

OUT OF THE BOX: EXPLORING ADOLESCENT
QUESTIONS AND CONCERNS IN SEX EDUCATION

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in
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By

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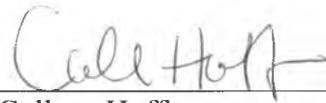
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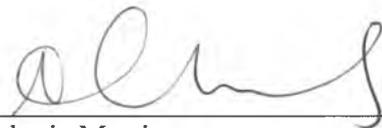
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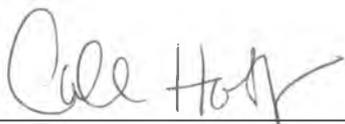
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OUT OF THE BOX: EXPLORING ADOLESCENT
QUESTIONS AND CONCERNS IN SEX EDUCATION

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2016

Studies of adolescent sexuality rarely extend beyond the scope of sexual health knowledge and behavior. This exploratory study examines the anonymous questions of a sample of U.S. young people during a comprehensive sex education course in the San Francisco Bay Area. Questions are analyzed to identify what students are most interested to learn, and how various external influences may shape their questions. Approximately 7,000 anonymous questions from students in grades five through nine were catalogued, coded, and analyzed. Topics of anatomy, sex, and reproduction were most frequently addressed in questions from all age groups, though the types of questions varied based on their age group. While many of the questions focus on scientific and medicalized understandings of sexual health, the language employed suggests that media, peers, and social norms considerably affect these young people and their developing understanding of sexuality. I conclude with recommendations for educators to better address themes that emerge from these adolescents' curiosities and concerns.

I certify that the abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee

5/24/16
Date

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INTRODUCTION

Humans are sexual beings from birth to death, and adolescence is a critical period for education and exploration of sexuality. In the United States, this facet of development is often overlooked in attempts to shield young people from information about sexuality and preserve their innocence. In some cases, teens are viewed as overly sexual, and thus any sex education they receive highlights the dangers of sexuality in order to mitigate sexual behaviors. Whether adolescent sexuality is ignored or feared, these extremes impact possibilities for developing healthy sexual subjectivity and agency. Parents and educators tend to decide what is best for young people without considering the interplay of societal influences contributing to their understanding of complex issues. We live in a social world where messages about sexuality are unavoidable, particularly saturating the media. If young people internalize these messages uncritically, they may be left vulnerable and underprepared to negotiate safer sex practices, engage in healthy relationships, and understand their sexual selves.

Sex education curriculum that does not consider youth voices, perspectives, and curiosities does a disservice to young people as they navigate their developing sexuality. As a sexual health educator, my job is to inspire young people to form sexual agency, to understand and communicate their values, wants and needs. By incorporating students' own thoughts and curiosities into sex education curriculum, they may feel more ownership over the information they are learning, engaging with and absorbing the messages more thoughtfully. However, understanding the multiple internal and external

influences on adolescent sexuality development is critical in order to fully contextualize and analyze these students' questions.

LITERATURE REVIEW

Understanding one's sexual self is a fundamental part of developing healthy sexual agency. Temple-Smith & Moore (2015) note that "sexual questions, conflicts and crises may begin prior to adolescence and may certainly continue after this phase of life but there is no doubt that, for most people, adolescence is a 'critical period' in the upsurge of sexual drives, the development of sexual values and the initiation of sexual behaviours," (p. 3). While certain aspects of sexuality are innate, particularly those relating to our physiology and reproductive instincts, much of our sexuality is shaped by our social and cultural environment (Bancroft, 2009; Simon & Gagnon, 2011). In fact, "if we are to understand the significance of sexuality during adolescence, we need to consider how it fits into the biological, psychological and social aspects of adolescent development," (Temple-Smith & Moore, 2015, p. 4). Researchers and theorists continually debate the primary influences on sexuality development, but it is evident that both nature and nurture play a significant role in how young people experience and conceptualize their sexuality (Temple-Smith & Moore, 2015).

Biology plays a pivotal role in youth sexuality development. Hormone levels in both boys and girls begin increasing between ages 6 to 8, which in most cases marks the earliest stage of pubertal development (Ponton & Judice, 2004). Although menarche and

semenarche do not typically take place until several years later, height, breast, and hair growth may occur sooner. Other physiological developments during puberty include “maturation of the reproductive organs, the possibility of becoming a parent, and an increasing sex drive,” (Temple-Smith & Moore, 2015, p. 4). These biological changes contribute to the physical and emotional growth that affects how young people will perceive and experience their own sexuality (Bancroft, 2009). Some researchers have even found that young people who begin puberty earlier than average are more likely than their peers to engage in unhealthy risk behaviors (Mendle & Ferrero, 2012; Ponton & Judice, 2004).

While sexual behavior is not a sole function of biology, a child’s physical development lays the foundation for their experience of sexuality in adolescence and beyond (Bancroft, 2009). In fact, former U.S. Surgeon General David Satcher notes, “sexual health is inextricably bound to both physical and mental health,” (Shtarkshall, Santelli & Hirsch, 2007, p. 116). This statement reminds us that healthy sexuality is not solely determined by understanding the physical body and its biological processes. The cultural and social environment significantly shapes the way young people think and feel about their sexual selves (Simon & Gagnon, 2011). During adolescence, “the advent of puberty, the power of peer group expectations and the communication of mixed messages about sex from the adult generation make dealing with sexuality a difficult but exciting challenge,” (Temple-Smith & Moore, 2015, p. 3).

Alongside biological changes that occur during puberty, gender differences begin to appear when examining feelings and approval relating to their bodies and early sexual behaviors (Temple-Smith & Moore, 2015). According to Ponton & Judice (2004), older studies show that teen girls are more likely than teen boys to feel guilty or used after having sex for the first time, and are more likely to receive negative reactions when disclosing their early sexual experiences to peers. In later adolescence, gender differences continue, with more males reporting masturbation and sexual fantasies, and more females reporting body dissatisfaction (Ponton & Judice, 2004; Temple-Smith & Moore, 2015). These behavioral and psychological differences may stem from heterosexist social and gender norms, whereby young people are typically socialized to view opposite-gender relationships as the superior and only acceptable form of partnership (Mandel & Shakeshaft, 1999, p. 78). Although early biological influences clearly impact adolescent sexuality development, most of these reported differences in sexual experience and development of sexual self are primarily derived from a variety of socializing agents.

Theoretical Basis

This research is primarily conceived using two related developmental theories that involve social learning and identity formation. First, the social cognitive theory establishes quite simply that people tend to learn from and imitate those who are attractive, successful, and hold high social status (Ter Bogt, Engles, Bogers & Kloosterman, 2010). However, as a child ages, their primary role models shift. Younger adolescents tend to reflect their trusted adults, including their parents and teachers,

whereas older adolescents are generally more influenced by their peers (Muuss, 1996). Rather than conceptualizing adolescent behavior as a function of age, theorists like Albert Bandura believe behavior to be “primarily determined by the social and environmental factors operating within a particular situational context,” (Muuss, 1996, p. 296). This means that young peoples’ language, mannerisms and preferences are typically reflective of those that are socially desirable in their community. In fact, Bandura theorizes that the pronounced behavioral changes that occur during puberty and adolescence are “not because of internal maturation forces but because of sudden changes in the social training situation, family structure, school setting, peer expectations, or other environmental factors,” (Muuss, 1996, p. 296).

The gender schema theory (Bem, 1981) extends this rationale, positing that “the physical maturing of the body and mind and the socio-cultural context defines how to evaluate and handle these changes and prompts adolescents to develop their social and sexual selves in ways that are congruent with socially prevailing gender roles,” (Ter Bogt, Engles, Bogers & Kloosterman, 2010, p. 845). The role models that young people tend to esteem are often archetypes of the two dominant genders: the hyper-masculine male and the hyper-feminine female. As a result, young people learn from and imitate these ideals, which ultimately contribute to unrealistic expectations of both personal and interpersonal sexuality. According to Temple-Smith & Moore (2015), “all theories of adolescent development give sexuality a central place in negotiating the transition from child to adult,” (p. 4). These theories establish that adolescent sexuality development,

while founded in biology, is ultimately a result of the social climate and established norms.

Primary Socializing Agents

Beginning in early childhood, “psychologic, social-cultural, and educational factors play large roles in the development of a child’s sexual self,” (Ponton & Judice, 2004, p. 498). A person’s values and perspectives are not innate, but rather shaped by social and environmental factors. In regards to sexuality, young people may feel sexual drive and experience physical reactions, however their underlying thoughts about sex and sexuality are taught, reinforced, and policed by varying sources. Particularly throughout adolescence, a combination of peers, media, and school-based sex education provide much of the foundation for understanding one’s sexuality.

