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Improving Sexual Health Efficacy: A Qualitative Study of Female College Students'
Experience with Sexual Health Education and Subsequent Capacity for Application

EASTERN KENTUCKY UNIVERSITY

Improving Sexual Health Efficacy: A Qualitative Study of Female College Students'
Experience with Sexual Health Education and Subsequent Capacity for Application

Honors Thesis Submitted in Partial Fulfillment of the Requirements of HON 420 Fall

2019

By

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Abstract

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Issues such as sexual assault, high rates of sexually transmitted infections, and high teen pregnancy rates are downstream effects of poor sex education. The current study examined the question, "In what ways do a person's background in sex education, including family, school, and social learning, impact current efficacy and knowledge regarding sexual health?" Specifically, this study looked at the educational experiences of female college students at Eastern Kentucky University through semi-structured qualitative interviews. After signing an EKU IRB approved informed consent document, audio recorded interviews were conducted. All audio interviews were transcribed and then analyzed using thematic analysis to find common themes. Results indicate that almost all participants were unaware of the resources on campus concerning sexual health issues, and primarily had abstinence-focused sex education. Participants indicated that

they learned the majority of their knowledge about sex from their parents, while others had negative or no discussions with their parents about sex. Results indicate that many students have limited to no formal sexual health education. Therefore, college campuses should be intentional about incorporating more sex education into curriculum and student life. Analysis also indicates that the educational interventions should place emphasis on creating a learning environment free of judgment, with honest communication, and with a focus on making sex less of a taboo topic.

Keywords and phrases: thesis, honors thesis, honors project, undergraduate research, sex education, social norms, comprehensive, abstinence

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Introduction

Rationale

College campuses across the nation are currently experiencing rising sexually transmitted infection (STI) rates (CDC, 2018) and sexual assault (Department of Justice, 2014). Beyond clinical implications, this trend is alarming in that these issues systematically hurt the health of the student and their ability to succeed in college (Jordan, Combs, Smith, 2014). Many decision makers in collegiate institutions have put programs in place to try to tackle issues related to sexual health, such as Green Dot, a sexual assault prevention program. However, these programs are often in response to existing problems and not preventative in nature. Public Health posits that health it can be more effective to tackle the issue from an upstream, or primary prevention stance, in order to impact downstream problems. There is evidence to support that poor sex education during teen years can lead to an increase in STIs, a lack of understanding of consent, and higher rates of sexual assault (Troth, A., & Peterson, C. C., 2000). Addressing sexual health issues through increased education and skills training prior to college has the potential to decrease the downstream issues associated with poor sexual health education.

Parents have an influential role in their children's sexual health education. However, a study conducted in 2011 found that although 67 percent of students indicated parents should be instrumental in sex education, only 15 percent indicated parents as a primary source (Rutledge, 2011). Additionally, 37 percent of participants reported some level of dissatisfaction with how they learned about sex (Rutledge, 2011). A great deal of parents fail to have a single discussion with their children about sex and expect them to

learn about it elsewhere, while others are much more involved in making sure their children know the risks associated and the best safe practices (Afifi, T. D., Joseph, A., & Aldeis, D., 2008). This information is not always taught in schools. Sex education in schools in Kentucky is mandated to be abstinence-only (Kentucky Senate Bill 71, 2018). This limits what information about sex can be taught in schools, such as contraception and other safe sex practices.

The current study will help to better explain the effect of past sexual health education on current knowledge, perception, and efficacy regarding sexual decision making and refusal skills. Therefore, based on the literature, the following research question is offered:

RQ: In what ways do a person's background in sex education, including family, school, and social learning, impact current efficacy and knowledge regarding sexual health?

Conceptual Framework

This current study is being conducted in response to evidence indicating a gap in sexual health knowledge and education among college students at Eastern Kentucky University. According to data from Student Health Services, Eastern Kentucky University deals with rising rates of STI's among its student body, which is a downstream effect of poor sex education. The university newspaper reported in 2017 that, "In the 276 screening tests performed by student health from Aug. 21 to Nov. 6, 51 came back positive for chlamydia or gonorrhea, a 10 to 15 percent increase from last year's STI statistics" (Overton, 2017, p. 3). These STI's can cause infertility and increase the likelihood of developing certain cancers, which can significantly harm one's health and quality of life. Lack of sex education not only contributes to the incidence of STI's but

also sexual assault on college campuses. The following section will review current documented barriers that may impact college-aged women regarding sexual decision making and sexual health self-efficacy.

Review of Relevant Literature

A person's sexual health decision making is a result of a myriad of influences including person knowledge, attitudes and beliefs as shaped by family dynamics and personal experience. Additionally, organization influences from health courses from primary to secondary education, and organizational programs that influence understanding of healthy or unhealthy relationships. The following section will detail specific influencing factors that play a role in a person's understanding of and self-efficacy concerning sexual health decision making.

