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## **Embracing the Uncomfortable: Should Colleges Mandate Sex Education?**

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### **Abstract**

There is an alarming prevalence of chlamydia among young adults in the U.S. To combat these rising amounts of cases, this paper suggests that colleges should consider mandating sex education courses for freshmen. In my research, I found that the sex education received by students in middle and high school may be insufficient, as a result of being primarily abstinence-focused, and that different states in the U.S. have varying levels of regulations in place. I also found that chlamydia rates are increasing disproportionately, and that many groups of Americans may not have access to sexual resources, further increasing chlamydia spread. In this paper, I emphasize that not only is mandating sex-ed for college students becoming increasingly important, but it would also promote healthy sex related discussion. While some may argue that required sex-ed is unnecessary or immoral, there is sufficient evidence to prove that comprehensive sex education reduces STI spread and would benefit the sexually active portion of the American population. Further research is needed in order to better understand student opinion and if a desire is present for such sexual resources, but as it stands, I conclude that it would be highly beneficial.

In the United States, the prevalence of sexually transmitted infections (STIs, sometimes called STDs), has increased over the past few decades; in particular, the STI chlamydia has had steadily rising rates, making it one of the most widespread STIs to date. While other STI rates are leveling off or declining, the number of chlamydia cases is disproportionately increasing, especially among the college demographic (Aral et al.). Such spread may indicate that American high school students are either receiving inadequate sex education, or potentially none at all.

Although some would argue that students are already familiar with STI prevention strategies, I suggest that making comprehensive sex education a requirement in college would provide students with information they may not have acquired in high school. Additionally, the current stigma associated with sexual health may be lessened by promoting sexual dialogue on campuses.

Chlamydia Trachomatis, simply referred to as chlamydia, is a common sexually transmitted infection that, while curable, could become more serious if left untreated. It frequently presents itself as a “silent infection,” meaning that symptoms may be modest or not present in most people. For example, only 10% of men experience symptoms, compared to up to 30% in women (“Detailed STD Facts - Chlamydia”). Given the concealed nature of this infection, frequent testing of chlamydia is crucial, especially in more sexually active individuals.

As reported by the CDC, Chlamydia is rising disproportionately among young adults, more specifically, individuals from the ages of 19-24 (“Figures”). If there is a lack of sexual knowledge in rising college students, then it can be argued that they are not aware that chlamydia is a silent infection. In a college environment where it is common to have more than one partner, or with the rise of hook-up culture, it can be estimated that students or young adults are not receiving STI testing as frequently as they should (Thompson et al.). In contrast, some argue that the main cause for the current rise in cases is simply because more adults, primarily women, are being tested than ever before (Martin). While it is true there is less of an STI stigma than ever before, it is highly possible that our current case amount is truly an underestimate, given that many STI clinics were put on hold during COVID-19, reducing the number of chlamydia reports (Kelly et al.).

In terms of case quantity, chlamydia is statistically more widespread in developing nations rather than “first world countries” (“STD Rates by Country 2023”). Despite this, it affects the US more than other nations of a similar status, as evidenced by WHO/CDC data (Fig. 1). Given the U.S.'s abundant financial and informational resources, such high STI rates may indicate a deeper problem which may be caused by cultural or political differences, especially when comparing European countries to the US, or by a lack of awareness in the general population. There may also be a certain apathy towards sex education within American society.

