviewee emphasized the importance of educating parents about why comprehensive sex education is crucial for children. They stated that they “do believe parents have a right to decide what happens with their kids,” but that “it's on [educators] to help parents understand why [sex education] is important for our children.” This highlights the need for open dialogue and education campaigns to address misconceptions and promote the benefits of comprehensive sex education. The consequences of inadequate or restricted sex education can be severe, as noted by an interviewee who recalled something that they had heard in a training: “One of the things that they said was if you don't teach children about healthy sexual or about sexual health in a healthy way, someone's going to do it in an unhealthy way.” This statement underscores the urgency of providing accurate and comprehensive information to prevent potential harm or misinformation among young people.

Teacher discomfort. Another major concern that interviewees mentioned was the discomfort that they noticed in their fellow teachers and counselors. When it comes to teaching sex education, teacher discomfort plays a significant role in shaping the learning environment. One teacher expressed this challenge, stating, “I think probably the biggest challenge is the comfort level that [teachers] feel with even being able to say, like vulva or penis, right? Like even grown-ups.” Another interviewee noted this discomfort, saying that “[they] think teachers get a little bit uncomfortable too.” Despite these challenges, creating an open and accepting atmosphere can lead to positive outcomes (Cacciatore et al., 2019; Engel et al., 2020, p. 86). One interviewee remarked, “It really amazes me how open kids are once they sense the adults are open. You just answer their questions matter of factly and scientifically and logically and not be weird or uncomfortable.” This highlights the importance of educators' comfort in discussing sensitive topics openly and factually, which in turn encourages students to engage in meaningful dialogue and learning. Overcoming teacher discomfort requires ongoing training, support, and a shift in societal attitudes toward discussing topics related to sex and anatomy. When teachers feel more confident and at ease discussing these subjects, they can create a safe space for students to learn and ask questions without hesitation or embarrassment.

Teacher training. Introducing additional teacher training programs focused on sex education teaching methods is a strategy to tackle teacher discomfort in this area. Four out of the five interviewees mentioned that they would benefit from and appreciate increased trainings so that they are more prepared to have these sensitive conversations with their students. One school counselor reflected on how they could sense discomfort in their colleagues:

“I had some other counselors who when they first started teaching these lessons and I helped write a few years ago, they were like, Oh my God, I'm so uncomfortable with having to talk about X, Y, Z. And I was like, okay, but kids will see our discomfort. We've got to find a way to get comfortable talking about these things... The counselors were asking for more training for people who don't have background.”

Expanding teacher training programs to include specialized modules on sex education can offer significant benefits beyond addressing discomfort. These programs can provide educators with evidence-based strategies, age-appropriate language, and tools for fostering open and respectful dialogues about sensitive topics. Moreover, such training can enhance teachers' confidence in handling diverse student inquiries, creating a more inclusive and supportive learning environment. By equipping educators with the skills and resources they need to perform better in sex education classrooms, schools can ensure that all students receive comprehensive and accurate information.

Parental discomfort. The most frequently mentioned weakness in current sex education practices was the high level of parental discomfort and their concerns about the appropriateness of current sex education curricula. This discomfort has the power to impact the implementation and effectiveness of sex education programs. One interviewee highlighted instances where parents expressed extreme concerns, from feeling that “their children's innocence was being stolen” to threatening to go to school boards to report the individual teachers for “harming children.” This level of discomfort can lead to opposition to sex education initiatives, creating tension between educators, parents, and policymakers. Parents' apprehension is evident in the rising rates of "opt-outs," legally allowing them to opt their children out of various lessons, ranging from sex education classes to even mathematics. One teacher

expressed their frustration with the problems that opt-outs can cause, saying that “[their sex education] class sizes are not as big as they used to be.” They continued by saying, “I think there are more parents with children going through the opt-out [process] ... so that could be a reflection of concerns that they have.” Another teacher identified some of the reasons that parents have given for opting their children out of sex education lessons, from religious beliefs and family values to the fact that sex education lessons “need to be taught at home.” Overall, parental discomfort presents a significant barrier to providing comprehensive and inclusive sex education. Addressing these concerns requires collaboration between educators, parents, and policymakers to promote understanding, transparency, and the importance of evidence-based sex education in promoting healthy relationships and well-being among young people.

