Equity in Sex Ed:

Making Sex Ed Relevant to Oregon Teens

Results from the 2020 TAB Survey

Executive Summary

My Future-My Choice (MFMC) is a comprehensive, medically accurate, inclusive and trauma informed sexuality education curriculum that meets the 6th grade requirements of Oregon's Health Education Standards. Each year, the My Future-My Choice Teen Advisory Board (TAB) is assigned a leadership project to complete in their communities across the state of Oregon. This year, the board helped design and implement a survey for high school and middle school students looking at how the sex ed they received supported their learning needs and different parts of their identities. Additionally, each TAB member conducted three interviews with peers to gain insight on how the inclusion or exclusion of student identities affect engagement with sexual health material.

A total of 449 surveys and 24 interviews were completed with representation from ten Oregon counties and some areas outside of Oregon.

Students overwhelmingly identified public school as a primary site of sexual health education in their lives, though the sexual health education they received from public school was not necessarily inclusive, helpful, or complete. LGBTQIA2S+ inclusivity, protection (including barrier method and contraception), and sexual activity (sex outside of penetration, positives of sex, not focused on abstinence, etc) were key subjects that students felt were missing from their current sexual health.

The vast majority of young people received education on STIs/STDs and puberty (91% and 89% respectively) while just over half had any education on gender and just over a third had sexual orientation included in their sexual health education. Despite OAR 581-022-1440 requiring sexual health instruction to occur in every grade K-12, students identified 7th grade as the most common grade to receive sexual health, at 64%.

Less than one fifth of LGB+ students saw their sexual/romantic orientation included in their sexual health education in a way that made them feel supported (18%). When asked in open-ended questions and in TAB member interviews, LGB+ students saw their identities included only in relation to HIV or rushed over by visibly uncomfortable teachers, leaving them feeling ignored or ashamed.

Overall, students stated their desire to have more sexual health education and to have that sexual health education taught to them in a comprehensive, inclusive manner, by comfortable and kind educators. TAB members used the data gained from the interviews and surveys to create a resource for educators on teaching more equitable sexual health education. This resource will be posted on the My Future- My Choice

website when completed
(https://www.oregon.gov/DHS/CHILDREN/MFMC/Pages/index.aspx).

Introduction

My Future-My Choice (MFMC) is a comprehensive, medically accurate, inclusive and trauma informed sexuality education curriculum that meets the 6th grade requirements of Oregon's Health Education Standards. This ten-lesson curriculum is taught by both teachers and high school Teen Leaders. Involving high school students not only provides middle school students with positive role models, but also provides high school students with opportunities to increase school connectedness, leadership skills, and confidence.

The Teen Advisory Board (TAB) is a statewide leadership opportunity for Teen Leaders involved in My Future-My Choice to develop additional leadership skills and act as the youth voice of the program. Each year, the My Future-My Choice Teen Advisory Board is assigned a leadership project to complete in their communities across the state of Oregon. This year, the board helped design and implement a survey for high school students looking at how the sex ed they received supported their learning needs and different parts of their identities (see Appendix). This survey, conducted online, included both fixed-choice and open-ended responses. Additionally, each TAB member conducted three interviews with peers to gain insight on how the inclusion or exclusion of student identities effect engagement with material.

Results from these surveys and peer interviews are presented here to share Oregon youth opinions about inclusivity and equity in the sex ed they've received. While the report primarily focuses on survey results, interviewee perspectives are added to enhance findings. TAB members used the data to create a tip sheet for educators about how to teach more inclusive and equitable sex ed to young people.

Who Responded to the Survey?

Collectively, the eight TAB members gathered the responses of 449 people in ten different counties across Oregon: Clackamas, Crook, Deschutes (4 TAB members represented this region), Klamath, Lincoln, Marion, Multnomah, Polk, Washington, and Yamhill (2 TAB members

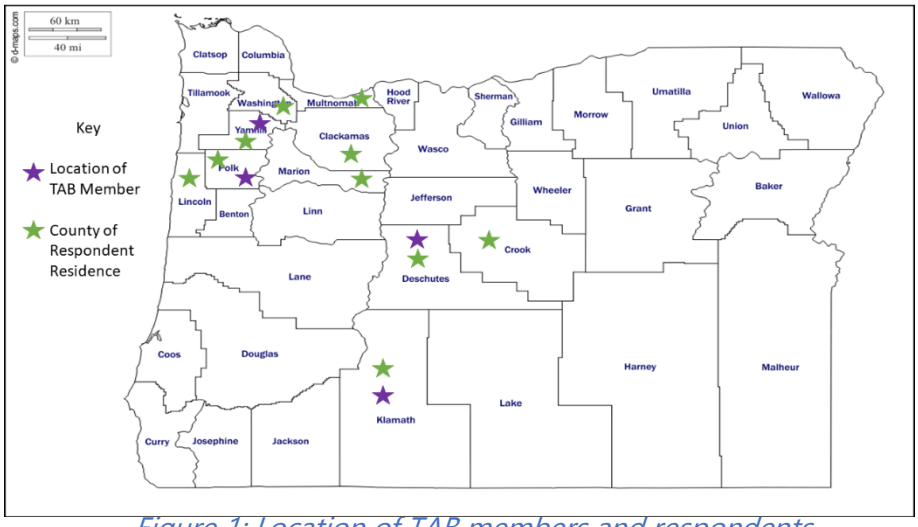


Figure 1: Location of TAB members and respondents

represented this region). Responses were also gathered from individuals in two Washington counties: King and Kitsap, one Nevada county: Clark, and some less specified areas (such as: "Oregon", "Central, OR", and "America"). Many of the respondents came from individuals who shared classes with TAB members or followed TAB members on social media, but Central High School in Polk County presented this survey to all their students, resulting in 164 of the responses or 36.5% of data collected.

Survey analysis was completed only on survey results from respondents who labelled their age as either "10-14" or "15-18", because of the MFMC program focus on middle school and high school peer educators. Survey results from respondents that were outside our target population (age range) were removed since it is more likely that the method used, or materials covered in sexual health education would have changed in addition to the increased likelihood of recollection bias. Our survey respondents skewed heavily towards the upper high school ages, in keeping with TAB's make up of primarily 11th and 12th graders. Of respondents analyzed, 10.4% were between 10-14 and 89.6% were between the ages of 15-18.

Young people were asked to select which gender identities described them (Table 1). Very few people selected Transgender or Cisgender in addition to woman or man, which limited possible analysis on those identities. Of the respondents, around 7% identified themselves as a gender other than man or woman, but because most people who identified as a man or woman did not include if they were cisgender or transgender, it is possible that 7% is an underestimation.

Table 1: Gender Identities of Respondents (Survey Question 23)*

Woman	58.4%	Man	26.9%
Two-spirit	0.8%	Cisgender	10.9%
Transgender	2.6%	Other	1.0%
Non-binary	2.4%		

** Results add up to more than 100% because respondents could select more than one category.*

Young people were asked to denote which races and ethnicities best described them by checking all survey responses they felt represented them (Table 2). Similar to Oregon's general demographic population, most young people identified as White (65% compared to 76% found in Oregon by the Numbers 2020 edition). Hispanic was the second most common response at 25%, which is very similar when compared to the 27-29% found in the Oregon Healthy Teen Survey. Both surveys showed

Hispanic/Latinx/Spanish Origin youth making up twice the percentage compared to the general population, which shows around 13% (Oregon by the Numbers 2020).

Table 2: Race and Ethnicities of Respondents (Survey Question 24)*

White**	65%	Asian	4%
Hispanic/Latinx/ Spanish Origin	25%	Black/ African American	2%
Native American/ Alaska Native	5%	Native Hawaiian or Other Pacific Islander	1%
Middle Eastern or North African was represented but with fewer than 1% responding.			

** Results add up to more than 100% because respondents could select more than one category.*
*** Includes respondents who selected only the White category.*

It is commonly reported that one in ten youth identify as LGB+. Interestingly, 33% of respondents identified as LGB+, a much larger population than is generally assumed. This contrasts with the Oregon Healthy Teen Survey 2019's results, which held with the more traditional 10%.

