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Sex, milk, and cookies: Tackling sexual health promotion on a Catholic college campus

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April, 2016

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Abstract

A great divide exists among parents, policy makers, educational institutions, and the public at large regarding how to prevent the negative consequences of sexual activity among young adults. Some educators believe that sex education programs should promote abstinence as the best behavioral goal for students; however, a more intense debate surrounds whether this should be the only message that adolescents receive about sex or just one element of a more comprehensive view of sexuality and informed sex choices. Catholic colleges face a particularly difficult challenge in deciding what information to provide to students and more significantly, which topics to avoid due to their conservative values. It is clear that adolescence and young adulthood is a high-risk period for sexual risk-taking behaviors that increase the probability of acquiring sexually transmitted infections (Centers for Disease Control and Prevention [CDC], 2009). Yet, religiously affiliated colleges and universities struggle to provide the information students need to stay healthy and have fulfilling sexual relationships. The following literature review explores the ongoing debate concerning abstinence-only versus comprehensive sexual education and suggests with principles of health care ethics and ethical theories that Catholic college campuses take a comprehensive approach to sexual health promotion that not only respects the sexuality of each student but also encourages students to make informed decisions about sex. The culminating pilot study emphasizes the need for sexual health education at the College of Saint Benedict and Saint John's University and recommends specific strategies for producing sexual health promotion programming in the future.

Keywords: sex, sexuality, sexual health, sex education, sexuality education, sexual health promotion, catholic colleges

Introduction

While higher education administrators and health services staff may feel that sexuality education should have occurred prior to entering the university, many suggest that U.S. college students lack safe sex information and skills. Moreover, Catholic college campuses might presume based on embedded values that sexual health is a topic out of range for their health promotion teams to confront. Decades of abstinence only education or no sexuality education has created a generation of young adults who have insufficient sexual health knowledge (Society for Adolescent Medicine, 2006). This lack of knowledge influences not only relationships but also sexually transmitted infection (STI) and pregnancy rates. These factors have implications for the overall goal of both non-religious and religious academic institutions because they affect the academic process (American College Health Association [ACHA], 2013), which can ultimately result in negative impacts on graduation and retention rates (DeBerard, Spielmans, & Julka, 2004).

Colleges and universities must also determine their own individualized definition of sexual health in terms of their goals and values as religious educational institutions. The World Health Organization (WHO) created a comprehensive definition of sexual health in 1975 by stating, “Sexual health is a state of physical, mental, and social well-being in relation to sexuality. It 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” (WHO, 1975). However, this definition of sexual health has progressed since 1975 with organizations like the Minnesota Department of Health (MDH) explaining that the definition of sexual health, “will continue to develop further as the cultural conversation continues to evolve and it is important to remember that any attempts to establish

norms and an objective definition of sexual health is dangerous in that that could be used to exclude or label people as unhealthy or abnormal” (MDH, 2010). With this in mind, higher education can create a definition of sexual health that serves their students’ needs, is open to different perspectives, and helps students critically engage with their own sexuality.

Universities, regardless of religious beliefs, have an ethical obligation to provide comprehensive and accurate sexual education and programming to their students. Students come to college with a sex education that has ill-prepared them for the sexual realities they experience. According to Vail-Smith, Maguire, Brinkley, and Burke (2010), when students enter college, they become more sexually active over the course of their first year. Furthermore, the vast majority of students engage in sexual acts but they have had few, if any formal educational opportunities to learn about safe sex practices (ACHA, 2010). For sexual education to be effective at the university level, it must consider addressing not only risk factors of and protection from the negative consequences of sex, but also empowering learners to have healthy and fulfilling sexual lives and relationships.

Catholic universities have the opportunity to address sexuality and sex education with an enriching and innovative approach. They can redefine sexual health with a holistic methodology for their diversifying communities of students while staying true to their values as religious institutions. This comes during a time when students are expressing dissatisfaction with conventional sex education and belief in the need for a more inclusive curriculum (Buck & Parrotta, 2013). College campuses are growing more diverse in ethnicity, religion, and sexual orientation of their populations, yet they lack programming to address the topic of sexuality in a culturally-appropriate, gender-sensitive, and inclusive way. At the heart of a Catholic university’s approach to sexual education must be trust in students’ own ability to make informed choices on

sound moral grounds when provided with adequate information. This requires the replacement of silence and avoidance with open discussion and dialogue. It seeks not to deny young people's sexuality but to recognize that there is a place on college campuses for sexuality in educational discourse (Rolston, Schubots, & Simpson, 2005). Catholic colleges and universities and their health promotion teams must challenge the paradigm of conservative programming with an approach that engages students in a sexuality dialogue that considers a wider range of moral views and allows students to make informed and healthy decisions based on comprehensive and accurate information.

The Abstinence-Only Versus Comprehensive Debate

School-based sexual education sparked controversy in the United States beginning in 1892 when the National Education Association called for "moral education in the school" (Cornblatt, 2009). In the 1980s, the acquired immunodeficiency syndrome (AIDS) pandemic made the prohibition of sex education unlikely despite fervent resistance from religious conservatives. Today, the debate remains as to which type of or how much sexual education should be provided in high school. According to a 2015 national survey by the Centers for Disease Control and Prevention (CDC), students receive less than one week of sexuality education between elementary and high school. Among high schools, only 35% teach how to correctly use a condom, 51% talk about sexual identity and orientation, and 61% discuss methods of contraception (CDC, 2015). Because of the inconsistency in sexuality education amongst high schools, most agree that prevention programming for sexual health issues is vital to promoting student wellness, safety, and learning at the university level. However, the abstinence-only versus comprehensive sexual education debate remains heated and greatly affected by sociopolitical factors.

The 1996 Welfare Reform Act designated significant federal funding to school-based abstinence-only programs (Rickenback, 2006; Sather & Zinn, 2002). This statute allotted \$50 million over five years to states that would promote the abstinence-until-marriage message by including the following program components:

1. Education about the social, psychological, and health-related benefits of abstinence from sexual activity
2. An emphasis on abstinence outside of marriage as the expected standard
3. Instruction that abstinence is the only certain way to avoid pregnancy, STIs, and other associated health problems
4. An emphasis on monogamous, mutually faithful marital relationships as the expected standard
5. Education about the harmful psychological and physical effects of sex outside marriage
6. Education about the detrimental effects of having children outside marriage
7. Education about the impact of alcohol and drug use on vulnerability to sexual advances
8. Education about the importance of attaining independence and self-sufficiency before becoming sexually active (Sexual Information and Education Council of the United States [SIECUS], 2010)

Within these characteristics, abstinence-only programs cannot discuss birth control or safer-sex techniques and go further to discourage youth from using condoms or other contraceptives.