Increasing parental involvement in sex education is a crucial aspect that all interviewees emphasized as a potential reform. They suggested various strategies such as parent workshops, information sessions, and raising general awareness about the importance of sex education for their children's healthy development and safety. One interviewee highlighted that “parents are our children's first and primary educators.” The interviewee suggested that schools should encourage parents to engage in conversations at home and that schools should offer support for those who may feel unsure about discussing these topics with their children. Another interviewee also stressed the importance of parental support, recognizing it as a key part of effective sex education.

All interviewees emphasized the need for schools to partner with parents, acknowledging that while parents play a vital role, they may not always feel equipped to address every aspect of sex education. By collaborating with parents, educators can ensure that children receive comprehensive information about healthy sexual development and the world around them both in school *and* at home, preparing them for adulthood with confidence and knowledge.

One educator also highlighted the importance of teaching children about healthy sexual development early on, as it can contribute to reducing the likelihood of them encountering unhealthy or harmful information elsewhere. This sentiment reinforces the idea that parental involvement is beneficial *and* essential in providing a well-rounded sex education curriculum.

Overall, the consensus among the interviewees is clear: parental involvement should be a key component of sex education in schools. By fostering partnerships between educators and parents, schools can create a supportive environment where children receive consistent and accurate information about sexuality, enhancing their overall well-being and safety.

2.5 Discussion

The empirical research conducted in this study has illuminated crucial areas for improvement within current sex education practices, aligning closely with the voices of both survey respondents and educators who advocate for more openness and inclusivity in sexual education. The identified problem areas, including the need for more focus on queerness, pleasure, and the emotional aspects of sex, an early start for increased comfort, specific teacher training for sex education, and increased parental involvement, can be effectively addressed through the components of comprehensive sex education (CSE).

Firstly, regarding the call for more information about queerness, CSE offers a comprehensive framework that embraces diversity in sexual orientation and gender identity. By incorporating inclusive language, diverse narratives, and accurate information about LGBTQ+ experiences, a CSE approach alleviates the gaps in traditional sex education curricula and fosters a more inclusive learning environment.

The desire for discussions on pleasure and emotional aspects finds resonance in CSE's holistic approach to sexuality. CSE encourages open conversations about pleasure, intimacy, relationships, and emotional well-being, going beyond the biological aspects of sex. This comprehensive approach acknowledges the importance of addressing not only physical health but also mental and emotional aspects of sexual experiences.

Next, the preference for an early start in sex education to enhance comfort is supported by CSE's developmental approach. CSE advocates argue for age-appropriate education that starts in early childhood and progresses through adolescence, allowing for gradual learning and normalization of discussions about

bodies, relationships, boundaries, and consent. This early exposure lays the foundation for informed decision-making and healthy attitudes towards sexuality.

The need for specific teacher training in sex education aligns with CSE's emphasis on professional development for educators. CSE training programs equip teachers with the knowledge, skills, and resources to facilitate sensitive and inclusive discussions about sexuality in classrooms. These trainings also emphasize the importance of creating safe and nonjudgmental spaces for students to explore and learn about sexuality.

Finally, increased parental involvement, a key aspect highlighted by research participants and educators, is encouraged and supported in CSE. CSE promotes communication between parents and children about sexuality, relationships, values, and boundaries, fostering supportive home environments where open dialogue about sexual topics is encouraged and normalized.

In conclusion, the components of effective comprehensive sex education, as outlined in the literature review and supported by empirical findings, offer a comprehensive and inclusive approach to addressing the identified problem areas in current sex education practices. By integrating these components into educational policies and practices, stakeholders can work towards creating a more informed, empowered, and sexually healthy generation.