This percentage held true in both the TAB member's social circle, and in the responses gathered from Polk County, where the survey was presented as an option to all students. Interestingly, the 9.9% LGB response reported in the Oregon Healthy Teen Survey and in much of ODE's documentation ignores the 5-7% of students who identify as something other than straight, gay/lesbian, or bisexual and the 5- 8% of students who are unsure of their sexual orientation. The Oregon Healthy Teen Survey also does not include romantic orientation in their survey questions. Including the students who identified as something other than straight, gay/lesbian, bi, and those who are unsure, brings the total percentage of students much closer to what the TAB survey found (23-25%). This could suggest that 33% is not a sampling error.

Table 3: Sexual and Romantic Orientation of Respondents (Survey Question 25, n= 361)*

Straight/hetero**	67%	Gay/lesbian	4%
Bi/pan	22%	Other	2%
Queer	5%	Aromantic	1%
Asexual	4%		

** Results add up to more than 100% because respondents could select more than one category.*
*** Includes respondents who selected only the Straight/hetero category.*

Results

MATERIAL TAUGHT

To better understand how and where sexual health education has been taught to teens across the state, the survey began with questions regarding when sex ed was received and where. Most students surveyed had received some classroom/formal sex ed (83.4%), and the vast majority received their formal sex ed in public school (93.2%) (Figure 2 and 3). The second most popular response was with parents/caregivers, though this was only chosen by 40.2% of respondents.

Figure 2: Have you received any classroom/ formal sexual health education? (Survey question 1, n= 386).

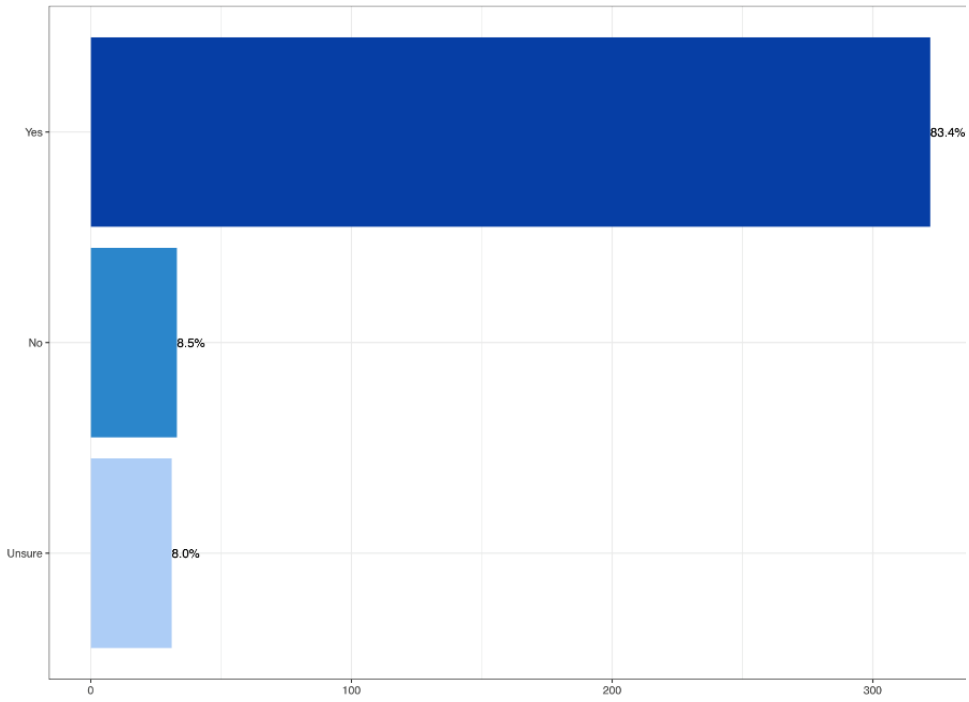
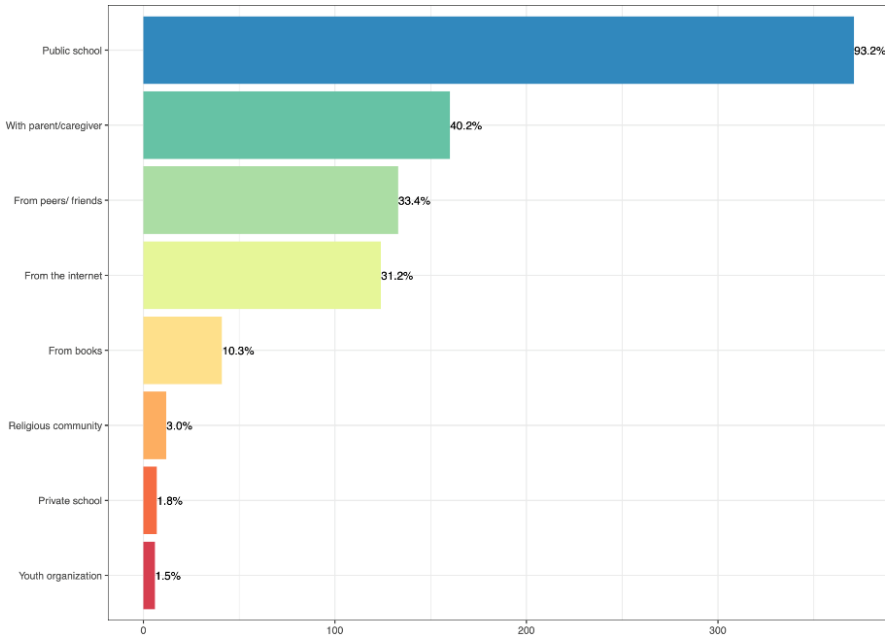


Figure 3: Where did you receive your sexual health education? (Survey question 3)



Despite OAR 581-022-1440 requiring that each school district provides a comprehensive plan of human sexuality instruction for each grade, Kindergarten through 12th grade, less than 65% of students reported receiving sexual health education in any one grade, and the education that was reported by respondents, overwhelmingly occurred in middle and early high school, with sharp drops in 4th and 10th grade (Figure 4). Most of the responses analyzed came from youth 15-18, which could account for some of the drop off. Especially disheartening for the My Future- My Choice curriculum is that only 46.5% of respondents received sexual health in 6th grade, the primary target for the MFMC curriculum.

Though My Future- My Choice is designed to meet the standards for 6th grade, it is primarily used for 7th grade in Washington, Klamath, and Yamhill counties, which made up 17% of respondents. It is also important to note that Polk county, which had the single largest county response only began formally implementing MFMC in 2019.

Figure 4: In which grades did you receive sexual health education? (Survey question 4)

