



## AN ABSTRACT OF THE THESIS OF

Katie J. Wicks for the degree of Honors Baccalaureate of Art in Women, Gender, and Sexuality Studies presented on May 30, 2014. Title: Beyond the Birds and the Bees: A Study of Comprehensive Sex Education in Oregon High Schools.

Abstract approved:

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Oregon high schools are required to provide comprehensive sex education to students, but there is anecdotal evidence that this is not consistently being carried out across all schools. Despite the significant amount of literature that exists on the topic of sex education, there is a gap in regards to what is being done in Oregon on the application of the sex education policy in schools and on what students want to learn in high school sex education programs. This study is intended to fill that gap in order to enhance the knowledge pool pertaining to the sex education needs of high school students in Oregon. An anonymous online survey was conducted of first-year Oregon State University students between the ages of 18-20. Upon reviewing the results it appears that Oregon's sex education policy is being carried out in schools, but perhaps not as completely as it should be. It also appears that there is a discrepancy between what students are being taught and what they feel is important to be taught. In doing this research it has become clear that in order to best meet the needs of youth, sex education programs in Oregon high schools need to be more comprehensive and inclusive.

Key Words: Sex Education, Oregon, Comprehensive, Inclusive, Youth

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Beyond the Birds and the Bees:  
A Study of Comprehensive Sex Education in Oregon High Schools

By  
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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

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Katie J. Wicks, Author

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## Beyond the Birds and the Bees: A Study of Comprehensive Sex Education in Oregon High Schools

### INTRODUCTION

In 2009 Oregon passed a bill that updated the curriculum requirements for human sexuality education courses. As a result of this bill Oregon law now states that sex education in public schools must be age-appropriate, medically accurate, comprehensive, and discuss sexuality as a normal and healthy part of development. It also must include information on the best ways to prevent pregnancy and the transmission of HIV and other STIs; aspects of healthy relationships and the benefits of delaying pregnancy; risks, benefits, and effectiveness of all forms of contraception and the effectiveness of all forms of STI prevention; legal factors of childbearing and parenting; and sexual abuse and strategies to avoid unwanted sexual contact. Finally, Oregon sex education courses must promote abstinence as the best way to avoid pregnancy and HIV/AIDS and STIs, but they may not promote abstinence to the exclusion of other information on pregnancy and HIV/AIDS and STI prevention (Oregon Administrative Rule 581-022-1440, 2009). See Appendix C for the complete policy.

Despite the fact that schools are now required to provide comprehensive sex education to students, there is anecdotal evidence that this is not consistently being carried out across all schools in Oregon. Accurate, age-appropriate, comprehensive, and inclusive sex education is critical for the physical, sexual, and emotional health of youth; thus, it is essential that this be effectively implemented in all schools. Further, although

sex education courses are supposed to be comprehensive of information related to pregnancy and disease prevention, there are many important aspects of sexual health and wellbeing that often get left out of sex education programs, such as LGBTQ+ inclusive information, a discussion of pleasure, and information that is inclusive of diverse ethnic, racial, and cultural backgrounds. In order to be effective and meet the needs of youth, sex education programs in Oregon high schools need to be more comprehensive and inclusive.

Feminist methodology holds that in research, “the product cannot be separated from the means of production” (Letherby, 2003, p. 6). As much as we, as researchers, try to eliminate our biases, it is simply impossible. Thus, rather than ignore the ways in which our personal experiences may lead to bias in our work, feminist research methodology supports the view that it is more beneficial to acknowledge where one is coming from and any biases that may be present as a result. So, in adhering to this framework, I feel that I must make explicit my background and influences before going any further. To situate myself, I am a young, white, middle-class, cisgender<sup>1</sup> woman. I attended high school in Central Oregon, where I was born and raised. My involvement with the LGBTQ+ community at Oregon State University and my work at the Pride Center has fostered my interest in the welfare of students and my tendency towards focusing on LGBTQ+ inclusivity. My background in Women, Gender, and Sexuality Studies has led me to adopt a sex-positive feminist approach to looking at sex education.

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<sup>1</sup> Cisgender means that one’s gender identity aligns with the gender that person was assigned at birth. This is in opposition to transgender, which means that one’s gender identity does not align with the gender that was assigned at birth.

The inspiration for this thesis came from a study that was done by Forward Together in California's Oakland Unified School District to determine what students in this district are learning in sex education courses and what they want to be learning. For the purpose of this thesis I aimed to replicate their study in order to learn what is being taught in sex education courses in Oregon high schools and what students want to be taught. Throughout this thesis I will discuss the methods and theoretical basis of my study, examine the results of the survey, analyze of the findings (including a comparison of my results to Forward Together's results), and discuss possibilities for future research, as well as recommendations for educators.

## **LITERATURE REVIEW**

### **Abstinence-Only vs. Comprehensive Sex Education**

The two main types of sex education that are offered in the United States are abstinence-only education and comprehensive sex education. Abstinence-only education (sometimes referred to as abstinence-only until marriage education) focuses on the benefits of delaying sexual intercourse until marriage and is most often supported by Christian and socially conservative groups. Conversely, comprehensive sex education presents a broader range of information related to sexuality and is typically supported by those with a more liberal viewpoint (Ebscohost Connection). Many proponents of abstinence-only education believe that this type of education will result in youth delaying sexual activity longer than if they had received information about sex; however, research shows that the opposite is true. Abstinence-only programs do not influence youth's delay of initiation of sex, their age at the time of first sexual contact, their number of sexual partners, or condom use (Kirby, 2008). Also, it has been reported that abstinence-only education is ineffective (and harmful) because students who receive abstinence-only until marriage education and pledge to remain abstinent are 30% less likely than students who did not pledge to remain abstinent to use protection when they do engage in sexual intercourse (Fine & McClelland, 2006, p. 311). Comprehensive sex education programs, on the other hand, have been shown to delay youth's initiation of sex, reduce sexual partners and frequency of sex, reduce other risky sexual behaviors, and increase condom and contraceptive usage (Kirby, 2008; Weaver, Smith, & Kippax, 2005; Advocates for

Youth, 2009). The most effective sex education programs, in terms of positive health outcomes, are programs that promote abstinence as well as the use of protection for those who do decide to engage in sexual activities (Kirby, 2008). Since 45.2% of 11<sup>th</sup> graders in Oregon report having had sexual intercourse (Oregon Health Authority, 2013) it is essential that they are receiving the information that they need in order to make responsible and informed choices about their sexual behavior.

### **LGBTQ+ Inclusion in Sex Education**

According to the 2013 Oregon Healthy Teens Survey, 7.8% of 11<sup>th</sup> graders in Oregon report identifying as gay, lesbian, bisexual, or questioning (Oregon Health Authority, 2013). Further, a 2011 study done by the Centers for Disease Control and Prevention found that a much higher percentage of lesbian, gay, and bisexual youth in the United States are engaging in risky sexual behavior than their heterosexual peers (Gowen, 2011). Neither of these studies gathered data on trans\* identified youth. In light of this data it becomes clear just how important it is for sex education programs to provide information that is inclusive of and relevant to LGBQQ (lesbian, gay, bisexual, queer, and questioning) youth. One study done of young gay, bisexual, and questioning men found that they felt marginalized by their sex education program due to the heavy emphasis on abstinence-until-marriage and heterosexual intercourse. They also reported that they did not receive information relevant to their sexuality, and thus were unaware of the risks involved with the types of sex in which they were engaging (Pingel, Thomas, Harmell, & Bauermeister, 2013). Information relevant to LGBQQ identities will clearly

be beneficial to LGBQQ youth by providing them with the information they need in order to be informed about the risks involved with same-sex sexual contact and the ways in which they can protect themselves, but it can be beneficial in other ways as well.

The inclusion of LGBQQ related information could be beneficial in that it would work to break down heteronormative ideals. Heteronormativity is “the assumption that heterosexuality is natural, normal, and right” (Mann, 2012, p. 237). In other words, it is the idea that everyone is and should be heterosexual. Many scholars argue that sex education offers the perfect opportunity to interrupt notions of heteronormativity and compulsory heterosexuality (Myerson, Crawley, Anstey, Kessler, & Okopny, 2007; Sumara & Davis, 1999), and some would even argue that it has the obligation to do so (Sumara & Davis, 1999). Challenging heteronormativity could help to breakdown the shame, stigma, and misconceptions that often surround LGBQQ identities. This is important because there are high rates of harassment, bullying, and suicide among LGBQQ youth (CDC, 2014) that could potentially be mitigated by more education about LGBQQ identities and issues. Further, this could also help to open up conversation around same-sex attraction and sexual activity with a same-sex partner, which may be beneficial in reducing the rate of high-risk sexual behavior among LGBQQ youth (Gowen, 2011; Pingel, Thomas, Harmell, & Bauermeister, 2013).

The interruption of heteronormativity in sex education programs would benefit not only LGBQQ youth, but heterosexual youth as well (Pingel, Thomas, Harmell, & Bauermeister, 2013). This is because breaking down heteronormativity would allow all youth to more freely explore their sexuality and gender expression without feeling as if they must constantly prove their heterosexuality and fit into the societal idea of “normal”.

The need for sex education to interrupt and challenge heteronormativity is another reason that comprehensive sex education is crucial. Abstinence-only until marriage education, simply by its nature, “fails to challenge heterosexual normativity in schools” (Fine & McClelland, 2006). Due to the fact that same-sex marriage is not yet legal in all 50 states, teaching that the only healthy form of sexuality is sex within marriage implies that the only form of healthy sexuality is heterosexual, monogamous sex. This not only further marginalizes and delegitimizes the identities and experiences of same-sex-attracted youth, but it also precludes them from the possibility of ever engaging in a “healthy form of sexuality” (2006).

In addition to including information relevant to LGBTQ identities, it is also important that sex education courses include information about trans\*<sup>2</sup> identities and gender identity in general. Due to the fact that the majority of youth are cisgender, it may not seem important to include this information in sex education courses. However, taking into account the fact that one-third of trans\* youth have attempted suicide and 45% have seriously considered it (Sidney Borum Jr. Health Center, 2012), it becomes clear that something needs to change. While the inclusion of information about gender identity in sex education courses will not solve all of the problems that trans\* youth face, it can help by opening up space for trans\* youth to feel that their experiences are valid and that they are not alone. Including the topic of gender identity in sex education courses can also help to breakdown myths and stereotypes about the trans\* community and provide

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<sup>2</sup> Trans\* is meant to signify the broad array of identities that fall within the transgender spectrum, such as transman, transwoman, transsexual, genderqueer, agender, bigender, third gender, gender fluid, two-spirit, gender non-conforming, etc.



students with accurate information, which could potentially mitigate the harassment and bullying of trans\* youth.

### **Cultural Sensitivity in Sex Education**

Another area in which sex education is often lacking is inclusion of information that is relevant to students from a diverse array of ethnic, racial, and cultural backgrounds. This information is crucially important to include because youth of color are often at a higher risk for negative sexual health outcomes. For instance, teen pregnancy rates and rates of HIV/AIDS and STIs are higher among youth of color (Hispanic and African-American youth, specifically) than youth who are white (Fine & McClelland, 2006; Advocates for Youth, 2009). This phenomenon can be attributed to the existence of institutionalized racism in the United States, which results in a higher prevalence of lower socioeconomic status among Hispanic and African-American people (Collins, 2001). This means that these communities of color are often less able to access resources, such as abortion services, contraceptives, and HIV/STI screening and treatment, which contributes to their higher rate of negative sexual health outcomes. Further, sex and sexuality are constructed differently across various races and ethnicities, and therefore expectations around what is considered permissible sexual behavior vary across different races, cultures, and ethnicities (Nagel, 2003; Ward & Taylor, 1991). In order to be inclusive and relevant to all students, sex education courses need to take a culturally sensitive approach and recognize the ways in which intersections of race, class, and ethnicity can impact a student's experiences.

A key part of taking a culturally sensitive approach in sex education courses is avoiding ethnocentrism (Ward and Taylor, 1991). If sex education programs only teach about sex education from the perspective of one race/ethnicity/culture, then a lot of students are going to be left out. To be specific, sex education courses need to avoid teaching from a White-centric perspective. In order to address the needs and experiences of all students, truly comprehensive sex education programs need to include representation of sexuality across a diverse range of races, ethnicities, cultures, socioeconomic statuses, etc. When sex education does not do this, the students who feel that they are not being represented, primarily students of color, tend to not put as much stock in the information that is being presented (Ward & Taylor, 1991). Taking an ethnocentric approach also runs the risk of leaving certain groups of students – students of color – feeling as if they are invisible and/or that their experiences are not valued or valid.