Additionally, research shows these programs misinform students (Franklin & Dotger, 2011). In 2004, the Special Investigations Divisions of the U.S. House of Representatives reported that of

the curricula supported by the federal government, 80% contained false information. This included incorrect information about the effectiveness of contraception and risks of abortion, as well as conveying religious beliefs and stereotypes of gender roles as scientific, factual information.

More recently, the Obama Administration reduced federal dollars assigned to abstinence-only programs and reallocated funds for comprehensive sex education (SIECUS, 2010). The curricula vary greatly in content, but the inclusion of information about safer sex practices distinguishes them from abstinence-only education. The ten characteristics that generally define comprehensive sex education include:

1. Offer age and culturally appropriate sexual health information
2. Are developed in cooperation with members of the target community
3. Assist youth in clarifying their individual, family, and community values
4. Assist youth to develop skills in communication, refusal, and negotiation
5. Provide medically accurate information about abstinence and also contraception, including condoms
6. Have clear goals for preventing HIV, other STIs, and/or teen pregnancy
7. Focus on specific health behaviors
8. Address psychosocial risk and protective factors with activities to change each targeted risk and to promote each protective factor
9. Respect community values and respond to community needs
10. Rely on participatory teaching methods, implemented by trained educators and using all the activities designed (Alford, 2006)

Some comprehensive sexuality education programs, often times called “abstinence-plus” programs, also emphasize the importance of abstinence. Kirby (2007) conducted a study on the comprehensive sexuality education program, *Safer Choices*, which aims to increase condom use among students who are sexually active and reduce the number of students who begin or have sex during high school. The program includes interventions designed to increase students’ ability to refuse sex, or at least unprotected sex, and increase HIV/STI knowledge. The results of Kirby’s study suggest that *Safer Choices* was effective for reducing the number of sexual partners, improving condom use, and reducing the frequency of sex without a condom.

The majority of the research available about sexual education supports comprehensive programs over abstinence-only curriculum because abstinence-only programs do not provide the skills and knowledge necessary to protect youth once they become sexually active. Regardless of the divide over how to present sex education, research argues that adolescence is a high-risk period for sexual risk-taking behaviors, unprotected sexual activity, and sexual activity with multiple and/or high-risk partners (CDC, 2009), all of which increase the risk of acquiring STIs as well as unintended pregnancies.

Ethical Implications of Sexual Health Promotion

Recent studies suggest that more than 50% of 15- to 19-year-olds in developed countries have had sexual intercourse (Abel & Fitzgerald, 2006). Moreover, one of every four teenagers who is sexually active will contract an STI (Kirby, 2007), and one in four college students will contract an STI during his or her time at school (Hightow et al., 2005). Contrary to core religious values of Catholic colleges, their students significantly factor into these statistics. For example, at the College of Saint Benedict and Saint John’s University, 51.4% of women and 62.9% of men have had consensual sex; only 38.8% of sexually active women and 15.9% of sexually active

men have been tested for sexually transmitted diseases within the last year; only 50.3% of sexually active women and 31.2% of sexually active men discuss STI prevention with every partner before engaging in sexual activity; and 18.9% of sexually active women and 17.1% of sexually active men report never or rarely using barrier method protection (e.g. condom, dental dam) when they have sex (General Health Survey, 2015). The students at these colleges come from high schools where the implementation of sexual education is inconsistent, teacher training levels are variable, and no federal laws require the accuracy of the content (Matson, 2016). Furthermore, these colleges are located in Stearns County, Minnesota which has the highest rate of chlamydia in the state (MDH, 2015). Consequently, identifying and implementing effective prevention programs are high-priority public health issues (CDC, 2009; U.S. Department of Health and Human Services [DHHS], 2010) and carry ethical weight regarding the health and safety of students.

The responsibility of higher education to protect its students by providing accurate and comprehensive sexual education involves embedded values. In other words, within the issue of sexual education on Catholic college campuses are underlying assumptions, biases, and beliefs held by both students and their religiously affiliated educational institutions. Often times, individuals involved in this dilemma of offering sexual education to college students lack the ability to fully articulate these embedded values much less see how they influence the way they talk and think about sexuality. These values influence the methods of education used, the information shared or withheld, which parties have the right to make decisions, and many other aspects of how they approach the topic (Sherlock, 2012). The implicit beliefs of the administration, regulatory agencies, those that work there, and the students that attend the institution influence almost every decision made on college campuses. With this in mind, in

order to effectively provide sexuality education, Catholic institutions must become aware of their own embedded values and how those beliefs shape the way they go about offering information to students. Only then will sexual education accomplish its goal of providing accurate information on safe sexual practices but also assist students in the ethical reflection necessary to make sound moral decisions about their sexuality.

Compounding ethical obligations for college campuses to provide sexual health programming is a demand from students to receive accurate and adequate information on the subject. They know that the information they receive about sexual health and relationships from their college education will inform choices they make in college and in future relationships outside of college. In a fall 2015 issue of the student newspaper for the College of Saint Benedict and Saint John's University (CSB/SJU), *The Record*, a college sophomore expressed her frustration with the lack of access to sex education and contraception on the campuses. She explained,

A thing that really puzzled me about our allied institutions since I first started here at CSB/SJU was the general lack of educational materials on sexuality and access to multiple forms of birth control. If universities and colleges are to be on the forefront of social justice and equality no matter other affiliations, like in our case the support of the monastic community and the Catholic Church, why does safe sex seem to be an issue CSB/SJU shies away from? (Ditzler, 2015)

Comments such as these highlight the reality that sexual education on Catholic college campuses has become an issue that has created an inequity between students of religiously affiliated and non-religiously affiliated colleges. Policies that restrict sexual health information or make only certain information available to students infringe upon their personal rights (Eisenberg, Medsen,

Oliphant, & Sieving, 2013). Students have a right to information that will not only protect them from STIs but also allow them to have healthy, fulfilling sexual relationships during and after college regardless of the religious affiliation of their school. Reframing the issue to reflect young people's right to receive accurate health information and learn in a community that views sexuality as a normal part of early adult development, requires comprehensive sexuality education.