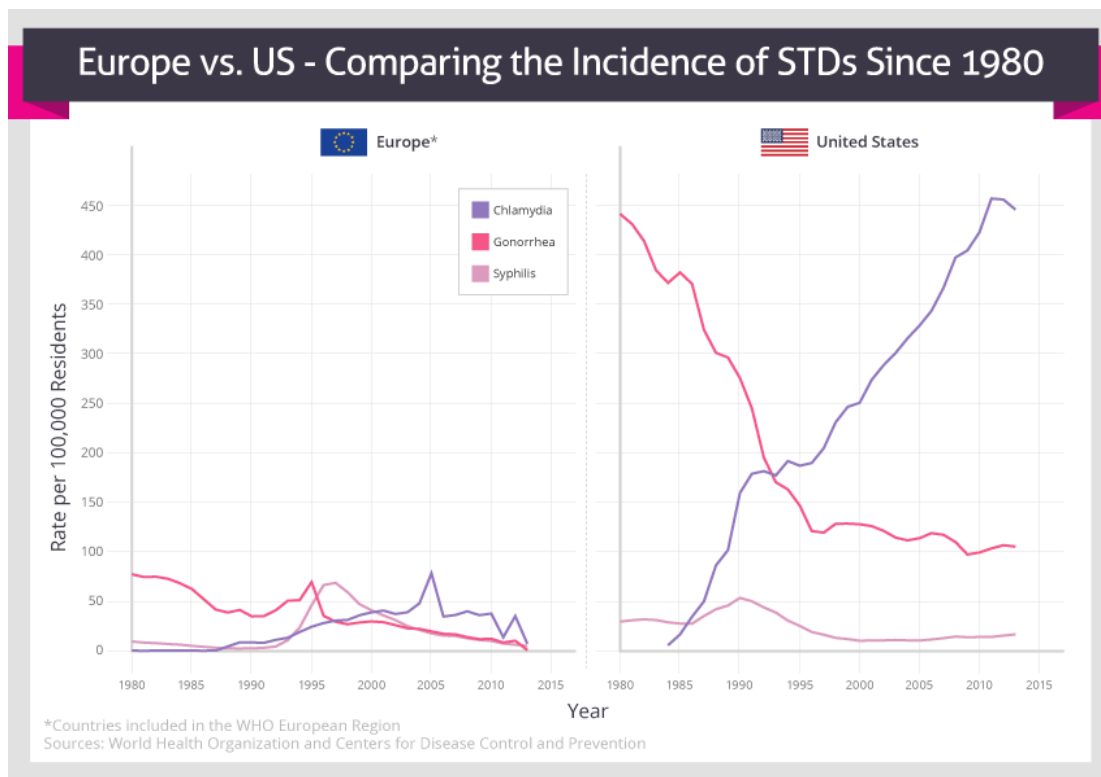


Figure 1. A comparison of STI rates in the U.S. compared to Europe. Source: “Prevalence of STDs Across the United States and Europe.” *Superdrug Online Doctor*, 2015, <https://onlinedoctor.superdrug.com/std-us-eu/>.

Among these various causes to the spread of STIs in the US, the primary cause may be a lack of education. Sex-ed in American middle and high school systems is heavily regulated; a

mindset of “abstinence-only” sex education prioritizes a delay in the age when students become sexually active, rather than teaching about safe sex methods such as contraception. As a result of such information withholding, research has shown that the current abstinence-driven sex education prioritized in the US is ineffective (Ott and Santelli). To test this theory, I surveyed 87 Virginia Tech students, primarily freshmen, in order to determine overall perceptions regarding sex education and when it was received, if at all. One notable observation from the survey is that most students did receive sex education in either middle or highschool, where it was likely abstinence-focused (see fig. 2). When asked to rate how informative the highschool course was, roughly half of the students perceived it as “average,” or a 3 out of 5 (see fig. 3). However, the students who received sex education outside of a school setting rated it more positively, with most deeming it a 4 or above.

When Sex Education was Received	Number of Students	Proportion (Percentage out of 100%)
Elementary School	14	16.1%
Middle School	38	43.7%
High School	27	31%
During College	1	1.1%
Outside of School	2	2.3%
None Received	5	5.7%

Figure 2. Raw data comparing the methods of sex education received by students surveyed.

Source: Burt, Chloe. “Survey: Sex Education in College.” 2/22/24.

When Sex Education was Received	Rating: 1 out of 5 “Worst”	Rating: 2 out of 5 “Poor”	Rating: 3 out of 5 “Average”	Rating: 4 out of 5 “Good”	Rating: 5 out of 5 “Best”	Total Students*
Elementary, Middle, or High School	0 (0%)	17 (21.3%)	42 (52.5%)	19 (23.8%)	2 (2.5%)	80
College	0 (0%)	1 (16.7%)	2 (33.3%)	2 (33.3%)	1 (16.7%)	6

Outside of School	0 (0%)	1 (6.7%)	4 (26.7%)	6 (40%)	4 (26.7%)	15
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*\*Note, some students received more than one form of sex ed, leading to multiple responses*

Figure 3. Raw data comparing student perceptions of sex education received. Source: Burt, Chloe. "Survey: Sex Education in College." 2/22/24.