### **Pleasure in Sex Education**

Truly comprehensive sex education must also include information about pleasure. As Carla Kulwicki argues in her essay *Real Sex Education*, sex education that does not discuss pleasure is inherently sexist. Kulwicki points out that the key elements of most sex education programs – birth control, heterosexual intercourse, and HIV/AIDS and STI prevention – can all be taught in an accurate manner without ever once mentioning the clitoris or female orgasm; however, this is not true for male orgasm. The entire point of teaching about contraception and pregnancy is that it is assumed that men will orgasm

during heterosexual intercourse. But with no discussion of female pleasure sex educators are inadvertently perpetuating the idea that men are supposed to enjoy and want sex while women are supposed to simply put up with it (Kulwicki, 2008, p. 307).

A focus on pleasure in sex education is also important because it allows educators to acknowledge the complexity of human sexuality more so than a risk-based focus. As Fine and McClelland (2006) note, “risk cannot be separated from pleasure...an exclusive focus on risk not only alienates, but also distorts the complexity of human relations and sexual desire. Therefore, it is naïve to educate for pleasure without attending to risk; but more perverse to imagine that teaching only about risk will transform human behavior” (p. 326). An exclusive focus on risk, in addition to negating the complexity of sexuality, fails to capture the attention of youth due to the fact that it does not acknowledge youth as legitimate sexual beings, and is thus unsuccessful in getting youth to adopt the safer sex practices that are being taught (Allen & Carmody, 2012). This is what Fine and McClelland alluded to in stating that teaching only about risk will not transform human behavior. Allen and Carmody (2012) examine how discussions of pleasure can be used to capture the attention of youth and help them gain the knowledge that they feel they need in order to have successful and healthy sexual relationships (p. 458). Further, including a discourse of pleasure in sex education curriculum opens up space for interrupting and challenging heteronormativity (Allen & Carmody, 2012; Sumara & Davis, 1999).

Another reason that the inclusion of pleasure in sex education programs is crucial is that it ties into the notion of enthusiastic consent, which is also something that needs to be taught in sex education. Kulwicki states, “in order to teach about sexual assault intelligently and meaningfully, we have to teach about enthusiastic consent” (2008,

p.308). When sex education neglects to discuss the importance of mutual enjoyment, agreement, and respect students can be left with the impression that sexual activity is consensual as long as no one is physically and/or verbally resisting. The value of teaching enthusiastic consent is especially evident when we take into consideration the way that young boys are socialized. In *Hooking Up with Healthy Sexuality: The Lessons Boys Learn (and Don't Learn) About Sexuality, and Why a Sex-Positive Rape Prevention Paradigm Can Benefit Everyone Involved* the author, Brad Perry, discusses how he and his friends, while growing up, “learned quickly that [their] sexuality was to be characterized by action, control, and achievement” (Perry, 2008, p. 200). This view of male sexuality (which many young men seem to share), combined with a lack of education about what true consent is and is not, sets the stage for the occurrence of sexual assault. And when women are also lacking in education about the importance of enthusiastic consent and the fact that they deserve pleasure they may not even realize that they have been assaulted.

### **What do Students Want in Sex Education?**

Finally, in addition to research that demonstrates that comprehensive sex education programs lead to more positive sexual health outcomes for youth, there is also a body of research that shows that students want their sex education courses to be more comprehensive. When asked for their opinion on the sex education program in their school the majority of students reported that they did not get the education they wanted or felt they needed (Forward Together, 2011; Pingel, Thomas, Harmell, & Bauermeister,

2013; Ward & Taylor, 1991). The students in these studies reported wanting sex education that is more culturally sensitive (Ward & Taylor, 1991; Forward Together, 2011), inclusive of LGBTQ+ identities (Forward Together, 2011; Pingel, Thomas, Harmell, & Bauermeister, 2013), and that places a heavier emphasis on aspects of healthy relationships and positive sexuality (Forward Together, 2011). Lastly, a study done by Fine and McClelland (2006) asked students what they wanted from their sex education and the overwhelming response they received was “more conversations like this, where we’re asked what we think, what we want to know” (p. 326).

After reviewing the literature it became apparent that there is a gap in the research when it comes to Oregon. This review shows that there has been no research done on what is actually being taught in the sex education programs in Oregon high schools or on what Oregon high school students want to be learning in their sex education programs. This study is intended to fill that gap.

## **THEORY**

The theoretical underpinnings for this examination of sex education are based primarily in two facets of feminist theory: queer theory and intersectionality theory. Feminist theory is grounded in the notion that society is unequal and hierarchical. Queer theory adds to this through a focus on breaking down binaries and socially constructed notions of normal. It is important to look at sex education through the lens of queer theory because queer theory allows for the challenging of damaging gender and sexuality binaries. Also, although the ideas of queer theory expand far beyond the LGBTQ+ community, it does provide theoretical space for the centering of the experiences, lives, and needs of queer and trans\* people. Intersectionality theory ties into this because it focuses on centering the experiences and knowledge of marginalized populations, and specifically populations that are marginalized by race. It also focuses heavily on how one's intersecting identities can lead to multiple and simultaneous oppressions. This theory came out of the work of women of color and thus centers mainly on the experiences and lives of people of color. While it is essential to apply this theory when looking at sex education, it is problematic when looking at Oregon specifically because Oregon's population is primarily White.

Within queer theory, 'queer' is defined as "a critique of all things oppressively normal" (Mann, 2012, p. 235). In using queer theory to analyze sex education I was looking closely at the ways in which sex education is simultaneously influenced by and reinforces heteronormativity, gender binaries, and erotophobia. Heteronormativity is so

prevalent in our society that it often goes completely unnoticed, yet it is damaging to everyone.

Heteronormativity is damaging to everyone, not just lesbian, gay, bisexual, trans\*, and queer (LGBTQ) folks, because, according to queer theorists, this notion is central to the societal construction of extremely prevalent concepts in our society, such as gender binaries. According to Judith Butler's performativity theory, "gender and sexuality come into being through our repeated performance of signs, norms, and conventions associated with heterosexual maleness and femaleness" (Mann, 2012, p. 241). The binary of male and female is not, as many people believe, a biological fact, but rather a socially constructed phenomenon that is "passed down from generation to generation" like a script (Mann, 2012, p. 241), and heteronormativity is at the core of the construction of this script. There are such powerful societal messages about the necessity of conforming to these socially constructed notions of binary genders and the consequences of not conforming, that people will often go to extraordinary lengths to prove that they fit into the boxes. This can manifest itself in any number of harmful ways. For instance, it can be seen in the occurrence of heterosexual men desperately trying to prove their heterosexuality (and thus, their masculinity) by being aggressive and violent towards women and other men. It is in this way that heteronormativity is harmful to all people, and not just members of the LGBTQ+ community.

If heteronormativity and gender binaries are so damaging, why are they still so prevalent and integral in society? One idea that is supported by queer theory is Michel Foucault's theory of the panopticon. The panopticon, or the panoptical gaze, is a "modern technique of normative discursive power" (Mann, 2012, p. 225) and it "describes the

powerful effects on individuals when institutional and normative surveillance is internalized. This modern technique of power leads people to police their own behaviors and practices in order to avoid stigma or punishment and, thereby, reduce the need to use direct force in controlling deviance” (Mann, 2012, p. 421). Basically, the idea behind the panoptical gaze when it comes to the maintenance of heteronormativity and gender binaries is that everyone has internalized these notions to the extent that we require ourselves to uphold them even though we do not realize that we are doing this. This notion plays into sex education because it is the internalization of institutional surveillance that leads to the maintenance of heteronormativity and gender binaries. Thus, because schools are institutions, the messages about sexuality and gender that are taught in sex education courses will be internalized by the students, and then this will lead them to police themselves and others according to these messages.

Another notion within queer theory that is relevant to the topic of sex education is the erotophobia of Western culture. Erotophobia is defined as “a fear of the erotic so strong that only one form of sexuality is overtly allowed and only in the context of certain legal, religious, and social sanctions” (Mann, 2012, p. 251). This concept presents itself in the sex-negative viewpoint that is commonly expressed and perpetuated in society and that contributes to feelings of shame, guilt, and stigma around sexuality. This impacts sex education through the fact that there are so many barriers and restrictions regarding what information educators are allowed to present to students and how they are allowed to present it. This also accounts for the prevalence of abstinence-only until marriage education in public schools. In opposition to erotophobia and the sex-



negative views that it perpetuates, my work takes a sex-positive approach to looking at sex education. A sex positive approach views all expressions and aspects of sexuality as natural, normal, and healthy and seeks to promote safe sex practices and informed, enthusiastic consent.

A lot of work in feminism and social justice is rooted in the notion that all people hold multiple and simultaneous identities and that these identities are privileged and oppressed in differing ways. Intersectionality focuses on how one's experiences with privilege and oppression are influenced by the intersections of one's various identities, and one's racial identity in particular. A central tenet of this theory is the centering of the lives, voices, and experiences of women of color. In fact, the term "intersectionality" was coined by Kimberle Crenshaw, a Black legal scholar, in her 1989 essay, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." She coined this term amid a discussion of how Black women are often invisible in the eyes of the legal system because the discrimination that they face does not neatly fall into the category of racism or sexism, but rather results as a combination of both of these systems of oppression operating simultaneously.

One key idea in intersectionality theory is polyvocality, which is defined as the "inclusion of many voices and vantage points as well as the excavation or retrieval of subjugated knowledge as forms of resistance to dominant knowledges and discourses" (Mann, 2012, p. 182). Polyvocality is relevant to sex education because students need to have a say in what they are being taught. The voices of youth are often overlooked and devalued by those in power. If the people who have the authority to develop, implement,

and restrict sex education curricula do not pay any attention to the thoughts and opinions of youth, then it is unlikely that youth are going to be receiving the information that they feel they need. Further, if students had a say in sex education curricula and felt that what they were being taught was relevant to their lives, then it might be more likely that their sex education courses would have a positive influence. All of this is particularly true for youth from traditionally marginalized groups (youth of color in particular, but also LGBTQ+ youth, youth of low socioeconomic status, disabled youth, etc.) because their voices are often the least heard. Also, the sex education needs of marginalized youth may be different from the needs of more privileged youth, and if the individuals who are in charge of creating curricula and policy for sex education programs are from a more privileged background and are unaware of the needs of marginalized populations, then they may not take into account the needs of these youth. This is why polyvocality is critical in the creation and implementation of sex education curricula and policy.

One of the key concepts used by many intersectionality theorists, such as Patricia Hill Collins, bell hooks, and Gloria Anzaldua, is privileging the knowledge of the oppressed. To privilege the knowledge of the oppressed means to center the voices, knowledge, and experiences of the individuals and communities who are most marginalized – and within intersectionality theory this primarily means centering individuals and communities of color. According to this epistemological framework, these populations have a unique standpoint from which to understand the processes of privilege and oppression within society by means of their location on the margins of society – it is as if these populations are outsiders looking in. However, in *Black Feminist Thought* Collins points out that these populations do not have an inherent understanding

of these processes – they merely have the potential to hold this unique understanding by way of their lived experiences (Mann, 2012, p. 185). Applying this concept in sex education would mean centering the needs and experiences of marginalized youth, such as youth of color, LGBTQ+ youth, female-identified youth, immigrant youth, disabled youth, etc. As members of marginalized groups, these youth have the lived experiences that give them the potential to see the inequalities within sex education; however, they may not have an understanding of how their experiences operate within a larger framework of institutionalized systems of privilege and oppression. Centering the voices of marginalized youth and allowing their perceptions of what they need in sex education to influence curricula and policy could lead to the development of sex education programs that are fully comprehensive, inclusive, and relevant to all youth.

Centering marginalized youth in decisions about sex education is reminiscent of the way in which the reproductive justice movement centers the needs of women of color in the fight for women's health. The original women's health movement focused primarily on the needs of middle-class white women, and neglected the very different needs of women of color. Thus, women of color (Black women in particular) branched off from the women's reproductive choice movement in order to create the reproductive justice movement that would center the issues that were relevant to their lives (Silliman, Fried, Ross, & Gutiérrez, 2004).

