

# The Complexities of Sex Education in Utah

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## Abstract

*Utah has a state-wide policy of abstinence education. Abstinence education programs have been proven to be ineffective at delaying the initiation of sex and changing sexual risk behaviors (Santelli et al., 2017), correlating with high rates of teen pregnancies and STIs ((Stanger-Hall & Hall, 2011)(McCammon, 2017)). Limiting the standards by which sex education programs are deemed “effective” to disease and pregnancy prevention, neglects the holistic view of sexual health as defined by the CDC. Therefore, in an attempt to understand the broader implications that sex education has had on youth in Utah, this study examined, through a survey and interviews, the social, cultural, and educational influences that youth in Utah attributed to their sex education. Additionally, this study analyzed how these influences have played a role in the youth’s self perception of their sexual knowledge and sexual health. This research revealed that abstinence education is inherently limited, calling for Utah to expand its sex education framework beyond abstinence education and embrace a comprehensive model for sex education.*

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## **Introduction**

The implementation of sex education in public schools is often a complex and emotionally charged decision, forcing law makers, parents, school districts, and the community at large to confront their varying moral, religious, and ethical beliefs held around the controversial topic of sex. Utah, which is the focus of this study, has a unique, highly religious culture due to the dominant presence of the Church of Jesus Christ of Latter Day Saints, also referred to as the Mormon Church. In Utah, “62.8%” (Canham, 2017) of the population and “90%” (LaPlante, 2018) of its lawmakers are members of the Mormon Church, impacting the policies implemented in the state, including sex education. The religiously dominant, conservative culture in Utah has lead them to adopt a statewide abstinence sex education policy. This policy requires all public and charter schools to include abstinence education in their health curriculum for students in middle and high school.

The purpose of sex education programs is to help adolescents develop healthy habits in relation to their overall sexual health. Adolescence is a phase in life when individuals begin to rapidly grow physically, emotionally, mentally, and psychologically (Banspach, 2016). Additionally, this is a time in life when they begin to develop positive or negative, healthy or risky behaviors (Banspach, 2016), including sexual risk taking behaviors. Therefore, sex education has the ability to intervene and ensure that youth are taught healthy habits, protecting their sexual health.

Across the country, abstinence programs have been deemed ineffective at “delaying the initiation of sexual intercourse or changing other sexual risk behaviors” (Santelli et al., 2017).

Additionally, studies found a positive correlation between abstinence education and high rates of unintended pregnancies (Stanger-Hall & Hall, 2011) and STIs (McCammon, 2017). Utah, however, has some of the lowest rates of unintended pregnancies and STI rates in the country (“State Profiles Fiscal Year 2017: Utah,” 2017).

These statistics, on their own, may imply that abstinence education is effective in Utah. However, this assumption would not take into consideration the holistic view of sexual health as defined by the Centers for Disease Control (CDC). Sexual health is defined as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” (“Sexual Health | CDC,” 2018).

Hidden behind Utah’s low rates of STIs and unintended pregnancies lies a variety of statistics surrounding sex, sexuality and sexual health where Utah stands out among the other states. For example, Utah’s rape rates are the only violent crime in the state that is higher than the national average (“Complete Health Indicator Report - Adolescent Births,” 2018). Additionally, earlier this year, Utah was ranked the second most sexist state in the country (Alberty, 2018).

In addition to these statistics, recent stories uncovered by *BBC* and *This American Life*, have brought to light the impact that the Mormon Church’s beliefs have had on the overall sexual health of individuals who are a part of the Mormon faith. The common themes that ran through these individuals’ stories were the feelings of guilt, shame, and embarrassment surrounding sex and sexuality (“But That’s What Happened,” 2018)(Etutu, 2018)). Even though these personal experiences cannot speak for everyone in the Mormon Church, they provide insight into the

possible impacts that the Mormon teachings, and by extension Utah's sex education policies, have had on adolescents in Utah.

This paper examines the complex layers of communal, familial, educational and religious influences that play a role in shaping the sex education that youth receive in Utah. Additionally, this paper analyzes how these influences have played a role in the self perception of youth's sexual knowledge and sexual health.

### **Literature Review**

This section explores the existing literature about the state of sex education in Utah and across the country, historically and today. Additionally, it examines Utah's sex education policies and the unique, religious influence of the Mormon Church. Finally, this section looks into the impact that sex education programs has had on minority youth, youth in Utah, and members of the Mormon Church.

### **Sex Education in Schools: Importance of Influencing Adolescents**

Individuals begin to develop healthy or risky behaviors during their adolescence, making this an influential time of life (Banspach, 2016). There are multiple influences that play a role in the educational development of youth, such as family, friends, religion, and schools. Schools however, are natural learning environments that come into contact with youth during their most critical years of intellectual and physical development for at least 6 hours per day ("Why Schools?," 2019). The CDC has found that when sex education is "well designed and well implemented... [it] is associated with delayed sexual debut, fewer sexual partners, and more



widespread and consistent use of condoms”(Demissie et al., 2017). Therefore, in order to have a positive impact on youth and help them develop healthy habits, school based policies must be improved to “reinforce healthy behaviors and educate adolescents about reducing risky behaviors” (Banspach, 2016).

Sexual risk behaviors are one subset of categories that impact the overall health of youth. Sexual health plays a fundamental role in the emotional and physical well-being of individuals, influencing a variety of aspects of their lives. For example, the CDC found that students who received lower grades were “more than 4 times more likely to have had four or more sexual partners” (“Improving School-Based Health and Education Policies,” 2018). Additionally, the CDC found that almost half of high school aged students are sexually active, but “41% do not use condoms” (Banspach, 2016), putting their sexual and reproductive health at risk. Therefore, in order to ensure youth are developing proper habits to protect their sexual health, schools must implement sex education curriculums that have been proven to reduce these sexual risk behaviors.

### **State Culture and the Moral Debate Over Sex Education in Schools**

Sex education is not a federal requirement in the United States, allowing each state to choose whether or not to implement these programs in their local public schools. The lack of consistent implementation guidelines for sex education nationwide has led to a “highly diverse “patchwork” of laws and policies” (Hall, Sales, Komro, & Santelli, 2016). When states do decide to implement these programs, the type of sex education curriculum they select tends to fall under one of two broad categories: comprehensive sex education or abstinence education. Even though

both of these education programs appear to have the same goal, which is to delay the initiation of sex, protecting youth from the effects of risky sexual behaviors such as unwanted pregnancies and STIs, the moral priorities of comprehensive sex education and abstinence education advocates do not align (Rom, 2011).

Advocates for abstinence education programs view procreation as the central role of sex which occurs during marriage, between a man and a woman (Rom, 2011). Comparatively, proponents of comprehensive education view “procreation as a legitimate purpose”, but place a higher value on pleasure, insisting that sex is a human right for “both heterosexuals and homosexuals, independent of procreation” (Rom, 2011). Additionally, those who support abstinence education programs tend to believe that providing youth with comprehensive information, will “*increase* risk-taking behaviors” (“History of Sex Education in the U.S.,” 2016), making comprehensive sex education an impractical option for abstinence education supporters.

The incompatibility of these moral principles, combined with the state’s ability to choose the program in their local schools, has sparked a series of public debates about which type of sex education should be taught in local, public schools. The unique cultural values and norms of each state leads them to choose one program over the other. Utah for example, which has more conservative values (“How liberal or conservative is your state?,” 2019), has adopted statewide abstinence education policy (“SB0196,” 2017). Comparatively, California, a state that has more liberal values (Mcghee & Krimm, 2012), has adopted a statewide comprehensive sex education policy (“Comprehensive Sexual Health & HIV/AIDS Instruction - Health (CA Dept of Education),” 2019).

## **Abstinence Education**

### **Federally Funded Abstinence Education**

The Mormon Church's emphasis on abstinence education in schools is not unique. In fact, abstinence education has been the dominant choice of sex education policies across the country, receiving a disproportionate amount of federal funding ("A History of AOUM Funding," 2018).

The Adolescent Family Life Act (AFLA), which was passed in 1981, marked the beginning of funding for abstinence education programs in the United States ("Sex Education in the US: Policy and Politics," 2002). This Act was sponsored by Utah's very own Orrin Hatch and Jeremiah Denton from Alabama, and was backed by the Moral Majority (Shatz, 2007). The primary goal of AFLA, which was also known as the "chastity" program (Saul, 1998), was to provide "comprehensive support services to pregnant and parenting teens and their families" ("A History of AOUM Funding," 2018). The underlying goal, however, was to promote morality, family values and encourage abstinence (Saul, 1998). Therefore, the AFLA grantees were limited to programs that shared similar pro-family ideologies and did not "advocate, promote or encourage abortion" (Saul, 1998). Most of AFLA's early grantees were "far-right and religious groups" along with other programs that developed "fear-based curricula" (Saul, 1998) that used

scare tactics to encourage abstinence. These actions caught the attention of the ACLU and they filed a lawsuit against these programs.

The constitutionality of the AFLA was challenged in 1988 in the case *Bowen v. Kendrick*, 487 US 589 (1988). The Supreme Court held that even though AFLA mandated that its grantees use services from religious organizations (Walker, 1989), the advancement of religion was not the primary purpose of the Act. Therefore, the Federal Government was allowed to support abstinence education programs as long as their purpose was not explicitly religious (Rom, 2011). This ruling led AOUM programs, along with the Federal Government, to use carefully crafted moralistic terminology to promote their values of purity and chastity without explicitly mentioning religion.

The AFLA, however, was only the beginning of federally funded abstinence education programs. In 1996, the Federal Government expanded its funding for abstinence education programs and replaced the AFLA with Title V of the Social Security Act (“A History of AOUM Funding,” 2018). Title V provided funds for abstinence only until marriage (AOUM) programs and established an 8-point definition of abstinence education (see Appendix A), constraining all sexual activity to faithfully, monogamous, marital relationships. This moralistic federal definition of abstinence education toes the line between a secular and religious approach to sex education, marking a “significant shift in resources and ideology from pregnancy prevention to promoting abstinence from sexual activity outside of marriage, at any age” (“A History of AOUM Funding,” 2018). Therefore, when evaluating AOUM programs, it is important to

recognize that even though the programs may be facially secular, their religious intent may be masked by moral expressions.

In 2017, the Federal Government revised the language in Title V, shifting away from the traditional concept of abstinence only education toward sexual risk avoidance education (SRAE) (“A History of AOUM Funding,” 2018). SRAE programs, however, are essentially rebranded AOUM programs (Boyer, 2018). Ascend, which used to be referred to as the National Abstinence Education Association, felt the need to rebrand themselves, and abstinence education as a whole, after multiple reports came out characterizing abstinence education programs as ineffective (“A History of AOUM Funding,” 2018). SRAE programs adopted risk reduction language into their programs in order to reflect the same language used by experts, but in reality, the substance of the programs remained the same (Boyer, 2018).

The goal of SRAE is to encourage individuals to “voluntarily [refrain] from sexual activity” (Boyer, 2018), which equates to abstinence. The Federal Government, with the help of former Ascend CEO Valerie Huber, who is the current Senior Policy Advisor for the Office of the Assistant Secretary for Health, changed their 8-point abstinence definition to a 6-point definition to include risk reduction language (see Appendix B). The government implemented this revised Title V program during the FY18 (“A History of AOUM Funding,” 2018), therefore, the effects of these rebranded programs have yet to be discovered.

Reports provided by the Sexuality Information and Education Council of the United States (SIECUS) for fiscal year 2016, 2017, and 2018 show that Utah has consistently received

nearly \$500,000 in funding from Title V. Therefore, Utah's abstinence education policies were required to adhere to the old and new guidelines established by Title V.

### **Abstinence Education: Fails to Change Teen Risk-Taking Behavior**

Federal funding and state support for abstinence programs continued, even in light of a large body of research which found these programs to be ineffective at changing youth's sexual risk-taking behavior. Abstaining from sex is 100% effective in preventing transmission of STIs and unintended pregnancy, however, studies show that abstinence education, in practice, has a high failure rate (Santelli, et al., 2017). This failure rate stems from the fact that when abstainers fail to stay abstinent many of them do not use contraception, including condoms, leading to non-marital pregnancies and the spread of STIs, such as HPV (Santelli, et al., 2017). In addition, there has been no substantial scientific evidence that shows Abstinence Only Until Marriage programs delay the initiation of sexual intercourse or reduce the number of sexual partners ("Review of Key Findings of 'Emerging Answers 2007' Report on Sex Education Programs," 2016). In fact, according to data collected in 2005, there is a positive correlation between states who have higher levels of abstinence only education, meaning states whose policies required abstinence to be the fundamental teaching standard in schools, and a higher average of teen pregnancy (Stanger-Hall & Hall, 2011). This conclusion was drawn after the study tested for socio-economic status, educational attainment, and ethnic composition (Stanger-Hall & Hall, 2011).

Not only do AOUM programs prove to be ineffective at "delaying the initiation of sexual intercourse or changing other sexual risk behaviors" (Santelli et al., 2017), they also reinforce

gender stereotypes as facts (Schalet et al., 2014). For example, the Waxman report found that AOUM programs funded by the government perpetuated gender stereotypes such as “female passivity and male aggressiveness” (Waxman, 2004) in their curriculum. These stereotypes are generally associated with “negative sexual health behaviors” (Santelli, et al., 2017) such as a reduction in condom and contraception use. In addition, studies have shown that traditional gender roles which encourage female passivity hinder their ability to claim their own sexual autonomy, increasing their “vulnerability to STIs and HIV, intimate partner violence, unwanted sex, and unintended pregnancy” (Schalet et al., 2014). Also, the literature shows that sexual double standards, which accompany gender stereotypes, harm adolescent women by stigmatizing their sexual desires and reducing their “negotiating power within sexual encounters” (Schalet et al., 2014). This is concerning because the CDC reported in 2006 that LGBTQ youth and adolescent females experienced high rates of dating violence and coercion (Schalet et al., 2014).

Additionally, AOUM programs contribute to anti-gay rhetoric found in school curriculums across the United States. Abstinence education programs generally fail to talk about different forms of sexuality, focusing primarily on heterosexual relationships. State’s enforcement of AOUM programs perpetuate anti-gay rhetoric by actively remaining silent about other forms of sexuality (Pingel, Thomas, Harmell, & Bauermeister, 2013). Some states, however, actively promote heterosexuality and/or exclude homosexuality in their policies. As of 2017, there were 17 states in the U.S whose laws required teachers to educate their students about the benefits of abstaining from sex outside of marriage, while explicitly excluding same-sex couples from their definition of marriage (Rosky, 2017). Anti-gay curriculum laws

have been shown to contribute to the harassment and bullying of LGBTQ+ students, leading to an increased risk of “school dropout, unemployment, and suicide” (Rosky, 2017).

### **Comprehensive Sex Education: Effective at Positively Changing Youth Behavior**

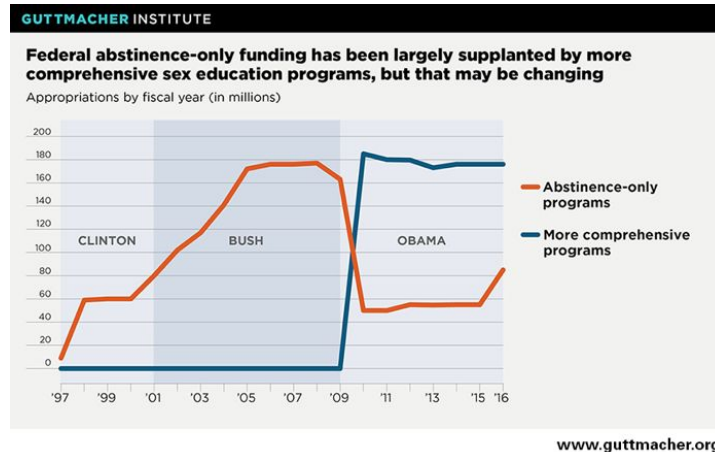
In comparison to abstinence sex education programs, comprehensive sex education (CSE) programs provide medically accurate information about abstinence, safe sex practices, healthy relationships, communication skills, contraception, and other topics (“Abstinence Education Programs,” 2018). Additionally, CSE programs do not place any moral judgements on non-marital sex and acknowledge the research that shows that a “substantial portion of teenagers do, in fact, have sex” (Rom, 2011). Therefore, they promote contraception as the most practical way to protect against STIs and pregnancies and they include abstinence in their education as an option. CSE supporters do not deny that abstinence is, in theory, the most effective way to prevent teen pregnancies and the transmission of STIs if practiced, but they do not trust that abstinence is realistic. Therefore, they tend to argue that youth deserve to have medically accurate, comprehensive sex education.

Studies have proven that comprehensive sex education programs are effective at changing youth’s sexual risk behaviors. In the Emerging Answers 2007 report,  $\frac{2}{3}$  of the forty studies, which supported the practice of abstinence, but also provided information about contraceptives, positively affected teen sexual behaviors (Kirby, 2007). These behaviors included “delaying the initiation of sex, reducing the frequency of sex, reducing the number of sexual partners and increasing condom or contraceptive use” (“Review of Key Findings of ‘Emerging Answers 2007’ Report on Sex Education Programs,” 2016).



The effectiveness of these programs for delaying the initiation of sex and other sexual risk behaviors lead the Obama administration to create two new comprehensive education funding streams: The Personal Responsibility Education Program (PREP) and the Teen Pregnancy Prevention Program (TPPP). As highlighted in Figure 1, this was the first time that comprehensive sex education programs received federal funding. These programs have evidence-based requirements (“Abstinence Education Programs,” 2018). Evidenced-based programs “have been proven through rigorous evaluation to reduce risky sexual behavior. These programs are often designed to be short, focused and targeted for specific populations of teens in middle or high school” (“FoSE | Evidence-Based Sex Education: Compendiums and Programs,” 2019). PREP, which was created under the Affordable Care Act (ACA), provides funding to states and local organizations to “implement medically accurate, evidence-based, and age-appropriate sex education programs that teach abstinence, contraception, condom use, and adulthood preparation skills” (“Abstinence Education Programs,” 2018). TPPP is a five year grant that was given to public and private groups to either replicate evidence-based programs that provided medically accurate and age appropriate information to high risk populations, aiming to reduce/prevent teen pregnancy, or evaluated new innovative programs (“Abstinence Education Programs,” 2018).

Figure 1



The Looming Threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs? (2017, March 24). Retrieved November 19, 2018, from <https://www.guttmacher.org/gpr/2017/03/looming-threat-sex-education-resurgence-federal-funding-abstinence-only-programs>

In addition, a study found that states whose laws and policies had comprehensive education programs were the most effective programs in reducing teen pregnancies and STIs (Stanger-Hall & Hall, 2011). This was in comparison to state policies that either stressed abstinence, emphasized abstinence, or did not mention abstinence (Stanger-Hall & Hall, 2011).

