SEX POSITIVITY IN SEXUALITY EDUCATION
AND HAPPINESS AMONG YOUNG ADULTS

A Project

Presented to the faculty of the Division of Social Work
California State University, Sacramento

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

by

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SPRING
2013
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Division of Social Work
Abstract

of

SEX POSITIVITY IN SEXUALITY EDUCATION AND HAPPINESS

AMONG YOUNG ADULTS

by

Heather E. Woodford

This study examined the degree to which the sexuality education experiences of young adults, ages 18-30, were sex positive, and the relationship between sex positivity and happiness. In this descriptive study, Social Work students at California State University, Sacramento (N=75) were surveyed using a nonprobability convenience sampling method. Study findings indicate a weak positive relationship between sex positivity in sexuality education and happiness among the sample. Additionally, a relationship with a trusted adult of whom the participant could openly ask questions regarding her/his body, and about sexuality in general was shown to have a moderate positive relationship with overall sex positivity in sexuality education. This initial effort at measuring sex positivity fills a gap in the literature. The study also describes the link between sexuality education and general happiness, rather than satisfaction related to aspects of one’s own sexuality experiences – another subject on which very little research has been published. Happiness as a metric, grounded in positive psychology, is also underutilized when compared with negative indicators of mental health, such as anxiety and depression. These results align with the key social work values of the importance of human relationships; the dignity and worth of the person; and even social justice issues around
sexuality. The study has further implications for sexuality education policy, and valuing happiness and sexual rights alongside other human rights, as the United Nations and other NGOs such as the International Planned Parenthood Federation have called for.

___________________________________________, Committee Chair
Teiahsha Bankhead, Ph.D., LCSW

___________________________________________
Date
ACKNOWLEDGMENTS

I first wish to thank my mother, who has been a source of unfaltering support, education, and love throughout my entire life.

Next, I wish to thank every teacher I have ever had. This includes formal educators, from kindergarten through graduate school. My thesis project adviser, Dr. Teiahsha Bankhead, has been immensely supportive in this research process. Other Division of Social Work professors who have shaped my learning process and forever changed how I will interact with the world are Dr. Lynn Cooper, Dr. Francis Yuen, Dr. Susan Eggman, Dr. Andy Bein, and Dr. David Nylund. In my operational definition of teachers, I also include all of my dearest friends, family members, and my classmates, all of whom have taught me about who I am, challenged my worldviews, and supported me in innumerable ways throughout my life. After all, who better to be surrounded by while in the thick of graduate school stress than a group of social workers?

I am delighted to express gratitude to Sam Krenn, who was immensely helpful with this process.

I would next like to acknowledge sex educators, sex therapists, activists, and community organizers everywhere, who boldly speak out against sex negativity, and rise daily to the challenge of creating a society that fosters a higher standard for happiness and pleasure, which are our birthrights. In particular, I wish to thank Margaret Sanger, Dr. Carol Queen, and the creators of the Sex Is Fun podcast. Thank you for the work you do.
Finally, I wish to thank my partner, Trevor Gjeltema, who is also a source of unfaltering support, laughter, snuggles, fascinating conversation, and delicious home-cooked meals. It is a joy to be your friend, lover, companion, yoga buddy, and accomplice in mischief and adventure.

If you are reading this, may you remember that happiness and pleasure are also your own birthrights.
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Chapter 1

THE PROBLEM

“The suppression of natural sexual gratification leads to various kinds of substitute gratifications. Natural aggression, for example, becomes brutal sadism which then is an essential mass-psychological factor in imperialistic wars… In brief, the goal of sexual suppression is that of producing an individual who is adjusted to the authoritarian order and who will submit to it in spite of all misery and degradation.” – Wilhelm Reich (Reich, 1933)

Sexuality, often marginalized and thought of as distinctly removed from other areas of life, has a ripple effect on many aspects of an individual’s development, life, happiness, identity, relationships, and choices. For example, a 2011 study of young adults published in the Journal of Adolescent Health found positive associations between sexual pleasure and measures of self-esteem, autonomy and empathy (Galinsky and Sonenstein, 2011).

As such, the way individuals are socialized around sexuality has wide-reaching implications for society as a whole. While marketing campaigns routinely use sex to sell products, less than a quarter of all state governments in the United States require the material taught in school sex education programs to be medically accurate, while a majority require information on abstinence to be provided (Guttmacher, 2013). A 2008 study showed that education about contraception does not increase the risk of adolescent
sexual activity or contracting an STI, and that teenagers who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education (Kohler, Manhart and Lafferty, 2008). Still, most states do not mandate sex education (Guttmacher, 2013).

Most parents, on the other hand, indicate they prefer their children learn about a plethora of sex-related issues, including abstinence, prevention of HIV/AIDS, contraception, abortion, and sexual orientation; however, most states’ sex education policies do not reflect this (Kaiser 2004). In the United States, as a general rule there is scant discussion about other factors, such as the value and benefits of pleasure; consent and safety; and negotiating “yes” and “no.”

The modern sex-positive movement strives to counter the fears, secrecy, misinformation, judgment, and general negativity that currently surround sexuality. It emphasizes medically accurate sex education and safer sex, and otherwise makes no moral judgments about what forms sexuality does or does not take. Sex positivity refers to a way of thinking that embraces and promotes all forms of sexuality and consensual sexual experience, placing these values on equal footing with the choice not to engage in sexual activity. “It’s the cultural philosophy that understands sexuality as a potentially positive force in one’s life, and it can, of course, be contrasted with sex-negativity, which sees sex as problematic, disruptive, dangerous. Sex-positivity allows for and in fact
celebrates sexual diversity, differing desires and relationship structures, and individual choices based on consent” (Queen, 2008).

There has been limited academic research about or from a theoretical perspective of sex positivity as a whole, and even less on the practical implications of implementing sex positive policies. This research project seeks to add to the general understanding of the relationship between sex positive sex education and happiness among young adults.

**Background of the Problem**

“Sexual health is more than the absence of sexually-transmitted infection, unintended pregnancy, violence or other problems. It is the presence of sexual well-being.” – Adena Galinsky, PhD, Bloomberg School’s Center for Adolescent Health (Galinsky and Sonenstein, p. 610, 2011).

Over the past three decades, abstinence only sexuality education has been linked to social services program funding. Three major policies have defined the federal government’s approach to sex education over the past three decades: the Adolescent Family Life Act in 1981; the Title V abstinence-only-until-marriage program under the 1996 welfare reform legislation; and the 2000 Community-Based Abstinence Education program. While Community-Based Abstinence Education and abstinence-only-until-marriage education were defunded and eliminated in 2010, the policies still had broad-reaching effects on the sexual development of young people for nearly 30 years (Community-based abstinence education (CBAE), 2010).
Additionally, the repercussions of sexual ignorance, such as stigma and shame around STI testing – unwanted pregnancies; and psychosocial implications – are magnified by the impact of poverty, as many of the same states that abide by abstinence only policies tend to be poorer states (SEICUS, 2009). Lack of crucial information and judgmental attitudes toward sexuality are linked with stigma and shame, which are associated with poor decisions surrounding sexual health and wellbeing. A 2002 National Institutes of Health study found that shame and stigma were significant barriers in seeking screening for and treatment of HIV and gonorrhea (Relationships of Stigma and Shame to Gonorrhea and HIV Screening (Fortenberry, McFarlane, Bleakley, Bull, Fishbein, Grimley, Malotte, Stoner, 2002.)

If it is true that being well-informed and having an accepting attitude toward sexuality are linked to factors such as wellbeing, positive relationships, and happiness, the implication is that increasing the sex positivity of our nation’s sex education could have a remarkable impact on mental health. This, in turn, could save our society substantial resources spent annually on mental health costs.

**Statement of the Research Problem**

It appears that sex negativity has led to ignorance, shame, and stigma surrounding sexuality. The problem is that as a research community, we are unsure about the direct relationship between sex positivity and mental wellbeing. If there is a strong relationship between the two, then the implication would be that the far-reaching influence of sex
negativity has included a plethora of social ills such as high depression, anxiety and disproportionate suicidal ideation and suicide among those who identify or are perceived to be sexual minorities or sexually deviant.

**Purpose of the Study**

This study seeks to improve the understanding of the relationship between sex positivity as a set of values inculcated via sexuality education, and the long term impact on happiness. In order to do this, this research project has aimed to quantitatively and qualitatively measure and assess the degree to which young adults’ sexuality education was sex positive. The instrument takes into account the influence of various institutions such as the family, church, school, health care providers, broader culture, friends and other people who were influential in the participant’s life. The study also measures, for comparison purposes, the subject’s satisfaction with their own life. In addition, the survey collects information on gender, ethnicity, sexual orientation, and age of the participant, and studies sex positivity and happiness among these different sub-populations. The study fills a gap in the academic research by providing a preliminary tool for quantitatively and qualitatively studying sex positivity, which has not previously been measured. Broader implications for further study in this direction are improvements to the efficacy of sexuality education and life satisfaction.

This thesis project also contributes to the field of positive psychology, as it focuses not only on treatment or prevention of social ills such as unwanted pregnancies
and sexually transmitted infections, but specifically on the fulfillment of vital needs, such as sexual intimacy. Maslow (1943) and his subsequent critics, have placed sex and sexual relationships on the pyramid of human needs (Kendrick, et. al. 2010).

**Theoretical Framework**

This study is based in two theoretical perspectives: sex-positive feminism and positive psychology.

Glick (2000) characterizes the sex-positivity (or “pro-sex,””) as a movement that has some of its roots in the identity politics of liberation movements of the 1950’s and 1960’s, and with recent development and progression through the feminist and queer movements. During the 1980’s, the feminist sex wars, characterized by a split between pro-sex/sex-positive feminists and radical feminists who viewed sex and sexuality, especially in the context of traditional heterosexual interactions, and anything that mimicked these patterns, as a patriarchal tool of oppression of women. Today, mainstream feminism still largely takes a relatively prudish perspective toward sexuality, with sex-positive feminists in the minority – or at least, largely left out of the debate (Queen, 2002). Queer theory, based in post-structuralist thought, and striving to eschew identity politics, also took up a pro-sex stance (Glick, 2000). While queer theory and sex-positive feminism are distinct schools of thought, both form a platform for contemporary sex positivity. Sex positive feminism uses ideas such as the intersectionality of different oppressed identities, an idea developed by Black feminists
(Crenshaw, 1991), to approach societal problems such as the marginalization of sex workers.

Traditional psychology has studied disorders and how to help people survive and maintain a manageable existence. Positive psychology, the formal social science of studying happiness, seeks to raise the bar for psychological and social wellbeing from okay to great.

At the nexus of sex positivity and positive psychology lies an opportunity to empower people, especially disadvantaged and marginalized populations, to reclaim their right to a sexual life characterized by accurate knowledge, consent, confidence, fulfillment, choice, and freedom from marginalization and abuse. Significantly, these two theoretical perspectives intertwine to reinforce the agency of the individual to choose for themselves what that fulfillment will look like – whether it takes the form of celibacy, monogamy, or promiscuity; who the individual will have these encounters with and when. This perspective, and this study, give voice to the idea that “no” and “yes” should both be valued equally. Infusing social work policy and practice with sex positivity and positive psychology promises limitless potential for the social work values of helping bring the dignity and worth of the individual to fruition in new, fulfilling ways; making us more competent professionals by opening up discussion around marginalized sexual minority populations; and clearly, in helping to value and foster human relationships by improving communication about taboo sexual subjects (NASW, 2008).
Definition of Terms

The Sexuality Information and Education Council of the United States defines sex education as the “life-long process of acquiring information and forming attitudes, beliefs, and values” (SIECUS, 2004). For the purpose of this project, “sexuality education” is also interchangeably referred to as “sex education” or sometimes “family life education,” and will include discussion on formal or informal methods of introducing these ideas, with the intent or result of influencing or preparing young people for adult sexual experiences. Institutions or methods that include the practices and policies of influential societal institutions, include but are not limited to: formal education; the family; the church; the media; and peers. The influence of governmental policies and popular culture will also be discussed.

