




Correlating Young Adults' Sexual Attitudes and Behaviors with Their Sex Education Programming¹

The overwhelming majority of research on sex education focuses on outcomes of students' sexual activity (i.e., rates of teen pregnancy or STIs). By conducting an online survey of young adults in their mid-20s about their sex education experiences and current perspectives, this study instead seeks to better understand whether young adults' behaviors and attitudes correlate with the education they received as teenagers. Findings suggest little to no difference between survey participants from different educational backgrounds, but a consistent desire among participants to close gaps between what they learned in class and what knowledge is important to them now.

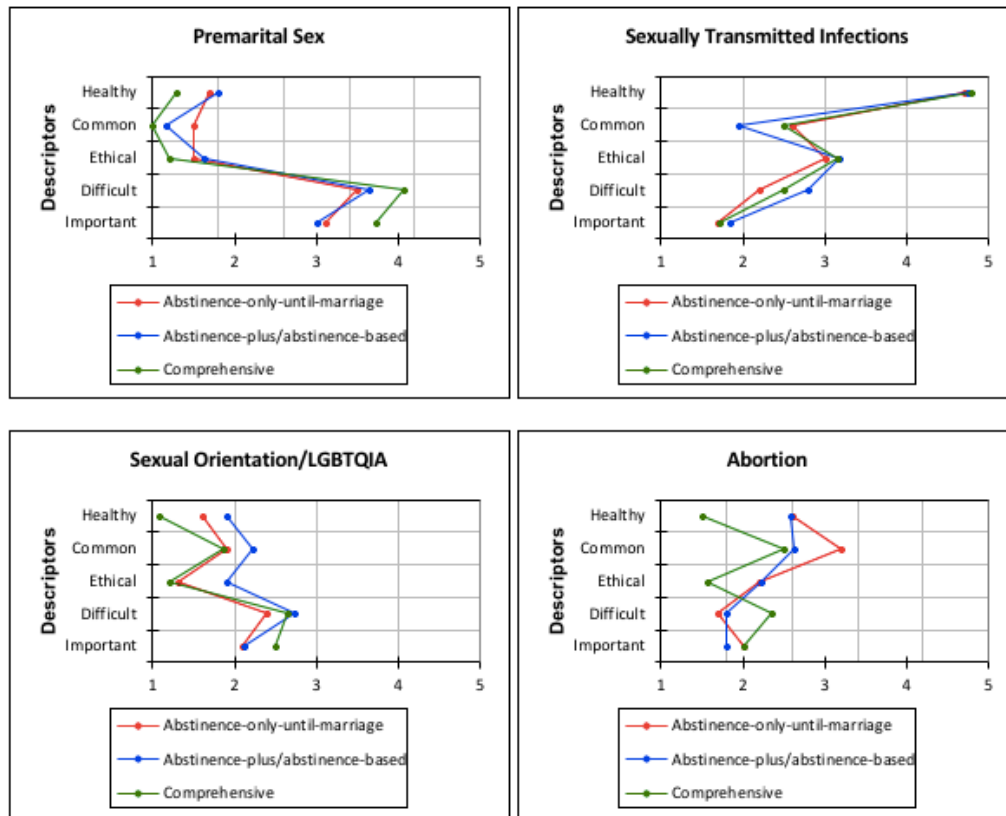
Why Young Adults?

If we rely on formal school instruction as the early foundation for sexual knowledge—and sex education's continued presence as a policy issue suggests that we do, in fact, recognize its importance and seek to “get it right”—then focusing research efforts on the immediate results in teenage behavior does not make sense. In one of the few studies that have examined the effects of sex education longitudinally and with a wider lens, Walcott et al. note that “one's values, beliefs, and attitudes about sex are as important as... knowledge alone.” Fine and McClelland argue that “having skills merely to say no does not help young people make tough decisions, but instead simply drains decision-making from them and places them in the hands of more powerful others... The echoes of lost skill reverberate for a lifetime.”

¹Findings and analyses for this brief are excerpted from full-length research paper of IRB-approved survey conducted in February 2018 (see Appendix for full survey).

How Do Participants' Attitudes Vary by Type of Sex Education?

