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## The Benefits of Incorporating Comprehensive Sex Education into a Curriculum as Early as Kindergarten

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THE BENEFITS OF INCORPORATING COMPREHENSIVE SEX EDUCATION  
INTO A CURRICULUM AS EARLY AS KINDERGARTEN

by Emma Grace Laughlin

A capstone submitted in partial fulfillment of the requirements for the degree of Master  
of Arts in Teaching.

Hamline University  
Saint Paul, Minnesota

May 2022

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## DEDICATION

To my mother, for her constant guidance and support. Without it, I would have been lost.  
And to my father, who was always my biggest cheerleader. I know that he would have shared a copy of this capstone paper with every single person he knew, if he could have been here to see me finish it.

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## CHAPTER ONE

### Introduction

#### Overview

In the first chapter of this capstone I will introduce and explore my research question: *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* I will then offer the rationale for my chosen topic, detailing both my personal interest in the subject as well as the professional and societal significance of the research question.

#### Research Question

In my first semester in the Master of Arts in Teaching program at Hamline University, I took a class called “Education and Cultural Diversity”. Over the course of the semester, my classmates and I delivered presentations to each other on various topics related to our assigned readings. These topics ranged from second language acquisition, to anti-racist education, to comprehensive sex education. It was during a peer’s presentation on sex education that I learned that while the state of Minnesota does require public schools to teach sex education, it is not required to be comprehensive or medically accurate.

I remember that as I wrote down this fact in my notes while I was listening to the presentation, I underlined it three times followed by several question marks. So many questions immediately raced through my mind; how is it possible for a state not to require that education be medically accurate? Does this mean that schools are allowed to teach curriculum that is intentionally inaccurate? What could the possible justification be for willfully miseducating students? What does a comprehensive sex education actually look like? Once I returned home, I started looking into the topic more thoroughly. I wanted to

learn about the benefits of a comprehensive, consent-based sex education that is inclusive of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer) community's identities. Additionally, I wanted to learn about how this type of education can be introduced in an age appropriate manner with students as early as kindergarten.

Over the course of my initial dive into researching this topic I discovered that, unfortunately, Minnesota is not an outlier when it comes to poor sex education standards in the United States. According to the Sexuality Information and Education Council for the United States (SIECUS), only 29 states and the District of Columbia mandate sex education, and 15 states do not require sex education to be age-appropriate, medically accurate, culturally responsive, or evidence-based. Furthermore, nine states explicitly require sex education instruction that discriminates against the LGBTQ+ community (SIECUS, 2021a). I also discovered that other countries have been leaps and bounds ahead of the United States' sex education requirements for decades. For example, in 1971, Norway introduced the Model Curriculum for Elementary Schools (ages 7-16), which included instruction on human reproduction, sexual desire, masturbation, homosexuality, contraception, family planning, abortion, and venereal disease (Egeland, 1978). I was so disappointed to learn that this subpar sex education impacts students across the entire United States, and that we are 50 some years behind other countries. But I was unsure of what I could do with this information that I had learned.

About a year later, in a class called "Teaching Health in Elementary School", my classmates and I had an invaluable discussion regarding teaching sexual health. We discussed what we thought was the best way to approach sexual health in elementary

school. We discussed the state standards; what they did well, and what they were missing. This conversation reminded me again of how passionate I am about this issue.

Now that I am finishing my Master's program at Hamline, I have been given the opportunity to write a capstone paper that answers a 'burning question' that I have. When deliberating what topic I should choose to write about, I couldn't get that presentation on sex education from my first semester out of my head. I decided to take this opportunity to research the topic of sex education more fully. This led me to the research question: *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?*

### **Rationale**

I've learned that the current sex education standards in the United States are not where I believe that they should be. I've learned that other countries begin implementing their sex education instruction at a young age, and have been doing so successfully for decades. I'd like to see these standards change, though I know that not everyone else will be swayed so easily. Answering the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* will be helpful to parents and educators alike in deciding if they believe that our sex education standards need to change.

At the time of my writing this, the context of the current political climate could not be more related to the issue of sex education. About two weeks before I wrote the first draft of this chapter, a law called "The Texas Heartbeat Act" came into effect and subsequently made national headlines. This act is the first six-week abortion ban in the United States, which relies on enforcement by private individuals through civil lawsuits

rather than by the government. The act establishes a system in which members of the public can sue anyone who performs or obtains an illegal abortion for a minimum of \$10,000 in statutory damages (Texas Heartbeat Act, 2021). On various social media platforms and in political discourse, I have personally seen so many uninformed and illegitimate arguments being made about the subjects of abortion and pregnancy. I've seen fully grown and presumably educated adults argue that six weeks is still a long time to get an abortion and that women shouldn't be waiting a month and a half to obtain an abortion in the first place— without any idea that on the first day of a woman's missed period, she is already four weeks pregnant. This would give her less than two weeks to obtain an abortion after discovering that she is pregnant. Additionally, many people seem to be unaware that abortions come in many different forms. Vacuum aspiration, in which suction is used to empty the uterus, is the most well known form of abortion. However, there are other popular options such as a medication abortion, which stops the production of progesterone in the body and causes a natural miscarriage. I am troubled that so many people are so uneducated about pregnancy, and that such misinformation about pregnancy can so easily spread. Perhaps if our population had access to more comprehensive sex education from a young age, this wouldn't be the case.

Another important current event in our political climate that is highly relevant to the subject of sex education is the 'Me Too, Movement'. The 'Me Too, Movement' is a social justice movement against sexual harassment and abuse. It first started in 2006 and regained popularity in 2017 as a viral hashtag on social media. The 'Me Too, Movement' aims to highlight how common sexual harassment and assault have become, advocate for legislation that protects victims and holds perpetrators accountable, and support the



implementation of strategies to sustain long term systemic change (Burke, 2020). This movement has allowed more and more sexual assault survivors to come forward. The current statistic is that one in four women have experienced rape or sexual assault during their lifetimes (Me Too Movement, 2020). This number is disturbingly high and it truly demonstrates the importance of consent, which Suffolk University (2021) states “must be informed, voluntary, and active, meaning that, through the demonstration of clear words or actions, a person has indicated permission to engage in mutually agreed-upon sexual activity” (para. 1). Our society needs to create a culture in which it is commonplace to always obtain clear, enthusiastic consent. Students should be taught this in their sex education curriculum so that they are always comfortable talking about it, and so they know it is always expected of them. When asking the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?*, I believe that the research will indicate that when students are more informed about consent, it leads to a decrease in sexual assault.