Article 25 of The Universal Declaration of Human Rights (1948) indicates that everyone has the right to a standard of living adequate for health and well-being. Additionally, article 26 states that everyone has the right to an education emphasizing the full development of the human personality. Margaret Farley, a Christian ethicist, argues that, "Each person is constituted with a complex structure – embodied, inspirited, with needs for food, clothing, and shelter, and at some point usually the capacity for procreation; but also with a capacity for free choice and the ability to think and to feel" (2006, p. 213). In this case, sexuality is a shared concrete reality of all human persons and essential to the development of the human personality.

Regardless if one acts or does not act upon their sexuality during their lifetime, humans must engage with this reality because they have the capacity to exercise this ability within their personal relationships. When educational institutions deny students information related to one of their inherent realities, they violate the ethical principle of distributive justice – the proper sharing of property or information. Considering sexual education as a healthcare resource that protects individuals from diseases and benefits health, Catholic college campuses create a huge disparity for their students when they suppress sexual education. An extraordinary mismatch exists when the majority of students engage in consensual sex and their educators do not provide them with the information they need stay healthy. Religiously-affiliated higher education must

treat sexual education as a right for students instead of a luxury that only non-religious institutions partake. Injustice perpetuates if religious schools deny their students sexual education. Farley states, “We do not need one more way for heavy-handed socially constructed norms to shape and to control personal relations, to the advantage of some but perhaps the detriment of all” (2006, p. 225).

Placing sexual education under the umbrella of health promotion implies the use of several other ethical principles in deciding what information to present to students. Consider the principle of *beneficence*, or doing good, for example. Practicing beneficence in an educational setting involves putting students’ interests as the top priority. Health promotion programmers should ask, “Will this information bring students health or alleviate suffering or promote their welfare?” In regards to sexual education, information on safe-sex practices not only allows students to make informed healthy choices that reduce their risk of harm but also may enhance their current sexual relationships and empower them to seek further education. Health promotion teams should not avoid sexual education no matter the embedded values of their institution because it does good for students.

Another principle worth considering is *non-maleficence*, or doing no harm. It is an important complement to the first principle of doing good as it reminds us that no matter how much good is brought to others by an act, we should not actively or intentionally harm another being (Summers, 2014). The lack of discussions about sex and safe-sex practices on Catholic college campuses breeds a culture of silence and stigma towards the subject. This silence is an action of maleficence when students rely on their formal education to provide them with the tools they need to live healthy and fulfilling lives. Regardless if the information is available to them from other sources, like the internet, students wish to engage with topics like sexuality in a

community that is inclusive, respectful, and non-judgmental (Franklin & Dotger, 2001). What better arena to confront one's questions about sexuality and safe-sex, than in an environment with an abundance of professional resources and peers who face the same struggles and are also seeking answers?

Finally, the practice of providing sexual education on college campuses derives from the ethical theory of deontology. Deontology concerns behaving ethically by meeting our duties (Summers, 2014). Thus, higher education identifies its duty as an obligation to develop the minds of its students. The modern campus, however, provides much more expansive resources than simply classrooms and spaces to learn. Campus communities deliver holistic resources that benefit the development of intellectual and autonomous individuals. This environment fosters both inquiry and exploration. The duty of colleges has therefore expanded to one that cultivates an environment where students have the opportunity to discover and self-actualize. As stated earlier, sexuality is a concrete human reality. When higher education restricts access to adequate and accurate sexuality information because of embedded values within the institution, not only does student health suffer, but the duty of higher education becomes breached.

Discussion

On the basis of this literature review, evidence shows that college students seek a democratic approach to sexual education on their campuses and would rise to the challenge of dialogue in a constructive, mature, and mutually respectful way if offered engaging programming. In this sense, Catholic colleges require a policy shift that is both reasonable and possible – namely to move beyond the legacy of Catholic education to allow other voices than those of institutionalized Christianity to influence sexual education. Research suggests that the abstinence-only education many students receive prior to college is inadequate in giving young

adults the information needed to make safe-sex choices. Furthermore, it does not address the issues and questions students have when they become sexually active (Trenholm et al., 2008). Still, simply providing information about safer sex choices and STIs is not enough. Health promotion programmers and educators delivering these messages also battle negative attitudes (e.g. condoms are a hassle to use or interfere with or ruin sex) and low expectations or self-efficacy for safer sex behaviors (e.g. I would probably just give in if my partner wants to have unprotected sex) (Walcott, Chenneville, & Tarquini 2011). Thus, health promotion teams are encouraged to direct prevention efforts toward the most current effective practices, while continuing to investigate the growing body of research in this area.

The specificity of sexuality in Catholic tradition plays a key role in producing the moral system that underlies much of the formal sex education at their colleges and universities. Therefore, situations and solutions for sexual education that exist on one non-religiously affiliated campus cannot always be translated into a Catholic college, not only due to differing cultural and political climates, but also due to history (Sherlock, 2012). Underpinned by a particularly traditional and conservative strain of Christian morality, sex education on Catholic college campuses is marked by conservatism, silence, and the avoidance of opportunities for informed choice (Rolston, Schubotz, & Simpson, 2005). In the light of increasing cultural, ethnic, and religious diversities thriving on college campuses as well as a rise in the amount of sexually active students, Catholic college campuses must meet the needs of their students and provide sexual education that informs and protects.

Disparities in sexual education and discourse should no longer be avoided in higher education. However, in the context of Catholic higher education, it would be both unrealistic and totalitarian to deny the moral values of significant numbers of parents, teachers, and even

students. To suggest that religion should have no input into sex education is unrealistic. At the same time, it is not unreasonable to suggest that religion should not be the only source of moral values underlying sex education on these campuses. On campuses where a particular brand of conservative Christianity infuses what is taught, in what manner, and, perhaps more significantly, what is avoided, a new dialogue must arise.

One sign of the overall health of a community is the space that is available for a genuine encounter and dialogue between different, even competing, value systems (Sherlock, 2012). There is much potential value in allowing the space for a multiplicity of ways of viewing sexuality. Specifically, in relation to sexual education, this topic could be greatly improved by being open to a wider range of moral views. Such an approach would genuinely engage young people in a way that much sex education does not currently do and would better prepare them for the world of adulthood.