Peers

Peers undeniably play an enormous role in teaching and policing sexuality through adolescence. As adolescence progresses, “there is a shift from primary orientation to one’s family to a reliance on peers for providing guidelines for attitudes and behaviour, as well as clarification of goals and the development of interpersonal skills,” (Temple-Smith & Moore, 2015, p. 4). In other words, there appears to be a normative shift away from adults as role models, instead looking to friends for information, guidance, and acceptance (Tolman & McClelland, 2011). A Toronto-based study by Planned Parenthood found that more than half (55%) of participants turn to friends to get their questions about sexuality and sexual health answered (Flicker, et al.,

2009). Among teens age 14-16 surveyed in a 2009 study, 3 out of 4 participants (75.9%) identify friends as a primary influence in adolescence (Bleakley, Hennessy, Fishbein & Jordan, 2009). While it can be beneficial to experience and discuss developmental milestones with peers, it can also reinforce negative messages and gender stereotypes that contradict the development of a healthy sexual outlook.

Sexual socialization begins at an early age, typically focused around bodies and subsequently assigned gendered norms. While adults, particularly parents, are often the most influential in early childhood, peers continually critique gender performance and reinforce gender conformity. Smith & Leaper (2005) analyzed gender typicality and found that peer pressure and acceptance are critical to social adjustment and perceived self-worth. As presumed by the gender schema theory, this study finds that youth who conform to the social norms of their gender experience the most peer acceptance, and subsequently report the highest levels of self-esteem (Smith & Leaper, 2005). Conforming to gender roles may offer a sense of satisfaction for some, but can also be counterproductive to the development of healthy sexuality. For example, some researchers have found that boys sometimes pretend they know or understand a concept relating to sexuality in order to save face or prove their masculinity (Hilton, 2007). This peer scrutiny does not only affect the individual, but involves the youth community and social environment at large.

Adolescent sexual decision-making is a product of multiple factors, but one of the most persistently influential factors is peer pressure. Young people place significant

weight on the thoughts and expectations of their friends and classmates, particularly when it comes to sexual behavior and relationships (Tolman & McClelland, 2011). Teens continually overestimate the proportion of their peers who are sexually experienced, although national surveys show that it constitutes a minority (Centers for Disease Control and Prevention, 2014). Nevertheless, romantic and sexual peer networks establish the norms that shape the way adolescents receive sexual health information. In a 2004 study, researchers found that “adolescents exist within networks that differ from adults, and, as a result, their intimate and sexual choices hinge on collective assessment of their personal choices,” (Tolman & McClelland, 2011, p. 247). While this interpersonal scrutiny and evaluation plays a significant role in adolescent sexuality development, peers are not the only influences providing context for how young people learn and enact social norms.

Media

Research has consistently demonstrated the vast impact that media can have on people, especially on developing adolescents as they attempt to define their identity and their place in society. In particular, the media’s obsession with sex and sexuality permeates into our every day lives and colors the way we see and interact with the world. Steele (1999) notes, “the mass media constitutes a rich and diverse tool kit of sexual scripts and role models that teens use as they explore the possible selves they might become,” (p. 332). Typically this means observing and imitating mainstream cultural ideals portrayed by their primary role models, as Albert Bandura postulates in his social

cognitive theory (Muuss, 1996). Not surprisingly, Steele (1999) finds that most teens feel a strong pull towards the dominant social norms they constantly see and consume, particularly regarding the norms of gender relations and beauty ideals. This grounds the idea that media is “inextricably meshed with the context of teens’ everyday lives,” and provides a model for understanding how teens engage with the media they consume consciously and subconsciously (Steele, 1999, p. 340).

Consuming this media unfortunately reinforces gender stereotypes and highly sexualized attitudes that can be detrimental to teens’ understanding of healthy sexuality. Popular media and advertising images often “use adolescent sexuality to create excitement and sell products,” teaching both subtle and overt lessons (Ponton & Judice, 2004, p. 507). For example, young people learn that men are sex driven while women are sex objects, and that gender relationships are supposed to be adversarial (Ter Bogt, Engles, Bogers & Kloosterman, 2010). Messaging about body types, attractiveness, gender roles, and relationship ideals are also pervasive in our media, and typically heterosexist in content. In many cases, “media may present a rather unrealistic and skewed account of human romance and sexuality,” contributing to negative personal and social outcomes, such as lower self-esteem and the perpetuation of sexual violence (Ter Bogt, Engles, Bogers & Kloosterman, 2010, p. 844).

Aside from the constant onslaught of entertainment media and advertisements, adolescents of younger and younger generations are increasingly exposed to and influenced by highly sexualized explicit media. Hilton (2007) finds that “it is from

pornography both in print and on the Internet that boys gain much of their ideas about women and women's sexuality," (p. 163). Not only does consumption of pornography encourage unhealthy attitudes and behaviors towards women, but also reinforces unattainable expectations for young women themselves. For all genders, "the greater sexualization of modern culture along with changing social trends (such as the idealization of thin and hairless bodies) combine to make puberty even more difficult," (Temple-Smith & Moore, 2015, p. 67). The accessibility of pornography on the Internet now makes this dynamic much more worrisome. In his book For Goodness Sex, Al Vernacchio (2014) notes, "unfortunately, we're living in a world where Internet pornography is the basic template that many kids use to define what sex is like, what they're expected to do physically in a relationship, and how they're supposed to look while they're doing it," (p. xi). Although not all young people choose to consume explicitly pornographic media, they may receive similar messages through popular media as well.

Of particular importance is the way these media messages interact with messages about sexuality learned at home, in school, and from friends. Rather than only examining exposure to media, Steele (1999) explored the extent to which teens actually engaged with the stimuli and applied it in their individual lives. Similarly, a 2010 study of Dutch teens revealed, "[media] preferences, rather than exposure, were associated with attitudes and stereotypes," (Ter Bogt, Engels, Bogers & Kloosterman, 2010, p. 844). In particular, young people who view soap operas, romantic movies, or pornography, or listen to hip-

hop, R&B, or electronic dance music are more likely to approve of casual sex and endorse gender stereotypes in their lives (Ter Bogt, Engels, Bogers & Kloosterman, 2010). In many cases, teens actively and consciously modeled the behaviors and ideas they viewed in the media (known as “appropriation”), while in other cases teens subconsciously “embodi[ed] the ideologies and cultural styles embedded in the media content,” (known as “incorporation”) (Steele, 1999, p. 337). Both methods of reproduction can serve to reinforce and perpetuate social norms, but appropriation may also be used as a form of resistance. Rather than blindly consuming and subscribing to the unhealthy media messages around them, some teens “us[e] media to fight what they perceive to be the wrongs of dominant culture,” subverting social norms by engaging with media that reflects their worldview (Steele, 1999, p. 337).

Many young people are increasingly aware of the subtle influence media plays in their lives. In fact, Bleakley, Hennessy, Fishbein & Jordan (2009) conceptualize media as a type of peer, functioning in the context of other interpersonal influences. According to their research, however, nearly half (43%) of the teens surveyed do not believe they learn about sex from the media. However, media consumers are often unaware of the constant messaging that reinforces certain ideas about bodies and sexuality. What’s more, music and the Internet were ranked significantly lower than TV and movies as sources of information (Bleakley, Hennessy, Fishbein & Jordan, 2009). Again, young people may not be cognizant of the ways music and Internet content affects their values, whereas TV shows and movies are often more overt with their messaging about sexuality. Overall,

females, Caucasians, and older teens were more likely to recognize media's influence than males, African Americans, and younger teens (Bleakley, Hennessy, Fishbein & Jordan, 2009). While some adolescents are more conscious and even critical of this messaging, many are largely unaware of the enormous role media plays in shaping their views around sexuality. In the current direction of our modern world, it is unrealistic to reduce adolescent exposure to media. At the same time, it is unlikely to rid our society of the "sex sells" marketing and entertainment that consumers respond to. It is therefore essential that young people become critical consumers of their media and challenge the unhealthy sexual attitudes and stereotypes they are constantly internalizing.

Sex Education

One primary reason that many young people rely on media messages to educate them about body image, gender, relationships and sex is that there is no uniform standard for school-based sex education in the US (Guttmacher Institute, 2016). The Sexuality Information and Education Council of the United States (SIECUS) provides an outline of recommended topics and age-appropriate messaging for school-based comprehensive sex education programs, including six key concepts: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture (SIECUS, 2004). Although California has recently mandated comprehensive, accurate, inclusive sex education, not all American teens will be lucky enough to receive adequate sex education in school (California Healthy Youth Act, 2015). In fact, Steele (1999) found that "[teens] learn more about sex in the hallways than in the classroom," voicing a lack of satisfaction

with the curricular materials they were provided (p. 340). Importantly, sexuality education programs “must acknowledge how young people construct meaning about their sexual selves” in order to fully support and educate students (Allen, 2003, p. 615). Both sexual socialization and structured sex education in adolescence are thus critical to developing healthy sexuality (Shtarkshall, Santelli & Hirsch, 2007).

