

# Discovering and Decoding Sexuality at the Collegiate Level: How Does Sex Education Shape Our Sexual Identity and Expression?

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## **Abstract**

*This exploratory research project investigates the ways in which formal and informal sex education during high school influences an individual's development of their sexual identity. Due to changes in federal funding, formal sex education curriculum shifted from an abstinence-only model to a medical model, which focuses on information regarding birth control and self-health. Attending to this change, this research focuses on persons who attended high school during two specific periods: 2006-2010 and 2014-2016. After the primary investigator submitted an application to the UCCS IRB, IRB 19-079 and received approval, twelve semi-structured interviews, with six participants in each time period were conducted. This exploratory project used a snowball technique to recruit participants for this study. Based on analysis, participants' narratives in the 2014-2016-cohort showed movement away from the use of abstinence-only (AO) education. In both cohorts three major themes were visible: a strong use of fear tactics in the delivery of sex education, a "Mean Girl" method of teaching, and a clear connection between messages learned by individuals during high school regarding sex that have contributed to the shaping of their overall and sexual identity. After conducting this research and analyzing the experiences and information shared by participants, it is clear that the formal and/or informal education individuals received from both cohorts was on a basis of fear and shaming tactics, which continues to affect the ways in which these individuals view and engage with sex in their own lives.*

*Keywords:* Sex education, self-identity, LGBTQ+, development, abstinence-only (AO) sex ed, abstinence-only-until marriage (AOUM) sex ed, *Mean Girls*

## **Introduction of Topic**

Sex education is crucial in development of self-identity regarding sex and sexuality. Most students in the United States receive some form of sexual education, either formal or informal, that plays a part in their personal relationship with sex and education (Lindberg, Zimet, and Boonstra, 2015). Since most students receive some form of sex education, understanding what the education consists of and how it affects students is important. Education comes in multiple forms, both in formal and informal settings, analyzing and understanding the messages in this education allows for understanding of impact on identity as it is affected overall and specifically pertaining to sex (O'Malley et. al., 2017). Sex education is widely supported by a clear majority of the population of the United States. Despite regional or religious differences, an overwhelming 93 percent of U.S. parents support their child(ren) participating in some type of sexual education at school before their high school graduation, as well as parents in other developed nations (McKay et. al., 2014; Planned Parenthood, 2018). Sex Education is simultaneously supported by various prestigious health and medical organizations, including the American Medical Association, the American Academy of

Pediatrics, and the Society for Adolescent Health and Medicine (Lindberg, 2015; Planned Parenthood, 2018).

Despite overwhelming support, multiple roadblocks stand in the way of successful delivery of sexual education, including: AO content, the distribution of federal monies, direct exclusion of LGBTQ+ identities, technology as a supplemental source of education, regional barriers, religious limitations, educational differences that include public and private schooling, familial status interference, and social class restrictions. In this research project, each limitation will be addressed based on recent research related to each category to briefly examine the deficits among sexual education programs in American public schools.

### Methods

In order to research how all of these intersecting issues affect students and their personal development based on sex education, the following research questions were created:

1. how did currently enrolled college/university students learn about sex during high school?
2. what informal sources did they use to educate themselves regarding sex?
3. how did these sources combined influence the development of sexuality?
4. what differences emerge according to gender, geography, and years of high school attendance?

Based off of previous research, the dates of 2006-2010 and 2014-2018 were determined as two specific time periods to focus on due to the changes in funding levels and content (Hall et. al., 2016; Lindberg et. al., 2015). These two cohorts are what this research considers as traditional and non-traditional aged students. Traditional aged students were those that attended high school in the 2014-2018 period and ranged in age from 20-22. Non-traditional aged students attended high school between the years of 2006-2010 and ranged in age from 22-32. To begin the research process, IRB 19-079 was submitted by the primary investigator and approved by the UCCS IRB. Semi-structured qualitative interviews were used as the main method of data collection in this exploratory research project. The interviews consisted of seventeen open-ended questions that covered five-content modules (Appendix A). Interviews invited the participants to share stories regarding their experiences and exposure to sex education in both formal and informal settings. The interviews aimed to encourage participants to share the development of gender and sexuality identities, as well as record with broader demographic variables. The collection of participations required the use of a convenience sample, which then led to the usage of the snowball technique. The snowball technique, begins with a convenience sample to 'get the ball rolling,' and then further relies on participants to engage in word of mouth recruitment or suggestion to their own convenient population, thus creating a snowball effect in order to obtain participants. In order to participate, individuals were required to be: UCCS undergraduate students, over the age of eighteen, must have attended high school within the years of 2006-2010 or 2014-2018, and had to have gone to a United States high school during those time periods.