Ultimately, Catholic college campuses should consider the ever-growing body of evidence that college students not only engage in sex, but also need information in order to keep them healthy. The ethical implications supporting the provision of sexual education highlight both the need for sexual health promotion on campuses and the obligation for the higher education to provide their students with this education regardless of religious affiliation.

Pilot Study

According to the College of Saint Benedict and Saint John's University (CSB/SJU) General Health Survey in 2015, 51.4% of CSB students reported being sexually active and 60% of those that were sexually active reported being in a consensual sexual relationship. At St. John's, of the 62.9% of students that reported being sexually active, 48% reported being in a consensual sexual relationship (General Health Survey, 2015). Knowing that the majority of the

student body was engaging in sex in 2015 within the context of consensual relationships, the CSB Health Advocates and the SJU Health Initiative organized two sexual health events. The goal of creating this programming was to educate CSB women and SJU men on sexual health topics in order to empower them to make informed decisions regarding their sexuality. The premise of the events was based on a sexual health event held at CSB more than ten years prior. The event involved the Health Promotion Programmer from the Counseling and Health Promotion Department, who was also a registered nurse, visiting residential halls in the evenings and hosting sessions where students could write down anonymous sexual health questions that she would answer with evidence-based knowledge. The Health Advocates and the Health Initiative updated and implemented this program for current students with the intent to gain further insight into effective methods of and student interest in sexual health promotion on their campuses.

The events occurred at different locations, one at the College of Saint Benedict and the other at Saint John's University, and were separated by gender in order to create comfortable environments for students to engage with the topics. Each location was chosen based its accessibility to students and its comfortable atmosphere. The women's event titled *Sex, Milk, and Cookies* occurred in a residential common area with access to media equipment and seating for about one hundred people. The men's event titled *Sex and Wings* occurred in an on-campus pub with access to media equipment and seating for about 150 people.

An anonymous survey was sent to all CSB/SJU students two weeks before the events occurred assessing their perceived knowledge on the following sexual health topics: contraception, STDs/STIs, menstrual cycles, and fertility. It also asked them, "What specific questions do you have about sexual health?" The questions received in this survey were given to

the presenters for each event so that they could speak on the specific sexual health topics that students were interested in and answer the anonymous questions they received from students in their presentations.

Sexual Health Survey

This is an anonymous survey that will assist the CSB/SJU Counseling and Health Promotion Department in assessing the sexual health needs of our campus.

Class Standing

First Year
 Sophomore
 Junior
 Senior

Sex

Female
 Male
 Other

How knowledgeable do you think you are on the following topics?

	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert
Contraception/Birth Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STDs/STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual Cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What specific questions do you have regarding the topics stated above or any other sexual health topic?

Figure 1. Sexual Health Survey sent to CSB/SJU students two weeks prior to the events

When planning the events, steps were taken to involve certain entities and organizations within the college and university in order to gain support from administration and student groups for the programs. The CSB Health Advocates invited the college's Institute for Women's Leadership and the CSB Senate to co-sponsor *Sex, Milk, and Cookies* with the intent to display

the support of trusted on-campus groups for sexual health education. The SJU Health Initiative intended to accomplish the same by inviting the university's Men's Development Institute and the SJU Senate to co-sponsor *Sex and Wings*. Both the college's and university's Vice Presidents of Student Development were made aware of the events and consulted for any feedback from the administrations.

Advertisements were created and sent to students from each of the co-sponsoring organizations beginning two weeks prior to the events. The advertisements were also posted in each resident hall and on various bulletin boards on each campus, displayed on advertising televisions in student common areas, and placed on a large poster tent in a high-student-traffic area.



Figure 2. Advertisements for *Sex, Milk, and Cookies* and *Sex and Wings*

Professors who taught classes relating to theology, health, and gender studies were contacted with information about the events and asked to both encourage their students to attend and offer extra credit for those who attended. To further incentivize students to attend, raffle drawings were held during the programs for prizes including gift cards, personal care items, a spa massage for the women, and a personal grill for the men. Lastly, as the titles of the programs suggest, there were milk, cookies, and chicken wings at the respective programs.

Sexual Health Survey

Thank you for your submission!

Please enter your name below if you would like to be included in a raffle drawing for great health-related prizes! Your previous submission will remain anonymous.

Name

Please consider attending one of the two events listed below to have your question answered by either CSB Nurse Practitioner, Emily Rath, APRN, CNP or Johnnie Alum Chris Wenner, MD.

Sex, Milk, and Cookies (for Bennies)
Monday, March 7th
7:00-8:00pm
Idzerda Commons

Sex, Wings, and Drinks (for Johnnies)
Tuesday, March 8th
7:00-8:00pm
Brother Willie's Pub

These events are co-sponsored by CSB Health Advocates, SJU Health Initiative, the Institute for Women's Leadership, the Men's Development Institute, and CSB/SJU Senates.

Raffle drawings will take place the events. You must be present to claim your prize.

Figure 3. Submission confirmation page after Sexual Health Survey for student to enter to win a prize at the events

At *Sex, Milk, and Cookies*, the nurse practitioner at the CSB campus health center gave an hour and a half long presentation and led discussion utilizing PowerPoint slides and a white board to draw visual aids. She also brought samples of contraceptive devices for students to pass around. The nurse practitioner was intentionally selected to give the presentation for the

women's event because the Vice President of Student Development at CSB wanted students to be able to follow up with her at the on-campus health center after the event. For *Sex and Wings*, a local doctor was referred to the SJU Health Initiative from the Assistant Director of Counseling and Health Promotion to give the presentation. He was familiar with the SJU community and selected because of his ability to be a local resource for SJU students. His presentation was about an hour long and he did not utilize any media or visual aids during his presentation.

After the events, an evaluation was sent to the students who attended asking them to assess their perceived knowledge on the sexual health topics in the original survey in order to determine if there was an increase in knowledge after listening to the presenters and asking questions in person. The evaluation also asked students a series of questions assessing the marketing strategies utilized prior to the events, the reasons for why students attended, the primary information learned at the events, if there should be more sexual health programming created in the future, and any other comments or questions students might have. Lastly, students were incentivized by the Health Advocates and Health Initiative to complete the evaluation by offering them the opportunity to submit their name at the end of the form to be entered into a drawing for health-related prizes.

Sexual Health Events Evaluation

Thank you for attending either Sex, Milk, & Cookies or Sex & Wings!
Please fill out the following form to provide feedback for future events.

