Sexuality Research and Social Policy (2022) 19:1968–1978
https://doi.org/10.1007/s13178-022-00739-2

High School Sex Education in the Context of State Mandates and Policies in New Jersey: a Qualitative Retrospective Study of Student Experiences

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Accepted: 20 May 2022 / Published online: 9 June 2022

Abstract

Introduction Historically in the USA, divergent views about sex education have led to inconsistency in implementation. While state standards and mandates convey the wishes of legislatures and voters, understanding the impact of these state policies on the actual delivery of sex education is critical to planning, implementing, and evaluating the effectiveness of school-based sex education efforts.

Methods This retrospective investigation used in-depth focus groups, as part of a broader study focused on first sex experiences conducted between 2011 and 2014. Researchers explored high school sex education experiences of seventy-four first- and second-year college students at a state University in New Jersey, a state with a sex education mandate, and strong comprehensive sex education state learning standards.

Results Despite being educated in a state which, through its policies and learning standards, is better than most at promoting comprehensive sex education, participants reported largely negative experiences of school-based sex education, characterized as too little too late and with a fear-based, abstinence, sex-negative, and heterocentric focus. Results describe a missed opportunity to provide young people with the knowledge and skills to grow into sexually healthy adults.

Conclusions Strong policies and solid public support for a comprehensive approach to sex education are vitally important, but without accountability and enforcement mechanisms, may not be enough.

Policy Implications This study suggests that in addition to a requirement that sex education be medically accurate, state legislatures and boards of education must adopt and strengthen provisions to make sure that high-quality sex education is actually being delivered.

Keywords Sex education · Sexuality education · Comprehensive sex education · Schools · Adolescent · Sexuality · State mandates

Introduction

Adolescence is a time of rapid physical, emotional, and social development (Kar et al., 2015). Sexual exploration and behaviors, including initiation of romantic and sexual relationships, are normative aspects of adolescent development (Guttmacher Institute, 2019; Kar et al., 2015; Santelli et al., 2017). In the USA, it is estimated that approximately 20% of young people aged 13–14 and 44% aged 15–17 have been in a romantic relationship, approximately 74% of males and 48% of females aged 15–19 have explored masturbation, 45% of adolescents aged 15–19 have engaged in oral sex (Guttmacher Institute, 2019), and 38% of US high school students have had sexual intercourse (Centers for Disease Control and Prevention (CDC), 2019a). One in 11 high school-aged females and one in 15 high school-aged males have experienced teen dating violence (CDC, 2020). Furthermore, adolescence is a time of increased sexual harassment and bullying, and lesbian, gay, and bisexual high school students are more likely to be victims of such bullying than their heterosexual peers (Johns et al., 2020).

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Among adolescents who have had penetrative sexual intercourse, approximately half used a condom the last time they had sex (Szucs et al., 2020). Also, although the teen birth rate has continued to decline since 1991 (Maddow-Zimet & Kost, 2021; Livingston & Thomas, 2019), the USA still has among the highest teen pregnancy rates among Western developed nations (Sedgh, et al., 2015). Furthermore, about 50% of new sexually transmitted infections (STIs) reported each year in the USA are among adolescents and young adults (CDC, 2019a).

Competing Views of Sex Education

Sex education is a formal means through which young people are introduced to biopsychosocial aspects of sexuality and sexual health (Goldfarb & Lieberman, 2021). The field of sex education has typically been characterized by two major ideologies with distinct goals, purposes, and assumptions about the role of sex education. The first sees the main goal of sex education as the prevention of unintended pregnancies and STIs. Programs developed from this perspective follow a behavior change model, focusing specifically on behaviors and behavior changes that are believed to contribute to this goal. The second sees sex education as a means to enhance physical and mental health through a holistic and scientifically grounded understanding of sexuality. In this view, pregnancy and STI prevention represent only one component of a broader goal of fostering sexual health (Marques et al., 2015). Programs developed from this perspective follow a Comprehensive Sex (or Sexuality) Education model or CSE.