The benefits of comprehensive sex education, especially the rights based models, extend beyond disease and pregnancy prevention. Rights based models seek “to unify issues of sexuality, human rights, and gender to promote healthy sexual development” (Constantine et al., 2015). Students who received comprehensive, rights based education had a better understanding of “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). In addition, other

comprehensive sex education curriculums have been shown to positively affect decision-making and confidence building among youth (Kirby, 2007). Even though these programs have been proven to be effective, their moral incompatibility with Utah's culture led Utah lawmakers to reject a house bill in 2017 which would have changed Utah's abstinence education program to a comprehensive sex education program (Wood, 2017).

## **Sex Education in Utah**

### **Utah's Unique, Homogenous Culture**

Mormonism has had a significant influence on Utah's culture which, in turn, has played a role in shaping the type of sex education policies implemented in the state, impacting all Utahns. Utah is an ethnically and religiously homogeneous state with "62.8%" (Canham, 2017) of the population being Mormon and "90.9%" of the population being white. ("U.S. Census Bureau QuickFacts," 2017). Salt Lake City, Utah is home to the world headquarters of The Church of Jesus Christ of Latter Day Saints, which is another name for the Mormon Church ("World Headquarters," 2018). Therefore, in order to provide insight into Utah's cultural norms surrounding sex, sexuality, and sexual health, it is important to understand the teachings of the Mormon Church.

### **Mormonism: A Family Centered Faith**

The Mormon Church considers marriage and family to be "more than a matter of social convention or individual need fulfillment; they are fundamental to personal salvation" (Holman

& Harding, 1996). The Church's vision of family consists of a mother, father, and children, limiting marriage to heterosexual couples. The importance of family is stressed in this life and the life beyond. In order for members of the Church to stay with their families for eternity, they must "accept Jesus Christ's Atonement and follow His commandments" ("Family Values and the Importance of Family," 2018.). The emphasis on the importance of family, along with the promise that members of the Church will stay with their family for eternity if they follow God's commandments, encourages them to follow the Church's teachings and align their moral beliefs with those of the Church.

In addition to preaching the importance of family, the Mormon Church has designed programs that promote this family centric structure. For example, there is 'family home evening' which is a "worship ritual [that] typically involved religion, recreation, education, music, and food" (Loser, Klein, Hill, & Dollahite, 2008). Additionally, there is a program called the Relief Society which is designed for women, promoting their role as parents and homemakers ("Guidelines for Relief Society," 2019). Even though the Relief Society has made programs that accommodate a working woman's schedule, a homemaker has been the traditional role of the woman in Mormon households, while the man is the designated provider and head of household (Heaton, 1988). Finally, they created "mutual activities" ("Mutual and Other Activities," 2019) which are special gatherings among Mormon youth that happen each week, encouraging youth socialization within their congregations. These programs are specially designed not only to

promote a family centered life, but also to keep youth as active participants in the Church (Heaton, 1988).

### **Mormon Handbook of Morality**

The Mormon Church, which recognizes sexuality as being problematic (Malan & Bullough, 2005), has created a handbook which provides their stance on moral issues, including chastity, homosexuality, birth control, pornography, and sex education. This moral code allows the Church to establish a sense of “institutional control over sexual behaviors” (Heaton, 1988), emphasizing sexual restraint and encouraging abstinence until marriage.

According to the handbook, the Lord’s law of chastity prohibits anyone from engaging in sexual relations outside of marriage and requires fidelity within marriage. Furthermore, “adultery, fornication, homosexual or lesbian relations, and every other unholy, unnatural, or impure practice are sinful” (“Selected Church Policies and Guidelines,” 2018), coming in conflict with their moral beliefs. This view of sinful practices highlights that sexual relationships are only acceptable when they occur between a man and a woman, prohibiting homosexual practices.

The Church has established a clear distinction between homosexuality and same-sex attraction. Same-sex attraction is allowed in the Church, while homosexual behavior is considered a violation of God’s commandments, deprive individuals of the family life, and is

“contrary to the purposes of human sexuality” (“Selected Church Policies and Guidelines,” 2018), making this behavior grounds for them to be excommunicated from the Church.

The proper role of human sexuality and primary role of sex in the Church is for procreation, encouraging Mormon families to have children, which in turn has led to high rates of fertility. The Church preaches that “it is a crowning privilege of a husband and wife who are able to bear children to provide mortal bodies for these spirit children of God. We believe in families, and we believe in children” (“Today’s Family,” 2019). One study conducted in the 1970s found that the intended fertility for Mormon women was highest out of the ten religions identified in the study (Thornton, 1979). Utah’s fertility rates, which have often been accepted as a barometer for Mormon fertility (Heaton, 1988), have generally sat above the national average. This was the case in the 1980s and continues to be the case today. The CDC released a report that presented the fertility rates for 2017, showing that Utah was only one of two states whose fertility rate was “above the replacement rate” (Mathews & Hamilton, 2019). Utah’s total fertility rate was 2,099.5 compared to the national rate which was 1,765.5 (Mathews & Hamilton, 2019). Therefore, these studies have highlighted that the teachings of the Mormon Church continues to encourage high rates of fertility.

The high fertility rates of Mormons, however, is not a result of a “reluctance to use birth control” (Heaton, 1988). The Church believes that married couples should have the ability to choose how many children they have and when they have them, allowing birth control to be used within marriage. Sex within marriage is not strictly for the purpose of procreation. It can also be

used to “strengthen emotional and spiritual bonds between husband and wife” (“Selected Church Policies and Guidelines,” 2018), improving relationships within the family. Therefore, the high rates of fertility in the Mormon Church could be attributed to their desire to bring children into the world, not the lack of birth control.

The Church further emphasizes the importance of family by encouraging parents to play the primary role in teaching their children sex education (“Selected Church Policies and Guidelines,” 2018). This allows the parents to ensure that their children are learning about sex and sexuality in a way that aligns with the moral and ethical values of the Church. However, if their children do receive sex education in school, the Church urges the parents to be aware of the content. The Mormon Church has been one among several Christian faiths that believe abstinence-only education should be taught in schools, allowing parents to address moral sex education at home (Sumerau & Cragun, 2015).

The Church’s emphasis on sexual purity and restraint also lead them to oppose all forms of pornography in their handbook. Church leaders deemed pornography “incompatible with the divine authority” (Sumerau & Cragun, 2015), encouraging impure actions and thoughts. Therefore, the Church warned that any engagement with this sexual immorality “offended God in such a manner as to render the perpetrator unworthy of divine attention, love, or respect” (Sumerau & Cragun, 2015). Additionally, the Church preaches that “pornography damages individuals lives, families, and communities” (“Selected Church Policies and Guidelines,” 2018).

Therefore, in order for individuals to maintain their sexual purity and their relationship with God, they must not engage with pornography.

### **Utah's Sex Education Policies**

The Mormon teachings, mentioned above, are reflected in Utah's sex education policies not only because a majority of the population is Mormon, but also because nearly 90% of Utah's lawmakers are members of the Mormon Church (LaPlante, 2018). Utah mandates that sex and HIV education are taught in schools across the State. Even though Utah's sex education policies underwent some significant changes this past year, its policies have continuously required that the content of their sex education programs stress abstinence and the importance of sex within marriage ("Sex and HIV Education," 2018).

Prior to October 2017, Utah had a "no promo homo law" which prevented teachers from "promoting" or "advocating" for homosexuality in classrooms (Rosky, 2017). This law paralleled the Church's belief that homosexuality is a sin, conflicting with their family values. In October 2017, the Utah State Legislature revoked this section of the law, following a lawsuit brought forth by Equality Utah ("Rosky's research provides foundation for repealing Utah's 'No Promo Homo' law" 2017.). Additionally, the Utah State Board of Education issued a letter to all public schools and charter schools, making it clear that "LGBTQ students must not be discriminated against" (Dobner, 2017).

Currently, Utah schools are prohibited from teaching the following: 1) The intricacies of intercourse, sexual stimulation, or erotic behavior. 2) Premarital or extramarital sexual activity. 3) The advocacy or encouragement of the use of contraceptive methods or devices. 4) The



advocacy of sexual activity outside of marriage (“SB0196,” 2017). Overall, this state policy emphasizes the moral importance of sex within marriage, reflecting the Church’s position on the Lord’s law on chastity.

Additionally, this policy prohibits the advocacy of contraception, but it does not prohibit teachers in school from mentioning different types of contraception. Therefore, teachers are allowed to provide information about condoms and birth control, but they are not allowed to instruct students on how to use these forms of contraception (Hale, 2018). This echoes the Church’s stance on contraception. According to the church, birth control is not prohibited, but it should only be used during marriage (“Selected Church Policies and Guidelines,” 2018). This belief could explain why contraception can be discussed in public schools, but should not be advocated for since people in middle and high school are generally not married.

Utah is also one of two states who has an opt-in requirement for their HIV and sex education programs (“Sex and HIV Education,” 2018). This means that parents must to provide a written consent form before the student can participate in these classes (“Sex and HIV Education,” 2018), creating a barrier to youth participation in sex education. This requirement aligns with the Church’s warning that parents should be cautious of the information that their children are learning in school. Therefore, this policy ensures that parents have the ability to review the content of their child’s sex education program.

Finally, earlier this year, Utah introduced a house bill that would require the harmful effects of pornography to be included in Utah’s sex education curriculum (“HB0286,” 2018). Over the years, Utah has had a unique relationship with pornography. In 2009, a Harvard study found Utah to be the state with the highest number of online porn subscriptions in the United

States (Edelman, 2009). Following this study, Utah's Governor, Gary Herbert, signed a non-binding resolution in 2016, declaring pornography to be a public health crisis ((“SCR009,” 2016), (Domonske, 2016)). This resolution included a number of individual and public health issues that stemmed from the use of pornography. Three of these harms focus on the detrimental effects that pornography had on family structures. For example, one clause stated that “pornography has a detrimental effect on the family unit” (Domonske, 2016). The emphasis on family in this resolution reflects the Mormon Church's teaching that “pornography damages individuals lives, families, and communities” (“Selected Church Policies and Guidelines,” 2018), as mentioned above. Additionally, Utah's new bill, which focuses on the harmful effects of pornography, mirrors the Mormon Church's overall opposition to pornography and the eternal damage it has on youth sexual purity.

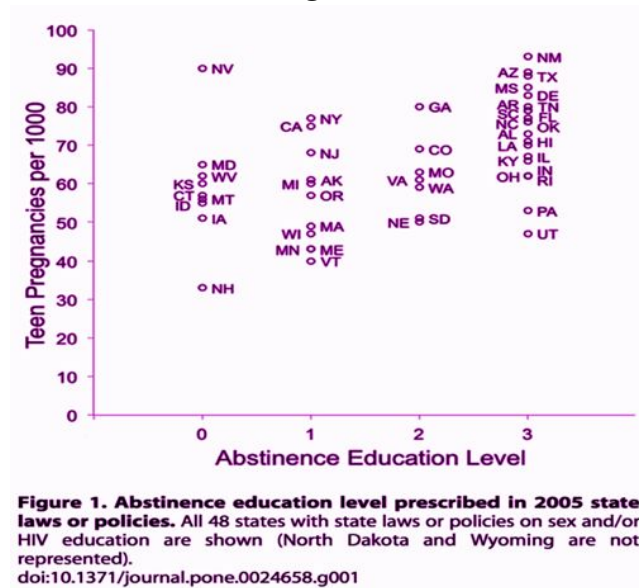
These sex education policies, which have been largely shaped by the values of the Mormon church, directly impact all youth, Mormons and non-Mormons, in Utah who attend public schools. Therefore, it is essential that we understand the effects that these teachings have on the overall sexual health of individuals.

### **Abstinence Education in Utah**

The literature, discussed above, showed that abstinence education programs failed to change youth risk behavior and did not lead to a reduction in teen pregnancy and STI rates. Utah, however, stands out as an anomaly. In the study that showed there was a positive correlation between states who have higher levels of abstinence only education and a higher average of teen pregnancy rates, Utah had one of the lowest teen pregnancies rates (Stanger-Hall & Hall, 2011).

This study ranked Utah’s Abstinence Education Level as a 3 because their laws and policies required abstinence to be stressed. Comparatively, states ranked as Level 2 only emphasized abstinence, while Level 1 states required their programs to cover abstinence and provide medically accurate information on contraception. Finally, Level 0 states did not mention abstinence (Stanger-Hall & Hall, 2011). However, as shown in Figure 2, Utah had the lowest teen pregnancy rate out of all of the other states that were categorized as a Level 3.

Figure 2



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).  
<https://doi.org/10.1371/journal.pone.0024658>

In 2015, Utah’s teen birth rate, age 15-19, was 17.6 per 1,000 compared to the national birth rate that was 22.3 per 1,000 (“State Profiles Fiscal Year 2017: Utah,” 2017). In addition, Utah’s abortion rate in 2014 was 4.6 abortions per 1,000 women of reproductive age compared to the 2014 national abortion rate which was 14.6 abortions per 1,000 women of reproductive

age (“State Facts About Abortion,” 2018). Even though this number includes women of all reproductive ages, the large distinction between Utah’s abortion rate and the national rate highlights that there is a low number of abortions taking place in Utah. Additionally, Utah had some of the lowest gonorrhea and chlamydia rates in the country. In Utah, there were 999 per 1,000 cases of chlamydia and 60.9 per 1,000 cases of gonorrhea compared to national rate which was 1,857.8 per 1,000 and 341.8 per 1,000 cases respectively (“State Profiles Fiscal Year 2017: Utah,” 2017).

Ideally, these low rates of teen pregnancies, abortions, and STIs would suggest that abstinence education was effective in creating positive health outcomes for youth in Utah. However, this metric of “success” fails to incorporate the holistic view of sexual health as defined by CDC, limiting the scope of sexual health to only include disease and pregnancies. Relying solely on this data to determine the influence that sex education programs have on youth’s sexual health ignores their emotional, mental and social well-being in relation to sexuality, which are all aspects included in the CDC’s holistic definition of sexual health.

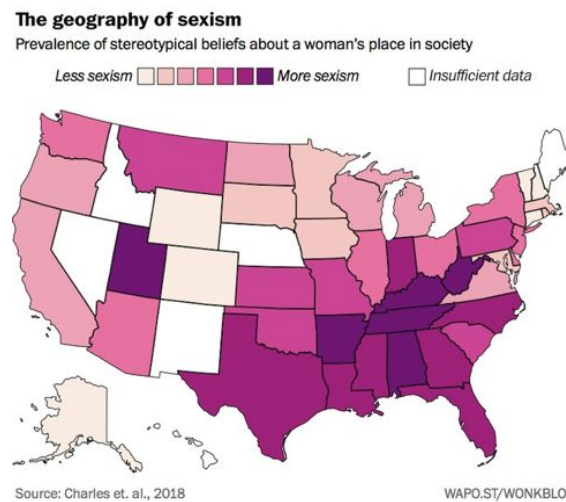
When looking beyond Utah’s low rates of STIs and unintended pregnancies, Utah stands out in a variety of other statistics surrounding topics related to sex, sexuality, and sexual health. For example, uniform crime reports show that the rape rates in Utah have been consistently higher than the national average. Between 2013 and 2015, Utah rape rates increase by 17.5 percent and in 2015 the rape rate was 74.6 per 1,000 females compared to the national average that was 55.2 per 1,000 females (“Complete Health Indicator Report - Adolescent Births,” 2018). Additionally, rape is the only violent crime that is higher than the national average. Other violent

crimes, such as homicide, robbery, and aggravated assault have all historically been “half to three times lower than the national average” (“Complete Health Indicator Report - Adolescent Births,” 2018). Dating violence is also prevalent among Utah teens. One study stated that “nearly one in three Utah students in dating relationships experienced dating violence” (“Youth Risk Behavior Survey: 2013 Results,” 2013). This report also showed that twice as many females as males in grades 9-12 reported that they were forced to do sexual things that they did not want to do with someone they were dating in the past 12 months (“Youth Risk Behavior Survey: 2013 Results,” 2013.).

Finally, a report released in August 2018, revealed that Utah is the second most sexist state in the country, following Arkansas (Alberty, 2018). This ranking was determined by data collected over the years through the General Social Survey (Alberty, 2018). Respondents in this survey were asked to respond to questions that asked general questions about a women’s role in society. Data collected about Utah stood out in two different categories. First, as shown in Figure 3, it was the only top 10 most sexist state that was not located in the southeast (Alberty, 2018). Second, it was one of the only states where women’s responses to the survey were more sexist than the responses from men (Alberty, 2018). Sexism was defined in this study as “the extent to which its residents believe that: (i) that women’s capacities are inferior to men’s; (ii) that the family unit is hurt when women focus on activities outside the home; or (iii) that men and women should occupy specific, distinct roles in society” (Charles, Guryan, & Pan, 2018). These statistics highlight the internalized sexist attitudes that are prevalent in Utah. The dominant mormon culture in Utah could contribute to this internalized sexism because they place a high value on motherhood for women (Alberty, 2018). Even though these statistics cannot be directly

linked to abstinence sex education, these are examples of other statistics that could be taken into account when analyzing the type of influence that sex education programs have on youth in Utah.

*Figure 3*



Alberty, E. (2018). Utah is the second-most sexist state, researchers say — and women's internalized sexism appears to play a unique role here. Retrieved November 19, 2018, from <https://www.sltrib.com/news/2018/08/21/researchers-identify-most/>

## **Impact of Sex Education Programs**

### **Impact on Young Minority Populations**

There have been a wide array of studies that capture youth perspectives on the type of sex education they received in school. For the most part, youth across the country have been relatively unhappy with the quality and content of the sex education that have been taught in schools. One study on a group of adolescent girls in Southeast Michigan, found that the sex education they received was very “mechanical” (Teitelman, Bohinski, & Boente, 2009) and

lacked information on topics such as relationships, emotions related to sex, and pleasure. Many of the adolescent girls wish they had received information on “mature relationships” and “sexual desires” (Teitelman, Bohinski, & Boente, 2009), topics that are generally excluded in abstinence education programs.

Another study, which interviewed thirty young gay, bisexual, and questioning men (YGBQM) found that the sex education they received in school inadequately prepared them for their “sexual debut” (Pingel, Thomas, Harmell, & Bauermeister, 2013). Many of the participants reported that the abstinence-based education in their schools focused on heteronormativity, excluding sexual minorities. Therefore, they lacked the knowledge of not only how to engage in same-sex sexual behaviors, but also how to protect themselves from STIs/STDs and HIV. The focus on heteronormativity, reinforces negative stigmas around same-sex desires (Pingel, Thomas, Harmell, & Bauermeister, 2013). Even though these studies did not take place in Utah and are unable to speak to the unique cultural and religious influences of the state, these studies provide relevant trends that must be considered. The lack of a cohesive, federal policy has led to youth receiving different levels of information about sex, sexuality, and sexual health, however, for the most part, youth, across the board, have been relatively unhappy with the education that they have been receiving.