Class Standing

First Year
 Sophomore
 Junior
 Senior

Sex

Female
 Male
 Other

How did you hear about this event? (Select all that apply)

Posters/Flyers
 Emails
 In-class presentation
 From a friend
 From a professor
 Other

What was your primary reason for attending this event?

I wanted to learn more about sexual health
 I received extra credit for attending
 I wanted free food
 I wanted to win a prize
 Other

After attending this event, how knowledgeable do you think you are on the following topics?

	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert
Contraception/Birth Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STDs/STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual Cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was your biggest take away from this event?

Should there be more programming on sexual health at CSB/SJU? Why or why not?

How could this event be improved?

Do you have any other comments or questions about the event or sexual health in general? (we will take this information into account when we plan future events)

Figure 4. Sexual Health Event Evaluation sent to student attendees after events

Results

Aim 1: Describe perceived student knowledge of sexual health topics before events

The first exploratory aim of pilot study examined the perceived knowledge of sexual health topics by students before the events took place. The survey had 429 submissions and the majority of the respondents were college seniors (33.1%) and female (75.8%). The least represented college class in survey responses was first-years (15.2%). Observing the data as a whole, the majority of students perceived knowing “a lot” about contraceptives/birth control (41.3%) with only 14.5% of respondents reporting perceiving their knowledge about the topic to be “a little” or nothing. Similarly, the majority of students perceived knowing “a lot” about the menstrual cycle (42.9%) with few (12.6%) reporting little to no knowledge on the topic. Fertility

and STDs/STIs were the topics students reported knowing the least about with the majority reporting their perceived knowledge as only “adequate” (39.9% and 51.5% respectively).

Another aim of the Sexual Health Survey was to distinguish the perceived knowledge of sexual health topics of female versus male students. The responses of female students were similar to the overall data set with the majority reporting their perceived knowledge of contraceptives/birth control and the menstrual cycle as “a lot” (43.4% and 51.7% respectively) and STDs/STIs and Fertility as “adequate” (53.8% and 39.7% respectively). In contrast, the majority of men reported only perceiving their knowledge as “adequate” for all four sexual health topics. Table 1 shows the overall data set of the Sexual Health Survey, while Table 2 shows a comparison of the female and male responses, and Table 3 compares the responses of all four college classes.

Class Standing							Response Percent	Response Count
First Year						15.2%	65	
Sophomore						25.9%	111	
Junior						25.9%	111	
Senior						33.1%	142	
Answered Question							429	
Skipped Question							0	

Sex							Response Percent	Response Count
Female						75.8%	325	
Male						24.2%	104	
Other						0.0%	0	
Answered Question							429	
Skipped Question							0	

How knowledgeable do you think you are on the following topics?							
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	1.4% (6)	13.1% (56)	40.6% (174)	41.3% (177)	3.7% (16)	429	0
STDs/STIs	1.4% (6)	26.3% (113)	51.5% (221)	18.4% (79)	2.3% (10)	429	0
Menstrual Cycle	2.3% (10)	10.3% (44)	38.2% (164)	42.9% (184)	6.3% (27)	429	0
Fertility	4.0% (17)	34.3% (147)	39.9% (171)	18.6% (80)	3.3% (14)	429	0
Skipped All Rows							0

Table 1. Student Responses to Sexual Health Survey

Female

Class Standing	Response Percent	Response Count
First Year	14.2%	46
Sophomore	29.2%	95
Junior	25.5%	83
Senior	31.1%	101
Answered Question		325
Skipped Question		0

Male

Class Standing	Response Percent	Response Count
First Year	18.3%	19
Sophomore	15.4%	16
Junior	26.9%	28
Senior	39.4%	41
Answered Question		104
Skipped Question		0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	0.9% (3)	13.5% (44)	38.2% (124)	43.4% (141)	4.0% (13)	325	0
STDs/STIs	1.2% (4)	25.8% (84)	53.8% (175)	17.2% (56)	1.8% (6)	325	0
Menstrual Cycle	0.3% (1)	4.3% (14)	36.0% (117)	51.7% (168)	7.7% (25)	325	0
Fertility	2.2% (7)	34.8% (113)	39.7% (129)	19.4% (63)	4.0% (13)	325	0
Skipped All Rows							0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	2.9% (3)	11.5% (12)	48.1% (50)	34.6% (36)	2.9% (3)	104	0
STDs/STIs	1.9% (2)	27.9% (29)	44.2% (46)	22.1% (23)	3.8% (4)	104	0
Menstrual Cycle	8.7% (9)	28.8% (30)	45.2% (47)	15.4% (16)	1.9% (2)	104	0
Fertility	9.6% (10)	32.7% (34)	40.4% (42)	16.3% (17)	1.0% (1)	104	0
Skipped All Rows							0

Table 2. Side by Side Comparison of Female and Male Student Responses to Sexual Health Survey. Female results are on the left and male results are on the right.

First Year

Sex	Response Percent	Response Count
Female	70.8%	46
Male	29.2%	19
Other	0.0%	0
Answered Question		65
Skipped Question		0

Sophomore

Sex	Response Percent	Response Count
Female	85.6%	95
Male	14.4%	16
Other	0.0%	0
Answered Question		111
Skipped Question		0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	0.0% (0)	21.5% (14)	47.7% (31)	26.2% (17)	4.6% (3)	65	0
STDs/STIs	4.6% (3)	33.8% (22)	44.6% (29)	12.3% (8)	4.6% (3)	65	0
Menstrual Cycle	4.6% (3)	23.1% (15)	36.9% (24)	24.6% (16)	10.8% (7)	65	0
Fertility	10.8% (7)	40.0% (26)	30.8% (20)	13.8% (9)	4.6% (3)	65	0
Skipped All Rows							0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	1.8% (2)	16.2% (18)	44.1% (49)	33.3% (37)	4.5% (5)	111	0
STDs/STIs	0.9% (1)	26.1% (29)	58.6% (65)	12.6% (14)	1.8% (2)	111	0
Menstrual Cycle	1.8% (2)	3.6% (4)	37.8% (42)	50.5% (56)	6.3% (7)	111	0
Fertility	3.6% (4)	36.0% (40)	42.3% (47)	15.3% (17)	2.7% (3)	111	0
Skipped All Rows							0

Junior

Sex	Response Percent	Response Count
Female	74.8%	83
Male	25.2%	28
Other	0.0%	0
Answered Question		111
Skipped Question		0