Family Education

Family can be very influential in the upbringing of their children. Many parents have different opinions of what type and how much information about sex they feel comfortable with sharing with their children. Parents also have different opinions about when they share this information. A great deal parents in the United States never bring up sex to their children and expect them to learn it from school, while others are very direct with their children about sex. A study interviewing mothers and their daughters found that there are different motivations and assessments of risk that dictate their discussions about sex. According to the data, "Mothers looked at sexual communication as not only educational, but also a way to convey values and attitudes about relationships involving sexual activity" (Coffelt, 2017, p. 582). Overall, the motivation for mothers encompassed wanting their daughters to have accurate and complete knowledge about

sex and safe practices. In the same mother-daughter study, mothers acknowledged that they feared the risk of “the backlash from other parents who might want to control how their children obtain sexual information” (Coffelt, 2017, p. 582), when educating their daughters. However, it is not uncommon for parents have strict religious or cultural beliefs that stress that sex should not happen until marriage. A study investigating refugees and immigrants living in Ohio found that “participants were afraid of a negative repercussion from family members, ‘if I went to my mom with that information, I am dead’” (Kingori, Ice, Hassan, Elmi, & Perko, 2018, p. 344). This is a significant barrier for these adolescents to learn about their sexual health through their parents.

Daughters in this study had their own personal motivations to talk to their mothers about sex. According to the data, daughters were motivated to talk to their mothers about sex in order to, “obtain accurate, sexual information from a trustworthy source... In this study, daughters reported fear of punishment for engaging in sexual activities or judgement about their sexual curiosity” (Coffelt, 2017, p. 582-583). This perceived fear or judgment is a barrier for daughters getting this information from their mothers, leaving the daughter uninformed with the accurate sexual information they are searching for.

A study looking at the common themes African American youth experienced in sex education discovered, “Some young people felt that when they did talk to adults in their lives about sex, the adults were judgmental and pushing a point of view rather than listening to them...Young people described that adults seemed to feel that young people should not be having sex, and that was where the conversation stopped.” (Kimmel, 2013, p. 178). The adults described were both parents and educators. These interactions not

only make adults a less trustworthy source for young people to go to, it can make them less likely to ask for resources they may need for healthier sexual behavior. The influence parents have on their child's sexual health is not always positive, whether that is the parent's intent or not.

In 2004, after investigating the role of parents in their children's sex education, Joy Walker found that when confident parents openly discuss sexual matters with their children, the "children are more confident in discussing sexual matters themselves; likely to delay their first sexual encounter; use effective contraceptives when they become sexually active; and have fewer sexual partners" (Walker, J., 2004, p. 251). Parents have an important impact on the decision making of their children, but these are not the only important interpersonal relationships that play a role in one's understanding of sexual health issues.

Social Influence

Interpersonal relations can be significantly influential in behavior change. These are made up of social networks such as family, coworkers, friends, and peers. These people are very important in individuals' lives and many make their decisions based on the opinions of them. Whether these people do or do not provide social support for a behavior is a very important contributor to the individual's decision to carry out the behavior.

A study was conducted that looked at these very relationships at work. According to the study's findings, "...youth who discussed more sexual health issues with their parents and best friends also were more likely to talk about sex in their early dating relationships. This communication was particularly protective for sexually active youth,

as those who discussed more sexual health topics with their dating partners used condoms more consistently” (Widman et. al., p. 739). This communication with dating partners, friends, and family shape the knowledge and attitudes of the individual and have the potential to help that individual make safe decisions when it comes to sex.

A study was conducted that examined the influence of adolescents with risk taking behaviors, including sex and found that, “association with deviant peers in early adolescence was significantly associated with adolescent engagement in risky behaviors 5 years later” (Neppel, Dhalewadikar, & Lohman, 2016, p. 546). The peers that associate with an adolescent can influence safe sex practices or risky sexual behaviors. This is why some sex education programs have turned to peer-led approaches, in hopes of peers acting as role models for safe sexual decision making.

Peer education programs have shown success for adolescents. A peer-based sex education program was implemented for black youth. The program set out to give a comprehensive sex education program that did not use scare tactics, shaming, and was targeted to their demographic (Annang et al., 2011, pp. 664-673). The program focused on a safe and open learning environment, which was different than some of the educational settings the black youth had before. This program showed success because the participants felt comfortable and trusted their peer leaders as an accurate source of information.

School Education

Sex education can be a useful strategy for preventing sexual risk taking and giving young people confidence in their communication skills surrounding their sexual health. According to a study that examined risk factors, such as experiences and

exposures that occurred prior to college, for penetrative sexual assault victimization since entering college, the data helped researchers conclude that, “Multiple experiences and exposures prior to college influenced the risk of penetrative sexual assault in college. Pre-college comprehensive sexuality education, including skills-based training in refusing unwanted sex, may be an effective strategy for preventing sexual assault in college.” (Santelli, et al., 2018, p. 2). This emphasizes the importance of this education before college. Sex education can also be a tool to combat issues like sexually transmitted infections and unexpected pregnancies. A study looking at influences for condom use discovered, “Attitudes towards contraception and knowledge about condoms and reproduction acquired during adolescence are predictive of adult contraceptive behavior. Results suggest that comprehensive sex education during adolescence could improve effective contraceptive behavior throughout the life course” (Guzzo & Hayford, 2018, p. 32). This education early in an adolescent’s life can help them adopt positive attitudes towards their sexual health, helping them make safer decisions for the rest of their life.