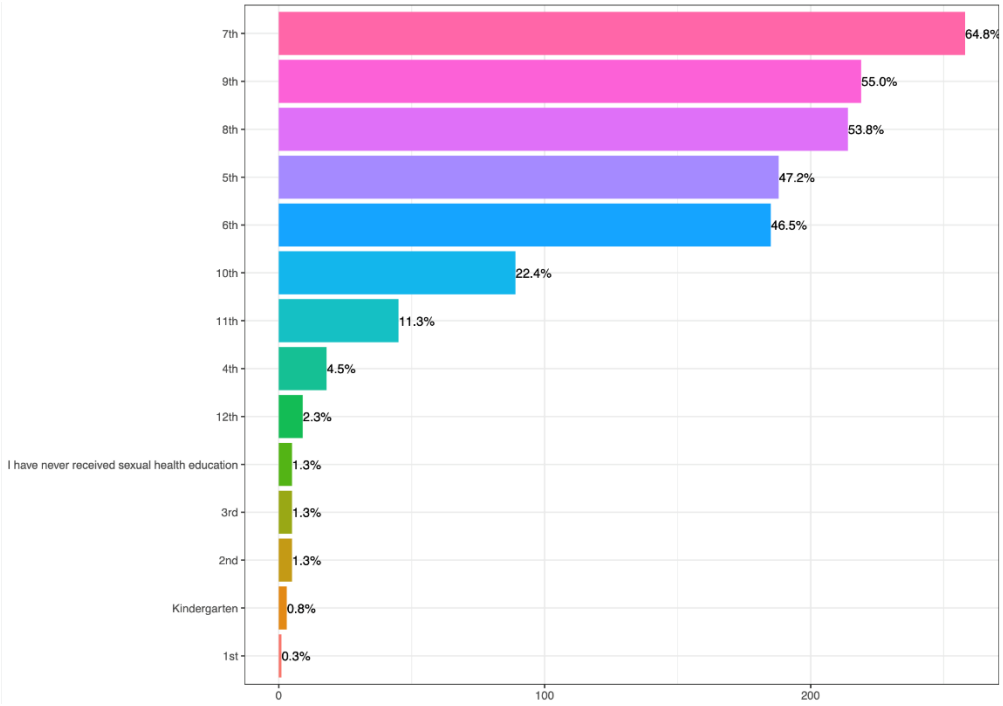
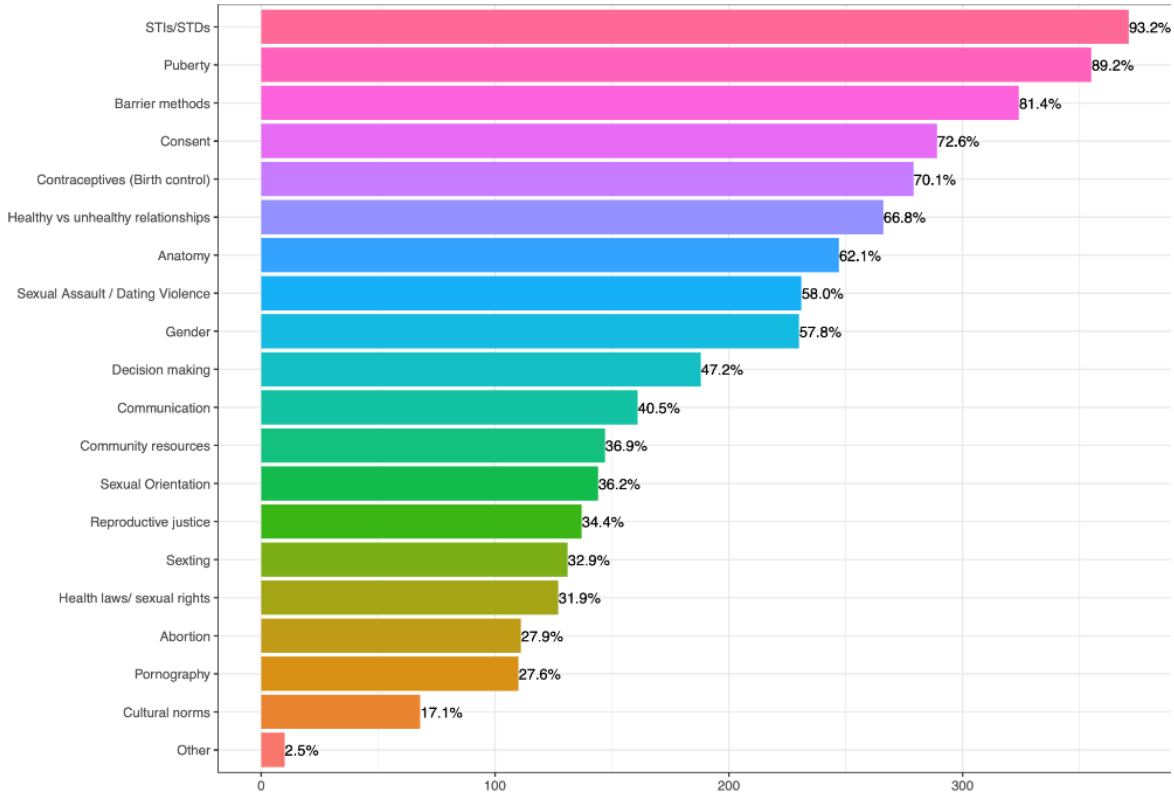


Figure 5: What topics were covered in your sexual health education? (Survey question 5)



The My Future- My Choice: Equity in Sex Ed survey asked respondents to select the topics that were included in the sex ed they received from a long list of options that included material mandated by Health Education Standards, material emphasized in the new National Sex Ed Standards, but not yet Oregon's standards, and topics that were important to the TAB theme. Our results showed that by far STIs/STDs and puberty were the topics most frequently covered in sexual health education (93.2% and 89.2% respectively), but identity-based education was included for a much smaller proportion of the respondents, with 57.8% receiving information on gender and 36.2% receiving information on sexual orientation (Figure 5).

IDENTITY INCLUSION AND SUPPORT

Respondents were asked to determine how different parts of their identity were included and supported in the sexual health education they received. Interviewees were asked how their sexual health education represented and supported them, as well as how they believed it would feel if they had not been represented or supported. Analysis of both survey data and peer interviews illuminated the different ways that sexual health education in Oregon is failing its students.

While some students felt well represented in the education they received, many students expressed disappointment in how their education was handled, especially regarding different targeted identities they might hold.

"I did see plenty of white people; I think that's why I never noticed how much of a bubble it was until I was suddenly 'different' from the 'norm'"

"The representation that is normal for me, it needs to be normal for everyone. It doesn't matter that everyone in my classes were white, and were assumed to be straight, or what not, we should've discussed more. It makes me so ashamed knowing that we didn't discuss so much."

"I think they should not only teach me about my identities, but about other ones as well. I may identify as something else and not even realize it."

LGBTQIA+ Inclusion Experiences

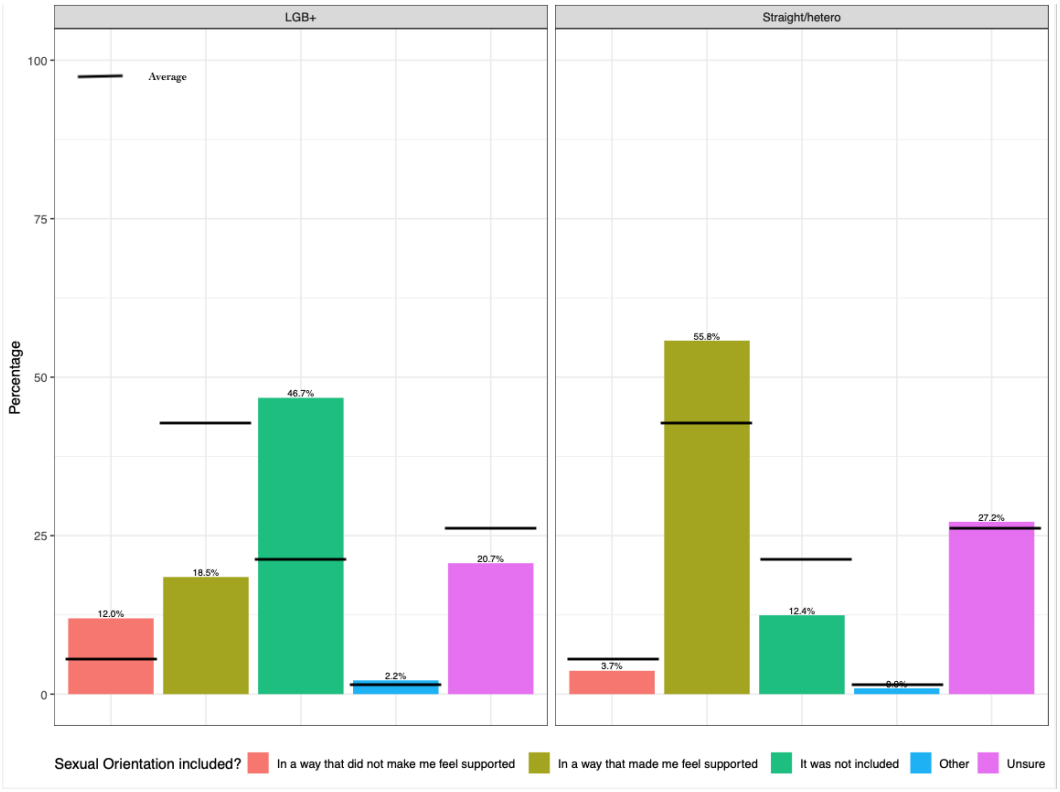
"I don't feel like my sexuality was represented well, it always seems to be gay or straight." – Young white woman who identifies as bisexual, Deschutes County

"They only showed straight people, I didn't feel well represented."- Young Mexican man who identifies as homosexual, Deschutes County

"The only mention of the LGBTQ community was when my teacher brought up AIDS for ten minutes then he just moved on."- Young woman who identifies as a lesbian, Deschutes County

Only 18.5% of LGB+ students felt that their sexual orientation was included in sex ed in a way that made them feel supported, for 46.7% their sexual orientation was not included, and 12.0% felt unsupported by the education they received. These results are not surprising when compared to the topics covered by respondent's sexual health education, in which sexual orientation education was covered for only 36.2% of respondents (Figure 6).