I believe that perhaps the most important reason for educators, parents, and community members to learn about the benefits of incorporating comprehensive sex education into curriculum is because the current sex education curriculum in our schools is not required to be comprehensive or medically accurate. This means that some curriculum is potentially teaching medically *inaccurate* information, which can be incredibly harmful to students. If students are receiving inaccurate information from the educators that they trust to give them correct information, they may not ever acquire the proper knowledge on pregnancy prevention, safe sex, or the prevention of sexually transmitted infections. Additionally, if students who are members of the LGBTQ+

community receive inaccurate information regarding their gender or sexuality, without learning about or having access to resources with legitimate information, it can potentially be incredibly detrimental to their mental health. Many students trust that their teachers, schools, and curriculum are always providing them with access to all of the relevant, factual information. Many will not do their own research outside of what they learn in class. If schools are not providing their students with a correct, comprehensive, and inclusive sex education, then these students will grow up to be uninformed adults. A society made up of an uneducated population, as I have already discussed, can significantly impact legislation, the legal system, medical care, and social norms.

One aspect of my personal teaching philosophy is that I firmly believe that children are capable of understanding much more difficult topics than we give them credit for. I know that many people are hesitant or resistant to the idea of introducing sex education to students as young as kindergarteners, and I understand why. But I believe that having frequent, open, age-appropriate, and informative conversations regarding sexual health will help to remove some of the stigma and taboo that our society has formed surrounding sex. This ‘societal openness’ surrounding sex could potentially have many different benefits that I will explore when answering my research question.

## **Conclusion**

In this chapter I narrated the background of my journey to deciding on this topic. I also provided the rationale for my research question, which included my personal interest in the subject and the significance of the research question. I described that sex education is lacking across the country, that other countries in the world are further ahead of us in

terms of comprehensive sex education, and that many of the current issues we face in our political and social climate are impacted by sex education.

In Chapter Two of this capstone, I will provide a review of literature detailing the benefits of incorporating sex education into curriculum for young students. In Chapter Three, I will discuss the project that was inspired by this research, which is a website that advocates for comprehensive sex education in the state of Minnesota, and provides resources for parents and educators alike to implement comprehensive curriculum and to encourage legislators to change the standards so that comprehensive curriculum is a requirement for all students. In Chapter Four, I will reflect upon the implications and limitations of my project, the benefits that my project contributes to the profession of education, and any future research related to my topic.

## CHAPTER TWO

### Literature Review

#### Introduction

Comprehensive sex education has been the subject of intense debate in the United States for many decades. Because so many educators, parents, and lawmakers are passionate about comprehensive sex education, both for and against, there is a plethora of research regarding its benefits. This chapter will review some of the literature that helps to address the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* The first section of this literature review will address the overall concept of comprehensive sex education. The second section of the chapter will detail the benefits that students experience as a result of access to comprehensive sex education. The third section will describe the benefits that schools experience as a result of implementing comprehensive sex education. And finally, the fourth section of the literature review will outline the benefits that the larger community experiences as a result of comprehensive sex education.

#### Comprehensive Sex Education

In order to answer the question: *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* One must first understand exactly what comprehensive sex education is. Comprehensive sex education includes complete, medically accurate, developmentally-appropriate information on human sexuality, that uses language that is sex-positive and inclusive of the LGBTQ+ community. It includes information on risk reduction, abstinence strategies, contraception, and prevention of sexually transmitted infections (STIs), while promoting

the development of relevant social and emotional skills, and including guardians as partners with teachers (Constantine, Jerman, & Huang, 2007). This section will detail the history of sex education in the United States and identify both foreign and domestic exemplars of a comprehensive sex education curriculum model.

### ***History of Sex Education***

In 1913, Chicago Public Schools became one of the first districts in the United States to implement a formal sex education program. This program consisted of a series of physician hosted lectures called ‘personal purity’ talks. At least 20,000 Chicago students attended these lectures during the 1913-1914 school year (SIECUS, 2021b). Some members of the community, primarily Catholic leaders, felt that these lectures were inappropriate. They argued that talking to young people about sex would plant ideas in their heads and pique their curiosity. This is an argument against comprehensive sex education that is still heard today. “The Chicago Experiment” consequently failed, and the school board rescinded its permission for these purity talks to take place the following year (SIECUS, 2021b). Shortly after, during World War I, fear of STIs dramatically increased. The government provided a solution to this by creating disease prevention programs for soldiers, which heavily suggested that truly patriotic soldiers would choose abstinence for the good of their country (SIECUS, 2021b).

In the 1940s and 50s, Family Life Education (FLE) programs gained popularity. These programs were described as “part preparation for marriage, part an attempt to discourage premarital sex, and part training for ‘responsible parenting’” (SIECUS, 2021b, p. 22). During the 1960s, sex education in schools began to gain even more widespread support. This was likely due in part to the creation of SIECUS, the Sexuality

Information and Education Council of the United States. In 1964, Dr. Mary Calderone founded the organization in order to bring accurate information about sex, sexuality, and sexual health to young people. SIECUS published study guides on sex education, masturbation, and homosexuality (Planned Parenthood Federation of America Inc., 2016; SIECUS, 2021b). This period of sexual awakening seemed to continue on through the 1960s and 70s. By 1973, just under 50 percent of Americans were opposed to premarital sex, as opposed to the 70 percent that were opposed in 1969 (SIECUS, 2021b). However, even though sexual freedoms were becoming more commonly accepted and organizations were being created to bring more awareness to the subject of sexuality, there still wasn't any consistency in terms of sex education implementation across the nation.

The sexual awakening of the 1960s and 70s ultimately led to sharp increases in sexual activity, pregnancy, abortion, and out-of-wedlock births in the 1980s. These statistics were profoundly concerning to many Americans. In 1984, almost 40 percent of 20-year-old women had at least one pregnancy while in their teens, 21 percent had at least one birth, and seven percent had at least one abortion (Kenney & Orr, 1984). Because of these concerning high rates of teen pregnancy, support for sex education reached its highest point yet (Kenney & Orr, 1984; Planned Parenthood Federation of America Inc., 2016). However, support for sex education found itself going in two opposite directions. The two solutions presented for the teen pregnancy crisis were a more comprehensive approach to sex education, which includes providing information about contraception, or an abstinence-only program, which teaches only not to have sex outside of marriage and excludes the teaching of birth control or safe sex practices (Planned Parenthood Federation of America Inc., 2016).