While for college-based sex education a larger sample size would be required to make an accurate comparison, this survey data alone points to an overall need for improvement of sex education within school systems. Moreover, the taboo mindset applied to sex in such abstinence-based American courses often makes sex seem more desirable and is associated with a higher percentage of sexually active students as a result (Stanger-Hall & Hall). The same can be applied to other countries, such as in India, where cultural emphasis on tradition and the banning of sexual discussion is associated with higher STI rates (Datta & Majumder).

It can be stated that prioritizing abstinence over a thorough education in sex-ed classes creates a "knowledge gap" within American youth. Abstinence-based sex education, especially if funded by the federal government, relies on omitting or withholding information regarding subjects that are viewed as explicit, such as contraceptive use. By not providing such knowledge, students may continue to lack sexual literacy, and even engage in potentially hazardous behavior while in college. Alternatively, students may turn to the internet to find answers to their questions. However, this can be risky as certain searches, albeit for educational purposes, might bring up inaccurate, false, or inappropriate sources. For instance, in pornography performers often forgo safe sex practices such as using condoms, which can be damaging and possibly create unrealistic expectations for sex among adolescent viewers (Jhe et al.).

This "knowledge gap" raises the question of whether high school sex education should be pushed rather than college sex-ed. As advantageous as that would be, it should be

acknowledged that sex-education is a controversial topic, especially in high schools. Many parents worry that sex-ed exposes teenagers to “harmful” or pornographic content (“15 Harmful Elements of CSE”), or that comprehensive sex education would promote sexual activity rather than serve as a deterrent (Carter). Indeed, comprehensive sex education (CSE) does talk about safe sex over abstinence, which could lead to increased sexual activity in some students (Dignan 176). However, the evidence shows that sex education decreases both STIs and teen pregnancy rates. Therefore, if high schools deem sex education too “racy” for students, then it is a must for college-bound young adults.

Another cause behind ineffective sex education and rising STI rates in America, in addition to abstinence-based sex-ed, is that many states in the U.S. do not provide any form of sex education whatsoever to their high school students. In the U.S., only 30 states and the District of Columbia (D.C.) require sex education in public schools. Moreover, only 22 of these states and D.C. specify that the information provided must be medically accurate (“State Policies on Sex Education in Schools”). Because less than half of American public schools are obliged to provide accurate information, it leads to a situation where not only are students not being educated about sex, but are also given lectures that are potentially inaccurate. So, in addition to having sex-ed provided to college students, there needs to be regulations in place to ensure that the lessons are medically accurate. It should also be ensured that the instructors have training or experience in a related field so as to reduce the previously mentioned dissatisfaction students felt with current sex education.

Looking beyond college, accessibility to clinics and resources is another factor to consider in an effort to reduce the rise in STIs, as there is a lack of accessible healthcare among minority groups as well. Among those affected by chlamydia, as per data provided by the Center

for Disease Control and Prevention (CDC), African American people have significantly higher STI rates than any other race. The higher prevalence of chlamydia could indicate a systemic issue; as Julia Dombrowski puts it, “profound disparities in sexually transmitted infection (STI) rates by race/ethnicity in the United States reflect social factors that affect the overall health status of members of minority communities, including income inequalities, disparities in health care access, and residential segregation” (Dombrowski 1350). In other words, minority groups in the U.S. are frequently impacted by economical or locational disadvantages, which then limit their access to affordable healthcare, in turn raising STI prevalence. Not only is work needed to be done regarding increased sexual knowledge, but there needs to be a push for increased accessibility to such resources.

