Let’s talk about sex (education)

Students say they’re learning about sex from a variety of places — but not where they should be. There’s a better way to teach American youth, researchers say.

Robin Chenoweth: Across time, the conversation between adults and pubescent kids about sex has been something akin to torture.

Molly Grows Up, YouTube: So, you see, menstruation is just the natural, normal process leading up to being a mother. This is a diagram of the uterus, or womb. And these are the fallopian tubes leading to it.

Robin Chenoweth: And, of course, the cringeworthy videos that have for years made students squirm in health education class only tell part of the story.

How They Taught Teen Boys, YouTube: Now when something excites us sexually, this tissue fills up with blood.

Robin Chenoweth: That’s because — even in 2023 — the topic of sex continues to be taboo across much of America. And while many parents say they want to be the ones teaching their kids about sex, do they? For an honest answer, ask a college student.

Lilyana Bryan: We never officially sat down and had a sex conversation…

Rachael Forsythe: My parents were very close. But that's just something we don't talk about. I think they're probably kind of uncomfortable thinking about their kid doing anything like that…

Aidan Stevenson: So honestly, it was all self-taught. I was learning as I went, you know? I didn't really talk with them about it…

Robin Chenoweth: And so, since the 1920s, health education has stepped in, ostensibly to fill in the knowledge gaps about sex. And until very recently, the vast majority of Americans supported sex education as part of the health education in schools. But for most young Americans today, if they even receive sex education in school, it falls short.

Rachael Forsythe: In my experience, it was our baseball coach, a male. And he did not want to have that conversation with us and did not create a comfortable environment to ask questions or to be curious. It was kind of like a, let's talk about this in three days, and get it over with and just read your textbook. I don't really want to explain it because everybody was just kind of uncomfortable with it.

Robin Chenoweth: Of course, young people have a lot questions about sex. So, if they're not getting answers from their parents, or learning what they want to know in health class, where are getting their information? You guessed it.

Anthony Landrus: The internet.

Rachael Forsythe: Definitely through the internet.

Lilyana Bryan: Social media is the place where I learned the most about sex.

Aidan Stevenson: I don't think this is a good thing, but the internet.

Anthony Landrus: Videos, or I guess, articles. Just people — I don't know — talking about sex. Having sex. The whole nine yards.

Robin Chenoweth: Educators, researchers and even these college students agree: That is problematic.

Eric Anderman: When you don't talk about birth control, and you don't talk about LGBTQ and you don't talk about other things that teenagers are constantly talking about, and constantly seeing on TikTok and Snapchat and everywhere they go, then, who are you fooling?

Robin Chenoweth: In this episode of the Ohio State University Inspire Podcast, we talk to college students about what they learned in sex ed, and what they didn't learn, and to researchers about the most effective ways to teach youth — including visually impaired students — to protect themselves and honor others. And we talk to one researcher about critical shortage of qualified health teachers, and to whom districts might turn to teach sex education to American youth. I'm Robin Chenoweth. Carol Delgrosso is our audio engineer. Meghan Beery is our student intern. Inspire is a production of the College of Education and Human Ecology.

What a person learns about sex in health or science class, like most aspects of education, depends entirely on where they live and when they were in school. Consider the state of Ohio.

Antoinette Miranda: Ohio is the only state that does not have health standards. The only state.

Robin Chenoweth: Antoinette Miranda is chair of Ohio State's Department of Teaching and Learning in the College of Education and Human Ecology and a member of Ohio's State Board of Education.

Antoinette Miranda: When you look at social studies, and reading or English language arts, there are standards which guide you.

Robin Chenoweth: These academic standards are typically written by the Ohio Department of Education. But in Ohio, the legislature, not the educators, decide what can and can't be taught in health education.