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Appendix

Fig. 1

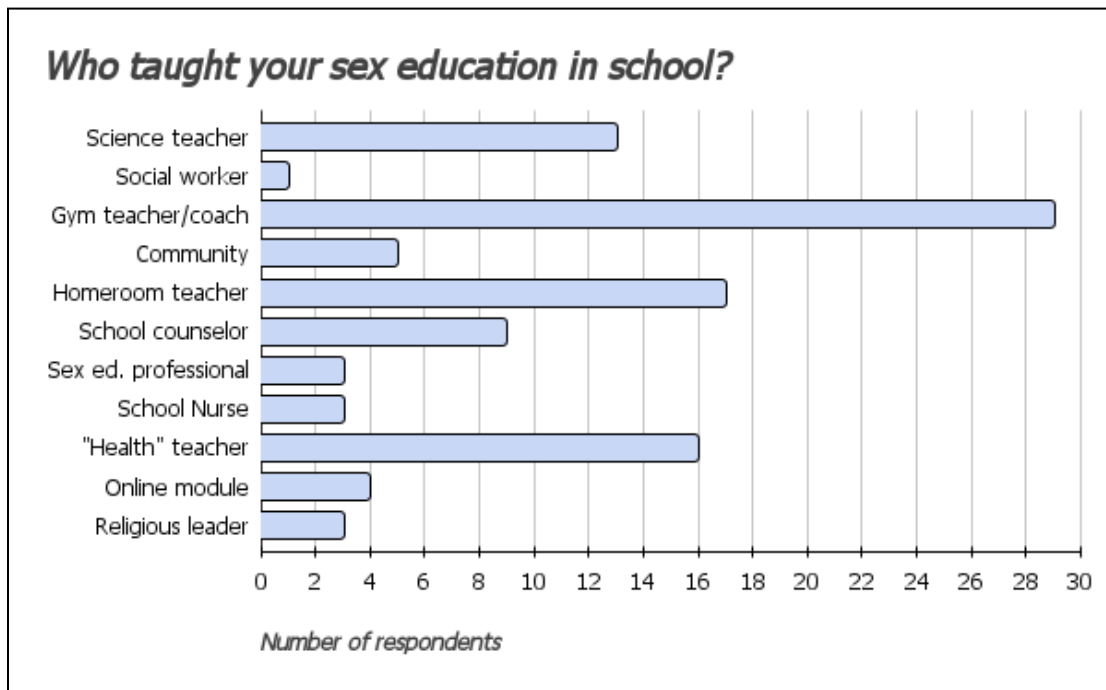


Fig. 2