As described above, sexologist Dr. Carol Queen’s definition of “sex positivity” encompasses both viewing sex as a force for healthy, enjoyable fulfillment, as well as embracing diverse forms of sexuality and relationship structures, as well as being characterized by a lack of judgment toward all consensual sex (Queen & Comella, 2008). In other words, this perspective refers to a way of thinking that embraces and promotes all forms of sexuality and consensual sexual experience as healthy and pleasurable, with an emphasis on comprehensive, medically accurate sex education, and safer sex (Rubin 1984). Outside of consent, the sex positive framework makes no moral judgments about what form sexuality takes.
Comprehensive in itself is a relative term. By the mainstream sex education culture, it is defined as information that is appropriate for the age group, is based in medical accuracy, and includes contraception and abstinence information (Sexuality Information and Education Council of the United States, 2010). However, proponents of sex positive sex education would say that a truly comprehensive sex education curriculum would not, as mainstream comprehensive sex education does, omit and stigmatize many aspects of healthy, consensual, pleasurable sexuality – for example, outside the confines of a committed, monogamous relationship (Rubin, 1984).

The discussion of happiness as a formal metric has its modern roots within the social sciences under the framework of positive psychology. For the purposes of this study, happiness will be defined as long-term satisfaction, contentment and fulfillment with one’s own life, rather than a short-term or momentary gratification or mood (Diener, Emmons & Griffin, 1985).

A “young adult” is defined as an 18-30 year old person living in the Sacramento area. The researcher chose to narrow the sample to a young subset of the adult population in order to yield better insight regarding current and recent sexuality education. Therefore, discussion of relevant sexuality education will be defined as the ideas, policies and curricula of the past three decades, which have influenced this population.
Assumptions

Every person deserves to have medically accurate knowledge about sexuality. An accepting and open attitude toward sexuality – both one’s own, and lack of judgment toward others’ sexual preferences and choices – is a healthy attitude. Within reason, every person deserves to be as happy as they want to and are able to be. Society has a responsibility to address social ills at all levels, and sexual health and happiness should be given its due place as an inherent right of all people.

Justification

A key value of social work is social justice. To promote the health and wellbeing of young people is to promote social justice. This is especially true with regard to marginalized populations, such as sexual minorities, who suffer dire consequences from a lack of knowledge about their bodies when information about them is excluded, or negatively framed. Another core value of social work is the dignity and worth of the individual. Empowering people to make healthy, rational decisions regarding their own bodies is to create a society in which individuals are afforded respect and dignity. In working to foster confidence, knowledge, and communication skills, sex positive sex education supports respectful and healthy relationships, which is another inextricable value of the social work profession.


Study Limitations

This project was a descriptive study, and as such, did not provide a sexuality education intervention, but instead studied the connection between sex positive sex education and general happiness. This study expressly and intentionally does not study the relationship between sex positive sex education and sexual happiness. This is because sexuality as a subject of study is often marginalized, and the purpose of this study is to mainstream the study of sex positivity, and of sexuality education. The purpose is to highlight the relationship between the potentially positive role of sexuality and other aspects of an individual’s life, and societal issues, rather than reify a separation between sexuality and other areas of study or aspects of life.
Chapter 2
LITERATURE REVIEW

This chapter will discuss sexuality education in the United States, the State of California, and the Sacramento area. It will also explore school district sexuality and family education policies. It will outline how and to what degree key ideas of sex positivity have influenced – or been left out of – contemporary sexuality education.

A central theme in the debate over contemporary sexuality education, sex-positive or otherwise, has always been exactly what and how much to tell children and teens about sexuality, and at what age (SIECUS, 2013). When adults take this gatekeeper role, sexuality education approaches that intentionally omit information or limit discussion around sexuality – the quintessential example being abstinence-only sex education – inherently create nebulousness around terms as basic as “sex,” “intercourse,” “virginity” and “abstinence.” As one might imagine, the ignorance, confusion, guilt, shame, and repression this practice breeds leaves young adults ill-equipped to make responsible and safe decisions when they decide to become sexually active, as most do before they become adults. “When we treat sexuality as adults-only, we abandon teenagers to learn about their sexuality on their own, by trial and error,” stated Debra Haffner, president of the Sexuality Information and Education Council of the United States, or SIECUS (Levine, 2003, p. 109). According to a 2005 study, the mean age of first heterosexual vaginal intercourse is 15 years old (Kaestle et al 2005). As such, the intentional misinformation peddled to youngsters about such basic topics as consent, female sexual
desire, non-heterosexuality, and inflated statistics around the inefficacy of condoms and birth control, directly endangers the health and happiness of young people (SIECUS, 2008). Within the cultural context of a largely don’t-ask-don’t-tell approach toward sexuality education, the taboo subject of sexual pleasure and enjoyment among minors is rarely, if ever, addressed. To do so, in effect, is to commit political suicide, as Jocelyn Elders famously did when she suggested masturbation be taught in public schools as a less risky alternative to sexual activity, which resulted in her being terminated from her position as Surgeon General (Dash, 1997 and Duffy, 1994).

Sexuality Education Policy

According to a 2013 report published by the Guttmacher Institute, 35 states plus Washington, DC, require that sex education, HIV education, or both, be taught in schools. When instruction is provided, 37 states require parents be involved, with three requiring parental consent, and 35 allowing parents to opt out. Only two states prohibit the promotion of religion. However, only 12 require sexuality information to be medically accurate. Nearly all states require abstinence be covered or often stressed, while less than half either require information on condoms and/or other forms of contraception. Merely 11 states require instruction on sexual orientation, with 8 requiring positive information and 3 requiring negative information. Thirteen states mandate instruction on negative outcomes of teen sex and pregnancy; 26 states mandate skills for healthy sexuality (including avoiding coerced sex), healthy decision making and family communication. Two-fifths of states mandate instruction around avoiding coerced sex,
and another 40% require information on making healthy decisions about sexuality. Eleven states require that sex education include instruction on how to talk to family members, especially parents, about sex (Guttmacher 2013).

The International Planned Parenthood Federation has declared that every person has a right to sexuality education that is “comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains” (International Planned Parenthood Federation, 2012).

While there is no standardized federal sexuality education curriculum, funding legislation at the national level has limited the options and shaped sex education for students around the country, especially for more impoverished states.

Funding for abstinence only sexuality education has been tied with education and social service funding since 1981, when the Reagan Administration first implemented the Adolescent Family Life Act. The Act mandated that a federally-funded sexuality education program “Have, as its exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity,” including moralistic arguments such as “sexual activity outside marriage is likely to have harmful psychological and physical effects” (Sexuality Education, 2008). Consequently, these programs do not teach young people how to protect themselves when they become sexually active. Contraception and condoms may be mentioned only when discussing failure rates [leading to decreased use]. The consequences of STDs, guilt, and shame are used to frighten youth into abstinence. Despite these limitations, 48 of 50 states have
applied for and accepted the abstinence-until-marriage funds” (Berne, Huberman, and Alford, 1999). Follow-up legislation re-funding abstinence only education have been the Adolescent Family Life Act in 1981; the Title V abstinence-only-until-marriage program under the 1996 welfare reform legislation; and in 2000, the Community-Based Abstinence Education (SIECUS, 2013). During the Obama administration, these programs have been dropped in favor of abstinence-first programs, but damage has been done for an entire generation of adults.

As this funding was directly linked to Maternal and Child Health Bureau funds, this displaced not only funding for better, more comprehensive, medically accurate sexuality education, but also funding for social services to children and their mothers (Levine, 2003). This approach to sexuality education policy has reinforced the societal ills its proponents have claimed to be preventing, as teenage pregnancy is already disproportionately high among teens in poverty (Levine, 2003).

Since there is no federal legislation actually requiring sexuality education be taught, sexuality education policy is left up to the states. California’s Comprehensive Sexual Health & HIV/AIDS Prevention Act charges local school boards with choosing or creating their own sex education curricula (California’s Comprehensive, 2004). This code prohibits the teaching of abstinence-only education in any public school, but it does not mandate that any District’s sexuality education curricula be guided by a comprehensive ethos. The code identifies two purposes for sexuality education: to provide information on family planning, pregnancy and sexually transmitted infections
and how to prevent unintended consequences; and to promote the development of
“healthy attitudes concerning adolescent growth and development, body image, gender
roles, sexual orientation, dating, marriage, and family” – although nowhere in the code is
“healthy attitude” defined. “HIV/AIDS prevention education” should include
information on the definition of HIV/AIDS; its transmission; prevention; and “social and
public health issues related to HIV/AIDS.” All sexuality education should be taught by
“instructors trained in the appropriate courses,” who are knowledgeable about the latest
“medically accurate research on human sexuality, pregnancy, and sexually transmitted
diseases.” "Medically accurate" is defined as having been confirmed by objective
research scientifically conducted by respected medical or scientific agencies, and
published in peer-reviewed journals. And while the code requires Districts to teach
respect for marriage and committed relationships, nowhere does the code define what that
respect might look like, nor how to address any sexual activity outside of such a
relationship. While schools are not permitted to use an abstinence-only approach, they
are required to use an abstinence-first or abstinence-plus approach, emphasizing to
students that abstinence is the only sure way to prevent pregnancy, while also providing
medically accurate information about contraception methods (Sacramento City Unified
School District, 2002). Nowhere is pleasure or consent addressed.

The Sacramento City Unified School District’s Family Life/Sex Education’s
policy asserts “a wholesome, well-planned sequence of instruction about family life and
human sexuality is essential to the general education of all students,” and posits that
misinformation or a lack in education might be a cause of unintended pregnancy, sterility or sexually transmitted infections. The policy mandates the district's curriculum impart upon students “the biological, psychological, social, moral and ethical aspects of human sexuality” (Sacramento City Unified School District, 2002). There is no definition of “wholesome,” but it can be assumed to reflect the State’s and mainstream culture’s focus of privileging what Gayle Rubin calls “good sex” – i.e., the kinds of sexual activity that are privileged within our society: “normal” and “natural” (which are also unexamined terms), heterosexual, marital, monogamous, reproductive, non-commercial… coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male and female. Any sex that violates these rules is ‘bad’, ‘abnormal’, or ‘unnatural’ – which are the unexamined counterparts to their sister terms “normal” and “natural” (Rubin, 1984).

**Trends in Sexuality Education**

Jones, 2011, studied and categorized the various forms of sexuality education, and developed a matrix for main perspectives (Jones, 2011). Conservative approaches, which have the goal of transmitting dominant ideologies (often the indirect message that sex should not be discussed) include attempts to inculcate sexual morality, sometimes use the birds and the bees as the framework for discussion, and may sometimes take the form of a non-approach. Liberal forms of sexuality education include comprehensive education, discussions around readiness and risk, and even political ideas such as feminism. The general idea is to instruct sexuality skills and knowledge. Critical approaches to sexuality
education seek to engage the student in their world and their community, integrating personal and political perspectives around sexuality. Critical sex education curricula may include ideas around social justice, sexual minority identities, and critiques of economic and political systems. Postmodern sexuality education uses theory and discussions around power and its relative position to describe expression and experiences of sexuality. Ideas include post-identity feminism, queer theory, and diversity education (Jones, 2011).

**Abstinence-Only Until Marriage Sex Education**

In a study using data from the 1995 National Survey of Adolescent Males, the 1995 National Survey of Family Growth (NSFG), and the 2002 NSFG, Lindberg, L.D. et. al. investigated the difference between sex education teenagers received from formal sources such as school-based sexuality education. The researchers found that the number of students receiving formal education about birth control methods declined from 81% to 66% for males and declined from 87% to 70% for females (Lindberg, L.D., et. al., 2006).