Figure 6: How was your sexual/romantic orientation(s) included? Grouped by answer to orientation demographic question (Survey question 11 and 25)



Analysis could only compare the experiences of non-binary students and students with binary identities (Appendix B). One third of respondents who fit outside the binary did not see their gender included in their sexual health education (31.2%), five times the rate for young men or women. Over 60% of young men and women felt their gender was supported, while only 25%-33% of those in the "outside binary" and "any other gender" category felt supported (Figure 7).

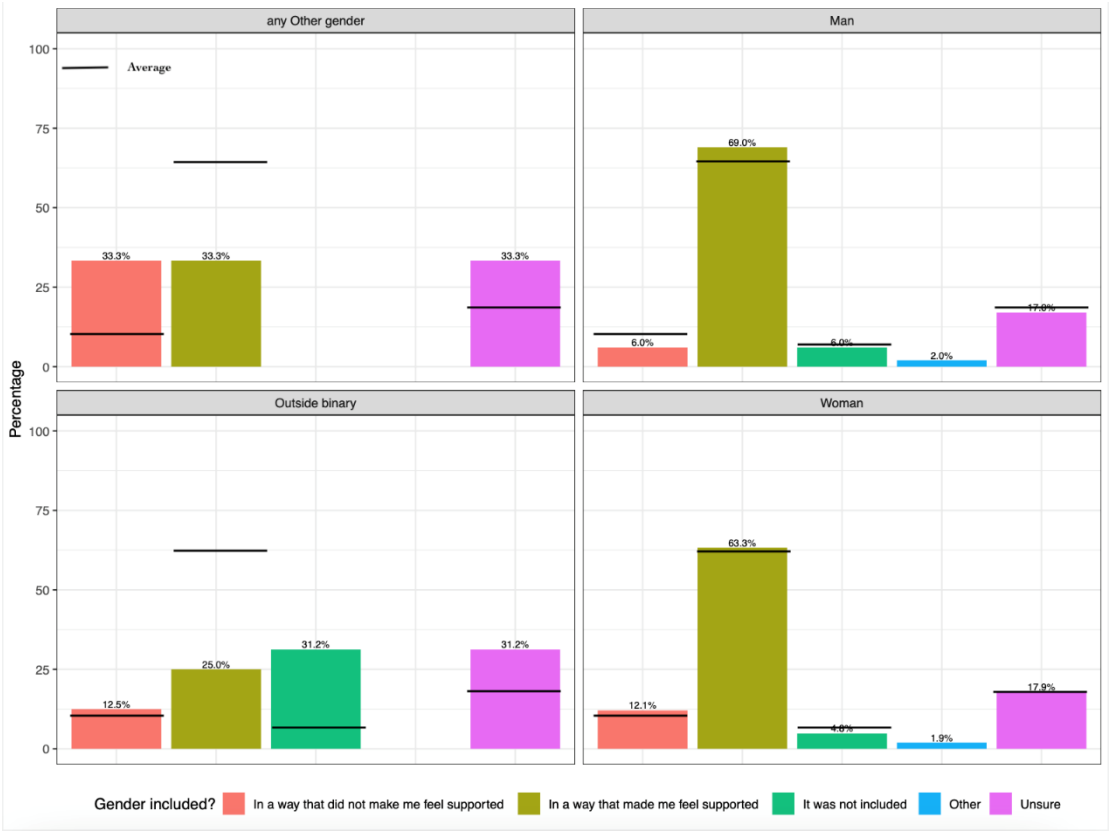
Though binary identities were supported more often than non-binary identities, there were still gaps in positive representation for students who identified as a woman or man. The prevalence of medical and pathologized information in current sexual health education in Oregon also led to young women and men feeling pigeon-holed into the role of becoming pregnant or causing pregnancy.

Gender Inclusion Experiences

"I feel there is a lack of representation for different sexualities/gender identities."- Young woman who identifies as bi/pan, Polk County

"It felt like women in a sex ed context were only discussed as potential teen pregnancy 'victims'."- Young woman who identifies as lesbian, Deschutes County

Figure 7: How was your gender included? Grouped by answer to gender demographic question (Survey question 10 and 23)



Racial/Ethnic Inclusion Experiences

"Teachers could've been more comfortable and had more inclusion… they showed straight white people mostly." – young woman who identifies as Guatemalan, Yamhill County.

"The curriculums did not include anything about other ethnicities or races other than white."- Identities unknown, Deschutes County

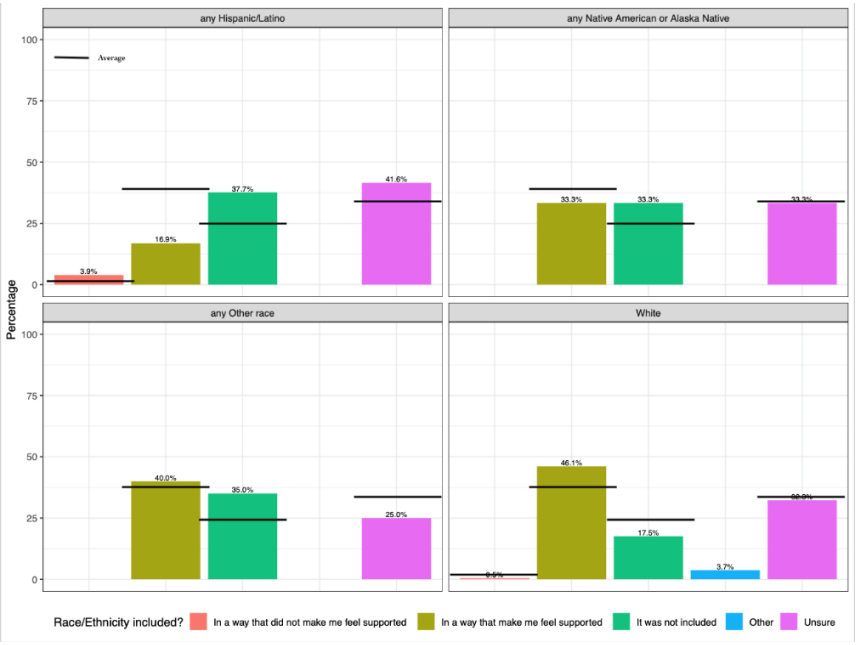
As with other demographic analyses, decisions had to be made with regards to categorization of responses. Respondents were split into four categories, those who identified themselves only as white, those who identified at least in part with Hispanic/Latinx, those who identified at least in part with Native

American/ Alaska Native, and those who identified with any other category. These

categories were the three largest responses and all other responses.