Abstinence-only education gained significantly more support from lawmakers in the 1990s than the more comprehensive approach. This led to most schools teaching almost exclusively abstinence-only curriculum. Throughout the 1990s and early 2000s, conservative organizations created their own abstinence-only-until-marriage curricula. (Malone & Rodriguez, 2011; SIECUS, 2021b). These programs had considerable support from the federal government. In 1996, in Title V Section 510 of the Social Security Act, the federal government started granting \$50 million a year to state governments to carry out abstinence-only-until-marriage programs. In order to receive funding, schools are prohibited from instructing or promoting the use of contraceptive methods. California is the only state to have consistently opted out of the program since its formation (Constantine, Jerman, & Huang, 2007; Malone & Rodriguez, 2011). In their article, Malone and Rodriguez (2011) shared that the eight criteria that abstinence-only-until-marriage programs must follow in order to be eligible to receive federal funding are:

- 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 of marriage as the expected standard for all school-age 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 sexual activity;

- E. Teaches that sexual activity outside 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 increase vulnerability to sexual advances; and
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity. (p. 6)

The federal funding for these abstinence-only programs is incredibly expensive. In 2005 the U.S. Government spent \$167 million funding abstinence-only education programs (Potera, 2008). Over the course of 13 years, from 1996-2009, the U.S. Government spent \$1.5 billion on abstinence-only-until-marriage programs (Malone & Rodriguez, 2011). As a result of these abstinence-only programs taking priority, students in the 1990s and early 2000s didn't receive very crucial information regarding sexual health. From 1995 to 2002, reports of formal instruction about birth control methods declined amongst both genders (Lindberg, Santelli, & Singh, 2006). And between 2006 and 2013, there were significant declines in the percent of teen girls who reported receiving formal instruction about birth control, saying no to sex, STIs, and HIV/AIDS, or Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (SIECUS, 2021b).

U.S. Congress has continued to substantially fund abstinence-only-until-marriage programs, and in 2016 funding was increased to \$85 million per year (Hall, McDermott Sales, Komro, & Santelli, 2016). This budget was approved despite former President Barack Obama's attempts to end the program after 10 years of opposition from medical



and public health professionals, educators, and the human rights community. Many of these experts argue that abstinence-only-until-marriage programs “withhold information about condoms and contraception, promote religious ideologies and gender stereotypes, and stigmatize adolescents with nonheteronormative sexual identities” (Hall, McDermott Sales, Komro, & Santelli, 2016, p. 595). Furthermore, these abstinence-only programs are simply not as effective. Research has found that teen who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education (Kohler, Manhart, and Lafferty, 2008). The Obama Administration attempted to dedicate funding to go beyond abstinence-only programs, with the launch of the Teen Pregnancy Prevention Initiative (TPPI) by the Department of Health and Human Services as well as the Personal Responsibility Education Program (PREP), which was established by Section 2953 of the Patient Protection and Affordable Care Act of 2010. TPPI and PREP receive \$114.5 million and \$75 million in funding a year, respectively. However, regardless of these new programs, there is still no federal legislation that requires states to teach sex education (Malone & Rodriguez, 2011).

Sex education has made occasional strides towards becoming comprehensive through the years, as well as having had many setbacks over the past several decades. Sex education continues to be fiercely debated and abstinence-only education continues to be steadily funded at the federal level, despite the fact that there is now significant evidence that a comprehensive approach to sex education promotes sexual health amongst students by reducing sexual risk-taking behavior (Hall, McDermott Sales, Komro, & Santelli, 2016; Malone & Rodriguez, 2011; Potera, 2008; SIECUS, 2021b; Planned Parenthood Federation of America Inc., 2016). The abstinence-only approach has not shown these

results (Lindberg, Maddow-Zimet, & Boonstra, 2016; Planned Parenthood Federation of America Inc., 2016). In the next two parts of this section, effective, evidence-based comprehensive sex education curriculum will be demonstrated by the use of foreign and domestic exemplars.

### ***Foreign Exemplar***

Sweden has the longest history of implementing effective sex education in their schools in the world. In 1955, Sweden was the first country to introduce mandatory sex education curriculum into schools (Ketting & Ivanova, 2018). The first bill on the need for sex education was presented to the Swedish Parliament in 1908 (Riksförbundet för Sexuell Upplysning- the Swedish Association for Sexuality Education [RFSU], 2017). Because sex education has such a long tradition in Sweden, parents generally support it very strongly. Evidence has shown that there is no significant opposition to sex education in Sweden (Ketting & Ivanova, 2018; RFSU, 2017).

Sex education in Sweden is an interdisciplinary subject that is fully integrated in school curricula, and many schools often form a team consisting of teachers, administration, and a school nurse or school counselor. (Ketting & Ivanova, 2018; RFSU, 2017). The current teaching of sex education in Sweden is based on their Education Act on Gender Equality. It led to the development of two new curricula created in 2011, the ‘Curriculum for the Compulsory School, Preschool and the Recreation Centre’, and the ‘Curriculum for Upper Secondary School’. Sex education in Sweden is referred to as ‘Sexuality and Relationships Education’ (Ketting & Ivanova, 2018). Puberty, body development, love, self-image, “the first time”, masturbation, condoms and preventive

methods, gender, and sexual orientation are some of the important topics covered in these curricula (RFSU, 2017).

Sex education in Sweden starts in preschool and continues throughout to their upper secondary school. Most schools focus most heavily on sex education from ages 11-16. Biology and science studies are the subjects that deal with knowledge of the human body, reproductive systems, sexuality, and STIs. Terms such as gender equality, responsibility, and relationships were added to the course syllabus of these subjects in 2011 (Ketting & Ivanova, 2018). Topics that are included extensively in the science curriculum are the biological aspects of sexuality and body awareness, pregnancy and birth, contraception, abortion, HIV/AIDS, and STIs. While topics such as love, long-term relationships and partnership, sexual orientation, gender roles and equality, mutual consent to sexual activity, and human rights and sexuality are interspersed throughout the curriculum of various other subjects (Ketting & Ivanova, 2018).

This longstanding history of comprehensive sex education in Sweden appears to have positively impacted the young people of the country. As of 2018, there are only six Swedish births per 1,000 women aged 15-19, and the average age of mothers at the birth of their first child is 29.1 (Ketting & Ivanova, 2018). Furthermore, Sweden has a Gender Inequality Index rating of 0.040, compared to the United States' rating of 0.182 (Ketting & Ivanova, 2018; United Nations Statistics Division, 2018). Higher ratings on this scale of 0 to 1 indicate higher inequalities between men and women, which correlates to higher loss in human development.

### *Domestic Exemplar*

The United States has less to choose from in terms of an exemplary comprehensive sex education curriculum model. This is because the United States has been relatively slow in its course to comprehensive sex education, and there is no implementation at the federal level. However, some states have shown more progress in certain areas than others. The state of Massachusetts was the first state to directly address the safety of LGBTQ+ students in its schools on a statewide basis with the establishment of the Safe Schools Program for Gay and Lesbian Students in 1993. This program was meant to enhance the support and safety of sexual minority youth, and to ensure that all members of the school community are informed, therefore improving the sexual diversity climate (Szalacha, 2003). They did this by developing school policies that protect LGBTQ+ students from harassment, violence, and discrimination, offering training to school faculty and staff in crisis and suicide prevention, providing school-based counseling for family members of LGBTQ+ students, and supporting the establishment of school-based support groups for the LGBTQ+ community, known as GSAs or Gay-Straight Alliances (Szalacha, 2003).