The professional literature completely lacked any published studies demonstrating that that abstinence-only education alone prevents or delay sexual intercourse among teenagers. Wilson et. al. (2005) reviewed 21 curricula for abstinence-only-until-marriage middle school programs for the Journal of School Health in 2005, and found that the quality of the curricula varied widely (Wilson, et. al., 2005). A study conducted by Patricia Goodson, et. al. in 2005 focused on the definition of “abstinence” among abstinence-only sexuality education programs in Texas and found little uniformity in the
definition. As alluded to above, the definition of abstinence varied widely; one can infer there would be a wide variety of knowledge and sexual activity among students whose definitions of abstinence are not uniform. The study also found many of these programs, which are federally funded, do not even qualify as true sexual education programs, in that they omit key information (Goodson, et. al, 2005). To further analyze how federal funds were being spent on these abstinence-only programs, a report was prepared for Congressman Henry Waxman’s office, which found in over 80% of programs widespread misrepresentation of information, including exaggerated failure rates of condoms and other contraception, basic scientific misinformation, including conflating scientific and religious claims, and they distorted information about gender (SIECUS 2008, Waxman 2004). The Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs Report, published in 2006 by the Government Accountability Office, echoed these results, finding the programs lacking in scientific basis, and indicting the Department of Health and Human Services for inadequately overseeing these programs (Government Accountability Office 2006). The phenomenon of Virginity Pledges among young people has risen, but while some students do wait longer to have sex, overall they are no less likely to contract an STI than their peers who do not pledge (Bearman and Brückner, 2005). In 2007, a study by the Mathematica Policy Research found that abstinence-only education programs had no significant effect on delaying the age of sexual activity, nor on abstinence overall (Trenholm, et. al., 2007).
**Comprehensive Sex Education**

Comprehensive, medically-accurate sexuality education, on the other hand, is vastly more effective in preventing teenage pregnancy and the spread of sexually transmitted infections than abstinence-only sex education. SIECUS conducted a meta-study of over 50 studies on results of HIV specific sexuality education and found that 42% of the programs significantly delayed the initiation of sex among one or more groups for at least six months, while 55% had no significant impact, and only one hastened the initiation of sex. 48% resulted in an increase in condom use, and none resulting in decreased condom use. Thirteen of these programs studied pregnancy outcomes. While three resulted in significant positive effects in unintended pregnancies, nine did not show any significant effects, and only one found significant negative effects. Ten program outcome studies measured STI transmission rates, with two resulting in a positive impact, six showing no significant impact, and two showed a negative impact (SIECUS, 2013).

While these results are impressive and urgently needed, from a sex-positive perspective, the mainstream comprehensive sex education framework still lacks some basic components that would make it an ideal sex positive framework. Abstinence is often still very privileged over information about other choices; and sex within a heterosexual marriage, or at least within a committed, usually heterosexual coupledom, is still privileged. Other key tenets of sex positivity left out of mainstream comprehensive sex education are pleasure; safety; and consent/effective communication and negotiating.
Sexuality and Pleasure as Human Rights

The sex positive movement holds that all consensual, safer sex is inherently good because it is pleasurable (Rubin 1984 and Queen, 2002). Although in the United States, there is scant discussion of pleasure as a right or a benefit, especially in formalized sexuality education of minors, other countries offer models for the sex positive inclusion of pleasure as a central concept, as well as research supporting the benefits of touting pleasure (Valk, 2000).

In 2008, the International Planned Parenthood Federation (IPPF) listed sexual pleasure as one of its ten basic sexual rights, calling “[s]exuality, and pleasure deriving from it… a central aspect of being human, whether or not a person chooses to reproduce” (International Planned Parenthood Federation, 2008).

The World Health Organization (WHO) asserts sexual health “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence” (World Health Organization, 2012, 1). Additionally, the WHO website lists as a basic sexual right, the freedom to “pursue a satisfying, safe and pleasurable sexual life” (World Health Organization, 2012, 2). The World Association for Sexual Health (WASH) includes among its eight goals for working to achieve the United Nations’ Millennium Development Goals “to achieve recognition of sexual pleasure as a component of holistic health and well-being” (World Association for Sexual Health, 2008), calling sexual health “central to the attainment of wellness and well-being and the
achievement of sustainable development.” The WASH report reasons that “[i]ndividuals and communities who experience sexual well-being are better positioned to contribute to the eradication of individual and societal poverty. By nurturing individual and social responsibility and equitable social interactions, promotion of sexual health fosters quality of life and the realization of peace” (World Association for Sexual Health, 2008).

As compared with the United States, other developed nations’ perspectives on sexuality education tend to be more progressive in terms of stepping outside the model of providing abstinence-only or medically accurate information about pregnancy and transmission of sexually transmitted infections (STIs). Canadian feminist Helen Lindskyj advocates for the discussion of pleasure in sexuality education for adolescents, as well as the importance of addressing the role of power and gender roles within teenage heterosexual relationships. Additionally, she highlights the importance of sexual minorities such as lesbians (Lindskyj, 1990). Scholars such as Rosalind P. Petchesky have called upon the United Nations to begin to address sexual desire and pleasure in women as a central concept in international gender rights debate (Petchesky 2000).

Similarly, some scholars suggest that queer theory, with its emphasis on experience over identity has much to contribute to sex education. Drazenovich (2011) posits that queer theory’s postmodern ideas about sexuality as an exploratory process, rather than a fixed identity, could give rise to a new freedom in emphasizing pleasure and experience (Drazenovich 2011).
Pleasure and Sex Positivity as Practical Aspects of Health

While many sex education programs employ fear tactics about pregnancy and disease to encourage safer sex practices, British researchers Philpotta et. al. (2006) propose using erotic and pleasure messaging around the promotion of condoms as a key component of public health and sexuality education policy (Philpotta, A., Knerrb, W., and Boydellc, V., 2006). This approach is particularly relevant to the proposed study, as it frames sexuality in terms of pleasure; safer sex and sexual health; the autonomy of young adults – all of which contribute to happiness (Ryan and Deci 2001).

Valuing the Relational: Consent, Respect, Communication

While in the United States, mainstream comprehensive sex education focuses on encouraging students to have sex only within certain kinds of relationships – committed relationships, preferably marriage, some European nations eschew the idea of abstinence, focusing instead on building relational and communication skills. Schaalma, et. al., 2004, detail the Netherlands’ evidence-based HIV prevention program, Long Live Love, which uses videos and role-plays so students can practice negotiating safer, more consensual sexual encounters (Schaalma, Abraham, Gillmore, and Kok, 2004; Valk, 2000). This method has yielded very positive results for the Dutch, whose teen birth and HIV infection rates are among the lowest in the world – only a fraction of those of the United States (Szalavitz, 2011).
A Background on Sex Positive Movement, Female Desire, and the Feminist Sex Wars

Modern feminism has had an ambivalent relationship with sex positivity, to say the least. Women such as Virginia Woodhull, founder of the Free Love movement, and Betty Dodson, author of Sex for One, were instrumental in the advancement of sex positive ideas, directly linking sex positivity and sexual liberation with the rights and liberation of women (Dodson, 1974; Levine, 2003). On the other hand, traditional ideas about women as the gatekeepers of chastity, morality and purity have contributed to the notion that feminism and sexuality are antithetical. During the 1980’s, there was a major split between mainstream feminism and sex positive feminism. Radical feminists such as Catherine MacKinnon and Andrea Dworkin framed many forms of sex, especially outside the context of monogamous lesbian relationships, as misogynistic, even partnering with the conservative right to lead the charge against pornography, sex work, consensual kink, and other nontraditional forms of sexuality (Levine, 2003). This rift, which became known as the Feminist Sex Wars, still exists nearly three decades after the publication of Gayle Rubin’s seminal article on the topic, Thinking Sex (Rubin, 1984).

Mainstream feminism has made invaluable strides against various forms of abuse women face on a daily basis – including incest, assault, rape, coercion, exploitation and harassment – and this author wishes to gratefully acknowledge these efforts. To be clear, the goal of sex positive feminism is not to ignore these survivors. Rather, sex positive feminism seeks to do just the opposite – to honor survivors, and to highlight the myriad
ways survivors can respond to these experiences, rather than to narrowly and condescendingly define for a survivor the impact such an experience should have on her as a sexual being.

So much attention has been focused on the negative and exploitative aspects of sexuality, that little room has been left in the discourse for an intelligent, responsible discussion about the healthy and positive aspects of sex for women. The idea that sex is degrading to women in particular is an insult to women’s agency, as it implies women cannot make informed, reliable decisions about what we prefer sexually. This has crucial implications for how we socialize young people around gender, sex, sexuality, and relationships. “If girls are not supposed to feel desire and are charged with guarding the sexual gates,” asks Judith Levine, how are they “able to conjure any self-respecting, self-protective self-image besides saying no?... Fearing the consequences of arousal is not the same as not wanting to be touched” (Levine, p. 136, 2003). Unrealistically expecting girls and women to be chaste in the face of their own natural, biological desires, rather than educating them around how to make informed choices about their own sexuality, reinforces the sexual double standard that male desire is okay, but female desire is not. By opening up space in our culture for women to say “yes” to sex, in whatever consensual form it takes, author Naomi Wolf contends, we directly give more power to her “no” as well – thereby subverting rape culture (Wolf, 2012).
If, as is the credo of feminism, the personal truly is political, then who better than feminists to publicly claim the virtues and power of consensual sexuality in all its limitless, staggeringly diverse, and intensely personal forms?

**Inclusiveness of Marginalized Populations**

Another key tenet of sex positivity is the valuing of all safe, consensual sexual experiences, regardless of the participants’ genders. The United Nations Office of the High Commissioner for Human Rights has established five basic rights that nations should follow in their treatment of LGBTQ people. These rights include protecting sexual minorities from homophobic and transphobic violence; acting to prevent torture, harassment discrimination and legal persecution; and accepting the freedom of expression, association and peaceful assembly of these groups (United Nations Office of the High Commissioner for Human Rights United Nations, 2012). However, in the United States, many sexuality education programs, most notably, abstinence-only programs, have completely omitted LGBTQ people from their curricula, if not, if not roundly condemned them (Guttmacher Institute, 2013). While omission may seem like a lesser offense than condemnation, it is this very lack of information about their sexual identities that alienates LGBTQ youth from the curricula, leading to riskier decision making, such as unprotected anal sex, which is the highest risk activity for transmission of HIV. Omission of information about oral, anal, and other kinds of sex that are not vaginal intercourse, leads to similar behaviors among heterosexual teens (Levine, 2003). And while gay, lesbian and bisexual kids are shunned or judged, transgender kids
practically do not exist, according to most sexuality education curricula (Allen, 2004). This omission is an abysmal failure, since, while studies on the transgender population are few, some indicate that upwards of 35% of all transgender women in some urban populations are HIV-positive (SFDPH 1997). In her book Fatal Advice, Cindy Patton discusses the failing of defining “sex” as only heterosexual vaginal intercourse. She links the spread of HIV/AIDS with its corresponding risky behaviors, and indicts “abstinence-only” education policies for the ignorance surrounding the high risk of these activities. When they are taught only about vaginal intercourse – and encouraged to abstain – and the risks of unprotected anal sex are not discussed for people of any gender or orientation – kids infer that it must carry little to no risk, making them more susceptible to the transmission of HIV (Patton, 1996).

Historical examinations of sexual identity and sexual minorities reveal that until the past few centuries in western culture, same sex sexual relationships or acts were not seen as deviant; in fact, there was no constructed identity for homosexuality (or its complementary identity, heterosexuality) until the professionalization of medicine (Foucault, 1980; Blank, 2012). The ramifications of understanding that these identities, and the weight we attach to homosexual or heterosexual acts may be socially constructed undermines some of the key principles of conservative sexuality education.

Further examples of people either pathologized or left entirely out of the discourse of mainstream sexuality education are intersex, asexual people, people who live with sex addiction problems, and other queer-identified students.
In an atmosphere of silence around key issues such as communication skills around sexuality, sexual pleasure, consent, and safety, “It is impossible to separate issues of coercion and consent, regret, neurosis, harm, or abuse from a culture in which there is no sex education.” (Levine, 2003, p. 134).

**Happiness and Positive Psychology**

“If we study what is average, we will remain merely average.” - Sean Achor (Achor, 2011 - 1).

Studies using various happiness instruments show associations between happiness and various kinds of relationships, such as marriages, kinship, deep friendships, good working relationships with acquaintances, and even spiritual and religious practices – i.e., relationships with a supernatural force (Carr, 2004). Valuing happiness in relationships is a core value of both feminism social workers, and is directly related to the relational aspects of sexuality.

Shawn Achor, a leading researcher in the field of happiness and positive psychology, notes: “We are what we study. And currently there’s a 21:1 negative to positive ratio in terms of the way we study psychology. We know a lot about how to be unhappy, unhealthy and to be sick, we know very little about how to be happy and to thrive” (Achor, 2011 - 2). Positive psychology is filling a previously wide gap in the literature around maximizing happiness and satisfaction, and there are still many areas in which happiness and positive psychology can play a key role. Happiness also correlates
with a longer life span (Achor, 2011), and as a public health issue, there is a direct link between happiness, sexual fulfillment, relationships, and health.

Conclusion

So why study sexuality education, when there are such pressing matters as homelessness and hunger? And why is it specifically relevant to social work? The answer is multi-fold: sexuality is a central part of the human identity. Sexuality relates directly to social justice (World Association for Sexual Health, 2008). And, like any integral part of a person’s psychological, emotional, and social experience, it has a ripple effect on many other aspects of life. To give clients medically accurate facts in a nonjudgmental manner; to advocate for sex positive legislation; and to help reshape a culture that allows space for sexual minorities is to work for social and sexual justice.