Behavior Change Model: Abstinence-Only vs Abstinence-Plus

The behavior change model is further characterized by competing approaches. One is abstinence-only, (aka Abstinence-only-until-marriage, AOUM, and Sexual Risk Avoidance), which emphasizes a certain kind of sexual morality, often with religious-based undertones. This approach has a solitary focus on stopping young people from having penis-vagina intercourse as the means by which to prevent pregnancy and STIs (Santelli et al., 2017). AOUM programs often use scare tactics (e.g., teaching that engaging in sexual intercourse before someone is married will be harmful) with the intent to deter youth from engaging in sexual behavior (Gardner, 2015). Studies have demonstrated that AOUM education is ineffective, unhelpful, and injurious to adolescent psychological and physical health (Santelli et al., 2017; Stranger-Hall & Hall, 2011; Trenholm et al., 2008). AOUM has been linked to higher rates of teen pregnancy and STI transmission (Stranger-Hall & Hall, 2011), in part due to lower rates of condom and contraceptive use among young people whose sex education programs either did not include information about them or emphasized their failure rates (Stranger-Hall & Hall, 2011). Even when adolescents and young adults find abstinence-only-until-marriage a respectable goal, many find it to be unrealistic (Gardner, 2015).

The second approach, while encouraging sexual abstinence, also puts a focus on contraceptive and safer sex behaviors as the means for bringing about a reduction in pregnancy and STIs. This second approach is sometimes referred to as "comprehensive" sex education because of its inclusion of topics related to contraception and safer sex. A more accurate term for this approach, however, is abstinence-plus, because it goes beyond the abstinence-only focus to include recognition that all students will not remain abstinent; however, its primary goal is still behavior and behavior change to avoid pregnancy and STIs. Abstinence-plus programs have been found to be more successful at reducing pregnancy and STI rates than AOUM programs (Guttmacher Institute, 2017; Kirby, 2001). Nonetheless, abstinence-plus education is firmly rooted in the behavior change model of sex education (Goldfarb & Constantine, 2011).

Comprehensive Sex Education Model

Much broader in its scope than the behavior change perspective, Comprehensive Sex Education (CSE) relies on an entirely different approach to achieve its goal to "help young people navigate sexual development and grow into sexually healthy adults" (Future of Sex Education Initiative (FoSE), 2020; Goldfarb & Constantine, 2011). As spelled out in the National Sex Education Standards (NSES), CSE seeks to provide young people with a holistic understanding of sexuality and sexual health and teaches interpersonal skills to promote healthy sexuality and relationships. CSE is evidence-based, age and developmentally appropriate, provides information in a culturally inclusive and socially just manner, focuses on clear health goals, provides accurate knowledge that young people can use to inform decision-making, and teaches skills related to sex education (FoSE, 2020).

CSE has been linked to delayed sexual debut, lower rates of teenage pregnancy, and lower rates of STI transmission (Kohler et al., 2008; Stranger-Hall & Hall, 2011). Equally important, there is strong evidence that CSE can provide age-appropriate life-affirming information to diverse young people about their sexual identity, relationships, and health (Goldfarb & Lieberman, 2021). Beyond pregnancy and STI/HIV prevention, the full range of CSE has also demonstrated reduced dating and intimate partner violence; increased skills among young children to prevent child sex abuse; decreased LGBTQ harassment and bullying; improved healthy relationship skills in both dating/sexual

relationships and relationships with friends, parents, and healthcare providers; increased social-emotional learning; and improved media literacy skills (Goldfarb & Lieberman, 2021).

Inconsistent Policy and Programming

Despite the prevalence and diversity of adolescent sexual experiences and challenges related to sexuality, comprehensive sex education that is inclusive and both research- and theory-based, is lacking in much of the USA. Historically, divergent views about the nature of sexuality education and what is deemed to be appropriate or acceptable in schools have led to inconsistency in its implementation among states and communities. Since the 1990s, significant federal and state funding for AOUM education (Santelli et al., 2017) has had a big impact on state and local policies and practices regarding the content and delivery of school-based programming. Yet, recent national survey data suggest that the general public strongly supports comprehensive sex education in schools (SIECUS, 2021a, b; Szucs et al., 2022). In a weighted probability-based survey of likely US voters, 89% of respondents believed that it was important to have sexuality education in middle school and 98% thought it was important in high school (Kantor et al., 2020). Additionally, the general public believes that sex education should cover topics such as birth control, STIs/HIV, puberty, consent, healthy relationships, sexual orientation, and abstinence (Kantor et al., 2020). A recent meta-analysis of surveys of parent support for school-based sex education provided strong support, with over 88% of respondents, across 23 studies, supporting sexual health education, delivered in schools (Szucs et al., 2022).