Senior

Sex	Response Percent	Response Count
Female	71.1%	101
Male	28.9%	41
Other	0.0%	0
Answered Question		142
Skipped Question		0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	1.8% (2)	10.8% (12)	36.9% (41)	47.7% (53)	2.7% (3)	111	0
STDs/STIs	1.8% (2)	26.1% (29)	56.8% (63)	13.5% (15)	1.8% (2)	111	0
Menstrual Cycle	2.7% (3)	9.0% (10)	39.6% (44)	43.2% (48)	5.4% (6)	111	0
Fertility	1.8% (2)	29.7% (33)	43.2% (48)	22.5% (25)	2.7% (3)	111	0
Skipped All Rows							0

How knowledgeable do you think you are on the following topics?	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	1.4% (2)	8.5% (12)	37.3% (53)	49.3% (70)	3.5% (5)	142	0
STDs/STIs	0.0% (0)	23.2% (33)	45.1% (64)	29.6% (42)	2.1% (3)	142	0
Menstrual Cycle	1.4% (2)	10.6% (15)	38.0% (54)	45.1% (64)	4.9% (7)	142	0
Fertility	2.8% (4)	33.8% (48)	39.4% (56)	20.4% (29)	3.5% (5)	142	0
Skipped All Rows							0

Table 3. Comparisons of First Year, Sophomore, Junior, and Senior Student Responses to the Sexual Health Survey. First year results are on the upper left, Sophomore results are on the upper right, Junior results are on the lower left, and Senior results are on the lower right.

Aim 2: Illicit student questions related to sexual health topics

The Sexual Health Survey also gave students the opportunity to ask any sexual health questions that they wanted answered at the sexual health events. The respondents submitted 434 questions with many students asking multiple questions in their submission. There were 111 survey responses that did not include questions. The most common questions submitted were about contraception/birth control (30%), STDs/STIs (16.6%), fertility (14.5%) and the menstrual cycle (12.7%). The rest of the questions submitted included a variety of sexual health topics including libido/orgasms, sex physiology and psychology, masturbating, pleasure, pregnancy, menstrual cups, breastfeeding, homosexuality, breast cancer, hook-up culture, pap-smears, relationships/communication, religious beliefs, sexual assault, and natural family planning. Notably, there were also questions about the resources CSB/SJU offers to students in terms of sexual education and contraception (4%). Table 4 shows the frequencies of questions asked in each sexual-health category mentioned by students.

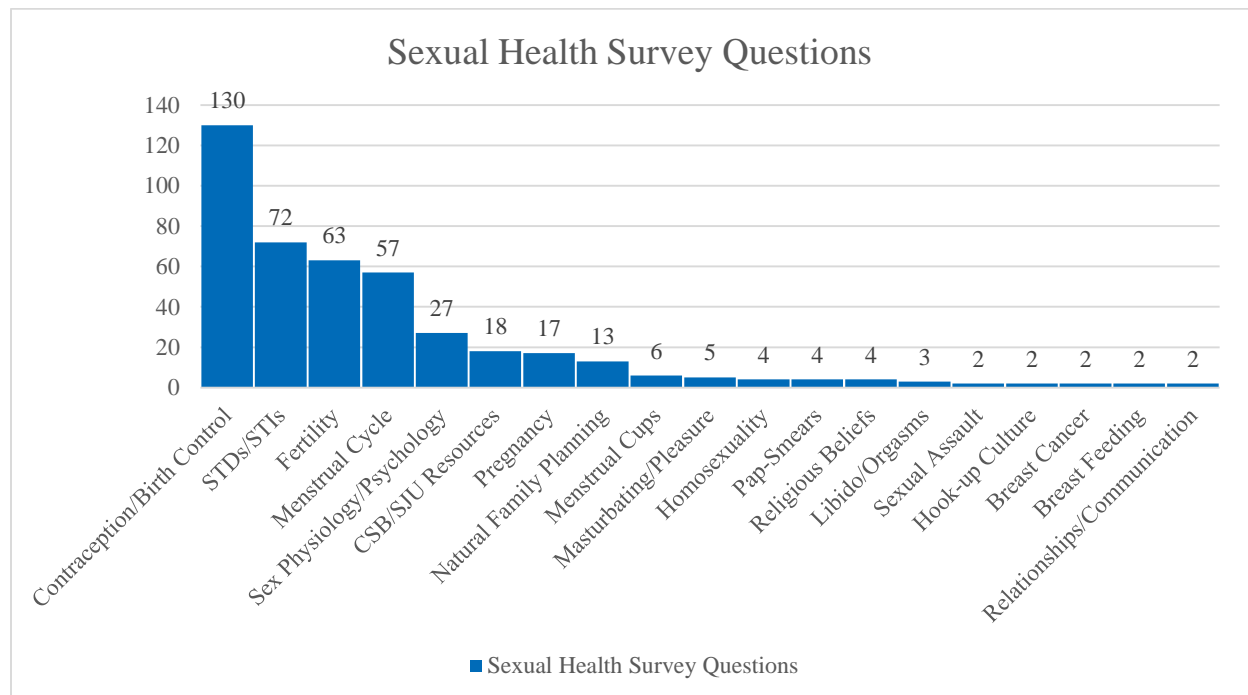


Table 4. Frequencies of questions asked in each sexual-health category mentioned by students in the Sexual Health Survey.

Aim 3: Observe the attendance and education strategies utilized at the sexual health events

The third exploratory aim of the pilot study was to observe the attendance and overall student engagement during the events to determine effective means of educating sexual health topics. There were 156 students who attended *Sex, Milk, and Cookies* and 72 students attended *Sex and Wings*. About 15 students left at the beginning of *Sex and Wings* because the staff at the event had run out of food. Conversely, no students left *Sex, Milk, and Cookies* after food had run out. The majority of students that attended each event were upperclassmen. Figures 5 and 6 show the attendance breakdown by college class at each event.