Intersectionality theory is also important for looking at how one's social location, which is made up of the intersections of all of one's identities, impacts one's access to resources and knowledge. This is relevant to sex education because all youth have differing levels of access to resources and information related to sex and sexuality

depending on their individual social locations – race, ethnicity, class, gender, ability, sexuality, etc. This is especially pertinent to marginalized youth, and youth of color in particular, because they are more likely to have a lower socio-economic status and thus be confined to school districts that have fewer resources and less access to things like quality sex education teachers, health clinics, contraception, etc. In the case of youth of color (particularly African-American and Latina youth) and Native youth this inequality in access to resources stems from the lingering of effects of racist histories and laws (Silliman, Fried, Ross, & Gutiérrez, 2004). It is essential that educators recognize the impact that one's social location has on access to resources, services, and information and provide material in such a way that demonstrates that they are aware of this. When educators do not acknowledge this it can potentially lead some youth to feel that their experiences are being overlooked or not valued.

Finally, intersectionality theory is often applied when looking at violence against women because, “sex, violence, and sexualized violence have so often occurred at the nexus of gendered, racialized, and class-based ideology and practice in the United States” (Mann, 2012, p. 193). It is very important to consider sexual violence and violence against women when discussing sex education because sex education courses offer the perfect opportunity to either reinforce or challenge the myths and ideologies that contribute to the occurrence of sexual violence. For instance, the ways in which boys are socialized to adhere to traditional notions of masculinity contributes to rape culture because this view of masculinity values qualities such as power, dominance, control, aggression, etc. An intersectionality framework acknowledges that ideas of masculinity are different for various races, ethnicities, and socio-economic statuses. Comprehensive

sex education can be used as a tool to interrupt rape culture by breaking down myths about rape and consent and replacing these myths with accurate information on these topics, promoting healthy masculinity development, and promoting healthy relationships and clear communication with partners.

Although the theoretical basis for this thesis is feminist, it is important to recognize that sex education curricula and policy is being created and implemented within the larger context of educational theories and adolescent development theories. While I am not working within these frameworks, I remain cognizant that my research is occurring within this context. I hope that my work, and other feminism-based sex education research, can be used to inform the larger conversation among school district professionals about what sex education should include and how it should be taught.

## METHODS

The literature has shown that comprehensive sex education is most effective in terms of achieving positive sexual health outcomes for youth (Kirby, 2008; Weaver, Smith, & Kippax, 2005; Advocates for Youth, 2009), but there is variation in what a sex education program must include to be considered comprehensive. I believe that it must go beyond teaching just the basics of sexual functioning and safe sex practices and include a wide array of information related to all aspects of sexuality, gender, relationships, pleasure, etc. This belief is supported by the Sexual Health Model, which was developed through a sexological approach to education and outlines ten key components that are critical for healthy sexuality (Robinson, Bockting, Rosser, Miner, & Coleman, 2002). These components include a discussion of “sex, culture and sexual identity, sexual anatomy and functioning, sexual health care and safer sex, challenges to sexual health, body image, masturbation and fantasy, positive sexuality, intimacy and relationships, and spirituality” (Robinson, Bockting, Rosser, Miner, & Coleman, 2002). While this approach was designed to be applied specifically to HIV prevention efforts in comprehensive and culturally specific sexuality education programs, its practical and theoretical foundation can be applied to sex education as a whole. This model is rooted in the notion that sexually healthy people make healthy sexual decisions, and it promotes the development of sexually healthy people through sexuality education that emphasizes sexuality and relationships, acknowledges the background of the target population, and has a positive focus (Robinson, Bockting, Rosser, Miner, & Coleman, 2002).

In addition to being based in a comprehensive model of sex education, the survey that I created was inspired by Forward Together's *Let's Get It On!* Project. This project conducted a survey of students in California's Oakland Unified School District to determine what students were learning in their sex education courses and what they wanted to be learning. Using Forward Together's study was useful in the creation of this survey because California's sex education policy is very similar to Oregon's. However, a major limitation in using this study as the basis for my survey was the vast difference in racial demographics between Oakland, CA and Oregon. Over 88.3% of Oregon residents are White, compared to only 34.5% of Oakland, CA residents (U.S. Census Bureau, 2014; City of Oakland, 2010). Due to the high percentage of people of color in Oakland, the study done by Forward Together placed a strong emphasis on relevancy and inclusivity related to race, ethnicity, culture, and language in sex education programs. I was not able to include this same emphasis in my study.

As research for this project I conducted an anonymous online survey of first-year students at Oregon State University between the ages of 18-20 who had attended high school in Oregon. I chose to limit the participants to this particular age range and university class to better ensure that their memory of their high school sex education program was as fresh as possible. University students, rather than high school students, were surveyed because university students have hindsight that high school students do not that could lead them to have a more educated opinion on the ways in which their sex education program was beneficial or could have been improved upon. The study was limited to students at Oregon State University because the majority of first-year students at OSU are Oregon residents and thus they are very likely to have attended Oregon high

schools. Also, because OSU is one of the largest universities in Oregon it was possible to access a diverse range of participants. However, a major limitation to this was that most of the participants attended high school within the Western side of Oregon, and the Willamette Valley/Portland area in particular. Thus, the sample population was not representative of all of Oregon. The goal was to survey 50-100 students. 86 responses were received, but only 66 were complete and eligible for inclusion in the study.

I created a rough draft of my survey based on Forward Together's study. I was unable to access the survey that they used, so I turned to their report to determine the type of information that they had gathered. In addition to looking at this information I looked into other current literature on sex education to get an idea of what others were looking into and asking. I created the survey questions by drawing on all of this information. The main themes of the survey include basic information about sexual functioning and sexual health, consent and healthy relationships, LGBTQ+ identities, and positive sexuality. After creating this first draft of the survey I pilot-tested it with roughly 15 students in an upper-division and graduate-level Women, Gender, and Sexuality Studies course. All of these students were women except for one. They provided valuable feedback that assisted in revising the survey to be clearer in the questions and response options. However, it may also have been beneficial to pilot the study on a lower division course in order to get a better understanding of how the survey questions would be interpreted by the population that was being studied.

After finalizing the survey I distributed it through several email listservs on campus at Oregon State University. I requested that it be sent out to the following listservs: Rainbow Continuum, the Pride Center, the Women's Center, the Centro



Cultural César Chávez, the Lonnie B. Harris Black Cultural Center, the Asian Pacific Cultural Center, the Native American Longhouse, and the Women, Gender, and Sexuality Studies (WGSS) department. Other than the Pride Center, Rainbow Continuum, and WGSS I did not receive confirmation on whether or not it was actually sent out to these listservs. The survey was also distributed via email to first-year students in the University Honors College and to students in Dr. Kathy Greaves' *HDFS 240: Human Sexuality* course. Finally, the survey link was posted on the Hawley-Buxton Residence Hall Facebook page, Kryn Freehling Burton's Twitter page, and the WGSS and Queer Studies Twitter Pages. I chose to distribute the survey through these mediums because I knew that they reached a large number of first-year students. Further, I chose to distribute the survey to the Cultural Resource Center listservs in an attempt to reach a diverse population of first-year students. I will discuss the limitations of this distribution method in a later section.

The survey that I created consisted of 15 questions. Before the start of the survey, I asked four questions that were intended solely to gather demographic data. The first and eighth questions of the survey were intended to determine what students were learning in their sex education programs; the second and third were to determine what students wanted to learn. All three of these questions provided the same list of seventeen sex education topics to choose from. Questions four and five asked how much time students spent on sex education in high school, and how much time they wanted to spend. The sixth, seventh, and eleventh questions were aimed at learning from who and from where students received the majority of their sex education. Finally, questions nine and ten were meant to determine students' opinions on the importance of sex education. The format of

the survey consisted of multiple-choice questions, with space for students to leave comments after several of the questions and at the end of the survey. I chose to use multiple-choice questions for analysis purposes, and I included space for comments in order to get a more complete story of the participants' experiences with and opinions of sex education. See Appendix B for the complete survey.

## FINDINGS

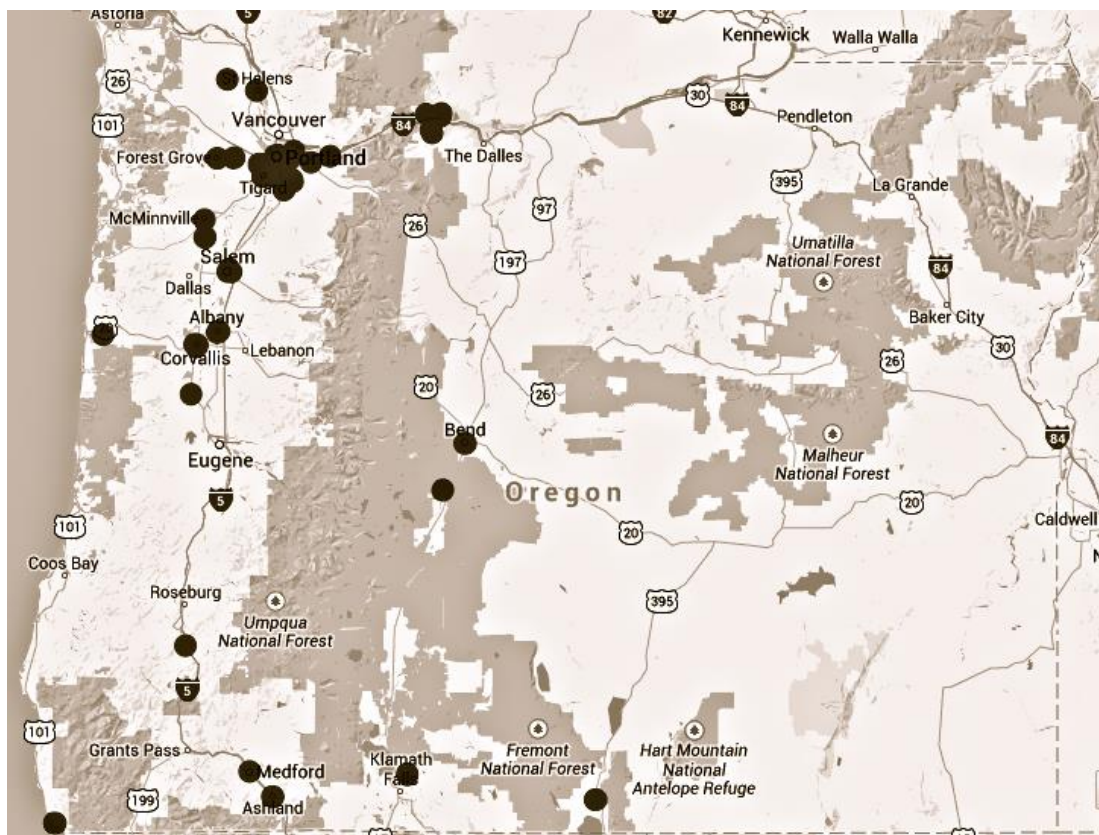
### Demographics

This survey received 66 complete responses. The following chart lays out the gender and sexual orientation demographics of the participants.

Gender of participants:		Sexual orientation of participants:	
Female (49)	74%	Heterosexual / Straight (53)	80%
Male (16)	24%	Bisexual (6)	9%
Androgynous Female (1)	2%	Pansexual (4)	6%
		Gay / Lesbian (1)	2%
		Queer (1)	2%

One participant's sexual orientation could not be counted because the response was unclear. The questions about gender and sexual orientation were open-ended to allow participants to identify in whatever way felt most true to them.

Demographic data about the type and district of the participants' high schools was also collected. 59 participants went to a public high school, six (6) went to a private school, and one (1) went to a private Catholic school. The majority of the participants attended high school in the Western part of Oregon, with a significant amount from the Willamette Valley. The map below illustrates the areas in which the participants attended high school.