This original research project yielded twelve participants, who qualified for selection, and were willing to share their unique experiences with sex education. Six of the participants were considered traditional aged students and six participants were considered to be non-traditional aged students. Participants were provided with a UCCS consent form (Appendix B) prior to the interviews and were given the choice to be audio recorded or have responses taken via hand-written notes. Eight out of twelve participants chose to have audio recorded responses, while the other four chose to have responses taken in note form. The interviews ranged in length from fifteen minutes to fifty, with this range in interview length possibly connected to gender variances. Male participants

had, on average, shorter interviews and showed more discomfort engaging in conversations surrounding sex with a female interviewer, than their gender non-binary or female counterparts.

## Literature Review

### Abstinence-Only Education

Abstinence-Only (AO) curriculum has played a significant role in the sex education system in the United States. This form of curriculum gained popularity by the federal government in the 1980's via the Adolescent Family Life Act, and persisted in the 1990's as part of the "welfare reform" and has transformed the national education system regarding the content of sex education (Hall et. al., 2016; Santelli et. al., 2017). Taking root in Christian beliefs, AO suggests sex is something sacred that only happens after marriage between a man in a woman, and any and all premarital sexual encounters are unmoral (Hall et. al., 2016; Ott & Stephens, 2017; Santelli et. al., 2017). AO acts as a threat to the health and safety of students, as it limits the amount of viable information students receive during their education. Most AO programs do not teach comprehensive health or sex education and often exclude topics. Themes such as safe sex, contraceptives, and consent are withheld from the content, since these actions all deviate from the wait-until-marriage guidelines (Bodnar & Tornello, 2018; Santelli et. al., 2017).

The AO model has been found to be inefficient in multiple facets, regarding prevention of teen pregnancy, sexually transmitted infections (STI's), and premarital sex. Due to the lack of information surrounding safe sexual practices and preventative measures, individuals who received some form of AO education are less likely to use contraceptives, which leads to a higher risk of STI's and pregnancy rates. Girls and women specifically, are statistically more likely to experience some form of AO education and in turn, are more likely to experience negative effects when they become sexually active (Bodnar & Tornello, 2018; Lindberg et. al., 2015). This form of education also poses as a problem, as it has served as the main model of sex education for the past 40 years. Having only one method of sexual education that is pushed by both the federal government and religious institutions makes the implementation of medically accurate information very challenging.

### Federal Funding

The United States federal government has continuously supported AO education with abundant amount of funding and has created legislation in order to maintain this method in the education system. Within the fiscal year of 2016 alone, the federal government funded AO education programs with over 85 million dollars (Hall et. al., 2016). This 85-million-dollar budget allocated through the Title V AO program and was used to implement AO education in American schools (Santelli et. al., 2017). The federal government acts as a large supporter of these AO programs and has used their monies in order to pay for a program that supports the national conservative ideas of sex. Congress, acting as one of the largest funding sources of these programs, has provided over two billion dollars on domestic AO programs within the years of 1982-2017 (Santelli et. al., 2017). Funding for AO programs continues today at both the state and federal levels, even after it has been proved to be both inefficient and detrimental (Brayboy et. al., 2018; Bodnar & Tornello, 2018).

Moving away from this model of sex education proves to be more difficult due not only to societal norms, but also because of the federal restrictions that have been placed on sex education. The federal monies schools receive allow them to provide sex education, albeit AO, and this monetary support comes with restrictions on content. AO education is enforced in schools and federal regulations

that state AO education must withhold information regarding contraceptives and enforces negative gender norms, heteronormativity, and the idea that sex before marriage is deviant behavior (Brayboy et. al., 2018; Hall et. al., 2016). Currently, the enforcement of AO education occurs in 37 states. Of these states, 25 are required to enforce and stress AO as the correct and only form of sex education, while the other 12 only require abstinence to be mentioned (Hall et. al., 2016). On the contrary, only 13 states currently require a medically accurate model of sex education to be provided in schools (Brayboy et. al., 2018). While there has been movement within recent years to change the content of sex education from AO to medically based, the overall theme of federal funding going to abstinence based education is still in full effect.