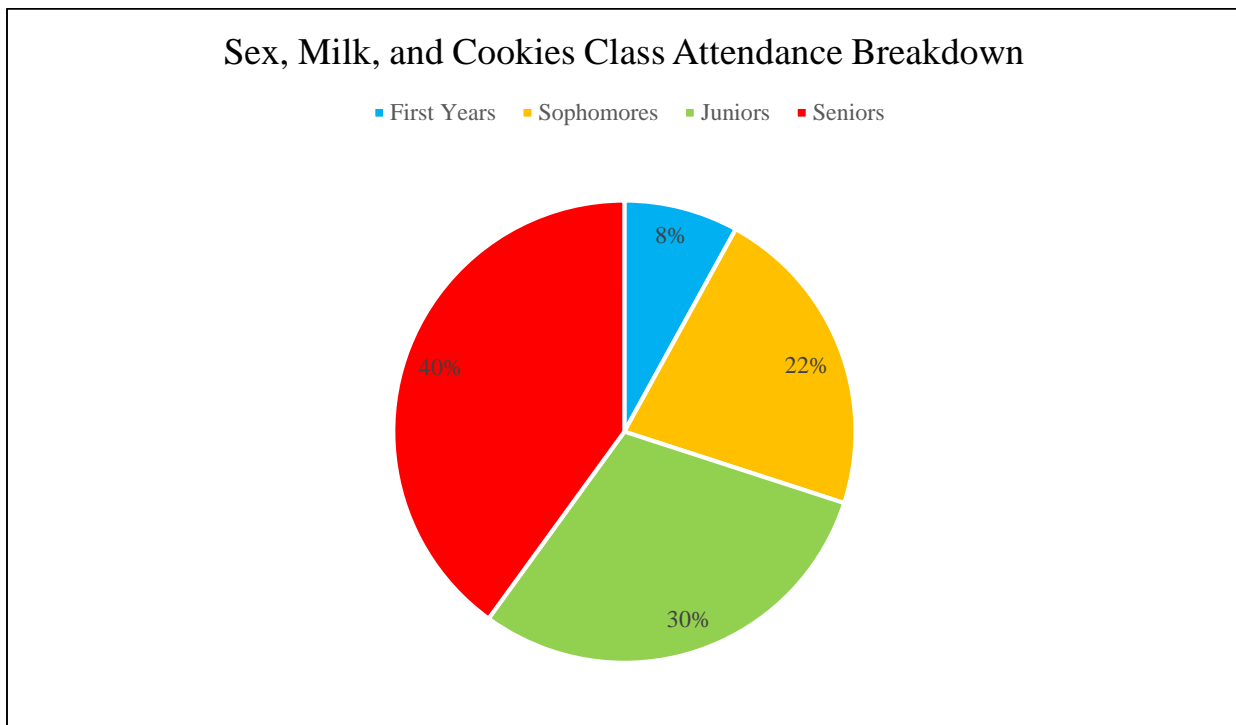


Figure 5. Sex, Milk, and Cookies Class Attendance Breakdown

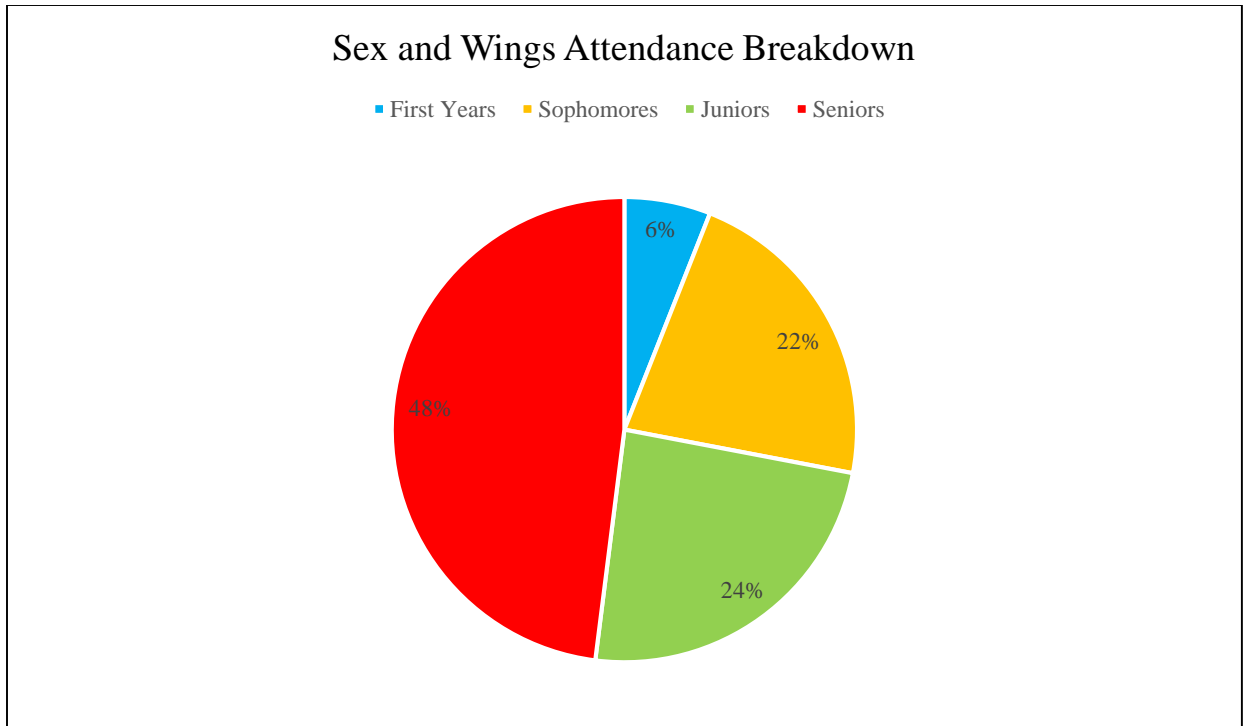


Figure 6. Sex and Wings Class Attendance Breakdown

At Sex, Milk, and Cookies, the CSB Nurse Practitioner prefaced her presentation with a PowerPoint slide emphasizing that she was open and willing to answer any questions about sexual health and encouraged students to ask questions throughout her presentation. She did mention that as an employee of the College of Saint Benedict, “there may be some things I cannot talk as freely about.” Her presentation included a video and visual aid to explain menstrual cycles and slides covering various sexual health topics including anatomy/physiology of sex, contraceptives, STIs, libido/orgasms, screening recommendations, menstrual cups, and PMS. Students asked questions throughout the presentation and were able to pass around the sample contraceptive devices that were brought for education purposes. Lastly, discussion continued between the student audience and the nurse practitioner for a half hour after the event was scheduled to end.