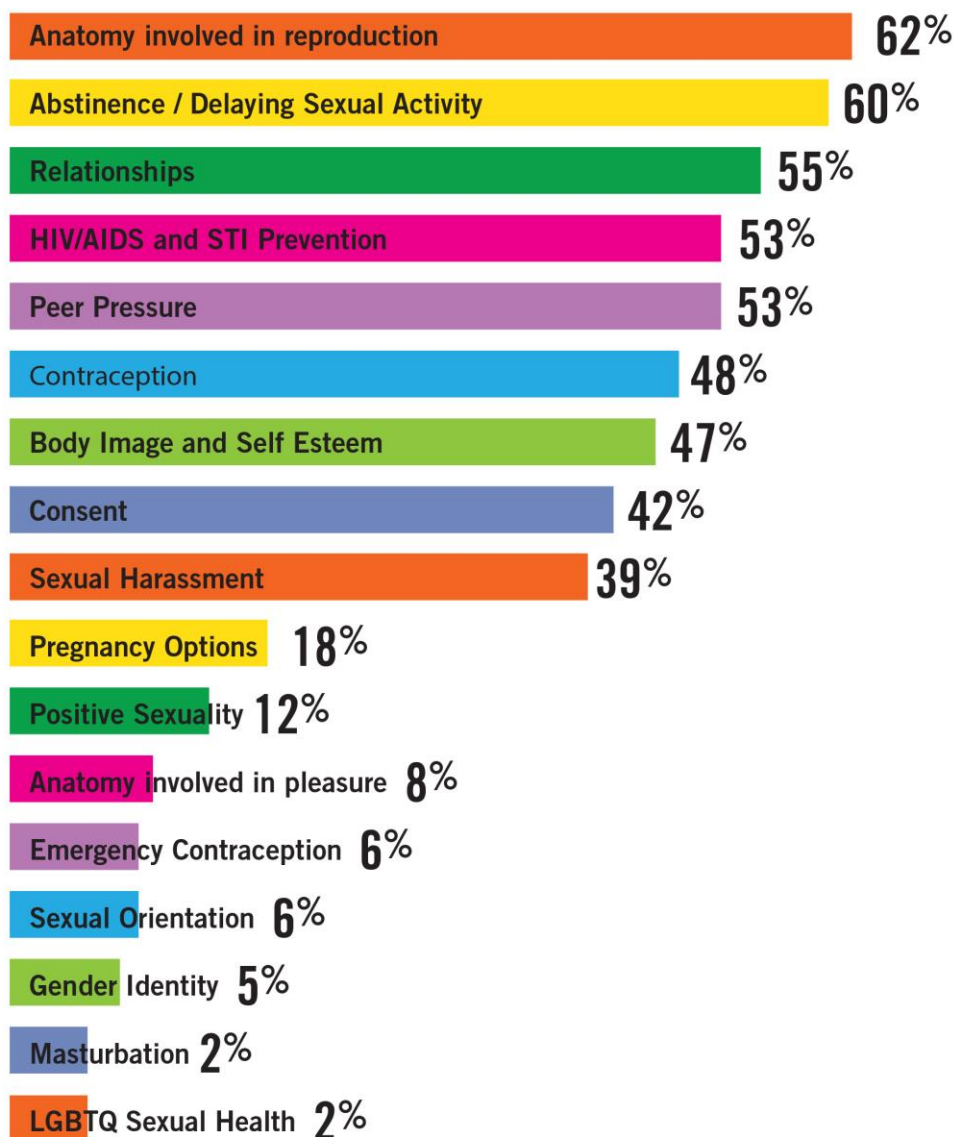
**Map of Participants' School Districts**

See Appendix A for a complete list of the school districts involved in this study.

### **What did Students Learn?**

In order to gain an understanding of what is being taught in schools, the first question on the survey asked participants to indicate the extent to which each topic, out of a list of 17, was covered in their sex education program. The following chart illustrates the percentages of students who indicated that these topics were “covered in-depth”, as opposed to “briefly covered”, “mentioned”, and “not covered”.

Percentage of students who said these topics were **covered in-depth** in their sex ed class:

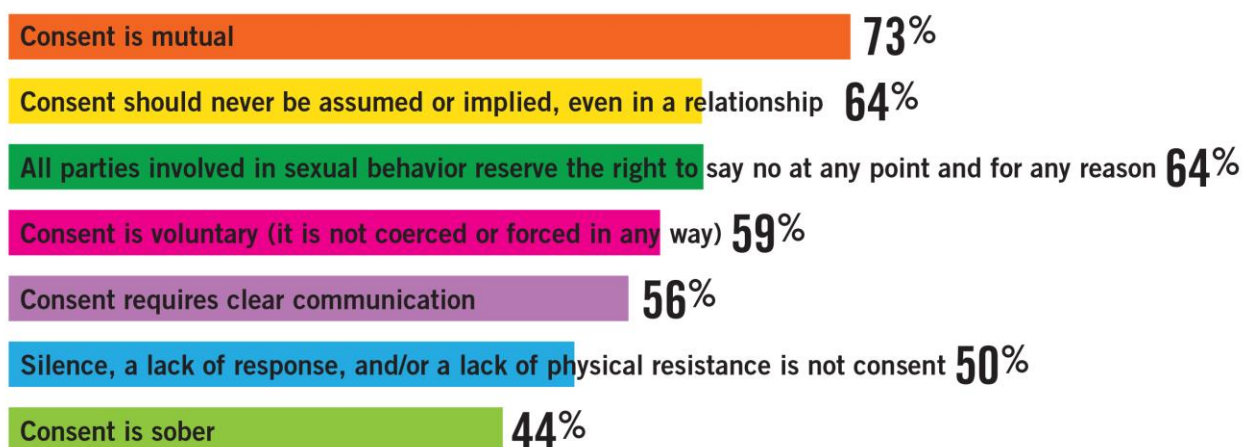


Refer to Appendix A for further information on what was covered in the participants' sex education programs.

For the topic of consent a follow up question was asked to determine exactly what students were taught. The following chart lays out the participants' responses to the

question, “In your high school sex education program, which of the following aspects of consent were taught?”

## Aspects of consent that were covered in the students' sex education courses:



14% of participants reported that they did not remember what was covered and 21% reported that their high school sex education program did not provide information on consent.

## What do Students Want to Learn?

A goal of this study was to determine what students want from their high school sex education program. The results show that the students wanted to learn more in their sex education program than they did, and they wanted to spend more time on it. The chart below illustrates the amount of time that the participants spent learning about sex education in high school.

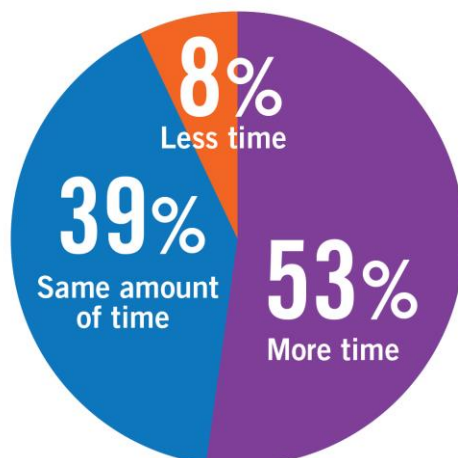
Amount of **time spent on sex education** in high school:



The responses given by participants who selected “other” included, “3-5 weeks”; “Health was a required class for two semesters in your [sic] high school career in my school. We spent about a third of all that time actually learning about sex and related topics”; “One class a day for one semester”; “About a year total over the course of 4 years”; and “Every other day for a semester”.

In comparison to the amount of time that students spent on sex education in high school, the graph below illustrates the amount of time that students wanted to spend on sex education.

Amount of **time students wanted to spend on sex education** in high school:



In addition to wanting to spend more time on sex education, several of the participants' comments demonstrate the students' desire to learn about more topics in sex education: a straight female said, "...there are many aspects of sex ed that aren't covered that should be...", and a heterosexual male said, "My high school sex ed was lacking in many things".

Among the things that the participants reported as lacking was information about LGBTQ+ health and identities. "Topics about LGBT relationships were not mentioned at all, but they should be," commented one straight female respondent. This comment reflected the data, as well as the feelings of several other participants who made remarks about the inclusion of information related to LGBTQ+ identities in sex education programs. 44% of participants reported that sexual orientation was not covered, 61% reported that gender identity was not covered, and 76% reported that LGBTQ+ sexual health was not covered. However, in looking at what student would include in a sex education program of their own design, only 29% said they would include sexual orientation, 17% said they would include gender identity, and 27% said that they would include LGBTQ+ sexual health.

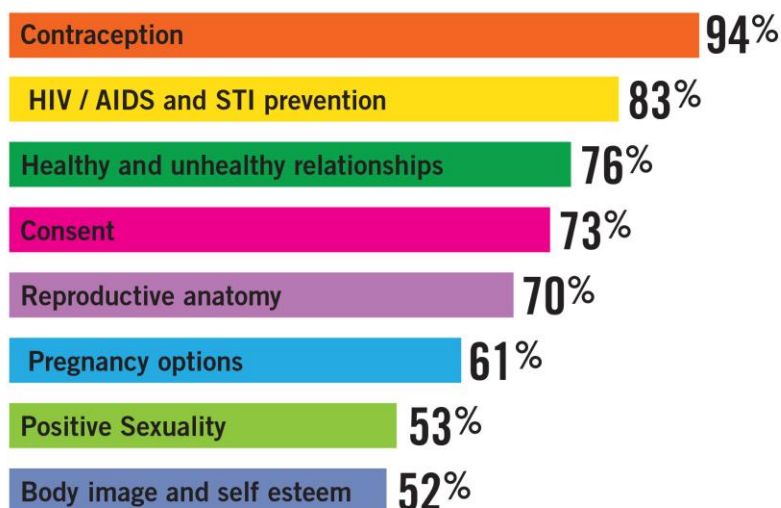
Another finding in the data is that students do not prioritize the inclusion of information about abstinence in sex education. 97% of respondents reported that abstinence was at least mentioned in their sex education course and 61% of them said it was covered in-depth. However, when given the option to choose what they would include in a sex education program only 33% of them said that they would include abstinence. A heterosexual male respondent summarized the opinions of many of the



participants when he commented, “Please stop the abstinence oriented sex ed programs in high school!”

In order to determine which subjects students feel is most important to include in a sex education program, the participants were asked to choose only eight (8) subjects they would include in a sex education program of their own design. The following chart illustrates the top eight subjects that participants indicated they would include.

Top eight subjects students would cover if they were to design their own sex ed program:

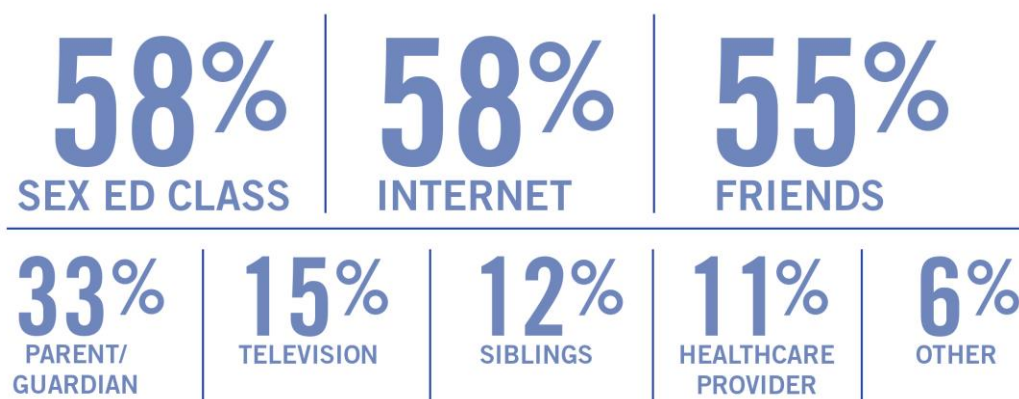


Refer to Appendix A for further information.

### **From Where did Students Receive Information?**

Another theme found in the data is that students reported that they were receiving the majority of their information about sex and sexuality from sources other than their high school sex education program. The following chart illustrates from where the participants feel they received the majority of their sex education.