Using effective teaching strategies is important in this education. A study looking at teaching strategies for sex education indicated that, “Findings in the form of 'guiding questions,' encourage instructors to attend to contextual, experiential, and performative aspects of the classroom environment” (Ott & Stevens, 2017, p. 106). Making the learning experience engaging for students can help them get more out of the program that they can apply to their own health.

With such strong opinions for the support or against sexual health education in schools existing, educators can be faced with many different challenges delivering curriculum to their students. In 2012, a study was conducted in Minnesota by a group of

university researchers in partnership with the Birds & Bees Project. Sexuality education teachers were recruited and split up into seven focus groups to discuss their experiences with sexuality education, the challenges they faced, and supports they received (Eisenberg et al., p. 320). This study found that parents interacted with the teachers in positive and negative manners. “Some reported direct interactions that included outright confrontation, which directly affected their feelings about teaching...More often, teachers expressed frustration with parents speaking out against comprehensive sexuality education in schools and exhibiting a general lack of trust in the schools and teachers to provide this information...Teachers perceived that many of these same parents also failed to talk with their own children about sex...Importantly, other teachers perceived the support of parents and the community; this was a significant asset in teaching sexuality education, which allowed teachers to provide information without fear of repercussions” (Eisenberg et al., p. 321-322). Educators are faced with the dilemma of breaking the cultural norms of the community by educating their students on sex or with leaving their students without knowledge that will guide them in healthy decision making throughout the rest of their life. Much of the conflict surrounding sexual health education surrounds controlling how much or how little information the students will get in their curriculum. The main deliveries of sexual health education are comprehensive and abstinence-only.

Abstinence-Only

The abstinence-only approach to sex education is used by many states in America. Many public health professionals argue that abstinence-only approaches to sexual health education is not effective enough and that a comprehensive approach is needed to address high rates of sexually transmitted diseases and teen pregnancy. An investigation

conducted in 2011 used the most recent national data from all U.S. states with information on sex education laws or policies to assess abstinence education and its correlation with teenage pregnancy and birth rates. According to the study, “The central message of these programs is to delay sexual activity until marriage, and under the federal funding regulations most of these programs cannot include information about contraception or safer-sex practices...The more strongly abstinence is emphasized in state laws and policies, the higher the average teenage pregnancy and birth rate. States that taught comprehensive sex and/or HIV education and covered abstinence along with contraception and condom use... tended to have the lowest teen pregnancy rates, while states with abstinence-only sex education laws that stress abstinence until marriage...were significantly less successful in preventing teen pregnancies.” (Stranger-Hall & Hall, 2011, p. 1,6). A separate study found a similar trend stating that, “prevention funding, abstinence funding predicted higher birthrates in conservative states, suggesting that abstinence funding may not simply be an ineffective policy but may also have perverse effects in these states” (Fox et al, 2019, p. 501-502). Many people coming from all different fields of study are motivated by these trends to get rid of abstinence-only sexual health information and shift the focus to a more comprehensive approach.

A study conducted in a large Southwestern state. The researchers encountered students who needed more specialized sex education for them. The researchers emphasized that, “We also must provide sex education in a way that is inclusive of all students, regardless of sexual orientation, gender, race, or ethnicity” (Hoefner, p. 273, 2017). The study found that respondents feeling that insufficient information and resources were provided, that sexist and heterosexist stereotypes were promoted, and that

students of color were assumed to be more sexually active than they were. Further, respondents did not feel safe in their sex education classes, describing the curricula and many teachers as relying on fear and shame.

Making students feel safe in these educational settings is important for an effective sex education program. A study looked into the different characteristics of a good program for sex education and found “Adequate training of personnel delivering the interventions and culturally sensitive programmes were identified as important facilitators of effectiveness” (Poobalan et al., 2009, p. 319). While the personnel may not always be aware that they are being offensive to different groups, this negatively impacts their learning experience and will make them much less likely to gain as much knowledge and skills from the program. Classrooms are going to usually have students with all different backgrounds, and it is important for educators to be sensitive to these backgrounds and avoid hurtful stereotypes.

When students are unsatisfied with the information they are getting in school, they may turn to other sources. The media is a source that many adolescents turn to. Pornography is sometimes a source that adolescents turn to when searching for information about sex. A study looking at attitudes about sex education and the viewing of pornography and, “analysis indicated that pornography consumption was associated with support for sex education through more acceptance of teenage sex” (Wright, 2018, p. 495). While pornography is controversial, the adolescents that sought out information from it recognized that sex education was important.

