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April Ballesteros
California State University, Monterey Bay

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Author Note

April M. Ballesteros, Psychology Undergraduate, California State University, Monterey Bay.

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Abstract

The use of comprehensive sexual education in public schools is widely debated among people in academia, parents, and sexual health educators. For those in minority or low-income groups, the access to contraceptives can be limited. Also, it seems that some individuals that are presenting sexual education curriculum are not fully equipped with the answers to students' sexual health concerns. This empirical study aims to find out if a student's knowledge of sexual education determines their awareness of access to birth control. Based on past research, one can hypothesize that a student's knowledge of sexual education can predict their awareness of access to contraceptives. This study used a regression analysis to find out whether or not knowledge predicted awareness. There is a major limitation in this study, which would be the emergence of the coronavirus, or COVID-19. This disease resulted in the researcher not being able to analyze all of the data. The data that was analyzed suggests that knowledge of sexual education does not predict awareness of access to birth control. Future studies should collect and analyze data on the type of sexual education a student received and the individual that presented them with sexual education. These factors may resolve the limitations.

Keywords: knowledge of sexual education, sexual education, comprehensive sexual education, access to birth control, access to contraceptives, peer educators

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Depending on the context, conversations about sex, sexual health, and birth control can be uncomfortable to initiate for young adults. This may result in the reliance on newer techonolgy (such as the internet) or their peers, in order to obtain information about sex. Although the internet grants people with endless information, not all information is accurate or precise. The type of sexual education that young adults are able to receive is widely debated by parents, teachers, health care professionals, and sexual health advocates. Some argue that exposing children to sexual education at an early age may lead to sexual activity earlier in their lives. Others argue that the tools that are presented during a sexual education curriculum can better equip young adults to make better decisions about their sexual lives. A person's knowledge of their access to safer sex tools, such as contracpetives and condoms, may depend on the type of sexual education they recived in high school and middle school, their ability to find accurate information on the internet, and their openness to talk about birth control with peers and family. Even if the internet can provide young adults with knowledge about reproductive health, there should still be a requirement for all schools to implement a sexual education curriculum that equips them with an understanding of sexually transmitted infections (STIs), consent and healthy communication, and the basics of sexual health.

Some might believe that abstinence-only sexual education was presented to young adults before comprehensive sexual education (CSE), but the abstinence-only curriculum was implemented in the 1970's as a way to oppose CSE (Gresle-Favier, 2013). Abstinence-only sexual education teaches students to decline sexual activity until marriage. Not only does abstinence-only education make sexual activity seem shameful, it also denies young adults of their right to basic reproductive health information. Although comprehensive sexual education is

now more prevalent in American public schools, “many states continue to adopt [an abstinence-only] curricula” (Clark & Stitzlein, 2018). Abstinence-only curriculums can be harmful to young adults as it introduce false information about reproductive health, contraception effectiveness, and abortion (Gresle´-Favier, 2013). On the other hand, there is more to CSE than just free condoms and reproductive anatomy; it also tackles subjects such as safer sex tools, birth control methods including abstience, communication, and consent (Planned Parenthood, n.d.). This mode of sexual education can increase a person’s awareness of STIs, contraceptives, and most importantly, consent.

The individual presenting sexual education to young adults may also impact their retainment of that knowledge. A study conducted by Li, Cheng, Wu, Liang, Gaoshan, Li, Hong, and Tang on undergraduate students in China showed that although sexuality education was implemented for at least 7 hours each semester, less than 20% of the students knew the names for male genital organs (2017). Li, et.al. suggested that this may be the result of the lack of training that the teachers had on sexual education (2017). Fatemeh, Farnam, Granmayeh, and Hanghani state that although most teachers have a positive attitude toward sexual education in schools, “the majority of educators have not had enough information on this domain and [they have not] received specialized [training] on sexual and reproductive health concerns” (2018). In some public schools, peer educators are trained to teach high school health classes about sexual education. In a study by Adeomi, Adeoye, Asekun-Olarinmoye, Abodunrin, Olugbenga-Bello, and Sabageh, peer sexual health educators presented a sexual education intervention about HIV/AIDS to adolescents in Nigeria (2014). Their results may give people reason to believe that peer educators are necessary in increasing the awareness and information of sexually transmitted diseases (Adeomi, Adeoye, Asekun-Olarinmoye, Abodunrin, Olugbenga-Bello, & Sabageh,

2014) as peer educators can be more relatable to the young adults than teachers may be. Although teachers provide us with the knowledge and support to utilize in our futures, they may not be the best people to present information about reproductive health.

A young adult's access to condoms or contraceptives can be the determining factor in whether or not they participate in safe sexual activity. Obtaining condoms or contraceptives may also cause anxiety for young adults as most fear that their parents will find out. Most minors do not have a mode of transport in order to arrive at a clinic or hospital. On top of that, young adults in low-income communities, with the added possibility that they may not have transportation, also may not have the resources to acquire contraceptives (Lopez, Mitchell, Sekaran, & Williams, 2017). These resources may include health insurance or reproductive health clinics in their neighborhoods that are accessible to them. Although these hurdles can not be solved by a comprehensive sexual education presentation, peer educators and sexual health advocates can increase awareness about where young adults can easily obtain free condoms and how to use them properly as some high schools and colleges offer these safer sex tools on campus.