### **Impact on Utahns**

One study which was conducted by a student at the University of Utah Honors College, found that students are “by and large dissatisfied with their formal sex education, but express trepidation and frustration with finding and vetting information from exterior sources” (Butler, 2015). The topics that were covered in their formal sex education classes revolved around

abstinence, fidelity, condoms, STIs, and reproductive anatomy (Butler, 2015). The participants, however, criticized their sex education claiming that the information was “uninformative” or “did not account for students who were already sexually active, or intended to become sexually active” (Butler, 2015). This lack of information lead students to seek answers from other sources such as the internet, where, in many cases, they questioned the reliability of the content (Butler, 2015). This study highlights that youth in Utah crave more, not less, information, about sex. Therefore, the abstinence education programs have not provided sufficient detail regarding topics surrounding sex, sexuality and sexual health. that goes beyond the widely adopted. Schools have the ability to satisfy these curiosities by increasing the scope and amount of sex education that is taught in schools, improving the sexual health of youth.

Even though this study provided pertinent insight into the youth’s dissatisfaction with the content of the sex education curriculum, it did not analyze how this content was impacting overall health of youth in Utah. Information regarding the impact of sex education on the sexual behavior and overall sexual health of Utah’s youth has been limited. Every few years, the CDC conducts their Youth Risk Behavior Survey (YRBS) in order to monitor the health risk behaviors of adolescents at the national, state, and local levels. However, the YRBS survey did not include any statistical data regarding the sexual behavior of teens in Utah between 1991 and 2013 (“Youth Online: High School YRBS - Utah 2017 Results,” 2017). 2017 was the first time that the YRBS provided information about the sexual behavior in Utah, but it only included one category, the percentage of people who were never tested for HIV. In Utah, 91.8% of the youth questioned in this survey had never been tested for HIV (“Youth Online: High School YRBS - Utah 2017 Results,” 2017). This lack of information has left youth sexual behavior in Utah as



somewhat of a mystery, making it difficult to judge the positive or negative influence that sex education has had on their sexual risk behaviors.

### **Impact of Mormon Religious Teachings on its Members**

One study, conducted in 1996, found that the non-marital sexual attitudes and behaviors of members of the Mormon church differed substantially from those who were members of a different church or were not affiliated with a church (Holman & Harding, 1996). The authors found this statistic to be noteworthy because their sample of Mormons included anyone who claimed to be affiliated with the church, not just those who attended a predominantly Mormon university or were exclusively active members of the Mormon Church (Holman & Harding, 1996). Therefore, they concluded that the Mormon Church has been “largely successful” at influencing the sexual attitudes and behaviors of its members (Holman & Harding, 1996).

In addition, reports by *BBC News* and *This American Life* in 2018 have brought to light the impact that the Mormon Church’s teachings and practices have had on individual’s sexual health who are a part of the Church. In these reports, these two organizations interviewed individuals who were a part of the Mormon faith. Even though these stories are from a select few and cannot speak for everyone in the Mormon Church, they provide insight into how the Mormon Church’s teachings and practices may be impacting youth. Furthermore, since Mormonism is the dominant religion in Utah, these stories may provide a glimpse into the impact that the Church’s teachings have had on individuals’ sexual health in Utah.

First, these stories brought an awareness to two procedural practices that are conducted by the mormon church: 1) Repentance process 2) Worthiness interviews. Whenever an individual acts in a way that does not align with the churches values, they are asked to repent for/confess to their sins. “Unlike old-fashioned Catholic confession, there was no curtain or anonymity. And Mormon bishops, they're not paid or trained clergy” (“But That’s What Happened,” 2018). Instead, the bishops are men who are chosen by the Church to volunteer their time (“But That’s What Happened,” 2018). Therefore, anytime an individual committed any sexual act, before they were married, they were expected to go and confess the details of these sins to their bishop. For most Mormons, this is considered to be a routine process.

In addition to the repentance process, which is driven by the wrongful acts of the individual, the worthiness interviews are initiated by the bishops. Mormon youth are required to attend these interview twice a year between the ages of 12 and 18 (“But That’s What Happened,” 2018). One individual described these interviews as a “check-up for your spirituality” (“But That’s What Happened,” 2018). During these interviews, they specifically asked if the youth are obeying the Lord’s chastity law.

When individuals confessed to engaging in sexual behavior before marriage, either in the repentance process or worthiness interviews, individuals reported that the bishops continued to ask them sexually explicit questions (“But That’s What Happened,” 2018). For example, one person shared that once he confessed to engaging in sexual activity, his bishop asked him questions such as “‘Did you touch her?’ and 'Did you make her orgasm?’” (Etutu, 2018). Another

individual reported that the bishop asked her if she liked the sexual act (“But That’s What Happened,” 2018). As the individuals reflected on their experiences throughout these reports many of their stories shared common themes of guilt, shame, and embarrassment (“But That’s What Happened,” 2018)(Etutu, 2018). These weren’t just feelings that occurred during these interviews, instead, these feelings followed them for the rest of their lives. “A couple women said it was easier to have sex if they didn’t feel pleasure. The guilt was directly linked to enjoying it”(“But That’s What Happened,” 2018). Even individuals who waited until marriage to engage in sex had similar feelings of shame and guilt (“But That’s What Happened,” 2018). Therefore, these stories highlight how the heavy emphasis on abstinence until marriage may have a negative impact on the emotional and mental aspect of sexual health, negatively impacting their overall sexual health as defined by the CDC.

Therefore, in order to justify the continued teaching of abstinence only education in schools, we must assess the impact that the current influence that abstinence education programs are having on the overall self-reported sexual health of adolescents in Utah.

### **Methodology**

The primary data collection for this study engaged human subjects through surveys and interviews, gaining insight into the formal and informal sources that influenced the sex education that youth received in Utah. These methods assisted in answering the guiding research questions: What social, cultural, and educational influences do youth in Utah attribute to their formal and

informal education regarding sex, sexuality, and/or sexual health? How have these played a role in the youth's self perception of sexual knowledge and sexual health?

### **Data Distribution and Collection**

In order to better understand the youth's experiences with sex education across the state of Utah, I distributed a Qualtrics survey, labeled *The Holistic Effects of Sex Education in Utah*, to individuals who attended middle and/or high school in Utah. The only requirements were that the individual must be at least 18 years old and have lived in Utah during their middle and/or high school years. The respondents for the survey were gathered through my personal connections at the Planned Parenthood Association of Utah, the Waterford School, which is a private school in Utah, and friends of mine who attended public schools in the area. The initial set of surveys were sent to these connections via email, text, and messaging apps. Next, I relied on the snowball sampling method to acquire more respondents. The individuals in this initial set of outreach who agreed to take the survey and attended school in either the Wasatch or Canyons School District were also asked to participate in the interview portion of this study. The snowball sampling method was also used to acquire more interview participants.

The interviews were in-person, semi-structured interviews that lasted approximately 15 minutes. The requirements for the interview participants were that they had to be at least 18 years old and have attended middle and/or high school in either the Canyons School District or the Wasatch School District. These interviews will be referred to in this paper as the 'primary interviews'.

Prior to individuals participating in either the survey or primary interviews they were required to agree to a consent form. For the survey respondents their consent was taken electronically via the Qualtrics survey. If they did not agree to the consent form they were not allowed to continue with the survey. The consent for the primary interviews was taken in person via a signature. Next, the respondents were asked if they would like to participate in an opportunity drawing for a \$250 Amazon Gift Card. If the respondents wished to participate, they were asked to provide their email address which would not be used to identify or contact the respondents, only to determine a winner for the opportunity drawing.

In addition to interviewing individuals who attended these two school district, this study also includes background interviews with two individuals who spoke about the sex education curriculums taught in the Wasatch and Canyons School Districts. Jodi Kauffman, a Health and Physical Education Specialist for the Utah State Board of Education, spoke briefly about the Canyons School District and provided information about how the school boards functioned in general. James Judd, a member of the Wasatch School Board, spoke on behalf of the school district, providing basic information about their sex education curriculum. These individuals were contacted via email and the interviews were conducted over the phone.

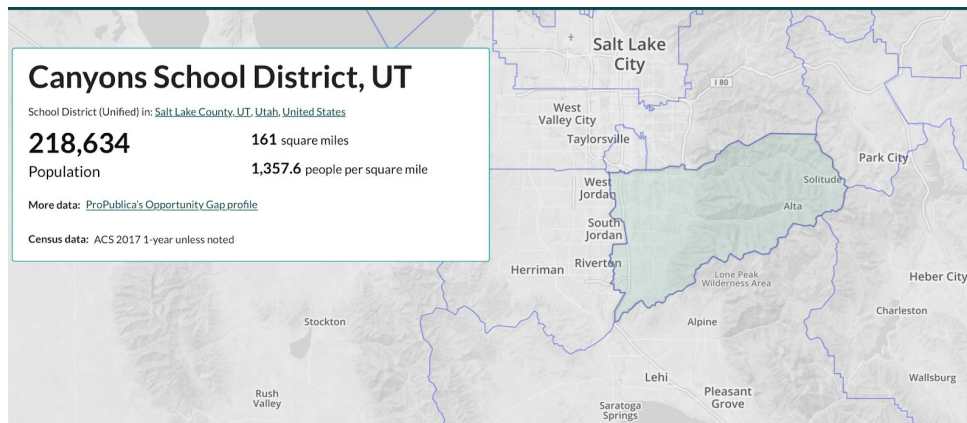
### **Purpose of Survey and Interviews**

The purpose of the survey and background interviews were to provide context for the primary interviews. The background interviews provided information about the inner workings for the school districts and the type of information that is generally included in school curriculums. The survey, on the other hand, looked into the youth's experiences with informal

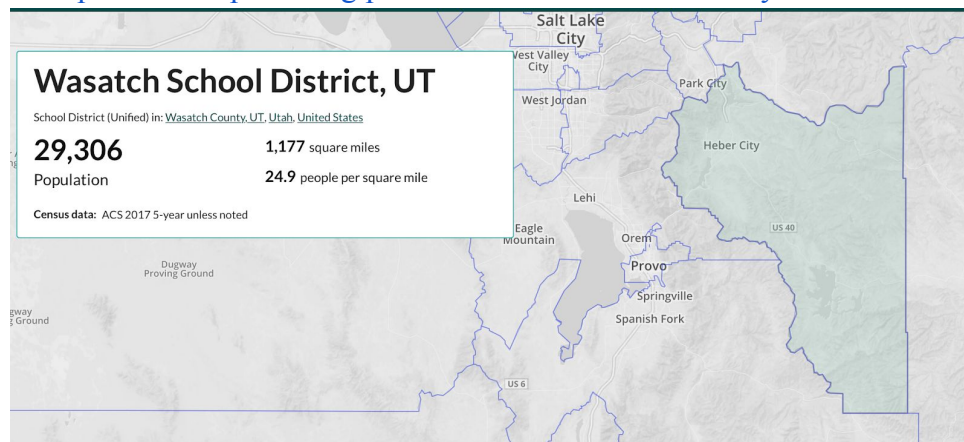
and formal sex education across the the state. The purpose of including youth who attended public and private schools was to gain insight into the influence that the Utah culture had, in addition to their formal or informal sex education, on their overall sexual health as they developed health risk behaviors during adolescence. The survey included questions about the individual's holistic sex education experience, including where they learned the most about sex education, from whom they learned the most , what grade/age they were taught sex education, what information they learned, what information they wished they learned, and what their ideal sex education would look like (see Appendix C).

The purpose of the semi-structured, primary interviews was to allow the respondents to, more or less, take control of the conversation and talk, in detail, about their experience with sex education (see Appendix D). The category of the people that were interviewed was constrained to two school districts in order to allow me to do a comparative analysis between their answers. The Wasatch County School District is “a rural school district nestled in the tops of the Wasatch Mountains east of Salt Lake City” (“Wasatch County School District / Overview,” 2019), in Heber City. This school district has two middle schools and one high school (“Wasatch County School District / Overview,” 2019), serving approximately 6,500 students (“Explore Wasatch County School District,” 2019). Comparatively, the Canyons School District, which is more of an urban school district, is located in the south east part of the Salt Lake Valley. This district has 8 middle schools and 6 high schools (Gunnell, 2019), serving over 34,000 students (“Explore Canyons School District,” 2019). Figure 4 is a visual comparison of the regions in Utah that these two districts cover along with census data about the size of the districts.

Figure 4



Census profile: Canyons School District, UT. (n.d.). Retrieved March 27, 2019, from <http://censusreporter.org/profiles/97000US4900142-canyons-school-district-ut/>



Census profile: Wasatch School District, UT. (n.d.). Retrieved March 27, 2019, from <http://censusreporter.org/profiles/97000US4901110-wasatch-school-district-ut/>

Even though these school districts are located in different areas of Utah, their race and gender demographics are representative of the state of Utah. For example, in the Wasatch School District, 51% of the population are female while 49% are male (“Census profile,” 2019). Comparatively, 49% of the population in the Canyons School District are female while 51% are males (“Census profile,” 2019). These statistics are almost the same as the larger state of Utah which has 50% male and 50% female (“Census profile,” 2019). Additionally, 84% of the Wasatch School District population is white while 82% of the Canyons School District is white

("Census profile," 2019). These numbers are slightly higher than the state population which is 79% white ("Census profile," 2019).

### **How the Survey Was Analyzed**

There were 82 responses to the survey. However, not all of them were either completed or fit the criteria of my study. The responses of individuals who did not attend middle or high school in Utah were deleted. Additionally, all of the respondents that answered less than 2 questions, including the consent to the survey and their email address for the opportunity drawing, were deleted. These responses were only deleted for analysis purposes. If the respondent included their email for the opportunity drawing, they were still considered. The total number of valid responses in this study was 65.

This study utilized Excel pivot tables in order to dissect and make sense of the larger data set. These tables provided insight to how people with certain identifying characteristics, such as gender, religion, and where they attended school, answered a specific question compared to others in that same category. This type of analysis only pertained to the quantitative questions in the survey.

The write-in responses, were coded by hand. After reading through the write-in responses, central themes were identified including: Positive sex education experiences, negative sex education experiences, limited sex education experiences, and sex education received from a source other than school. Each time a theme was mentioned, it was highlighted in a color that corresponded to the theme. Each of these highlights were counted and then divided by the total number of respondents, 65, to determine a percentage.



The examples of write-in responses for the survey do not contain any edits in order to provide the full effect of the original response. Additionally, many of these short responses contain overlapping themes. Therefore, the short responses that may act as an example for one theme contain a slight reference to another theme. Finally, due to the overlapping themes and a number of blank responses, the percentages referenced below, when added together do not equal 100%.

Blank responses in each question were also excluded from the graphs provided below. Many of the graphs include numerous variables and the blank category cluttered the graphs, making them harder to read. Therefore, the percentages on the graphs do not always add up to 100% if respondents neglected to answer that particular question.

Additionally, some of the responses to survey questions were coded to provide a more concise picture of the trends in responses (see Appendix E for a list of codes).

### **How the Interviews Were Analyzed**

The interviews are broken into two sections: 1) Background interviews 2) Primary interviews. The background interviews include individuals who spoke on behalf of the state of Utah and school boards. The primary interviews include individuals from the Wasatch School District and the Canyons School District.

The background interviews were not analyzed. Instead they are simply a summary of the facts provided by these individuals in order to provide context for the primary interviews. The primary interviews, however, were analyzed and coded by hand. After transcribing the interviewees responses about their sex education experiences, central themes were identified

including: Parents, school, religion, and larger community influence. Each time a theme was mentioned, it was highlighted in a color that corresponded to the theme. Quotes were pulled from each section in order to provide examples of the themes.

The primary interviews were transcribed and placed into a sentence format. Interviewees #5a and #5b were interviewed together, but their responses were separated and treated as separate responses. All of the other interviews were conducted individually.

### **Survey Findings**

There were seven key findings from the survey: 1) More respondents learned about topics surrounding sex from friends than schools. 2) Sex education in schools provide a baseline of information, making respondents feel informed for first sexual encounter. 3) Respondents were generally unsatisfied with the sex education they received. 4) The percentage of females who felt uninformed for their first sexual encounter was nearly double the percentage of males. 5) A larger percentage of Mormons felt informed for their first sexual encounter than those who identified with another religion or non-religious. 6) Respondents wished they knew more about a wide range of topics, reflecting a desire for a more comprehensive sex education curriculum rather than an abstinence based curriculum. 7) The respondents' comfortability talking about sex, sexuality, and/or sexual health with their families varied by religious affiliation.

<b>Survey Findings: Figure Index</b>	
Where the respondents received most of their sex education	Figure 5
Self perception of being informed for their first sexual encounter by whether or not the respondents received sex education in school	Figure 6
Those who attended public schools felt more informed for first sexual experience than those who attended private schools	Table 1
Whether or not the respondents received sex education in school	Table 2
Self perception of being informed for their first sexual encounter by gender	Figure 7
Self perception of being informed for their first sexual encounter by religious affiliation	Figure 8
Comparison of the respondents ideal sex education topics, topics they wish they knew more about, and topics they knew the most about	Figure 9
Respondents who wish they knew more about pleasure by gender	Figure 10
Respondents who wish they knew more about masturbation by gender	Figure 11
Where the respondent's ideal sex education would take place	Figure 12
Who would teach the respondent's ideal sex education curriculum	Figure 13
The word that best describes how respondents feel when engaging in conversations about sex, sexuality, and/or sexual health	Appendix F: Figure 1
How often respondents engage in conversations about sex, sexuality, and/or sexual health with family	Appendix F: Figure 2
How often respondents engage in conversations about sex, sexuality, and/or sexual health with family by gender	Appendix F: Figure 3
How often respondents engage in conversations about sex, sexuality, and/or, sexually health with family by religious affiliation	Appendix F: Figure 4

## Survey Demographics

*A majority of respondents in this survey were white, heterosexual, females.* All of the demographic questions were write-in questions located at the beginning of the survey. Therefore, they needed to be coded into cohesive categories for analytical purposes. Gender was coded into male and female. A majority of the respondents identified as female, 66.15%, and 33.85% identified as male. The gender demographics of the survey are not representative of the gender demographics in Utah which are approximately 50% female and 50% male (“U.S. Census Bureau QuickFacts,” 2019).