Comprehensive Sex Education

Comprehensive sexual health education is exactly what it says. It covers many topics that abstinence-only sexual education doesn't. A qualitative study in the southeastern USA explored the abstinence-only sex education experiences of a small group of young adults and concluded that, "... students desired an approach to sex education that acknowledges the possibility of safe, healthy, and even enjoyable sexual activity among young people. Marriage was perceived as an unsatisfactory justification for abstinence decisions" (Gardner, 2011, p. 136). Comprehensive sexual health education needs to include information for LGBTQ youth, so they are just as informed as their heterosexual classmates. A study interviewed 20 gay and bisexual men residing in Oklahoma. "Participants noted an awareness of the lack of meaningful sex education or if it was offered, a primary focus on abstinence-only until marriage heteronormative curricula" (Currin, J. M., et al. 2017, p. 667). The sex education they received did not address the content areas that these men needed, leaving them to search for the information from other media avenues, such as pornography.

Marginalized groups need appropriate approaches to sex education. A study interviewed students from marginalized populations (young women, youth of color, and LGBTQ students) and the participants reported feeling that insufficient information and resources were provided, that heterosexist stereotypes were promoted, and that students of color were assumed to be more sexually active than they were. They also reported not feeling safe in their sex education classes and that much of the curricula and many teachers relied on fear and shame (Hoefler, S.E. & Hoefler R., 2017). To truly be comprehensive, sex education needs to cater to all types of students present.

A study looked at a rights-based sex education program, catering to diverse groups of students. “Compared with students who received the control curriculum, students receiving the rights-based curriculum demonstrated significantly greater knowledge about sexual health and sexual health services, more positive attitudes about sexual relationship rights, greater communication about sex and relationships with parents, and greater self-efficacy to manage risky situations at immediate posttest” (Constantine et al, 2015, p. 1). To be effective, the sex education needs to be sensitive to people from different backgrounds to make their learning experience positive. Being educated by health educators who are trained for delivering this information is important to ensure that they give accurate information in a manner that fosters a safe learning environment.

Institutional Influences

The institutions that students attend control how they conduct their sexual health education. The teachers and administrators of these institutions work together to design how this is conducted. The funding for the education may dictate the content, but other factors play a role as well. In the same study conducted in partnership with the Birds & Bees Project, teachers also talked about institutional influences on their ability to teach comprehensive sexual health education. Small/outspoken groups of parents had sway on the school itself, “which could prevent them from teaching effective sexuality education”. Teachers also articulated that “administrators were afraid to adopt sexuality education practices that might create dissension in their community...On the other hand, supportive school administrators had the power to set a positive tone for sexuality education and make health a priority” (Eisenberg et al., p. 322). Different institutions have different

approaches they use for sexual health education and certain approaches are more effective than others.

A study taking place in North Dakota looked at the process for building important partnerships between the community and universities when trying to make changes to the current sex education programs. This process in conservative-minded areas can be difficult and require a great deal of patience as well as persistence. The study found, “Taking the time at the beginning to lay the groundwork needed for implementation, and continuing over time to nurture the relationships that allow for success are vital to successful introduction and sustained success of preventive comprehensive sexuality education” (Secor-Turner, Randall, Christensen, Jacobson, & Loyola Meléndez, 2017, p. 553). The additional time involved with negotiating the structure of these programs can be tedious but can make the difference in whether a program is implemented or not, which will impact the health of the students.

Research Methods

Site and Participant Selection

The current study will take place on the campus of Eastern Kentucky University (EKU). This mid-level university is representative of the state of Kentucky, in that, it is comprised of students from a myriad of locations, socioeconomic status, and mirrors the ethnic demographic breakdown of the state as a whole (various ethnicities, rural Appalachian population, and those from urban areas). The interviews will be conducted on campus.

Study Design

For this current proposed study, a semi-structured interview approach with current students aged 18 to 24 who identify as female. Participants will be gathered by snowball sampling from the primary researcher's social network. The interviews took place in the library on campus to ensure that it was a neutral meeting place. The participants were given an ECU IRB approved informed consent form and signed to give their consent. The interviews were audio recorded. Throughout the interview process, the primary investigator noted when they heard commonalities from prior interviews. After the interviews were done, the audio recordings were transcribed by the primary investigator. After transcription of the interviews, all audio files were deleted from the primary investigator's computer and all personal identifiers were removed from the transcriptions.

Analysis

The primary investigator transcribed the audio recorded interviews. The analysis began with an open coding approach to capture key phrases (Charmaz 2006; Glaser & Strauss, 1967). Patterns and themes were identified through the use of the constant comparison method (Glaser, 1992). Several key themes emerged: effective parent education, ineffective parent education, lack of education in school, education through media, & sex is a taboo topic.

Results & Discussion

Effective Parent Education

During the interviews, there were participants that expressed that they had effective communication with their parents about sex/sexual health. Participants were asked if their parents talked to them about sex when they were growing up and if these conversations were uncomfortable.

One participant said,

“I feel comfortable talking to my mom because she’s really easy and approachable and she’s really trustworthy so I was able to communicate with her and she would give me honest answers”

Another participant remarked,

“Yeah, they talked to me multiple times especially when I was leaving for college, but I feel very comfortable talking to them. I mean it’s something that needs to be discussed and you need to know about it”

An additional participant expressed,

“My mom was really good about talking to me about everything that I needed to know about, and I would say it was pretty accurate. I trust her.”