Antoinette Miranda: About 20 years ago, conservative state lawmakers returned a federal grant to pay for sex education in the K-12 system. And they put in place a legal requirement that any statewide health standards would have to be approved by the Ohio legislature. So, they've never put any forth. It's very short sighted. It's really connected to sex education. ... So, every district teaches health education, but it's not based on any standards that are put forth by the state.

Robin Chenoweth: Which explains why, in Ohio, one district might teach ninth graders about condom use, while the district right next to it might teach abstinence only. And, also, why some experts feel that all other health subjects — from nutrition and exercise to mental health awareness — are not being taught as well as they could be in Ohio. More about that later. First, let's hear more about what Ohio State students say they learned in school.

Aidan Stevenson: The main thing they taught us, at least in Illinois: They really tried to bring home abstinence, abstinence, abstinence, which I think is kind of a mediocre educational thing to strive towards.

Lilyana Bryan: It was very focused on STDs and using condoms to prevent STDs. And kind of scaring you into not wanting to get an STD. … I'm pretty sure that I signed an abstinence card at some point, too.

Rachael Forsythe: Especially with going to a smaller school that was more in the country, it was just kind of a, "You don't talk about it. Just don't do it." It should have not been like that, because people are going to do it. Maybe in high school, maybe in college, but it's going to happen.

Anthony Landrus: I can say maybe we did like a unit on sex. So, it wasn't much. ... I remember abstinence being the cure all to whatever you could think of in sex education. I know we didn't talk about like any LGBTQ-plus sex issues, it was all just man and woman. Don't have sex if you don't want baby, STDs, et cetera.

Collin Crumrine: It was mainly fear mongering a lot, just because they would talk about the dangers of sex, how you can get STDs.

Tamia Duke: I don't think it was taught as something to be positive, it was kind of just always looked at in a negative way. … They teach it to you because you have to know it, but they don't teach it to you fully, if that makes sense.

Aidan Stevenson: Today, it's funny this is happening, because I was about to get a book about sex education from the library.

Robin Chenoweth: Is this for a class?

Aidan Stevenson: No, it is just personal interest. I was talking about it with my therapist. I was like, I feel like there's holes in my knowledge there. So, I wanted to get a book.

Robin Chenoweth: Now that they are older, all of these students — from Las Vegas, Chicago, suburban Cincinnati, Toledo and rural Ohio — rate the sex education that they received on a scale from terrible to barely adequate. Only one, an incoming first-year from South-Western City Schools, said his teacher shut the book and had a “real” conversation with students. He alone felt he learned most of what he needs to know. Eric Anderman is a professor of educational psychology and quantitative research, evaluation and measurement, who studies adolescent motivation. He has conducted multiple studies on how to make sex education more effective.

Eric Anderman: It isn't something I had planned to do. It was one of these things that accidentally happens to you with research.

Robin Chenoweth: Twenty-five years ago, a group of experts researching health education in schools invited him to speak about a new kind of statistical analysis he was doing.

Eric Anderman: It was really HIV, primarily, and pregnancy prevention back then. And they were doing all these interventions in schools. They were all from the medical side. And I said, “Gee, have you ever thought about some of these other variables, like how kids are motivated and how the teachers present the information? Slowly, over time, they started to drink my Kool Aid. … I'm still working with the same folks now.

Robin Chenoweth: Anderman just finished a $2.5 million federal research project with Nationwide Children’s Hospital to measure the effectiveness of evidence-based sex education to several thousand Ohio seventh and eighth graders.

Eric Anderman: By the time kids get to high school, ninth grade, depending on what statistics you check, about one third to up to 40% of kids have had sexual intercourse by that time.

Robin Chenoweth: You heard that right. Up to 40% of kids have had sexual intercourse by the time they are 14 years old.

Eric Anderman: And a lot of people pretend that isn't happening, but it is. So, the message is, clearly this needs to be targeted earlier than ninth grade.