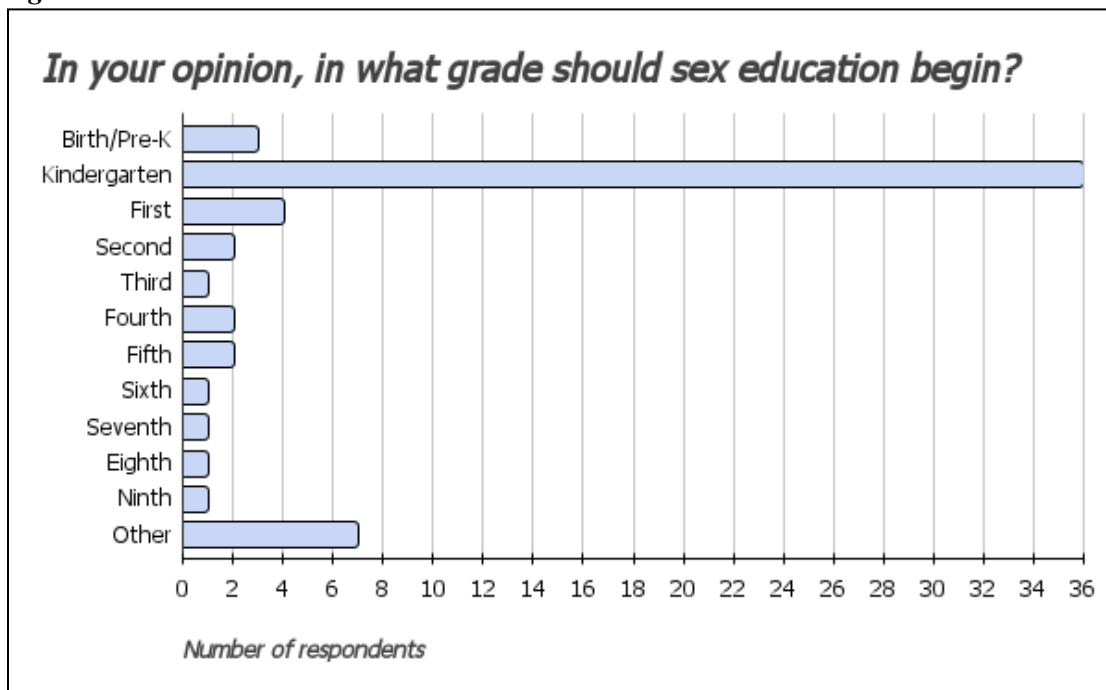


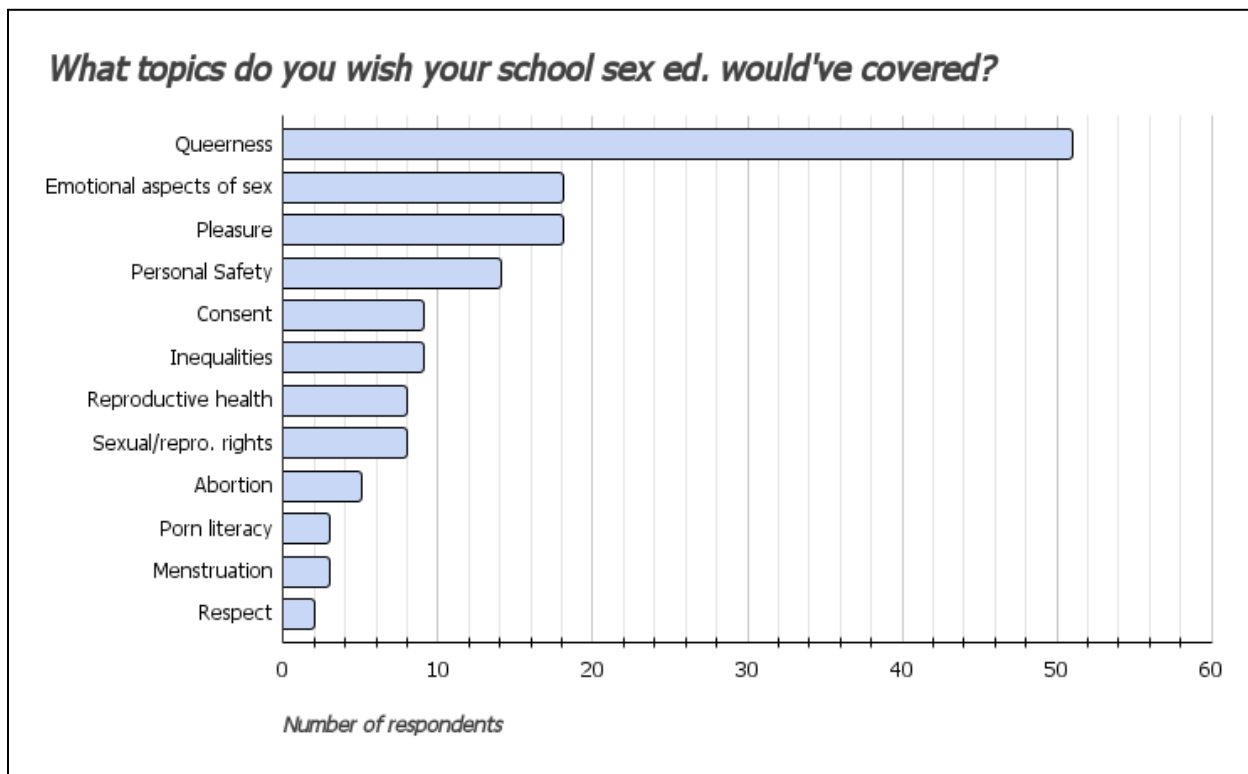
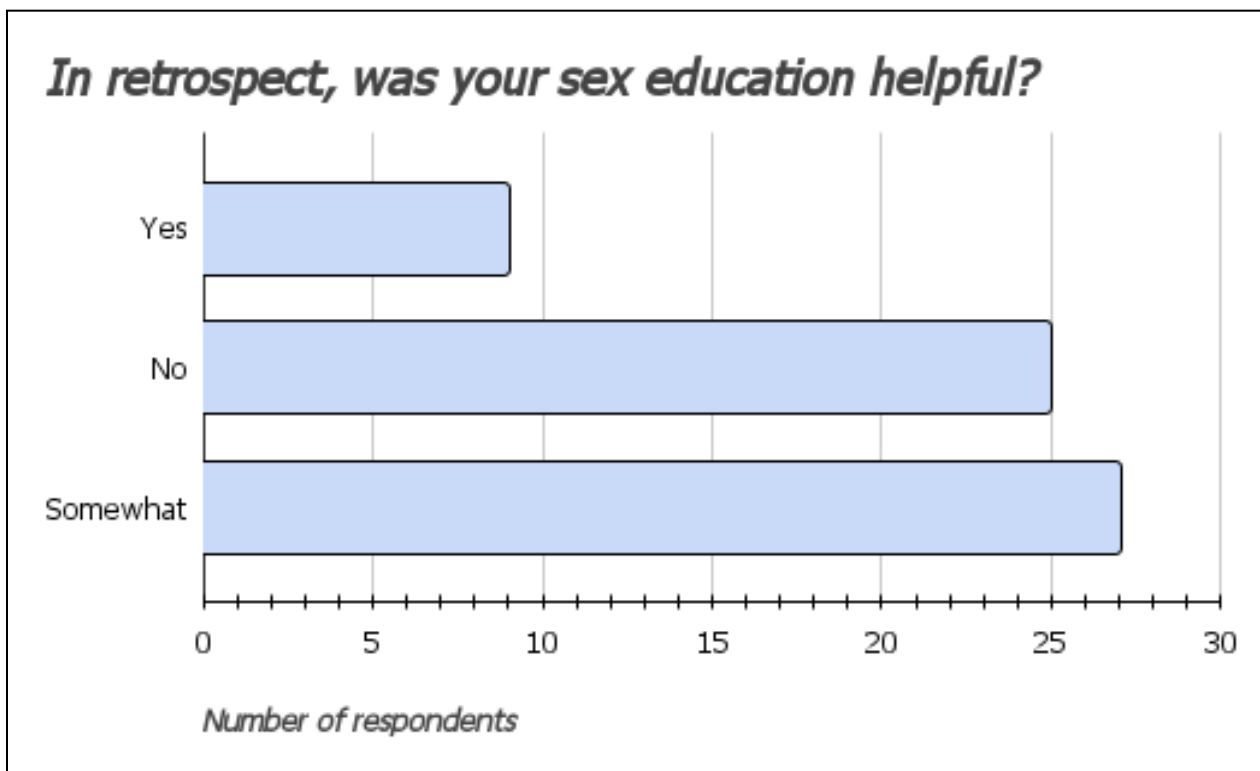
Fig. 3**Fig. 4**