These participants stated that their parents gave them reliable information and they could discuss issues in an effective manner.

Ineffective Parent Education

Other participants had ineffective parent education. A couple participants expressed that their parents never mentioned sex to them, when they were growing up.

One participant said,

“My parents just kind of pretend that it’s not something that exists, and I felt very uneducated on it until I was older.”

This lack of communication can be harmful for young people. This individual stressed that she felt very uneducated about sex until she was older. Her parents were not a resource she felt she could go to for information. When someone has limited knowledge about the risks associated with a health behavior and has limited people they can go to for expertise, they have a greater likelihood of getting the negative health consequences associated with the health behavior.

A participant was asked if her parents ever talked to her about sex when she was growing up and she replied “Only to absolutely never do it until I was married. That was it.” This type of interaction can discourage young people from getting information about their sexual health from their parents out of fear of punishment and judgement.

An additional participant expressed,

“It wasn’t uncomfortable, but we never really talked about it again”

A couple of participants expressed that their parents briefly touched on a few sexual health topics, but their parents did not bring up the topic again. The dynamic of parents and their children can make young people reluctant to initiate certain topics of conversation with their parents, especially about sex.

A participant brought up how her mother talked to her about sex without actually mentioning it clearly, making for an uncomfortable interaction. The participant emphasized,

“We didn’t talk about sex, but I remember I was on my way to my boyfriend’s house and my mom said, ‘If you ever need to be on anything, you let me know’.

Who knows what ‘need’ and ‘on’ and ‘know’ mean you know?”

Many parents feel uncomfortable having conversations with their children about sex, and approach it very quickly and vaguely. This leaves information up to the child’s interpretation, which can often be wrong or not the message the parent meant to convey. There are programs that can guide parents through these conversations with their kids, but there are groups of parents that believe that their children can learn about sex in school and avoid the topic altogether.

Lack of Education in School

Overall, participants mentioned a lack of comprehensive education about sexual health in school. Schools across Kentucky, and the rest of the nation vary the delivery of sex education. There is no continuity between schools’ way of teaching sex education. One participant from out of state explained that they had an extremely comprehensive approach. The other ten participants did not get a comprehensive approach to sex education in school. A couple students received absolutely no sex education in school. Other students that had sex education communicated that they felt a lot of information was left out.

One participant explained,

“We were required to take one sex/health class in order to graduate. ...the extent I got was about palpating your boobs for breast cancer and we just had a period talk. That was it. Nothing about actual intercourse.”

Understanding how one's reproductive system works is important, but in no way does that prepare individuals for what sex is like or how to have sex safely.

A different participant stated,

“We didn't really go into a lot of detail, but it used a lot of terminology, like the sperm fertilizes the egg, that sort of thing. It didn't talk about what really happens”

Learning what goes on during sex at a molecular level can aid in understanding how a fetus can be conceived and the need for contraception, but once again, solely covering this does not help students learn about what to expect during sex.

One participant indicated concerning sex education in school saying,

“It was probably like a two-day thing and then we never talked about it again.”

For behavior that can be performed from around puberty until someone dies, spending only two days talking about it is arguably not enough time to cover the topic of sex. It can also be more difficult to recall specific details if the material is not reinforced over multiple learning sessions. Further, there is no guarantee that there is continuity over what teachers in one school are teaching compared to a different school. The participants in this study had a variety of different individuals who taught sex education. It is important to take into consideration who teaches sex education and if they are trained to the degree that they need to be to effectively teach this information, especially since it can be a sensitive topic.

Numerous participants expressed that they felt the manner they were taught lacked in quality. A few participants mentioned their gym teachers gave the lesson on sex and insinuated that they might not have been the most qualified by saying,

“I think we had like a ten-minute talk about it in school. I think it was my gym class which is what was weird. It was my gym teacher and he talked about drugs for a few minutes and sex for a few minutes and I was just like, ‘What? Okay?’”

“My male gym teacher taught it. I think it was only one or two class periods in my health class”

A couple participants mentioned learning about sex in religious settings. One participant talked about an experience she had in her Catholic school religion class and said,

“I remember a video that they showed us, it was like a Catholic TED Talk, and it was this lady and she was saying how bad STD’s are, and the best way is to not get STD’s is to not have sex until you’re married, because if both of you don’t have sex until you’re married, you won’t get STD’s from each other.”

Another participant was home schooled by her parents and discussed the program her parents used to teach her about sex.

“They’re very Christian conservative so they actually had this thing called *Passport to Purity* that they took me through. It was like a Christian curriculum that was trying to teach you what sex is physically but then balance it with a spiritual ‘You should wait until you’re married’”.

Since many students do not learn all the details involved in a complete understanding of sex in a school setting, many turn to the media for further information.

Education Through Media

The media is saturated with information about sex- and is widely available to most individuals. Since technology has become more accessible for people over the last decade, it has become a place for people to learn about just about anything, including sex.