In a study evaluating the Massachusetts schools that had implemented the Safe Schools Program for Gay and Lesbian Students, researchers found that in schools that had a GSA, 52 percent of students indicated that they felt there were members of the faculty who were supportive of LGBTQ+ students, compared to only 36.9 percent of students in schools without GSAs (Szalacha, 2003). This indicates that introducing programs that are inclusive and supportive of sexuality leads to a more open and tolerant school setting. The benefits of a tolerant school apply to all students, not just sexual

minority students. In schools with a GSA, 63.6 percent of students reported feeling comfortable with referring a friend who was questioning their sexuality to talk to a counselor, whereas only 44 percent of the students in schools without GSAs felt comfortable (Szalacha, 2003).

Recently, more states have followed Massachusetts in protecting LGBTQ+ students. However, New Jersey and California are currently the only two states that have nondiscrimination laws prohibiting discrimination against students on the basis of sexual orientation and gender identity, as well as state agency regulations on the treatment of transgender, nonbinary, and gender nonconforming students, inclusive state guidance for transgender and nonbinary students participating in sports, curricular state standards that include affirming visibility of LGBTQ+ communities, *and* anti-bullying and harassment legislation that protect students based on sexual orientation and gender identity. (GLSEN, 2021). All of these laws and state guidelines are necessary for an interdisciplinary, comprehensive sex education to be truly inclusive of the LGBTQ+ community.

Massachusetts is an example of a state that took steps early on to ensure the safety and support of LGBTQ+ students, a necessity in creating an inclusive, comprehensive sex education curriculum. California and New Jersey have continued on that path by implementing even greater supports for their LGBTQ+ students on a statewide level. But this inclusivity is not as effective if it is not paired with comprehensive sex education instruction. Research has shown that the most effective programs in the United States are those that have rights-based content, positive, student-centered messages, and use of participatory learning and skill building (Berglas, Constantine, & Ozer, 2014). These programs are best implemented using strategies that have a variety of communication and

delivery, including peers, social media, and gaming, to fully engage this generation of students (Kirby, Laris, & Roller, 2007; Douglas & Fenton, 2013; Schalet, Santelli, Russell, Halpern, Miller, Pickering, Strasburger, & Brown, 2014). These are the U.S. models that are the most effective in empowering adolescents with the knowledge and tools required for healthy sexual decision-making.

### **Student Benefits**

There are a variety of populations that benefit from the introduction of comprehensive sex education into curriculum. Arguably, the most important of which is the students themselves. When students have access to higher quality comprehensive sex education, they experience improvements in both their physical and mental health, in their relationships, and in risk-behavior reduction. All of these benefits will be addressed in this section of the literature review.

#### ***Physical Health Benefits***

The primary physical health benefits that students receive from having access to comprehensive sex education are positive impacts on their sexual health. According to the National Guidelines Task Force, sex education promotes sexual health in four ways. First, it provides accurate information about human sexuality, including growth and development, anatomy, human reproduction, pregnancy, childbirth, parenthood, sexual orientation, gender identity, masturbation, contraception, abortion, sexual abuse, HIV/AIDS, and other STIs. Second, it helps students develop healthy attitudes and values about human sexuality by exploring their community's attitudes and values while engaging their critical thinking skills so that they can evaluate their obligations and responsibilities to society. Third, it helps students develop communication,

decision-making, and peer-refusal skills in order to help them achieve reciprocal, caring, and mutually satisfying intimate relationships when they are adults. Finally, it encourages students to make responsible choices about sexual relationships by practicing abstinence, postponing sexual intercourse, resisting unwanted or early sexual intercourse, and using contraception when they become sexually active (National Guidelines Task Force, 2004).

Only comprehensive sex education programs have been proven to reduce the risk of teen pregnancy, HIV, and other STIs, all of which are major influencing factors on student sexual health (Kohler, Manhart, and Lafferty, 2008; Potera, 2008; Sex Education and Sex-Related Behavior, 1986; Schinke, Blythe, & Gilchrist, 1981). Research has found that the students themselves perceive learning about this information regarding their sexual health to be a major benefit of sex education. Students have a tremendous desire to learn more about STIs in particular (Smith, Realini, Buzi, & Martinez, 2011). In a 2011 student survey study, the most common request was for factual information on STIs. Students wanted to know about symptoms and signs of STIs, and how they are transmitted. Additionally, students requested concrete information, facts, and action steps related to STI prevention (Smith, Realini, Buzi, & Martinez, 2011). Students want to acquire knowledge about how to practice safe sex in order to best maintain their sexual health, this is the greatest benefit to their physical health that students receive from comprehensive sex education.

### ***Mental Health Benefits***

There is substantial evidence that inclusive sex education curricula, anti-harassment policies, and GSAs improve school experiences for all students (Johns, Poteat, Horn, & Kosciw, 2019). Inclusive, comprehensive sex education is associated

with fewer reports of bullying and with positive mental health outcomes in both LGBTQ+ youth and heterosexual youth in U.S. public high schools (Proulx, Coulter, Egan, Matthews, & Mair, 2019). All students in states with a greater proportion of schools teaching LGBTQ+ inclusive sex education had lower odds of experiencing bullying; lesbian and gay students specifically had much lower odds of experiencing bullying victimization. Furthermore, in schools that taught LGBTQ+ inclusive sex education, *all* students had lower odds of experiencing adverse mental health (Proulx, Coulter, Egan, Matthews, & Mair, 2019).

Students living in states with higher proportions of schools teaching LGBTQ+ inclusive sex education had significantly lower odds of reporting symptoms of depression (Proulx, Coulter, Egan, Matthews, & Mair, 2019). For every 10 percent increase in the number of schools teaching LGBTQ+ inclusive sex education in a state, there was a 20 percent reduction in reported suicide plans (Proulx, Coulter, Egan, Matthews, & Mair, 2019). This study demonstrates that inclusive, comprehensive sex education is beneficial to all students in that it results in lower reports of adverse mental health amongst all youth, in addition to less bullying against LGBTQ+ youth.

### ***Relationship Benefits***

One relationship that typically benefits from access to comprehensive sex education is the relationship between parent and child. In 1984, Douglas Kirby described a parent-child program for junior and senior high school students, where parents and children were brought together and encouraged to communicate directly with one another in the classroom about sexuality. As a result of this program, the families were also more comfortable talking about sex after the course was over (Kirby, 1984). Additionally,



young women who have had formal instruction about pregnancy and contraception are more likely to talk to their parents about these subjects than those who have not (Sex Education and Sex-Related Behavior, 1986). The implementation of comprehensive sex education can positively impact students' relationships with their parents, as it results in greater and more open communication between them.