### **Use of Technology as an Informal Aid**

The internet and similar online sources have become increasingly popular tools for informal sex education. Due to a decrease in the implementation of sex education in schools, students have had to use external sources to learn about sex. Between the years of 2006-2010 and 2011-2013, there was a significant decrease in the number of students who received formal sex education of any kind (Hall et. al., 2016; Lindberg et. al., 2015). This decrease also coincides with the increased usage of the internet to learn and access resources about sex and sexuality. Due to the lack of education in schools or the use of AO education, students are now turning to technology as a new source for accurate information (Hall et. al., 2016). Social media and the internet have become the new sources of accurate information for those not receiving it from the school system or from their parents. Lack of education cannot be solely blamed on AO or funding but also on parents, as over 85% of sex education programs are optional and can be waved with parental permission. If parents prohibit their student from participating, they are being excluded from accessible resources and may in turn go to the internet to learn (Hall et. al., 2016; O'Malley et. al., 2017).

While resources such as sex education websites, video channels, applications, and other platforms exist, and have been proven to be beneficial, the use of the internet to learn about sex is continuously seen as negative and 'dirty' (Brayboy, et. al., 2018). There is a stigmatization of online sex education that constantly portrays online usage as solely the searching of porn or erotic information. Some of the searches and time spent online by individuals does certainly consist of these searches, but the majority of internet and app users are searching for answers to the questions they were never given (O'Malley et. al., 2017). The constant fear of being 'caught' keeps individuals, specifically women, from conducting research online. Overwhelmingly, where the formal sex education programs are lacking, online resources are helping students fill in the growing gaps regarding sex, orientations, health, and other questions that are either not provided or discouraged in school (Brayboy, et. al., 2018; Hall et. al., 2016; O'Malley et. al., 2017).

### **Religion and Sex Education**

Sexuality has long been a topic among religious leaders and the religious community that brings shame, guilt, power, and freedom (Ott and Stephens, 2017). Serving as the center Sexuality has acted as the center focus of culture wars in the US for nearly half a century (Ott and Stephens, 2017). Despite conflict, most religious sectors agree that students need some type of knowledge related to sexuality to find success both academically and personally. While this preferred education often takes place in AO, research shows that any information regarding sex education is beneficial to students (Hall et. al., 2016). Since the nation has such deep-rooted history with the Christian church, it comes to no surprise that Christian ideas are upheld in the education system. Equipping students

with awareness and intentionality is important for learning about sexuality and embodiment in religious contexts, in which silence, discomfort, and misinformation often profoundly constrict critical discourse and moral agency. For students to integrate their formal education with everyday realities, classroom instructors must overcome constrictions to discussing sexuality and embodiment (Ott and Stephens, 2017).

### **Education and Sex Education**

The level of education that individuals receive surrounding sex education in K-12 schools, along with colleges, is a determining factor in their actions and attitudes surrounding the sexual sphere. Those who have been given AO based education differ from those who were provided a more comprehensive sex education. Similarly, those with no source of formal sex education differ from those who were provided with formal sex education, regardless of the method used (Lindberg & Zimit, 2011; Walcott, Chenneville, and Tarquini, 2011). The perceptions and actions surrounding sex and particularly safe sex are different due the type of education a person receives. Those who experience a more comprehensive education are more likely to have a better attitude towards safe sex and sexual identities (Walcott et al., 2011). Due to the different types of education an individual receives, the support of sexual education programs correlates to the education experience a person has. Those whose sex education was through an AO model are less likely to be supportive of sex education that is comprehensive and tend to approve of an education similar to their own (Walcott et al., 2011). Those who are educated through a comprehensive or safe sex model are more likely to support sex education in K-12 schools that promotes safe sex, consent, and protection and prevention (Lindberg & Zimit, 2011; Walcott et al., 2011).