Developing and implementing more sex positive sex education will help us provide better services to young people when it comes to sexuality. As social workers, we should be advocating to replace oppressive norms and policies around sexuality education. Similarly, criminalization of prostitution and other policies still wield a semblance of control over people’s lives, especially when these clients are beneficiaries of public benefits. Working to create a more sex positive culture overall, in both our individual interactions with clients, as well as our culture at large, fosters an atmosphere in which sexual minorities are safer, and teenagers are less likely to become pregnant or contract an STI.
There is clearly a gap in the literature for the United States and sex positive sex education, and certainly with regard to some key tenets of sex-positivity, such as consent, the right to enjoy pleasure and sexual fulfillment, and inculcating skills and values of improved communication around sexual negotiation. Some evidence-based practices, such as the Dutch Long Live Love model, which is a curriculum based on discussing sexual preferences with potential partners, and having assertive conversations about topics such as whether to abstain or engage in sexual activity, and using protection, offer models for the United States. Clearly, there is much more to be studied about sexuality education, and sex positivity, sex positive feminism and positive psychology together provide a framework built around hope and fulfillment, rather than fear and condemnation.

“In the end there is something giddily utopian in thinking about sexual pleasure when danger and fear loom. But idealism is just the start. How can we be both realistic and idealistic about sex? With toddlers, children, or adolescents, how can we be protective but not intrusive, instructive but not preachy, serious but not grim, playful but not frivolous?... Erotic pleasure is a gift and can be a positive joy to people at every age” (Levine, 2003, p. 137-138).
Chapter 3

METHODOLOGY

The purpose of this study was to explore how sex-positivity as a factor in sexuality education relates to happiness in young adult life. The approach used was a descriptive study of graduate and undergraduate social work students at California State University, Sacramento, using a mixed methods survey.

Population

The population studied was 18-30 year old California State University, Sacramento, students. The population was roughly divided into half graduate students and half undergraduate students, although this data point was not officially collected. Some facts about the general California State University, Sacramento student population, as of fall 2012, include:

The average (mean) age of all California State University, Sacramento students was 24, with a median age of 22. Of the student body, 58% of were women, and 42% were men (California State University, Sacramento FactBook, 2012).
As of fall 2011, social work was the second largest graduate program on campus, with MSW students comprising 9% of the graduate student population.

Table 1

*Ethnic breakdown of all California State University, Sacramento students*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>40</td>
</tr>
<tr>
<td>Asian/Pacific Islander/Asian</td>
<td>21</td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>19</td>
</tr>
<tr>
<td>Other/Unreported</td>
<td>11</td>
</tr>
<tr>
<td>African American;</td>
<td>6</td>
</tr>
<tr>
<td>Foreign</td>
<td>2</td>
</tr>
<tr>
<td>American Indian</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 2

*Ethnic breakdown of all California State University, Sacramento social work students*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>13.2</td>
</tr>
<tr>
<td>American Indian</td>
<td>.8</td>
</tr>
<tr>
<td>Asian/Pacific Islander/Asian Indian</td>
<td>13.3</td>
</tr>
<tr>
<td>Latino</td>
<td>26</td>
</tr>
<tr>
<td>Multiracial</td>
<td>5.8</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>33.7</td>
</tr>
<tr>
<td>Foreign</td>
<td>.2</td>
</tr>
<tr>
<td>Other/Unreported</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Of the social work students attending California State University, Sacramento in fall 2011, 87.4% were female, and 12.6% male (California State University, Sacramento Social Work FactBook, 2012).

**Discussion of Sample**

The sample was comprised of 75 social work students, 18 to 30 years of age, at California State University, Sacramento University during the spring semester of 2013. The students were selected by convenience sampling. This method was beneficial in that it fit well with the researcher’s limited ability to reach a broader, more randomized population. However, it was limited in that the results may not be as generalizable to the entire undergraduate population of California State University, Sacramento as a truly
random sample would be. In comparing the demographics of social work students, clearly women are overrepresented, as are some ethnic groups, such as African Americans, who comprise twice as great a percentage of social work students than the general California State University, Sacramento student body. The number of participants was chosen in order to provide a large enough sample to be analyzed using quantitative methods.

**Design Sampling Plan**

The selection process was conducted through a convenience sample of social work students at California State University, Sacramento, both in classes taught through the Division of Social Work, as well as at meetings of the Social Work Student Association. The researcher obtained permission from faculty to administer the survey in their undergraduate classes. The professors in whose classes the surveys were administered are: Dr. Teiahsha Bankhead, Dr. Joyce Burris, and Dr. David Nylund. The professors were chosen on the basis of convenience, as they were known to the researcher.

**Protection of Human Subjects**

The researcher submitted a Human Subjects Protocol Application – Request for Review application to the Institutional Review Board at California State University, Sacramento University, and acquired the Board’s approval before beginning the process of collecting data. The Board found the study to be minimal risk to the participants in the study (see Appendix C). The researcher ensured that the participants’ right to privacy
was properly protected, as the informed consent forms were collected and stored separately from the surveys, and no other identifying information. The protocol/approval # is 12-13-063.

**Data Collection Plan**

The data were collected via a survey of undergraduate social work classes at California State University, Sacramento, with the permission of course instructors. The researcher administered a survey of scaled and qualitative questions, along with a consent form, which ensured the participant was aware of nature of the questions, and which provides information about seeking mental health services (see Appendices A and B). The researcher(s) briefly introduced the research project and distributed consent to participate forms. Students were informed that their participation was voluntary, and they were subsequently asked to complete the consent form if they qualified and if they still desired to participate. Each blank survey and each blank consent form was numbered, and the corresponding numbered survey and consent form were administered to the same participant. The researcher collected the consent forms after they were signed, and placed them in a secure envelope. The participants were then given the surveys and asked to complete them. As soon as subjects had finished their surveys, the researcher immediately collected them and placed them in a separate, secure envelope from the consent forms, with no identifying information on the surveys, and no other linkage between the students’ names and their surveys.
**Instrument**

The study was a descriptive and exploratory study, developed to examine the relationship between the variables of sex positive sexuality education and happiness. The instrument used a mixed methods questionnaire, which included both quantitative and qualitative aspects. There were 30 total questions. Two questions verified the participant’s eligibility for the study by asking whether the student was between 18 and 30 years of age, and whether they are currently a student at California State University, Sacramento. The next four questions explored demographic data: age, gender, ethnicity, and sexual orientation.

The sex positivity scale asked quantitative questions about the participant’s sexuality education, in an attempt to gauge how sex positive these experiences were. These questions explored the medical accuracy of the information the student received; socialization around ideas such as consent, safety, masturbation, attitudes toward sexual orientation and gender in relation to sexual behavior and identity, sexual “deviance,” promiscuity, pleasure and desire, and talking openly about sexuality. Four qualitative questions were asked to get a richer picture of the subjects’ unique thoughts about their sexual education experiences, such as aspects they appreciated or wish they could change about their sexuality education, and the reasons (if known) behind being educated the way they were.

Finally, there was a five-question quantitative metric on happiness. This section was comprised of the Satisfaction with Life Scale, developed by Ed Diener at the
University of Illinois at Urbana-Champaign (Diener, 1985). The scale asks participants to rate how ideal their life is; the conditions of their life; their satisfaction with their own life; whether they have gotten the important things they want in life, and whether the participant would choose to change anything if they had the opportunity to live their over.

The researcher chose happiness as a measurement because it fits well with sex positivity, in that both take an approach of positivity, and striving toward fulfillment and enjoyment. In addition, the Satisfaction with Life Scale measures long-term happiness, rather than a short term state of mind or attitude of one’s possibly temporary current conditions. Both are positive ways of looking at a societal issue that is often marginalized – i.e., achievement of general and sexual fulfillment, happiness and satisfaction, rather than just coping, surviving, or enduring. The Satisfaction with Life Scale allows the participant themselves to decide which factors are important in determining what constitutes happiness, and how to rate the various aspects of life satisfaction (Pavot and Diener, 1993). In this way, this scale complements the sex positivity scale particularly well, in that it also asks participants what they value about their own sexuality education experience.

**Measurement**

Quantitative questions evaluated both the level of happiness of young adults, and the degree to which their sexuality education experience was sex-positive. Qualitative questions explored further aspects of the subject’s sexuality education and happiness. The demographic questions were coded as string (nominal) variables, with the exception
of age, which allowed the subject to fill in a numeric value. The majority of the questions on sexuality education history were quantitative, with ordinal (scale) ranking scales. The qualitative sex positivity questions were not analyzed using the Statistics Package for the Social Sciences 20.0 (SPSS), with the exception of the question on reasons why authority figures taught the participant about sexuality in they way they did. The researcher wished to examine the relationship between reasons for teaching (i.e., religious beliefs, the desire for the subject to be well-informed, etc.) and sex positivity so these were analyzed for thematic content and coded with string data in SPSS. The portion on happiness is taken entirely from the Satisfaction with Life Scale, developed by Ed Diener at the University of Illinois at Urbana-Champaign, and was comprised of ordinal questions.

Data Analysis

Quantitative answers were coded using a point scale, with responses being weighted in ordinal values, with one being the lowest possible score, and seven being the highest. The less the response corresponded with sex positivity or satisfaction with life, the lower point value its answer was coded. The Satisfaction with Life Scale was already in traditional Likert Scale form with seven response options for each question, and the sex positivity scale questions were in a similar format, with three, four or five response options. The surveys were reviewed for any data that may have been missing or erroneous. The data were then labeled and coded in SPSS, and analyzed using quantitative methods. Data were analyzed using the Statistics Package for the Social
Sciences (SPSS) program, version 20.0. Qualitative data were analyzed by theme, and then both the qualitative and quantitative data were analyzed for associations.

**Human Subjects Application**

The Human Subjects Protocol Application Request for Review by the California State University, Sacramento Institutional Review Board (IRB) was submitted to the Division of Social Work for review. The protocol # (12-13-063) was approved as minimal risk on December 19, 2012, and is valid for one year.
Chapter 4

DATA ANALYSIS

The purpose of this study was to explore how sex positivity in sexuality education relates to happiness in young adult life. As discussed in Chapter 2, sexuality education experiences can be nuanced, multi-faceted, and can come from a variety of sources. Sex positivity includes aspects of promotion of diversity of sexual identities; imparting medically accurate information; and an attitude that promotes sexuality as a natural, healthy, beneficial part of the human experience. The researcher also theorized that there would be a relationship between the influence of religion on an individual’s sexuality education, and sex positivity, as well as happiness.

The sample consisted of 75 young adult participants between the ages of 20 and 30. The participants were students in the Social Work Program at California State University, Sacramento (CSUS). The researcher surveyed students in Social Work classes and at meetings of Social Work Student Association. Class sessions and meeting times were chosen by convenience. This chapter presents the data provided by participants on the survey instrument described in Chapter 3. The participants were asked demographic questions such as age, four qualitative questions about their experiences with their sexuality education, and two sets of quantitative questions resulting in data indicating their general happiness and the degree of sex positivity of their sex education experiences.
Demographic Questions

Demographic data were gathered for comparison purposes with the general student body and Division of Social Work demographics.

Table 3

**Participant Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>3</td>
<td>4.0%</td>
</tr>
<tr>
<td>21</td>
<td>9</td>
<td>12.0%</td>
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<td>22</td>
<td>11</td>
<td>14.7%</td>
</tr>
<tr>
<td>23</td>
<td>8</td>
<td>10.7%</td>
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<tr>
<td>24</td>
<td>7</td>
<td>9.3%</td>
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<td>25</td>
<td>11</td>
<td>14.7%</td>
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<td>26</td>
<td>10</td>
<td>13.3%</td>
</tr>
<tr>
<td>27</td>
<td>3</td>
<td>4.0%</td>
</tr>
<tr>
<td>28</td>
<td>3</td>
<td>4.0%</td>
</tr>
<tr>
<td>29</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>30</td>
<td>6</td>
<td>8.0%</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The sample size of the study was 75 participants. While the researcher set out to study 18 to 30 year olds, there were no participants who were ages 18 or 19. Twenty year olds were 4% of the sample. Twelve percent of the participants surveyed were twenty-
one years old. Twenty-two year olds and twenty-five year olds each represented 14.7% of the sample. The 23 year olds comprised 10.7% of the group. The 24 year olds within the sample make up a mere 9.3% - which is interesting, given the mean age of the sample is 24. The 26 year olds represent 13.3% of the sample. Twenty-seven and twenty-eight year olds are equally represented as 4% of the sample, while 29 year olds represent 5.3% of the sample. Lastly, 8% of those surveyed were 30 years old.