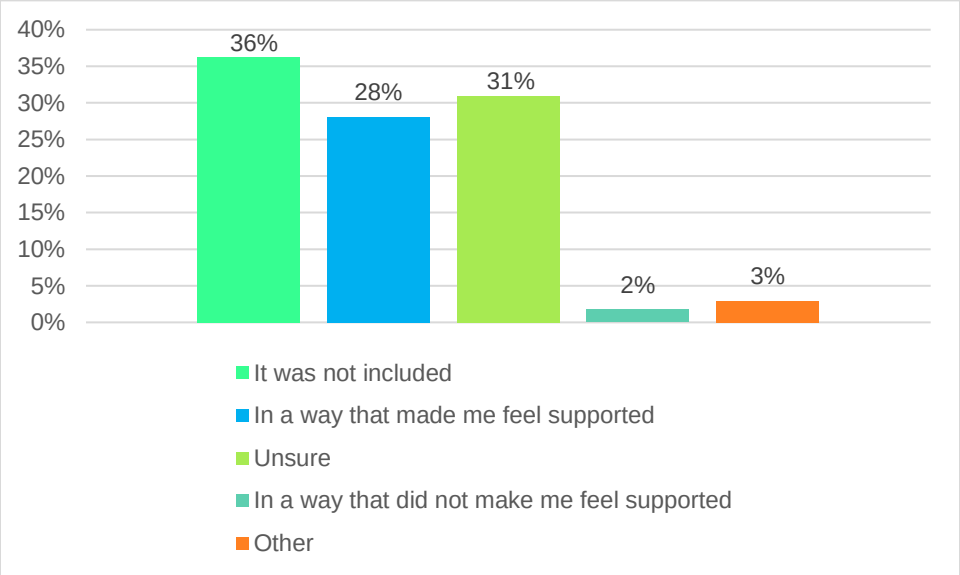
Data analysis showed that BIPOC student's race/ethnicity was left out of sexual health education about twice as often as students who identified only as white. Hispanic/ Latinx respondents were less likely to feel that their identity was supported than any other group analyzed (16.9% versus an overall average of 39%).

Figure 8: How was your race/ethnicity included? Grouped by answer to racial/ethnic demographic question (Survey question 8 and 24)



Just over a third of respondents with disabilities felt that their disabilities were not included in their sexual health education (36%) while 31% were unsure about how/if their disabilities were included. Many students (28%) had a sexual health education that was supportive of their ability, but roughly two thirds didn't see themselves or didn't know if they had seen themselves in the curriculum they were taught. Very few students had an actively negative experience with the inclusion of their disability, but for the majority of respondents, it was not addressed in the sexual health education they received.

Figure 9: How was your (dis)ability(s) included? (Survey question 26)



TEACHER COMFORT WITH MATERIAL

Overall, 61.5% of respondents felt that their teachers were comfortable teaching sexual health education, though there were many areas of teaching that needed improvement. While the majority of students said that their teachers were comfortable, much of the student advice mentioned teacher comfort/ discomfort around certain topics and how teachers preferentially talked about some topics over others (ex: teaching about STIs and abstinence over bodily autonomy and sexting). Peer interviews identified that much of their teacher's discomfort came around discussion of the LGBTQIA+ community, though some interviewees pointed out their teacher's overall discomfort with sex ed as a whole and how it can affect the classroom dynamic.

"We covered so many potentially sensitive topics in that class, but he only prefaced discussing same-sex relationships as a trigger. It was like, 'we're going to talk about it because we have to, so I'm sorry.'"- Young man who identifies as a member of the LGBTQ community, Deschutes County

"The classroom was awkward and unwelcoming due to the teacher acting weird around topics."- Identities unknown, Deschutes County

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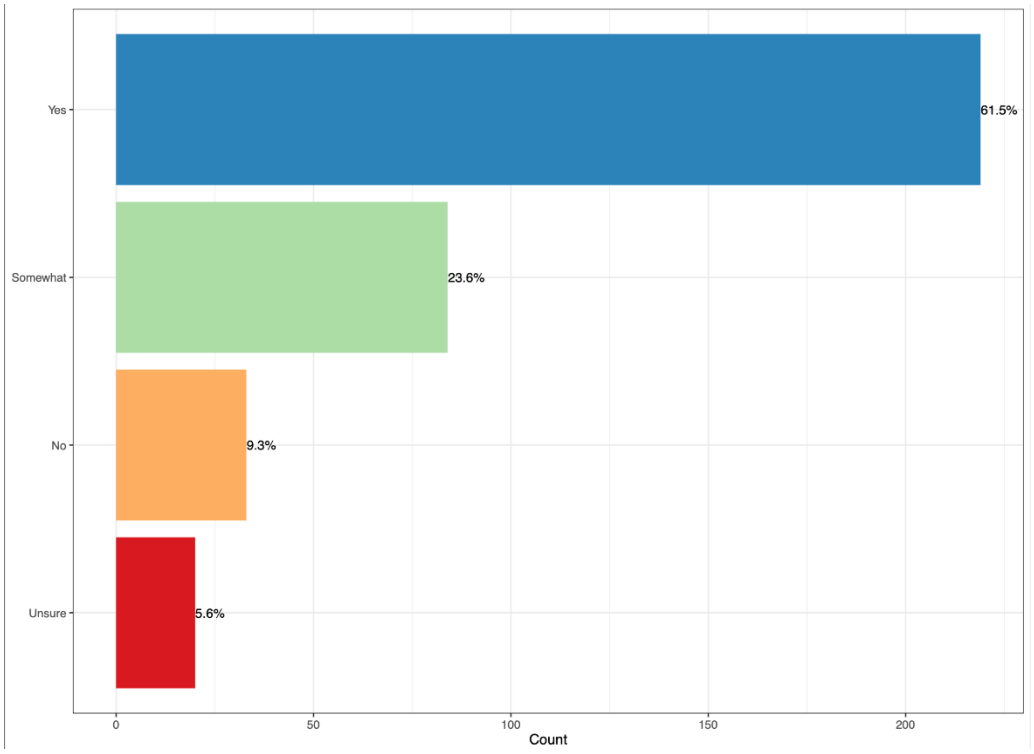
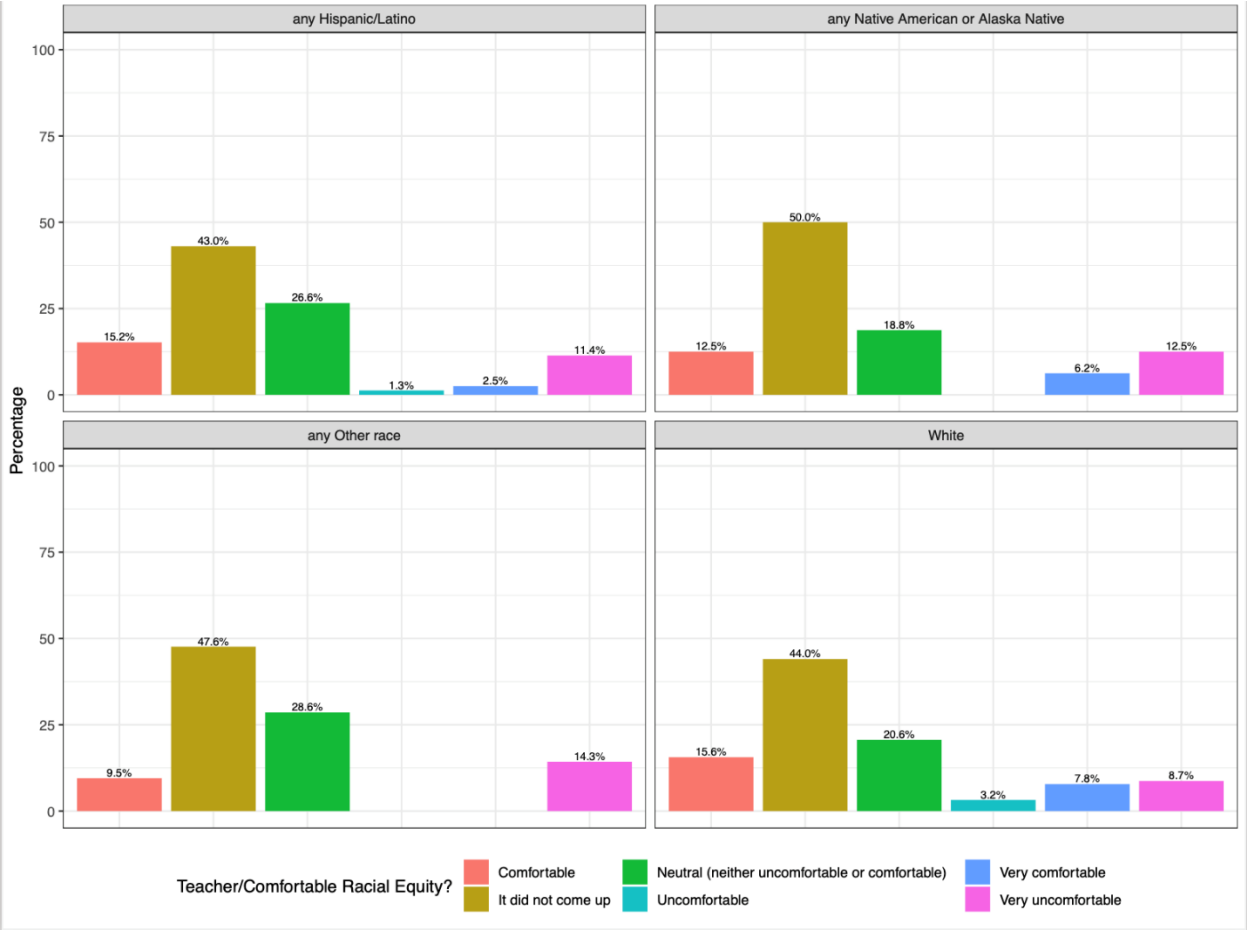
Figure 10: Did you feel like your teacher was comfortable teaching sex ed? (Survey Question 13)