### **Familial Status and Education**

Family has played an important and long-standing role in society, especially surrounding parental decisions. Parents tend to make decisions for their children, as they serve as the power figure(s) in the family and as children tend to have limited agency. This power comes forth in decisions for what parents do or do not want for their children's education (Hall et. al., 2016). Sex education is a topic that parents are pushing for in public schools for their children (McKay, Byers, Voyer, Humphreys, and Markham, 2014). Parents have shown a want for their children to have quality education that focuses on safe sex, consensual sex, and personal health within the public schools, while openly supporting the idea of sex education in public schools at a younger level (McKay et al., 2014). There is consistent support from parents for a better and more positive sexual education within public schools that begins teaching children body positivity at a younger age (McKay et al., 2014).

### **Social Class and Sex Education**

Social class is an important factor in sex education because it determines who has access to quality education in every sector. Those who fall into a higher socioeconomic status are likely more able to afford a higher education in both public and private schools. Public schools that are located in wealthy districts and non-religious private schools can provide better quality sex education (Merriman, 2007). Because areas that have richer school districts are correlated to higher social class, those who go to these schools are more frequently provided better sex education. Schools that are underfunded and are in areas of low social class and poverty are not able to supply high quality sex education (Lindberg et. al., 2015; Merriman, 2007). Social class plays into the support of sex education in public schools because of who can afford it. Those with a higher social status are likely

to support sex education programs, because they know that they can support quality education (Merriman, 2007; McKay et al., 2014). Interestingly, those in a lower social class are also likely to support sex education, but at a lower percentage because they know that the education provided will be subpar, but is better than nothing at all (Merriman, 2007).

### Analysis

Focused coding was used to analyze the data collected during the interviews. The NVIVO software was the platform in which the coding took place. During and after the transcription process, broad themes were discovered and used for the rest of the coding process. These themes were used for the separate analysis of each of the two cohorts, traditional and non-traditional aged students, as well as when looking for common themes throughout both. For the analysis of the material, seven of the seventeen questions were coded and analyzed. These questions were broken up into two coding groups based on their content (Appendix A). The first coding group focused on the sex education participants received and consisted of eight codes. This coding group was labeled “Sex Education Questions.” The second coding group focused on how each participant expressed personal impact of education, had nine codes, and was labeled “Identity Questions.”

#### Sex Education Questions

Code Name	# Of Interviews Referenced	# Of References
Content	24	172
Critique of Content	23	72
Duration	18	30
Educator	24	114
Personal Identification	24	217
Technique	20	87
Timing in Life	24	93
Tones or Attitudes	24	218

#### Identity Questions

Code Name	# Of Interviews Referenced	# Of References
Awkwardness	4	6
Didn't Answer Identity	6	6
Hetero and Gender Normative	5	8
Impact of Education	10	19
Openness	9	13
Personal Identity Development	10	26
Practice	2	3
Shame	6	8
Struggle	4	8

A content analysis was then conducted based on the seventeen codes and seven questions analyzed. This content analysis was first conducted on each of the two groups to see the overarching themes and differences in each of the time periods. Another analysis was conducted on both groups to see the common themes within each time period.

## Results

### Content

Between both groups, those attending a US high school during the years of 2006-2010 and 2014-2018, clear patterns of content provided during sex education were seen. Among the recipients that were classified as non-traditional, there was a clear use of AO content. As the participants expressed, the use of content that expressed AO was the entirety of their education. This model took advantage of fear and shame tactics and used them against students to blatantly discourage and villainize sex. All five participants in this 2006-2010 time period that received formal sex education expressed similar experiences of AO education and the use of these tactics from both the content and educators. One participant describes their experience and states that, “my schooling made it seem like, basically your junk will fall off and you’ll die.” (Interview J). Non-traditional students also expressed the exclusion of any identities outside of heterosexuality. Any individuals who either personally identified as part of the LGBTQ+ community or had a friend or family member within it, felt discouraged from speaking out and felt like having that identity was wrong. The continual showing of heterosexuality as the ‘correct’ way to have sex is detrimental to those who identify as non-heterosexual. Sex education continues to perpetuate a heteronormative perspective that diminishes identities outside of the mythical norm.