Fig. 5 IRB Proposal**Vassar College IRB Proposal Cover Sheet**

Project Title: "Building Foundations for Sexual Literacy: The Benefits and Challenges of Stepwise Comprehensive Elementary Sex Education"

Date: September 27th, 2023

Principal Investigator: Kimberly Williams Brown Email: kwilliamsbrown@vassar.edu

Box #: 255

Student Investigator(s) (List all by name & class year): Mya Kahle '24 mkahle@vassar.edu

| | |
|--|--|
| This proposal is: <input type="checkbox"/> A first time submission <input checked="" type="checkbox"/> A modification of a previously approved submission (please highlight changes) <input type="checkbox"/> A resubmission of a previously rejected proposal <input type="checkbox"/> A renewal without changes | Is the project EXTERNALLY funded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the funding source: If funded by DHHS agency, is IRB training certification attached (see website for details)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your research require work with any of the following populations? Check all that apply. (If so, your proposal is more likely to require full review) <input type="checkbox"/> Minors (Under 18 years of age) <input type="checkbox"/> Pregnant women <input type="checkbox"/> Prisoners <input type="checkbox"/> Undocumented individuals | Does your research concern the following? Check all that apply. If so, note that your proposal may require full review. <input type="checkbox"/> Illegal behavior <input type="checkbox"/> Sexual behavior <input type="checkbox"/> Intentional deception |