Information about sex can be found on social media, in television shows, movies, and pornography. Many participants talked about learning a lot of their knowledge about sex from this outlet.

One participant expressed how much the internet contributed to her knowledge about sexual health saying,

“I’m blessed to have grown up in an age with the internet because I did not know anything really except pretty much don’t have sex until you’re married, which is not super realistic for everyone.”

For young people who lack a non-judgmental environment to discuss sexual health issues, many learn from various media sources. Not everyone is motivated to look for this information, so many continue to go uneducated on the issue. Others may not know what type of information to look for or what questions to ask.

A different participant stated,

“I would say I learned the most knowledge from social media because that’s around the time I got a phone”

Smartphones have revolutionized how young people in this generation are learning about sex. Young people with smartphones can search just about anything on their personal devices and they can do so with relative privacy. The want for privacy can be attributed to the social norms surrounding the discussion of sex in American society.

A participant pointed to their feelings of discomfort discussing the topic saying,

“I learned about sex through friends and media and stuff like that because it’s not something that I ever talked about with my parents”

Many young people are turning to the media to learn about sex due to the topic's taboo nature. They may feel uncomfortable discussing sexual health issues with their parents based on their parents' views or even their own. A lot of people find the topic of sex uncomfortable to talk to about.

Sex is a Taboo Topic

Many participants talked about how they felt uncomfortable talking about sex because it's a taboo topic.

One participant explained that when learning about sex,

“I learned mostly through talking to other people, but that's kind of hard to do especially when you're younger and it's more of a taboo thing ,when everyone around you is telling you ‘Don't do that, that's bad’”.

A few participants come from communities that have the mindset that sex should not be openly discussed. This mindset can be an intimidating social norm to change. This is a barrier that many young people face when trying to learn about what sex is and the health issues associated with it.

These mindsets can even be in one's family. A participant talked about feeling uncomfortable discussing sex with her parents because they had strong feelings about abstinence until marriage and said,

“It's an uncomfortable topic to have with your parent at that age”

Many participants talked about how conversations about sex with their parents made them uncomfortable.

A participant talked about learning to become comfortable having conversations with their partners saying,

“If you’re not as invested in your relationship, it’s kind of harder to have those conversations and I did kind of struggle with that at first and I had to learn that I need to talk about what I want and what’s okay”.

When sex is a taboo topic, it can be difficult for young people to even discuss these issues with their sexual partners. This is why including how to have conversations about sexual health issues, such as consent and refusal skills, is so important. Lack of communication has the potential to lead to negative experiences with partners as well as sexual risk taking.

When asked about suggestions to make programs on campus better, a participant suggested that the school should,

“Make it less of a taboo area. Make it something that everyone is comfortable talking about, because if there’s a stigma around it, then people aren’t going to feel comfortable talking to the people who they need to talk to about this type of stuff”

People are reluctant to break social norms. In the American culture, sex is openly talked about in the media, movies, and tv shows, but often the information is exaggerations or is misinformation about sex. In person, many avoid the topic of sex in conversation. Sometimes, it is the expectation that sex is not to be talked about. This makes learning about safe sex very difficult. If they feel uncomfortable talking about sex with their parents, peers, and teachers, they will be more reluctant to ask the questions required to get information about these sexual health issues.

Unaware of Campus Programs

Throughout the interview process, it became clear early on that the overwhelming majority of the participants were unaware of campus programs that could help them learn about sexual health issues. There was only one participant out of the eleven that stated she knew of multiple campus programs addressing sexual health and felt satisfied with what campus was offering.

One participant replied,

“I personally don’t really know of any on campus”.

This message was repeated by most of the participants of this study.

A participant also stated,

“No, I don’t really feel satisfied because I don’t really know any of them and the information’s not really advertised as much as it should be because I think sexual education is really important, especially to college students”

Many college students know the importance of sex education, and that they need to be targeted since a lot of sexual risk-taking takes place during college. Many of the participants had difficulty thinking of specific programs that targeted sexual health issues and felt unsatisfied with that.

Another participant said,

“I don’t really know of any on campus. I’m sure that there are some, I just don’t really know of any. I know that there was a sex ed bingo that I went to but that was kind of just silly.”

This data should concern not only public health professionals, but university officials as well. For a population that is at a higher risk for sexual risk taking, students

need to know what resources are out there to help them take care of their sexual health. The resources that deliver this education about sexual health issues also need to be targeted towards college students. When they view a learning experience as silly, it makes them less likely to gain any meaningful knowledge or skills to apply to their own decision making. When students are not even aware of the resources that are available to them, the resources are not being taken advantage of and not serving their purpose.