Sex education can have positive effects on young people's social and romantic relationships as well. Many students report frustration and lowered self-esteem because of an inability to express their feelings, to make effective decisions, and to manage healthy relationships. Incidents of teens submitting to pressure to have sex, and then experiencing guilt, dissatisfaction, or sometimes pregnancy, commonly occur. Sometimes these problems continue to reduce sexual enjoyment later on in life and add stress to adult relationships and marriage (Kirby, 1984). Comprehensive sex education is part of a solution to many of these problems, as it gives students the knowledge, skills, and confidence to make healthier decisions. Furthermore, higher-quality sex education predicts greater self-efficacy, and higher sexual confidence, which then correlates to higher levels of sexual satisfaction (Nurgitz, Pacheco, Senn, & Hobden, 2021). This is yet another important aspect of a healthy and lasting relationship that benefits students throughout their lives.

### ***Reduction in Risk-Behavior***

The final benefit that students experience as a result of access to comprehensive sex education is a reduction in their risk-behavior. While comprehensive sex education has not been shown to reduce the likelihood that adolescents will engage in sexual activity, abstinence-only programs have also shown not to have any effect on sexual

activity; and only formal comprehensive sex education programs have been proven to reduce the risk for teen pregnancy (Potera, 2008; Sex Education and Sex-Related Behavior, 1986; Schinke, Blythe, & Gilchrist, 1981). In a study conducted in 1981, student participants were more willing to refuse to risk getting pregnant, were more willing to share responsibility for birth control, and were more likely to make a declarative “no” in response to peer pressure after completing a comprehensive sex education course (Schinke, Blythe, & Gilchrist, 1981). Evidence has shown that there are not any programs that effectively decrease the amount of students engaging in sexual activity, however, at least comprehensive sex education programs have proven to help students avoid the risk of pregnancy.

As of 2020, birth rates amongst 15 to 19-year-old mothers in the United States have decreased to record lows, with evidence suggesting that an increase in the use of a range of contraceptive methods is a major contributing factor (Underwood, Brener, Thornton, Harris, Bryan, Shanklin, Deputy, Roberts, Queen, Chyen, Whittle, Lim, Yamakawa, Leon-Nguyen, Kilmer, Smith-Grant, Demissie, Jones, Clayton, & Dittus, 2020). However, U.S. birth rates amongst adolescents still remain higher than in comparable developed Western nations. Additionally, amongst sexually active students, the prevalence of any condom use at last sexual intercourse is only 54.3 percent (Underwood, Brener, Thornton, Harris, Bryan, Shanklin, Deputy, Roberts, Queen, Chyen, Whittle, Lim, Yamakawa, Leon-Nguyen, Kilmer, Smith-Grant, Demissie, Jones, Clayton, & Dittus, 2020). While the United States has made progress in reducing risk-behavior in adolescents as comprehensive sex education slowly gains popularity, it is still comparatively behind. These findings highlight the importance of implementing

comprehensive sex education *before* students become sexually active in order to improve condom and contraceptive use.

### **School Benefits**

The overall school environment also benefits from comprehensive sex education being incorporated into curriculum. The previous section of this literature review demonstrated that comprehensive sex education positively impacts student health. This section of the literature review will address the direct relationship between student health and academic achievement. Students with positive health outcomes are shown to be better learners (Basch, 2011; Dilley, 2009; The Society of State Directors of Health, Physical Education and Recreation, 2002; US Department of Health and Human Services, 2009). A student body that is successful on standardized tests is greatly beneficial to their school, as higher test scores typically indicate greater funding. Another benefit to the school system that will be addressed in this section of the literature review is the reduction in violence to minority student populations that results from access to comprehensive sex education.

### ***Progress in Academic Achievement***

A review of school health initiatives conducted in 2009 found that programs that included health education had a positive effect on overall academic outcomes, including reading and math scores (Dilley, 2009). Studies have repeatedly found that health programs in school help students succeed academically. The most effective strategy is a coordinated approach to health that includes family and community involvement, school health services, and comprehensive health education, which includes sexuality education (The Society of State Directors of Health, Physical Education and Recreation, 2002; US

Department of Health and Human Services, 2009). The CDC has also repeatedly found that student health behaviors and good grades are related. Students who do not engage in health-risk behaviors, such as those that could potentially lead to pregnancy or STIs, receive higher grades than their classmates who do engage in health-risk behaviors. (US Department of Health and Human Services, 2009). By systematically addressing these health disparities, schools can reduce educational disparities as well (Basch, 2011).

### ***Reduction in Violence Amongst Students***

Another benefit experienced by schools as a result of implementing comprehensive sex education is the reduction of violence amongst students. Teen relationship violence is currently a pressing issue in the United States. Although often under-reported, ten percent of teens are physically harmed by their significant other in a given year (The Society of State Directors of Health, Physical Education and Recreation, 2002). A 2020 survey of students in 7<sup>th</sup> through 12<sup>th</sup> grade found that 56 percent of girls and 48 percent of boys reported some form of sexual violence victimization by a peer, which includes unwelcome comments and touching, or being forced to do something sexual. In this same survey, 8.2 percent of high school students reported physical dating violence, 8.2 percent reported sexual dating violence, and 10.8 percent reported sexual violence by anyone. (Basile, Clayton, DeGue, Gilford, Vagi, Suarez, Zwald, & Lowry, 2020). These violent experiences amongst students represent a substantial public health problem in the United States. Dating violence and sexual violence can continue to have damaging effects throughout a person's life. That is why comprehensive sex education is so necessary in schools. Many of the major themes that are taught in sex education curriculum are essential in violence prevention (Rollston, Wilkinson, Abouelazm,

Mladenov, Horanieh, & Jabbarpour, 2020). Consent is a core topic taught in sex education, and the teaching of consent is key to preventing sexual violence. Healthy relationships are another primary theme in sex education; students learn how to communicate personal boundaries and develop strategies to avoid or end unhealthy relationships. Comprehensive sex education also teaches gender equality from a young age, therefore reducing risk for gender-based violence (Rollston, Wilkinson, Abouelazm, Mladenov, Horanieh, & Jabbarpour, 2020). Violence amongst students is an issue that can be resolved by access to comprehensive sex education, and this reduction in violence benefits the entire school environment.

### **Community Benefits**

Finally, incorporating comprehensive sex education into curriculum beginning as early as kindergarten benefits larger communities as a whole. This section of the literature review will detail the benefits that entire communities experience as a result of access to medically accurate, sex-positive, consent-based sex education. These benefits include changes in community norms as well as changes in legislation.

### ***Changes in Community Norms***

The greatest positive change in community norms that comes from comprehensive sex education is when the prevalence of rape and violence, and the acceptance of said rape and violence, in our culture is challenged. Sexual harassment, sexual assault, and intimate partner violence are all too common in our society. Too many people turn a blind eye to sexual harassment in the workplace, or don't speak up when they see a friend engage in nonconsensual activity. Comprehensive sex education programs have the power to change that. In 2005, a bystander intervention program was

successful in significantly affecting participants' knowledge of sexual violence, date rape myth acceptance, and bystander efficacy over time. Participants in both treatment groups knew more about sexual violence, were less likely to endorse rape myths, and had a greater sense of efficacy intervening as a bystander after completion of the program (Banyard, Plante, & Moynihan, 2005). These effects continued to last even after the participants were no longer in the program as well; most program effects persisted at four and twelve month follow-ups (Banyard, Plante, & Moynihan, 2005). Comprehensive sex education equips young people with the necessary knowledge and skills to challenge societal norms, prevent sexual assault and intimate partner violence, and maintain healthier relationships (Banyard, Plante, & Moynihan, 2005; Rollston, Wilkinson, Abouelazm, Mladenov, Horanieh, & Jabbarpour, 2020).