Robin Chenoweth: I talked to college undergraduates and asked them about the sex education that they got in school. But the surprising thing was almost none of them got what is included in your program, like the healthy relationships, conversations, communications, talking about being an ally, consent, making healthy decisions. It was all abstinence talks. … But it sounds like this curriculum departs a lot from the previous ways of teaching sex education.

Eric Anderman: There have been curricula like this around for a long time. I mean, we were using a similar type of curriculum 20 years ago. It's a matter of choices that schools make with regard to the curriculum. … But what you're saying doesn't surprise me. A lot of sex education is just very factual and that is completely ineffective. … You talked to people and people said they learned about anatomy and things like that. Knowledge doesn't change behavior. So, what these curricula do — this one and other similar ones — is it teaches the students how to actually act on the knowledge and how to use the knowledge to be able to make safe decisions. There's role playing, and that's a big part of it, is teaching kids how to negotiate really difficult situations with a partner who maybe is pressuring you to do something that you're not ready to do and you don't want to do. It's very hard to say no. This kind of curriculum teaches them how to do that and lets them practice it and gives them strategies for being able to say no, or being able to say, I want to be safe, and here's what we need to do to be safe. So that's really the big difference.

Robin Chenoweth: Does that fit in with your expertise in the research that you've done in other areas?

Eric Anderman: One of the things that we've found repeatedly, and we've published a number of papers on this, is that, the way the health teacher teaches this information makes a huge difference.

Robin Chenoweth: Here’s the nuts and bolts: A lot of teaching involves what experts call extrinsic goal structure. The teacher gives information. The students memorize it. The teacher gives a test. The students get a grade. The other teaching style, which Anderman’s study focused on, is called mastery goal structure. Students master the material through activities, role playing, dialogue and discussion. If it doesn’t stick the first time, they learn it again.

Eric Anderman: When we're training health teachers, it's not just training them how to teach the curriculum and what the content is, but it's also the whole approach you take. … What we have found over and over and over again, is when the focus is on mastery, you get huge, huge differences. In one of our studies, we followed kids for over a year after health class and we found that the kids who had teachers who were focusing on mastery, a year later, they still had

really, really big benefits. They were still much more likely to be able to negotiate the use of a condom with a partner; they were much more likely to be able to say no to a partner if a partner was pressuring them; their knowledge, they remembered the information better a year later. So that's really, from a motivation point of view, what my whole thing with all this research is focusing on: How the teacher teaches. … I don't recommend testing kids on this information. And evidence we have says that if you test them on it, they're going to probably forget it. Everybody thinks in school, well, you have to give them a test. But this is information where, no, you have to just tell them, "This could save your life, this could save you from making a decision that might forever change your life. This is really important stuff." And that seems to be enough. But teachers are not generally trained to do that.

Robin Chenoweth: Inclusivity was a big part of the curriculum here. Why was that important to the study?

Eric Anderman: So that's really important for a number of reasons. You have to acknowledge that there are some groups of adolescents who are simply more at risk for pregnancy, for STIs than others: many ethnically diverse students, lower SES students. So, you have to take that into consideration when you're designing curricula. And you have to say, we need curricula that's going to be meaningful to all students who have the curriculum. … The other thing that is really important in this curriculum, is it teaches students — and this is part of inclusivity — is allyship. And it teaches kids how to hopefully stand up for other people. One of the most rewarding things is having kids tell us at the end of this that they learned to stand up for perhaps somebody —a peer of theirs, who's part of the LGBTQ community, who is being bullied — and they've learned to be an ally for them. And that's incredibly important, because the LGBTQ kids, they need all the support they can get. … There are so many kids who are exploring their identity, and there's so many kids in the LGBTQ community who are bullied and are suicidal and suffer from depression and all kinds of things. Again, by not talking about it, we're not helping any of that.

Robin Chenoweth: Rather than addressing those issues, many are pushing back. More than 540 anti-LGBTQ+ bills have been introduced in state legislatures this year, many affecting kids. Forty-five have been enacted. Anderman's study reveals that kids long to be informed about these and a variety of issues. The researchers allowed students to pose anonymous questions online, which their teachers answered to the group the next day.