Conclusion

The health of students at universities impacts the learning potential for the students, as well as retention rates. Students who have sexually transmitted infections can have different physical complications that impact their ability to go to class and focus on their studies. The mental health of students can also be affected when their sexual health is poor. The success of universities and their students can be linked to the health issues that the students deal with. Universities can have extensive programming to address students' sexual health, but if the students are not aware of them, they are not serving their purpose, and the needs of the students may not be met. The data found in this study showed that there are students that come into Eastern Kentucky University with no formal sex education from their parents or in school. The data also showed that many students were not satisfied with the sex education they received from their parents, friends, school, and media. They had problems with who was teaching them, the time spent on the topic, and the abstinence-based messages that they viewed as unrealistic for a great deal of people. Participants expressed that they thought sex education should be a

requirement in college because they knew that many students, sometimes even themselves, did not receive a fully informative learning experience about sex, and that incoming students need to receive this education early on in their college careers.

If this study was conducted again, it would be improved by interviewing students who identify as males, to get a better overall understanding of the population of EKU students. The study could also be improved by interviewing more students and making sure the different demographics on campus are represented. Additional questions could be added asking if participants talked about specific sexual health issues to help the researchers gauge what topics students had already learned about and what topics could use further elaboration.

We have a problem, a captive audience, and solutions. We need to pursue these solutions. We boast about giving our students a well-rounded education but many of our students are uneducated on sexual health. We may not be able to change state policy, but we can positively impact the students we've been entrusted with at this university. We have an obligation to our students to educate and prepare them for the rest of their lives. If changes are made, perhaps there will be a day when students no longer say, "We just don't talk about it, it's bad."

References

- Afifi, T. D., Joseph, A., & Aldeis, D. (2008). Why Can't We Just Talk About It? An Observational Study of Parents' and Adolescents' Conversations About Sex. *Journal of Adolescent Research, 23*(6), 689–721.
- Annang, L., Hannon, I. L., Fletcher, F. E., Horn, W. S., & Cornish, D. (2011). Using Nominal Technique to Inform a Sexual Health Program for Black Youth. *American Journal of Health Behavior, 35*(6), 664–673.
- CDC. (2018). Reported STDs in the United States, 2018. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, *Centers for Disease Control and Prevention*.
- Coffelt, T. A. (2017). Deciding to reveal sexual information and sexuality education in mother-daughter relationships. *Sex Education, 17*(5), 571–587.
- Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Olaiz, F., Chih-Ping Chou, & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health, 15*(1), 1–13.
- Currin, J. M., Hubach, R. D., Durham, A. R., Kavanaugh, K. E., Vineyard, Z., & Croff, J. M. (2017). How gay and bisexual men compensate for the lack of meaningful sex education in a socially conservative state. *Sex Education, 17*(6), 667–681.
- Department of Justice. (2014). Rape and sexual victimization among college-aged females, 1995-2013.
- Eisenberg, M., Madsen, N., Oliphant, J., & Resnick, M. (2012). Policies, principals and parents: multilevel challenges and supports in teaching sexuality education. *Sex Education, 12*(3), 317–329.
- Fox, A. M., Himmelstein, G., Khalid, H., & Howell, E. A. (2019). Funding for Abstinence-Only Education and Adolescent Pregnancy Prevention: Does State Ideology Affect Outcomes? *American Journal of Public Health, 109*(3), 497–504.
- Gardner, E. A. (2015). Abstinence-Only Sex Education: College Students' Evaluations and Responses. *American Journal of Sexuality Education, 10*(2), 125–139.
- Glaser, B. G. (1992). Emergence vs forcing: Basics of grounded theory analysis. Mill Valley, CA: *Sociology Press*.
- Glaser, B. G., Strauss, A. L. (1967). The discovery of grounded theory; strategies for qualitative research. Chicago: *Aldine Pub. Co.* Print.
- Guzzo, K. B., & Hayford, S. R. (2018). Adolescent Reproductive and Contraceptive Knowledge and Attitudes and Adult Contraceptive Behavior. *Maternal & Child Health Journal, 22*(1), 32–40.
- Hoefler, S. E., & Hoefler, R. (2017). Worth the Wait? The Consequences of Abstinence-Only Sex Education for Marginalized Students. *American Journal of Sexuality Education, 12*(3), 257–276.
- Jordan, C.E., Combs, J.L., & Smith, G.T. (2014). An Exploration of Sexual Victimization and Academic Performance Among College Women. *Trauma, Violence & Abuse: A Review Journal 15*(3), 191-200.