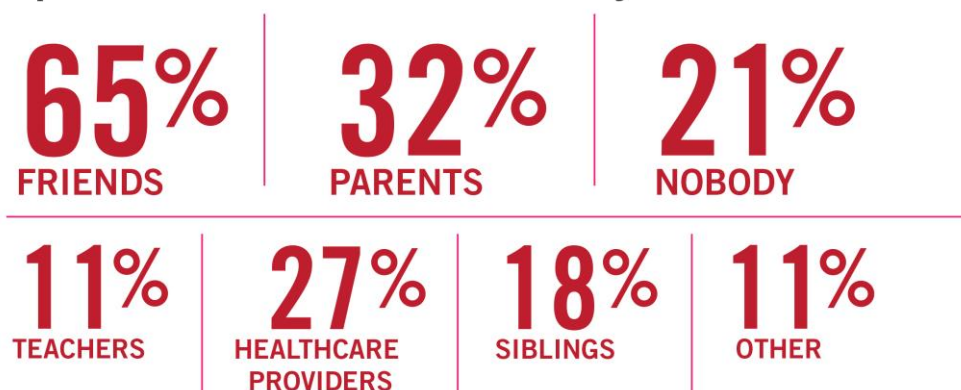
From where do you feel that you received the **majority** of your sex ed in high school?



The responses given by students who selected “other” included, “Friend’s mom”, “Sex-Ed book for teen boys”, “Laci Green! Wonderwoman of sex education”, and “Books”.

In addition, the participants were asked with whom they felt most comfortable talking when they had questions about sex or sexuality. The following chart illustrates their responses.

When you were in high school, **with whom did you feel most comfortable talking when you had questions about sex or sexuality?**



The responses given by students who selected “other” included, “Significant other”, “Didn’t care, didn’t need to”, “Family therapist”, “Boyfriend”, “Internet”, and “Friend’s mom”.

## **DISCUSSION**

### **Analysis**

#### **How well is the Policy Being Applied?**

The data indicates that Oregon's sex education policy is being carried out in schools; however, there is room for improvement. The policy states that schools must include information on the best ways to prevent pregnancy and STIs, and in looking at the data it appears that the majority are doing this. The findings show that 97% of schools are at least mentioning contraception and 100% of schools are at least mentioning HIV/STI prevention; however, many of them are not covering these subjects in-depth. This indicates that schools may not be covering the "risks, benefits, and effectiveness of all forms of contraception and the effectiveness of all forms of STI prevention", which is what the law requires (Oregon Administrative Rule 581-022-1440, 2009). Considering that 95% of participants reported that the subject of healthy and unhealthy relationships was at least mentioned, it appears that most schools are abiding by the part of the policy that requires that they include "a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship" (2009). However, only 55% of participants reported that the topic of relationships was covered in-depth, which could indicate that many of the schools are not covering this topic to the extent that is required by the policy. Further, the findings also show that 97% of schools are adhering to the part of the policy that requires information on abstinence to be promoted. Moreover, the policy requires that sex education courses "teach students that no form of sexual

expression is acceptable when the expression physically or emotionally harms oneself or others and teach students not to make unwanted physical and verbal sexual advances, how to decline unwanted sexual advances or accept the refusal of unwanted sexual advances. Students shall be taught that it is wrong to take advantage of or to exploit another person”; the policy also states that sex education courses must “assist students in the development and practice of effective communication skills, the development of self-esteem and the ability to resist peer pressure” (2009). However, it appears that these parts of the policy are not being applied in all schools. The findings show that 15%-21% of participants reported that consent was not covered, 11% reported that peer pressure was not covered, 9% reported that sexual harassment was not covered, and 11% reported that body image and self-esteem was not covered.

Further, in analyzing the results I realized that my notions of what it means for a subject to be “mentioned”, “briefly covered”, and “covered in-depth” might be drastically different from the participants’ notions of these terms. This became clear when looking at the two questions that were asked about consent. All seven aspects of consent that were listed in the second question were based upon my own definition of consent, which I have developed through my experiences with feminism, Women, Gender, and Sexuality Studies courses and readings, and various trainings and information sessions on sexual assault. The first question simply asked the participants to note the extent to which consent was covered in their sex education program, and the second question asked them to mark all of the aspects of consent that were covered in their sex education program. There were some very key discrepancies between the results for these two questions. On the first question 15% of participants reported that consent had not been covered in their

sex education program, but on the second question 21% of participants reported that it had not been covered. This discrepancy could be due to students thinking that consent had been covered in their sex education program, but then when they saw the various aspects of consent that could have been covered they realized that it had not been covered in this way. Second, out of the participants who marked that consent had been “covered in-depth” on the first question, on the second question some of them checked that all of the listed aspects of consent had been covered and some of them checked only a few of them. Similarly, out of the participants who reported on the first question that consent had been “mentioned” or “briefly covered”, on the second question some of them checked all of the options, some of them checked only a few of them, and some of them checked that their sex education program did not provide information on consent. Because of all of these discrepancies it appears that it would have been beneficial to have asked more detailed questions about the other topics, or clarified what was meant by “covered in-depth”, “briefly covered”, and “mentioned”. Doing so would also have made it easier to determine how well the schools were adhering to the sex education policy in this area.

The fact that nearly a quarter of students did not receive any information on consent and many did not receive thorough information on consent in their high school sex education program is highly concerning. Rape and sexual assault are highly prevalent issues and this is not going to change if youth are not being educated about what exactly constitutes rape and what constitutes consent. Lack of education about consent is further compounded by common misconceptions and myths about rape, as well as by a culture that normalizes and supports rape (Maxwell, 2014). In order to help prevent rape and sexual assault from occurring it is crucial that sex education programs include accurate

and thorough education about consent in order to help breakdown harmful myths, misconceptions, and messages about consent, rape, and sexual assault.

### **How do These Results Compare to Forward Together's Results?**

Because this survey was modeled after a study done by Forward Together in California's Oakland Unified School District, a comparison of the results of their study to the results of this study is illuminating. For this comparison I will only look at the questions that were the same for both surveys. These include questions about the inclusion of LGBTQ+ related information, with whom students feel comfortable talking about sex, the amount of time that students want to spend on sex education, and students' perceptions of the importance of sex education.

In looking at LGBTQ+ issues, Forward Together's study showed that 63% of students were not receiving information on LGBTQ+ sexual health and 54% were not receiving education about sexual orientation, gender identity, and gender roles. The results of this survey showed that 76% of students were not receiving information on LGBTQ+ sexual health, 44% were not receiving information on sexual orientation, and 61% were not receiving information on gender identity. This is highly concerning considering the fact that 7.8% of 11<sup>th</sup> graders in Oregon report identifying as gay, lesbian, bisexual, or questioning (Oregon Health Authority, 2013), and a higher percentage of LGBTQ+ youth are engaging in risky sexual behavior than their heterosexual peers (Gowen, 2011). Risky sexual behavior among LGBTQ+ youth could be related to the fact that they are not receiving information about safe sex practices that is relevant to their

lives and are thus unaware of the risks involved with the types of sex in which they are engaging (Pingel, Thomas, Harmell, & Bauermeister, 2013). Further, according to the 2007 Oregon Healthy Teens survey, LGBTQ+ youth are significantly more likely to attempt suicide than their heterosexual peers (Franks, 2008), and one-third of trans\* youth have attempted suicide and 45% have seriously considered it (Sidney Borum Jr. Health Center, 2012). The high rate of suicide and suicide attempts among trans\* and LGBTQ+ youth can be related to feelings of isolation as well as harassment and bullying by their peers who are not educated on the topics of gender identity and sexual orientation. If information related to these identities were to be provided in sex education courses this could help to interrupt and challenge the heteronormative and transphobic messages that youth are receiving from all around (e.g. media, pop culture, peers, family members, etc), and hopefully mitigate feelings of isolation, as well as the occurrence of harassment and bullying.

Another question on both Forward Together's survey and this survey asked with whom students felt most comfortable talking to about sex or sexuality. Forward Together's results showed that 70% of students reported feeling most comfortable talking to friends, and the results of this survey showed that 65% reported the same. The fact that the majority of the students in both of these studies reported feeling most comfortable talking to their friends means that it is especially important for students to be receiving comprehensive and accurate information about sex and sexuality in the classroom. If this is not happening and students are relying on their friends for information about sex and sexuality then it is unlikely that these students are receiving completely accurate



information. Inaccurate information works to perpetuate myths about sex and sexuality that are potentially very harmful to the sexual health and wellbeing of youth.

Finally, the study done by Forward Together and this study both showed that the majority of students wanted to spend more time on sex education in high school. The fact that the majority of these students wanted to spend more time on sex education indicates that they may not feel as if they learned everything that they wanted or needed to learn about this subject. In addition, both studies showed that the majority of students feel that comprehensive sex education is important to their lives. This further indicates that schools should put more effort into implementing comprehensive sex education programs.

Due to limitations in the wording of my survey questions I was not able to reliably compare the information gathered in each survey about what students feel is important to include in sex education. A further limitation in comparing these surveys is that due to the high percentage of students of color in Forward Together's study, race played a central role in the creation of their survey and their analysis of the data. Forward Together focused a lot on how the students' racial, ethnic, and cultural identities influenced their opinions of their sex education programs in high school, as well their opinions on what is important to be included in sex education. Due to the fact that I was not able to collect racial demographic information in my survey, as well as the fact that there is a low percentage of people of color in Oregon, I was not able to do the same.

### **Reflections on Demographics**

In comparing what students would cover in a sex education program of their own design to what they said was covered<sup>3</sup> in their high school sex education program, it is notable that the percentage of students who reported that they would cover positive sexuality and LGBTQ+ sexual health was higher than the percentage of students who reported that these topics were covered. This could indicate that the participants wanted to learn more about these subjects than they did. In addition, this could also be attributed to the fact that a disproportionate number of participants in this study were female- and LGBTQ-identified. A much higher percentage of LGBTQ-identified participants than heterosexual-identified participants (75% versus 15%) reported that they would include LGBTQ+ sexual health in a sex education program of their own design. Also, a higher percentage of female-identified than male-identified respondents reported that they would include positive sexuality in a sex education program. Due to the fact that there is so much shame and stigma attached to female sexuality, not to mention impossible double standards, it can be understood that women would feel that it is important to include positive sexuality in a sex education course in order to help breakdown this shame and stigma and open up space for positive and healthy conversations around sex and sexuality. It is important to note that for the purposes of this discussion I am focusing solely on cisgender women because the ways in which I am talking about this are only relevant to the experiences of cisgender women. However, this analysis is limited because I did not specifically ask the participants to identify whether they are cisgender or trans\*. Therefore, I cannot say for sure whether or not this analysis is applicable.

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<sup>3</sup> Includes responses of “mentioned”, “briefly covered”, and “covered in-depth”

It is also possible that these skewed gender and sexual orientation demographics impacted the results in other areas of the study. For instance, a higher percentage of female-identified respondents than male-identified respondents reported that they would include peer pressure, abstinence, and sexual anatomy involved in pleasure in a sex education course. Once again I would like to note that throughout this discussion I am approaching this analysis from the perspective of the experiences of cisgender women – this analysis would be completely different if it was looked at through the experiences of trans\* individuals. If one considers the way in which sex education is taught, how male and female sexuality is viewed, and how women and men are socialized to think about sex and sexuality, it can be understood why female-identified respondents valued these topics more than male-identified respondents. Looking at the ways in which women are socialized and expected to view virginity as a very important quality, as well as the fact that the burden of an unplanned pregnancy often falls solely on the woman, can help to explain why women would value the inclusion of information about abstinence and peer pressure in a sex education program.

Further, the fact that a higher percentage of female-identified participants than male-identified participants reported that they would include sexual anatomy involved in pleasure is reflective of the differences between (cisgender) male and female sexual anatomy and the ways in which young men and women are encouraged or discouraged from exploring their own bodies and sexualities. It is much more socially accepted for men to explore their own body and sexuality than women, and in fact it is almost expected that young men and boys will masturbate, and it is also more acceptable for them to discuss this with their friends and peers (Kaestle & Allen, 2011). However,

masturbation and sexual pleasure are much more taboo topics for women, and because of this many young women experience feelings of shame about their sexual desires and/or behaviors (Kaestle & Allen, 2011). As Carla Kulwicki point out in her essay *Real Sex Education*, many of the key topics that are taught in sex education, such as contraception and heterosexual intercourse, come with the assumption that a man is going to reach orgasm; however, it is entirely possible to accurately cover all of the required topics in a sex education program without ever mentioning the clitoris or female orgasm (Kulwicki, 2008). This could help explain why a higher percentage of female participants valued the inclusion of information about sexual anatomy involved in pleasure.

It is also interesting to note that a much higher percentage of LGBTQ+ respondents than heterosexual respondents reported that they would include positive sexuality and sexual anatomy involved in pleasure in a sex education course. However, due to the fact that all of the LGBTQ+ identified participants were also female-identified it is difficult to determine if this discrepancy can be attributed to their sexual orientation or gender identity.