Recent successful ballot initiatives and legislative actions provide further evidence of strong and growing support for comprehensive school-based efforts. In November 2020, voters in Washington State agreed to a state-wide mandate to implement comprehensive sexuality education in schools beginning in Kindergarten (Washington Office of Superintendent of Public Instruction, 2021). The state of Virginia passed legislation requiring that K-12 standards for family life education (including instruction on sexual health, personal privacy, and boundaries) be part of Individualized Educational Plans (IEPs) for students with disabilities (SIECUS, 2021a, b).

Unfortunately, federal and state funding and policy have not kept pace with the continued and growing support by the public for more comprehensive and inclusive sex education. And while federal funding and policy guidelines unquestionably affect local implementation, "education is primarily a State and local responsibility in the United States. It is States and communities…that… develop curricula, and determine requirements for enrollment and graduation." (US Dept of Education, 2021). It is state educational policies, then, that arguably have the greatest impact on what gets taught and how.

A look at state policies about sex education is instructive. Only 28 US states mandate both sex education and HIV education, and, what is more, only 17 states require that information to be medically accurate (Guttmacher Institute, 2021). Furthermore, 19 states require that sexuality education discuss sexual intercourse only within the confines of marriage, six states require that negative information is stressed about same-gender relationships and/or that heterosexuality is promoted, and 19 states require that sexuality education stresses the negative outcomes of teen sex and pregnancy (Guttmacher Institute, 2021). With a more positive focus, 35 states and Washington DC require that sexuality education provides information about healthy romantic and sexual relationships and 38 states and Washington DC require curricula on teen dating violence and sexual violence (Guttmacher Institute, 2021).

Despite well-documented variation among state mandates, standards, and guidelines, what has not been investigated in the literature is the impact and influence of these state policies on the actual implementation and delivery of sex education in the USA. As a result, it is difficult to know how faithfully the wishes of state legislatures, voters, and school districts are being carried out. Furthermore, without such knowledge about implementation, accurate evaluations of sex education policies, which would enable better planning for future curriculum development and teacher training initiatives, cannot be completed.

While research into the experiences and opinions of adolescents about sex education in the US is limited, what does exist suggests widespread dissatisfaction among young people with their sex education (Astle et al., 2021; Broadbear & Broadbear, 2012; Kimmel et al., 2013). In one recent study, college students reported that their sex education was awkward and not helpful and often used scare tactics. Among other suggestions, they expressed the desire for basic information about sex; coverage of diverse sexual behaviors and identities; more discussion of the social, emotional, and relational aspects of sex; and sex education that occurred earlier and more often (Astle et al., 2021). Recent studies have also shown that sex education remains almost exclusively heteronormative and is not meeting the needs of young people who identify as LGBTQ + (Bible et al., 2020; Mata et al., 2021). Such research has not, however, examined adolescents' experiences of sex education within the context of their own state policies related to the content and delivery of sex education.

The Current Study

The research reported here explored the content and delivery of school-based sex education through a retrospective investigation of young adults' high school experiences in the context of their state's sex education policies. Using focus groups, it asked first- and second-year college students from New Jersey to reflect on their experiences of school-based sexuality education and to describe the degree to which they felt that their sex education experiences met their needs. These data are part of a broader study that asked college students about their experiences of first sex, and included discussions of the messages they received from parents, school, and other sources.

New Jersey is a state that mandates sex education and HIV education, and whose Learning Standards and guidelines align with CSE, requiring that all sex education be medically accurate, age-appropriate, and culturally appropriate (Guttmacher Institute, 2021; New Jersey Department of Education, 2020). It also requires, however, that schools stress abstinence when teaching about pregnancy prevention, and does not have a teacher training requirement specific to sex education (New Jersey's Sex Education Report Card, 2019).

Methods

Study Design

Seventy-four first- and second-year college students at a large New Jersey state university participated in a focus group study about the circumstances surrounding their first experience of having sex, including the messages about sex and sexuality that they remember getting from different sources at around that time. Other aspects of the resultant data have been published elsewhere, including participants' reflections on messages from home (Goldfarb et al., 2015), whether first sex really "just happens," (Lieberman et al., 2017), and messages specific to LGBTQ adolescents (Bible et al., 2020). This paper focuses on the data specific to reflections and descriptions of their school sex education experiences. The research team included two lead faculty researchers and four Graduate Research Assistants in an MPH program who all had training in qualitative analysis through their coursework and as part of their Graduate Assistant preparation. Over 97% of undergraduate students at this university graduated from high schools in New Jersey, a state, as described above, whose Learning Standards encourage a comprehensive K-12 approach to sex education, but which, by mandate, requires that schools "stress abstinence" in their teaching about pregnancy prevention. Participants' discussions reflected experiences within this context.