Although it is evident young people rely on teachers for information about sex, a recent study did not identify them as a source that affects change in adolescent’s beliefs about sex (Bleakley, Hennessy, Fishbein & Jordan, 2009). Perhaps this demonstrates that school-based sex education programs are not nearly as effective at shaping teen’s perspectives about the realities of sex. As many sexual health educators realize, young people are not always receptive to this information in the classroom setting. Particularly, it can be challenging to discuss and engage with young men, who may perceive a threat to their masculinity when asked to talk about their thoughts and feelings in class. Many sex education programs knowingly or unknowingly cater more towards young women, who are typically more mature and open to discussing feelings and concerns about sexual health (Temple-Smith & Moore, 2015). While young men often act out as a way to deflect emotions or gain attention from their peers, it is equally critical to understand how to reach young men in an effective way (Hilton, 2007).

A major tenant of comprehensive sex education is to empower young people to make their own decisions about their sexual health. However, adult scrutiny about the content and methods of sex education classes leads many young people to feel “less able,

less intelligent, and less responsible than adults,” (Fields, 2008, p. 19). Students may even avoid asking about certain “taboo” topics that they are truly interested to learn about because of the negative reactions they anticipate from the adults in their lives. Smith (2015) finds that adultist views ultimately hold a fear-based, risk-focused lens on adolescent sexuality: “so much of how we see a young person’s sexuality is defined by all of the things that can go wrong,” (Vernacchio, 2014, p. 5). It is therefore critical that influential adults check their personal biases and understand that young people are in fact smart enough to learn and make decisions about sexual health without being “protected” and scared away from sexuality altogether.

Risk is often perceived very differently between adults and teens. Unfortunately, “unlike media and peer networks, schools and families amplify the dangers of sex rather than the appeal of sex,” (Smith, 2015, p. 52). In order to satisfy both school districts and parents, sex education curricula often shies away from discussing the pleasures of sexual experiences. Some programs circumvent these rigid content standards by allowing students to ask their own questions without restrictions on the topics or judgment about language used, and answering them honestly and directly. Young people will confront an endless barrage of messages about sex and sexuality throughout their lives, both directly and indirectly. Most analyses of school-based sex education’s (SBSE) impact and outcomes “[do] not account for the relative agency or passivity of adolescents, and leaves the impression that students internalize lessons from SBSE uncritically,” (Smith, 2015, p.

14). However, it is essential to understand the various influences on students' lives and the intersectional impact on their understanding of sexuality and sexual health.

Existing Research

Youth sexuality as a social and academic concept is exceedingly taboo for a number of reasons. In our culture, it is typically seen as perverse and inappropriate to conceptualize young people as sexual beings, despite the constant media messages conveying otherwise. As a result, children and adolescents are often excluded from sexuality research, and their voices replaced with adult researchers who speak for and about them. Although it is the adults whom develop the policy, write the curricula, and teach the information, sex education should be a space that allows young people to explore the relevant concepts and issues they are faced with in their daily lives. Within the small pool of existing research on adolescent sexuality development and experiences in sex education, only a few studies investigate from a youth-centric perspective: what do young people want from sex education?

Relevant Studies

Forrest, Strange & Oakley (2004) employed a needs assessment of middle school students in the UK. In addition, these authors analyze their participants' anonymous questions in order to determine the topics of greatest interest in a sex education program (Forrest, Strange & Oakley, 2004). Beyond the survey of topics, they also explore "the wider social norms around sex and sexuality that influence young people's understanding of sexual behavior, and the importance of addressing these within sex education,"

(Forrest, Strange & Oakley, 2004, p. 337). From this study, the researchers identified STIs as the topic of greatest interest to their students. This was found both in their needs assessment (71% of students agreed or strongly agreed that they would like more information on this topic than any other) and the 'suggestion box' analysis (20% of the anonymous student questions were relating to description, transmission, symptoms, or treatment of STIs). Other prevalent topics in both datasets were HIV, accessing services, pregnancy, contraception, resisting pressure, relationships, sexual feelings and emotions. Their analysis also included an examination of the language and phrasing in the questions, which demonstrated some of the students' confusion between slang terms and scientific terms. Importantly, Forrest, Strange & Oakley (2004) recognize some dissonance between the topics highlighted and the government policies that direct curricula development and content standards.

A recent Canadian impact report identified similar issues. Flicker, et al. (2009) found that while at least 9 in 10 Canadian teens received sex education in some form, "there is a disconnect between what youth are learning and what they want to know," (p. 6). More than half of teens surveyed had learned about HIV (78%), STIs (71%), pregnancy and birth control (66%), communicating about sex (61%), healthy relationships (61%), sexual violence/abuse (58%), and sexual orientation (51%). However, when asking that topics young people *want* to learn about, the most common topics listed were healthy relationships, HIV/AIDS, and sexual pleasure. Furthermore, some of the most common criticisms of their current or past sexual health education are

that it focuses too much on biology and the risks of adolescent sexuality. Despite their self-reported interest in learning about relationships and pleasure, however, the most frequently appearing topics of inquiry were around sexual experience, STIs, pregnancy, Planned Parenthood of Toronto, anatomy and menstruation. This discrepancy demonstrates that teens may desire a more accessible forum for discussing the social aspects of sexuality, yet there still exists a gap in knowledge in their fundamental and scientific understanding of sexuality (Flicker, et al., 2009).

Examination of online sex education resources also corroborated these conclusions. TeenWire.org is a sexual health resource created by Planned Parenthood that allows young people to submit anonymous questions about sexuality and receive honest, accurate answers from experts online. Vickberg, Kohn, Franco & Criniti (2003) coded 1,219 questions into seven primary codes: Body (24%); Pregnancy (23%); Relationships, Emotions, or Identity (16%); Services (12%); Contraception or Protection (12%); Sex Behavior (8%); and Sexually Transmitted Infections (5%). These researchers noted, “although sexuality education and reproductive health services often primarily focus on the physical aspects of sexuality, teens are asking more about emotional or relational aspects,” (Vickberg, Kohn, Franco & Criniti, 2003, p. 263). This finding shows that teens may desire more support navigating the social aspects of sexuality rather than additional information about the possible negative health outcomes.

Finally, this sentiment was echoed when Hilton (2007) conducted focus groups with young men in the UK to hear first-hand where their primary interests lie in sex

education. As with some of the other studies, these participants were mostly interested in learning more about STIs, not only HIV and AIDS. They also showed interest in pornography as a source of their sex education, and requested that it be discussed more in the classroom, as well as sexual techniques and more information about girls and their bodies. Aside from specific content, however, the boys primarily sought advice and support for various topics. For example, participants wanted advice on how to resist peer pressure: “They were very conscious of how much their sex is influenced by the prevailing culture and how they need help making personal informed decisions,” (Hilton, 2007, p. 168). They ultimately identified the need for skills to better communicate their feelings. Most of the boys in this study observed that girls have an easier time communicating and that males typically feel pressure to brush off their emotions, resulting in some unhealthy coping strategies. Overall, the boys in this UK-based study express the greatest need for more time dedicated to the emotional side of sex education, so they can challenge some of the gendered social pressures in their lives.

Gaps in the Literature

As these four studies illuminate, teaching about safer sex practices and the transmission of infectious disease leaves a gap in the knowledge of teens who have been shown to want more comprehensive sexual education. While it is undeniably important information, there is clearly a need to address the social and emotional aspects of sexuality, support youth as they navigate sexual decision-making, and satisfy curiosities that are inspired by a variety of influences. Most current research on adolescent sexuality

focuses on sexual behaviors or knowledge of sexual health information. A significant gap in the literature is youth voices themselves, particularly their ability to discuss and question sexual health topics that are personally relevant or interesting. Anonymous student questions offer a wealth of descriptive data, both topically and linguistically.