The survey identified four culturally controversial topics that frequent sex education content debates. Participants were asked to indicate their opinion or perspective on each topic from a five-point semantics scale of five word pairings: Healthy–Unhealthy, Common–Rare, Ethical–Corrupt, Difficult–Easy, and Important–Trivial.

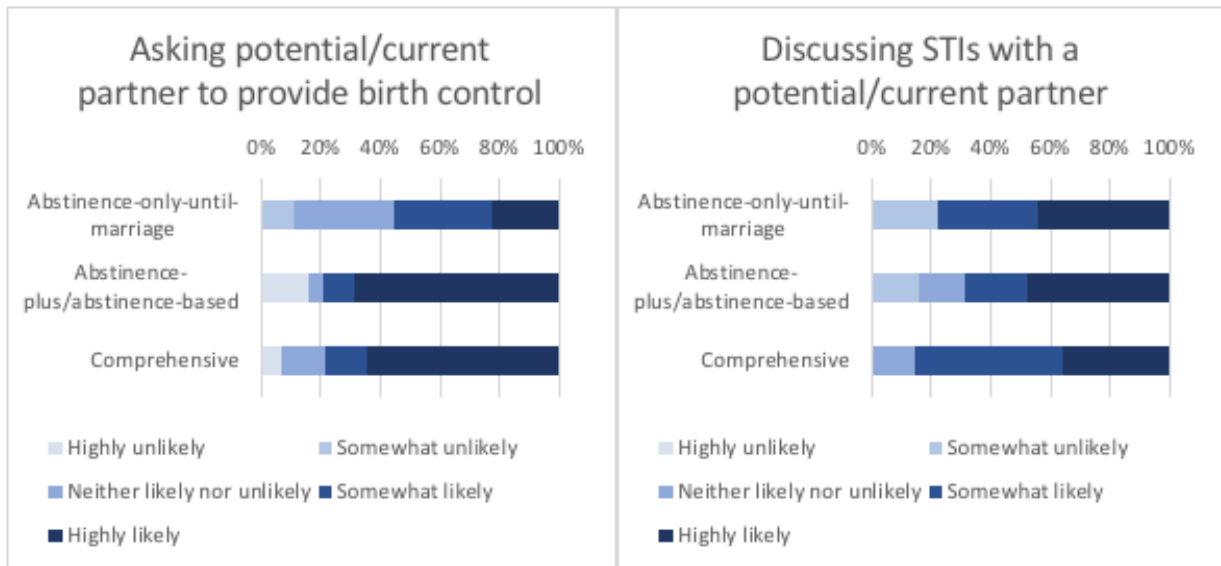


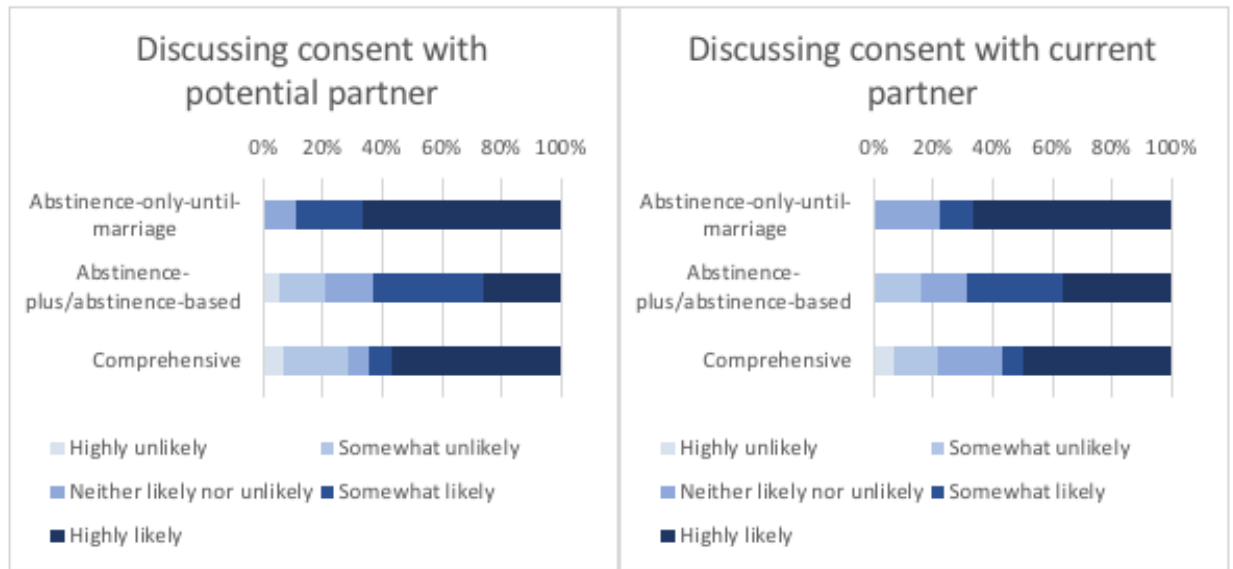
Comparing the between-group variation of the responses by averaging response values for participants from each type of sex education, participant perspectives are almost identical. Abortion emerges as the topic with the most diverging opinions, aligning with common curricular differences between sex education programs (although even here, all variation aside from Healthy–Unhealthy remains within a single step on the semantics scale). Overall, then, differences in curriculum do not correlate with differences in participant perspectives.