Participants

First- and second-year undergraduate students were recruited via campus-wide emails with the subject "Would you tell us about your first time?" Word of mouth and flyer recruitment also took place at the LGBTQ center on campus. Recruitment materials made clear that the study focused on voluntary sexual experiences, that is, not forced, rape, or other sexual victimization. Students reserved a spot via email, in one of the groups, choosing a group for either men or women, or a group offered specifically for men or women who identified as LGBTQ if they preferred that option. Although recruited, no participants self-identified as transgender, so hereafter these groups are referred to as LGBQ.

Data Collection

Data were collected initially during the 2011/2012 and the 2013/2014 academic years. The second round of data collection was not designed for comparison, rather to increase the sample size, particularly with respect to LGB participants who were recruited more directly during the second round. There were 12 groups (five men's groups, seven women's groups), each lasting approximately 1.5 h. Participants completed consent forms (including consent to audiotape) and an anonymous survey to describe participants' gender, ethnicity, age, and age at first sex. A graduate research assistant took notes throughout the sessions. All groups were audiotaped, except one, due to a computer malfunction.

Groups, ranging from 3 to 11 participants each, were held at the Drop-In Center, a well-known "safe" space on campus, run by the Office of Health Promotion. Light refreshments were available and participants received thirty dollars for their participation. Just over half of the participants identified as female (53%) and the majority of the sample were non-Hispanic White (66%) followed by non-Hispanic African American (12%), Latinx (10%), Multiracial or other (7%), and non-Hispanic Asian (5%), reflecting the demographic distribution of the University.

The two lead researchers conducted all group interviews. In each group, one researcher led with semi-structured interview questions, and both researchers probed with follow-up questions. As noted, reflections on the messages participants received from the school were one of several focus group topics, asked in the context of the time and circumstances surrounding participants' decisions to have sex for the first time. Questions were open-ended and included queries such as: What kind of messages did you receive in school about sex and sexuality? What was your sex education experience like? Do you think [your sex education experience] had any impact on your decision to have sex or on your first sexual experience?

Data Analysis

Immediately following each group, the research team met to record notes regarding dominant themes that emerged. A running list was maintained across groups to help inform later coding. Audiotapes were then transcribed verbatim by a graduate assistant. Coding began with two graduate assistants using qualitative analysis software (Kuckartz, 2007) to review each transcript for specific text related to each of the study's primary aims (messages from school, messages from home, experience of first sex, and planning for the "first time"). This enabled analysis to be conducted for each of the study aims separately. All segments of text related to "messages from school" were placed into one document and used for this analysis. The identity of individual focus groups was maintained in this document.

Using thematic analysis (Braun & Clarke, 2006), the researchers first created a list of initial themes, based on the focus group notes. Coding of the data was then conducted through an iterative process that involved coding one group transcript, meeting to compare and discuss codes, and coding the next transcript. Specifically, two graduate students (one who had been a focus group observer and one who had not) independently coded "messages from school" segments from one of the focus groups. They then met together, with the lead researchers, to discuss the relevant quotes related to each of the different themes and to assure clear operational understanding and to create a codebook, which was used to code subsequent interviews in both rounds of data collection. They then went back and independently coded the segments from the next focus group, to assure and improve reliability. After the second round and discussion with the full team, each of the two graduate research assistants independently coded all focus group data related to messages from school.

Inter-rater reliability was determined by calculating the percentage of total codes that were mismatched. Two kinds of mismatches were identified: (1) two completely opposite or inconsistent codes for the same text or (2) difference in total matches, i.e., one reviewer gave a segment of text more codes than the other; however, the nature of the codes was consistent (e.g., generally positive, or generally negative). Inter-rater reliability was very high (95%) for consistency and high (88%) for total matches between coders. Research assistants and the lead researchers reconciled and corrected all coding differences (both inconsistencies and total mismatches). Findings are reported for reconciled coded segments. In addition, counts of each theme enabled the researchers to identify the most common themes for the overall group, as well as for groups by gender and sexual orientation.

An overarching methodological point is that participants defined "first sex" as it applied to themselves. Heterosexually identified participants all defined first sex as penile-vaginal intercourse. Definitions of first sex varied among participants in the men's and women's LGBQ groups and largely involved penetration or oral/genital contact.