The responses for race/ethnic identity were coded into the following: White, Asian, Pacific Islander, Hispanic, and 2 or more races/ethnicities. The category White included respondents who wrote in either white or caucasian. The category Pacific Islander combined respondents who wrote either Polynesian or Pacific Islander. The category Asian combined respondents who wrote Asian or Chinese. The category of 2 or more races/ethnicities combined all of the individuals who wrote in two or more identities. Finally, there was only one hispanic respondent. In this survey, 78.46% of the respondents were white, 7.69% identified as two or more races/ethnicities, 6.15% identified as Pacific Islander, 4.62% identified as Asian, and 1.54% identified as Hispanic. The survey sample is somewhat representative of the the larger Utah population. The census provides two numbers for the percentage of white people in Utah. One percentage, which is labeled “white alone” is 90% of of Utah (“U.S. Census Bureau QuickFacts,” 2019). Another percentage, labeled “white alone, not hispanic or latino” is 78% of Utah (“U.S. Census Bureau QuickFacts,” 2019). Additionally, 14% are hispanic or latino, 1.5%

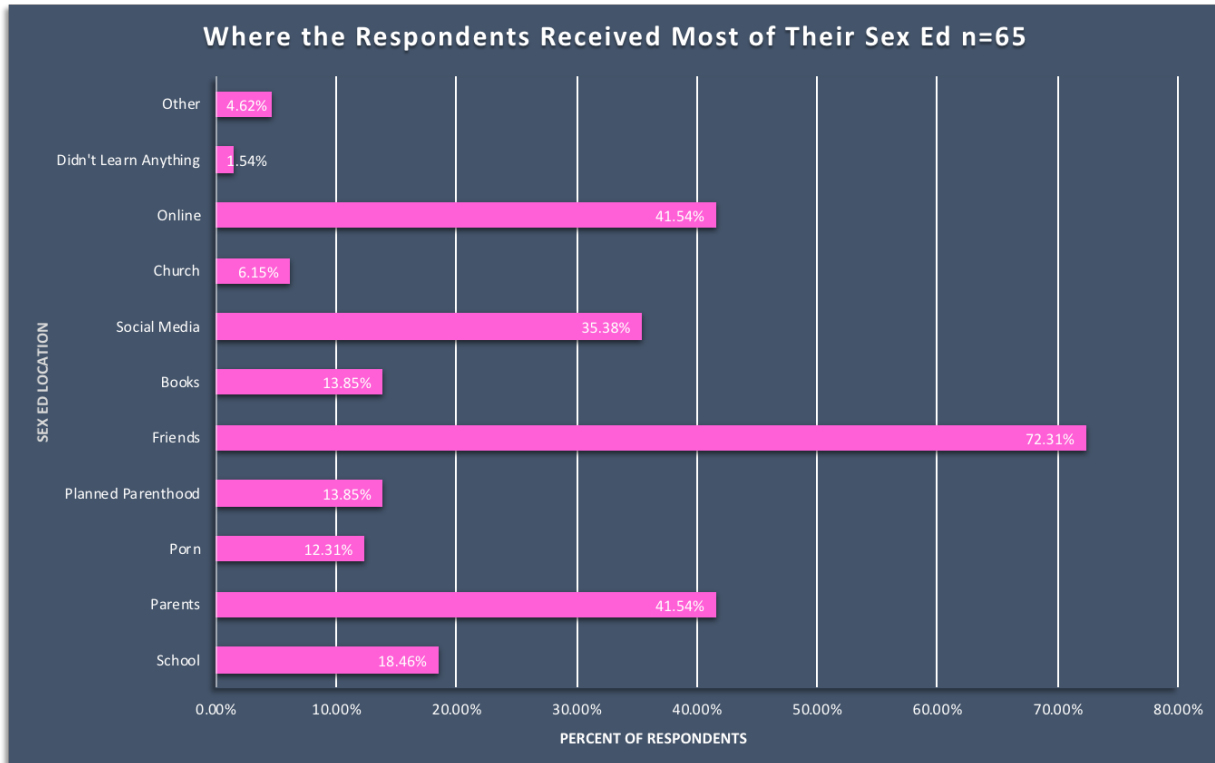
are American Indian, 1.4% are African American, 2.6% are Asian, 1% are native Hawaiian or Pacific Islander, and 2.5% are two or more races (“U.S. Census Bureau QuickFacts,” 2019).

Finally, religious affiliations were coded into Mormons (LDS), non-religious, and non-LDS in order to create more equal variances between the groups. Non-religious included all respondents who did not identify as being a part of a religion or church. Non-LDS included individuals who had some church or spiritual affiliation that was not Mormonism. In this survey, 40% of the respondents had no church affiliation, 27.69% of the respondents were members of the Mormon Church (LDS), 6.15% were Greek Orthodox, 6.15% were Atheist, 6.15% were agnostic, 3.08% were Christian, 3.08% were Catholic, 3.08% were Spiritual, and 1.54% were Agnostic Atheist. After religion was coded, 40% were non-religious, 27.69% were LDS, and 29.23% were non-LDS. Comparatively, in Utah, 62.8% of the population is Mormon (Canham, 2017).

The final demographic questions in this survey were sexual orientation and age. 92.31% of the respondents identified as heterosexual and the age range of the respondents was 18-27 year old.

## Sex Education: Mostly Learned from Friends, Not School

Figure 5

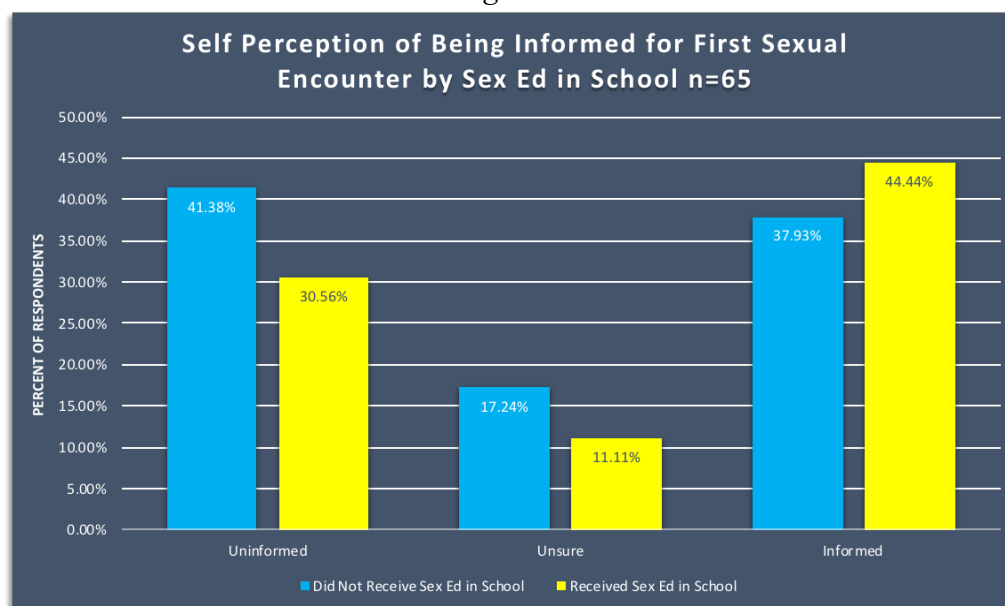


*A majority of the respondents selected friends as one of the sources where they learned the most about topics related to sex, sexuality, and/or sexual health.* Figure 5 provides an overall picture of the locations where respondents learned the most about topics surrounding sex. The top four categories that the respondents selected were informal forms of sex education, including friends, online, social media, and parents. In comparison, school, which is a more formal source of sex education, was selected by only 18.46% of the respondents. In this question, the respondents were asked to select all of the sources where they felt that they learned the most about these topics. This question included a variety of sources, either formal or informal, where individuals may have learned about topics surrounding sex.

## Sex Education in School Provides a Baseline of Information

*A larger percentage of respondents that received sex education in school felt informed for their first sexual encounter, suggesting that sex education curriculums provide a baseline of information for youth.* Figure 6 shows that 44.44% of the respondents who received sex education in school felt as though they received enough information in their sex education to make an informed decision when they decide/*decided* to engage in sexual activities for the first time, compared to 37.93% of respondents who did not receive sex education in school.

Figure 6



This survey, however, was comprised of individuals from private and public schools. There was only one individual who attended a charter school, so this respondent was lumped together with public school respondents. All of the private schools attended by the survey respondents are not bound to Utah's sex education law, allowing them to teach anywhere from

no sex education to comprehensive sex education. Therefore, some of those who received sex education in school from private schools may have learned information that is not allowed to be taught in public schools.

However, as shown in Table 1, a larger percentage of those who received sex education in public schools felt informed for their first sexual experience compared to those who attended a private school. This suggests that those in private schools are not receiving more comprehensive sex education than those in public schools.

*Table 1*

High School			
Row Labels	Uninformed	Unsure	Informed
Private School	50.00%	17.86%	25.00%
Public School	24.32%	10.81%	54.05%
Middle School			
Row Labels	No	Unsure	Yes
Private School	46.43%	14.29%	32.14%
Public School	27.03%	13.51%	48.65%

Table 2 highlights the percentages of the respondents who attended public and private schools and whether or not they received sex education in school. 56.92% of the respondents attended a public high school and 56.92% of the respondents attended a public middle school. However, 32.43% of the respondents who said they attended a public middle school and 29.73% of the respondents who attended a public high school responded that they did not receive any sex education in schools. This is surprising because sex education is legally required in schools, therefore, one would expect the number of public school students who receive sex education in school to be closer to 100%.



Table 2

Sex Ed in School	Private Middle School	Public Middle School	Grand Total
Received Sex Ed in School	30.56%	69.44%	100%
Did Not Receive Sex Ed in School	58.62%	41.38%	100%
Grand Total	43.08%	56.92%	100%
Sex Ed in School	Private High School	Public High School	Grand Total
Received Sex Ed in School	27.78%	72.22%	100%
Did Not Receive Sex Ed in School	62.07%	37.93%	100%
Grand Total	43.08%	56.92%	100%

Of the individuals who selected that they did receive sex education in school, only 30.56% of these respondents selected school as one of the sources where they learned the most about topics relating to sex, sexuality, and/or sexual health. Additionally, of the people who selected that they did not receive sex education in school, 86.21% of the respondents said the reason for not receiving sex education in school was that instruction was not available. 3.45% stated that they did not want to receive sex education in school.

Due to a recall bias, which is discussed later in this paper, there may be a few explanations for the why the public school respondents selected that they did not receive sex education in schools. Therefore, this statistic is not asserting that public schools have been neglecting to provide sex education to their students.

### **Youth's Dissatisfaction with Sex Education**

*A large portion of the survey respondents were dissatisfied with the sex education that they received.* When asked to describe their sex education experience in one to two sentences, approximately 40% of the respondents spoke about the limited nature of their sex education, including words in their responses such as “minimal”, “non-existent”, “unsatisfactory”, “brief”, “short”, and “skimmed over.” For example, one respondent stated “Sex education was short and brief. Sex without condoms makes you have babies.”

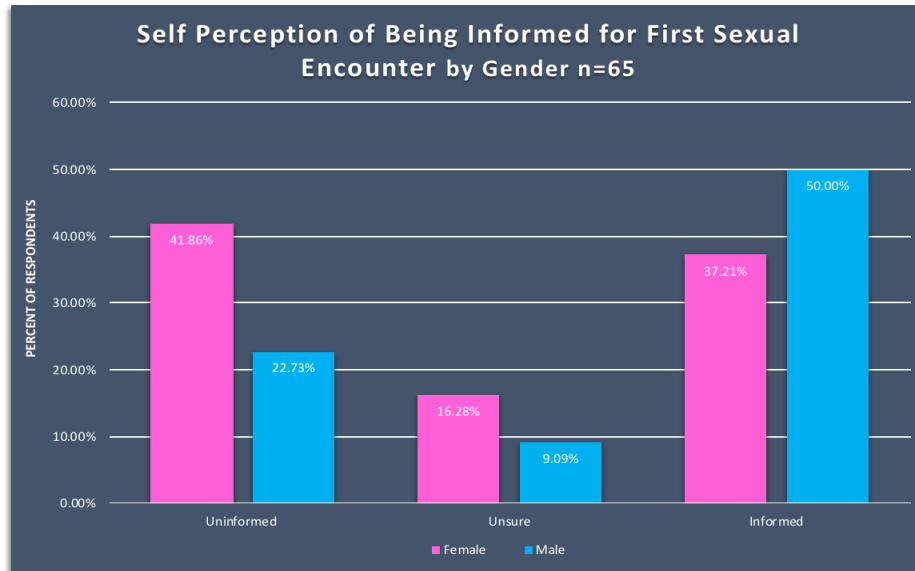
Additionally, 32% of the respondents mentioned specifically learning their sex education from a source other than school. Some of these sources included “Planned Parenthood”, “porn”, “Google”, “soccer team”, “friends”, “family”, and “self-taught.” For example, one respondent stated, “I mostly learned information about sex in college when I started having sex. I played collegiate soccer and got most basic information from them and then when I became active I began doing research on my own.” The internet was a common source that the youth admitted that they turned to when the sex education they received from other sources was unsatisfactory.

In addition, 18% of the responses included negative feelings about the sex education they did receive. For example, one respondent wrote “It was very minimal and not aimed towards actually educating about sex, more scaring kids from having sex.”

Conversely, 11% of the responses included positive feelings about their sex education describing it as “extensive” and “comprehensive.” One respondent shared, “in middle school we had a very extensive and education sex ed program taught by Planned parenthood where we learned about puberty in 5th grade and then progressed to sex and other topics throughout middle school (it was taught for I think 3 days every year). In High School I had nothing.”

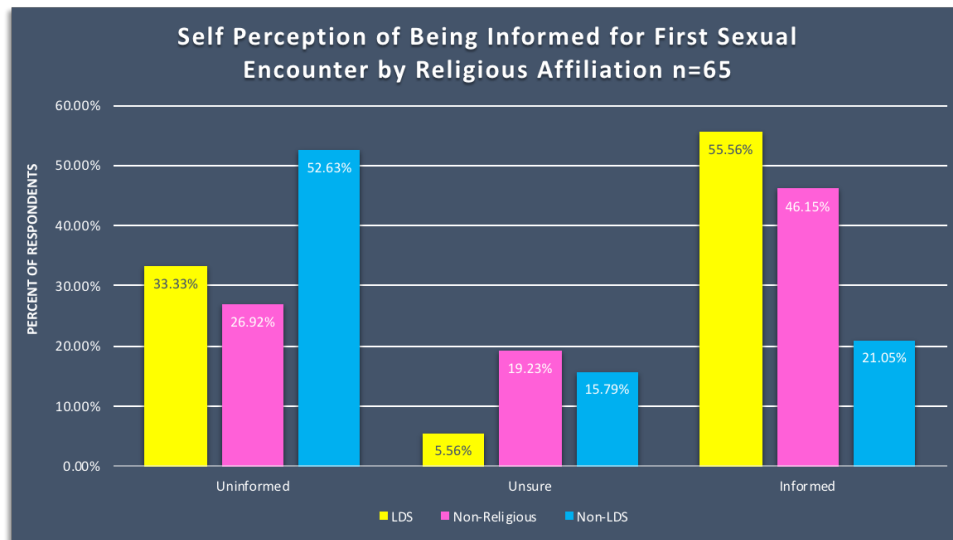
## Males and Mormons Felt Informed for Their First Sexual Encounter

Figure 7



*Gender and religion played a role in the respondent's self-perception of being informed for their first sexual encounter.* There was a stark difference between the self-perception of being informed for their first sexual encounter by gender. As shown in Figure 7, the percentage of females who felt uninformed for their first sexual encounter was nearly double the percentage of males. Additionally, as highlighted in Figure 8, a larger percentage of LDS respondents felt as though the sex education they received made them feel informed for their first sexual encounter, compared to their non-religious and non-LDS counterparts.

Figure 8



When looking at the survey respondents overall, 41.54% of the respondents felt that the sex education information they received made them feel informed for their first sexual encounter. However, 13.85% felt unsure about being informed, and 35.38% felt uninformed, leaving more respondents not feeling adequately informed for their first sexual encounter than feeling informed.

### **Engaging in Conversations About Sex, Sexuality, and/or Sexual Health**

*The frequency that the respondents spoke about sex, sexuality, and/or sexual health with their families varied by religion.* Respondent's who were not members of the LDS church were approximately three times more likely to talk about sex 'a lot of the time' with their families compared to the respondents who were members of the LDS church (Appendix F: Figure 4). Additionally, a larger percentage of members of the LDS church never spoke about and sometimes spoke about topics surrounding sex with their families.

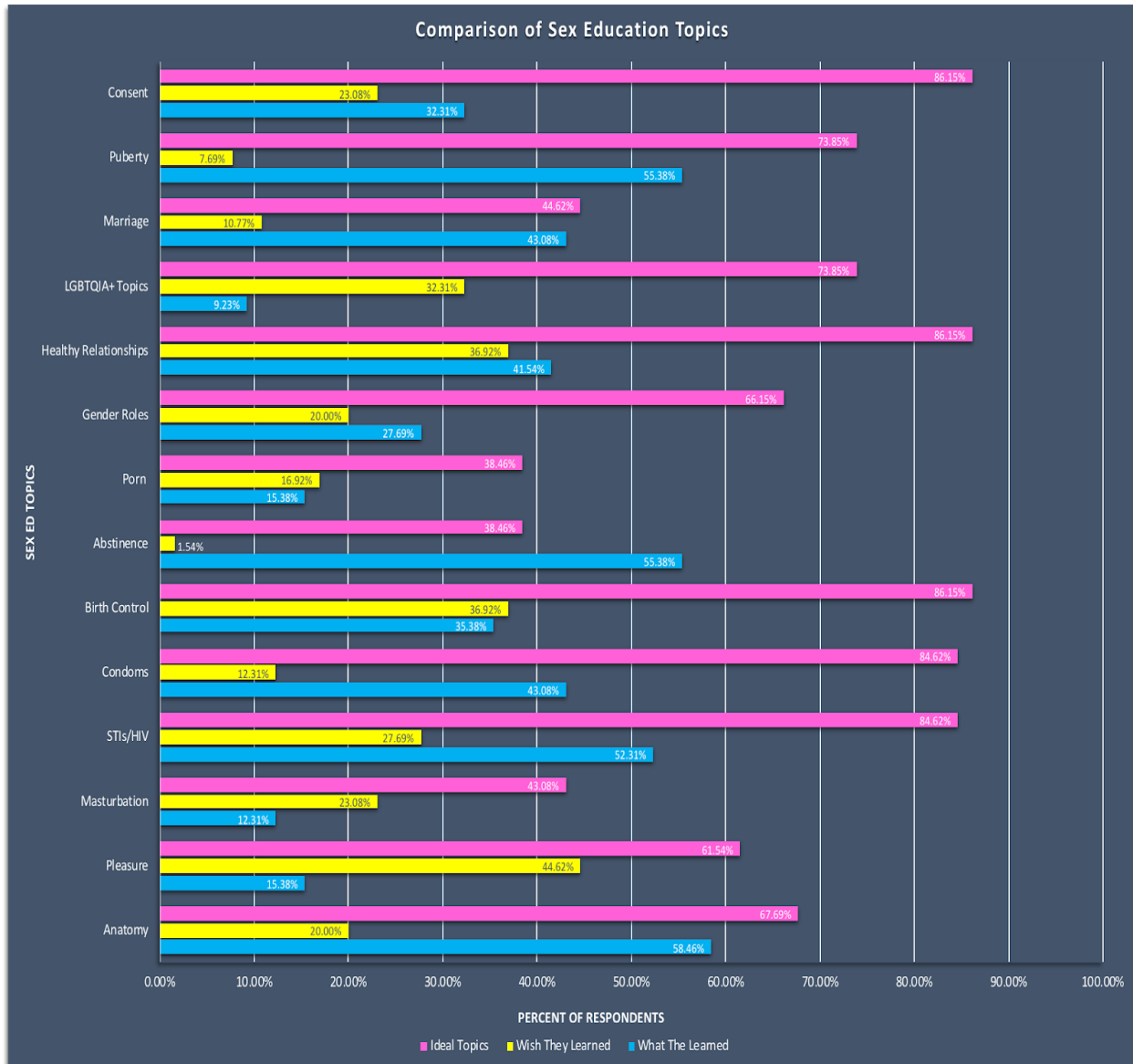
Overall, the respondents were generally willing to have conversations about sex, sexualtiy, and/or sexual health with their families. 43.08% of the respondents selected that they speak about these topics with their families sometimes, 30.77% selected never, and 16.92% selected a lot of the time (Appendix F: Figure 2). The response ‘a lot of the time’ was a combination of the answers ‘most of the time’ and ‘all of the time’.