Comprehensive sex education also leads to another positive change in community norms, which is greater sexual satisfaction and self-efficacy amongst the individuals in our society. Good-quality sex education increases sexual enjoyment later in life by helping students develop the confidence to carry out positive sexual health behaviors (Schalet, 2011; Nurgitz, Pacheco, Senn, & Hobden, 2021). In a study conducted in 2021, it was found that the quality of sex education that an individual receives is positively correlated to increases in their self-efficacy, sexual confidence, and levels of sexual satisfaction (Nurgitz, Pacheco, Senn, & Hobden, 2021). It is important to cover topics of sex education in a safe and accepting instructional environment in order to give students the confidence to go at their own pace and avoid being swayed by social pressures, skills that are important to the development of satisfying sexual relationships in adulthood (Nurgitz, Pacheco, Senn, & Hobden, 2021). Conveying acceptance of teen sexuality

encourages students to ask questions and seek guidance when needed, which increases their chances of not only learning but also applying that learning in their adult lives. As a result, students gain insight into their own sexual desires and boundaries, which in turn enhances their sexual self-efficacy (Schalet, 2011).

### ***Positive Changes in Legislation***

As it currently stands, federal legislation is not supportive of comprehensive sex education, nor is it supportive of changing the conversation surrounding consent, sexual harassment, or assault. At the federal level, the statute that defines sexual assault contains no actual definition for sexual consent. In fact, the word consent does not appear at all in the federal statutes describing the two major classes of sexual assault (18 U.S.C. § 2241, 2018; 18 U.S.C. § 2242, 2018). This legislation is disappointing to many. However, the recent ‘Me Too Movement’ has demonstrated that changes in legislation are possible when society is more knowledgeable and aware. A review conducted by the Pew Charitable Trusts found at least 32 lawmakers who left office, or lost influential positions in legislatures, in the face of sexual harassment accusations (Beitsch, 2018). Additionally, some states have placed limits on nondisclosure agreements, or NDAs. Limiting how NDAs may be used for harassment claims is an area of law that was previously untouched by legislators, however, after the ‘Me Too Movement’, Arizona, Maryland, New York, Tennessee, Vermont, and Washington all changed their related legislation. The ‘Me Too Movement’ has also been cited in passing legislation to improve the testing of rape kits and to extend the statute of limitations for victims who want to file civil lawsuits against their abusers (Beitsch, 2018). The ‘Me Too Movement’ brought knowledge and awareness to larger society about the prevalence of sexual harassment and assault, and as

a result some legislation changed for the better. If all students were to have access to comprehensive sex education, then perhaps a more educated society would also advocate for more positive changes in legislation as well.

### **Conclusion**

Sex education first came to the United States in the early 1900s in the form of purity talks. This transitioned into abstinence-only education, which was incredibly popular in the following decades. Increases in abortion and teen pregnancies in the 1980s led educators to begin advocating for comprehensive sex education. The debate between comprehensive sex education and abstinence-only education raged on for the next 30 some years. Abstinence-only curriculum continues to have the support of Congress despite research indicating that it is significantly less effective than comprehensive sex education. Research indicates that the primary benefits experienced by students as a result of comprehensive sex education include positive effects on sexual health through knowledge about STIs and pregnancy prevention, positive effects on mental health through a reduction in bullying and an increase in inclusivity, improvements to social, romantic, and parental relationships, and reductions in risk-behavior. Prominent benefits experienced by schools as a result of comprehensive sex education include improvements in academic achievement, and reducing violence amongst students. Finally, benefits experienced by the greater community as a whole due to comprehensive sex education include positive effects on community norms such as decreased acceptance of sexual harassment and assault, knowledge on the topic of consent, and increased sexual self-efficacy and satisfaction, as well as the potential for positive impacts on legislation.



When answering the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* The literature reviewed in this chapter indicates that there are a variety of benefits that impact many different populations within our society, such as students, schools and educators, legislators, and the greater community as a whole. Evidence has shown that an inclusive, comprehensive sex education curriculum is an effective way to encourage positive change in many different domains. In Chapter Three of this capstone, I will discuss the project that was inspired by this literature review, which is a website that advocates for comprehensive sex education in the state of Minnesota so that all Minnesotan students and residents can experience the benefits discussed in the literature. This website will provide resources for parents and educators to incorporate comprehensive sex education into curriculum, and to encourage legislators to change the standards so that comprehensive sex education is a requirement for all students.

## CHAPTER THREE

### Project Description

#### Introduction

In Chapter Two, I summarized the literature that answers the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* In this chapter, I will describe the project that was inspired by this literature review. I will outline the overall project, provide research that supports my choice of project type, describe the audience and setting of my project, outline the timeline of my project's completion, and reflect on how my personal biases may have influenced my project.

#### Project Overview

There are a variety of benefits that students, schools, and communities experience when comprehensive sex education is implemented. These benefits include positive changes in student mental and sexual health, positive changes in violence reduction, and positive changes in community norms. I believe that parents and educators should be aware of these benefits and have access to this information in order to make more informed decisions about how to incorporate comprehensive sex education into their homes and classrooms. I decided that the best way for me to reach the greatest amount of people with this information was to create a website. For my capstone project, I created a website that advocates for comprehensive sex education in the state of Minnesota. My website is a resource for both parents and educators to learn about comprehensive curriculum, the current sex education standards and where they are lacking, and to have

the option to encourage legislators to change the standards so that comprehensive curriculum is a requirement for all students.

The information on my website follows the format of my literature review. Initially, I created a home page that details the controversy and misinformation that surrounds sex education, as well as some general information and statistics about the effectiveness of comprehensive sex education versus abstinence-only education. Then, I made a page that shares information on the history of sex education in the US. I also included a page that shares information about the best available curriculum, where I also provided examples of effective comprehensive sex education lessons for different age groups. Next, is a page that explains the benefits that various populations experience from being exposed to comprehensive sex education. I then included a page that shares the current Minnesota state standards, with information on where they are lacking. Finally, the last page contains information on how to contact legislators that have the power to create new legislation, change state standards, and advocate for change on a state and federal level.

I've decided to use the website creation tool Wix.com to build my website. Prior to this experience, I was not familiar with many different website creation tools. However, in my time writing this paper and preparing for this project, I have read numerous capstone papers from various alumni of the Master of Arts in Teaching Program at Hamline. Many of the students who chose website creation as their project type also used the Wix platform. It was helpful to me to find one particular tool that was popular. After a preliminary review of Wix.com, their website creation process seemed to

be very user friendly. I moved forward with using the Wix platform and found the development process to go very smoothly.