The analysis presented in the results represents the most common themes elucidated with representative quotes selected by the lead researchers. Quotes are attributed at the group, not individual, level, using the following group identifiers: "woman, general," "man, general," "woman, LBQ" (Lesbian/Bisexual/Queer), and "man, GBQ" (Gay/Bisexual/Queer).

Results

These results focus on the messages participants reported getting from school regarding sex and sexuality. Although the study initially asked about the time period around participants' "first sex" experience, discussions about school were mostly focused on the content and quality of their school sex education experiences overall, within the context of their own "first sex" timing.

Overview of Themes

From all of the coded segments in the focus groups, a total of 169 segments of text were identified as "Messages from School" and used for this analysis. Most of these (123 coded segments or 73%) came from the women's groups. Four major themes were identified and referred to both participants' experiences with sex education and to specific messages that they remembered getting from sex ed:

1. For both women and men, the most common theme reflected negative experiences of sex education, with participants recalling both minimal discussion of, and negative messages about, sex.
2. For women, another common theme was that their school sex education was simply too late.
3. A third theme, "Use Protection/Condoms," was the most common message participants remembered getting from sex education, among all groups, but was reported with greater frequency by men.
4. Finally, participants discussed a strong theme of "wait" to have sex, recalled with greater frequency by women. Many, who recalled this message, described it as being delivered within the context of waiting until marriage and/or as a religious-based message.

These four overarching themes are described in further detail.

Negative Experiences of Sex Education

The most common theme researchers identified was a negative experience of school-based sex education. Although the specifics of participants' negative experiences varied, there was broad agreement in all groups that their sex education was lacking. In particular, participants reported that their sex education was extremely limited in scope and largely negative in focus. In fact, virtually all recollections of messages from sex education were negative, with many sharing that the main focus of their sex education was the potential dangers of sex:

> They actually didn't talk about sex at all, like sexual intercourse. They talked about all the after effects, like Chlamydia and STDs and stuff. That's all they talked about in our course. (woman, general)
> [The teacher] had a whole bunch of cups and in two cups she put a dye that would change color when it came in contact with water and we all went around and mixed cups and slowly the colors started changing in the cups and everyone in the class had an STD except for me. So that was like the only thing I can recall from sex education. (man, general)

Other negative messages included participants' lasting memories of seeing "gross" or "horrible" pictures or hearing vivid descriptions of diseased genitalia, STIs, childbirth, and abortion. They interpreted the presentation of these messages as a fear tactic, aimed at keeping young people from engaging in sex:

> [The teacher] had this pop-up book and…it was a vagina on this page and she just opened it up like right in front of my face and was like "If you have sex you're gonna have cervical cancer and if you have cervical cancer you're gonna die." I remember getting really hot, I stood up and I passed out. (woman, LBQ)
> [In] my high school we had [sex education for] two days of my freshman year health class, and they gave a demonstration and showed us pictures of disease-infested organs and everything, so it was kind of like all this oozing and stuff. It was disgusting, I couldn't even watch it. It was so nasty. (man, GBQ)
> The only thing we ever learned about was how disgusting a penis looks when it's got some kind of disgusting infection. (woman, general)
> They... showed us this abortion video and it was terrible. It just scared you! Girls were screaming and crying, it was so bad. (woman, general)
> It was more like fear than education. (man, GBQ)
> [The teacher] made it seem like any sexual experience that you had, you were going to die. (woman, LBQ)

In addition to being negative and sparse, discussions of sex were reported as being disconnected from any discussion of relationships, intimacy, or pleasure.

> We learned about the parts, we learned about pregnancy, but like...relationships and how to keep them and all that other stuff, and how sex ties into that... they cut that out of the curriculum. (woman, general)
> I feel like most of the examples in class that they give you are kind of like, shunning sex as a pleasurable thing. (woman, general)
> [The male teacher] just said, 'sex equals bad, go bowling.' (man, general)

The focus on the negative aspects of sex was also described in strictly heteronormative terms. Lack of inclusion of LGBTQ issues, relationships, or concerns was something participants themselves noted and described as wrong and exclusive.

