Innovating in Sexual Health Education

Research conducted by adults on sexual health education for youth often misses categories of information youth feel they need about sexual health and healthy sexuality. Meanwhile, state and federal laws set parameters for what can be taught in sexual education curricula, further delimiting the inclusion of information important to youth. This brief reports on what Arizona youth said they wanted to learn about sexual health and healthy sexuality when presented with the opportunity to submit anonymous questions about sex during a sexual health education course. While the types and content of questions asked were quite diverse, results indicate consistency in questions asked across two educational sites and informs what sexual health curricula for youth should include. Moreover, the types and content of anonymous questions asked by youth indicates that they are not simply interested in the act of sex but rather comprehensive information about bodies, diverse sexualities, social/sexual relationships, and psychological well-being.

The Context: Arizona Legislation R7-2-303, SB 1309 and Sex Ed

Abstinence-based sex education has been the norm for the past two decades in public schools in the United States, with some states more restrictive than others regarding what can be included in sex education curricula. In Arizona, two laws define the content that is allowed along with who is/is not permitted to engage in public school sex education curriculum. AZ bill R7-2-303 limits what can be taught. It does not, for example, require the inclusion of information on contraceptives or condom use as a way to protect against sexually transmitted diseases or unplanned pregnancy. AZ SB 1309 imposes restrictions on who can participate in sexual education classes, requiring parental consent for students to “opt-in” to sexual education courses as well as any course in which sex and sexuality might come up as relevant topics. As a result, information on sexual health and healthy sexuality is lacking, and some students in Arizona do not receive any sex education in their schooling.
Sex Education that Addresses Youth Concerns

The Importance of Anonymous Questions

Youth-driven, relevant and flexible comprehensive sexuality education is essential to the sexual health and healthy sexuality of young people. To advance curriculum and educational practice, many programs are looking for methodological frameworks and perspectives that take into account the sexual oppression often experienced by youth, particularly those who are marginalized due to their gender, sexual orientation, race, culture and class. The inclusion of anonymous sex questions in the HEY curriculum gave participants a voice in the curriculum and assured its relevancy to their lives. Young people utilized their personal agency to generate complex and important questions about sex and sexuality.

Gender assumptions

The findings of this study counter traditional gender assumptions that young women are more interested in social relationships, including gender roles and sexual norms, than are men. These findings also suggest that the types of questions asked in a mixed-gender group (compared to an all-female group) are not “silenced” when members of the opposite sex are present. The anonymity of the questions seems to promote level among participants, allowing them to ask whatever type of sex-related questions they feel they need answered. The study also indi-

### Four types of questions

We examined youth generated sex-related anonymous questions across two settings: a residential substance-abuse treatment program for adolescent females and a community-based program for adolescent males and females. Questions were collected January 2009 - November 2010 and analyzed for both the type and content of questions asked.

While questions were complex and include knowledge-seeking across categories, the four types of questions most commonly asked by youth, in order of prevalence, concerned:

- **Technical (bio-medical) knowledge:** Physiological or sexual facts/processes, how something works (e.g. how a cervical cap works or how gonorrhea symptoms manifest), or rates of prevalence of something. These questions seek “technical” or medical expertise/research. Example questions include “Can someone get pregnant when they are 10 or 11 years old?” and “How long does it take for your vagina to regain its good bacteria after you douche?”

- **Social knowledge:** Gender roles, social norms, identity, differences, social interaction, regional information, costs, rates or products. Responses typically require facilitators to have knowledge of the cultural context and an understanding of gender, sexuality and relationship norms and practices. Example questions include “Do I tell my boyfriend [I have an STD] even though it’s curable?” and “Why is love such a necessity [sic]?”

- **Tactical knowledge:** How to do something, or advice-seeking. These questions often included phrases such as “How do you do...?”, “What helps...?”, “How can you...?”, and “How do you use...?” Example questions include “What should I do when I have a STD?” and “Who do you talk to if something happened to you when you ran away but your [sic] scared to tell?”

- **Pleasure knowledge:** Achieving and experiencing sexual or sex-related pleasure or the workings of sex-related pleasure. These questions were about feeling good, having orgasms, being horny, aroused nipples, vibrating products, etc. Example questions include “What is the most pleasurable way for a female to take it?” and “Are there any ‘for his pleasure’ condoms?”
cates that young men ask just as frequently about socially constructed sex-related issues as young women, again countering traditional gender assumptions about what males and females most want to know.

**Youth and knowledge-seeking**

The highest percentage of questions asked by youth concerned the body, suggesting that comprehensive sexuality programs should focus on topics such as anatomy, puberty, body variations, physiological processes and bodily functions. Young people across the board had a particularly large number of questions about the female body and female sex-related anatomy, suggesting another category of information vital – and likely inaccessible – to youth.

Participants also asked a number of questions about standards and health, sexual norms; interactions and well-being; and psychological well-being. Clearly, young people are interested in a broad sexual health agenda and are not simply focused on the act of sex or the prevention of pregnancy and/or disease.