## **Limitations**

I chose to only survey students at Oregon State University because many of the students at OSU are Oregon residents and thus are very likely to have attended high school in Oregon. Also, as one of the largest universities in Oregon, OSU provided access to a diverse population of students. However, one problem with this approach is that many of the students at OSU are from the Western part of Oregon, and thus this is

where the vast majority of the survey participants went to high school. Because of this the survey data was not representative of all of the high schools in Oregon. It would be interesting to repeat this survey in the other universities and colleges in Oregon to see how the results would differ with students from different parts of the State.

Further, the demographics of the survey population were skewed because the majority of the respondents were female-identified, and there was also a disproportionate amount of LGBTQ+ identified respondents<sup>4</sup>. Considering that female-identified and LGBTQ+ identified people have different priorities than male-identified and heterosexual-identified people, it's possible that this impacted the results. This unequal demographic distribution likely resulted from the fact that several of the sources to which the survey was posted are more heavily populated by female-identified and LGBTQ+ folks. Future researchers could aim to broaden participation by being careful to avoid sending the survey to several sources that focus more heavily on one community without also sending it to an equal number of sources that focus on other communities.

Another limitation was that I distributed the survey more than halfway through the academic year without taking into consideration how the participants' responses might have been influenced by their experiences at OSU. Therefore, if I were to repeat this survey I would either distribute it at the very beginning of the year, or I would incorporate questions about how the participants' ideas about sex education have been influenced by their time in college. For instance, I could ask about whether or not they have taken *HDFS240: Human Sexuality* with Dr. Kathy Greaves or whether they have

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<sup>4</sup> 20% of the participants in my survey identified as LGBTQ+, but according to the 2013 Oregon Healthy Teens survey only 7.8% of youth statewide identify as LGBTQ+

taken any Women, Gender, and Sexuality Studies courses that have changed their thinking on this subject.

Finally, I did not gather demographic information on the racial or ethnic identities of the participants because the Institutional Review Board at OSU was concerned that because Oregon is predominately White, especially in the rural areas, this information, in combination with the other demographic data I was collecting, could have potentially made it possible for a participant to be identified. However, the study done by Forward Together demonstrated that students from different racial and ethnic groups value the inclusion of a much broader range of information in sex education courses. If future researchers were able to find a way to repeat this study and collect racial demographic data without compromising the anonymity of the participants, it would be really interesting to see what Oregon students from various racial and ethnic backgrounds value in sex education. Further, this would allow researchers to center race in the creation and analysis of the survey and determine whether the sex education programs are inclusive and culturally sensitive, as well as determine whether or not they avoid ethnocentrism (i.e. white-centrism). Due to the fact that I was unable to gather racial demographic data, I did not include any questions in the survey about cultural sensitivity and inclusivity because I would have had no way of knowing whether the responses I received were from students of color or White students. These groups of students would likely have very different opinions on how culturally sensitive and inclusive sex education programs are in terms of race and ethnicity. In order to center race within my survey it would have been necessary know the racial identity of the participants.

## **Future Research**

In analyzing the data it has become clear how the survey could be improved. First, the survey questions were not asked in a way that allowed for a determination of the manner in which the information was provided in these sex education courses. The survey results do not provide data on whether the information provided was medically accurate, age-appropriate, or discussed sexuality as a normal and healthy part of development. The survey was also lacking questions about whether information was provided in an inclusive, non-biased, non-judgmental, and culturally sensitive manner. The survey also did not ask about whether the student's sex education program covered any of the legal aspects related to sex and parenting for those under 18 years of age. Future research would benefit from basing the survey more closely off of the requirements laid out in Oregon's sex education policy.

Future studies could explore positive sexuality in the questions. As I have gotten further in this project I have come to feel that positive sexuality is more of a framework through which sex education could be taught, rather than a specific topic within sex education. Thus, if this study were to be repeated it would be valuable to ask questions about whether or not the participants' sex education courses were taught in a sex positive manner, rather than only asking whether or not positive sexuality was a topic that was covered. It would also be beneficial to offer a definition of positive sexuality in the survey because I discovered through several of the comments that not all of the participants fully understood this term.

Future research could also explore the inclusion of information about intersex bodies in sex education courses. Further, in order to be more trans\* inclusive when discussing anatomy one could use the phrases “bodies with a penis” and “bodies with a vagina” instead of using the labels of male and female for these bodies, respectively. It could also be beneficial to ask separate questions about what was taught about intersex bodies, bodies with a penis, and bodies with a vagina in order to get more detailed information. This was an issue that I had considered in the writing of the survey, but I decided to write it in the way that I did because I was concerned that the list of options was getting too long, which would have become a problem when I asked the participants to choose eight topics that they would include in a sex education program. For the purpose of analysis I wanted to have the same list of options for all questions; thus, I did not want to create a more in-depth list for the first two questions and a condensed list for the third question. This was helpful in terms of the ease of analysis, but if this study were to be repeated it would be helpful to change the way that these questions were asked in order to be able to gain a deeper understanding of what the students were taught and what they wanted to be taught.

Future researchers would benefit from completely changing question number two, which asked, “if not covered in your sex education program, which of the following do you think should have been covered?” First, participants need to be provided with the option to select “none”. I did not do this, and this oversight shows that I was biased in thinking that the participants’ sex education programs would have all been lacking in something and that the participants would have felt that whatever was lacking should have been covered. Second, the question would be more useful if it were phrased as,



“which of the following topics do you think should have been included in your sex education program.” This is because many of the participants selected topics that they had reported as being “mentioned” or “briefly covered” in their sex education program, instead of only selecting topics that were not covered, which made this question difficult to analyze. Further, this question provided no way of knowing what the participants thought of the topics that had been covered in their sex education program. Because of all of these issues I was not able to use this question to help figure out the discrepancies between what students were being taught and what they wanted to be taught. Rewording would allow future researchers to determine the differences between what was covered and what students think should be covered, and then the question asking participants to choose eight topics to include in a sex education program could be used to determine what topics they feel are most important to include.

Another thing that future researchers could take on could be adding questions to the survey that are aimed at determining the impact that the participants feel their sex education program had on their sexual decision-making. This would be helpful in determining how successful and effective these sex education courses are.

## RECOMMENDATIONS

Due to the fact that educators most often do not have the time to address the individual needs and experiences of youth they often just end up providing youth with a “one-size-fits-all” sex education. This is problematic because it ends up essentializing the experiences and needs of youth, and may leave many youth feeling as if they are not valued and that the sex education they are receiving is not credible or relevant to their life. Although it is important for the needs of all youth to be addressed in sex education courses, due to the time restrictions that educators face in the public school system it is virtually impossible for them to address all of the individual needs of youth from a wide variety of backgrounds and identities. This is where strategic essentialism comes into play. Strategic essentialism is defined as “using collective or group identity categories for practical political purposes while simultaneously recognizing how such group categories erase differences between individuals within the group” (Mann, 2012, p. 426). In situations where sex educators may feel that, due to time constraints, they need to make broad claims about all people who share a similar identity, they can use the concept of strategic essentialism to do so in such a way that does not alienate or devalue the identities and experiences of any youths. However, this is tricky because unless the educators fully understand how to apply strategic essentialism they may simply end up essentializing. Because of this it would be ideal to avoid making any sort of essentialist claims at all, but due to the fact that sex educators have to work within the current system and restraints strategic essentialism may be the best option for this situation.

Using inclusive language is another way to avoid essentializing the experiencing of youth. Cory Silverberg, a Canadian author, delivered a keynote speech at the 2014 Adolescent Sexuality Conference that addressed the use of inclusive language in sex education. He recommended that the best way to make one's language inclusive is to break things down to the "simplest truths" (Silverberg, 2014). For example, instead of saying, "when a man and a woman have sex it is necessary to use a condom and/or contraception to prevent pregnancy," it is more inclusive to say, "when a person with sperm and a person with eggs have sex it is necessary to use a condom and/or contraception to prevent pregnancy." Another example would be to discuss the risks and safe-sex practices associated with contact between various body parts instead of the risks and safe-sex practices associated with contact between two people of a certain gender. This type of language is very inclusive of people of all types of bodies, gender identities, and sexual orientations, and it also works to breakdown heteronormative ideas.

Along the lines of inclusive language, I would also recommend that educators aim to be culturally sensitive and avoid ethnocentrism in their sex education courses. Although the majority of Oregon residents are White (U.S. Census Bureau, 2014), it is very important that sex education is taught in such a way that demonstrates an awareness of the fact that students come from different racial, ethnic, and cultural backgrounds and that these backgrounds may influence their experiences and beliefs around sex and sexuality. While this survey did not gather information about race, ethnicity, or culture and thus cannot contribute to this discussion, the study done by Forward Together did. The majority of participants in their study were students of color, and the questions that were asked about race/ethnicity, as well as several of the participants' comments,

demonstrated that their experiences with, knowledge of, and beliefs about sex and sexuality were heavily influenced by their racial/ethnic/cultural background. Sex education instructors in Oregon schools must be aware of this in order to avoid presenting information in such a way that will be irrelevant to students of color.

## CONCLUSIONS

Looking at the results of this study it appears that, for the most part, Oregon high schools are adhering to Oregon's sex education policy. However, there remains room for improvement in terms of how thoroughly all of the topics are being covered. In order for sex education programs in Oregon high schools to be truly comprehensive they need to include more information about topics such as consent, pleasure, positive sexuality, healthy relationships, and LGBTQ+ sexual health and identities. They also need to present information in a manner that is inclusive and culturally sensitive. Further, students must be allowed to have a more active role in deciding what they want to be taught in their sex education programs. This is especially pertinent considering the disparities that were seen between what the participants said was covered in their sex education program and what they felt was most important to be covered. Including these elements in Oregon's sex education programs will help to ensure that students receive the information that they need in order to have healthy and positive sexual relationships, while also working to ensure that no students feel as if their experiences and identities have been ignored or devalued.

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## **APPENDICES**

## Appendix A

### Survey Data

#### **Demographic Data:**

**Total number of participants:** 66

#### **Gender of participants:**

Female: 49 (74%)

Male: 16 (24%)

Androgynous Female: 1 (2%)

#### **Sexual Orientation of the participants:**

Heterosexual/Straight: 53 (80%)

Gay/Lesbian: 1 (2%)

Bisexual: 6 (9%)

Pansexual: 4 (6%)

Queer: 1 (2%)

N/A: 1 (2%)

#### **School District:**

Amity Sd 4j: 3

Ashland Sd 5: 2

Beaverton Sd 48j: 6

Bend-LaPine Administrative Sd 1: 3

Brookings-Harbor Sd 17c: 1

Clackamas Esd: 3

Columbia Gorge Esd: 1

Corbett Sd: 1

Corvallis Sd 509J: 5

Forest Grove Sd 15: 1

Greater Albany Public Sd 8j: 3

Gresham-Barlow Sd 10j: 1

Hillsboro Sd 1j: 2

Hillsboro Sd 1j/Salem-Keizer Sd 24j: 1

Hood River County Sd: 3

Klamath County Sd: 1

Lake Oswego Sd 7j: 1

Lincoln County Sd: 1

McMinnville Sd 40: 1

Medford Sd 549c: 1

Monroe Sd 1j: 1  
 Multnomah Esd: 1  
 North Lake Sd 14: 1  
 Parkrose Sd 3: 1  
 Portland Sd 1j: 3  
 Salem-Keizer Sd 24j: 5  
 South Umpqua Sd 19: 1  
 St. Helens Sd 502: 1  
 Three Rivers/Josephine County Sd: 1  
 Tigard-Tualatin Sd 23j: 4  
 West Linn-Wilsonville Sd 3j: 2  
 No Response/Not Applicable: 3

### **High School Type:**

Private: 6  
 Private Catholic: 1  
 Public: 59

### **Questions:**

#### **1) Please indicate the extent to which the following topics were covered in your sex education program:**

- Contraception (Options, use, and access):
  - o Mentioned: 20%<sup>5</sup>
  - o Briefly covered: 27%
  - o Covered in-depth: 48%
  - o Not covered: 3%
  - o Unsure: 2%
- Emergency contraception:
  - o Mentioned: 30%
  - o Briefly covered: 30%
  - o Covered in-depth: 6%
  - o Not covered: 32%
  - o Unsure: 2%
- Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating the pregnancy):
  - o Mentioned: 26%
  - o Briefly covered: 20%
  - o Covered in-depth: 18%
  - o Not covered: 33%
  - o Unsure: 3%
- HIV/AIDS and STI prevention:
  - o Mentioned: 11%