> First, I always got the abstinence-only message, but every once in a while, 'if you do, make sure you're safe' or something. Then on top of that it was the 'hey guys, have sex with a girl' message. So, I got the 'don't have sex, but if you do, have sex with the opposite gender' kind of thing. (man, GBQ)
> I think it's wrong that they didn't have the gay sex education... I feel like straight people are worried enough, I can't imagine how not knowing [anything about] something like that would affect [someone who is LGBTQ]. (woman, general)
> We didn't get [much sex education], but when they did mention it, it was straight sex, so lesbians, gays, anyone who wasn't [straight] had no idea, had no one to go to, 'cause you can't go to your parents with that. (woman, LBQ)

Too Late

In addition to being largely limited to the dangers of sex and lacking other important topics such as relationships, communication, and intimacy, women reported that their sex education came far too late to be of much help. The average age of first sexual activity among women participants was 15.4 and for first sex, 16.4 (among men it was 15.3 and 16.9 respectively), but most did not have sex education until 11th or 12th grade. The women who commented on what they saw as this shortcoming spoke largely in terms of pregnancies that occurred, which they blamed on sex education happening too late.

> In 12th grade we learned about pregnancy and we were supposed to learn about relationships. That's a little late though, ya know? A lot of things happen before

that...We had 2 pregnancies, junior year. (woman, general)
They teach the seniors, [but] by then everyone's having sex. (woman, LBQ)
I had sex when I was 16. I didn't have my sex ed class until I was like 18. (woman, general)

Use Protection/Condoms

Classroom discussions that did take place beyond generalizations about the dangers of sex involved the message to use protection, which in participants' reporting, was largely focused on condoms. While some general comments about contraception were part of the discussion, only condoms were mentioned specifically, and from context, one can surmise that "condoms" only referred to external or "male" condoms. No other form of contraception or any methods of safer sex were discussed by participants.

They would show you a bunch of videos of babies being born and I just kind of got freaked out and didn't want that. So, [the message was] 'wear the condom.' (man, general)
I remember the teacher pulling out this plastic banana and he took it apart and it was a penis. He took a condom and showed everyone how to put it on. (man, general)
In 9th grade...they taught us everything. Like, how to put on a condom... they had an actual model of a penis and everything. (woman, LBQ)

Although "use protection" was second to "the dangers of sex" in its frequency, gender played a notable role in participants' reflections. Among women, there were more reports of "dangers of sex" messages than the "use protection" message. Between men and women, however, men reported messages about protection more often.

Abstinence

The fourth major theme related to school-based sex education was a heavy emphasis on abstinence. This focus was often paired with a lack of information about anything else, including contraception or safer sex. Participants overwhelmingly described this "abstinence-only" approach as extremely unhelpful.

I just wish high school taught you more… it was abstinence only, and I just felt like that education did not help at all. ...We had sex ed in junior year, and after, I had like ten girls in my class pregnant senior year. And I just felt that abstinence-only did not work at all… I felt high school should do a better job educating girls. (woman, general)
[Their message is] 'Don't do it,' and they don't tell you [sex is] good ...it's basically 'Don't do it, but there's a pamphlet in your guidance counselor's office if you want to know.' (woman, LBQ)
In high school I had abstinence-only education and all of my friends were like losing their virginity and not using condoms and people thought that condoms didn't work anyway, because that's what our 90-year-old health teacher was telling us...I resented that. (woman, general)

Some participants recalled the message they received about abstinence as being couched in religious terms. These messages emphasized "moralistic" behaviors, which often translated to abstinence-only-until marriage education. While both men and women recalled an emphasis on abstinence, they both reported that the most moralistic messages were particularly aimed at girls.

I was so angry that my school was teaching girls that if you have sex you're losing...like, 'Think of yourself as a rose. [You] don't wanna leave thorns for your husband' and that kind of stuff. And those things were constantly fed to you...like it's terrible, it's disgusting. (woman, general)
…and they told the guys that we should save ourselves for our wives and so we'd be clean for our wives and everything and the girls were told that they'd get a bunch of UTIs and STIs and all that. (man, GBQ)

Discussion

The focus groups provided important insights into the sex education experiences of a specific group of young people who had attended high school in a state whose learning standards have long supported comprehensive K-12 sex education, albeit alongside a stress-abstinence mandate. Participants described the sex education they received in school as largely unhelpful, antiquated, too little, and woefully too late to address any kind of sexual decision-making. Many participants, in fact, specifically reported that by the time they received sex education, they and many of their peers had already had sex, and some had experienced pregnancies.