How Do Participants' Levels of Familiarity or Comfort with Relevant Scenarios Vary by Type of Sex Education?

Participants were asked to rate their level of comfort or familiarity along a five-point scale for multiple scenarios, including asking a partner to provide birth control, discussing STIs with a partner, discussing consent with a potential partner, and discussing consent with a current partner.

Given that a primary indicator of abstinence-only programming is no coverage of contraceptives, it is not surprising that these respondents counted themselves as less likely to discuss birth control at higher rates than did the other two groups. While there is more variation between groups in responses to discussing STIs, comprehensive respondents would be expected to show the highest rates of comfort or likelihood in this area.





What *is* surprising is that abstinence-only participants identified at the highest rates of being somewhat or highly likely to discuss consent, with both potential and current partners. Without additional context, it is difficult to determine why. In open responses, twelve participants across all curricula mentioned the importance of and desire for formal instruction on consent; one woman who received abstinence-only instruction wrote that “it was assumed that you would be married when you had sex, so consent was implied.” One theory, then, may be that abstinence-only respondents are especially cognizant of consent simply based on the lack of information they received. Given the more negative coverage of their curriculum, these participants may be more cautious or deliberate when engaging in sexual activity. The lower rates of high likelihood by comprehensive participants could suggest a more sex-positive outlook in which general enthusiasm is construed as consent without further discussion between partners.

Discussion

The majority of these results suggest that, despite experiencing a wide variety of topics and messaging through their sex education, the young people surveyed did not meaningfully differ in their perspectives as adults. Where differences by sex education programming did emerge, they were largely consistent with what might be expected based on curricular content.

Recommendations for Further Research & Policy

Given the lack of research done past college on the effects of formative experiences with sex education, the possibilities for further research are vast. With a larger representative sample, a similar survey could examine causal relationships through factor analyses and predictive models. Differences in experience, attitude, and behavior by gender, geography, ethnicity, and sexual orientation also have precedent in existing literature on teens, but these research questions have not yet been asked for older age groups.

Regardless of vast differences in educational experiences, survey participants agree much more than they disagree, suggesting that the on-going focus and fierce debate on immediate teen outcomes is misplaced. In open response items, participants recognized where gaps existed between what they had been taught in class and what knowledge was important to them now, and they consistently requested that those gaps be diminished by better in-school instruction. Ideally, a curricular balance should be sought between what is developmentally appropriate for students to learn, and what will best encourage a lifetime of healthy, well-informed sexual behavior. A new framework for approaching sex education research—one that reflects students' future needs—is an appropriate place to begin.