When it comes to answering questions related to racism/racial equity, responses showed a much lower level of comfort. Analysis broke up responses between different racial and ethnic groups which showed that higher percentages of Native American, Latinx, and other BIPOC respondents felt their teachers were very uncomfortable answering questions about racism/racial equity than White respondents (between 11-14% versus 9%). Between 40-50% of all groups stated that these questions didn't come up.

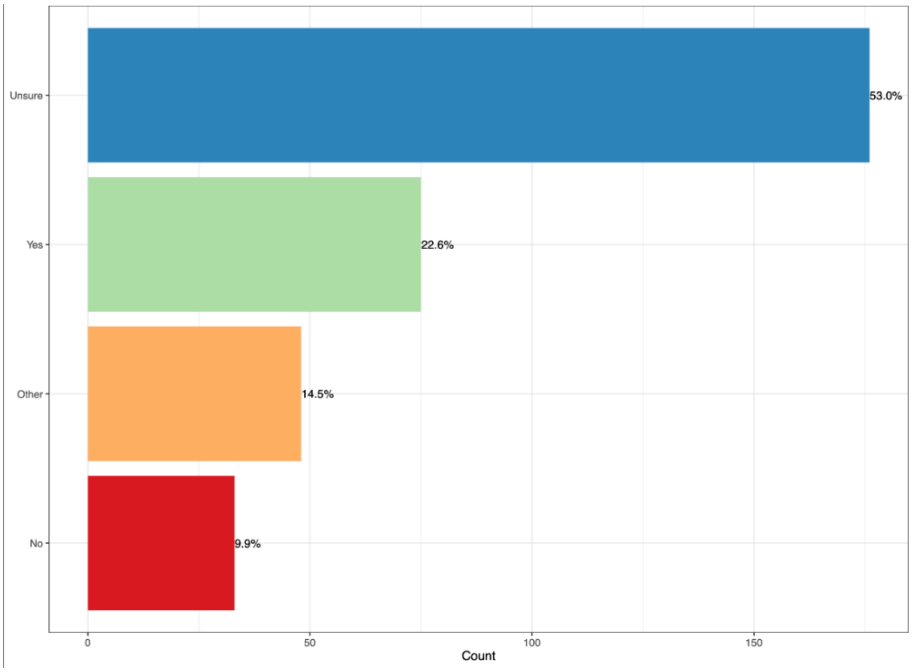
This survey was administered in the winter of 2020 and early 2021, just after the most publicized portions of the Black Lives Matter protests in Portland and other urban centers in Oregon (though these demonstrations were ongoing during the months this survey was active) This could have affected the response to questions around racial equity.

Figure 11: How comfortable was the teacher talking about racial equity/racism in the classroom? (Survey Question 14)



Regardless of teacher comfort in responding to questions about racial equity/ racism, majority of respondents (53%) were unsure if they received a satisfactory answer to their questions and comments on the topic. Less than one quarter of respondents felt that their teacher's response made them feel seen and heard (22.6%).

Figure 12: Did the way your teachers answered questions about racial equity/racism make you feel seen and heard? (Survey Question 16)



WHAT IS MISSING?

When asked what topics are missing from sexual health education in Oregon, respondents had no shortage of topics they believed should be included in the sexual health education that students receive. Many respondents provided multiple areas for improvement in their answers. When thematic analysis was completed on these responses, there was a total of 492 response topics that fit into 17 larger categories. The most common response was the inclusion of LGBTQIA+ friendly material (including education on sexual orientation, gender identity, non-heterosexual/ penetrative sex, etc.) with 87 mentions.

Of equal importance to note, other common responses included information on protection (both contraceptives and barrier methods), sexual activity, abortion, and laws, rights, and equity in sexual health education. These results lead us to understand the many topics youth feel is lacking in their sexual health education. Several respondents commented that they wished they had learned about the topics that had been provided on our survey and/or what the Health Education Standards said they should be taught each year. Many students expressed the desire to be given complete information and trusted to make their own decisions about their bodies and lives, without having educators withhold information to push them in a certain direction.

Sexual Activity Selected Quotes

- "Teaching sex [that] is not simply penetration"
- "More safe sex teaching instead of abstinence"
- "Safe sex as an LGBTQ person"
- "Pros of sex"
- "Sex is okay when you are ready but just be smart about it"

For some educators the prospect of treating students as the experts in their own lives and giving them all the information triggers fear of increased sexual activity, pregnancy, and abortion. Studies have shown the opposite, when students are taught comprehensively, including health care laws and rights, and information on abortion, rates of these behaviors decrease. Teaching comprehensive sexual health education has been shown to significantly reduce the likelihood of teen pregnancy and vaginal intercourse compared to abstinence-only or no sexual health education (Kohler et al., 2007). Since 2009, when the Human Sexuality Education Law mandated comprehensive sexual healthy education, rates of pregnancy in youth 10-17 have fallen by 66% in Oregon. Comprehensive sexual health education has been shown to not only delay sexual initiation, but also to increase likelihood of use of protection (barrier methods or contraceptives) when compared to no sexual health education (Bennett et al, 2005).

Table 4: Thematic analysis results from "What topics do you feel are missing most from sexual health education in Oregon?" (Question 17)

LGBTQ	**87**	**Not abstinence only/ Harm reduction**	**24**
Protection	**38**	**Local Resources and getting support**	**21**
Sexual Activity	**38**	**Diversity**	**17**
Abortions	**35**	**Race**	**14**
Laws, Rights, Equity	**35**	**Safety**	**11**
In depth anatomy and bodily function	**32**	**Sexually Explicit Media**	**11**
Consent	**31**	**Abstinence only and reprecussions**	**10**
Relationships, culture, emotions	**31**	**Pleasure/Masturbation**	**6**
Abuse/Assault/Rape/ Harassment	**25**		

WHAT SHOULD EDUCATORS DO DIFFERENTLY?

When asked what advice respondents had for sexual health educators (including, nurses, teachers, and any other adult who might provide formal sexual health education) to improve the way they teach sexual health education, 256 provided at least one piece of advice. Thematic analysis provided four overarching categories that responses fell into, though each of these categories had between two and seven more specific themes that responses fell into.

Inclusivity of material presented was an important theme that was mentioned in many responses, creating a substantial overlap with answers to the previous question. Students identified the lack of LGBTQIA2S+ and BIPOC specific information as a failing of both the curriculums they were taught from and how the teachers' themselves taught. Though this category was the least common of the four, its presence as a major piece of advice shows the lackluster inclusion students saw on the structural and individual basis.

"If you aren't comfortable talking about [it] and answering real questions without making kids uncomfortable don't do the job!"- Young woman who identifies as bisexual, Yamhill County

The next category, 'Make students feel safe, respected, and comfortable' was, in many cases,

an entreaty by students to provide them basic learning support and to not be cruel to them or shame them for their questions or choices. There was little to no mention of control of the classroom being key to students feeling safe, respected, or comfortable, in fact, several students advised that teachers understand that laughter does not automatically equal disrespect or disengagement. This category also included requests to become comfortable teaching the material in its entirety or to arrange for another educator to step in and give that information.