Eric Anderman: And this is the opportunity for the kids to ask questions that you'd be too embarrassed to ask in front of your peers, but you may still not know. We have thousands of anonymous questions that the kids have asked. And that is also the way that we've been able to learn about things that they want to hear more about.

Robin Chenoweth: Were there more questions on one particular topic?

Eric Anderman: One of the most important topics they wanted to know more about was LGBTQ topics, they asked for more of that. They wanted to hear a little bit more about anatomy. A

number of kids mentioned slang terms that like people use that they didn't know, but they thought they should know, but they were too embarrassed to ask about. It's amazing the kinds of questions they asked. And, also in the qualitative responses after the curriculum, we asked them what they've learned. We had a number of adolescent females who told us, “I learned that you actually can get pregnant the first time you do it.”

Robin Chenoweth: Really?

Eric Anderman: It reminds us that these myths are alive and well. Just being able to debunk that myth for some kids was, I think, tremendous.

Robin Chenoweth: And I also noticed in the CDC recommendations that involving parents in sex education is a key component to success in this area. Tell me why that's important that we engage parents in these discussions.

Eric Anderman: It's so important because parents need to be able to talk about these things with their kids. When you can talk about this with your kids, it builds a relationship. It builds trust. They're not like, I always have to be out there to trick my parents and fool my parents. … It gives the opportunity for a parent who really wants to really engage with their kids to say, “As a parent, I don't want you to do risky things. I don't want you to have sex. But if you do, can we talk about what you need to do to protect yourself?” I mean, that just is such a valuable thing. … There's no evidence that kids are going to go out and have more sex because of that conversation. But what there is some evidence is that the kids will actually, if they are in a dangerous situation, be more likely to do things that are protective, rather than that are risky.

Robin Chenoweth: In fact, the evidence is solid that having meaningful and open dialogue, and providing accurate and inclusive sex education in schools, leads kids to hold off on having sex. Back to Anderman’s emphasis on inclusivity in sex education. One population of students is at considerable risk if they do not receive it.

Tiffany Wild: If you think about how you were taught sex when you were in school … when I was in school, I remember that we watched a National Geographic video, and we looked at pictures. And they pointed out the various anatomy.

Robin Chenoweth: Associate Professor Tiffany Wild and Clinical Assistant Professor Danene Fast work in the College of Education and Human Ecology to train teachers of students who have visual impairments.

Danene Fast: How do you explain what you saw in those videos to someone who can't see those videos? And that's where those misconceptions, I think, come in.

Robin Chenoweth: You got videos? I didn't get videos. I got a drawing in a book.

Tiffany Wild: I got a 1970s version of a video…

Danene Fast: National Geographic. That's when I had.

Tiffany Wild: All of our students, we asked them, too. And they're like, yeah, that old National Geographic with the girls with the blue eyeshadow. And we're like, yes, we know that!

Robin Chenoweth: The videos they saw, the book I read… none of those are accessible to a student who is blind or visually impaired.

Tiffany Wild: We needed to have some sort of sex education, health curriculum for our students; we never had it in our field. Our teachers were taking what they did in gen ed and trying to modify it. And you think about how the ways that you're taught about health and sex education, and it's very visual.

Robin Chenoweth: And, so, in 2020, Wild and a group of educators wrote a health education guidebook specifically geared to teaching visually impaired students. It was the first of its kind. Gaylen Kapperman, a blind special education professor from Northern Illinois University, and Stacy Kelly wrote the sex education chapter of the guidebook.

Tiffany Wild: What we had in our field up until this curriculum came out, we had tactile diagrams. So those are pictures that are basically raised up ... lines you can feel them. Well, when you put certain anatomy in front of a child, female anatomy, we will get things like, "Oh, this looks like a butterfly, Oh, this looks like a moose."