Table 4

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>66</td>
<td>88%</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100%</td>
</tr>
</tbody>
</table>

The survey offered the participants five forms of gender identity: Transgender male to female (MTF), Transgender female to male (FTM), Female, Male, and Genderqueer or other. Of the given choices, all study participants identified as either male or female. The male participants represented 12%, while females represented 88%.
Table 5

*Participant Ethnic Background*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Asian/Pacific Islander/Asian Indian</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Latino</td>
<td>24</td>
<td>32%</td>
</tr>
<tr>
<td>White</td>
<td>24</td>
<td>32%</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The Ethnic Background portion of the survey was broken down into the five major categories used by the U.S. Bureau of Census to identify ethnicity. Participants were instructed to choose all categories that applied. All participants who chose more than one category were added to the “Other” category, which was also an option participants could select. The most frequently identified ethnic backgrounds Latino and White, each with 32% representation. The third most commonly identified ethnicity was Other, with 16% of the sample. Asian/Pacific Islander/Asian Indian students comprised a total of 12%, and 8% of those surveyed identified as African American.
Table 6

*Participant Sexual Orientation*

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Gay</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Asexual</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>68</td>
<td>90.67%</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

The Sexual Orientation section of the survey used six identifiers of sexual orientation: Lesbian, Gay, Bisexual, Pansexual, Asexual, and Heterosexual. The majority of the participants self-identified as Heterosexual, which represented 90.67% of the sample. Gay as a self-identifier represented 2.67%, while Lesbian, Bisexual, Pansexual, and Asexual were each equally represented as 1.33%. Though the survey identified six sexual orientation choices, 1.33% of the participants did not identify with any of the selections available, writing in “queer” instead.
Descriptive Statistics for Sex Positivity Sexuality Education Quantitative Questions

Table 7

**Question 7: Trusted Adult**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had one or more adults, felt very comfortable</td>
<td>18</td>
<td>24%</td>
</tr>
<tr>
<td>Had one or more adults, felt somewhat comfortable</td>
<td>18</td>
<td>24%</td>
</tr>
<tr>
<td>Had one or more adults, mostly uncomfortable</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>Had nobody</td>
<td>20</td>
<td>26.68%</td>
</tr>
</tbody>
</table>

Participants were asked to what extent they had one or more trusted adults of whom they could ask questions about their body and sexuality, and all participants answered this question. Responses were very evenly divided – almost in exact quartiles. Twenty-four percent stated that they had one or more trusted adults they felt *very* comfortable asking talking with, while 24% felt *somewhat* comfortable. A quarter of the students – 25.33% - felt they had someone, but felt *mostly* uncomfortable talking with them. Participants who indicated they had nobody they felt comfortable asking questions or talking about sexuality with represented 26.68% of the sample. On average, the sample had a slightly sex positive experience with regard to having trusted adults. See the section on the bivariate analysis for more discussion about the significance of the role of a trusted adult.
Participants were asked whether they were taught that masturbation is immoral and/or unhealthy. Eighteen point eight four percent were taught that masturbation is completely immoral and/or unhealthy. The percentage of participants who were taught that masturbation is largely immoral and/or unhealthy comprised 17.39%, while 18.84% were taught that masturbation is somewhat immoral and/or unhealthy. Another 4.35% were taught that masturbation was only slightly immoral and/or unhealthy, while 40.58% were not taught it is immoral and/or unhealthy at all. Eight percent did not respond to the question. On average, the responses indicate a slightly sex positive experience with regard to education around masturbation.
Table 9

*Question 9: Heterosexuality*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely</td>
<td>17</td>
<td>22.97%</td>
</tr>
<tr>
<td>Largely</td>
<td>6</td>
<td>8.11%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>11</td>
<td>14.86%</td>
</tr>
<tr>
<td>Only slightly</td>
<td>10</td>
<td>13.51%</td>
</tr>
<tr>
<td>Not at all</td>
<td>30</td>
<td>40.54%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

In response to the question regarding whether the student was taught that not being heterosexual is immoral and/or unhealthy, 22.97% – nearly a quarter of the participants – were taught it is completely immoral and/or unhealthy. Those who were taught it is largely immoral and/or unhealthy comprised 8.11% of the sample. Nearly fifteen percent (14.86%) reported being taught that not being heterosexual is somewhat immoral and/or unhealthy. Thirteen point five one percent of the surveyed students indicated being taught that not being heterosexual is only slightly immoral and/or unhealthy. Two fifths – 40.54% – of those surveyed answered they were taught it is not at all immoral and/or unhealthy. One participant – 1.33% of the sample – did not respond. The responses indicate an overall sex neutral to slightly sex positive experience regarding attitudes toward non-heterosexuality.
Table 10

Question 10: Information on Reproduction

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely accurate</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>Mostly accurate</td>
<td>31</td>
<td>41.33%</td>
</tr>
<tr>
<td>Somewhat accurate</td>
<td>17</td>
<td>22.67%</td>
</tr>
<tr>
<td>Mostly inaccurate</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Completely inaccurate</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>

When asked about receiving medically accurate reproduction information, a quarter - 25.33% stated it was completely accurate, and 41.33% answered that the information they received was mostly accurate. Those who reported receiving somewhat accurate information about reproduction totaled 22.67%. About 7% stated the information was either mostly or completely inaccurate – with 4% indicated the information was mostly inaccurate, and 2.67% indicated it was completely inaccurate. 4% and 2.67% of the total sample. Four percent gave no response. Overall, the sample showed a sex positive experience with regard to medically accurate information around reproduction.
Table 11

*Question 11: Information on Birth Control*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely accurate</td>
<td>17</td>
<td>23.61%</td>
</tr>
<tr>
<td>Mostly accurate</td>
<td>31</td>
<td>43.06%</td>
</tr>
<tr>
<td>Somewhat accurate</td>
<td>20</td>
<td>27.78%</td>
</tr>
<tr>
<td>Mostly inaccurate</td>
<td>2</td>
<td>2.78%</td>
</tr>
<tr>
<td>Completely inaccurate</td>
<td>2</td>
<td>2.78%</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>

With regard to whether the information participants received in regard to birth control was medically accurate, less than a quarter – 23.61% - indicated the information was completely accurate. Another 43.06% of the sample received mostly accurate information. Those who received somewhat accurate information comprise 27.78% of the sample. Students who believe the information they were given was mostly inaccurate, and who believe it was completely inaccurate each represent 2.78% of the group. Three participants – 4% - did not respond. Overall, the sample showed a somewhat sex positive experience with receiving medically accurate information about birth control.
Table 12

*Question 12: Information on STI’s*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely accurate</td>
<td>22</td>
<td>29.73%</td>
</tr>
<tr>
<td>Mostly accurate</td>
<td>29</td>
<td>39.19%</td>
</tr>
<tr>
<td>Somewhat accurate</td>
<td>17</td>
<td>22.97%</td>
</tr>
<tr>
<td>Mostly inaccurate</td>
<td>5</td>
<td>6.67%</td>
</tr>
<tr>
<td>Completely inaccurate</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

Nearly 70% of participants indicated that the information they received about sexually transmitted infections (STIs) was either completely or mostly accurate – with 29.73% answering “completely accurate,” and 39.19% answering “mostly accurate.” Another 22.97% were given somewhat accurate information. Participants who received mostly inaccurate information comprised 6.76%, with a mere 2.78% of the sample reporting receiving completely inaccurate information about sexually transmitted infections. One participant – 1.33% - did not respond. Overall, the subjects showed a slightly sex positive experience with regard to medically accurate information about STIs.
Table 13

**Question 13: General Sexuality Information**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely accurate</td>
<td>10</td>
<td>13.51%</td>
</tr>
<tr>
<td>Mostly accurate</td>
<td>29</td>
<td>39.19%</td>
</tr>
<tr>
<td>Somewhat accurate</td>
<td>22</td>
<td>29.73%</td>
</tr>
<tr>
<td>Mostly inaccurate</td>
<td>13</td>
<td>17.57%</td>
</tr>
<tr>
<td>Completely inaccurate</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

When participants were asked whether they were told things about sexuality in general that they found out later were untrue, 13.51% felt the information about sexuality in general was completely accurate. Another 39.19% answered they were given mostly accurate information. Twenty-nine point seven three percent of participants indicated they were told somewhat accurate things. Those who received mostly inaccurate information on sexuality in general comprised 17.57% of the sample. In this sample, no one responded with receiving completely inaccurate information about sexuality in general that they later found out to be untrue. However, one person, 1.33% of the sample – did not respond. On average, the respondents had a slightly sex positive experience regarding receiving medically accurate information about sexuality in general.
Table 14

Question 14: Information on Protection

As far as you know, was the information you were given about protection (such as condoms) medically accurate?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely accurate</td>
<td>24</td>
<td>32.43%</td>
</tr>
<tr>
<td>Mostly accurate</td>
<td>32</td>
<td>43.24%</td>
</tr>
<tr>
<td>Somewhat accurate</td>
<td>11</td>
<td>14.86%</td>
</tr>
<tr>
<td>Mostly inaccurate</td>
<td>4</td>
<td>5.41%</td>
</tr>
<tr>
<td>Completely inaccurate</td>
<td>3</td>
<td>4.05%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

With regard to the degree of medical accuracy of the information participants received regarding protection, 32.43% answered the information given was completely correct, and 43.24% indicated receiving mostly accurate information. Those who received somewhat accurate information comprised 14.86%, 5.41% were taught mostly inaccurate information, and 4.05% of students learned completely inaccurate information about protection. Only one participant – 1.33% - did not respond. Overall, the responses indicated a largely sex positive experience with regard to medical accuracy of information about protection.
Table 15

*Question 15: Talking About Sex*

<table>
<thead>
<tr>
<th>Were you taught that people should never talk nor ask about sex?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always okay to talk and/or ask about sex</td>
<td>23</td>
<td>31.51%</td>
</tr>
<tr>
<td>Sometimes not talk and/or ask about sex</td>
<td>17</td>
<td>23.29%</td>
</tr>
<tr>
<td>Usually not talk and/or ask about sex</td>
<td>23</td>
<td>31.51%</td>
</tr>
<tr>
<td>Never talk nor ask about sex</td>
<td>10</td>
<td>13.7%</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.67%</td>
</tr>
</tbody>
</table>

Participants were surveyed about the degree to which they were taught it was okay to talk and/or about sex. Those who were taught that it is okay for people to talk about sex represented 31.51% of the sample, while those who were taught to sometimes not talk and/or ask about sex comprised of 23.29% of the sample. An additional 31.51% were taught usually not to talk and/or ask about sex, and 13.7% were taught to never talk nor ask about sex. Two participants – 2.67% - did not reply to the question. On average, this indicates a neutral to slightly sex positive sexuality education among this sample regarding whether talking about sexuality is socially acceptable.
Students were also asked to what degree they learned that sexual pleasure or desire is inherently immoral and/or unhealthy, especially outside the context of heterosexual marriage. Nearly two-fifths of the sample replied that they were taught pleasure is wrong, with 20.59% each answering “completely immoral and/or unhealthy” and “largely immoral and/or unhealthy.” Another 13.24% learned sexual pleasure or desire is somewhat immoral and/or unhealthy. Those who were taught sexual pleasure or desire was only slightly immoral and/or unhealthy comprised 8.82% of the sample, but more than a third of the respondents – 36.76% - were taught that sexual pleasure or desire is not at all immoral and/or unhealthy. Nearly a tenth of those surveyed – 9.33% - did not answer the question. The average indicates a generally sex neutral to sex positive experience regarding discussion of sexual pleasure.
Table 17

**Question 17: Non-Vanilla Sex**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely</td>
<td>18</td>
<td>25.35%</td>
</tr>
<tr>
<td>Largely</td>
<td>15</td>
<td>21.13%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>19</td>
<td>26.76%</td>
</tr>
<tr>
<td>Only slightly</td>
<td>9</td>
<td>12.68%</td>
</tr>
<tr>
<td>Not at all</td>
<td>10</td>
<td>14.08%</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>5.33%</td>
</tr>
</tbody>
</table>

