What is this research about?
This study investigated high school graduates' perceptions of and satisfaction with their school-based sexual health education. In particular, the researchers were interested in how gender and the type of school attended (public or Catholic) impacted graduates' views of their sexual health education.

What did the researchers do?
The researchers administered a paper survey to 161 first-year undergraduate students at an Ontario university. All participants were enrolled in either an introductory Psychology course or an introductory Human Sexuality course. Participants were chosen from a total pool of 184 student volunteers, 23 of whom were excluded because they did not attend high school in Ontario or were not in their first-year of studies at university.

The final sample of 161 participants consisted of 108 females and 53 males with an average age of 18.31 years. 112 participants had attended public schools while 44 had attended Catholic schools.

What you need to know:
While the high school students that participated in this study were generally satisfied with their sexual health teachers, overall satisfaction with their sexual health education was only slightly above mid-level with participants indicating that they would have preferred earlier exposure to a number of sexual health topics — including birth control and teen pregnancy.
**Perceived importance of sexual health topics**

Student participants were asked if they felt it was important to learn about 20 different sexual health topics including: sexual orientation, teen pregnancy, dealing with peer pressure to be sexually active and abstinence. For each of the 20 topics, students were asked to state how strongly they agreed or disagreed with the importance of learning the topic.

**The timing of sexual health education**

Student participants were presented with a list of 27 sexual health topics and were asked to indicate both the grade in which they learned about the topic and the grade level they would have preferred to learn about the topic. Topics included menstruation, correct names of genitals, and birth control.

**Satisfaction with sexual health education teachers**

Student participants were asked to choose up to three former sexual education teachers, provide the grade level each teacher taught at, and rate their satisfaction with the teacher using a 5-point scale that ranged from “very good” to “very poor.”

**General satisfaction with sexual health education**

Student participants were asked to respond to four items that directly related to their satisfaction level, such as “I am satisfied with the sexual education I received in the Canadian school system” and “The sexual health education I received in school has covered the topics I am most interested in.”

In addition, the researchers examined the characteristics of the sexual health education that students received and measured the impact that sexual health education had on students. The researchers measured this using sixty-nine survey items related to:

a) *program characteristics* — for example, my teacher encouraged me to ask questions about sexuality;  

b) *changes in their knowledge* — for example, “as a result of my sexual education I have a greater understanding of abstinence as an alternative to sexual intercourse;  

c) *understanding of self* — for example, “as a result of my sexual education, I feel that I have a greater understanding of my own emotional needs.”
d) changes in values — for example, “as a result of my sexual education, I feel I have a greater ability to form my own sexual standards”;

e) changes in interactive skills — for example, “as a result of my sexual education, I feel I have greater ability to resolve conflicts that may exist between me and another person”.

Students were asked to respond to all statements by choosing from a list of pre-set answers ranging from “strongly agree” to “strongly disagree”.

What did the researchers find?
Statistical analyses of the survey data resulted in several findings:

- Student participants rated “sexually transmitted infections” as the most important topic in health education followed by personal safety, sexual assault, teen pregnancy, and dealing with pressure to have sex;

- Student participants indicated a strong preference for learning most (18 out of 27) sexual health topics in grades 6 to 8. Out of the 18 topics that students indicated they wanted to learn about in grades 6 to 8, students reported that they had learned about 12 of these topics between grades 6 and 8. However, 6 out of the 18 topics were reported as not being addressed until grades 9 to 12. Topics that students reported wanting earlier exposure to included birth control, sexually transmitted diseases and teen pregnancy. 9 advanced topics such as sexual problems, communicating about sex, and building romantic relationships were preferred to be taught at higher grades.

- Topics that a significant amount of students did not wish to be taught about were pornography (20% of students did not wish to be taught about this at all) and teenage prostitution (13% of students did not wish to be taught about this at all). The responses for preferring not to be taught all other topics ranged from 0% to 7% with the vast majority of topics only scoring 1-3%.

- Participants reported being generally satisfied with their sexual health education teachers, rating teacher confidence and knowledge levels to
be between “well above average” and “good”.

- Overall, participants rated their general satisfaction with their sexual health education as slightly above the mid-level response of “in-between/neutral”.

- Although women were more likely to indicate that they would prefer earlier exposure to the topic of masturbation, male and female participants did not differ significantly in their preference for timing of any other sexual health education topics.

Differences between students that attended public versus Catholic schools existed in their preference for learning about homosexuality. When asked when they would prefer to be taught about this topic (choosing from K-5, 6-8, 9-12, or never), the most common answer of students who had attended public schools was “never” while the most common answer of students who attended Catholic schools was “9-12”.

How can you use this research?

Teachers, administrators, and curriculum writers may wish to use this research summary as a starting point for discussions about sexual health education in schools.

This research suggests that students may prefer to learn about some sexual health topics at an earlier or later age (or not at all); however educators will want to consider both the benefits and drawbacks of changing or removing topics from the current curriculum. Teachers, administrators, and curriculum writers will want to examine the wider body of research on student physical and cognitive development and age-appropriate material in the area of sexual health education.

Educators will also want to consider the importance of professional development in the area of sexual education, to ensure that teachers are knowledgeable and confident when teaching topics that may challenge students beyond their comfort zones and that relate to equity issues—such as discrimination based on sexual orientation.
Original article:
To learn more about this research study, we invite you to read the original article:


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About this summary
The Ontario Education Research Ex-change (OERE) is a project of the Knowledge Network for Applied Educa-tion Research, an Ontario network pro-moting the use of research in edu-ca-tion. The OERE’s clear language summaries of academic research aim to support this mandate.

This summary has been adapted from the ResearchSnapshot series developed by York University and ResearchImpact and has been de-veloped according to writing and design principles unique to OERE. For more information about this summary or the OERE network please contact oere.knaer.oise@utoronto.ca.

This summary reflects findings from this study only and is not necessarily representative of the broader body of literature on this subject. Please consult the original document for complete details about this research. In case of any disagreement, the original document should be understood as authoritative.

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