Although a few studies have attempted to analyze similar data, further analysis of student questions is strongly needed. For example, there may be some use to coding in broad strokes, but Vickberg, Kohn, Franco & Critini (2003) lacked necessary detail in their analysis. Using secondary codes was beneficial, but much of their important data was overlooked when attempting to group the questions into a mere seven categories. Researchers included some qualitative examples when describing each code, but the sample questions simply highlight the broad range of queries and concerns within each category. A more detailed coding structure could provide more useful data for the organization and the general public. For example, Forrest, Strange & Oakley (2004) noted some students' need for advice, guidance, and support, especially for students struggling with their sexual identity. This highlights the benefits of this data collection method as it allows students to seek help that they might otherwise feel uncomfortable about. However, these types of concerns are often overlooked by categorizing questions topically rather than exploring the nuances and context.

An important facet of working with this type of data is that demographic information is indecipherable. Some researchers created their own data by assuming the gender identity of participants based on the questions posed, which likely skewed their

results. One of the primary findings by Vickberg, Kohn, Franco & Critini (2003) was that “only 8.6% of the teens submitting questions were identified as Male or Probably Male,” (p. 262). Not only was this statistic most likely underestimated, it is fairly presumptuous to surmise demographic information from anonymous questions. Far-reaching assumptions like these can not only skew the data, but also lose credibility of the researchers. For example, Forrest, Strange & Oakley (2004) described that among participants in their study, “the absolute level of ‘ignorance’ about some sexual health topics was depressingly high,” (p. 348). This conclusion is very disconcerting and shows a lack of sensitivity toward their study population. Categorizing your participants as “ignorant” and their lack of knowledge as “depressing” introduces judgment and shame towards a population of young people who are being failed by their educational institutions.

Finally, the populations represented in these limited studies are not necessarily diverse. As a society, we typically consider adolescent sexuality to be concerning older teenagers, ignoring the fact that sexuality development is a lifelong process. Most of these existing studies describe the anonymous questions from one specific group of adolescents, typically older teens and homogenous sociocultural populations, and thus do not offer cross-sectional analysis with other groups. Most often excluded from sexuality research are younger adolescents, who are typically experiencing a very different set of sexuality development milestones than high school aged adolescents. Additionally, having geographic information and demography of each school population would help to

contextualize the data. Analysis within and between age groups and school populations will allow for new and unique insights into the social environment and authors of these anonymous student questions.

Research Questions

The primary goal of my exploratory research is to examine how young people think and speak about sexuality when given the freedom to ask questions anonymously. Using the tenets of the social cognitive theory and the gender schema theory, I intend to explore this topic by answering several key questions: What do young people truly want to learn in sex education class? What are the most common topics and concerns that arise in anonymous questions asked during sexual education classes? How do adolescents use the Question Box as a tool for their own education and social support? How does grade level affect these queries? What can language and phraseology reveal about the social environment? This research will provide a much-needed look into the minds of young people and the socializing agents that drive their sexuality development.

METHODS

Data Collection

In order to examine these primary research questions, data was analyzed in the form of anonymous questions written by elementary, middle, and high school students participating in one of Health Connected's comprehensive sexuality education courses during the 2014–2015 school year. This organization reaches over 6,000 students per

year, delivering comprehensive sexuality education courses by grade level: Puberty Talk for 5th and 6th grade classes, Teen Talk Middle School for 7th and 8th grade classes, and Teen Talk High School for 9th grade classes. During the course, students are given blank slips of paper on which they may choose to write any question they may have relating to puberty or sexuality, and deposit their question into the Question Box for educators to answer for the class. The only specific guidelines for the Question Box activity are that questions must remain anonymous, every student must return their slip of paper, and the educators will not answer personal questions. Many students choose to write one or more questions each day, while others return blank slips to maintain anonymity of the questions as instructed.

During the 2014-2015 school year, Health Connected educators conducted puberty and sexuality education programs at approximately 35 schools in the San Francisco Peninsula, primarily concentrated in Redwood City and East Palo Alto. Ten Puberty Talk courses, twenty-two Teen Talk Middle School courses, and five Teen Talk High School courses together collected approximately 7,500 anonymous questions. After each course, which consisted of anywhere between one to twenty-one classrooms, the educator bound and labeled each stack of questions with the school, course level, and date served. A few hundred questions were removed from these stacks by Health Connected staff to be used as examples at conferences, trainings, or on social media. As a result, the data collected and analyzed here represents approximately 95% of the questions collected, but is not a complete set from the school year.

Data Coding

In order to code and analyze this data, questions first had to be entered into a digital database. Each anonymous question was typed into an Excel spreadsheet, maintaining the original spelling and phrasing on the paper. Once the questions were separated by program level – Puberty Talk, Teen Talk Middle School, or Teen Talk High School – these three datasets were uploaded into NVivo for coding. Many of the initial codes were established based on the general topics that appeared frequently while being entered into the database, and additional codes and sub-codes were added during the coding process to provide as much detail as possible. For example, the primary code “anatomy” was given several specific sub-codes: penis, testicles/scrotum, vagina/vulva, anus, hair, and breasts/nipples. A total of fifty-eight primary codes and sixty-one sub-codes were used to capture the content in all three datasets.

Most of the codes were topical (e.g. birth control or sexually transmitted infections), however five were employed to capture the types of questions asked (e.g. How? or Why?), and three captured other concerns and uses of the Question Box (e.g. seeking advice or disclosing identity). A total of 6,926 questions were coded, excluding those that were indecipherable, irrelevant to the course, or personal questions to the educator. Non-coded questions in the NVivo files were manually counted and subtracted from the original counts in the Excel files. Most questions were labeled with more than one code depending on the topics and types of questions posed. For example, the question “Why do you grow pubic hair?” would be coded under “anatomy,” “hair,” and “why?”

Data Analysis

In addition to the coding process, qualitative data was analyzed using quantitative methods to determine the most prevalent codes in each of the three datasets. This analysis required using the subtotals given by NVivo to calculate percentages. The Teen Talk Middle School dataset (N = 4,165) was more than twice the size of the Puberty Talk (N = 1,197) and Teen Talk High School (N = 1,564) datasets. Working with percentages allowed for results to become comparable, which could reveal trends or noticeable differences between the three different populations. Prevalence of questions by type and topic were calculated by dividing the reference count from NVivo by the aggregated total for that dataset. For example, the code “sex” was referenced 1,194 times in the Middle School dataset, and 379 times in the High School dataset. However, when these counts are divided by the total number of questions in each of their respective datasets, it is clear that the topic of sex appears in roughly one quarter of both datasets: 24.2% of the High School questions and 28.7% of the Middle School questions.

The coding software, NVivo, provided counts of each individual code and sub-code, making it easy to identify the most popular codes in each dataset. Identical questions were only coded once but were included in the overall total of each dataset. For instance, the question “What is a condom?” appeared twelve separate times in the Puberty Talk dataset. The question was coded once in NVivo, and the other eleven references were manually added to the numerator to calculate an accurate prevalence. Codes with much smaller subtotals, like gender differences or disclosure and advice,

were not calculated for prevalence. Instead, these questions were used in qualitative analysis, taking sample questions from various categories to illustrate notable trends in the students' thinking.

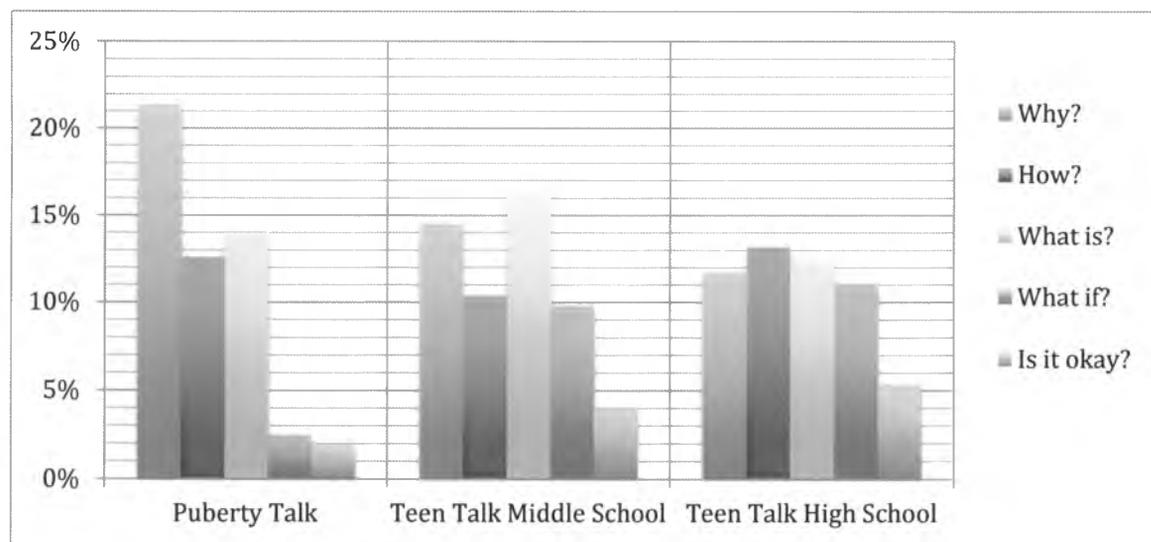
RESULTS

Common Questions

Type

As young people learn about and develop their sexuality, their social environment and stage of cognitive development greatly shape the inquiries and concerns at the forefront of their minds. The resulting styles of questions provide insight into the students' thought processes. Figure 1 depicts the frequency of each question type by program level.