Students were asked about how non-vanilla sex was presented in their sexuality education experiences, as far as whether this kind of sex is immoral and/or unhealthy, even when both parties involved consent. A quarter of the sample - 25.35% - reported they were taught these behaviors or fantasies were completely immoral and/or unhealthy. Another 21.13% learned it was largely immoral and/or unhealthy. Another quarter - 26.76% - indicated they were taught this is somewhat immoral and/or unhealthy behavior. However, 12.68% were taught that non-vanilla sex is only slightly immoral and/or unhealthy and 14.08% were responded with “not at all.” And 5.33% did not respond. Overall, the students had a sex negative sexuality education experience around non-vanilla sex.
Table 18

**Question 18: Pejorative Comments About Women**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quite frequently</td>
<td>17</td>
<td>22.67%</td>
</tr>
<tr>
<td>Somewhat frequently</td>
<td>17</td>
<td>22.67%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>25</td>
<td>33.33%</td>
</tr>
<tr>
<td>Infrequently</td>
<td>7</td>
<td>9.33%</td>
</tr>
<tr>
<td>Never</td>
<td>9</td>
<td>12%</td>
</tr>
</tbody>
</table>

To glean a better understanding of the students’ socialization around women who were perceived to be sexually deviant or promiscuous, the researcher asked about pejorative comments in this regard made by people the participants looked up to. Almost half the participants heard pejorative comments quite frequently or somewhat frequently – with 22.67% of the sample representing each of these categories. Another third – 33.33% - heard these comments sometimes. Less than a fifth heard negative remarks infrequently or never, at 9.33% 12%, respectively. The average result for this question indicates a somewhat sex negative socialization around women perceived to be sexually deviant or promiscuous.
Table 19

*Question 19: Pejorative Comments About Non-Heterosexual People*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quite frequently</td>
<td>16</td>
<td>21.62%</td>
</tr>
<tr>
<td>Somewhat frequently</td>
<td>17</td>
<td>22.97%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>17</td>
<td>22.97%</td>
</tr>
<tr>
<td>Infrequently</td>
<td>14</td>
<td>18.92%</td>
</tr>
<tr>
<td>Never</td>
<td>10</td>
<td>13.51%</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

Similarly, participants were asked about how often they heard pejorative comments from people whom they looked up to about non-straight people who were perceived to be sexually deviant or promiscuous. Again, close to half of the students surveyed had heard these comments quite frequently at 21.62%, and somewhat frequently, and 22.97%, respectively. Another 22.97% heard these comments sometimes. The last third of the participants heard these comments infrequently or not at all – with 18.92% of students hearing these kinds of remarks, and 13.51% of the participants never hearing them. One student did not reply to this question – 1.33% of the sample. In general, students experienced a somewhat sex negative socialization around non-straight people who were perceived to be sexually deviant or promiscuous.
Table 20

Question 20: Consent

Were you taught about consent as part of your sexuality education?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central concept</td>
<td>50</td>
<td>67.57%</td>
</tr>
<tr>
<td>Marginal concept or an afterthought</td>
<td>12</td>
<td>16.22%</td>
</tr>
<tr>
<td>Not taught about consent</td>
<td>12</td>
<td>16.22%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

As consent is a key aspect of sex positivity, the researcher inquired how this was incorporated into participants’ sexuality education. Two-thirds of those surveyed - 67.57% - responded that consent was a central concept. Those who were taught that consent as a marginal concept or an afterthought and those who were not taught about consent each represented 16.22% of the participants of the study. One participant (1.33%) did not reply. In general, the students’ answers indicate the sample had a fairly sex positive education around sexuality with regard to consent.
Table 21

*Question 21: Safety*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central concept</td>
<td>51</td>
<td>68%</td>
</tr>
<tr>
<td>Marginal concept or an afterthought</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>Not taught about safety</td>
<td>8</td>
<td>10.67%</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.67%</td>
</tr>
</tbody>
</table>

When it came to learning about safety – another key component of sex positivity as part of their sexuality education, two thirds – 68%– answered that safety was a central concept. While 18.67% were taught safety as a marginal concept or an afterthought, another tenth – 10.67% - were not taught about safety as part of their sexuality education at all. Two participants – 2.67% - did not reply to the question. Overall, students’ responses indicated a fairly sex positive experience, in that safety was largely taught as central concept in sexuality education.
Descriptive Statistics for Satisfaction with Life Survey Questions

Table 22

*Question 26: Life is Ideal*

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>16</td>
<td>21.33%</td>
</tr>
<tr>
<td>Agree</td>
<td>32</td>
<td>42.67%</td>
</tr>
<tr>
<td>Slightly agree</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Slightly disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
</tbody>
</table>

Participants were given the five question Satisfaction with Life Survey (Diener 1985), which consisted of five statements for them to rate. The first statement, “In most way my life is close to ideal,” In response, 21.33% strongly agreed, 42.67% agreed, and 25.33% slightly agreed. Of the remaining a tenth of the students, 2.67% neither agreed nor disagreed; 2.67% slightly disagreed; 1.33% disagreed, and 2.67% strongly disagreed. With regard to this question, overall, students generally perceive themselves as satisfied.
Table 23

**Question 27: Conditions of Life Excellent**

The conditions of my life are excellent.

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>15</td>
<td>20%</td>
</tr>
<tr>
<td>Agree</td>
<td>35</td>
<td>46.67%</td>
</tr>
<tr>
<td>Slightly agree</td>
<td>20</td>
<td>26.67%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Slightly disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

The second statement, “The conditions of my life are excellent,” bore similar results. The vast majority – over 93% - of participants indicated they either strongly agreed, agreed, or slightly agreed with this statement, at 20%, 46.67%, and 26.67%, respectively. Only 2.67% neither agreed nor disagreed, and those who slightly disagreed, disagreed, or strongly disagreed each comprised 1.3% of the sample. With regard to this question, overall, students generally perceive themselves as satisfied.
Table 24

**Question 28: Completely Satisfied**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>Agree</td>
<td>35</td>
<td>46.67%</td>
</tr>
<tr>
<td>Slightly agree</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Slightly disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

When asked the question of complete satisfaction with their lives 46.67% agreed that they were completely satisfied, while only 18.67% strongly agreed to being completely satisfied with their life. Those who slightly agreed to being completely satisfied with their life were represented by 25.33%. The participants who neither agreed nor disagreed, slightly disagreed, and disagreed were equally represented by 2.67% of the sample. Those who strongly disagreed about complete life satisfaction were only 1.33% of the participants. With regard to this question, overall, students generally perceive themselves as satisfied.
Table 25

**Question 29: Most Important Things**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>20</td>
<td>26.67%</td>
</tr>
<tr>
<td>Agree</td>
<td>29</td>
<td>38.67%</td>
</tr>
<tr>
<td>Slightly agree</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Slightly disagree</td>
<td>4</td>
<td>5.33%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

The statement “So far I have gotten the most important things I want in life” again garnered highly positive results. Those who strongly agreed represented 26.67% of the sample, while 38.67% agreed and 25.33% slightly agreed. Another 1.33% neither agreed nor disagreed, while 5.33% slightly disagreed, 1.33% disagreed, and another 1.33% strongly disagreed. With regard to this question, overall, students generally perceive themselves as satisfied.
Table 26

Question 30: Change Nothing

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>13</td>
<td>17.33%</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>17.33%</td>
</tr>
<tr>
<td>Slightly agree</td>
<td>23</td>
<td>30.67%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>4</td>
<td>5.33%</td>
</tr>
<tr>
<td>Slightly disagree</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
<td>6.67%</td>
</tr>
</tbody>
</table>

The final statement, “If I could live my life over, I would change nothing,” showed a significantly lower outcome, with the mean score averaging a full Likert scale point below the others in the Satisfaction with Life Survey. The participants who indicated they strongly agreed and agreed each comprised 17.33% of the sample. Another 30.67% slightly agreed, and 5.33% indicated they neither agreed nor disagreed. Finally, 18.67% slightly disagreed, 4% disagreed, and 6.67% strongly disagreed. With regard to this question, overall, students generally perceive themselves as slightly satisfied – at a full scale point lower than each of the rest of the scores.
Descriptive Statistics for Aggregate Scores on Scales

Sex positivity scale scores.

The responses to Questions 7 through 21 – the quantitative questions related to sex positivity in sexuality education – were assigned numeric values. Each question was scaled to have the most sex positive response equal 7 points (to fit with the Likert scale model used by Diener’s Satisfaction with Life Survey). Various questions had three, four, or five possible responses. As such, the lowest possible score for the most sex negative responses were 1.4, 1.75, or 2.3 on these questions, respectively. The values for the responses were aggregated into the Sex Positivity Scale score for each participant, with the lowest possible SPS score being 15, and the highest possible score 105. For purposes of categorizing, participant scores were rounded to whole numbers.
Table 27

*Sex Positivity Scale Scores*

<table>
<thead>
<tr>
<th>Score</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>92-105</td>
<td>Extremely sex positive</td>
<td>6</td>
<td>8.00%</td>
</tr>
<tr>
<td>77-91</td>
<td>Sex positive</td>
<td>28</td>
<td>37.33%</td>
</tr>
<tr>
<td>62-76</td>
<td>Slightly sex positive</td>
<td>22</td>
<td>29.33%</td>
</tr>
<tr>
<td>57-61</td>
<td>Neutral</td>
<td>6</td>
<td>8.00%</td>
</tr>
<tr>
<td>44-56</td>
<td>Slightly sex negative</td>
<td>8</td>
<td>10.67%</td>
</tr>
<tr>
<td>29-43</td>
<td>Sex negative</td>
<td>4</td>
<td>5.33%</td>
</tr>
<tr>
<td>15-28</td>
<td>Extremely sex negative</td>
<td>1</td>
<td>1.33%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>75</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*Mean* = 70.71; *Median* = 71.8; *Mode* = 77.35; *Standard Deviation* = 16.34.

The participant scores had a rather wide range of 77.7, with the lowest score at 25.9, and the highest at 103.6. However, the statistics reflect that overall, the bulk of this sample had slightly sex positive to sex positive sex education experiences, with a mean SPS score of 70.71, a median of 71.8, and a mode of 77.35. Eight percent of participants’ scores reflected an extremely sex positive sexuality education experience, while 37.33% scored in the sex positive category, and another 29.33% in the slightly sex positive category. The scores of another 8% of those surveyed indicated their sexuality education were sex neutral. The remaining quarter of the students fell into the bottom three
categories, with 10.67% ranking slightly sex negative, 5.33% scoring sex negative, and 1.33% at extremely sex negative.

Table 28

*Satisfaction with Life Scale (SWLS) Scores by Group*

<table>
<thead>
<tr>
<th>Score</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-35</td>
<td>Extremely satisfied</td>
<td>19</td>
<td>25.33%</td>
</tr>
<tr>
<td>26-30</td>
<td>Satisfied</td>
<td>35</td>
<td>46.67%</td>
</tr>
<tr>
<td>21-25</td>
<td>Slightly satisfied</td>
<td>15</td>
<td>20.00%</td>
</tr>
<tr>
<td>20</td>
<td>Neutral</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>15-19</td>
<td>Slightly dissatisfied</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td>10-14</td>
<td>Dissatisfied</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>5-9</td>
<td>Extremely dissatisfied</td>
<td>2</td>
<td>2.67%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>75</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Mean = 27.4; Median = 28; Mode = 27; Standard Deviation = 5.26.

The sample scored highly on happiness, with a mean of 27.4, a median of 28, and a mode of 27. The vast majority in the slightly satisfied (20%), satisfied (46.67%), and extremely satisfied (25.33%) categories. Only 2.67% of students scored neutral. An additional 2.67% scored slightly dissatisfied; no participants scored in the dissatisfied range; and another 2.67% were in the extremely dissatisfied category.
Qualitative Data Analysis

There were four qualitative questions, and the answers were grouped by theme into categories. For all qualitative answers, categories are emergent, not pre-set. For each question, some participants’ answers fell into multiple categories. This indicates that students may have received contradictory or mixed messages received from the same or different authority figures. This may, in part, be due to the fact that there were multiple authority figures in the subjects’ life, such as the parents, church, school, media, older siblings and friends, etc. Participants may have had different reactions to the varied messages they received. This also indicates that sexuality is a complicated topic and that multiple themes and aspects interrelate.

Question 22: What, if anything, did you appreciate about the way you were taught about sexuality?