Over 50% of the male respondents selected that they talk about sex, sexuality, and/or sexual health ‘sometimes’ with their families. The female responses, however, contained more of a variety of responses, and there was no clear majority. 37.21% of the female respondents selected that they never talk about these topics with their families while 34.88% of the female respondents who talk about these topics sometimes. Finally, 23.26% of the female respondents selected ‘a lot of the time’, compared to 4.55% of the males (Appendix F: Figure 3).

The respondents were also asked about how they felt when engaging in conversations about these topics. The top four words selected in response to how the respondents feel when engaging in conversations about sex, sexuality, and sexual health were intrigued, knowledgeable, empowered, and other (Appendix F: figure 1). The people who selected other described their feeling as “embarrassed”, “unintrigued”, “neutral”, “awkward”, “mixed feelings”, and “a combination of shame and empowerment-depends on if the person I am talking to is Mormon or not.” This last comment was made by someone who identifies as being spiritual, not LDS. A majority of the respondents did not gravitate toward one word, highlighting a mixed set of feelings. Overall, these two questions help provide insight into the psychological and emotional feelings that the youth have in relation to topics regarding sex, sexuality, and sexual health.

**Respondents Want to Learn More Than Abstinence**

*Figure 9*



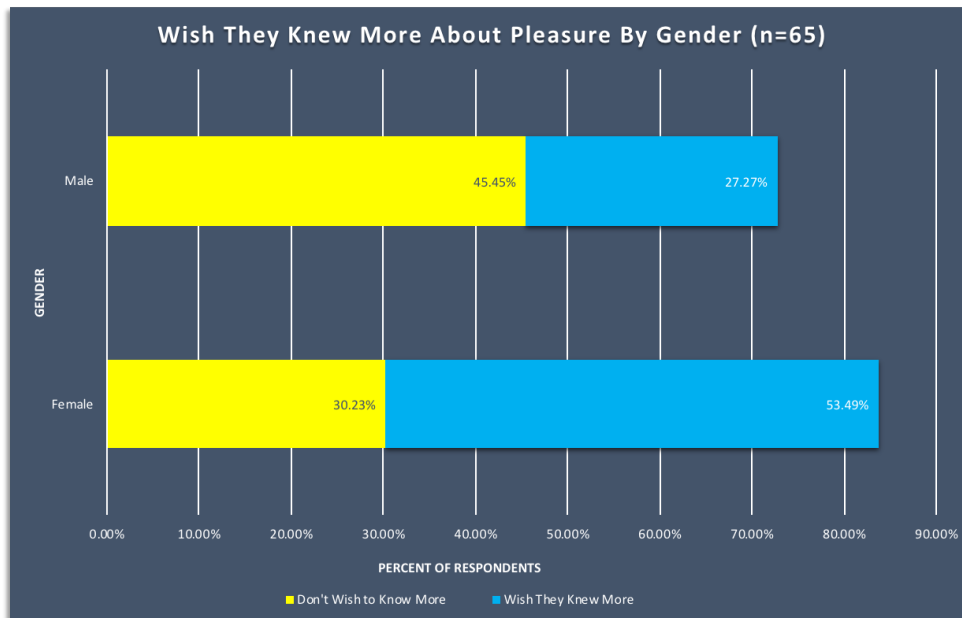
*The majority of respondents found the abstinence curriculum to be lacking and wished they had learned more about a variety of topics, resembling a more comprehensive sex education framework. The top four topics that they wish they knew more about were pleasure, birth control, healthy relationships, and LGBTQIA+ topics. These are generally not included in abstinence*

only sex education frameworks. Comparatively, the top four categories that the respondents selected when asked which topics they learned the most about were puberty, abstinence, anatomy, and STIs/HIV. These selections align directly with Utah's abstinence based curriculum requirements for sex education in schools.

Figure 9 provides an overall comparison of the topics that the survey respondents learned the most about, wish they learned more about, and the topics they would include in their ideal sex education curriculum. In each of these questions, the respondents were allowed to select all of the topics that applied. It is important to note the difference between the question that asks which topics the respondents wish they knew about and what topics they would include in their ideal sex education. The topics that individuals wish they knew more about is a personal questions that pertains only to their knowledge. The topics that they would include in their ideal sex education curriculum may include topics that they already know enough about and topics that they may want to know more about.

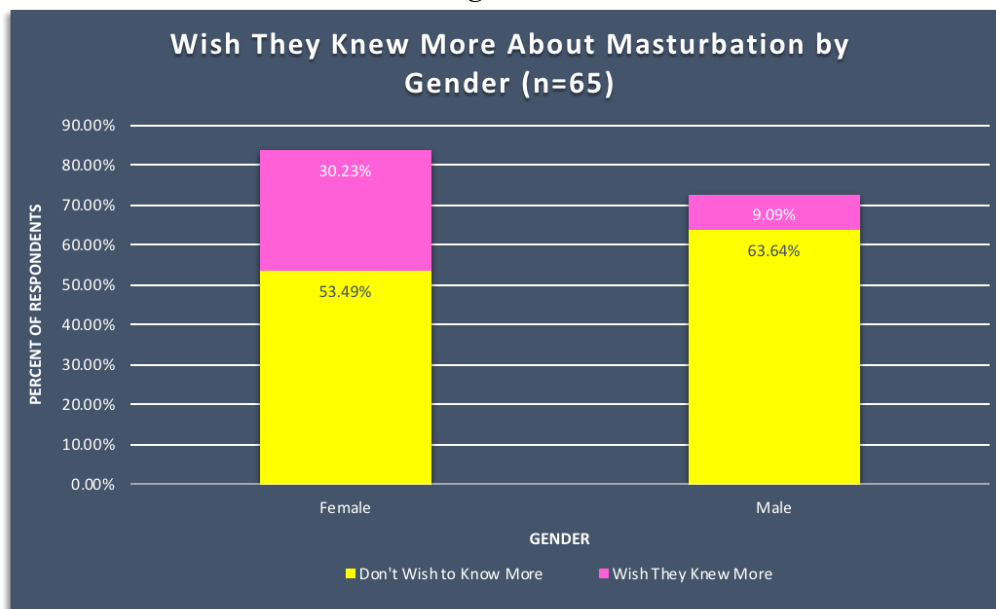
The topics that the respondents wish they knew more about helps shed some light on topics that may have helped the respondents feel more informed for their first sexual encounter. For examples, females, who felt more uniformed for their first sexual encounter than males, wish they knew more about pleasure and masturbation. Figure 10 shows that the the percentage of female respondents who wanted to learn more about pleasure was nearly double the percentage of males who wanted to know more about pleasure.

Figure 10



In addition, Figure 11 highlights that the percentage of females who wish they knew more about masturbation, 30.23%, was higher than the percentage of males, 9.09%, highlighting that females would like to know more about self pleasure and are not receiving sufficient information in school or society.

Figure 11





Additionally, the respondents who wished they knew more about topics relating to LGBTQIA+ topics varied by religious affiliation. The respondents who identified as being a part of the Mormon Church were approximately 4 times less likely to select that they LGBTQIA+ as a topic they wish they knew more about than the respondents who were non-LDS or non-religious.

Finally, birth control is currently not allowed to be advocated for in Utah classrooms, limiting the amount of information that youth are allowed to obtain in the classroom. A larger percentage of the people who received sex education in school wish they knew more about birth control than those who did not receive any sex education in school.

### **Ideally, Comprehensive Sex Education Would be Taught in Schools by Professionals**

*The ideal sex education curriculum crafted by a majority of the respondents included a comprehensive sex education framework that would be taught in schools by professionals. When asked to select all of the topics that would be included in their ideal sex education curriculum, over 50% of the respondents selected 10 out of the 14 topics (see Figure 9). These topics included: Condoms, STIs/HIV, consent, healthy relationships, birth control, puberty, LGBTQIA+ topics, gender roles, pleasure, and anatomy. Only 38.46% of the respondents would include abstinence in their ideal sex education curriculum. Additionally, Utah recently added porn to its curriculum, but again, only 38.46% of the respondents would include porn in their ideal curriculum.*

Finally, Figure 12 and Figure 13 show that there was a general consensus in both of these categories that their ideal sex education would be located in schools, but not taught by teachers. Instead, their ideal sex education would be taught by professionals.

Figure 12

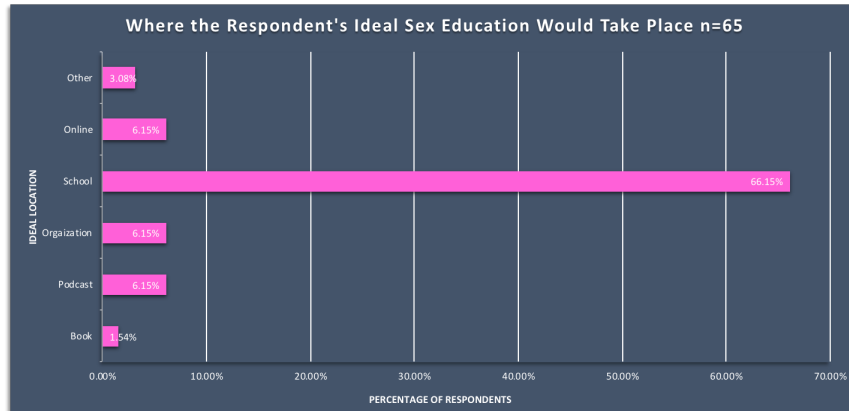
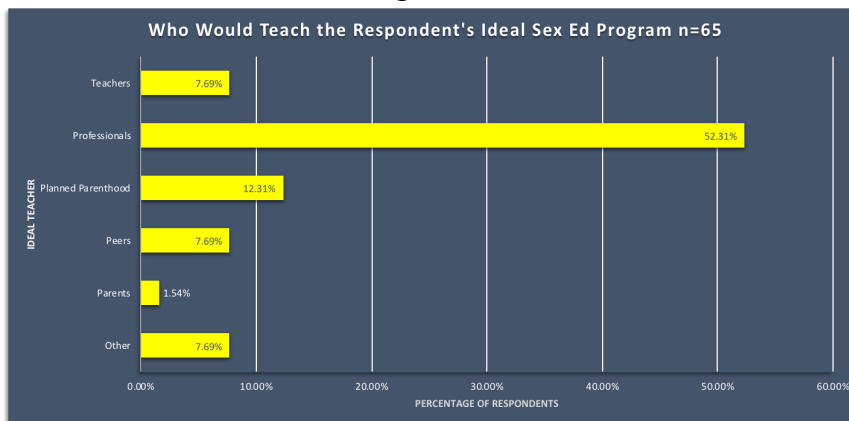


Figure 13



**Primary Interview Findings**

In addition to the surveys, 7 interviews were conducted to better understand the types of influences that youth attribute to their sex education. There were seven key findings from the primary interviews: 1) Sex education information provided in the home varied from parent to parent, creating inconsistent information among youth. 2) Friends were the main source of sex education. 3) The separation of females and males in maturation classes lead to inconsistent

information by gender. 4) Interviewees' recollections of middle and high school sex education varied by school district 5) Religious ideals about sex lead to feelings of guilt and shame. 6) Utah's highly religious culture influenced the sex education of those who do not identify as being religious. 7) Interviewees felt underprepared physically and emotionally for their first sexual encounter.

### **Primary Interview Demographics**

*Similar to the survey, the majority of the interviewees were white, heterosexual, females.*

The demographics of each interviewee are represented in table 3 below. The age range of the interviewees was 18-24, however all of the 18 year olds were from the Wasatch School District while the older interviewees were from the Canyons School District. Three of the interviewees identified as male and four identified as females. Additionally, six of the respondents identified as heterosexuals while one of the respondent was still unsure about their sexuality. Two of the interviewees were Catholic, two were agnostic, one was Greek Orthodox, one was non religious and one was Mormon. Finally, six of the interviewees were white and one was white/Mexican.

Table 3

Identifier	Age	Gender	Race	Religious Affiliation	Sexual Orientation	School District
#1	22	Female	White	Catholic	Heterosexual	Canyons
#2	24	Male	White	Agnostic	Heterosexual	Canyons
#3	24	Male	White	Greek Orthodox	Heterosexual	Canyons
#4	18	Male	White/ Mexican	Non -religious	Unsure	Wasatch
#5a	18	Female	White	Non- Practicing Catholic	Heterosexual	Wasatch
#5b	18	Female	White	Agnostic	Heterosexual	Wasatch
#6	22	Female	White	Mormon	Heterosexual	Canyons

### Sex Education Information Varies from Parent to Parent

*The information that youth receive at home, regarding sex, sexuality, and/or sexual health varies from parent to parent, creating a lack of consistency between youth.* Out of the seven interviewees, only three of them remembered receiving some form of sex education from their parents. Interviewee #5a and #1 mentioned learning a majority of their sex education from their parents. Interviewee #1 expanded on her experience, sharing this memory:

My first interaction with sex was with my parents watching 40 Year Old Virgin. My family is very open about sex... [but] I probably didn't have an actual conversation about sex and what was supposed to be until I was having sex and my mom knew when I was on birth control when I was 17 or 18.

This experience, having had an open and honest relationship with her parents after engaging in sexual activity, differs from interviewee #2's experience with his parents. He recalled:

In middle school [my parents and I] had the oh so coined “talk”, which wasn’t anything new. They tried to be nice and mommy- and daddy-like and tried to butter it up... I remember, this is really personal, having a girlfriend in high school. My dad gave me a pack of condoms and no words were said. He was like I’m not gonna say anything, here are these, be safe. I hadn’t even had sex, and I didn’t put up an image that I was either.

In this case, he remembered having sex education from his parents two distinct times before ever having sex, but there was not as much openness or ongoing conversation about the topic. Even though both of these interviewees received some sex education from their parents, the timing and manner in which these topics were discussed varied.

### **Friends, One of the Main Sources of Sex Education**

*Friends provided a majority of the interviewees with the most information about topics surrounding sex.* Interviewee #6 stated “I don’t think I learned anything from school at least and church. Friends? obviously yes.” Three other interviewees had similar responses. For interviewee #2, conversations about sex began with his friends earlier than he thought. He stated:

[I learned the most from] friends... Probably like pretty early, like earlier then I think maybe like third grade fourth grade is when kids start talking about it. You know? Not with parents around but just the playground talk.

For Interviewee #5a, her friends have continued to be a main source sex education that she utilizes in college. She shared:

Now that I am in college [sex] has become a normal thing to talk about with my friends... we like compare relationships... differentiating whether it is abusive or normal and I think it is really important to talk about and feel comfortable talking about.

Even though friends have been and continue to be an essential source of sex education, interviewee #3 warns that relying on sources such as friends can lead to biased information. He stated:

If you get a biased source such as a friend, a peer, a family member, an older family member and they think they know everything about it then that can lead to bad decisions to say the least.

### **Maturation Classes Separated by Gender**

*The separation of young girls and boys in maturation classes has lead to an inconsistency in information by gender.* Maturation was the first class that youth could recall receiving any information related to sex, sexuality, and/or, sexual health. These classes were generally separated by gender, teaching young boys and girls about their changing bodies. A majority of the respondents remembered having a maturation class around 5th grade, although one interviewee #5b recalled receiving this education in 8th grade. Interviewee #3, who was a male, recalled having maturation in the 5th grade before he had even gone through puberty:

I remember in fifth grade having maturation or something... I remember the old guy talking about sex and he used the analogy of a red shiny car... I guess the longer you wait the better it gets was his message or something.

Comparatively, interviewee #5b, a female, recalled the male and female students being separated during their maturation programs. During her class, she remembered:

The maturation class was basically like this is what a tampon is, this is what a pad is. I don't even think we covered what your hormones are doing or what your mood swings are going to be like. Sex was not covered at all.

Additionally, she remember her maturation program happening during the 8th grade after many of the girls had already gone through puberty.

Maturation provides essential information that informs young females and males about their changing bodies, but the information appears to be presented to males and females in different manners. Males learn about sex and withholding sexual urges while females learn strictly about their period.

### **Recollection of Sex Education Differs by School District**

*While interviewees across the board recalled receiving maturation in school, their recollection about sex education in middle and high school varied by school district.* The interviewees who attended school in the Wasatch School District did not recall learning anything about sex in their middle or high school classes. Instead their most reliable information came from outside sources. For example, interviewee #4 stated:

Honestly, I didn't learn anything from the schools. I learned quite a bit, well not like quite a bit, but I learned the most like reliable information from Planned Parenthood pamphlets that they hand out.

Even though Planned Parenthood taught interviewee #4 the most information about sex, their comprehensive sex education curriculum was not allowed to be taught to all students in the Wasatch School District. Interviewee #5a shared:

I did a project in high school about Planned Parenthood and [the school] immediately shut it down and said, I had to talk to the school board. They said that we teach abstinence only and they wouldn't let me advocate for Planned Parenthood.

The interviewees from the Canyons School District, however, recalled having health class once in middle school, around 7th grade, and once in high school. When interviewee #2 thought about the sex education he received in middle and high school, he stated:

7th grade they do the health class... [We learned] more like anatomy sexual health... just like anatomy, talked a little bit about nutrition, exercise... then we had health again in

high school, but it was like very little sexual education at that point. It was more just like the same thing exercise nutrition, all the muscle groups, all the bones, all the organs.

Even though the interviewees in the Canyon's School District recalled having health class in middle and high school, the information they received about sex was limited. Therefore, the sex education discrepancy between the school districts, as reported by the interviewees, can be reduced to no sex education and limited sex education.