Figure 1. Frequency of Question Types



The younger students in the Puberty Talk course are most often interested in learning *why* something happens or is the way it is. This style of question emerged in a surprising 21.4% of their dataset. For example, these students asked “Why do girls get their period?”, “Why do boys and girls masturbate?”, “Why does puberty happen?”, and “Why do you need to do sex when you’re old?” These 5th and 6th graders were also mildly interested in learning *what* things are (e.g. “What’s HIV?”) and *how* things work (e.g. “How does sperm meet an egg?”), making up 14.0% and 12.6% of their questions, respectively. Rarely did these younger students pose conditional *what if* questions, like “What if the tampon goes too far in the vagina?” totaling just 2.5%. Finally, despite the program topic and age of the participants, only 1.9% of their questions asked about whether things were normal or acceptable, such as “Is it bad to watch sex videos?”

Middle School participants tended to be most curious about *what* things are, with 16.2% of their questions asking for explanations or definitions of terms. Many of these terms involve slang and “adult” topics beyond the scope of our age-appropriate curriculum: “What is a dildo?”, “What is 69?”, “What is a blue waffle?”, “What is a chode?” Almost as frequently, 14.5% of the 7th and 8th graders’ questions asked for explanations of *why*, like “Why do girls moan when they have sex?” or “Why do boys get boners???” Of slightly less concern to these young people is *how* things work (e.g. “How do lesbians have sex?”) or *what if* something were to happen a certain way (e.g. “What happens if you jack off a lot?”), making up 10.4% and 9.8% respectively. Also, concerns of actions or phenomena being good, bad, ok, or normal were certainly present

in this dataset (e.g. “Is it bad to masturbate?”), but only made up 4.0% of their total questions.

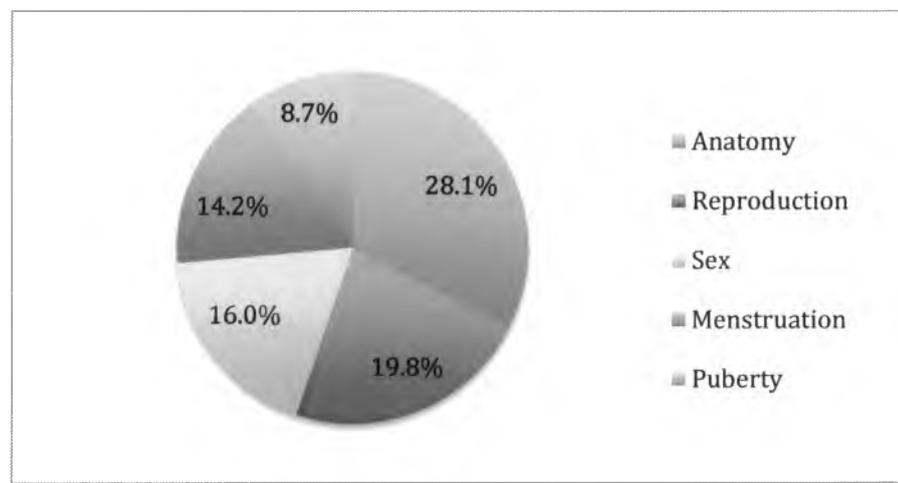
Participants in the Teen Talk High School course had a relatively even spread of question types. By a small margin, the most frequent questions asked were related to the process of *how* something happens, comprising 13.2% of all their questions. For example, these students asked “How are you born with both male and female parts?”, “How does abortion work?”, “How do you know if your gay?” and “How do you make a girl squirt?” Defining *what* things are (e.g. “What is the difference between pansexual and bisexual?”) and *why* they happen (e.g. “Why do condoms sometimes break?”) were still quite important to these 9th graders, making up 12.5% and 11.7% respectively. Interestingly, this group asked the greatest proportion of *what if* questions out of all three datasets, totaling 11.1%. For example, “What if a guy took a birth control pill?” and “If you’re 16 and you date a 20 year old is that statutory rape?” Again, determining the normalcy of specific behaviors and experiences was not as frequent, but still appeared in 5.4% of the dataset (e.g. “If my vagina smells bad is there something wrong with me?”).

Topics

The curricula of each course is designed to cover a wide range of health and social topics, placing slight emphasis on different subjects as they are more relevant at different grade levels. For the most part, the topics of the students’ questions are reflective of the curricular content they receive during the program. Using the frequencies calculated after coding, Figures 2-4 provide a detailed look at some of the most common

curricular topics that appear at each program level. At least 80% of each dataset is represented by five main topics of interest.

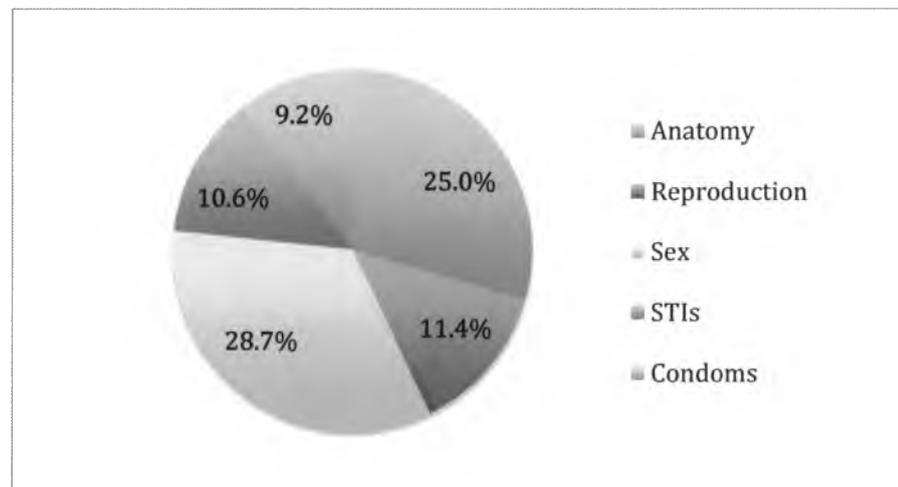
Figure 2. Top Five Topics in Puberty Talk



At the Puberty Talk level, the majority of questions submitted were related to sexual and reproductive *anatomy*, comprising 28.1% of their dataset. For example, students asked: “Why do girls have hair in the vagina?”, “How do men produce sperm?”, “Must a hymen be broken or can it occur naturally?” and “What age does your dick grow big?” Another 19.8% of these questions concerned *reproduction* and *pregnancy*, including questions like “How are twins made?” and “Can you get pregnant while your pregnant?” Although it is not explicitly covered in the curriculum, the topic of *sex* comes up in 16.0% of their questions, such as “Why would a girl want to suck a penis?” and “What is the best age to have s.e.x.?” Unsurprisingly given the program scope and age

level, 14.2% of the questions refer to *menstruation*, with questions ranging from “Why don’t boys have periods?” to “What should you do if you get your period at school?” Finally, 8.7% of their questions were about *puberty* in general: “Why do you get funny feelings?”, “How long does puberty last, for girls?” and “Why we gotta do this changes?”