Twelve participants (16%) appreciated the attitude of comfort/openness and/or honesty in discussing sexuality. One student, for example, shared: “I appreciate my sister for making me feel comfortable enough to tell her everything.”

On the other hand, twelve participants (16%) said there was nothing they appreciated, or they described things they did not appreciate. One respondent stated, “Nothing. It was always uncomfortable. Even when we were able to ask questions written down anonymously to the teacher sometimes they wouldn't answer them. I feel like they taught basics that did not help me develop in a healthy sexual way necessarily.”
Eleven subjects (14.7%) appreciated the manner in which the information was delivered. Seven participants (9.3%) appreciated messages of respect and acceptance for their own autonomy and choices, and/or a non-judgmental attitude, especially toward non-heterosexual people. “I greatly appreciated that all involved people (parents, teachers, adults, and friends) stressed that it was my decision on what I wanted to do,” said one student. Four people (5.3%) appreciated the discretion or avoidance of awkwardness. A respondent expressed appreciation for the educators “being discreet and sensitive about the topic with people who feel uncomfortable about this topic.”

Eight participants (10.7%) appreciated receiving information and messages about health and/or safety, such as “important health facts, and regardless of sexuality, keeping it safe is important.”

Seven subjects (9.3%) appreciated direct messages about morality surrounding sex. “That it was something you did when you were married but looked down upon if done before. Which I appreciated because it's a form of self-respect,” expressed one respondent.

Sixteen people (21.3%) did not respond.

**Question 23: What, if anything, do you wish you would have been taught differently about sexuality?**

Thirty-four participants (45.3%) wished for a different approach to teaching. Thirteen students (17.3%) wished for more openness and trust, and less discomfort and
awkwardness about sexuality. “I wish I had someone in my family who would have talked to me about sex and sexuality,” one subject shared. Nine people (12%) wished enjoyment of sex had been normalized. One respondent simply wished they had been taught “how fun it is!” Six participants (8%) wished there had been less judgment, especially around morality or religion. “I wish my mother had not been more interested in complying with the church than in my sexual well-being,” one person replied.

Fourteen subjects (18.7%) wished they had received more information, more accurate information, or had received information sooner. “I wish I knew more when I needed it,” said one respondent.

Eleven participants (14.7%), on the other hand, stated they would not change anything. “I think I was taught as much as I can understand,” stated one person.

Fourteen subjects (18.7%) did not respond.

**Question 24: What, if anything, did the authority figures in your life tell you about their reasons for teaching you about sexuality in the way they did?**

Participants’ answers were often mixed. Some participants’ answers indicated information about authority figures’ values and reasons were directly communicated to the subject; in other cases, these values were inferred from information the participants provided.

Twenty participants (26.7%) shared that their authority figures’ reasons were not stated, and/or sexuality was never discussed.
Nineteen participants (25.3%) cited religious, moral, and/or cultural values. Of these subjects, fifteen (20%) specifically mentioned religion. The researcher predicted there would be a relationship between religion and sex positivity, as well as religion and happiness. See Bivariate Analysis section below for more information on this.

Fourteen students (18.7%) mentioned safety, health concerns, and/or medically accurate knowledge about one’s own body. As one student put it, “To keep me informed so I can be safe when I get to that point in my life, and make good choices.”

Eleven subjects (14.7%) expressed other miscellaneous ideas. Some of the miscellaneous answers indicated perspectives on sexual orientation; anecdotal experiences of authority figures that influenced their personal beliefs; and reasons why students were taught sexuality information at certain times in their lives, such as menarche.

Six subjects (8%) indicated their authority figures expressly valued sex within marriage.

Twelve participants (16%) did not respond.

Question 25: Is there anything else you would like to share about your sexuality education?

Fifty-five participants (73%) did not respond, or indicated they had nothing else to share. With only 20 students (27%) giving responses, there are only a few responses
that fit in each category, so percentages are small when compared with the overall sample.

Three students (4%) mentioned guilt or shame as a result of the lack or type of sexuality education they experienced. Said one participant, “Lack of education made me feel ashamed of my sexuality.”

**Bivariate Analyses**

The researcher used the findings to compare the following sets of data: sex positivity and happiness; religion in sexuality education as a factor in sex positivity; and the role of a trusted adult in sexuality education and sex positivity.

**Comparison of Sex Positivity Scale and Satisfaction with Life Scale.**

As the researcher hypothesized, there is a positive relationship between sex positivity in sexuality education and happiness among this sample of young adults.

Table 29

*Comparison of Sex Positivity Scale (SPS) and Satisfaction with Life Scale (SWLS)*

<table>
<thead>
<tr>
<th></th>
<th>Total SPS Score</th>
<th>Total SWLS Scale Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sex Positivity Scale Score</strong></td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td><strong>Total Happiness Scale Score</strong></td>
<td>Pearson Correlation</td>
<td>0.185</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
The researcher found a moderate positive relationship between the presence of one or more trusted adults, and overall sex positivity (SPS score).

Table 30

*Relationship Between Trusted Adult and Sex Positivity Scale*

<table>
<thead>
<tr>
<th>Trusted Adult and Sex Positivity Scale</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>0.627</td>
<td>0.071</td>
<td>6.885</td>
<td>.000*</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 30 illustrates this relationship. The Pearson’s R value is .627 – a moderate positive relationship.
Figure 1. Relationship between Sex Positivity Scale Score and Satisfaction with Life Score

Figure 1 illustrates the distribution of the relationship between individual SPS and SWLS scores.

Religion in Sexuality Education.

Fifteen participants expressly mentioned religion as a primary factor in their authority figures’ reasons for teaching them about sexuality in the way that they did. These students scored differently on the SPS and SWLS from their peers in the overall sample.
Table 3

Religion in Sexuality Education, as a Factor in Sex Positivity and Happiness

<table>
<thead>
<tr>
<th>Students Influenced by Religion (N = 15)</th>
<th>Overall Sample (N = 75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPS</td>
<td>SWLS</td>
</tr>
<tr>
<td>Mean</td>
<td>62.5</td>
</tr>
<tr>
<td>Median</td>
<td>60.6</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>16.51</td>
</tr>
</tbody>
</table>

The mean and median SPS scores for those whose sexuality education was influenced by religion were 62.5 and 60.6, respectively, with a standard deviation of 16.51. These scores reflect an overall sex neutral (neither sex positive nor sex negative) sexuality education experience. These scores are significantly lower than the overall sample’s sex positive mean and median SPS scores – 70.71 and 71.8, respectively, with a standard deviation of 16.34.

On the other hand, the average SWLS scores for participants whose sexuality education was influenced by religion were higher, at a mode of 28.47 and a median of 30.5 and a standard deviation of 7.05, than the overall sample, whose mode was 27.4 and median was 28, with a standard deviation of 5.26.

A richer discussion on these results will follow in Chapter 5. Many factors may play a role in explaining some of these outcomes. Sexuality is a complicated and hotly debated subject indeed, involving biological and hormonal forces, cultural norms, spiritual and moral
implications, and so forth. After all, as one participant stated, “No preparation/talk compares to the actual experience.”
Chapter 5

CONCLUSION

The purpose of this study was to investigate the relationship between sex positivity in sexuality education, and happiness. Again, the purpose of studying the relationship between a sex positive sexuality education and general happiness, as opposed to specifically sexual happiness, is to remove the false divide between sexuality and other aspects of life and society. In other words, the main purpose of framing the research question the way it was, was to mainstream ideas of sexuality, rather than marginalize them.

Additional variables considered were the presence of a trusted adult, and the impact of religion in sexuality education on sex positivity and happiness.

Findings/Summary of Study

While the data show a weak positive relationship between the Sex Positivity Scale (SPS) and Satisfaction With Life Scale (SWLS), it is not statistically significant. The small, non-representative sample (n = 75) may be one factor that accounts for this. Additionally, there are many, many life elements that can influence a person’s happiness. It pleases the researcher to find that the group scored relatively high on the SWLS, and relatively high overall on the SPS. Several protective factors may account for this self-reported happiness, including supportive family members and other relationships; a sense
of accomplishment or pride in being a successful student; health; career; and many other factors.

One interesting finding of the SWLS is that the mean score for the final question – “If I could live my life over, I would change nothing” – was a nearly a full point value lower than the mean for each of the other questions on the SWLS. That is to say, people disagreed with that statement more than any other statement on the SWLS. Perhaps this speaks to the way this question conceptualizes happiness differently than the others do. If one is content with the way things are – as the first four questions of the SWLS are framed – this puts the participant into the mindset of whether one is able to make the best of what has happened because there is no other option. However, being presented with the idea of choosing to change one’s life circumstances and experiences is a different thought experiment altogether.

Meaning and Significance

This study begins to address a gap in the literature around sex positivity, sex education, and happiness. It explores key aspects of sexuality from a sex positive perspective, including safety, consent, the inherent right of all people to enjoy pleasure and sexual fulfillment, and improved communication around sexual discussions. The researcher hopes that the theoretical connections drawn between sex positivity and positive psychology (happiness) can serve as a framework for future study of sexuality in a social justice context. It is also the sincere hope of this author that the Sex Positivity
Scale, with some significant improvements, can serve as a template for the quantitative and qualitative study of sex positivity as a concept, and a powerful force in changing our culture and the lives of individuals.

To improve this study, this researcher recommends using a larger sample with a randomized selection method. Potential improvements to the SPS include improving the design of the scale to include internal validity via corresponding questions, and clarification of language. Please see the limitations section of this chapter for more information on these and other suggestions for improving this study and the SPS.

Discussion of Bivariate Analyses

Religion as a factor in sex positivity, and in happiness.

Students who indicated religion was a key factor in influencing their sexuality education scored higher on the Satisfaction with Life Scale, and lower on the Sex Positivity Scale. When considered in conjunction with the positive impact of sex positivity in sexuality education on happiness in the overall sample, this suggests a complicated relationship between religion, sexuality education, sex positivity, and happiness. While it is difficult to ascertain why both sex positivity and religion had a slight positive impact on happiness, whereas religion had a negative effect on sex positivity, one could speculate in a few different directions. One factor that needs to be accounted for is that the sample (n = 15) is very small, and, like the larger sample (n = 75), it is not randomly selected, nor is it representative of the Division of Social Work
students, the student body of California State University, Sacramento, or young adults in general. Therefore, conclusions drawn from this sample cannot be generalized to other populations. Additionally, as stated above, happiness is a complicated concept to measure, with many, many factors contributing to a person’s overall perception of their own wellbeing. Religion as a cultural, spiritual, and social force may provide a positive, enriching community and moral structure for these students. On the other hand, religion as a conservative societal institution may detract from factors of sex positivity by inculcating sex-negative ideas around key ideas such as masturbation, sexual orientation, and sex outside of marriage.

The role of a trusted adult.

The researcher was very excited to find a moderate positive relationship between the presence of a trusted adult in a young person’s sexuality education, and sex positivity overall. The quantitative relationship drawn between Question 7 (“To what extent did you have a trusted adult of whom you could ask questions about your body and about sexuality?”) and the Sex Positivity Scale was reinforced by feedback in the qualitative responses. Participants noted that they valued open, trusting relationships, and the opportunity to ask people close to them, questions about sexuality and their bodies. This suggests that sex positivity is related directly to communication, trust and honesty in human relationships. This is of particular importance for social workers, as one of our core values is the importance of human relationships. This has implications for both
micro, meso and macro practice. If one trusted adult can help foster a sense of comfort, then programs and policies aimed at helping parents talk with their children about sexuality can have a lasting impact.

**Implications for Social Work**

This study is rich with opportunities to improve our knowledge and practice as social workers around sexuality, sex positivity, happiness, positive psychology, and the relationship between these factors.

If, as social workers, we were to privilege sexuality education for ourselves, we would greatly improve our cultural competence when working with our clients. This can be especially true in cases of working with sexual minorities, or folks whose sexual identities or activities are stigmatized, such as transgender people, sex workers, and people who have been sexually abused, and are working toward achieving sexual wholeness. It is the vision of this researcher that competence training around sexuality for social workers be given the priority that competence around any other significant issue or population is given.

Additionally, as social workers, we can advocate for our clients, ourselves, our communities, and current and future students of sexuality education programs. We can do this at the meso or macro level. For example, people who have nontraditional relationship structures, such as polyamorous families, are often discriminated against in
custody court cases. Advocating for our clients in all contexts, including at the Capitol, creates a better, more sex-positive culture for everyone.