People living in rural areas are at a disadvantage as well. There are multiple factors involved here, but two primary ones are an oppressive stigma surrounding sex and a lack of funding towards sexual health resources. First, in rural areas there is often a sense of “taboo” regarding sex, which then leads to a decreased willingness to utilize necessary resources. For example, someone who is LGBT or a minority may be reluctant to get tested for STIs or feel safe revealing their sexual identity, especially in areas with increased discrimination (Valentine et al.). Moreover, people living in rural areas with small population sizes are less likely to have a nearby STI clinic. And, for local health departments that do offer STI testing/treatments, more than half reported budget cuts in federal funding within the past 2 decades (Leichliter et al.). A governmental push would prevent such funding cuts to STI clinics and expand sexual health programs in disadvantaged areas. While some would argue that funding these clinics in rural areas could be an expensive endeavor, with the sheer magnitude of people who are affected by this lack of resources it would be worth it to divert from other expenses or to raise the necessary

funds. After all, infections due to chlamydia cause a range of issues and infections that can compromise a woman's fertility and can lead in some cases to "poor pregnancy outcomes" (Dombrowski 1350).

So far, this paper addressed educational, demographic and geographic issues, but our perception of sex can play a role in the rising of chlamydia rates as well. In young adults specifically, there is a possible trend of "sexual guilt" or shame. The CDC confirms this notion, stating that "many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives" ("Adolescents and STDs"). This hesitancy is one of the reasons why young adults in particular are more susceptible to STIs, and may be a result of the way sex is negatively framed by adolescents, and of a general awkwardness surrounding the topic. As a consequence of these factors, young adults may feel embarrassed to utilize sexual health resources, when they need them. As a result of delaying medical appointments or examinations, an STI can further develop into a more serious ailment or could go undiagnosed and further spread to sexual partners via unprotected sex.

Looking at how the stigma around sex can be reduced, I suggest that promoting sexual discussion in addition to the mandating of sex education plays an important role. By sexual discussion, I am referring to a space where sex, contraceptives, safe sex methods, pregnancy and STIs can be discussed in a consensual, healthy and sex-positive manner. This does not include sexual harassment, flirting, coercing, or making others uncomfortable. The implementation of college sex education could play a role in *encouraging* sexual discussion among incoming freshmen and transfer students. That way, the previously described knowledge gap would be bridged at the outset. Many colleges already require an introductory module for incoming freshmen, usually regarding race or ethics, in an effort to make students more well rounded.



Similarly, a one to two hour sex-ed course could be provided during the orientation week. It may also be beneficial to discuss sexualities other than heterosexuality, as data from the CDC shows that people within LGBTQ+ communities are at greater risk of experiencing STIs (“Gay Men and STDS”).

These proposed guidelines would ensure that students are receiving the necessary information, while also allowing for some flexibility depending on the instructor. If in-person classes are being taught, the instructors should be trained in an appropriate field, whether it be sex education, biology, etc. Funding sex-ed courses does not have to be expensive, as virtual modalities are cost effective. And, if faced with opposition, then a student could be presented with the opportunity to opt out. However, it should be stressed that the content will not be provided in a “graphic” manner but in a factual, scientific, informative fashion, as to ensure that religious beliefs and personal views are respected.

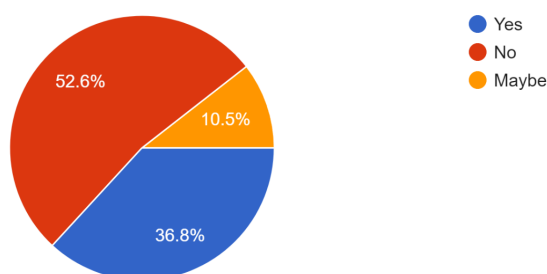
Healthy sexual discussions can be promoted by having an optional Q &A segment in addition to the sex-ed course/s, meaning that students will be given the opportunity to ask questions to a qualified sex ed instructor to further clear up any topics not fully addressed. It may be beneficial to have these discussions in a small, “focus group” setting, with roughly 10 students and one instructor to allow students to delve into these topics in a more personal environment and include everyone in the discussion. These Q&A sessions can also be spread out across the school year and the date chosen at the student’s convenience, which would allow for easier scheduling of the instructor and to accommodate the potential number of attending students.

By having these optional Q&A sessions, students will have the opportunity to learn more about sex in a healthy manner as well as relate to their peers. In turn, the negative stigma

regarding sexual talk may be diminished to participating students. While some would argue that these extra sessions may be excessive, students who did not receive prior sex education may still have lingering questions or even an interest in the subject. In fact, as my survey shows, roughly 48% of the students that did not receive sex ed noted that they might find it beneficial (see figs. 4 and 5). Furthermore, students who did receive sex education before college had differing opinions as to its quality, indicating that more may be desired. While these numbers alone may not appear significant, they still show that a want for these resources is present among college students, meaning that, even if not mandated, further promotion of sexual health resources should occur on college campuses.