### **Religion and Feelings of Shame and Guilt**

*Religion tends to put forth a negative perception of sex, leading to feelings of guilt and shame that impact individuals in varying capacities.* Mormonism is the dominant religion in Utah, but only one of the interviewees self identified as being a part of the Mormon church. Two of the other respondents revealed that they were raised in a Mormon family, but are no longer a part of the Church. The message from the Mormon church, regarding sex, remained relatively consistent between the interviewees, but the impact that this message had on the interviewees varied. For example, interviewee #6, who self identifies as Mormon, shared:

In Church, it was just like don't do it or you're going to hell... when I was in middle school and high school I was terrified of [sex], the conversation, the word, like especially due to like religion and my family, my parents never talked about it, my sisters briefly talked about it. Umm, but as I got older, my siblings got more open, I got more open minded, I was kinda able to like separate my beliefs from what I learned in church and kind of get my own beliefs about it, experience it, you know like realize that you're not a terrible person for it, ya know?

Comparatively, interviewee #2 who grew up in a Mormon family but no longer identifies as Mormon stated:

“Ummm I mean I grew up in a Mormon family, [in the Church] they just don't ever want to talk about [sex]. So, they are basically like its bad, don't do that, it's a sin against God, only evil people do that, end of story, like Amen you know?... In church they really try to



like really guilt trip you, but I didn't really care... I kinda was like I don't think you guys know what you're talking about anyway in the Church so I never felt ashamed, I just felt like I didn't belong there. So I turned 18 and, see you later."

There are two similarities in these two stories: 1) Sex was viewed as an evil. 2) These individuals had to separate/remove themselves from the beliefs of the Mormon church in order to avoid feeling some sort of shame or guilt about sex. Additionally, interviewee #4, who self identifies as non-religious, shared that he was uncomfortable with his sexuality and talking about sex, which he attributed to the fact that he was raised in a Mormon family.

The negative perception of sex, however, is not limited to the Mormon Church.

Interviewee #3, who self identifies as Greek Orthodox, shared that he consistently attended a religious service in high school which lead him to "a little ashamed" about engaging in sexual activities. In addition to his own religious experience at church, he spoke passionately about the larger religious influence in Utah:

I mean in Utah... religion can paint a bad picture of sex and the human body and I think, I don't want to be super strong about it or parochial, but it's not good at all it like cuts you off of your humanity a little bit which is not good, not good.

### **Religious Culture in Utah**

*Due to the dominant Mormon culture in Utah, religious ideals about sex stretch beyond the confines of the Church, influencing individual's sex education experience even if the individual did not identify as being religious.* Four interviewees discussed a larger cultural that influenced their sex education. Some interviewees spoke about Utah as a whole while others spoke about their specific community. For most, they felt that there was a dominant culture, filled with strong pressures to abstain from having sex before marriage. Interviewee #5a stated,

and interviewee #5b concurred, that in Wasatch their “whole community believed in no sex before marriage.” Both interviewee #5a and #5b shared that they were not heavily religious, but they felt a sense of sex shaming from their community.

Interviewee #6, who was still a practicing Mormon, making her a part of the dominant culture, felt a compounded influence of the dominant culture. Not only was she receiving shameful messages about sex from her Church, but she also received these messages from her parents and the larger Utah culture. She shared her experience:

[The education I received] made me feel that if I [had sex] I would be a bad person, I could get shunned. I don't feel still that I can talk to my parents about it or let them know... The education I was taught was you are bad, bad, bad, then you're married, then awesome, awesome, awesome and if you're not doing it then you're bad you know? So it's just like overnight you are supposed to have your brain switch... I obviously have not followed [these expectations] because I am not married, but it was still kind of the same concept... And that is how it is in the culture I was raised.

### **Interviewees Feel Uninformed for Their First Sexual Encounter**

*A majority of the interviewees, did not feel as though the sex education that they received made them feel informed for their first sexual encounter.* However, this lack of information did not prevent the interviewees from participating in sex, it prevented them from protecting themselves.

For the most part, the interviewees understood sex on a basic, physical level, but they still wouldn't consider themselves fully and confidently prepared for their first sexual encounter. They wanted to know more. For example, interviewee #1, whose response was more confident than the other respondents, felt like she was missing information from her sex education. She stated:

I mean... I would say I knew enough. But could I have known more that might have made me make a different decision? Maybe. There are aspects that I wish I would have at least known a little bit better. Like a little bit from an emotional side.

Other interviewees felt as though they lacked essential information that would have altered their first sexual experience for the better. For example, interviewee #4 did not feel as though his sex education prepared him at all for his first sexual encounter. He shared:

I feel like learning about consent could be very valuable for young people because I feel like there is a stigma that if you do anything you have to go all the way. I made that mistake, I didn't want to, but I did.

His sheer lack of knowledge about the idea of consent and different phases of sexual activities lead him to "go all the way" instead of engaging in the level of activities that made him feel comfortable.

In addition to the physical aspect of sex, interviewees felt underprepared for the emotional parts of sex. For example, interviewee #6 discussed how the stigma surrounding sex and lack of information/conversation around this topic affected her emotionally during her first time having sex. She shared:

I think all [my education] taught me was where it went and how it happened, you know? Like the physical side... If I would have learned at a younger age, I wouldn't have been like so terrified of it and talking about it with anyone or asking questions... and then the first time wouldn't have been so anxiety provoking.

For interviewees #4 and #6 the lack of information did not prevent them from experiencing with sex, it prevented them from protecting themselves physically and emotionally. This experimentation does not appear to be unique to these two individuals. Interviewee #5b brought up the idea of a counterculture, observing that individuals in her community participated in unhealthy sexual activities. She shared:

I feel like at school it was you were looked down upon if you had sex before marriage and... [Additionally,]if you stay in one monogamous relationship without having much sex before it or anything like that you don't know how much you are missing... so it just seems like there is some shame on both sides which I find ridiculous...I felt like there was some counterculture that was really dangerous because some kids were trying almost to act out and so they were having unhealthy sexual relationships at a very young age”

Interviewee #5a chimed in stating, “and that is why there were so many people that graduated pregnant.”

### **The Ideal Sex Education Described by Interviewees**

There were four main themes that were mentioned by the respondents when they discussed their ideal sex education: 1) Learning sex education at home with parents is ideal, but they would settle for school. 2) They want more comprehensive sex education topics. 3) Learning about sex education at younger ages is better. 4) Qualified professionals are the preferred sex education teachers in schools.

Two of the interviewees would choose the home as their ideal location for sex education due to the intimate setting. However, they recognized that there is no way to officially implement or require sex education to be taught in homes. Interviewee #1 chose the home specifically because of her own positive sex education experience with her parents. Interviewee #6, on the other hand, did not have an open relationship with her parents about sex, however she would still choose the home as her ideal location. Her response was as follows:

Obviously, I think home is the best setting cause it is like you're home and you feel more comfortable there umm but finding a way to educate all parents to teach it in an appropriate manner where it makes the kid feel safe... and not feel ashamed or shunned for whatever decision they choose... I don't really know how you would implement a program into homes but that would be ideal.

Other interviewees, however, believed that multiple options should be open to students in terms of types or professionals and styles of learning. For example, interviewee #2 felt as though an online version along with a typical school class setting should be offered to students. He believed that a diversity of options would ideal in order to cater to different student's learning styles. Interviewee #4, however, believed that online options were impersonal and lacked a sense of community. Therefore, his ideal sex education would be:

a seminar type based thing, face-to-face... with leaders or specialist from different areas of life so like a sex psychologist, an anatomy professor, a religious or spiritual leader that is like cool talking about it.

Additionally, three of the interviewees mentioned that the sex education should begin at a relatively young age. Interviewee #5b got this inspiration from Norway which has a reputation for having progressive sex education curriculums. She stated:

I watched this video about sex education, I think it was in Norway and they start from like pre-school, kindergarten teaching them like kind of the basics of consent and you just keep moving on from there as you age so that it's never taboo.

Finally, one interviewee, #5a, was adamant about having Planned Parenthood teach a comprehensive sex education curriculum in schools because she believed that teachers may include their own biases and parents may not teach their kids sex education at all. She stated:

We should definitely teach [youth] about contraceptives and the different kinds that they can take and we should teach them about safe sex and condoms and everything. We should teach them about LGBT communities so that people aren't ashamed of who they are. Umm I also think we should teach consent and an overall well rounded idea of how to be healthy, how to be safe, and how to recognize when you are in an abusive relationship and how to be comfortable with yourself and open about like talking about sex... I think that Planned Parenthood should definitely teach it.

Even though the image of an ideal sex education system varies by each interviewee, none of the respondents believed that the existing sex education in Utah was sufficient. They wanted to see a change.

### **Limitations**

There are three main limitations in this study: recall bias, the snowball sampling method, and the demographics of the sample. This was a retrospective study, requiring the interviewees to recall what they did or did not learn in their sex education classes in either middle or high school. Even those who recently graduated from high school were still asked to recall what they learned anywhere from one to six years ago. In addition to what they learned in school, the respondents were also asked to recall interactions they had with their families, friends, and religion, regarding sex education. Therefore, there is no way to determine the accuracy of their memory.

Additionally, the snowball sampling method created a sort of bias since it is not a randomized method. The snowball sampling method relies on the existing relationships and social networks of individuals, leading to a lack of diversity in the sample. For example, the interviewees who were contacted to represent the Wasatch School District all stemmed from a single contact provided by Planned Parenthood. Therefore, it is likely that there was a bias in their answers that are not representative of the Wasatch School District's population.

Finally, the sample for this study was not representative of Utah's population. For example, 62.8% of Utah's population is Mormon (Canham, 2017) and only 27.69% of the respondents in the survey were Mormon and only one interviewee was Mormon. Additionally, in this study, the percentage of females were nearly double the percentage of males, while the percentage of males and females in Utah are almost split.

In terms of race, white/caucasian was clearly the dominant race in this study as well as in the state of Utah. However, the size of this sample did not allow for the limited number of responses by the minority populations to be used to create generalizations for minority populations. Therefore, this study is best used to generalize only for those who are white. Finally, over 90% of this sample was heterosexual. Therefore, the responses from limited number of respondents who were sexual minorities are not able to be generalized to reflect the beliefs of all sexual minorities.

### **Discussion**

Individuals have unique social networks determined by where they live, go to school, who their parents are, and any religious or spiritual faith they may believe. All of these influences, along with the intersectionality of individual identities, shape the information that youth receive surrounding topics related to sex, sexuality, and sexual health. These influences can be broken into two categories: 1) Informal sources, such as friends, families, and religion. 2) Schools. In this study, the survey and interview respondents attributed more of their sex education to informal sources than to formal sources, such as school.

### **Informal Sources of Sex Education**

#### **Positives and Negatives of Friends Influencing Each Other About Sex**

*The survey respondents and interviewees named friends as one of the main influences that they attributed to their sex education.* There are positive and negative aspects of having friends as one of the main influences. One positive aspect is people who are of similar ages tend

to have an easier time relating to one another, allowing them talk and work through the complexities of different sexual experiences together. One survey respondent wrote “I feel like I learned about sex the way most kids did, at the same pace they did. It was a very mutual learning experience as we were all learning and asking questions to one another.” However, if youth do not feel adequately informed about topics surrounding sex, it is as though the blind are leading the blind, leaving youth without proper knowledge about sex, sexuality, and/or sexual health.

Additionally, with friends, there can be a sense of peer pressure. The right decision for one individual’s sexual health may not be right for another. Research has found that youth are more likely to have their first sexual debut if a high proportion of their friends are also sexually active (Sieving, Eisenberg, Pettingell, & Skay, 2006). Biased sources of information was a concern for interviewee #4 who said “if you get a biased source [of sex education] such as a friend... and they think they know everything about it then that can lead to bad decisions, to say the least.” Therefore, if youth are unable to access a clear picture of all of the information, from a reliable source, they may not be able to determine the right choice for them, which has the potential to have negative impacts on their sexual health.

### **Family Influence on Youth’s Sex Education Varies**

*Parents are an essential source of information for their children, however, the information that youth receive from their respective parents varies, creating a knowledge disparity among youth.* In the survey, 41.54% of the respondents selected parents as one of the influences where they learned the most sex education. The interviewees who received sex education from their parents appreciated their parents openness and willingness to speak with



them about these topics. One of the interviewees began having candid conversations with her parents after she was already having sex, while the other interviewee had brief discussions with his parents that occurred before he had sex. Even though both interviewees received education from their parents, the content and timing of their experiences varied.

*Siblings, for some, are a vital source of information within their families when parents may not be willing to discuss topics about sex, sexuality, and/or sexual health.* While “siblings” was not included as an option for the survey respondents to select when asked where they learned the most about sex education, a few respondents felt strongly enough to write-in “siblings” as one of their selections. In addition, interviewee #6 mentioned learning about sex from her siblings because she was not able to talk to her parents about these matters.

### **The Influences of Utah’s Religious Culture**

*The strong religious influence in Utah has lead youth, in different capacities, to associate feelings of guilt and shame with sex.* Only one interviewee self-identified as a member of the Mormon Church, while two other interviewees spoke about their experiences growing up in Mormon households. All three spoke about the negative connotation associated with the Mormon Church’s view on sex before marriage. Interviewee #6, who identified as Mormon, spoke about how she had to separate her Mormon beliefs in order to realize that she wasn’t “a terrible person” for having sex before marriage. For her, sex was portrayed as “bad, bad, bad, until marriage and then overnight it is supposed to be awesome, awesome, awesome.” In addition, interviewee #2 said that the Mormon Church attempted to “guilt-trip him” into

believing that sex was “sin against God.” However, he didn’t believe in the teachings and felt no sense of shame. Finally, interviewee #4 attributed being uncomfortable with his sexuality to being raised in a Mormon family.

In addition to the interviews, the survey highlighted the stigma surrounding discussions about sex in the Mormon Church. The survey respondents who were not members of the Church were three times more likely than respondents who are a part of the Mormon Church to talk about sex, sexuality, and/or sexual health with their families “a lot of the time.”

The stigma around sex, however, is not unique to the Mormon Church. Interviewee #3, who identified as Greek Orthodox, found that religion, as a whole, painted a “bad picture of sex and the human body,” leading him to feel “a little ashamed when engaging in sexual activity.” Overall, religion is a strong influence, especially when it comes to the morality of sex and sexuality.

*Utah’s strong religious culture not only influences those who have been, or are currently, a part of the Mormon Church, but also those who have no affiliation with the Church or any religion.* Interviewees, felt as though their surrounding culture was filled with a strong pressure to abstain from sex. Two of the female interviewees from the Wasatch School District found that their community looked down on those who had sex before marriage. Neither of these interviewees identified as having strong religious ties, yet they felt a pressure to abstain from having sex until marriage.

While those who are not a part of the Church feel an indirect influence from the religious beliefs, members of the Mormon Church appear to feel a direct and compounded influence of

religious beliefs. For example, the Mormon interviewee spoke about the influence that the larger culture had on her sex education, along with the direct impact of her Church and parents. The culmination of these influences, which limited the discussion around sex and stressed abstinence, contributed to the fact that her first sexual experience was emotionally stressful and anxiety provoking.

*Mormonism has played a role in shaping the curriculum implemented in schools, negatively influencing sexual minorities.* In this survey, people of the Mormon faith were 4 times less likely to want to know more about LGBTQIA+ topics than the respondents who were not a part of the Mormon faith. The Mormon Church has openly condemned homosexual acts and same-sex marriages. Additionally, until April 2019, they did not allow children of LGBTQ couples to be baptized in their Church (Reuters, 2019).

This resistance to LGBTQIA+ topics has been reflected in Utah's sex education policy. Until 2017, LGBTQIA+ topics were legally prohibited from being discussed in Utah public school classrooms, showing a connection between the Mormon beliefs and policies that had been implemented in public schools. Therefore, individuals who do not conform to those beliefs are left without information that may pertain to their LGBTQIA+ identities.

Research has shown that sexual minorities have a “higher prevalence of many health-risk behaviors compared with nonsexual minority students” (Brener et al., 2016). Additionally, safe school environments are especially important for sexual minorities because they tend to have “fewer supportive resources to draw upon”(Brener et al., 2016). Therefore, the lack of supportive resources, combined with the lack of discussion surrounding LGBTQIA+ topics at school leave

LGBTQIA+ youth in Utah with limited information, creating a disproportionate knowledge disparity for this minority population.

### **Formal Source of Sex Education, School**

#### **Sex Education in Utah's Public Schools**

*Utah's public schools are required by law to teach abstinence education curriculums.*

Health and Physical Education Specialist for the Utah State Board of Education, Jodi Kaufman, made it clear that her support for abstinence education is based on health and medically accurate facts, not morals. She went on to explain that abstaining from sex is the only 100% way to guarantee that people will not contract STIs or get pregnant.

*The school boards have the responsibility to approve each portion of the school district's curriculum related to sex education, giving them a certain degree of discretion when choosing how to implement the curriculum in their schools.* According to Kaufman, there are 41 school districts, including charter schools, that are required to have a local school board. Additionally, each school board must have the same number of parents as school officials. She went on to say that school board members are tasked to approve every piece of the school curriculum that is related to sex education, such as childbirth, pregnancy, rape, reproductive anatomy, etc. The school board is required to meet all of the standards listed in the core curriculum provided by the state. They are, however, allowed to determine whether they are an abstinence only school district or an abstinence based school district. Abstinence only school districts do not talk about contraception, while abstinence based school districts do discuss contraception.

In addition, the school district is allowed to decide whether or not the curriculum includes homosexuality. As of 2017, teachers are no longer prohibited from “promoting” or “advocating” for homosexuality in classrooms (Rosky, 2017). Prior to the removal of this restriction, relationships were defined as being between a man and a woman. Now, according to Kaufman, the relationships in the curriculum are no longer clearly defined, allowing students to use their imagination to determine who is in the relationship when they talk about healthy and unhealthy relationships in the classroom. Relationships, in this case, are ambiguous and can be about friends, families, or romantic partners. Overall, the school district has the discretion to decide how each subject is taught, whether it is through videos, lecture, etc.

According to Kaufman, the Canyons School District moved from an abstinence only school district to an abstinence based school district in 2017. Therefore, all of the interviewees, who attended the Canyons School District, received their sex education from an abstinence only school district.

James Judd, a school board member for the Wasatch School District, provided basic information about Wasatch School District’s sex education. Their abstinence only curriculum has seen no drastic changes over the last 5 to 10 years. Judd described the sex education curriculum as a minimal unit, lasting about 2 weeks out of a 20 week health course. A majority of their sex education unit is limited to anatomy. Judd approximated that only one day was dedicated to any sexual activity. In this curriculum, Judd stated that there was no talk about contraception unless an individual asked a specific question in a specific class. Judd acknowledged that this is not a very robust sex education curriculum, explaining that the school board never felt that they had to go any deeper.