### **Rationale**

I decided to create a website as my capstone project because I believe that it gave me the best chance to reach the greatest number of people with important information on comprehensive sex education; a notion that is supported by research. Online learning gives a significantly greater population access to educational resources (Bruce, 1999). Completing my project as a website allows for this information to reach a much larger audience, and a larger audience has greater potential to make change. If I had chosen to design a curriculum or staff development workshop as my project type, I would have only had the opportunity to reach a smaller and very specific audience. With website creation, I have the opportunity to impact students, educators, and parents alike.

Additionally, “The Modern Practice of Adult Education: Andragogy versus Pedagogy” by Malcolm Knowles (1980) states that the most effective adult learning is inquiry-based. This is highly relevant to my capstone project because the adults who will find my website likely already have questions about sex education, which is what has led them to my website in the first place. This allows for my website to become a space for them to find the answers to their inquiries. Additionally, my website will give these adults a chance to act on their inquiries by advocating to legislators, which I believe will give them a sense of empowerment in their learning.

### **Audience**

While my research has found that current sex education needs changing in most states, and at the federal level, this website will be made specifically with Minnesota in

mind. It will reference specific Minnesota state standards on sex education as well as the specific Minnesota state legislators to contact who are capable of changing the standards or creating legislation that develops a safer sexual climate. The intended audience of this website is any parent or educator in the state of Minnesota, although this website has the potential to be a space for anyone who has an interest in comprehensive sex education, in the Minnesota state education standards, or in advocating for changes in legislation related to sex education.

Currently in the state of Minnesota, schools are required to provide instruction on STIs and abstinence, however, curriculum is not required to be comprehensive, medically accurate, culturally responsive, or include topics such as sexual orientation, gender identity, or consent (SIECUS, 2021a). In 2019, Representative Todd Lippert introduced House Bill 1414 to the state of Minnesota House of Representatives; it sought to require the commissioner of education to develop a comprehensive sex education program for public and charter schools. An identical companion bill, Senate Bill 2065, was introduced to the Minnesota Senate by Senator Susan Kent. Ultimately, both of these bills failed (SIECUS, 2021a). However, they demonstrate that advocates in Minnesota are taking steps to improve sex education and are actively planning future legislation efforts that ensure that Minnesota youth receive comprehensive sex education. I believe that this only reinforces that it is the perfect time for the creation of my website, because if I can encourage Minnesotan residents to contact their legislators in support of comprehensive sex education, then future legislation may be more likely to pass if it is clear that it has public support.

**Timeline**

I submitted the first three chapters of this capstone paper for grading on December 4th. I was required to complete my final capstone project as well as the fourth chapter of this paper in the spring semester and submitted it before graduating on May, 14th 2022. I completed my website on April 3rd so that I had a few weeks to reflect upon the experience and write my fourth chapter, which I then submitted on April 17th. After that submission, I made revisions to both my website and my fourth chapter in order to submit my final capstone Project and Paper on May 1st.

Throughout the spring semester I consulted with my content expert while I built the overall structure of my website and filled it with my research content. I began by ensuring that my website contained all of the relevant and important information regarding the history of sex education in the United States, the benefits of comprehensive sex education implementation, examples of effective comprehensive sex education curriculum, and the current Minnesota state standards. After I did so, I moved onto making the website aesthetically pleasing. I wanted to ensure that my website is easy to navigate, engaging for the viewer, and interesting to look at, while also containing information that is easily digestible. Once the content, structure, and aesthetics of my website were finalized, I submitted it for grading.

**Positionality**

As I created my website, it was important that I consider how my personal experiences can lead to bias in my research. I come from a very privileged background. I am a white, heterosexual, cisgender woman. I grew up in an upper middle class community and my entire school district was predominantly white. The town that I grew

up in was fairly conservative, and while our sex education curriculum was not abstinence-only, it was no where near comprehensive. As a teenager, most of the information that I learned about sex was from the internet and not a classroom.

As a result of my insufficient education in topics relating to sex, sexuality, and relationships, I have developed very strong opinions in favor of comprehensive sex education versus abstinence-only education. However, it is critical that I do not let my opinions sway my research. I have made an effort to only consider the facts when evaluating comprehensive sex education versus abstinence-only education, and I endeavored to make my website as objective and informative as possible so that my audience can form their own opinions. Furthermore, I remembered that as a privileged white, heterosexual, cisgender woman it is my responsibility to ensure that I still include information pertaining to groups of people that I am not part of. Variances in the quality of sex education can greatly impact students of color and LGBTQ+ students; I needed to ensure that my website had information that is helpful and informative for all people.

### **Conclusion**

In Chapter Three, I described the project that was inspired by my research, a website that gives parents and educators the chance to answer the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* as well as the opportunity to advocate to legislators to change the Minnesota state standards for sex education. I then went on to detail the rationale for this project, as well as the intended audience, and timeline of my completion, before reflecting upon my personal biases. In Chapter Four, I will reflect upon the implications

and limitations of my project, the benefits that my project contributes to the profession of education, and any future research related to my topic.



## CHAPTER FOUR

### Conclusion

#### Introduction

Throughout the development of this process, I've strived to answer the question *What are the benefits of incorporating comprehensive sex education into a curriculum as early as kindergarten?* My goal was to create a resource that advocates for comprehensive sex education in the state of Minnesota; one that could be widely accessible to parents and educators. I decided that the best way for me to reach the greatest amount of people with this information was to create a website. By creating a website, I was able to share information on the history of comprehensive sex education, the benefits that various communities experience as a result of comprehensive sex education, the current sex education standards in the state of Minnesota and where they are lacking, and how to contact state representatives in support of recently introduced legislation that requires comprehensive sex education across the state.

In this chapter, I will explore the process of crafting my project and reflect on not only its creation, but the discoveries I made along the way. Next, I will revisit the key literature that was most influential on the final project. Then, I will discuss the implications of my work, any limitations that may be present, as well as my recommendations for future research. Finally, I will reflect upon the distribution of my project as well as the benefits it provides to the field of education.

#### Reflection

I first encountered this research topic during my first semester of the Master of Arts in Teaching program at Hamline University. I watched a fellow student's

presentation on sex education, and was shocked by the fact that sex education in the state of Minnesota is not required to be comprehensive or medically accurate. I was very troubled by this information, and it followed me as I continued with the program. So when I was given to the opportunity, two years later, to research a topic that I felt passionately about and to create a project based off of my findings, I knew that I needed to look further into the importance of comprehensive sex education.