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<sup>5</sup> Note that percentages are rounded and thus the totals may not equal 100%

- Briefly covered: 36%
  - Covered in-depth: 53%
- Abstinence/Delaying sexual activity:
  - Mentioned: 15%
  - Briefly covered: 21%
  - Covered in-depth: 61%
  - Not covered: 3%
- Sexual anatomy involved in reproduction for male and female bodies:
  - Mentioned: 14%
  - Briefly covered: 24%
  - Covered in-depth: 62%
- Sexual anatomy involved in pleasure for male and female bodies:
  - Mentioned: 23%
  - Briefly covered: 14%
  - Covered in-depth: 8%
  - Not covered: 55%
  - Unsure: 2%
- Masturbation:
  - Mentioned: 35%
  - Briefly covered: 3%
  - Covered in-depth: 2%
  - Not covered: 61%
- Positive sexuality:
  - Mentioned: 24%
  - Briefly covered: 6%
  - Covered in-depth: 12%
  - Not covered: 48%
  - Unsure: 9%
- Sexual orientation:
  - Mentioned: 36%
  - Briefly covered: 14%
  - Covered in-depth: 6%
  - Not covered: 44%
- Gender identity:
  - Mentioned: 26%
  - Briefly covered: 6%
  - Covered in-depth: 5%
  - Not covered: 61%
  - Unsure: 3%
- LGBTQ+ sexual health:
  - Mentioned: 8%
  - Briefly covered: 15%
  - Covered in-depth: 2%
  - Not covered: 76%
- Relationships (healthy and unhealthy):
  - Mentioned: 17%

- Briefly covered: 24%
- Covered in-depth: 55%
- Not covered: 5%
- Consent:
  - Mentioned: 15%
  - Briefly covered: 26%
  - Covered in-depth: 42%
  - Not covered: 15%
  - Unsure: 2%
- Sexual harassment:
  - Mentioned: 20%
  - Briefly covered: 29%
  - Covered in-depth: 39%
  - Not covered: 9%
  - Unsure: 3%
- Peer Pressure:
  - Mentioned: 15%
  - Briefly covered: 21%
  - Covered in-depth: 53%
  - Not covered: 11%
- Body image and self-esteem:
  - Mentioned: 17%
  - Briefly covered: 23%
  - Covered in-depth: 47%
  - Not covered: 11%
  - Unsure: 3%

### **Comments:**

“I went to a public middle school and a Catholic high school and most of the previous topics were covered more in depth in middle school than in high school.” – Heterosexual Female, private school

“We were only required to take one year of health class and it mainly focused on first aid and medical emergencies.” – Heterosexual female, private school

“Although a lot of these subjects were not covered in high school sex ed, I feel that I am still educated about many of them due to the high school environment as well as my personal feelings about many of those items listed.” – Straight female, Public school, Bend LaPine Administrative Sd 1.

“What is "positive sexuality" even supposed to mean? "Hey kids, sex is a good thing! Go have it!"" – Straight male, public school, Corvallis Sd 509j

“We covered sexual health very well but not at all for the LGBTQ plus community.” – Bisexual female, public school, Corvallis Sd 509j

“The info that we did receive was very in-depth (including pictures of STD/STIs).” – Straight female, public school, Hillsboro Sd 1j/Salem-Keizer Sd 24j

“My high school sex ed was lacking in many things.” – Heterosexual male, public school, Monroe Sd 1j

“I answered the questions to the best of my ability pertaining to my Health and Animal Physiology classes, because in all honesty, there was no Sex Ed program at my school. We briefly covered sexual health for a week during the sophomore general health class.” – Pansexual female, public school, North Lake Sd 14

“My health class did a pretty good job of covering sexual health, though [it] still left me with a lot of questions....it's the sort of thing where you don't even know what to ask until you've tried it.” – Pansexual female, public school, Portland Sd 1j

“health was divided into two courses, one was freshman year so not sure what was in it” – pansexual female, public school, Salem-Keizer Sd 24j

**2) If not covered in your high school sex education program, please indicate which of the following you think should have been covered:**

- Contraception (Options, use, and access): 27%
- Emergency contraception: 44%
- Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating the pregnancy): 44%
- HIV/AIDS and STI prevention: 17%
- Abstinence/Delaying sexual activity: 14%
- Sexual anatomy involved in reproduction for male and female bodies: 17%
- Sexual anatomy involved in pleasure for male and female bodies: 48%
- Masturbation: 47%
- Positive sexuality: 61%
- Sexual orientation: 58%
- Gender Identity: 67%
- LGBTQ+ sexual health: 67%
- Relationships (healthy and unhealthy): 26%
- Consent: 42%
- Sexual harassment: 36%
- Peer pressure: 24%
- Body image and self-esteem: 29%

**Comments:**

“Mostly all the important stuff was covered” – Straight male, private school

“transgender issues should have been covered. They were not.” – Heterosexual female, public school, Amity Sd 4j

“these topics were briefly covered, but I think they should have been focused on more because many people do not know about these” – heterosexual female, public school, Amity Sd 4j

“Don't really remember this ever being mentioned, not even sure what you mean here besides I suppose abortion which was touched on maybe once.” (in reference to emergency contraception) – Heterosexual female, public school, Beaverton Sd 48j

“I wasn't allowed to check none of them, so I picked the one that I couldn't remember if we covered or not.” – Straight male, public school, Corvallis Sd 509j

“Although it is a touchy subject for state run institutions to discuss, I believe all sexual orientations and LGBT issues should be discussed.” – Heterosexual female, public school, Forest Grove Sd 15

“As far as sexual education was concerned it was pretty basic: anatomy, sexual diseases, and methods of protection against these diseases and pregnancy.” – Straight female, public school, Hood River County Sd

“Those are just topics I think should have been covered more in depth.” – Straight male, public school, Lincoln County Sd

“I think it's incredibly important to educate high schoolers that it's possible to identify as something other than just "male" and "female," and that individual sexuality is a lot more flexible than just being "gay" or "straight." Some kids just don't know that that's even possible.” – Bisexual female, public school, Portland Sd 1j

**3) If you could have created your sex education program, but only had time to cover eight (8) topics, which would you choose?**

- Contraception (Options, use, and access):

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
94%	94%	94%	100%	92%	100%

- Emergency contraception:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
24%	31%	20%	0%	23%	23%

- Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating the pregnancy):

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
61%	75%	55%	100%	64%	42%

- HIV/AIDS and STI prevention:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
83%	100%	80%	0%	83%	83%

- Abstinence/Delaying sexual activity:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
33%	25%	35%	100%	36%	25%

- Sexual anatomy involved in reproduction for male and female bodies:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
70%	75%	67%	100%	72%	58%

- Sexual anatomy involved in pleasure for male and female bodies:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
21%	1%	22%	100%	11%	58%

- Masturbation:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
11%	2%	4%	100%	11%	8%

- Positive sexuality:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
53%	44%	55%	100%	49%	75%

- Sexual orientation:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
29%	2%	32%	0%	32%	33%

- Gender identity:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
17%	2%	16%	0%	17%	16%

- LGBTQ+ sexual health:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
27%	25%	27%	100%	15%	75%



- Relationships (healthy and unhealthy):

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
76%	75%	78%	0%	79%	58%

- Consent:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
73%	75%	73%	0%	77%	67%

- Sexual harassment:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
47%	50%	49%	0%	51%	33%

- Peer pressure:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
32%	25%	35%	0%	36%	17%

- Body image and self-esteem:

Total	Male	Female	Androgynous female	Heterosexual/straight	LGBQ+
52%	44%	55%	0%	57%	25%

**Comments:**

“Consent is also very very important.” – Heterosexual female, private school

“I feel like 8 topics is not enough. It'd be good to cover in depth pleasurable anatomy. Regular anatomy was covered in multiple classes - like the required biology.” – Heterosexual male, public school, Brookings-Harbor Sd 17c

“I think all of these are important but I suppose if I had to pick...” – Heterosexual female, public school, Beaverton Sd 48j

“To me, I also felt like peer pressure was necessary, but though it could be grouped with consent.” – Straight female, public school, Bend-LaPine Administrative Sd 1

“This was a difficult question, I wanted to check all of the options, especially the underserved communities like LGBTQ, but they are a minority and unfortunately I can't check all the boxes like I want to.” – Heterosexual male, public school, Clackamas Esd

“I chose these topics because I felt like they were ones that kids might not have much information on. Many [of] the other topics, like anatomy of the sexual reproductive

organs, are covered in other classes or more talked about.” – Straight male, public school, Corvallis Sd 509j

“It was hard only trying to choose 8! Definitely put into perspective of how much teachers are able to cover in class.” – Bisexual female, public school, Corvallis Sd 509j

“I think the most important concept to impress upon students is their right to choose. With this, an explanation of the options is critical.” – Heterosexual female, public school, Forest Grove Sd 15

“I think healthy/unhealthy relationships is an extremely important thing to cover, especially in high school. Teens are immature and often stay in very unhealthy relationships because they're not educated on how to control them.” – Heterosexual female, public school, Greater Albany Public Sd 8j

“Hard decision!” – Straight female, public school, Hillsboro Sd 1j/Salem-Keizer Sd 24j

“I think positive sexuality covers an entire realm of sexual identity and gender identity-- I believe these 3 go hand-in-hand. Also, contraception would include emergency contraception-- these are very similar in my opinion.” – Heterosexual female, public school, St. Helens Sd 502

**4) Please indicate roughly the amount of time you spent on sex education in high school.**

- Less than a week: 5%
- 1-2 weeks: 27%
- 2-3 weeks: 18%
- 3-4 weeks: 15%
- More than a month: 27%
- Other: 8%
  - o “3-5 weeks”
  - o “Health was a required class for two semesters in your high school career in my school. We spent about a third of all that time actually learning about sex and related topics.”
  - o “One class a day for one semester”
  - o “About a year total over the course of 4 years”
  - o “Every other day for a semester”

**5) In comparison to the amount of time you spent on sex education in high school, how much time do you wish you had spent?**

- More time: 53%
- Same amount of time: 39%
- Less time: 8%

**6) When you were in high school, with whom did you feel comfortable talking when you had questions about sex or sexuality?**

- Friends: 65%
- Parent/Guardian: 32%
- Teachers: 11%
- Healthcare provider: 27%
- Siblings: 18%
- Nobody: 21%
- Other: 11%
  - o “Significant other”
  - o “Didn’t care, didn’t need to”
  - o “Family therapist”
  - o “Boyfriend”
  - o “Internet”
  - o “Friend’s mom”

**7) From where do you feel that you received the majority of your sex education in high school?**

- Sex education program in school: 58%
- Parent/Guardian: 33%
- Friends: 55%
- Healthcare provider: 11%
- Siblings: 12%
- Television: 15%
- Internet: 58%
- Other: 6%
  - o “Friend’s mom”
  - o “Sex-Ed book for teen boys”
  - o “Laci Green! Wonderwoman of sex education”
  - o “Books”

**8) In your high school sex education program which of the following aspects of consent were taught?**

- Consent is mutual: 73%
- Consent is sober: 44%
- Consent should never be assumed or implied, even in a relationship: 64%
- Consent is voluntary (it is not coerced or forced in any way): 59%
- All parties involved in sexual behavior reserve the right to say no at any point and for any reason: 64%
- Silence, a lack of response, and/or a lack of physical resistance is not consent: 50%
- Consent requires clear communication: 56%
- I don’t remember: 14%
- My high school sex education program did not provide information on consent: 21%

**Comments:**

“They had us play a game where we threw a stuffed frog around to teach us about consent...it was kind of weird.” – Heterosexual female, public school, Amity Sd 4j

“They covered this area very well I feel like.” – Heterosexual female, public school, Beaverton Sd 48j

“I think that my sex ed in health was different because I took an online course, which may have covered different topics.” – Straight female, public school, Bend-LaPine Administrative Sd 1

“We had a representative from CARDV come in and say that, "Men are the reason why women don't feel safe." – Heterosexual male, public school, Greater Albany Public Sd 18

“Most of what I've learned about consent has been through various non-profit ad campaigns and on the internet. I honestly can't recall if my high school health teacher even touched on the subject. There weren't posters in the classroom regarding consent, that much I do remember.” – Bisexual female, public school, Portland Sd 1j

“My school did not really provide a real definition for consent.” – Heterosexual female, public school, Tigard-Tualatin Sd 23j

**9) Do you feel that comprehensive sex education in high schools is important?**

- Absolutely: 89%
- Somewhat: 6%
- I'm not sure: 5%
- Not at all: 0%

**10) Do you feel that comprehensive sex education in high school was/would have been relevant to your life?**

- Absolutely: 59%
- Somewhat: 29%
- Not at all: 8%
- I'm not sure: 5%

**11) Who taught your sex education program in high school?**

- Health teacher: 77%
- PE teacher: 14%
- Biology teacher: 2%
- Pastor/other religious teacher: 2%
- Guest Instructor: 2%
- Other: 5%
  - o “History Teacher”
  - o “Health Teacher and Ag Ed Teacher covered small portions in the health and animal physiology classes”
  - o “One of the semesters of my Health class was taught by a PE teacher, the other was taught by a health teacher.”