Please indicate the type of review you believe appropriate based on your reading of the "Categories of IRB Review" section of the IRB website:

☒ EXPEDITED

☐ FULL REVIEW

IRB Application 2023

1. Proposal Title: Thesis Interviews and Surveys about Sex Education Experiences

Date of Submission: 10/6/2023

2. Primary Investigator: Kimberly Williams Brown, ADDRESS

3. Department of Origin: Women, Feminist, and Queer Studies

4. Student Investigator: Mya Kahle

5. Design Overview Questions

A. Is your research free of deception? YES

- B. Are the risks to participants minimal (see 8C, 8D)? YES
- C. Will the subjects be 18 years of age or older? YES
- D. Will you be obtaining genuine informed consent (see 11C)? YES
- E. Are participants' responses anonymous? Survey → YES Interviews → CONFIDENTIAL

6. Summary of Research Proposal

The researchers will conduct confidential interviews with sex* educators in Iowa to ascertain information about the benefits and challenges of teaching sex education in a more conservative state setting. The researchers will also be disseminating an anonymous survey for students aged 18-25 to collect information about past experiences in sex education classrooms, what they wish they would've been taught, and how their experiences impacted their adolescent and adult lives.

* When referencing more comprehensive, contemporary methods of sexuality education, the researchers have chosen to use 'sexuality education' instead of 'sex education.' Because Comprehensive Sexuality Education (CSE) covers much more than the biological aspects of sex, we have chosen to use 'sexuality education.' However, when discussing past experiences with sex education and more outdated forms of sex education, we will use "sex education."

Theoretical Justification

Researching comprehensive sexuality education (CSE) through the frameworks of intersectionality and heteronormativity provides a robust foundation for understanding the complexities of CSE delivery and its impact on students with diverse identities. These frameworks help ensure that CSE programs are not only informative but also sensitive to the needs of all students, fostering a more inclusive and equitable educational environment. Interviews with educators guided by these frameworks can yield valuable insights into the challenges and opportunities for improving CSE in a way that serves the best interests of all students. These theories are particularly helpful in guiding interviews with educators because they shed light on the complex and nuanced factors that influence the delivery of CSE in educational settings. Intersectionality, a concept coined by Kimberlé Crenshaw, recognizes that individuals have multiple intersecting social identities (e.g., race, gender, sexual orientation, class, ability), and these identities interact to shape a person's experiences and opportunities. Applying this framework to CSE research helps further our understanding of diverse experiences, inclusivity, and equity. By using intersectionality as a lens, you can delve into how educators perceive and navigate the complexities of teaching CSE to a diverse student body.

Heteronormativity refers to the societal assumption that heterosexuality is the default and normative sexual orientation, often leading to the marginalization and erasure of LGBTQ+ experiences. Exploring CSE through the lens of heteronormativity is crucial for identifying biases, intentionally including information specific to the queer experience, and creating a more well-rounded curriculum that attends to every student's needs.

7. Detailed Research Proposal

I want to study the benefits and challenges of teaching step-wise, comprehensive sexuality education in early education classrooms because I want to know more about its effect on adolescent and adult sexual literacy to help my readers better understand the importance of providing children with foundational knowledge about sexuality, bodies, and relationships and to provide educators with relevant resources to use in sexuality education classrooms.