## **Limitations on Teachers When Teaching Sex Education**

*Teachers in the public school districts are restricted in the amount of information that they are allowed to teach students during sex education.* Pursuant to Utah's sex education law, teachers are allowed to answer spontaneous questions asked by youth as long as their answers are medically accurate, unbiased, and do not include any "sexual techniques, including intricacies of sexual stimulation or erotic behavior" ("A Guide for Teachers: Answering Commonly Asked Questions About Sex Education," 2018). There is a guide available to teachers that assist them in answering these spontaneous questions. For example, in the teacher's guide, if a student asks "how do you put on a condom?" the teacher is advised to respond with "this is a technique, or how to, question and I am not permitted answer. Please refer to the package instructions" ("A Guide for Teachers: Answering Commonly Asked Questions About Sex Education," 2018). The purpose of this restriction, according to Kaufman, is that they do not want teachers telling students what to do or to give advice, on a personal level, regarding sex.

There is great value to the spontaneity of these questions, allowing youth to inquire freely about complex topics. However, it appears that school districts may be using spontaneous questions as an excuse not to incorporate certain information into their planned school curriculums. For example, James Judd, the representative for the Wasatch School District stated that birth control was not included in their planned curriculum, however, if a student decided to ask a spontaneous question about contraception, the teacher is legally allowed to provide answer. Therefore, some individual classes may receive information about contraception if a student

takes initiative and asks the question, but many classes will not receive that information, creating a lack of consistency.

Students who want to learn about important topics that aren't included in their district's curriculum must have the courage to raise their hand, in front of their peers, and ask difficult questions. Therefore, the reliance on spontaneous questions places the burden of learning on students, allowing school districts, such as the Wasatch School District, to take a more passive role in educating youth about topics related to sex, sexuality, and sexual health.

### **Abstinence Education Curriculums are Inherently Limited**

*The abstinence education requirement in Utah has equated to little sex education for youth in public schools.* Approximately half of the respondents who participated in the survey attended public schools, while the other half attended private schools. Public schools are required by state law to teach sex education in their schools and adhere to a set of core standards provided by the state. Private schools are not held to the same standards, allowing these schools to either provide no sex education at all or provide comprehensive sex education. Even though sex education is required in public schools, many survey respondents who attended public schools did not recall receiving any sex education in school. Additionally, interviewees from the Wasatch School District were very clear that they did not remember learning any sex education in their schools, whereas the interviewees from the Canyons School District remember learning briefly about sex in their health classes.

There are a few factors that could contribute to these respondents' lack of remembrance. First, Utah law requires parents to opt-in to the sex education program. Therefore, parents of the respondents who attended public school could have never opted their children into the sex

education curriculum. Second, many of the respondents described their sex education as brief and limited. Therefore, the respondents who did not remember receiving sex education in their public school may not have associated the brief information that they learned in their health class with sex education.

Specifically for the Wasatch School District, board representative, James Judd, shared that their health education curriculum was a 20 week course. However, the sex education module was two weeks, covering gestation, anatomy, and pregnancy, while only one day was reserved for sexual activities. This highlights the extremely limited nature of the sex education course in the Wasatch School District.

A recall bias in this study is likely because it involves individuals who are no longer in middle or high school, relying on their memory to answer these questions. Therefore, it is difficult to know for sure whether they did not receive sex education in school or simply cannot recall receiving sex education in school.

The survey did highlight, however, that a slightly larger percentage of those who received sex education in school felt informed for their first sexual encounter compared to their counterparts who did not receive sex education in schools. Therefore, even though the mandated sex education curriculum that the youth received is limited, the fact that Utah has required sex education to be implemented in schools has established a baseline of knowledge for youth that received sex education schools.

*Abstinence education curriculums are inherently limited.* When simply abstaining from sex is thought to be the best and only method of protection that youth should use, there is little



need to provide them with information regarding other forms of protection to use in conjunction with abstinence. Therefore, when the survey respondents were asked to select the topics they learned the most about in their sex education, it came as no surprise that the topics with the largest percentage of selections were, anatomy, abstinence, STIs, and puberty. These topics are generally included in abstinence education curriculums. However, these four topics had the most selections from a pool of individuals who attended private and public schools, highlighting that abstinence is not only stressed in schools, but also in society.

Those who attended private schools are not subject to the same sex education core curriculum as those who attend public schools. Private schools have full discretion to determine whether they include comprehensive sex education, no sex education, or something in between. Therefore, it is difficult to determine what students learned in school if they attended a private school. However, what is clear is that a larger percentage of those who attended public school felt prepared for their first sexual encounter than those who attended private schools. Therefore, it appears that those who attended private schools were not receiving more comprehensive information than their public school counterparts.

### **Abstinence Education Leaves Youth Wanting to Know More**

*The limited nature of formal and informal sources of abstinence education has left many topics relating to sex unaddressed.* The survey respondents indicated that they wished they would have learned more about birth control, pleasure, healthy relationships, and LGBTQIA+ topics. These are all topics that are generally included in more comprehensive sex education curriculums, not abstinence based curriculums. Utah, however, has been making strides to include these topics in their sex education curriculum. While birth control and LGBTQIA+

topics have the potential of being included in the core curriculum, there have been no hints that pleasure may be included anytime soon.

*In Utah's core curriculum there has been a big push to include healthy relationships, which, according to Kaufman, are no longer defined as being between a man and a woman, leaving the opportunity for teachers to discuss LGBTQIA+ couples. As mentioned above, until 2017, LGBTQIA+ topics were prohibited in Utah classrooms. Even though conversations surrounding LGBTQIA+ topics are no longer prohibited in classrooms, according to Kaufman, there is also no requirement for teachers to actively talk about LGBTQIA+ topics in their school curriculums. Therefore, some youth may receive information on these matters in schools while others are forced to rely on their informal sources of sex education.*

*In the survey, a larger percentage of the respondents who received sex education in school wish they knew more about birth control compared to those who did not receive any sex education in school. Currently, contraception is not required to be taught in schools, allowing school districts to choose whether or not they include the discussion of contraception in their curriculum. These discussions can include the effectiveness of different contraception methods, where to purchase these methods, and if a prescription is needed. However, the advocacy of contraception is legally prohibited. The deference that was given to the districts to decide whether or not to include information about contraception in their district curriculum has appeared to leave the respondents who received sex education in school with less information about contraception than their peers who did not receive sex education in schools.*

Contraception is generally a key distinguishing factor between abstinence education curriculums and comprehensive sex education curriculums (“Abstinence Education Programs,” 2018). The strong religious culture and moral opposition to sex before marriage would likely lead to pushback if birth control was included in the mandated core curriculum. Therefore, Utah’s hesitancy to include different methods of contraception in their mandated core curriculum may be due to the fact that they do not want their curriculum to appear to be comprehensive.

*The sex education that youth received in Utah failed to address pleasure, especially female pleasure.* In the survey, “pleasure” received the largest percentage of selections by male and female respondents for a topic that they wish they knew more about. However, the percentage of women who wish they knew more about pleasure was nearly double the percentage of men who wish they knew more about pleasure. Additionally, the percentage of females who wish they knew more about masturbation was three times greater than the percentage of males, highlighting that females in Utah feel as though there is a lack of conversations about pleasure and self-pleasure.

### **The Reliance On Informal Sources for Sex Education Creates Knowledge Disparities**

The limited nature of the sex education that youth in Utah received in schools has required youth to depend on their unique social networks, such as friends and parents, to obtain additional information, creating a knowledge disparity, particularly among religious affiliations and gender. For some, their social networks may provide them with sufficient information, but

for others, they may not have access to sources that are willing to engage or provide them with information regarding these topics.

### **Mormons Feel Informed for Their First Sexual Encounter**

*The current sex education curriculum does not benefit youth equally in Utah, prioritizing the beliefs of individuals who conform with the dominant religion, Mormonism.* As shown in the literature review, Utah's sex education policy clearly reflects the values of the Mormon Church. In this survey, a larger percentage of people who identified as members of the Mormon Church felt as though they were informed for their first sexual encounter compared to the respondents who were a part of a different religion or who were non-religious. The Mormon survey respondents' self-perception of being informed for their first sexual experience could be attributed to the sex education they receive in school along with the information that they receive from their Church regarding sex.

It is worth noting the complexities of conducting this research among those with strong religious beliefs. Their desires are filtered through their faith, creating a bias that is difficult to compare across different populations. The question regarding the "self-perception of being informed" is subjective, therefore, individual's definition of being informed may vary. Individuals who are a part of the Mormon Church may morally believe that abstaining from sex until marriage is the best option, therefore, the abstinence education they received in school provided them with sufficient information to follow their beliefs, abstaining from sex. Additionally, if an individual has remained abstinent, they may not be fully aware of the complexities of sex. Therefore, one may not be able to accurately determine whether or not the

education they received has adequately prepared them for their first sexual experience. Regardless of an individual's' perception of being informed, sex education that youth receive in Utah appears to be tailored to align with the beliefs of those associated with the Mormon Church, neglecting those who do not conform with those beliefs. Therefore, those who do not believe in abstaining from sex until marriage are not receiving adequate information to make informed decisions.

Another explanation for a larger percentage of Mormon's feeling informed for their first sexual encounter could be attributed to the information that they receive in their Church. As highlighted in the literature review, one study found the Mormon Church to be "largely successful" at influencing the sexual attitudes and behaviors of its members (Holman & Harding, 1996). Therefore, the extra religious influences that their receive outside of school could contribute to their self-perception of being informed.

### **Females Feel Uninformed for Their First Sexual Encounter**

*The abstinence education requirement in Utah inherently limits the topics surrounding sex to anatomical discussions, neglecting topics such as pleasure, which has a disproportionately negative influence on females' perception of their knowledge surrounding topics related to sex.* This study reflects that the number of female respondents who felt uninformed for their first sexual experience was nearly double the number of males. Additionally, nearly two times the number of females wish they knew more about pleasure and masturbation than their male counterparts, highlighting that conversations and education surrounding female desire are limited.

The limited discussion surrounding female sexuality, however, is not unique to Utah. The suppression of female sexuality has been thought to be “most remarkable psychological interventions in Western cultural history” (Baumeister & Twenge, 2002). There is a societal double standard which normalizes the sexual desire of men and stigmatizes female sexuality, creating a societal culture of shame for women (Firestone, 2013), and reducing their “negotiating power within sexual encounters” (Schalet et al., 2014). Many young girls are not taught that developing into a sexual woman is a natural part of adulthood (Firestone, 2013), even though this is the consistent message that young men generally receive. Recent studies have begun to debunk this myth by shedding some light on female desire and pleasure, equating it with male desire (Howitt, 2016). Due to the stigma around female desire, the complexities of female sexuality are generally not discussed and Utah is no exception. Therefore, neglecting these topics in sex education allow these double standards to fester, impacting the way the young women view their sexuality in relation to male sexuality.

In addition to the lack of information provided by abstinence education programs, these programs have been shown to “reinforce gender stereotypes about female passivity and male aggressiveness” (Santelli et al., 2017), leading to negative sexual health behaviors. In 2018, Utah was ranked as the second most sexist state in the U.S.. This was determined through a “sexism index” which reflected the respondent’s agreement with certain beliefs, such as “that women’s capacities are inferior to men’s; that the family unit is hurt when women focus on activities outside the home; or that men and women should occupy specific, distinct roles in society”(Alberty, 2019).

This 2018 study also found that Utah had a particularly high amount of internalized sexism by women (Alberty, 2019). Internalized sexism, for women, refers to the incorporation of sexist practices even when men are absent. When sexism is prevalent in a culture, it impacts “how women shape their personalities and identities, negotiate their relationships, feel about themselves, make meaning out of their experiences, and make choices about their lives over the short and long term” (Bearman, Korobov, & Thorne, 2009).

Even if Utah public schools are not providing information that furthers the gender stereotypes of women, there is nothing in their core curriculum that shows that the schools are addressing gender roles in their curriculum. In order to protect young women from negative health outcomes and combat high rates of sexism, it is essential that Utah’s sex education curriculum actively addresses gender roles and stereotypes.

### **The Ideal Sex Education Youth in Utah Want**

Finally, the respondents were asked to answer a few questions, crafting their ideal sex education. Even though only a small percentage of the respondents listed school as one of the places that they learned the most sex education, a clear majority of the respondents identified school as the ideal location for their sex education program. However, a majority of the survey respondents specified that their ideal class would not be taught by teachers, it would be taught by professionals or a source other than teachers. Interviewees expanded on this idea. One of the interviewees stated that, ideally, he would elect to have professionals from multiple backgrounds, such as “sex psychologist, an anatomy professor, a religious or spiritual leader” to teach the sex education class. Other interviewees had parents as their ideal choice of teacher, but

finding a way to ensure that all of the parents would be educated enough to teach about sex education in a safe way would be difficult. Therefore, these interviewees settled for schools as their second option.

This information from the survey respondents and interviewees highlights that school, as a physical setting, is clearly not problematic. Instead, the way in which the information is being presented to youth in schools, has been deemed insufficient by the respondents. It is unclear whether it is the curriculum or the teachers themselves who are at the root of the problem, but the respondents, across the board would prefer their sex education to be provided by individuals who have specific expertise in the field of sex education.

With regards to the content of the respondents ideal curriculum, the top five topics selected by the respondents are condoms, STIs/HIV, consent, healthy relationships, and birth control. To some extent, these topics are or have the opportunity to be included in Utah's sex education curriculum. Condoms, STIs/HIV, and healthy relationships are all required to be discussed in Utah public school classrooms by law through the core standard curriculum. Birth control, however, is a district decision, allowing some youth to have access to information about birth control, depending on the district. However, birth control is legally prohibited to be advocated for or encouraged in the classrooms even if the district decides to include contraception in their curriculum. Finally, refusal skills, which is a carefully crafted phrase used instead of consent, has recently been included in Utah's core curriculum. The term consent is not used because under Utah law, when children are subjected to sex, even with another minor, it is still considered statutory rape (Hale, 2018). Therefore, children cannot consent to sex when they are under the age of 16. However, instead of teaching the youth about these legal distinctions and



what consent from both parties in a relationship looks like, Utah is simply teaching youth how to refuse sex, placing more pressure on the person refusing sex (Hale, 2018).

Overall, as highlighted in Figure 2, there were ten topics that were selected by over 60% of the respondents. These topics, taken together, begin to represent more of a comprehensive sex education program than an abstinence based program. Additionally, the interviewees idea of their ideal sex education began at a younger age and involved a more diverse and comprehensive range of information from a source other than teachers. Therefore, this study highlights that youth in Utah want to expand their knowledge of sex, sexuality, and sexual health in schools with the help of professionals. The Utah legislature has the power to create a curriculum that begins to represent the ideal sex education that the youth in Utah want and deserve.

### **Recommendations**

The findings in this paper have lead to four main recommendations for Utah's policy makers and educators: 1) Adopt the CDC's 19 Critical Topics as a baseline for the topics included in Utah's core curriculum. 2) Expand the existing sex education framework from an abstinence based framework to a comprehensive framework, allowing all of the topics recommended by the CDC to be included in the core curriculum. 3) Amend Utah's sex education law, removing the "sexual technique" restrictions on teachers. 4) Encourage parent involvement throughout the sex education curriculum.

Utah must expand its sex education laws, moving beyond the constricting framework of abstinence education to a more comprehensive framework in order to help youth develop the behaviors and skill set necessary to lead healthy lives. Even though individuals could never be

fully informed for the complexities of sex and intimacy, increasing the amount of factual data about sex, sexuality, and sexual health that is available to youth in Utah would help limit the confusion.

Utah has the responsibility to create a standard level of sex education that provides youth with the information necessary to develop a skill set that helps them protect their own sexual health, limiting the knowledge disparity and equaling the playing field for youth in Utah. Schools, unlike informal sources of sex education, such as parents or friends, have the ability to provide medically accurate, unbiased, consistent and timely information to wide range of youth across the state.

Additionally, this study highlighted that ideal sex education for youth in Utah would include a more comprehensive sex education curriculum that was implemented into Utah schools and taught by professionals. Utah's legislature has the power and responsibility to listen to the desires of the youth, making their ideal sex education come true.

### **CDC's 19 Critical Topics: A Baseline for a New Comprehensive Model**

Utah has already made significant strides in improving the sex education available to the youth in their public schools. For example, they are currently only one of 22 states that legally require sex education and HIV education to be taught in their public schools and only one of 13 states that require their sex education to be medically accurate ("Sex and HIV Education," 2018). However, due to the fact that abstinence education curriculums are inherently limited, youth in Utah feel as though their sex education has been inadequate. Therefore, Utah must expand their core curriculum to a more comprehensive sex education framework.

Expanding their existing framework from an abstinence education model to a comprehensive model would not require Utah to abandon teaching abstinence all together. The CDC has created a list of 19 critical sex education topics which Utah should adopt as a baseline for the information included in their core sex education curriculum (See appendix E). This list includes the “benefits of being sexually abstinent” (“Results | School Health Profiles | CDC,” 2018). Abstinence, has been the foundation of Utah’s sex education policies and, due to the moral compatibility that abstinence education has with the beliefs of the Mormon Church, is not going to change anytime soon. However, Utah can emphasize the importance of abstaining from sex while providing information about other, more comprehensive topics, that have been proven to reduce youth sexual risk behaviors. Utah has the opportunity to craft a curriculum that speaks to its dominant, religious culture, while benefiting its minority population.

### **Expanding Utah’s Sex Education Model Beyond Abstinence**

Utah’s current curriculum falls short of the CDC’s 19 critical sex education topics in three main categories: gender, contraception, and sexuality. The CDC recommends gender roles, gender identity, and gender expression to be included in sex education curriculums. As mentioned above, the high rates of sexism and internalized sexism in Utah negatively impacts females. Therefore, in order to ensure that females receive information that is pertinent to their own sexual development, gender roles and discussions about sexual double standards must be woven into the school curriculum about male and female sexuality.

Additionally, Utah’s core curriculum must include the various forms of contraception. The CDC recommends the discussion of contraceptive methods other than condoms. Right now,

different types of contraception, beyond condoms, are a district decision, not a statewide mandated topic for sex education. Therefore, there is no guarantee that all youth will receive information about the various types of contraception, creating a knowledge gap among youth who attend different school districts.

Finally, Utah has yet to include LGBTQIA+ topics to the mandated portion of the core curriculum standards. Sexual orientation is another topic that is included in the CDC's 19 critical topics. Utah has already amended its law to remove the provision that prohibited topics about LGBTQIA+ to be discussed in schools. However, they have not gone so far as to move these topics to the statewide curriculum. It is especially important that Utah, being a highly religious state whose dominant religion has shown public disapproval for homosexuality, actively addresses these topics in their school curriculum, creating a safe environment for youth of all sexual identities.