Non-traditional students also expressed sex being shown as either explicit or in a reproductive way. Sexual diseases were discussed as being an immediate effect of having sex. Not only did participants share that STI’s were expressed as an imminent part of sex, but were also shown, “very large blown up pictures of diseased genitalia” (Interview L) and, “graphic images. They were probably like the most, like the worst-case possible of an STD ever, you know, and then they talked about how much we would die if we have sex and got the STDs” (Interview J). The usage of STI’s as an immediate result of sex aims to deter students from having sex before marriage and affects students’ ways of perceiving themselves as well as sex. One participant explained the long lasting effects of these shame and fear tactics and how they, “Still kind of affects me because sometimes I feel gross for wanting sex” (Interview J). Aside from sex being shown in graphic ways, reproduction was the main focus. Sex was shown as only acceptable when done after marriage, by a heterosexual couple, and completed for the purpose of reproducing.

Among the traditional aged students, the content was more varied. While the majority of participants expressed similar issues as the non-traditional student, there was some movement away from these negative experiences. Two of the six traditional aged students expressed having a positive experience in their formal sex education and stated that the content was not solely on abstinence. These participants recalled learning about consent and safe sex during their education, as well as being able to ask questions during the class. The inclusion of other identities besides heterosexuality were permitted during these students’ educations, even though they were not directly spoken about in the content. While there was still usage of graphic images to depict sexual diseases and childbirth, students that were provided with a medically accurate sex education were more satisfied with their knowledge and reported less negative impact.

The remaining participants, however, were taught AO in their formal education settings. While there was some movement away from AO and heteronormativity, overwhelmingly, students in the traditional age group were still experiencing fear and shame tactics as well as the use of STI's in graphic ways. Participants shared being shown, "vivid images of STD's. It was very graphic; they were showing us the worst possible outcomes of STD's but were saying if you have sex this is what your genitals will look like" (Interview C). The use of graphic images and videos of STI's has not diminished in the classroom and continues to be the way STI's are discussed. Rather than educating students on how they can contract these illnesses, educators and the content express STI's as the immediate consequence of any and all sexual interactions.

### **Mean Girl Method**

Based off of the 2004 movie *Mean Girls* and the personal experiences shared by interviewees, the Mean Girl Method was coined. In the film, a male gym teacher and coach, was depicted teaching a sex education course. Within the scene, the teacher tells the high school students, "Don't have sex, because if you do, you will get pregnant, and die" (Waters, 2005). This quote was the basis for the Mean Girl Method and its application through both time periods. The Mean Girl Method includes the use of shame and fear tactics to teach students sex is bad and they will get STI's or get pregnant. It also includes the usage of explicit images of STI's and the explanation that they are the immediate result of any and all sexual interactions. Also, the pushing an AO education on students which shames them for asking questions or partaking in sex before marriage. This method also stems from the direct reference to the movie by a participant in the traditional age group. When describing their sex education class, an interviewee stated that, "We were told this will happen to you if you have sex. It was like Mean Girls sex education." (Interview C). Based off of these interactions and the film itself, the Mean Girl Method was created and will be used to describe these interactions.

Overwhelmingly, the content, technique, and tones and attitudes shown in formal education express this message regarding sex. While there were some exceptions, both the traditional and non-traditional students shared similar experiences. Participants from both groups experienced education that used the Mean Girl Method. While the non-traditional aged group expressed a larger occurrence of the method, both groups shared experiences that fall within this mode of teaching. Non-traditional students expressed being told specifically by instructors that, "Here is what you can do if you want to have sex and ruin your life" (Interview G). This use of direct shame and describing sex as something that will ruin an individual's life, directly affects the ways in which that person engages with sex and in turn with themselves. The Mean Girl Method of teaching sex education is commonly used within both time periods and focuses on scaring students into believing that, "If you have sex before marriage will get pregnant and die" (Interview D). This method shames and scares students into behaving in a way that fits within the AO method to maintain control over individual's personal identity and agency when engaging with sex.

### **Impact on Identity**

In both groups, there is a clear impact on personal development and identity that stems from sex education in both formal and informal settings. Students in the non-traditional age group who received formal sex education, overwhelmingly, expressed their sex education having a negative impact on their personal identity. Recalling the way sex education made them feel, these participants expressed feelings of shame, guilt, personal disgust, and feeling broken. AO education played a key role in these feelings, it portrayed all of these emotions as side effects of sex. Of the participants, one explained the personal impact of this form of education as, "Still kind of effect[ing] me because



sometimes I feel gross for wanting sex and I feel like that's not fair because it's a normal human thing to want and need”(Interview J).