For my thesis, I will be doing a literature review and analysis, conducting interviews with sex educators and elementary school teachers, and sending a survey to learn more about the sex education experiences of 18-25-year-olds. The student researcher will recruit the educators through email communication. She will identify potential interviewees based on their role as guidance counselors or health educators within the Iowa City Community School District. The interviews will be conducted either in person or on Zoom. They will be asked to complete a consent form as well as an Audio/visual release form. The survey participants will be recruited through social media advertising on the student researcher's account, email outreach through the president's "Sunday Email," and through QR codes posted around campus. The participants will primarily be Vassar students. The survey will be administered online with a Google Form. I want to do these interviews and surveys to ground my literature-based research, the first stage of my thesis research, in teachers' and students' diverse educational experiences. I can use these stories and my findings to create relevant resources that will be topical, evidence-based, and easily accessible to teachers like the ones I will be interviewing.

My final project will be a scholarly essay including a literature review, an analysis of state policy, information from my interviews and survey, and a discussion about the hurdles educators face when teaching comprehensive sexuality education and resources they can draw upon. I am unsure what form the resources will be shared, but I think a website, a zine, or another easily accessible source would make the most sense. I feel that this dual-form approach (an essay and a resource) will be most effective because while in-depth research and information are available, there is also an easily accessible and straightforward 'product' that can be read and used independently.

8. Privacy and Anonymity

Interview participants will be asked to complete the consent forms with accurate, identifying information. Their answers will be recorded and labeled for identification with their first names. They will be asked to complete the Audio/Visual Release Form in addition to the consent form. These will only be available to researchers and will remain confidential. In the thesis, there will be no identifying information included with the relevant interview content; the student will use pseudonyms or will not use any names in her discussion of the interview content.

Survey participants will not be asked to provide identifying information, only their age. Therefore, there will be no opportunity for privacy violations or breaches of confidentiality.

9. Questionnaires and Interview Questions

Questions from In-Person Interviews with Elementary Educators:

- At what age do you/your school start teaching children the topics included in the sex-ed curriculum?
- What is this process like? For how long do you teach these subjects?
- Do you know who wrote the curriculum that you use?
- Do you know what comprehensive sexuality education (CSE) is?
- If so, does the curriculum you pull from meet the (CSE) standards and requirements?
- How do children react to these lessons?
- What role do parents play in these lessons? How do they react?
- At what age should children start learning about the topics covered in CSE?
- What do you wish for the future of sexuality education?
- What do you think the role of public education is in general?

Questions from Student Survey:

- How old are you?
- What state did you receive most of your sex education in?
- At approximately what age did you start learning about sex ed?
- When did you have 'the talk' (about sex and sexuality) with your parent or guardian?
- What role did your parent or guardian have in your sex education?
- What types of topics did your school-based sex education include?
- Who taught your sex ed class?
- Were you required to take sex education classes?
- Was your sex education abstinence-based or science-based?

- Looking back, do you think the school-based sex ed lessons you took helped you prepare for your adolescent and adult sexual life?
- What topics do you wish your teachers would have covered?
- Do you know what comprehensive sexuality education (CSE) is?
- At what age should children start learning about the topics covered in CSE?

10. Consent Form

Please find the sample consent forms for my in-person interviews and online student surveys below.

VASSAR COLLEGE

Department of Women, Feminist, and Queer Studies

Adult Consent Form

Primary Investigator: Kimberly Williams Brown

Student Researcher: Mya Kahle

Title of Project: “Building Foundations for Sexual Literacy: The Benefits and Challenges of Step-Wise Comprehensive Elementary Sexuality Education”

I acknowledge that on _____, I was informed by Kimberly Williams Brown and Mya Kahle of Vassar College of a research project having to do with the following:

We will conduct confidential interviews with sex educators in Iowa to ascertain information about the benefits and challenges of teaching sexuality education in a more conservative state setting. The information obtained during these interviews will be used to inform her senior thesis. It will help her create relevant sexuality education tools for educators to use in the classroom. The interviewer will ask a series of questions pertaining to the participant’s experiences with teaching sex education as well as broader questions regarding prior knowledge of comprehensive sexuality education practices. The sole role of the participant will be to answer these questions to the best of their ability. Interview participants are asked to complete the consent forms with accurate, identifying information. Their answers will be recorded and labeled for identification with their first names. These will only be available to the

investigators and will remain confidential. In the thesis, there will be no identifying information included with the relevant interview content; the student will use pseudonyms or will not use any names in her discussion of the interview content. The interview should take no more than an hour of the participant's time. If the participant wishes to contact the primary investigator with questions or concerns, they may email Kimberly Williams Brown at [kwilliamsbrown@vassar.edu].