### **Eliminating the Restriction on Condom Demonstrations**

Utah's sex education law prohibits teachers from answering questions about "sexual techniques, including intricacies of sexual stimulation or erotic behavior" ("A Guide for Teachers: Answering Commonly Asked Questions About Sex Education," 2018). According to Kaufman, the purpose of this law may be to protect youth from the personal advice of their teachers. However, this restriction prohibits teachers from providing pertinent information to their students, such as how to use condoms.

The CDC recommends that sex education instruction should include the efficacy of condoms, how to obtain condoms, and how to correctly use condoms. Currently, the efficacy of

condoms is included in Utah's core curriculum, requiring all school curriculums to include the discussion of condoms in their lessons. However, as highlighted in the teacher guide, condom demonstrations are not permitted, limiting the youth's knowledge of the proper usage of condoms. This is problematic because if condoms, which are the only form of contraception that can be used to protect against STIs/HIV and pregnancy ("Benefits and Advantages of Using Condoms," 2019), are used incorrectly they become less effective, putting the health of youth at risk. Therefore, Utah must amend their policy, eliminating their restriction on "sexual techniques" in order to protect youth from contracting STIs/HIV and becoming pregnant.

### **Encouraging Parent Involvement**

Some of the most successful sex education programs have included significant participation from parents. For example, Get Real, which is a comprehensive sex education curriculum for middle schoolers, that was developed by Planned Parenthood, lead to 15% fewer girls and 16% fewer boys having sex than their counterparts who did not receive information from Get Real ("Planned Parenthood's Get Real Program Works," 2014). This program had a high emphasis on family involvement, encouraging youth to complete take home activities with their parents. In this study, family involvement was shown to contribute to the delaying of the initiation of sex, particularly for young boys ("Planned Parenthood's Get Real Program Works," 2014).

This family centered curriculum aligns with the Mormon Church's emphasis on family values. Utah's sex education policy already encourages parent involvement by requiring them to opt their children in to the sex education curriculum. In addition, a certain number of parents are

also required to be a part of the school board's approval process for the sex education curriculum. Therefore, Utah should also require that their sex education curriculum provides opportunities for parents to interact with their student about these topics. This requirement would provide an opportunity to include parents in the sex education curriculum, encouraging discussions about sex, sexuality, and sexual health to happen at home as well as in schools. Therefore, the school would ensure that youth were being provided with a standard baseline of information, while encouraging parents to discuss their individual values with their children surrounding sex.

### **Conclusion**

The sex education influences for youth in Utah can be largely attributed to their informal social networks and formal educational experiences. Due to the limited nature of abstinence education, which is taught in schools, informal sources have been the main drivers of sex education, creating a knowledge disparity among youth. This study highlighted that the knowledge disparity disproportionately falls on females and individuals who do not conform with Utah's religious majority, Mormonism, leaving them feeling uninformed for their first sexual encounter. Therefore, Utah must expand its abstinence sex education framework to a comprehensive model, including topics that pertain to female sexual health and those who may not believe in abstaining from sex before marriage.

While this study has provided insight into the self perception that informal and educational influences have had on the sexual knowledge of individuals in Utah, these insights can only be generalized for white, heterosexual individuals. More research must be done to

recognize the impact that Utah's unique culture has on racial and sexual minorities. Additionally, more research needs to be done nationwide to examine the impact that sex education programs have on the holistic sexual health of youth, looking beyond disease and pregnancy prevention.

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**Appendix A**

**Title V Definition of Abstinence Education: Signed into Law in 1996**

Under Title V, Section 510 (b) of the Social Security Act, P.L. 104e193,

For the purpose of this section, the term “abstinence education” means an educational or motivational program which:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-aged children
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity

Source: A History of AOUM Funding. (2018). Retrieved April 6, 2019, from <https://siecus.org/resources/a-history-of-abstinence-only-federal-funding/>



**Appendix B**

**Title V Definition of Sexual Risk Avoidance: 2017 Revision to Title V Definition of Abstinence**

Section 510 (b) of Title V of the Social Security Act, P.L. 104–193

Education on sexual risk avoidance pursuant to an allotment under this section shall address each of the following topics:

- (A) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future;
- (B) the advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth;
- (C) the increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity;
- (D) the foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families;
- (E) how other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex; and how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that, even with consent, teen sex remains a youth risk behavior.

Source: A History of AOUM Funding. (2018). Retrieved April 6, 2019, from

<https://siecus.org/resources/a-history-of-abstinence-only-federal-funding/>

### Appendix C

#### Survey Questions (this format differs from how the respondents would have seen these questions on Qualtrics)

##### \*Consent Statement\*

Please provide your email if you wish to be considered for the \$250 Amazon gift card:  
(write-in)

1. Age: (write-in)

2. Racial/Ethnic Identity: (write-in)

3. Gender Identity: (write-in)

4. Sexual Orientation: (write-in)

5. Religious Affiliation: (write-in)

6. Were you born in Utah?

- Yes
- No

7. What type of middle school did you attend?

- Private School
- Public School
- Charter School
- Other: (write-in)

8. What type of high school did you attend?

- Private School
- Public School
- Charter School
- Other: (write-in)

9. Where did you attend middle school?:  
(write-in)

10. Where did you attend high school?:  
(write-in)

11. Did you receive any sex education in the schools you listed above?

- Yes
- No

12. If yes, in what grades did you receive sex education (approximate and select all that apply)?

- 5th
- 6th
- 7th
- ....
- 12th

13. If no, why didn't you receive sex education in school?

- My parents didn't want me to have sex education in school
- My parents didn't sign the consent form
- I didn't want to receive sex education in school
- Instruction wasn't available
- Other: (write-in)

14. Where would you say you learned the most about topics relating to sex, sexual health, or sexuality?

- School
- Parents
- Planned Parenthood
- Friends
- Church
- Online
- Other: (write-in)
- I did not learn anything.

15. How would you describe your sex education experience in one-two sentences: (write-in)

16. How often do you talk about sex, sexuality, and/or sexual health?

- All of the time
- Most of the time
- Sometimes
- Never

17. Which of these words best describes how you feel when you engage in discussions about sex, sexuality, and/or sexual health?

- Empowered
- Confused
- Intrigued
- Ashamed
- Excited
- Knowledgeable
- Other (write-in)

18. Which topics relating to sex, sexuality, and sexual health did you learn the most about? (select all that apply)

- Anatomy
- Pleasure
- Masturbation
- STIs (Sexually Transmitted Infections)/HIV
- Condoms
- Birth Control
- Abstinence
- Porn
- Gender Roles
- Health Relationships/Sexual Violence (i.e unhealthy relationships, assault, harassment and stalking)
- LGBTQIA+ Topics
- Marriage
- Puberty
- Consent
- Other: (write-in)

19. Which topics relating to sex, sexuality, and sexual health did you wish you knew more about? (select all that apply)

- Anatomy
- Pleasure
- Masturbation
- STIs (Sexually Transmitted Infections)/HIV
- Condoms
- Birth Control
- Abstinence
- Porn
- Gender Roles
- Health Relationships/Sexual Violence (i.e unhealthy relationships, assault, harassment and stalking)
- LGBTQIA+ Topics
- Marriage
- Puberty
- Consent
- Other: (write-in)

20. Do you feel as though the education you received, in relation to sex, sexuality, and sexual health, provided you with enough information to make informed decisions when you decide/decided to engage in sexual activity?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

21. If you could design your own sex education program, where would it take place?

- Online
- At school
- A podcast
- A book
- At church
- At an organization
- Other: (write-in)

22. If you could design your own sex education program, who would teach it?

- Teachers
- Parents
- Professionals
- Planned Parenthood
- Church Officials
- Peers
- Other: (write-in)

23. If you could design your own sex education program, which issues would it address? (Select all that apply)

- Anatomy
- Pleasure
- Masturbation
- STIs (Sexually Transmitted Infections)/HIV
- Condoms
- Birth Control
- Abstinence
- Porn
- Gender Roles
- Health Relationships/Sexual Violence (i.e unhealthy relationships, assault, harassment and stalking)
- LGBTQIA+ Topics
- Marriage
- Puberty
- Consent
- Other: (write-in)
- STDs/HIV
- Condoms
- Abstinence
- Porn
- Gender Roles
- Health Relationships/Sexual abuse
- LGBTQ issues
- Marriage
- Puberty
- Consent

24. Any other information you want to add? (write-in)

## Appendix D

### Semi Structured Interview Questions

Disclaimer: Since this was a semi-structured interview, these questions provided a loose structure for the interviews. Not all of these questions were asked to every interviewee. Additionally, some questions that were asked are not listed below

#### Demographic Questions:

- Age
- Gender Identity
- Race/Ethnic Identity
- Religious Affiliation
- Sexual Orientation
- Do you remember the setting?
- Who taught the class?
- How did you feel in that class?
- What did you learn?
- Did you apply any of it to your life?  
What was your big take away?

#### Background Questions:

- Did your parents grow up in Utah?
- Did you grow up in Utah?
- Where did you attend middle and high school
  - Were these school public or private?
- Did you receive any sex education from school?
  - If yes, how was that experience?
  - If no, why was that?
- Did you receive any sex education from another organization/institution (i.e Church or Planned Parenthood?)

#### Sex Education Questions:

- Can you identify where you learned the most about topics relating to sex, sexuality, and/or sexual health (i.e parents, friends, online, school, church, Planned Parenthood, etc)?
  - Describe that experience
- How old were you when you started learning about sex-ed from
- What grades?
- Do you believe that there is value in teaching youth about sex, sexuality, and/or sexual health in school?
  - Why or why not?
- What are the main components of sex education do you believe are critical?

- How do you feel when engaging in conversations about sex, sexuality, and or sexual health?
  - Has that changed from when you were in middle/high school?
- Do you feel as though the education you received, in relation to sex, sexuality, and sexual health, provided you with enough information to make informed decisions when you decide/decided to engage in sexual activity?
  - Why or why not
- What topics do you wish you knew more about?
- Did the sex education that you received in school ever make you

feel ashamed either about engaging or not engaging in sex?

- How did you deal with this feeling of shame?
- Did other influences in your life make you feel ashamed about sex, sexuality, and/or sexual health?

#### Ideal Sex Education Questions

- If you could design your ideal sex education curriculum/program, what would it look like? Be creative.
- Where would it be taught?
- At what age would it be taught?
- Who would teach it?
- What kind of material/topics would it include?

**Appendix E****Coded Responses for Survey Analysis**

<b>Question #</b>	<b>Original Response Option</b>	<b>Coded Responses</b>
#2	Write-in	Pacific Islander, White, Asian, Hispanic, 2 or more
#3	Write-in	Male, Female
#4	Write-in	Heterosexual, Homosexual
#5	Write-in	LDS, Non-Religious, Non-LDS
#16	(Choose One): All of the time, Most of the time, Sometimes, Never	A lot of the time, Sometimes, Never
#20	(Choose One): Definitely yes, Probably yes, Might or might not, Probably not, Definitely not	Yes, Unsure, No

## Appendix F

### Figures for Survey Findings: Engaging in Conversations

Figure 1

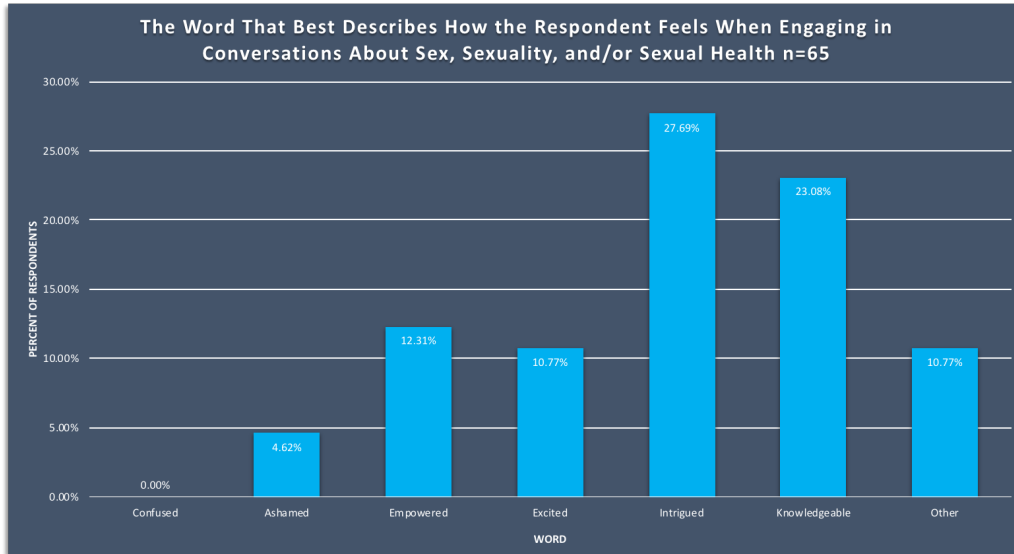


Figure 2

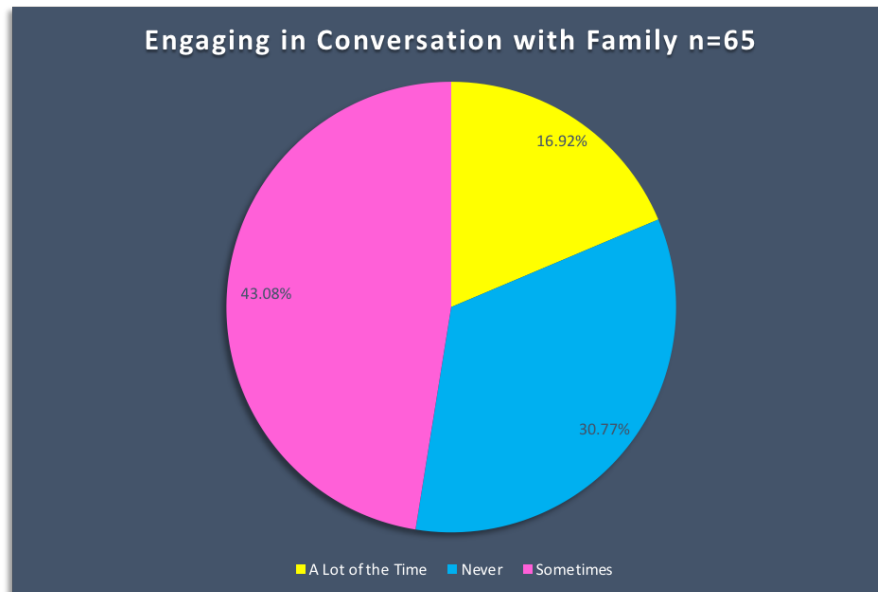




Figure 3

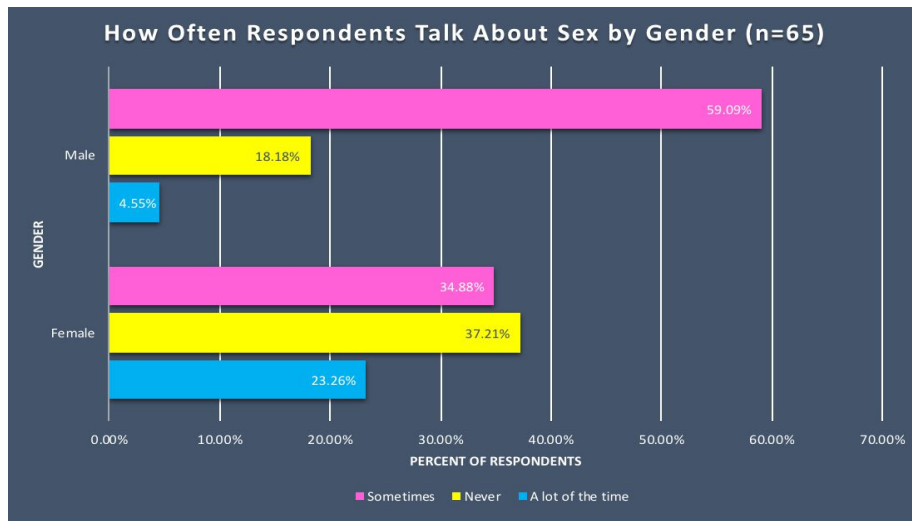
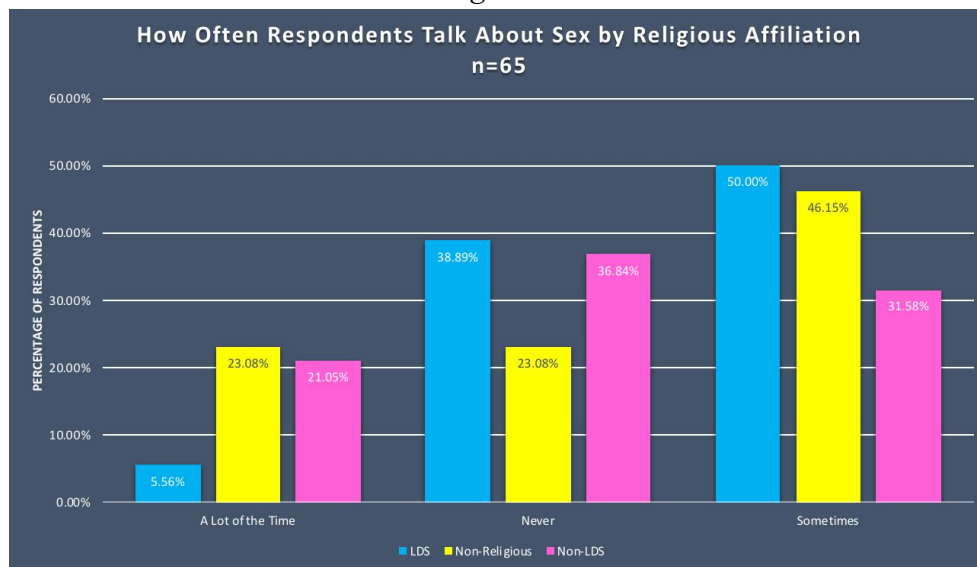


Figure 4



## Appendix E

### CDC: 19 Critical Sex Education Topics

1. Communication and negotiation skills
2. Goal-setting and decision making
3. How to create and sustain healthy and respectful relationships
4. Influences of family, peers, media, technology, and other factors on sexual risk behaviors
5. Preventative care that is necessary to maintain reproductive and sexual health
6. Influencing and supporting others to avoid or reduce sexual risk behaviors
7. Benefits of being sexually abstinent
8. Efficacy of condoms
9. Importance of using condoms consistently and correctly
10. Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
11. How to obtain condoms
12. How to correctly use condoms
13. Methods of contraception other than condoms
14. How to access valid and reliable information, products and services related to HIV, STDs, and pregnancy
15. How HIV and other STDs are transmitted
16. Health consequences of HIV, other STDs and pregnancy
17. Importance of limiting number of sexual partners
18. Sexual orientation
19. Gender roles, gender identity, and gender expression

Source: Results | School Health Profiles | Data | Adolescent and School Health | CDC. (2018, November 7). Retrieved March 29, 2019, from

<https://www.cdc.gov/healthyyouth/data/profiles/results.htm>