In addition to this overall sentiment, participants' statements reflected specific salient themes in their descriptions of their sex education. These included minimal and exclusively negative portrayals of sex, with messages largely focused on disease, pregnancy, and other "consequences" of sex, along with an emphasis on abstinence. Participants also reported that there was little or no information regarding relationships, intimacy, or pleasure. This combination, they suggested, instilled fear without providing adequate advice or guidance, leaving students unprepared and uninformed.

The sense was that there was a lost opportunity for schools to discuss important issues related to sexuality and sexual health at a time when, the research suggests, these young people were particularly alert to such messages, paying attention, and looking for guidance (Lieberman et al., 2017).

Heteronormative Assumptions

Of the education that was provided, participants from both the general and LGBQ groups noted that there was very limited information regarding LGBTQ people or relationships. Most, if not all, messages provided were about heterosexual relationships. Some participants reported that, if LGBTQ topics did arise, it was only in the context of discouraging same-sex relationships. This rendered LGBTQ students invisible and with very limited resources and information regarding themselves and their experiences.

Gendered Messages

In addition, abstinence messages carried different implications for girls and boys. The fact that both the abstinence messages and the protection messages seemed to differ by gender aligns with previously noted cultural gender norms within sex education that view girls as the "gatekeepers" and moral regulators of sexual behaviors while normalizing sexual behaviors and pleasure for young men (Hauck, 2015; Marques et al., 2016). Specifically, they play out in education through differential messaging. While girls are taught to "save themselves" for marriage, the belief that "boys will be boys" leads to messages for them emanating from an "at least, protect yourself" attitude. Such narrow and stereotyped norms can have a negative influence on the sexual development of both genders (Bay-Cheng, 2001; Tolman, 2000; Welles, 2005).

Behavior Change Model

The results of this study indicate that, whether or not contraception (specifically condoms) was discussed in their sex education classrooms, the shared foundation of participants' sex ed experiences was a behavior change model that remained on the abstinence-only/abstinence-plus spectrum. Participants commented that they wish they had had a more robust education related to sex and sexuality, one that was inclusive, broader in scope, age- and developmentally appropriate, non-judgmental, sex-positive, applicable to their lives, and providing important information and support as they navigated their way through the social, emotional, and physical challenges of adolescence. In essence, what they were wishing for, but virtually none recounted receiving, could be described as comprehensive sex education. The sense was that there was a lost opportunity for schools to discuss important issues related to sexuality and sexual health at a time when these young people were particularly alert to such messages, paying attention, and looking for guidance (Goldfarb et al., 2015; Lieberman et al., 2017).

To be fair, the behavior change model whose narrow and incomplete definition of sexual health is limited to the absence of unintended pregnancy or STI/HIV infection is also by far the most common approach to sex education in the USA (CDC, 2019b; Hall et al., 2016; Linderg et al., 2016; US Dept. of Health and Human Services, 2017). Despite the recommendations by national and international sexual health organizations for a broader, more comprehensive approach (Advocates for Youth, 2014; Alberta Health Services, 2022; Planned Parenthood, 2021; SIECUS, 2020; UNESCO, 2018; World Health Organization, 2018), and the evidence of its effectiveness (Bridges & Alford, 2010; Goldfarb & Lieberman, 2021; Santelli et al., 2018), true comprehensive sex education is rare.

What is striking about the findings in this study, however, is that, as noted earlier, these participants had attended high school in a state that, through its policies and learning standards, is better than most at promoting comprehensive sex education. In fact, New Jersey was the very first state to mandate comprehensive sex education, in 1981. Yet, even with more expansive standards in place, there was no evidence from these participants' reflections that their sex education, in its execution, aligned with the National Sex Education Standards or even the state's own Learning Standards regarding efforts beyond pregnancy and disease. These young people expressed the desire and need to learn about their burgeoning sexuality and healthy sexual development, how to navigate relationships, and to have their LGBTQ concerns addressed. For them, sex education was a promise unfulfilled.

Lack of Accountability

One way that state legislatures and Boards of Education ensure accountability among local school districts is through mandated state-wide testing and other assessments of student learning and proficiency across the curriculum. Unfortunately, health education, and especially sex education, is rarely, if ever, included in these state assessments. In New Jersey, only proficiency in English Language Arts, Mathematics, and Science is assessed at the state level. One state report found that as a result of the lack of accountability among school districts, strong written policies and mandates are not enough. The report concluded that sex education was not consistent at the district and school levels and even from teacher to teacher (New Jersey's Sex Education Report Card, 2019).