Potential Risks: This interview poses minimal risk to the participant. The content relating to past classroom and sex education experiences might be minorly distressing but should be comparable to negative feelings triggered by normal daily activities.

Potential Benefits: Participants will not benefit in any direct way from participation.

I am aware, to the extent specified above, of the nature of my participation in this project and the possible risks involved or arising from it. I understand that I may withdraw my participation in this project at any time without prejudice or penalty of any kind. I hereby agree to participate in the project. (You must be at least 18 years of age to give your consent.)

_____ Date

_____ (Printed name of Participant)

_____ (Place: City and State)

_____ (Signature of Participant)

_____ (Work Address)

VASSAR COLLEGE
Department of Women, Feminist, and Queer Studies
Audio/Video Recording Release Form

Research title: "Building Foundations for Sexual Literacy: The Benefits and Challenges of Step-Wise Comprehensive Elementary Sexuality Education"

Primary Investigator: Kimberly Williams Brown

Student Researcher(s): Mya Kahle

As part of this project, I will be making audio recordings of our conversation during your participation in the research. Please indicate what uses of these recordings you are willing to permit by putting your initials next to the uses you agree to and signing the form at the end. This choice is completely up to you. I will only use the audio in ways that you agree to. In any use of the tapes, you will not be identified by name.

1. _____ The audio recordings and/or transcripts can be studied by the research team for use in the research project.
2. _____ The audio recordings and/or transcripts can be used for scientific publications.
3. _____ The audio recordings and/or transcripts can be shown at scientific conferences or meetings.
5. _____ The audio recordings and/or transcripts can be shown in public presentations to non-scientific groups.
6. _____ The audio recordings and/or transcripts can be used when creating teaching resources for educators.

I have read the above descriptions and give my consent for the use of the audio recordings of me as indicated by my initials above. (You must be at least 18 years old to sign this form for yourself.)

Printed Name _____

Address _____

Signature _____

Date _____

VASSAR COLLEGE
Department of Women, Feminist, and Queer Studies
Adult Consent Form

Primary Investigator: Kimberly Williams Brown

Student Researcher: Mya Kahle

Title of Project: "Building Foundations for Sexual Literacy: The Benefits and Challenges of Step-Wise Comprehensive Elementary Sexuality Education"

I acknowledge that on this day, I was informed by Kimberly Williams Brown and Mya Kahle of Vassar College of a research project having to do with the following:

We will disseminate a survey to collect information about students' (18+) experiences with school-based sex education. The information obtained from this survey will inform her senior thesis and help her create relevant sexuality education tools for educators to use in the classroom. The survey will include a series of questions pertaining to the participant's experiences in sex education classrooms and broader questions regarding prior knowledge of comprehensive sexuality education practices and the effects of their previous school-based sex education on their adult lives. The sole role of the participant will be to answer these questions to the best of their ability. Survey participants will not be asked to provide any identifying information. Their answers will be recorded anonymously. These will only be available to the student investigator. In the thesis, no identifying information will be included with the relevant survey response content. The interview should take no more than a half hour of the participant's time. If the participant wishes to contact the primary investigator with questions or concerns, they may email Kimberly Williams Brown at [kwilliamsbrown@vassar.edu].

Potential Risks: This interview poses minimal risk to the participant. The content relating to past classroom and sex education experiences might be minorly distressing but should be comparable to feelings triggered by normal daily activities.

Potential Benefits: Participants will not benefit in any direct way from participation.

I am aware, to the extent specified above, of the nature of my participation in this project and the possible risks involved or arising from it. I understand that I may withdraw my participation in this project at any time without prejudice or penalty of any kind. I hereby agree to participate in the project. (You must be at least 18 years of age to give your consent.)

Your completion and submission of this survey will serve as confirmation of informed consent and will give the researcher permission to use your anonymous answers to inform their thesis research.