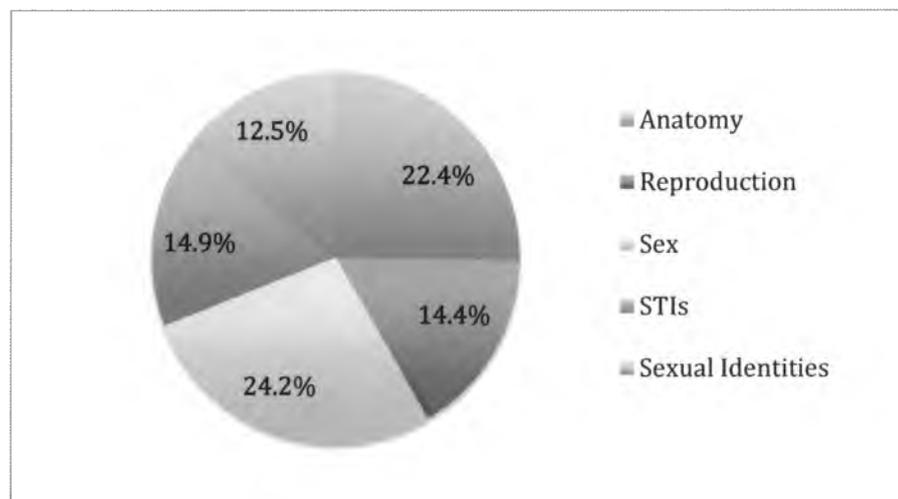
Figure 3. Top Five Topics in Teen Talk Middle School



For students in the Teen Talk Middle School program, the most significant topic of interest was *sex*; 28.7% of their questions referred to various sexual behaviors. These questions include: “Can gay people have sex too?”, “Is sex like porn?”, “Does blood come out of the vagina during sex?” and “Is it okay to have safe sex at the age of 13?” An additional quarter (25.0%) of their inquiries concern sexual and reproductive *anatomy*, such as “What is a g-spot?”, “Is a shaved genital area more attractive?” and “Can you break your penis?” Next, 11.4% of their questions concerned *reproduction* and

pregnancy, including “If you swallow sperm do you get pregnant?” and “How can anal sex cause pregnancy?” Finally, *sexually transmitted infections* (STIs) comprised 10.6% of the Middle School students’ questions, and *condoms* comprised 9.2%. For example, “If you have HIV can you still have sex?”, “Can condoms prevent STIs?”, “How do condoms expire?” and “Can you use a sock as a condom?”

Figure 4. Top Five Topics in Teen Talk High School



In High School, young people are primarily interested in many of the same topics as in Middle School. In this dataset, 24.2% of the questions referenced *sex*: “What does anal feel like?”, “Is it bad to have sex w/ a girl on her period?”, “Are handjobs considered sex?”, “Is it illegal for teenagers to get it on?” Another 22.4% of their questions reference various *anatomy* terms, including “Why do men have nipples?” and “What does a vagina taste like?” The topic of *sexually transmitted infections* appeared in 14.9% of their

questions, such as “What STIs can be transferred in oral sex?” Finally, *reproduction* and *pregnancy* also came up frequently in this dataset, comprising 14.4% of their questions. Some students asked “Is it possible to have sex without a condom and not get pregnant?” and “Can a guy get pregnant?” Different than their younger peers, however, 12.5% of the High School level questions concerned *sexual identities*. For example, “What would heteroflexible mean?”, “Is it at all dangerous to be intersex?”, “Can you choose to be gay?” and “Why do people judge other people that are LGBTQQ?”

It is clear that questions concerning anatomy, sex, and reproduction were quite prevalent in all age groups. Across all three datasets, however, several important sexual health topics were missing from students’ questions. For example, each curricula ensures that students gain knowledge of their rights to access sexual health services, provides a list of resources, and encourages young people to identify trusted adults in their lives. However, the amount of questions about such resources was miniscule, ranging from 0% in Puberty Talk to 0.3% in Middle School to 1.2% in High School. Other topics that were scarcely mentioned include love, relationships, communication and consent. While they were more commonly referenced at the High School level, they were typically included in a student’s request for advice.

Language

Pleasure & Pain

The language used in the students’ questions reflects their social development and influences, as well as their general outlook on sexuality. Examining references to pain

and pleasure provides unique insight into the ways young people conceptualize sexuality. Based on frequency in which the topic appears in these datasets, it is clear that pleasure is not at the forefront of these students' concerns or notions of sexuality. Among Puberty Talk students, sex positive questions were more hypothetical and inquisitive (e.g. "What is an orgasm?" or "Does it feel good to have sex?"), but make up only 0.9% of the dataset. Middle School students continue to ask these questions, but with a more nuanced thoughtfulness, such as "What is the difference between a clitoral orgasm and a vaginal orgasm?" and "What causes the pleasure in sex? What causes those chemicals to go to the brain?" At the High School level, similar questions persist, but appear to become more practical than theoretical, for example "How do you make a girl squirt?" and "If the clitoris is the female pleasure spot, where is the pleasure spot for males?" Questions relating to pleasure in these two datasets make up 2.5% and 2.3% respectively, but the presence is still quite miniscule.

The negative aspects of puberty and sexuality appeared much more frequently in all program levels. In Puberty Talk, 6.9% of the dataset involved concerns about pain or injury. Most often, these questions referred to pain during puberty (e.g. "Do you feel pain when you go through puberty?"), menstruation (e.g. "Does it hurt when we get our period?"), or sex (e.g. "Will it hurt while having sex?"). Only 5.5% of Middle School questions referred to pain, but there was a much greater variety of topics, ranging from "Can you die of deepthroat?" to "Why don't guys suffer like the females suffer?" Among High School students, 6.3% of their questions refer to pain, and had a similar range of

topics as the Middle School students (e.g. “Is it possible to break your penis?” and “How much does anal sex hurt?”).

Gender Differences

In our society, it is typical for young people to observe themselves and their surroundings in terms of binary genders. Students across all program levels wrote questions about that body often using language that assumed gender as binary. While Health Connected educators vigilantly emphasize the diversity of bodies and behaviors, as well as the similarities between humans of different genders, students of all ages frequently phrase their questions in terms of the gender binary they are familiar with. Awareness of physiological differences between boys and girls can be heightened during adolescence and puberty, prompting questions that compare and contrast these two gendered bodies.

In the Puberty Talk course, students are interested in the body parts, processes, and changes that affect one body or another. For example, these young people asked: “Why do girls breasts grow and not boys?”, “How come boys don’t hav a period?”, and “Why do guys have different private part than girls?” Even students in the Teen Talk Middle School program have similar curiosities, such as “Who gets more pubic hair guys or girls?” and “Why do only women have a clitoris? Men should have a part of their body only for pleasure purposes.” While younger students tended to focus on these types of physical differences between men and women, older students in the Teen Talk courses were more observant and curious about the way people experience sex. For example,

High School students wonder, “Do guys get more horny or do girls?” and “Does when a female have sex does it feel the same for the male?” One specific question, however, appeared frequently at all three program levels: “Why do girls moan?” This question may suggest curiosity in reaction to common media portrayals of how men and women experience sex.

Aside from having different bodies and sexual experiences, some students begin to recognize social discrepancies between men and women in society. Interestingly, these types of questions appeared almost exclusively in the Middle School dataset. For example, several Middle School students asked: “Why if a guy has sex he is the man, but if a girl has sex she is a slut?”, “Why are girl’s so under powered? And why do guys have so much power?”, and “Does sexism take place in how men & women are paid?” Only a few students in the other programs noticed behavioral differences and inquired about their social importance. One Puberty Talk student asked, “Why girls are very delicate in relationship?” recognizing from an early age the gendered societal expectations for girls to be feminine and meek in relationships. Teen Talk High School students, on the other hand, were more curious about gender differences in relation to sexual violence. Some of these include, “If a guy pressures a girl into saying yes, is it still considered rape?”, “How can a guy get raped?”, and “Why, when a girl is raped, do they always try to say ‘well look what she is wearing?’ Why is that even a factor? Shouldn’t rape be rape no mater what the female was wearing?” These types of questions highlight both students’

gendered assumptions and their critical awareness about sexual norms, such as men being sexually aggressive and females being sexual victims.