Our study showed that youth across various settings ask similar questions, suggesting that there may be core sets of knowledge desired by a broad range of youth. In addition, these types of youth-generated questions challenge beliefs and fears often prevalent among adults – that youth only want information that contributes to their sexual prowess (technical, or tactical knowledge.) The types and contents of questions indicate that young people are not simply interested in the act of sex but rather seek broader information about bodies, normative/non-normative sexuality, social/sexual relationships, and psychological well-being.

**Content of Questions**

Questions asked by youth reflected six principal types of content, listed here in order of prevalence:

**Body:** Questions about male and/or female physical bodies (e.g. anatomy and puberty) and social bodies (e.g. breast size), physiological processes (e.g. orgasms, arousal and pain) and bodily functions and fluids (e.g. bacteria, sperm and breast milk). Example questions: “Why does rubbing your nipples make them hard?” and “Does a man ever run out of sperm?”

**Identity/Relationships:** Questions about sexual norms (e.g. rates of sex behaviors and expected sex behaviors), identity (e.g. masculinity, femininity and sexual identity) and interactions (e.g. communication, trust, power and promiscuity). Example questions: “What[sic] the percent of people that use female condoms?” and “How do you tell your parents that you’re BI?”

**Health:** Questions about sexual health (e.g. safety and sex products), addiction (e.g. alcohol or drugs and sex), illness (e.g. STI/HIV and blood clots) and psychological well-being. Example questions: “Does having your period increase your chances of getting ovarian cancer?” and “Is sex healthy?”

**Reproduction:** Questions about fertility (e.g. fertilization, eggs and sperm), offspring (e.g. fetal health and breast milk) and pregnancy. Example questions: “Can you always get pregnant if a male’s sperm is in you?” and “Is it true that if the boy’s balls don’t drop, they can’t have kids?”

**Prevention:** Questions about prevention technologies (IUDs, condoms, dental dams and birth control pills), sex abstinence and testing (e.g. pap smear, STI/HIV and pregnancy tests). Example questions: “Is the Hep A vaccine good for life or do you have to get re-vaccinated [sic]?” and “If a man wears a condom and makes a hole in a dental dam and puts his penis through it, will it increase the effectiveness of not getting an STI? Will it work?”

**Sex:** Questions about specific kinds of sex or sex acts (e.g. masturbation; oral, anal and vaginal sex), sex toys/lubrication and virginity. Example questions: “How many orgasms may a girl have during sex? What is the longest orgasm?” and “Is it safe to use toys while having sex?”
THE HEY MODEL

Health Education for Youth (HEY) was developed by personnel at the University of Arizona’s Southwest Institute for Research on Women (SIROW), and takes into consideration the many personal and environmental factors that collectively influence youth knowledge, behaviors, attitudes, beliefs and experiences. The HEY curriculum, which is typically conducted in eight sessions over eight weeks, was developed from focus groups with parents and youth that explored what youth want and need to know about sexual health and healthy sexualities. The curriculum is flexible and responsive to new topics or inquiries from students.

In the HEY model, each session starts with the collaborative establishment of ground rules. At the beginning of each of the eight sessions, young people review, discuss, and agree on HEY Rights and Responsibilities, a list of guiding statements that establishes a safe learning environment. The next activity in every HEY session is a youth-led check-in circle that elicits how participants and facilitators are feeling that day. These practices create a sense of consistency, safety and focus for the group. Participants are also encouraged to control the degree to which they interact with the curriculum with an option to opt-in to or opt-out of HEY activities. After youth and adults together create a safe and respectful space for dialogue, sexual health educators read and address the questions that youth have submitted anonymously during the previous session.

The basic HEY curriculum includes the topics of: sex; sexuality and gender; self-esteem; sexual/reproductive anatomy and physiology; puberty; STIs and HIV/AIDS; safer sex protection methods; and communication skills and personal relationships. The HEY curriculum can be expanded or condensed as necessary to fit various program needs. This curriculum includes a complexity not usually found in standard sex education curricula, particularly around the topics of sex, sexuality and identity, gender, and power.

HEY participants are welcome to ask questions aloud during sessions, but the use of an “anonymous questions” box is critical to the program: the box provides a safe alternative for participants who are nervous or self-conscious about questions covering topics within or outside of the formal curriculum. Anonymous questions may be submitted at any time during class. At the end of every session, the facilitators ask each participant to write a questions about human sexuality and put it in the anonymous question box. If the participant does not have a question, the facilitator provides an alternative writing option (e.g. write about something learned in the session) so that everyone puts something in the box, protecting the anonymity of those who do submit questions.

The Crossroads Collaborative, funded by the Ford Foundation, brings stories and numbers together through action-oriented research with academics, youth-serving organizations, and youth from the community to develop knowledge, increase understanding, amplify youth voice, and share what we learn with the broader community.

Sources

Crossroads Connections 2.1

For more on the Crossroads Collaborative: http://mcclellandinstitute.arizona.edu/crossroads