References

- Fine, Michelle, and Sara I. McClelland. 2006. "Sexuality Education and Desire: Still Missing after All These Years." *Harvard Educational Review* 76 (3): 297-388.
- Santelli, John S., Leslie M. Kantor, Stephanie A. Grilo, Ilene S. Speizer, Laura D. Lindberg, Jennifer Heitel, Amy T. Schalet, Maureen E. Lyon, Amanda J. Mason-Jones, Terry McGovern, Craig J. Heck, Jennifer Rogers, and Mary A. Ott. 2017. "Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact." *Journal of Adolescent Health* 61: 273-280.
- Walcott, Christy M., Tiffany Chenneville, and Sarah Tarquini. 2011. "Relationship Between Recall of Sex Education and College Students' Sexual Attitudes and Behavior." *Psychology in the Schools* 48 (8): 828-842.

Appendix

“Long-term Effects of Sex Education on Perspectives and Practices” Survey

Section A: Eligibility

1. How old are you? (dropdown menu with *younger than 23*, numbers 23-28, and *older than 28*)
2. Did you attend a public, private, or charter school within the United States (50 states plus Washington, D.C.) for the majority of grades 7 through 12?
 - a. Yes
 - b. No

If R answers “younger than 23” or “older than 28” to 1 or “No” to 2, survey is terminated.

Section I: School Characteristics

Please respond to the following questions about the sex education you received in school during grades 7 through 12. If you attended multiple schools and/or received multiple sex education curricula during this time, please give answers for the sex education you remember most clearly.

3. What type of school did you attend while receiving sex education (or during grades 7 through 12, if you did not receive sex education)?
 - a. Public (non-chartered)
 - b. Private
 - c. Charter
4. In what state was your school located?
5. How would you characterize the sex education curriculum you received?
 - a. Abstinence-only-until-marriage (centered abstinence as the only morally correct option for teenagers, no coverage of contraception/condoms) (*R directed to Q6*)
 - b. Abstinence-plus/abstinence-based (stressed abstinence as the best option for teenagers, little to some coverage of contraception/condoms) (*R directed to Q6*)
 - c. Comprehensive (included abstinence within a variety of options for teenagers, strong coverage of contraception/condoms) (*R directed to Q6*)
 - d. I did not receive sex education (*R directed to Q8*)

Section II: Sex Education Curriculum

Please respond to the following questions about the sex education you received in school during grades 7 through 12. If you attended multiple schools and/or received multiple sex education curricula during this time, please give answers for the sex education you remember most clearly.

6. Was your sex education differentiated by gender (i.e., did girls and boys receive different curricula and/or instruction/messaging)?
 - a. Girls and boys were in separate classrooms for sex education.
 - b. Girls and boys received different curricula, but in the same classroom.
 - c. Girls and boys received the same curriculum, but the instruction/messaging was different.
 - d. There was no difference in either the curriculum or instruction/messaging received by girls and boys.
 - e. I don't know / I don't remember.
7. How would you characterize your sex education curriculum's coverage of the following topics?

Positive coverage Neutral coverage Negative coverage This topic was not covered I don't know / I don't remember

- a. Abstinence
- b. Premarital sex
- c. Decision making around sexual activity
- d. Condoms
- e. Prescription contraceptives
- f. Sexually transmitted infections
- g. Reproductive healthcare
- h. Consent
- i. Sexual abuse/harassment
- j. Morality/values around sexual activity
- k. Sexual orientation/LGBTQ
- l. Masturbation
- m. Abortion

- n. Sexual pleasure
8. At the time you received sex education (or during grades 7 through 12, if you did not receive sex education), what were your strongest influences or primary sources of information on sexuality/sexual activity outside of sex education curriculum? Please choose up to three responses.
- a. Parents/older family members
 - b. Siblings/younger family members
 - c. Friends/peers
 - d. Romantic/sexual partner(s)
 - e. Teachers/school counselors (outside of sex education curriculum)
 - f. Religious leaders
 - g. Community/extracurricular leaders
 - h. Medical professionals
 - i. Internet/social media
 - j. TV/movies/books/magazines
 - k. Other: _____

Section III: First Sexual Experience

9. Are you or have you ever been sexually active?
- a. Yes (*R directed to Q10*)
 - b. No (*R directed to Q12*)
10. At what age were you first sexually active?
11. At the time when you were first sexually active, what were your strongest influences or primary sources of information on sexuality/sexual activity? Please choose up to three responses.
- a. Sex education curriculum/resources
 - b. Parents/older family members
 - c. Siblings/younger family members
 - d. Friends/peers
 - e. Romantic/sexual partner(s)