Limitations and Recommendations for Future Research

One limitation to this research is that it is clearly not generalizable to the general population of 18-30 year olds, nor even the California State University, Sacramento students. This is due to the fact that the students who comprise the social work division do not demographically represent the student body of California State University, Sacramento. There is a much higher percentage of women social work students than there are in the general student body population. Additionally, since the sample was selected based on convenience, and was not a random sample, the data are not generalizable.

One key problem with studying sexuality education is the fact that sexuality is a taboo subject. Because of this, many participants mentioned, either verbally to the researcher, or by writing a note on the survey, that for some of the quantitative sex positivity in sexuality education, there was no answer that fit their experience – i.e., “I was never taught about this subject.” The options for many of the questions about how a subject was addressed ranged from being taught that something, such as masturbation, was not at all unhealthy or immoral, to being taught that it is completely unhealthy or immoral. Additionally, the instructions did not explicitly state that if the participant was
not taught about the topic, they should consider what they believe the implicit, indirect message was.

Some of the vocabulary words, such as “pejorative,” and some of the phrases, such as “non-vanilla sex” were unknown to some of the participants (although a parenthetical set of examples of what might comprise non-vanilla sex was offered in the question).

A general limitation is that the researcher was unable to find prior research in which sex positivity was assessed quantitatively, so these questions and metrics have not been previously tested for validity.

Another overlooked aspect of the development of this instrument was that it does not contain a way to test for internal validity – i.e., there are no correlating questions for each question.

Similarly, one limitation of the Satisfaction with Life Scale is that it does not have a corresponding question for internal validity for the question about choosing to change anything if the participant were to live their life over.

One participant asked, after reading the questions about authority figures making pejorative comments toward women and sexual minorities who were perceived to be sexually deviant or promiscuous, why there was no corresponding question for men regarding pejorative comments why not mention men in questions about pejorative comments? Perhaps straight men should have been included in this type of question.
A further limitation is that for sexual orientation, there was no option for either “queer” or “other.” Two people did not select an orientation and instead wrote in “queer.”

One possible improvement might be to rephrase the question about "being non heterosexual" to "non heterosexual sexual encounters." This would be more encompassing of people who do not identify as non heterosexual, per se, but who do/have engaged in same sex acts.

Some of the quantitative questions on sex positivity were not in traditional Likert Scale format, and as such, some have an even number of options, with no “middle answer.”
APPENDIX A

Consent to Participate Form

Consent to Participate in a Student Research Study

I, ___________________________ (participant’s name), have been asked to participate in a master’s thesis study conducted by Heather Woodford, Master of Social Work student, under the direction of Dr. Teiahsha Bankhead, PhD, Associate Professor of Social Work at California State University, Sacramento, reachable at bankhead@csus.edu. I have been asked to participate because I am 18 to 24 years of age, and am a student at California State University, Sacramento.

Purpose

I understand the purpose of this study is to examine sexuality education and happiness.

Duration and Location

I understand the study will take place at in a classroom at California State University, Sacramento, located at 6000 J Street as part of the above mentioned researcher’s master’s thesis project.

Procedures

I will be asked to complete a questionnaire, comprised of a series of questions, both multiple choice and narrative.

Risks/Discomforts

It has been explained that some of the questions on this questionnaire may cause feelings of discomfort, and due to the sexual nature of the questions, the questions surrounding sexuality may trigger a trauma response. The researcher has informed me that if at any time I wish, I may contact the The Well at California State University, Sacramento at (916) 278-6461, or the Sacramento County Department of Mental Health at (916) 875-1000 for access to counseling.
Benefits

I understand the benefits from participating in this study may help researchers, social workers, other scholars, and the general public gain a better understanding of the relationship between sexuality education and happiness among young college students.

Confidentiality

I understand that a research code number will be used to identify my response, and differentiate it from the responses of other participants. I also understand that my name, reference number, and other identifying information will not be associated with any information obtained from me in the course of answering these questionnaires. The master list of confidential participant information will be seen only by the researcher listed above and will be placed in a secure, locked location, except when being used for the purpose of this study. Access to this data is restricted to the researcher and her adviser, Dr. Teiahsha Bankhead.

Right to Withdraw

I understand I am under no obligation to take part in this study, and my refusal to participate will involve no penalty or consequence. I may withdraw from this study at any time.

Signatures

I have read the entire consent form and completely understand my rights as a potential research subject. I voluntarily consent to participate in this research study. I have been informed that I will receive a copy of this consent form, and should questions arise and I wish to contact Dr. Bankhead or California State University, Sacramento’s Human Subject Review Committee to discuss my rights as a research participant, I am able to do so at any time during or after the study at bankhead@csus.edu.

_________________________________   ________________
Signature of Research Subject  Date

_________________________________   ________________
Signature of Researcher  Date
APPENDIX B

Survey Questions

Survey – Sexuality Education and Happiness

Demographic Information

1.) Are you a current student at California State University, Sacramento?
   ☐ Yes ☐ No

2.) Are you aged 18 to 30 years old?
   ☐ Yes ☐ No

3.) What is your age? ________________.

4.) What is your gender? (Please select one.)
   ☐ Transgender – MTF ☐ Transgender – FTM ☐ Female
   ☐ Male ☐ Genderqueer or other

5.) What is your ethnic background? Check all that apply.
   ☐ African American ☐ American Indian or Alaska Native
   ☐ Asian/Pacific Islander/Asian Indian ☐ Latino ☐ White
   ☐ Other ____________________________.

6.) Which most closely describes your sexual orientation? (Please select one.)
   ☐ Lesbian ☐ Gay ☐ Bisexual
   ☐ Pansexual ☐ Asexual ☐ Heterosexual

Sexuality Education Questions

In answering these questions, consider the impact of your family, your church, your school, your health care providers, and any other important influences in your life, as you were growing up.
7.) To what extent did you have a trusted adult of whom you could ask questions about your body and about sexuality?
☐ I had one or more trusted adults I felt very comfortable asking questions.
☐ I had one or more adults I felt somewhat comfortable asking questions.
☐ I had one or more adults I could ask questions, but I felt mostly uncomfortable.
☐ I had nobody I felt comfortable asking questions.

8.) Were you taught that masturbation is immoral and/or unhealthy?
☐ Completely immoral and/or unhealthy.
☐ Largely immoral and/or unhealthy.
☐ Somewhat immoral and/or unhealthy.
☐ Only slightly immoral and/or unhealthy.
☐ Not at all immoral and/or unhealthy.

9.) Were you taught that not being heterosexual is immoral and/or unhealthy?
☐ Completely immoral and/or unhealthy.
☐ Largely immoral and/or unhealthy.
☐ Somewhat immoral and/or unhealthy.
☐ Only slightly immoral and/or unhealthy.
☐ Not at all immoral and/or unhealthy.

10.) As far as you know, was the information you were given about reproduction medically accurate?
☐ The information I was given was completely accurate.
☐ The information I was given was mostly accurate.
☐ The information I was given was somewhat accurate.
☐ The information I was given was mostly inaccurate.
☐ The information I was given was completely inaccurate.
11.) As far as you know, was the information you were given about birth control medically accurate?
☐ The information I was given was completely accurate.
☐ The information I was given was mostly accurate.
☐ The information I was given was somewhat accurate.
☐ The information I was given was mostly inaccurate.
☐ The information I was given was completely inaccurate.

12.) As far as you know, was the information you were given about sexually transmitted infections medically accurate?
☐ The information I was given was completely accurate.
☐ The information I was given was mostly accurate.
☐ The information I was given was somewhat accurate.
☐ The information I was given was mostly inaccurate.
☐ The information I was given was completely inaccurate.

13.) Were you told things about sexuality in general that you found out later were untrue?
☐ The information I was given was completely accurate.
☐ The information I was given was mostly accurate.
☐ The information I was given was somewhat accurate.
☐ The information I was given was mostly inaccurate.
☐ The information I was given was completely inaccurate.

14.) As far as you know, was the information you were given about protection (such as condoms) medically accurate?
☐ The information I was given was completely accurate.
☐ The information I was given was mostly accurate.
☐ The information I was given was somewhat accurate.
☐ The information I was given was mostly inaccurate.
☐ The information I was given was completely inaccurate.
15.) Were you taught that people should never talk nor ask about sex?
☐ I was not taught that people should never talk nor ask about sex. (I.E., I was taught it is okay to talk about sex.)
☐ I was taught that people should sometimes not talk and/or ask about sex.
☐ I was taught that people should usually not talk and/or ask about sex.
☐ I was taught that people should never talk nor ask about sex.

16.) Were you taught that sexual pleasure or desire is inherently immoral and/or unhealthy, especially outside the context of a heterosexual marriage?
☐ Completely immoral and/or unhealthy.
☐ Largely immoral and/or unhealthy.
☐ Somewhat immoral and/or unhealthy.
☐ Only slightly immoral and/or unhealthy.
☐ Not at all immoral and/or unhealthy.

17.) Were you taught that non-vanilla sex (i.e., anal sex, BDSM, kinky sex, bondage, sex toys, non-monogamous sex, etc.) is immoral and/or unhealthy, even when all parties involved consent?
☐ Completely immoral and/or unhealthy.
☐ Largely immoral and/or unhealthy.
☐ Somewhat immoral and/or unhealthy.
☐ Slightly immoral and/or unhealthy.
☐ Not at all immoral and/or unhealthy.

18.) To what degree did people you looked up to make pejorative comments about women who were perceived to be sexually deviant or promiscuous?
☐ I heard these comments quite frequently.
☐ I heard these comments somewhat frequently.
☐ I heard these comments sometimes.
☐ I heard these comments infrequently.
☐ I never heard these comments.
19.) To what degree did people you looked up to make pejorative comments about non-straight people who were perceived to be sexually deviant or promiscuous?
☐ I heard these comments quite frequently.
☐ I heard these comments somewhat frequently.
☐ I heard these comments sometimes.
☐ I heard these comments infrequently.
☐ I never heard these comments.

20.) Were you taught about consent as a part of your sexuality education?
☐ I was taught about consent as a central concept.
☐ I was taught about consent as a marginal concept or an afterthought.
☐ I was not taught about consent.

21.) Were you taught about safety as a part of your sexuality education?
☐ I was taught about safety as a central concept.
☐ I was taught about safety as a marginal concept or an afterthought.
☐ I was not taught about safety.

22.) What, if anything, did you appreciate about the way you were taught about sexuality?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

23.) What, if anything, do you wish you would have been taught differently about sexuality?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
24.) What, if anything, did the authority figures in your life tell you about their reasons for teaching you about sexuality in the way they did?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

25.) Is there anything else you would like to share about your sexuality education?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Happiness Questions

26.) In most ways, my life is close to my ideal.
☐ Strongly agree. ☐ Agree. ☐ Slightly agree.
☐ Neither agree nor disagree. ☐ Slightly disagree. ☐ Disagree.
☐ Strongly disagree.

27.) The conditions of my life are excellent.
☐ Strongly agree. ☐ Agree. ☐ Slightly agree.
☐ Neither agree nor disagree. ☐ Slightly disagree. ☐ Disagree.
☐ Strongly disagree.

28.) I am completely satisfied with my life.
☐ Strongly agree. ☐ Agree. ☐ Slightly agree.
☐ Neither agree nor disagree. ☐ Slightly disagree. ☐ Disagree.
☐ Strongly disagree.
29.) So far I have gotten the most important things I want in life.
☐ Strongly agree. ☐ Agree. ☐ Slightly agree.
☐ Neither agree nor disagree. ☐ Slightly disagree. ☐ Disagree.
☐ Strongly disagree.

30.) If I could live my life over, I would change nothing.
☐ Strongly agree. ☐ Agree. ☐ Slightly agree.
☐ Neither agree nor disagree. ☐ Slightly disagree. ☐ Disagree.
☐ Strongly disagree.

Scale used for happiness questions: Satisfaction with Life Scale, developed by Ed Diener, University of Illinois at Urbana-Champaign.
To: Heather Woodford Date: 12/19/12

From: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Sex Positive Sex Education and Happiness Among Young Adults.”

_ X_ approved as _ _EXEMPT _ X_ MINIMAL RISK

Your human subjects approval number is: 12-13-063. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Professors: Maria Dinis, Jude Antonyapan, Teiahsha Bankhead, Serge Lee, Kisun Nam, Maura O’Keefe, Dale Russell, Francis Yuen

Cc: Bankhead
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