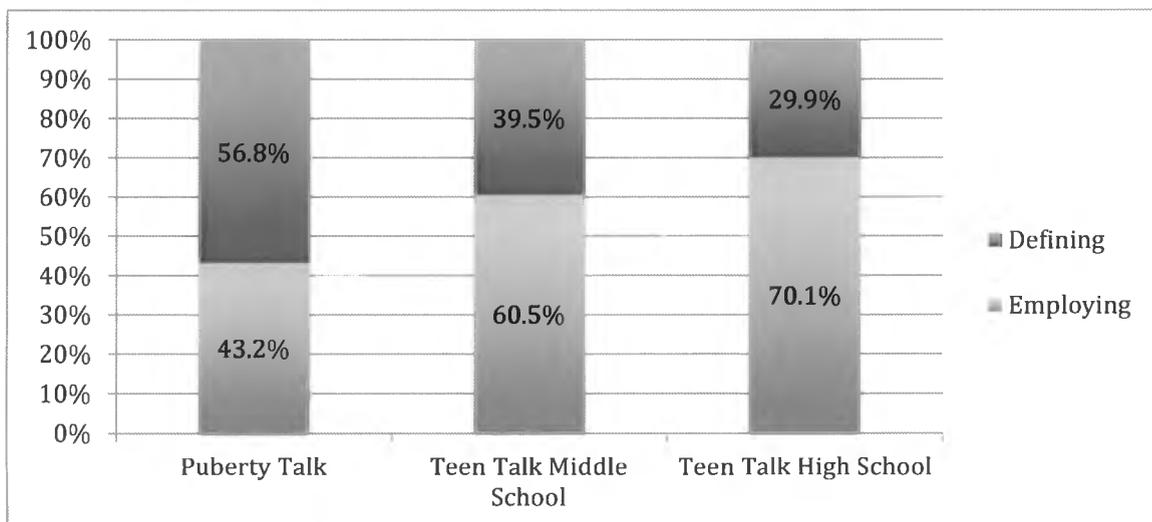
Slang

Examining word choice can provide interesting context to the various influences and thought processing around sexuality as well. In class, the educators use appropriate medical terminology, but will often be asked to define slang terms during the Question Box activity: “What does it mean to be horny?”, “What is a dildo?”, “What does 69 mean?”, and “What is a chode?” In most of these cases, students have heard these terms from media or people around them, and would simply like to clarify what the term means. On the other hand, some students integrate these slang terms into their vocabulary as they ask other questions. For example, “Why is cum white?”, “How do you make a girl squirt?”, “When gay people have sex does the dick go through the ass?” and “Can you die from jacking off too much?” Among all student questions analyzed, 86 unique slang terms were identified, but only 12 were found to be in all three datasets: “69,” “ass,” “blue waffle,” “boner,” “camel toe,” “cum,” “dick,” “finger,” “horny,” “jerk off,” “pussy,” and “wet dream.”

Although slang terms appear at all program levels, older students are significantly more likely to use slang in their questions. Only 3.7% of Puberty Talk questions utilized a slang term, whereas 12.8% of both Middle School and High School level questions did. As the students get older, however, their use of slang shifts. Figure 5 shows that younger students are more likely to ask for definitions of slang terms, while older students are

more likely to employ these slang terms in the phrasing of their questions. Additionally, the slang terms found in both of the Teen Talk datasets often refer to concepts particularly focused in the porn industry. For example, terms like “creampie,” “gang bang,” “squirt,” and “deep throat” appear multiple times in both High School and Middle School questions. The Middle School dataset also includes a notable portion of questions relating to sex toys and sex positions.

Figure 5. Slang Usage



Disclosure & Advice

For some young people, the Question Box provides a unique opportunity to reach out to the sex educator with personal concerns. Behind the shield of anonymity, students may feel freer to disclose personal issues and seek advice for challenging situations. Each

dataset includes a small, but notable proportion of these types of questions. Advice questions are those that ask for an opinion or solution from the educator, rather than a factual answer to a curiosity. Questions that include disclosures almost always include a plea for advice as well. For the most part, these questions fall into a few main topical categories, including bodies, relationships, and identities.

At the Puberty Talk level, students are naturally concerned with their changing bodies and seeking help to get through some of the more challenging parts of puberty. For example, students asked, “What should you do if you get your period at school?” or “I am going through a process where my breast is growing and it hurts. What or who do I talk to?” Other times, these young people seek advice for how to handle challenging social and emotional situations, such as “What should you do (other than telling an adult) if someone bullies you about going through puberty?” or “What should you do if someone makes you feel uncomfortable?” Finally, another concern that appears at this age is crushes: “What do you do if you like someone a lot and you freak out everytime they are around and act weird around them?” or “If you like someone and they know that you like them what do you do? Love question.”

Advice questions about relationships and dating were still relatively common among Middle School students. For example, “How do you think a boy should treat a girl if they are in a relationship?” or “What is the best way to tell someone you like them if you are shy?” This group also voiced concerns about becoming sexually active, frequently asking for advice such as “When is the right time to have sex?” and “What’s

an appropriate age to lose your virginity?” While the reality of having sex was seemingly becoming more possible for students at this age, so too was the reality of becoming teen parents. For example, some students asked, “If I become a teen parent, what is your advice to me?” or even “How do you tell your parents your pregnant?” Also evident is their struggles with sexual pressure: “What can I do if someone want to do whitout condom?”, “What happens when your friends and partner are pressuring you to do sexual things? (what should you do?)”, “What do you do when someone is making you have sex?” and “If you are being raped what can you do to stop it?” These questions do not offer overt disclosures of sexual crimes, but give the educator an opportunity to emphasize the laws around consent and provide resources and support for those who may be experiencing unwanted situations. One other notable topic that began to appear in this age group is identity. Only a few questions referred to sexual identity, but they seemed to maintain a hypothetical stance, for example, “How do I come out if I’m LGBTQI?” or “What do you do if your friend is LGBTQIA + they don’t know what do to?” This seems to suggest that while some middle school students have awareness of their identity, they are still unsure or apprehensive to disclose.

High School aged students, on the other hand, frequently included an overt disclosure of sexual identity before asking for advice. Some students shared: “I’m gay and I’m experiencing feelings for my best friend. Should I tell him/her? I don’t know how they feel about gay/les people I don’t want to ruin our friendship?”, “I’m bisexual and I’m dating a guy. He’s afraid that I will leave him for a girl because, well, he can’t be

a girl. How do I make him realize that I won't cheat on him or whatever just because I'm attracted to both genders?", or "My mom is transphobic (Im trans) and I have only come out to a few of my friends she knows I'm attracted to my bio gender and she isnt exactly acceptive of that, any tips/advice?" These young people tend to be more certain and self-assured, but seeking advice for how to handle relationships that may be affected by their identities, such as "How can you explain gender identity to friends/family, and what if it's not accepted?" Romantic relationships in particular are a significant issue for many of these high school students, asking things like "How do you know when you are ready for a relationship?" and "What is the best way to get out of an abusive relationship?" Aside from relationships, other concerns among this population range from "What should you do if the condom rips during sex?" to "What are the most recommended choices for birth control? (other than abstinence)" to "What do you say when someone casually tells you they're gay?" to "What are your thoughts on watching porn?"

DISCUSSION

Although the content of Health Connected's puberty and sexuality education programs is clearly defined in the curriculum, the extent of inquiries and discussions within the classroom is not exclusively reflective of those lessons. Using the Question Box, students are able to ask for clarification, to seek further detail, to pose related queries or hypotheticals, or to bring up topics of concern that might not otherwise be addressed in this capacity. Of great interest to educators, parents, and young people alike

is the content that emerges from this anonymous channel of communication. The findings from this study provide new insights into the sexual curiosities of young people.

Question Types

Analyzing the types of questions found in these datasets sheds light onto their developmental stages and thought processing about sexuality. Younger students in the Puberty Talk course focused primarily on why things happen, indicating an interest in understanding the functionality of the human body and the purpose of various physical and social phenomena. Middle School students were slightly more curious about what things are. This may result from increased media exposure and peer influence at this age, being introduced to new words and concepts without full context or explanation. High School students, on the other hand, are interested in learning more practical information about how things work. This is possibly because the lessons are more personally relevant, with more young people preparing or beginning to explore sexual activities and identities at this age.

Common Topics

Across all age groups, however, topics of interest did not vary drastically. Anatomy, sex, and reproduction were among the top five themes most frequently referenced in all three datasets. Other common themes among the younger students are menstruation and puberty, while older students often ask about sexually transmitted infections and condoms. The emphasis on these specific physical and physiological topics is not surprising, and supports the findings from other similar studies (Flicker, et al. 2009;

Forrest, Strange & Oakley, 2004). In the context of a science class, which is typically where sex education is included, these common themes are very relevant. On one hand, students may also feel more comfortable asking questions about physical and scientific concepts. These types of questions mostly result in factual academic answers, which may feel less personal and thus easier to digest. On the other hand, students may be using the Question Box as an opportunity to ask detailed and explicit questions that they may otherwise have no appropriate outlet to inquire about. These topics are also less likely to be discussed in a factual way in social settings or in the media, and thus remain more secretive or taboo.

Missing Topics

What was strikingly left out of these students' anonymous questions, however, were topics relating to the more social and emotional aspects of sexuality. Communication, relationships, and love are rarely referenced in any of the three datasets. Some might be quick to believe that these social and emotional topics are simply of less importance to young people, and therefore sex education should continue to remain scientific and medically-focused. However, there may be other underlying reasons for the lack of focus on such topics in the Question Box. Students may feel that they are more knowledgeable and comfortable with such topics because they receive messages about these themes from a young age, both in the media and from their families, whereas topics like anatomy and sex are not usually discussed as openly. Or perhaps young people feel able to talk with friends or trusted adults about such topics with less embarrassment, and

thus do not feel the need to ask anonymous questions about them in class. In any case, the lack of questions concerning social and emotional themes should not be seen as a reason to skim over these topics in the classroom. Referring back to the SIECUS Guidelines for Comprehensive Sexuality Education, it is recommended that young people learn more than just human development and sexual health information. Even though the students in this study did not focus their questions heavily on love, relationships, and communication, learning about these non-scientific concepts is equally important for developing into a healthy sexual being.