- f. Teachers/school counselors (outside of sex education curriculum)
- g. Religious leaders
- h. Community/extracurricular leaders
- i. Medical professionals
- j. Internet/social media
- k. TV/movies/books/magazines
- l. Other: _____

Section IV: Healthcare & Information

*Please respond to the following questions about your **current** healthcare practices and information.*

12. How often do you see a medical professional in a visit addressing your sexual/reproductive health?
- a. At least once a year
 - b. Less than once a year
 - c. I don't know / I have never seen a healthcare professional for this reason
13. Currently, what are your strongest influences or primary sources of information on sexuality/sexual activity? Please choose up to three responses.
- a. Prior sex education curriculum/resources
 - b. Parents/older family members
 - c. Siblings/younger family members
 - d. Friends/peers
 - e. Romantic/sexual partner(s)
 - f. Religious leaders
 - g. Community/extracurricular leaders
 - h. Medical professionals
 - i. Internet/social media
 - j. TV/movies/books/magazines
 - k. Other: _____

Section V: Beliefs

For each of the topics below, please indicate your opinion or perspective along the scale between each pair of words.

14. Premarital sex

- a. Healthy – | – | – | – Unhealthy
- b. Common – | – | – | – Rare
- c. Ethical – | – | – | – Corrupt
- d. Difficult – | – | – | – Easy
- e. Important – | – | – | – Trivial

15. Sexually transmitted infections

- a. Healthy – | – | – | – Unhealthy
- b. Common – | – | – | – Rare
- c. Ethical – | – | – | – Corrupt
- d. Difficult – | – | – | – Easy
- e. Important – | – | – | – Trivial

16. Sexual orientation / LGBTQIA

- a. Healthy – | – | – | – Unhealthy
- b. Common – | – | – | – Rare
- c. Ethical – | – | – | – Corrupt
- d. Difficult – | – | – | – Easy
- e. Important – | – | – | – Trivial

17. Abortion

- a. Healthy – | – | – | – Unhealthy
- b. Common – | – | – | – Rare
- c. Ethical – | – | – | – Corrupt
- d. Difficult – | – | – | – Easy
- e. Important – | – | – | – Trivial

Section VI: Practices

For each of the scenarios below, please select your level of comfort with the situation and/or how likely you would be to enter the situation.

18. Discussing STIs (sexually transmitted infections) with a potential or current sexual partner
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
19. Asking a potential or current sexual partner to provide birth control
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
20. Asking a medical professional about family planning or fertility
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
21. Changing your opinion of someone based on their number of sexual partners
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
22. Asking for or discussing consent with a *potential* sexual partner prior to sexual activity
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
23. Asking for or discussing consent with a *current* sexual partner prior to sexual activity
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
24. Befriending or becoming close to someone with a different sexual orientation than yours
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely
25. Contacting a politician (at any level) to advocate for your personal views on reproductive healthcare or sexuality
 - a. Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely

26. Volunteering with or donating to an organization that supports or advocates for your personal views on reproductive healthcare or sexuality
- Extremely uncomfortable / Highly unlikely – | – | – | – Extremely comfortable / Highly likely

Section VII: Sex Ed Opinions

27. Do you wish your sex education experience had been different? If so, in what way?
28. How do you think students today should receive sex education?

Section VIII: Demographics & Follow-up

29. Do you currently identify as either male or female?
- Yes, I identify as male
 - Yes, I identify as female
 - No
30. At the time that you received sex education (or during grades 7 through 12, if you did not receive sex education), did you identify as either male or female?
- Yes, I identified as male
 - Yes, I identified as female
 - No
31. What is your race/ethnicity? Please select all that apply.
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latinx
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White
 - Other: _____
32. What is the highest level of education you have completed?
- Some high school, no degree

-
- b. High school degree / GED
 - c. Some college, no degree
 - d. Associate's / bachelor's degree
 - e. Any education at the master's/doctoral/professional level
33. Where have you lived the longest amount of time since grade 12?
34. If you would like to leave any comments or additional information about either this survey or your responses, please include them below.