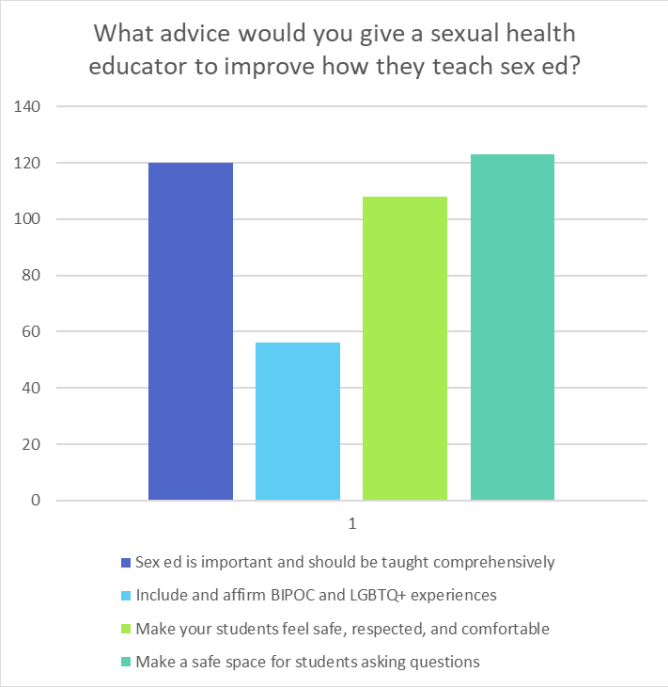
"I [...] want them to act like they love their job and it's the best job ever every day! That goes a long way."- Young man who identifies as Black

In Oregon, sexual health education in public schools falls under the purview of P.E, health, or science teachers in most instances. There are those math, homeroom, or English teachers who occasionally are assigned the task just as there are some classes who have sexual health educators provide the information as guest speakers, though both of those situations are rare. Students point to their teachers' lack of passion or training as an obvious feature of their sexual health education.

The second most common piece of advice response illustrated the importance students place on their sexual health education being comprehensive and free from bias. Within this category, students specifically called for educators to teach safer sex over abstinence only messages, spend time thoroughly discussing the subjects that are subject to the most controversy (many students specifically requested more information on abortion services and local community resources), and to treat sexual health education as one of the most important subjects that students are taught in their educational tenure.

The most common piece of advice respondents gave to help educators improve their teaching was to create a space in which students feel able to freely ask questions. Some students pointed to this importance of anonymous means of question asking. There were two overriding themes within this category, the imperativeness of answering all questions asked in a respectful and thorough manner, and the importance of teachers putting their personal values and beliefs away during sexual health education.

Figure 13: Thematic analysis results from "What advice would you give a sexual health educator (a teacher, local public department educator, school nurse, etc.) to improve how they teach students about sexual health? (Question 18)



Sex Ed is important and should be taught comprehensively	Include and affirm LGBTQIA2S+ and BIPOC experiences	Make your students feel safe, respected, and comfortable	Make a safe space for students asking questions
•Don't rush through the content •Normalize safer sex •Don't solely teach abstinence •Don't shame or fearmonger •Treat the content as an important subject •Use up to date information	•Don't divide information by identity •Bring in local resources and diversity •Include race in your discussions •Be inclusive to LGBTQIA2S+ identities and needs	•Feel comfortable/ make the class feel comfortable •Be open and honest •Don't make the discussion awkward or weird •Have teachers who are confident in the material teach •Monitor the tone you use when discussing sex ed •Be kind to students •Be supportive of students	•Answer all questions •Put personal feelings/ beliefs way

CONCLUSION

The My Future- My Choice: Equity in Sex Ed survey resulted in a deeper understanding of what youth in Oregon feel is lacking from their sexual health education and knowledge that for most students, this learning happens in a classroom setting, emphasizing the importance of comprehensive, inclusive, and medically accurate sexual health curriculum in public education. Our results demonstrated that while they are extremely important topics to cover, STIs/STDs and puberty were most taught at a detriment of identity and gender-inclusive based curriculum. Furthermore, our results demonstrated that youth want to learn more about these topics. This shows that not only is there a need for inclusion of gender identity, LGB+, and sexual orientation in sexual health education but also interest on behalf of students to engage in these topics.

Students of all races and ethnicities highlighted the need to address racial equity in the classroom but noted the massive discomfort their teachers felt answering questions/ engaging with the topic. Students, especially BIPOC students, recommended engaging with culturally specific organizations and bringing in guest speakers to speak on topics outside of teacher's lived experiences and engage substantively with the systemic barriers facing BIPOC students.

The My Future-My Choice Teen Advisory Board recommends that educators work to understand various identities and ensure that they include and affirm BIPOC and LGBTQ+ experiences in their teaching and material. Teen Advisory Board members compiled questions for educators to ask of themselves before, during, and after teaching sexual health content which can also be applied to other subject areas. Of equal importance TAB recommends that educators deepen their own understanding into their personal identities and beliefs and ensuring their personal beliefs are not included in comprehensive curriculum.

The results from the surveys and interviews were used by the Teen Advisory Board to create a resource for sexual health educators in teaching more equitable sex ed. This resource will be published and made available on the My Future- My Choice website. It will also be distributed statewide as a resource for Oregon communities.

The My Future- My Choice program would like to thank the 2020-2021 Teen Advisory Board members and mentors for their time and dedication in collecting data, creating the resource, and contributing to the My Future-My Choice 8th grade curriculum currently in development.

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Appendix A: Sexual Health Education Experience Survey

These questions are meant to gain an understanding of what topics were covered in your personal sexual health education and how they were covered. We would like to learn what you would change to be more inclusive of the different parts of your identity. There are no mandatory questions, answer as many or as few as you feel comfortable with. There are no right answers, just answer as truthfully as you can. Some of the questions apply specifically to classroom/formal learning, if this wasn't your experience, feel free to skip to the next question that applies to you.

(Sexual health education is sometimes called Family Life or Sex Ed)

1)

Have you received any classroom/formal sexual health education such as classroom discussion, lectures, or reading assignments designed to teach you about specific sexual health topics? (Not a novel with a sex scene in it, sexual song, etc.)

( ) Yes

( ) No

( ) Unsure

( ) Other: _____

2)

Did you receive sexual health education in Oregon?

( ) Yes

( ) Yes, some but not all: _____

( ) No

3)

Where did you receive your sexual health education? (select up to three responses)

[ ] Public school

[ ] Private school

[ ] With parent/caregiver

[ ] Religious community

[ ] Youth organization

[ ] From peers/ friends

[ ] From the internet

[ ] From books

[ ] Other

4)

In which grades did you receive sexual health education? (mark all that apply)

[ ] Kindergarten

[ ] 1st

[ ] 2nd

[ ] 3rd

[ ] 4th

[ ] 5th

[ ] 6th

[ ] 7th

[ ] 8th

[ ] 9th

[ ] 10th

[ ] 11th

[ ] 12th

[ ] I have never received sexual health education

[ ] Other: _____

5)

What topics were covered in your sexual health education? (mark all that apply)

[ ] Barrier methods (condoms, dental dams, finger cots, gloves, etc.)

[ ] STIs/STDs (Sexually transmitted infections/ diseases)

[ ] Consent

[ ] Reproductive justice (the human right to control your body, have children, not have children, and parent the children you have in a safe and sustainable community)

[ ] Abortion

[ ] Health laws/ sexual rights

[ ] Puberty

[ ] Anatomy

[ ] Gender

[ ] Cultural norms

[ ] Sexual Orientation

[ ] Contraceptives (Birth control)

[ ] Community resources

[ ] Sexting

[ ] Pornography

[ ] Communication

[ ] Decision making

[ ] Healthy vs unhealthy relationships

[ ] Sexual Assault / Dating Violence

[ ] Other: _____

[ ] I did not receive sexual health education

6) What do you think would be important to include to make sex ed relevant to all students?