Furthermore, in the absence of enforcement of state standards, external funding from federal, state, and local

entities can play an outsized role in what and how sex education is implemented. In 2017, the latest fiscal year for which complete data is available, New Jersey received over 4 million dollars in federal and state grants for behavior change programming. This included over 2.3 million federal dollars for programs that include discussions of contraception (abstinence-plus) and over 1.4 million dollars in federal and state funding for abstinence-only programming (SIECUS, 2018). It is not difficult to understand, then, how these approaches get emphasized in schools despite the strong inclusive and comprehensive language of the state's Learning Standards.

The policy implications of these findings are many. This study suggests that in addition to requirements for sex education that is medically accurate, state legislatures and boards of education must make sure that high-quality sex education is actually being delivered. This might include providing to schools curricula and other quality sex education resources that meet state standards as well as funding ongoing professional development and support for teachers, holding school districts accountable for what is actually being taught in their sex education classrooms, and mandating, as well as providing guidance about, making sex education inclusive of all young people, including those who are LGBTQ+.

Limitations

This retrospective study focused on a self-selected group of students at one university, discussing voluntary first sexual experiences. They were a diverse group reflecting both residential and commuter students, of varying ethnic backgrounds, and, as noted from the discussion, apparently reflecting a wide spectrum of political, religious, and cultural views. This sample, however, although diverse, cannot be generalized to young adults either within New Jersey or more broadly.

Although 97% of the students at this University had attended school in New Jersey, NJ high school attendance was not a criterion for inclusion in this study. It is also impossible to know how many different high schools were represented in this sample. It should be noted that, at various times during the group interviews, a participant would say something about their school and others would say "mine too," suggesting that their experiences had been similar across different school districts. Also, there was no evidence that students knew each other, signed up for groups with friends, or otherwise were likely to have represented a small group of high schools or friend groups.

Furthermore, the number of participants in the LGBQ groups was small. Notably, however, concerns about the particular lack of focus on LGBQ needs were reflected among both LGBQ participants and those in the general groups. These cannot be generalized beyond the students in these particular groups, however.

It is important to note that focus group data, although presented in the context of "most common themes" are not quantified in the same way that a more quantitative study or survey would be. That is, themes were coded as having occurred in a particular group, and their commonality of specific themes, across groups, was noted.

Furthermore, the data were collected between 2011 and 2014. Although changes may have occurred in some schools in intervening years, the NJ Standards for sex education that were in place at that time have only recently changed, the new standards will not be implemented until September 2022 (NJDOE, 2020).

Finally, this qualitative study took place in a single state and was not designed as a robust policy analysis, nor was it intended to evaluate individual curricula or implementation in specific schools or school districts. Instead, the participants' reflections led researchers to surmise that state standards alone may be insufficient to translate into student experiences. Thus, the focus group data, despite these limitations, provides rich materials for consideration.

Conclusion

Strong policies and solid public support for a comprehensive approach to sex education are vitally important to increasing the likelihood that students are getting the full range of sex education they need. Unfortunately, though, they may not be enough. Lack of teacher training, local district control, ideologically based state and federal funding, fear of opposition that may be greater than actual opposition, and general lack of understanding about what sex education is and has the potential to be all create barriers to the implementation of CSE. So, even in a state that, on paper, supports a comprehensive approach to sex education, our study suggests that reality may fall far short of that mark. The unfortunate result is what participants in this study described as a missed opportunity to provide young people with the knowledge and skills that they want, and need to grow into sexually healthy adults. Further research, including strong policy analyses, can clearly elucidate the relationship between state policies and local delivery and outcomes of sex education. Such studies are needed to guide efforts toward the improvement of sex education in New Jersey and across the country.

Acknowledgements The authors would like to acknowledge, with great thanks, the tireless work of our team of Graduate Assistants: Dawn Diamond, MPH; Chris Hellwig, MPH; Mikaela Kestler, MPH; Samantha Kwiatkowski, MPH; and Paul Santos, MPH.

Author Contribution Eva Goldfarb and Lisa Lieberman contributed to the study conception and design as well as performed material

preparation and data collection. Data analysis was performed by all authors. The first draft of the manuscript was written by Eva Goldfarb, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Declarations

Ethics Approval This study was approved by the Montclair State University Institutional Review Board, study # L-000891.

Competing Interests The authors declare no competing interests.

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