Robin Chenoweth: Look for yourself. Fallopian tubes look just like the antlers of a moose, even to the human eye.

Tiffany Wild: When you feel the pictures, and you have no visual reference to what they actually are, that's what you feel.

Robin Chenoweth: Hard plastic models are problematic, too, because visually impaired students learn tactilely, and those models are rigid and the size is inaccurate. So, the guidebook instructs health education teachers to make anatomical models using sponges, vinyl tubing and foam pipe insulation. Unlike hard plastic models, the materials mimic the feel of skin. They are less realistic than they are tactile representations of abstract concepts.

Tiffany Wild: The students can actually feel the different parts. And with the tubing, we actually can push bodily fluids — and we give you the recipes for those bodily fluids in the book — and we can push those through the tubes. So, the students understand where things come out, why the mechanics of your body works the way that it works. And so that hands on nature is very important for them to understand.

Robin Chenoweth: The need for visually impaired people to be taught accurate sex education cannot be overstated, Wild said.

Tiffany Wild: The research also shows that one in three persons with a visual impairment have been assaulted. This is another reason why this is so vitally important that we teach not only about our body and body awareness, but also about safety concerns, which are also in the guidebook. That statistic is heartbreaking to me to know that that is occurring. So, there's a lot of training that goes into how to keep yourself safe, how to be aware of your surroundings.

Robin Chenoweth: Wild has researched what happens to adults with visual impairments who didn't get health and sex education that met their needs. I asked Danene Fast how visual impairment impacts the development of kids.

Robin Chenoweth: Dr. Wild wrote about the lack of awareness that may lead to a lack of maturity in sexual relationships.

Danene Fast: Students who are blind or visually impaired don't have that same opportunity to see their parents, to see their peers: Locker rooms, gym rooms, even when you're babysitting and changing a baby's diaper. A lot of times, those kinds of experiences just aren't experiences that our kids have until they're actually taught those experiences. So, it really does go back to, they're taught not to touch, or they're taught not to say things, or they're taught to be polite. And in those instances, I think as other kids are maturing, sometimes our kids aren't maturing at the same rate, because they're not seeing the changes that are happening in their peers' bodies. Like Tiffany said, all bodies are not the same. All females are not the same. All males are not the same. But I think sometimes that lack of awareness really sometimes affects that, how they're maturing and how they're able to interact.

Robin Chenoweth: Tiffany Wild.

Tiffany Wild: Dr. Fast and I have gone around the country have done multiple trainings. And what's sad to me is when an adult will come to one of these trainings, who is blind, and say, "Oh, my gosh, I didn't know that that's what that anatomy really looks like. Or a parent is getting ready to give birth, has no idea about the birthing process. Never taught about that. Scared. "What do I do?" And so those are the stories that drive you and to know that this work is so important to be done. And to give access to everybody, it's vitally important.

Robin Chenoweth: There is a critical shortage of teachers trained to teach students with visual impairments. Ohio State's dual licensure program is one of five undergraduate programs in the nation. At the same time, there is an extreme lack of trained health education teachers as well.

Phil Ward: I've just finished a national study, it's just been published, on every PE and health program in the United States. And the status of health education in almost every state is borderline terrible.

Robin Chenoweth: Phillip Ward is a professor of physical education teacher education at Ohio State's College of Education and Human Ecology.

Phil Ward: Pre-service teachers simply don't get enough content knowledge. And they often don't have anywhere near enough experiences. Ohio does a very good job in the universities that are offering the health education in this state. But we are actually an exception. … By and large, many states just have the lowest requirements for health education, two or three classes. And that's it.

Robin Chenoweth: So that means teachers are not really qualified to teach this very sensitive subject. There's the health education piece, but as a part of that, sex education.