Pain & Pleasure

The language and phrasing of questions about pain and pleasure provides unique information to help build fuller picture of young people's sexual development and primary influences. Within the phrasing and terminology used in these questions, it is possible to decipher some assumptions and concerns that may color the way these students learn about and experience sexuality. In particular, sex positivity and negativity – the view of sexuality as good or bad – manifests in interesting ways through these students' questions. For example, the proportion of questions concerning pain is more than double the amount concerning pleasure, signifying that young people may tend to skew towards a sex-negative viewpoint. Especially at the Puberty Talk level, even before the topic of sex is included as part of the curriculum, 5th and 6th grade students are particularly preoccupied with the possibility of pain during sexual activity, as well as pain related to menstruation. While curiosity about sex and bodies is normal, these young

people may be receiving sex-negative messaging from a young age, instilling a fundamental discomfort or anxiety about these topics. Older students in the Middle School and High School courses also frequently ask about pain, although they seem to understand the positive and pleasurable aspects of sexuality more than younger students. Nevertheless, it seems that the medicalization of sex prevalent in our society may be influencing young people to focus on the physical body and possibility for discomfort more than the positive aspects of sexuality.

Slang

The use of slang terminology in these anonymous questions relates to the social development stages of adolescence. At the Puberty Talk level, young people are still most influenced by their trusted adults. This likely includes their Health Connected educator, classroom teachers, and family members. As a result, these students are more likely to use scientific and academic language to describe anatomy or physical processes because they hear their trusted adults using such terminology. However, at the Middle School and High School levels, young people begin to shift their focus to peers and celebrities as their primary influences. Students in grades seven, eight, and nine likely hear a lot of slang terms used by their friends or in popular media. Given the type of slang terms that appear most frequently and across all age groups, it is likely that students are now increasingly exposed to explicit media or pornography. In attempts to gain social acceptance or simply attention from their peers in the class, these students are more likely to employ slang terms in their questions, despite knowing and repeatedly hearing the

“classroom appropriate” terminology used by the Health Connected educator. There is also a significant difference between asking to define a slang term and utilizing a slang term within a question. The latter may contribute to unhealthy communication or general sex-negative perspectives as young people develop physically, socially, and sexually.

Recommendations

The findings from this study can contribute to the growing and evolving field of sexuality education. Content standards and legal mandates regarding this type of curriculum vary from state to state, however, several recommendations can be made to improve the quality of education that students receive. Although this analysis identifies the five most frequently referenced subjects in students’ questions, they should not dictate the content of students’ sexuality education. Keeping these recommendations in mind when delivering sex education programs can help young people develop a sex-positive outlook towards bodies, relationships, identities, and sexuality overall.

Tailor the Content

Sexuality education should not be a one-time lecture or discussion, but rather an ongoing process that should evolve to match the developmental stage of the students. Health Connected’s programming ideally reaches young people four distinct times between ages 10 and 18. At each touch-point, students receive a curriculum that is tailored to their developmental stage, influenced by SIECUS curricular recommendations. The study at hand both confirms best practices and sheds light on

several important concepts. Notably, this analysis highlights the similarities and differences in the queries posed by students in the three different program levels.

Clearly students in this study were heavily interested in anatomy, sex, and reproduction, however their developmental processing of this information is somewhat different by age group. When addressing these critical components of sex education, educators should tailor their explanations to focus on the information most relevant to each age group. For example, when explaining the process of reproduction, 5th and 6th grade students may be most interested to learn why people have sex and how the sperm reaches the egg, 7th and 8th grade students may be more interested in learning what body parts are involved and how they function to cause reproduction, and 9th grade students may be more curious about how to cause or prevent reproduction when engaging in different sexual activities. By tailoring the same topic to various developmental levels over several years, students build on their earlier information to become more educated young adults.

Move Beyond Science

In efforts to reduce discomfort or embarrassment, increase respectability, and maintain a comfortable distance to avoid getting too personal, many people tend to use an exclusively biological or medical lens when discussing sexuality. This is particularly true in regards to in-school programs that must cater to a diverse population with varying norms and values. It is expected that all school subjects remain politically neutral and academic, free from controversy or inappropriate messages. This is a common fear for

parents and educators who are anticipating the effects that a sex education course will have on their students. While the fundamental physical topics like anatomy and STIs are critical for understanding one's body and sexual health, sex education must extend into the social and emotional realms in order to be truly comprehensive. Without emphasizing topics like pleasure, communication, and relationships, young people are essentially unprepared to navigate the complex world of sex and dating in a healthy way as they grow older. Beginning at an early age and continuing throughout their adolescence, students should learn information and skills to grow as a healthy sexual being.

Normalize Diversity

The smallest proportion of question types in all three datasets concerned whether things are normal, okay, good or bad. However, the presence of these questions indicates a level of insecurity as well as an attempt to understand social and physical norms around sexuality. One significant underlying assumption noticed within these datasets is the binary juxtaposition of boys and girls. Too often scientific approaches to sex education focus on the anatomy and physiology of the male and female bodies, but rarely speak about the differences that exist in sex development, ability, age, as well as variations in body size and shape. It is extremely important in a comprehensive sex education course to emphasize and normalize the diversity of human bodies, desires, identities, relationships, and sexual activities. Continually addressing this diversity at every opportunity will help cultivate a sex positive attitude and hopefully contribute to a sense of security with their own developing sexualities.

Offer Support & Guidance

Creating a safe space for students to communicate, disclose, and seek help is also critical to promoting healthy sexual development. Although sexual health educators are not doctors or therapists, young people benefit from anonymously receiving validation and support from a trusted and informed adult. There are legal and social boundaries as an educator and mandated reporter that will affect certain disclosures, so students should clearly understand those lines before using the Question Box. However, most incidences of advice and disclosure in these datasets were seeking help to navigate difficult personal and interpersonal situations, rather than discussing actual trauma or abuse. Young people need this outlet because they may not have open and trusting relationships in their own lives to take these concerns. While some educators may feel uncomfortable inserting their personal opinions and advice in an academic setting, it offers a significant benefit to the young people in the classroom, even to those who did not ask the question. It should be made clear to all students that they may choose to communicate confidentially using the Question Box for all types of personal concerns or struggles.

Focus on Functional Knowledge

Finally, one of the primary goals of sex education is to provide functional knowledge, critical messaging and information that can be useful in daily life. While many of these students' questions bring up valid sexual health topics, some tend to get quite detailed and intricate. Using the Question Box, students may pose specific curiosities that may not typically be covered in a comprehensive curriculum. These

curiosities supplement and extend the depth of knowledge that students receive in a sex education course, but may not provide actual skills or functional knowledge to assist young people as they navigate their social and sexual development. Based on the topics of advice and support that surfaced in these datasets, it is clear that communication is a critical skill for young people to practice. In the context of sex education, young people should spend time considering their values, wants, and needs, and learn skills to communicate and negotiate with romantic or sexual partners in a healthy way. In addition, it is beneficial for students to identify sources of support in their lives and practice reaching out to trusted adults. Finally, learning how to handle tough situations, respond to pressure, and give peer-to-peer advice are functional life skills. Incorporating these critical aspects into comprehensive sexuality education, along with the biological and scientific topics students most often ask about, can facilitate healthy sexual development, navigation of sexual relationships, and understanding of the sexual self.

CONCLUSION

As an educator with Health Connected, I have seen and answered hundreds of these anonymous student questions in classrooms all around the San Francisco Bay Area. However, notable questions and trends are purely anecdotal without stepping back to examine the dataset as a whole. This project is close to my heart because of my proximity to the data and my passion for educating young people. Like many other health educators who develop and implement comprehensive sex education curriculum, I recognize the

importance of understanding the diverse social and physiological factors influencing the development of adolescent sexuality. Although these questions were collected from a specific population who received one of the most progressive sex education curricula available, scientific foundations and gender norms still permeated their curiosities. My analysis was somewhat colored by my personal experiences in the classroom, knowing what conversations and follow-up questions usually arise when discussing certain topics. Therefore, a researcher conducting this same analysis without the same level of investment might provide a different perspective on this qualitative data. Nevertheless, these findings provide a much-needed glimpse into the curious minds of young people as they navigate puberty, explore sexuality, and develop sexual agency. Educating and empowering young people cannot be done effectively without considering youth voices and the intersectional impact of various internal and external influences on adolescent sexuality development.

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