As I researched comprehensive sex education across the globe, and the many benefits that various populations experience as a direct result of access to comprehensive sex education, I became more assured of my belief that parents and educators should be aware of this information. I believed that a website would provide the easiest and most accessible way for the greatest amount of people to learn about comprehensive sex education in Minnesota. After reading other capstone papers on the Hamline University Digital Commons, I discovered that many of my peers who also completed their capstone project as a website, used the Wix platform. I found the Wix website building tools to be very helpful and easy to manage. I wouldn't normally consider myself to be a particularly "tech-savvy" person, but I didn't have any trouble using Wix to build a website that met my needs.

I felt that it would be most beneficial for viewers of my website to follow the same journey that I did in acquiring knowledge about comprehensive sex education, so I decided to build my website so that it directly correlated to my literature review. I designed the homepage of my website so that it contained information from the first chapter of this capstone paper. The next page of the website detailed the history of sex education in the United States, as is found in the second chapter of this capstone paper.

The next three pages continued to follow the second chapter as well, detailing the benefits that students, schools, and communities experience as a result of comprehensive sex education. The sixth page of the website shows the foreign and domestic curriculum exemplars that I also discussed in the literature review. And finally, the last two pages share information specifically on the current sex education standards in the state of Minnesota, as well as how viewers can contact their state representatives in support of recent Minnesota legislation that would require comprehensive sex education for all students.

It is in my last two web pages where the website deviates from the format of the literature review. I did not include information that was specific to Minnesota in the literature review, because I was researching from a lens that looked at the United States as a whole, whereas in my website I wanted to focus more specifically on the state of Minnesota. It was while I was researching more about the Minnesota sex education state standards for these last two web pages that I discovered new information about recently introduced state legislation that supports comprehensive sex education. MN House Bill 358 and MN Senate Bill 632 are two companion bills that were introduced in February 2021, but have not yet passed. These bills would require the Department of Education to develop a comprehensive sexual health education model and help school districts implement the programming.

I was so pleased to have found information about these bills, because it made for an excellent addition to the “Contact Your Legislature” section of my website. I had originally planned on just having information about how viewers could contact their state representative if they felt moved to express support of comprehensive sex education after

learning from my website. However, now I have something tangible that viewers can actually contact their legislators *about*, instead of simply expressing their support of comprehensive sex education in general. If the viewers of my website contact their representatives specifically referencing House Bill 358 and Senate Bill 632, that will have a greater impact on encouraging legislators to listen to their constituency.

### **Literature Review, Revisited**

As I conducted my research, I felt that all of the information that I learned from the literature would be important for parents and educators to know as well. It is for this reason that I modeled my website to follow along with the literature review in this capstone paper. Therefore, I included nearly all of the resources from the literature review in my website.

All of my sources contained valuable information that greatly contributed to my website, however, I think that the most impactful section is “History of Sex Education”. This section of both the literature review and the website shows how sex education in the United States has changed from the early 1900s onwards. It also clearly demonstrates that for decades there has been relatively little change in policy on sex education standards. Despite the fact that experts have argued and the research has indicated that comprehensive sex education is beneficial to students, there has been almost no progress since the 1980s in terms of implementing and requiring comprehensive sex education in all schools across the United States.

### **Implications and Limitations**

It is my aspiration that the greatest result of my project will be that it has policy implications on the current state sex education standards. I sincerely hope that viewers of

my website take the time to contact their representatives in support of Minnesota House Bill 358 and Senate Bill 632. Legislators in this country are meant to listen to the desires of their constituents and vote accordingly. With enough support, these bills should pass. I believe that every student in Minnesota, and in the United States for that matter, should have access to comprehensive sex education. The passing of these bills would be a great first step in that process.

One limitation of this project is that I don't have very many means of sharing this resource with parents and educators. It is a public website, accessible to anyone who searches for comprehensive sex education in Minnesota. However, the domain name of the website, <https://elaughlin02.wixsite.com/sex-education>, is not one that people would likely stumble across. I also am not currently teaching in a school, and so that eliminates the possibility of my sharing the website with parents of students.

Another limitation of this project is that the website is not as compatible with a mobile browser. While the information is all still viewable and legible, many of the images are not in the correct orientation when viewing on a mobile device. This makes the website look less polished than it does when viewing on a computer. I can't ensure that everyone who views my website will view it on a computer and I would have preferred that the mobile application looks the same as the desktop application.

### **Future Research**

My recommendation for future research related to this topic of study is for a longitudinal study on the effectiveness of implementing comprehensive sex education in Minnesota, if the new state legislation is approved. It was so interesting to read about the benefits that students, schools, and communities experience as a result of access to

comprehensive sex education. It would be even more intriguing to learn about the benefits that students, schools, and communities specifically in the state of Minnesota experience as a result of access to comprehensive sex education. Many of the studies that I read for the literature review revisited the participants of their studies after the implementation of their curriculum to test for retention. However, not many that I saw looked at a group of students throughout their entire school career. I think that a research study that looks at student, school, and community benefits over a substantial period of time as a direct result of new legislation would be incredibly valuable.

### **Benefits to the Profession and Distribution**

I believe that my website is a benefit to the profession of education because it enables both parents and educators alike to learn more about the positive impact that comprehensive sex education has on students, schools, and communities. Sex education is a divisive topic, and one that may make some people very uncomfortable to discuss. But it is important that everyone be knowledgeable about such an important topic so that these discussions can be had, both with adults and with students. I would consider my website to be successful if even one person changes their opinion in support of comprehensive sex education versus abstinence-only education, or if even one person who already supported comprehensive sex education took the time after viewing my website to contact their legislator to voice said support.

I've previously stated that the distribution of this website is a limitation of the project. As I am not currently working in a classroom, I don't have the opportunity to share my project with parents of students. However, I am currently applying for many different teaching positions in my area. On my resume, I plan to include the link to my

website as well as the link to this capstone paper, once it is published in the Hamline University Digital Commons. This way any administrators or teachers who encounter my resume while looking at my teaching application may be intrigued enough to explore and learn from the website, which could help my website potentially reach many different school districts in Minnesota. I also plan on sharing a link to my website on my social media accounts, so that my friends and family may view and share it as well. Finally, my capstone project will be posted to Hamline University's Digital Commons when approved. This posting will allow future Hamline students to see it as well.

### **Conclusion**

In the fourth and final chapter of this capstone paper, I explored the process of crafting my project and used that opportunity to reflect upon the discoveries I made as a researcher, writer, and learner. Then, I revisited the literature that I believe made the project most impactful. I also discussed the implications of my work, any limitations that were present, and my recommendations for future research. Finally, I reflected on the distribution of my project as well as the benefits that I believe it provides to the field of education.

I am incredibly grateful to have had the opportunity to complete this project and I am so proud of the work I have done. I have become very knowledgeable about a subject that I previously knew relatively little about, and I have created a resource for other educators and parents to do the same. I believe that all students should have access to comprehensive sex education in order to help them grow as scholars, partners, friends, individuals, and members of society. I am hopeful that my website will work as a tool to help further that cause.

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