Conversations about safe and healthy sexual activity is lacking when it comes to young adults as these conversations can be uncomfortable. This study will aim to discover if a college student's knowledge about sexual education can predict their awareness of access to birth control. Based on past research, one can hypothesize that a student's awareness of access to contraceptives depends on their sexual education knowledge. Past studies showcase the numerous reasons as to why comprehensive sexual education can benefit the lives of young adults (Moore & Smith, 2012), but none of them attempt to measure if this information was retained and if that retainment may predict their awareness of access to contraceptives.

Method

Participants

The participants consisted of 80 California State University, Monterey Bay undergraduate students. The students' majors varied from psychology, human development, human communication, biology, and kinesiology. Their ages ranged from 18 to 28. The participants were required to give informed consent on the online questionnaire before beginning the survey. They were given the option to opt out of any of the questions. 80 individuals participated in the questionnaire, but six participants were excluded from data analysis since they opted out of specific questions.

Materials

Internet access and a phone, tablet, laptop, or computer were required in order to participate in the online questionnaire. The apparatus used to gather data is an online system called "SONA." SONA allowed for the researcher to distribute a questionnaire and gather data on a pool of voluntary participants. A registered account on SONA was required in order to respond to the questionnaire.

Measures

To measure the participants' knowledge of sexual education, selected questions from Cleland's Illustrative Questionnaire for interview-Surveys with Young People along with questions that were created by the researcher were used. The researcher added select questions that were more relevant to the times. To measure awareness of access to **contraceptiv**es, statements were asked about awareness of access to birth control and safer sex tools. A likert scale was provided and the participants were asked to choose from 5 options, with (1 Strongly

Disagree) to (5 Strongly Agree). A higher score on both measures meant a better understanding of each proposed topic.

Design and Procedure

The study's independent variable is knowledge of sexual education with awareness of access to contraceptives as the dependent variable. First, to access the questionnaire, the student signed onto SONA and answered the pre-screening questions. The pre-screening questions include basic demographic information such as age, gender, ethnicity, income, and religion. Second, the student voluntarily chooses this particular study to engage in. Third, the student followed through to answer all four parts of the questionnaire.

Section one of the questionnaire asks the participant for the type of sexual education they received and what the curriculum it focused on. It also asked if they had to gather information about sexual health elsewhere such as their peers, the internet, or their family members. Section two consists of eight true or false questions that ask about contraceptives, STIs, and consent. Six out of the eight questions were retrieved straight from Cleland's Illustrative Questionnaire for interview-Surveys with Young People, Section eight: Knowledge of HIV/AIDS and sexually transmitted diseases. . The questions selected from the questionnaire are related to items that comprehensive sexual education should have covered in high school. Section three consists of eight multiple-choice questions, with four of the questions mimicked from Cleland's Illustrative Questionnaire for interview-Surveys with Young People. The questions selected from the questionnaire are also related to items that comprehensive sexual education should have covered in high school, just as section two's questions were. The fourth part consisted of four questions asking about the student's awareness of access to birth control and safer sex tools. A likert scale will be provided, with the options (1 Strongly Disagree) to (5 Strongly Agree). After the survey

was completed, the participants were thanked for their responses and were given resources for sexual and reproductive health information in the form of websites. The email of the researcher was also listed for further inquiries.

Results

The null hypothesis states that knowledge of sexual education does not predict awareness of access to contraceptives. The alternative hypothesis states that knowledge of sexual education does predict awareness of access to contraceptives. IBM's SPSS Statistics was used to run a regression analysis. A regression analysis was conducted with awareness of access to birth control as the criterion variable and knowledge of sexual education as the predictor. Knowledge of sexual education was not a significant predictor of awareness of access to birth control, β = .08, $t(73) = .68$, $p > .05$, and accounted for .6% ($R^2 = .006$) of the variance in awareness of access to birth control scores.

Discussion

The aim of this study was to figure out if knowledge of sexual education predicted awareness of access to contraceptives. Since $p > .05$, we don't reject the null hypothesis and our sample indicates that knowledge of sexual education does not predict awareness of access to contraceptives. Based on the results, the hypothesis of a student's awareness of access to contraceptives depending on their sexual education knowledge is disputed. This study might not have shown statistical significance since the type of sexual education the student received and the multiple choice section of the questionnaire was not analyzed.

The results of this study do not link with the past literature. Although the past research shows that there are more benefits in implementing comprehensive sexual education as opposed to an abstinence-only curriculum, the results were inconclusive about this theory as the type of

sexual education that the students received was not analyzed (this will be discussed more in the limitations).

This study had a fair amount of limitations that could have hindered the results. Firstly, as the study was being conducted, the coronavirus outbreak occurred. Due to this outbreak, a shelter in place was mandated in the state of California. Students transitioned to online courses and the researcher did not have the resources to analyze the data fully. Secondly, the data in section one which asked about the type of sexual education the student received and the data in section three which consisted of multiple choice questions was not analyzed due to the lack of resources do to so.

An additional study that can potentially add to the research question would be to ask students if they were presented with a comprehensive sexual education curriculum by a teacher or peer educator. As stated before, there is reason to believe that a peer educator will be more successful in relating to young adults than teachers would be. If future studies analyzed the data that were in sections one and three of this study, a different result might emerge. Another factor that may add to a young adults' knowledge of sexual education would be social media platforms. An additional study can be performed that asks young adults if they have been exposed to sexual health information on social media and if they believe said information.

As technology advances, there must be an openness to have regular conversations about reproductive health, sexually transmitted infections, and consent. As of now, there is no way of censoring false sexual health information that is spread through social media platforms. A surefire way to make sure that young adults are making the correct decisions about their sexual health would be to implement CSE in all schools and that there is an emphasis on STIs, contraceptives, communication, and consent.

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