Phil Ward: Talking about sex education in schools, I think there's a great deal of problems with the way we teach sex education. The general position at Ohio State is that for all content areas of health, we want students, our pre-service teachers, to have their students consider what they would do in a situation long before they got to the situation. In other words, it's very much scenario driven: "What would you do? How would you find out the information you need to find out?" long before you get into drug use or sexual conduct or driving fast or whatever it might be … mental health issues, all of which hit middle school and high school is in your face almost every day. … So, our position on this has always been that we want students, first and foremost, to be decision makers, to know that they're empowered because they are able to make intentional decisions. And those decisions should be, as much as possible, pretty much thought out ahead of time. And we do that by helping students in schools identify where to go to get information, to have a lot of judgment-based conversations where they take a stand on something, which is not to say they couldn't change their mind down the road. But we want them to be in positions where they have a good understanding of what their choices might be, or consequences of their choices might be if they go one route versus another.

Robin Chenoweth: How hard is it for health teachers to even go down that road of having those conversations, given the political context right now?

Phil Ward: It's phenomenally difficult for all teachers, not just health teachers. And health in particular, it's phenomenally difficult. … I think when you come to sex, I think you have to work within the rules. Talking about the decisions that students can make is a much better path than showing them pictures of various forms of STDs and telling them all the bad things that can happen and the consequences of having a baby and so on. … One of the really big frustrations to me is helping students to be good consumers of information. I don't care where they go to get information, but they need to step back and go, can I believe this? Should I trust this information? With the way social media works now, the quality of the source has really diminished in the last, well, almost every year now. And people are willing to believe a blogger rather than, say, the Centers for Disease Control.

Robin Chenoweth: Right.

Phil Ward: And that, to me, is a much greater challenge for everything we deal with in health education: Where do I go to get information?

Robin Chenoweth: Before we recorded, Ward shared that Ohio State's physical education teacher education program is shutting down, and along with it, its health education training. Similar programs across the country are closing, too. This puts all health education at risk — from nutrition to exercise to mental health education.

Robin Chenoweth: It is worrisome that you're saying a lot of these health education programs are shutting down. Who's going to be teaching health teachers? Who's going to be teaching our kids about health and about sex education?

Phil Ward: People who are untrained to do it. People who will present facts. That's not a particularly good way to go for health. It's great for geography; it's great for math. … But in health … there are many things that you have to make judgments on, and a lot of that is influenced by your parents and your friends. You need to be able to differentiate.

Robin Chenoweth: You just completed a study looking at health education in America. How many health educators do we have?

Phil Ward: I don't know the answer to that. But I can tell you we simply don't have enough. We have very few well-trained teachers out there. … What's going to happen is, legislatures and schools will find other ways to put a warm body in front of children, but the warm body will be not someone trained very well in either pedagogy or the content that they're teaching. … My general sense on this is it's going to take more than a decade to rectify itself. But I can absolutely see districts saying we've got no physical educators, we've got no health educators, and some districts will just put anybody in. Some people will do an alternative license. We know what the data on those look like, particularly in the first three years. You don't want those people by and large working with your children.

Robin Chenoweth: Just focusing on sex education — how important is it in America now?

Phil Ward: It's critically important to our youth and adults. I don't think there's a case you can make that it's not important. But I would argue everything is darn important right now. … I would argue we're also down on nutrition education, we're way down on mental health. I mean, we have some fairly serious issues that we're all dealing with, and young children and youth dealing with and about to deal with. …But key to it all is helping young people feel empowered, that they can make decisions, and knowing how to access the knowledge they need to be able to become informed about those decisions.

Robin Chenoweth: Thanks to Ohio State undergraduate students Lilyana Bryan, Rachael Forsythe, Aidan Stephenson, Ernest Smoot, Tamia Duke and recent graduates Anthony Landrus and Collin Crumrine for sharing their experiences with us. To learn more about the anonymous questions that middle schoolers asked about sex, in an article co-authored by Ohio State graduate students Yvonne Allsop, Arianna Blacksee and Professor Eric Anderman see the notes in our episode description.