If you have not received any form of sex education, do you feel that a sex-ed course would be useful to you?

19 responses



*\*Note, some students might have mistakenly answered this question, giving an answer although sex education was in fact received, providing a higher count of responses than expected.*

Figure 4. Raw data regarding surveyed students' opinion on usefulness of college sex ed (to them). Source: Burt, Chloe. "Survey: Sex Education in College". 2/22/24.

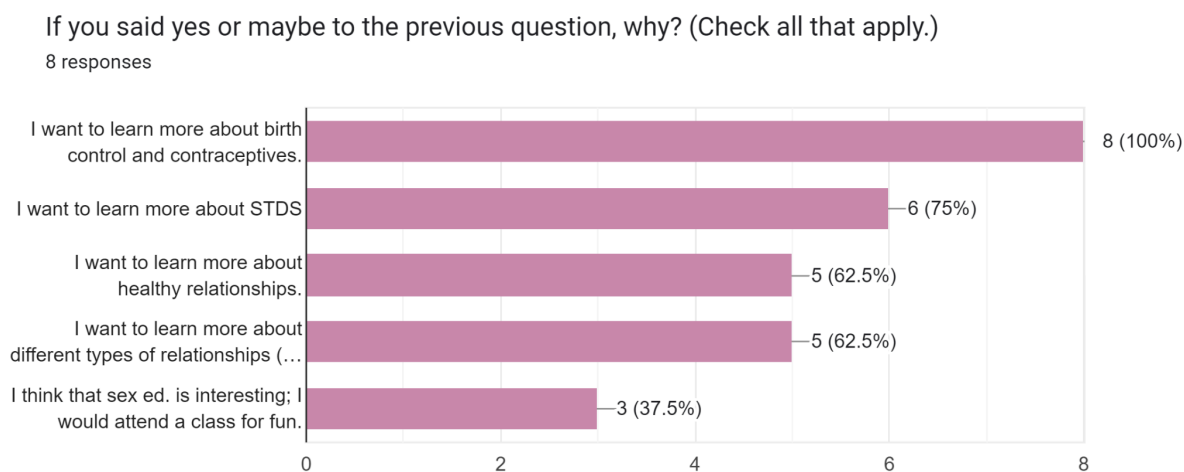


Figure 5. Raw data; surveyed students' reasonings for why college sex ed would be beneficial to them. Source: Burt, Chloe. "Survey: Sex Education in College". 2/22/24.

As can be seen from both secondary and primary research, it is apparent that young adults in the U.S. are in need of improved sex education. In my survey, I discovered a more positive reception towards sex-ed given outside of middle and high school [middle and high school sex-ed received an average 3.075/5 rating while outside sources received an average 3.762/5 rating overall, see Fig. 1], as well as mixed opinions over the value of sex-ed itself (Fig. 4). The doubt regarding sex education may be a result of the sexual knowledge gap caused by abstinence-based or nonexistent sex education; a lack of resources among certain disadvantaged groups; and the feeling of sexual guilt as a result of the way sex-ed is presented to young people. While the appropriateness or even the need of sex education for college students might be a valid concern about lifestyle and beliefs, this paper argues that colleges should still require sex education courses for undergraduate students not just to learn about how to avoid unplanned pregnancies, but to help reduce the spread of STIs among the student body, and in particular the worrying spread of chlamydia rates.

In order to truly get sex education to the level it should be in America, further research and government action is needed. Not only is it necessary to determine what each state needs, as opinions and rates vary from state to state, but there also needs to be a push for increased accessibility. Since new or existing research is ineffective if people in higher governmental positions are not convinced about the urgency of an issue, proving it may require letters to senators, potential protesting, and further outreach. While sex education as a problem may be deemed of lesser importance, it is time to put this issue to the top of the agenda. It is time to embrace the uncomfortable, in the hopes of making a positive change for American young adults.

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