**Final comments:**

“Sex education was taught in the last few weeks of the second semester by our psychology teacher.” Straight female, private school

“We also had guest instructors come in sometimes.” – Heterosexual female, public school, Amity Sd 4j

“Man, that really didn't reflect very well on my high school, did it? Oh well.” – Straight male, public school, Amity Sd 4j

“The health teachers were often also PE teachers.” – Heterosexual female, public school, Beaverton Sd 48j

“Small subject was spent on gender identity in psychology class.” – Heterosexual female, public school, Beaverton Sd 48j

“I think that this survey is interesting and that there are many aspects of sex ed that aren't covered that should be, such as many of those listed in this survey.” – Straight female, Public school, Bend-LaPine Administrative Sd 1

“Sexual education was not important for me because I do not [choose] to engage in sexual activity.” – Straight male, public school, Corvallis Sd 509j

“The sex-ed programs in high school were abysmal to say the least. There is a reason people start having sex so young, and [it's] because no one tells them the risks. Not just STD's or pregnancy, but the psychological effects. This needs to be fixed. And parents need to be involved in their kid's lives. Or else they'll wake up one morning to a pregnant 14 year old.” – Heterosexual female, public school, Bend-LaPine Administrative Sd 1

“Topics about LGBT relationships were not mentioned at all, but they should be.” – Straight female, public school, Hood River County Sd

“Please stop the abstinence oriented sex ed programs in high school!” – Heterosexual male, public school, Monroe Sd 1j

“I feel that I was robbed of a significant portion of my education because of the taboos surrounding discussion about sexual health, especially in a small, conservative, religious community. I feel that if I hadn't had a parent who worked in a health profession, and was very conscious of providing me with information regarding sexual health, that I would have suffered huge consequences in my relationships with others, my view of sexual activity and orientation and my view of myself due to the lack of sexual education at my school.” – Pansexual female, public school, North Lake Sd 14

“A couple of the instructors were also PE teachers, but a few were exclusively health teachers.” – Heterosexual female, public school, Tualatin-Tigard Sd 23j

## **Appendix B**

### Survey

**Default Question Block****EXPLANATION OF RESEARCH**

**Project Title:** Comprehensive Sex Education in Oregon  
**Principal Investigator:** Kryn Freehling-Burton  
**Student Researcher:** Katie Wicks

**Purpose:** You are being asked to take part in a research study. The purpose of this research study is to shed light on the student's perspectives on the comprehensiveness and effectiveness of sex education programs in Oregon high schools. This research is intended to be used to inform Katie Wicks's undergraduate thesis.

**Activities:** The study activities include completing a 20-question online survey.

**Time:** Your participation in this study will last no longer than 20 minutes.

**Risks:** There are no foreseeable risks associated with participating in this study.

**Benefit:** This study is not designed to benefit you directly. However, this study will potentially have a societal benefit by providing information that can lead to the improvement of sex education programs in Oregon high schools, which may result in the improved sexual health of Oregon's youth.

**Payment:** You will not be paid for being in this research study.

**Confidentiality:** Your participation in this study is anonymous.

**Voluntary:** Participation in this study is voluntary and you may drop out at any point without any negative consequences. However, all questions must be answered in order for your individual responses to be included in the study results.

**Study contacts:** If you have any questions about this research project, please contact: Kryn Freehling-Burton at [kryn.freehling-burton@oregonstate.edu](mailto:kryn.freehling-burton@oregonstate.edu) or Katie Wicks at [wicksk@onid.oregonstate.edu](mailto:wicksk@onid.oregonstate.edu). Contacting us with comments or concerns will not compromise the anonymity of your responses as your emailed questions will be in no way connected with your responses. If you have questions about your rights or welfare as a participant, please contact the Oregon State

University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at [IRB@oregonstate.edu](mailto:IRB@oregonstate.edu)

**Eligibility requirements:** In order to participate you must be a first-year student at Oregon State University; must be between the ages of 18-20; must have attended an Oregon high school; must speak English; must have the capacity to consent; and must not be an incarcerated person.

By selecting "Yes" below you are indicating that you have read and understand the risks, you meet the criteria for eligibility, you understand that you can drop out of the survey at any point, and you freely consent to participating in this research.

☐ Yes

☐ No

For demographic purposes:

What is your gender identity? (Please state "no response" if you do not want to answer this question)

What is your sexual orientation? (Please state "no response" if you do not want to answer this question)

What was your high school type? (i.e. public or private)

What was the school district of your high school? (if public)

Please indicate the extent to which the following topics were covered in your high school sex education program:

	Covered in-depth	Briefly covered	Mentioned	Not covered	Unsure
Contraception (options, use, and access)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



the pregnancy)					
HIV/AIDS and STI prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abstinence/delaying sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual anatomy involved in reproduction for male and female bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual anatomy involved in pleasure for male and female bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships (healthy and unhealthy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body image and self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are any comments you would like to make about your answers to the previous question, please do so here. If not, please state, "no comment".

If not covered in your high school sex education program, please indicate which of the following topics you think should have been covered

- ☐ » Contraception (options, use, and access)
- ☐ » Emergency contraception
- ☐ » Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating the pregnancy)

- ☐ » HIV/AIDS and STI prevention
- ☐ » Abstinence/delaying sexual activity
- ☐ » Sexual anatomy involved in reproduction for male and female bodies
- ☐ » Sexual anatomy involved in pleasure for male and female bodies
- ☐ » Masturbation
- ☐ » Positive sexuality
- ☐ » Sexual orientation
- ☐ » Gender identity
- ☐ » LGBTQ+ sexual health
- ☐ » Relationships (healthy and unhealthy)
- ☐ » Consent
- ☐ » Sexual harassment
- ☐ » Peer pressure
- ☐ » Body image and self-esteem

If there are any comments you would like to make about your answers to the previous question, please do so here. If not, please state, "no comment".

If you could have created your sex education program, but only had time to cover 8 topics, which would you choose?

- ☐ » Contraception (options, use, and access)
- ☐ » Emergency contraception
- ☐ » Pregnancy options (carrying the pregnancy to term and raising the child; carrying the pregnancy to term and putting the child up for adoption; terminating the pregnancy)
- ☐ » HIV/AIDS and STI prevention
- ☐ » Abstinence/delaying sexual activity
- ☐ » Sexual anatomy involved in reproduction for male and female bodies
- ☐ » Sexual anatomy involved in pleasure for male and female bodies
- ☐ » Masturbation

- ☐ » Positive sexuality
- ☐ » Sexual orientation
- ☐ » Gender identity
- ☐ » LGBTQ+ sexual health
- ☐ » Relationships (healthy and unhealthy)
- ☐ » Consent
- ☐
- ☒ » Sexual harassment
  - ☐ » Peer pressure
  - ☐ » Body image and self-esteem

If there are any comments you would like to make about your answers to the previous question, please do so here. If not, please state, "no comment".

Please indicate roughly the amount of time you spent learning about sex education in high school:

- ☐ No time
- ☐ Less than a week
- ☐ One - Two weeks
- ☐ Two - Three weeks
- ☐ Three - Four weeks
- ☐ More than a month
- ☐ Other

In comparison to the actual amount of time you spent on sex education in high school, how much time do you wish you had spent?

- ☐ More time
- ☐ Less time
- ☐ Same amount of time

When you were in high school, with whom did you feel comfortable talking when you had questions about sex or sexuality?

☐

Friends

☐

Parent/Guardian

☐

Teachers

☐

Healthcare provider

☐

Siblings

☐

Nobody

☐

Other

From where do you feel that you received the majority of your sex education in high school?

☐

Sex education program in school

☐

Parent/Guardian

☐

Friends

☐

Healthcare provider

☐

Siblings

☐

Television

☐

Internet

☐

Other

In your high school sex education program which of the following aspects of consent were taught? (mark all that apply)

☐

Consent is mutual

☐

Consent is sober

☐

Consent should never be assumed or implied, even in a relationship

☐

Consent is voluntary – it is not coerced or forced in any way

☐

All parties involved in sexual behavior reserve the right to say no at any point and for any reason

☐

Consent is a lack of awareness and / or a lack of physical resistance is not consent

☐ Silence, a lack of response, and/or a lack of physical resistance is not consent

☐ Consent requires clear communication

☐ I don't remember

☐ My high school sex education program did not provide information on consent

If there are any comments you would like to make about your answers to the previous question please do so here. If not, please state, "no comment".

Do you feel that comprehensive sex education in high schools is important?

☐ Absolutely

☐ Somewhat

☐ Not at all

☐ I'm not sure

Do you feel that comprehensive sex education in high school was/would have been relevant to your life?

☐ » Absolutely

☐ » Somewhat

☐ » Not at all

☐ » I'm not sure

Who taught your sex education program in high school?

☐ Health teacher

☐ PE teacher

☐ Biology teacher

☐ Pastor/Other religious instructor

☐ Guest instructor

☐ Other

If there are any final comments you would like to make, please do so here. If not, please state, "no comment".

## Appendix C

### Oregon Sex Education Policy

#### Chapter 336 — Conduct of Schools Generally

#### 2009 EDITION

#### HUMAN SEXUALITY EDUCATION

**336.455 Human sexuality education courses; criteria.** (1) Each school district shall provide age-appropriate human sexuality education courses in all public elementary and secondary schools as an integral part of the health education curriculum.

(2) Course material and instruction for all human sexuality education courses shall enhance students' understanding of sexuality as a normal and healthy aspect of human development. Course instruction shall:

(a) Be medically accurate.

(b) Be comprehensive.

(c) Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to human immunodeficiency virus, hepatitis B, hepatitis C and other infectious or sexually transmitted diseases. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless.

(d) Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of sexually transmitted diseases. However, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures. Human sexuality education courses shall acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(e) Include a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy.

(f) Stress that sexually transmitted diseases are serious possible outcomes of sexual contact. Students shall be provided with statistics based on the latest medical information regarding the efficacy of all methods of sexual protection in preventing human immunodeficiency virus infection and other sexually transmitted diseases.

(g) Provide students with information about Oregon laws that address young people's rights and responsibilities related to childbearing and parenting.

(h) Advise students of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married.

(i) Teach students that no form of sexual expression is acceptable when the expression physically or emotionally harms oneself or others and teach students not to make unwanted physical and verbal sexual advances, how to decline unwanted sexual advances or accept the refusal of unwanted sexual advances. Students shall be taught that it is wrong to take advantage of or to exploit another person. Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse.

(j) Validate through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions.

(k) Assist students in the development and practice of effective communication skills, the development of self-esteem and the ability to resist peer pressure.

(L) Encourage family communication and involvement to help students learn to make responsible decisions.

(3) Any course in any public elementary and secondary school, the main purpose of which is to address human sexuality education or human immunodeficiency virus education, or both, shall emphasize that abstinence from sexual contact is the only method that is 100 percent effective against unintended pregnancy, sexually transmitted diseases and human immunodeficiency virus when transmitted sexually. Abstinence is to be stressed, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(4) Nothing in this section prohibits instruction in sanitation, hygiene or traditional courses in biology. [1993 c.775 §1; 2009 c.213 §1]