(Themes, lessons, activities, etc.)

_____

_____

_____

_____

7) During your sexual health education, did you see your identities represented?

(Racial, ethnic, gender, ability status, sexual orientation, cultural, etc.)

( ) Yes

( ) No

( ) Some, but not all of my identities (ex: your gender was included but not your sexual orientation)

( ) Unsure

( ) Other: _____

8)

How was your race/ethnicity included?

( ) In a way that make me feel supported

( ) In a way that did not make me feel supported

( ) It was not included

( ) Unsure

( ) Other: _____

9)

How was your culture/community included?

( ) In a way that made me feel supported

( ) In a way that did not make me feel supported

( ) It was not included

( ) Unsure

( ) Other: _____

10)

How was your gender included?

( ) In a way that made me feel supported

( ) In a way that did not make me feel supported

( ) It was not included

( ) Unsure

( ) Other: _____

11)

How was your sexual/romantic orientation(s) included?

( ) In a way that made me feel supported

( ) In a way that did not make me feel supported

( ) It was not included

( ) Unsure

( ) Other: _____

12)

How was your (dis)ability(s) included?

( ) In a way that made me feel supported

( ) In a way that did not make me feel supported

( ) It was not included

( ) I do not have a disability

( ) Unsure

( ) Other: _____

Teacher Comfort

If you received your sexual health education in a classroom or other situation with a teacher, please answer the following questions. If you did not, please go to the next page.

Equity: Supporting people in the way they need to be successful
Equality: Supporting everyone in the same way regardless of need or history

13) Did you feel like your teacher was comfortable teaching sex ed? Please explain your answer.

( ) Yes: _____

( ) No: _____

( ) Somewhat: _____

( ) Unsure: _____

14) How comfortable was the teacher talking about racial equity/racism in the classroom?

Equality: Giving everyone a cast regardless of whether they have broken a bone
Equity: Giving the people who have broken bones casts and the people with infections antibiotics

( ) Very uncomfortable ( ) Uncomfortable ( ) Neutral (neither uncomfortable or comfortable) ( ) Comfortable ( ) Very comfortable ( ) It did not come up

15) How well did your teacher respond to questions about racial equity/racism?

( ) Very poorly ( ) Poorly ( ) Neutrally ( ) Well ( ) Very well ( ) It did not come up ( ) If it came up, they ignored it

16) Did the way your teacher's answered questions about racial equity/racism make you feel seen and heard? Please explain.

( ) Yes: _____

( ) No: _____

( ) Unsure: _____

( ) Other: _____

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17) What topics do you feel are missing most from sexual health education in Oregon?

_____

_____

_____

_____

18) What advice would you give a sexual health educator (a teacher, local public department educator, school nurse, etc.) to improve how they teach students about sexual health?

_____

_____

_____

_____

19) Is there anything else you want to share about your experience receiving sexual health education?

_____

_____

_____

_____

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20) Did you receive this survey from a TAB member? If so, who?

( ) Abby D.

( ) Abby S.

( ) Flor S.

( ) Janah M.

( ) Jenna B.

( ) Sophie B.

( ) Trace T.

( ) Yesenia C.

( ) I did not receive this survey from a TAB member

21) What county do you live in? (i.e; Marion, Deschutes, Yamhill, etc)

If you live outside of Oregon, please specify which state you live in.

_____

22)

How old are you?

( ) Younger than 10

( ) 10-14

( ) 15-18

( ) 19-24

( ) 25-35

( ) 36-50

( ) Older than 50

23)

Which of these gender identities describe you? (Select all that apply)

[ ] Woman

[ ] Two-spirit: _____

[ ] Transgender: _____

[ ] Non-binary: _____

[ ] Man

[ ] Cisgender

[ ] Other:: _____

24)

Which categories best describe you? (Select all that apply)

[ ] Native American or Alaska Native (Eg: Confederated Tribes of Warm Springs, Confederated Tribes of Umatilla, Burns Paiute Tribe, Yakama Nation, Confederated Tribes of Siletz, Klamath Tribes, Native Village or Barrow Inupiat Traditional Government, Nome Eskimo Community, etc)

[ ] Native Hawaiian or Other Pacific Islander (Eg: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc)

[ ] Black or African American (Eg: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc)

[ ] Middle Eastern or North African (Eg: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc)

[ ] Asian (Eg: Cambodian, Chinese, Filipina/o/x, Indian, Vietnamese, Korean, Japanese, etc)

[ ] Hispanic, Latina/o/x or Spanish origin (Eg: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, Guatemalan, etc)

[ ] White (Eg: German, Irish, English, Italian, Polish, French, etc)

[ ] Other: _____

25)

Which of these orientations describe you? (Select all that apply)

[ ] Aromantic: _____

[ ] Asexual: _____

[ ] Bi/pan

[ ] Gay/lesbian

[ ] Straight/hetero

[ ] Queer

[ ] Other: _____

26)

If you have a disability, please indicate what type(s):

[ ] Cognitive

[ ] Physical

[ ] Sensory

[ ] Social/Emotional

[ ] Other: _____

[ ] I do not have a disability/ I prefer not to state

Thank You!

Thank you so much for your participation in the TAB equity in sexual health education survey 2020. Your responses have been recorded and are invaluable in effective and supportive sexual health education for all students.

Appendix B: CHALLENGES IN ANALYSIS

There were many challenges to work through in analysis of the data. Because the goal of the survey was to look at intersectional identities, analysis had to be considered with regards to both significant response rates and the tendency of data to break respondents down to a singular identity that is prioritized. The depth and complexity of the TAB survey led to several challenges in analysis.

A different approach was taken for analysis of each of the demographic category questions to respect the information students freely gave to us while also reaching significant numbers and synthesizing all the information given in the survey. Different approaches were also used because some identities lend themselves to placement in discrete categories while others do not.

For example, when asked about their sexual/romantic orientation many respondents identified with the bi/pan category, but, because the question covered both sexual and romantic orientation, a number of those respondents who selected bi/pan also selected aromantic or sexual as another aspect of their orientation. When deciding what categories to separate analysis into, the team was instructed to create a hierarchy of discrete categories to place respondents into. Therefore, if someone identified themself as bi/pan and asexual, it was requested that a decision be made on which of their identities was more important to analyze whether bi/pan or asexual. For many individuals their romantic and sexual orientations match, making it unfeasible to ask two different questions on orientation. Yet, many individuals fall along the asexual or aromantic spectrum and hold multiple orientation identities. Because sexual orientation attempts to categorize different identities, the decision was made to analyze based on respondents who selected only straight/hetero compared to respondents who did not select only straight/hetero.

Like orientation, the analysis of race and ethnicity challenged discrete categorization. While approximately 60% of respondents selected on white/European for their racial/ethnic identity, much of the remaining respondents selected multiple categories that the identified with. Eventually, categories were drawn along students who selected only white/European, youth who identified at least in part with Latinx/a/o, youth who identified at least in part with Native American, and youth who identified with any other category. This decision was made because those three categories were the most common and had the fewest overlaps with other identities.

Analysis of gender had the unique challenges as well. When asked what gender they were respondents overwhelmingly provided responses that showed half of a

respondent's identity (for example many people answered only man or woman without including the cis- or trans- prefix). Therefore, much of the data collected was unusable when looking at how inclusion differs between binary identities. Instead of categories being created along the lines of cisgender, transgender, and non-binary, the lines had to be drawn between respondents outside of the binary, women, men, and those who were unsure or other. This provided meaningful insight into the differences in support between binary and non-binary respondents but lumped the experience of trans- and cis- gender men and women together, because ~80% of respondents selected only woman or man.

The final challenge in analysis was the overwhelming presence of responses from Polk county. Because Central High School in Polk county offered this survey to any student who wished to participate, approximately 37% of total responses came from that single school. This large percentage of students helped to negate the effects of convenience sampling from TAB members, as for the most part, other participants were gathered from the social media followers of other TAB members as well as their friends and acquaintances. On the other hand, Central's participation overwhelmed all but Deschutes County for responses, which could leave to an over representation of views present in Polk.