Participants with an AO education during the non-traditional cohort were also able to respond with vivid and clear memories or stories of personal impact. The recollection of experiences or feelings caused by AO and the Mean Girl Method were clear and vivid. Some of the non-traditional participants graduated high school more than a decade ago, which expresses how these negative experiences impact a student throughout adulthood. Looking further, these same participants with negative experiences in sex education, expressed negative opinions of the sex education system and their education as a whole.

Within the traditional aged student cohort, the responses to questions regarding impact on identity were mixed. Those who were provided a medically accurate model of formal sex education were not able to clearly recall how their education impacted their identity or were not able to answer the question with a memory at all. These students were able to express that they had a positive experience in the class but could not determine a memory or experience to show impact on identity. On the contrary, traditional students who received an AO education were able to share clear memories on the personal impact of their formal sex education.

Similar to the non-traditional group, traditional student with AO educations shared feelings of shame, guilt, awkwardness, and wanting to engage in sex more. One especially specific response came from a gender non-binary participant who expressed feeling broken and lost due to the heteronormative education they received. When retelling their story, they stated that, “I just could not relate to any of it and I'm like what's going on is there something wrong with me am I broken what's happening” (Interview F). This response acts as a clear indicator of how AO, heteronormative education impacts those who do not fit within the model identity. Similar experiences to this were shared regarding sexuality and body positivity. Another participant expressed their education as detrimental to their body image, and shared that, “I had to spend a long, long time deconstructing thoughts and ideals surrounding sex and my body. It made me feel like women's bodies aren't decided by them” (Interview C). Overall, it is clear by looking at both cohorts, that AO and the Mean Girl Method of teaching creates negative outcomes for students, regardless of the time in which they received sex education.

### **Discussion**

The results found in this exploratory study point to the fact that the sex education in this country is and has been pushing specific models of sex education towards students. When sex education is provided in a formal setting, there is a clear lack of medically accurate information, even in recent years. The use of AO education in public and private schools is still rampant and public policy has made very little impact on this. The Mean Girl Method, as shown in both cohorts, is still actively used in sex education to scare students into not having sex. Similarly, the media that students consume, such as *Mean Girls*, continues to portray these negative images of sex.

Other discrepancies due to gender, race, religion, region and similar demographics can be seen in both this research and previous literature. Female students are less likely to receive information about protection and are more likely to learn about how to prevent rape (Lindberg et. al., 2015). Similarly, people of color are more likely to have no form of formal sex education and when provided, lacks medical accuracy (Brayboy et. al., 2018). Limiting access to quality formal sex education from students on the basis of gender, race, religion and other intersecting identities is specifically oppressing and withholds valuable information that would benefit the student when engaging in sex and understanding their own identity overall.

While there has been some movement in the right direction, the national education system still needs more effective change in the form of content and application. As previously stated, AO education occurs in 37 states and only 13 states require education that is medically accurate. Currently the Colorado legislature is in the process of approving the HB19-1032 Comprehensive Human Sexuality Education bill. This bill would successfully implement medically accurate sex education into all public schools in the state of Colorado. Colorado would then become the 14<sup>th</sup> state to enact such a bill. The bill would also enforce the removal of any and all abstinence-based sex education programs in Colorado public schools specifically. Policy changes like these are crucial to changing the way in which sex education is implemented in schools and will move towards providing students with a more accurate, inclusive sex education.

### **Discussion**

Due to the exploratory nature of this research there were limitations that need to be considered. The time constraint on this research and limited access to recruitment techniques, resulted in the use of a convenience sample, which could lead to some perceived bias in participant selection. The sample size also proves to be a limitation, as there were only 12 participants. While these individual's experiences and stories are valid, further research should include a larger sample in order to see applicability to the general population. Regarding the participants, an uneven number of males, females, and gender non-binary individuals were used in each group. Some demographics such as race and location during high school were also skewed, as the majority of participants identified as white and received their high school education in the state of Colorado.

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