- Kentucky Senate Bill 71, 2018
- Kimmel, A., Williams, T., Veinot, T., Campbell, B., Campbell, T., Valacak, M., & Kruger, D. (2013). 'I make sure I am safe and I make sure I have myself in every way possible': African-American youth perspectives on sexuality education. *Sex Education, 13*(2), 172–185.
- Kingori, C., Ice, G. H., Hassan, Q., Elmi, A., & Perko, E. (2018). "If I went to my mom with that information, I'm dead": sexual health knowledge barriers among immigrant and refugee Somali young adults in Ohio. *Ethnicity & Health, 23*(3), 339–352.
- Neppl, T. K., Dhalewadikar, J., & Lohman, B. J. (2016). Harsh Parenting, Deviant Peers, Adolescent Risky Behavior: Understanding the Meditational Effect of Attitudes and Intentions. *Journal of Research on Adolescence (Wiley-Blackwell), 26*(3), 538–551.
- Ott, K., & Stephens, D. W. (2017). Embodied learning: Teaching sexuality and religion to a changing student body. *Teaching Theology & Religion, 20*(2), 106–116.
- Overton, C. (2017, Nov. 7) Number of Students with STIs on the Rise. *The Eastern Progress*. p.3.
- Poobalan, A. S., Pitchforth, E., Imamura, M., Tucker, J. S., Philip, K., Spratt, J., ... van Teijlingen, E. (2009). Characteristics of effective interventions in improving young people's sexual health: a review of reviews. *Sex Education, 9*(3), 319–336.
- Rutledge, S., Siebert, D., Chonody, J., & Killian, M. (2011). Information about human sexuality: sources, satisfaction, and perceived knowledge among college students. *Sex Education, 11*(4), 471–487.
- Santelli, J. S., Grilo, S. A., Choo, T.-H., Diaz, G., Walsh, K., Wall, M., ... Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college? *PLoS ONE, 13*(11), 1–18.
- Secor-Turner, M., Randall, B. A., Christensen, K., Jacobson, A., & Loyola Meléndez, M. (2017). Implementing community-based comprehensive sexuality education with high-risk youth in a conservative environment: lessons learned. *Sex Education, 17*(5), 544–554.
- Sinozich, S. & Langton, L. (2014). Rape and Sexual Assault Victimization Among College-Age Females, 1995–2013. *Bureau of Justice Statistics*, 1-19.
- Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. *PLoS ONE, 6*(10), 1–11.
- Troth, A., & Peterson, C. C. (2000). Factors Predicting Safe-Sex Talk and Condom Use in Early Sexual Relationships. *Health Communication, 12*(2), 195–218.
- Walker, J. (2004). Parents and sex education--looking beyond "the birds and the bees." *Sex Education, 4*(3), 239–254.
- Widman, L., Choukas-Bradley, S., Helms, S., Golin, C., & Prinstein, M. (2014). Sexual Communication Between Early Adolescents and Their Dating Partners, Parents, and Best Friends. *Journal of Sex Research, 51*(7), 731–741.
- Wright, P. J. (2018). Sex Education, Public Opinion, and Pornography: A Conditional Process Analysis. *Journal of Health Communication, 23*(5), 495–502.

Appendix A (Consent Script)

Consent to Participate in a Research Study

Improving Sexual Health Efficacy: A Qualitative Study of Female College Students' Experience with Sexual Health Education and Subsequent Capacity for Application

Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

Do I have to participate?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about 10 people in the study.

What is the purpose of the study?

The purpose of the study is to learn information about where/how students are learning about sex, their satisfaction with what they've learned, and their confidence in their decision making/refusal/communication skills. You are being invited to take part in this study because you are between the ages of 18 and 24 and have indicated that you are currently a student at Eastern Kentucky University and identify as female.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at the John Crabbe library. You will need to come to the private study room in Java City one time during the study. This visit will take about 5 to 10 minutes.

What will I be asked to do?

Participants will read and sign the informed consent document and then will be interviewed by the principal investigator, Naomi Cheek.

Are there reasons why I should not take part in this study?

A subject could be excluded from volunteering for being under eighteen years of age, not being an EKU student, and not identifying as female.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life.

You may, however, experience a previously unknown risk or side effect.

What are the benefits of taking part in this study?

You are not likely to get any personal benefit from taking part in this study. Your participation is expected to provide benefits to others by showing need among female students for higher quality sexual health education and give campus administrators ideas on how to provide this for future students.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

Other Important Details

Who is doing the study?

The person in charge of this study is Naomi Cheek at Eastern Kentucky University. She is being guided in this research by Dr. Julie Lasslo. There may be other people on the research team assisting at different times during the study.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court. Also, we may be required to show information that identifies you for audit purposes.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or get sick because of something that is done during the study, you should call Naomi Cheek at 8593271321 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What else do I need to know?

This interview will be audio recorded. Only the primary investigator will have access to the audio files, which will be stored on her password protected laptop. After transcribed, the audio recordings will be deleted, and all personal identifiers will be removed. The transcriptions will be kept under lock and key in the faculty advisor's office for the record retention period of three years.

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

Consent

Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Naomi Cheek at 8593271321. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to subject

Appendix B (Interview Guide)

1. Are you a student on campus? Age? In or out of state? Would you describe where you grew up as rural or urban?
2. How did you get educated about sex/sexual health?
3. Did you have any form of sex education in high school? If yes, who taught it, and for how long? Was the focus abstinence only?
4. Where did you learn the most knowledge about sex? How accurate do you think the information you received was?
5. Did your parents ever talk to you about sex growing up? Were you comfortable talking to them about it?
6. Who in your life are you comfortable talking to about sex?
7. Do you feel comfortable or that you know how to have conversations about sex with partners?
8. Do you feel satisfied with the current educational programs on campus? Are there any that you're familiar with?
9. What suggestions would you give leaders on our campus to fill educational gaps concerning sexual health education?