At Sex and Wings, the local doctor prefaced his presentation with comments regarding what he would not discuss during his presentation including pre-marital sex and anything contradicting Catholic teachings. He did not prepare a presentation and only allowed for questions at the end of his lecture. The topics he covered in his lecture were contraceptives, STIs, fertility, menstrual cycles, and masturbation. There was a five-minute break in between his lecture and the open question forum. Additionally, the event started about five minutes late and ended about five minutes early. Another distinguishing factor of the event was that the Vice President of Student Development was present in the room. Not only does he hold an administrative role at the university, he is also a Catholic priest.

Aim 4: Perceived student knowledge of sexual health topics after events

The fourth exploratory aim of the pilot study was to determine the perceived student knowledge of sexual health topics after the events occurred. For the Sexual Health Events Evaluation, there were 67 submissions with college sophomores (33.3%) and females (82.1%) as the the majority of the respondents. The least represented college class in survey responses was first-years (10.4%). Observing the data as a whole, the majority of students perceived knowing “a lot” about contraceptives/birth control (67.2%), STDs/STIs (68.7%), menstrual cycles (59.7%), and fertility (53.7%). Each category saw an increase in perceived knowledge by students after the events with only one student marking “I don’t know anything” in the fertility category and only 8 students marking “I know a little” in the other three categories.

Another aim of the Sexual Health Events Evaluation was to distinguish the perceived knowledge of sexual health topics of female versus male students after the events. The responses of female students were similar to the overall data set with the majority reporting their perceived knowledge of all four categories as “a lot.” In contrast, the majority of men reported only

perceiving their knowledge as “adequate” in contraceptives/birth control and fertility. An equal amount of men (5) reported knowing “a lot” and having “adequate” knowledge about the menstrual cycle. Table 5 shows the overall data set for the Sexual Health Events Evaluation, while Table 6 shows a comparison of the female and male responses, Table 7 compares the responses of the First-Year and Sophomore classes, and Table 8 compares the responses of the Junior and Senior classes.

Class Standing						
				Response Percent	Response Count	
First Year				10.4%	7	
Sophomore				34.3%	23	
Junior				25.4%	17	
Senior				29.9%	20	
				Answered Question	67	
				Skipped Question	0	

Sex						
				Response Percent	Response Count	
Female				82.1%	55	
Male				17.9%	12	
Other				0.0%	0	
				Answered Question	67	
				Skipped Question	0	

How did you hear about this event? (Select all that apply)						
				Response Percent	Response Count	
Posters/Flyers				55.2%	37	
Emails				83.6%	56	
In-class presentation				37.3%	25	
From a friend				49.3%	33	
From a professor				26.9%	18	
Other				0.0%	0	
				Answered Question	67	
				Skipped Question	0	

What was your primary reason for attending this event?						
				Response Percent	Response Count	
I wanted to learn more about sexual health				58.2%	39	
I received extra credit for attending				25.4%	17	
I wanted free food				7.5%	5	
I wanted to win a prize and a cookie				3.0%	2	
i want to be a sex educator, and i wanted to know what other students want to know about sexual health.				1.5%	1	
i wanted to support a friend that was helping put it on.				1.5%	1	
it was half extra credit and also because i wanted to learn more about sexual health.				1.5%	1	
				Answered Question	67	
				Skipped Question	0	

After attending this event, how knowledgeable do you think you are on the following topics?							
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	0.0% (0)	1.5% (1)	19.4% (13)	67.2% (45)	11.9% (8)	67	0
STDs/STIs	0.0% (0)	3.0% (2)	23.9% (16)	68.7% (46)	4.5% (3)	67	0
Menstrual Cycle	0.0% (0)	1.5% (1)	20.9% (14)	59.7% (40)	17.9% (12)	67	0
Fertility	1.5% (1)	6.0% (4)	29.9% (20)	53.7% (36)	9.0% (6)	67	0
						Skipped All Rows	0

Table 5. Results of the Sexual Health Events Evaluation

Female

How did you hear about this event? (Select all that apply)				
Posters/Flyers		58.2%	32	
Emails		81.8%	45	
In-class presentation		38.2%	21	
From a friend		47.3%	26	
From a professor		29.1%	16	
Other		0.0%	0	
			Answered Question	55
			Skipped Question	0

Class Standing				
		Response Percent	Response Count	
First Year		12.7%	7	
Sophomore		38.2%	21	
Junior		23.6%	13	
Senior		25.5%	14	
			Answered Question	55
			Skipped Question	0

What was your primary reason for attending this event?				
		Response Percent	Response Count	
I wanted to learn more about sexual health		61.8%	34	
I received extra credit for attending		25.5%	14	
I wanted free food		5.5%	3	
I wanted to win a prize and a cookie		1.8%	1	
I want to be a sex educator, and I wanted to know what other students want to know about sexual health.		1.8%	1	
It was half extra credit and also because I wanted to learn more about sexual health.		1.8%	1	
			Answered Question	55
			Skipped Question	0

After attending this event, how knowledgeable do you think you are on the following topics?						
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count
Contraception/Birth Control	0.0% (0)	1.8% (1)	12.7% (7)	72.7% (40)	12.7% (7)	55
STDs/STIs	0.0% (0)	3.6% (2)	23.6% (13)	69.1% (38)	3.6% (2)	55
Menstrual Cycle	0.0% (0)	0.0% (0)	16.4% (9)	63.6% (35)	20.0% (11)	55
Fertility	1.8% (1)	7.3% (4)	23.6% (13)	58.2% (32)	9.1% (5)	55
						Skipped All Rows
						0

Male

How did you hear about this event? (Select all that apply)				
Posters/Flyers		41.7%	5	
Emails		91.7%	11	
In-class presentation		33.3%	4	
From a friend		58.3%	7	
From a professor		16.7%	2	
Other		0.0%	0	
			Answered Question	12
			Skipped Question	0

Class Standing				
		Response Percent	Response Count	
First Year		0.0%	0	
Sophomore		16.7%	2	
Junior		33.3%	4	
Senior		50.0%	6	
			Answered Question	12
			Skipped Question	0

What was your primary reason for attending this event?				
		Response Percent	Response Count	
I wanted to learn more about sexual health		41.7%	5	
I received extra credit for attending		25.0%	3	
I wanted free food		16.7%	2	
I wanted to win a prize		8.3%	1	
I wanted to support a friend that was helping put it on.		8.3%	1	
			Answered Question	12
			Skipped Question	0

After attending this event, how knowledgeable do you think you are on the following topics?						
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count
Contraception/Birth Control	0.0% (0)	0.0% (0)	50.0% (6)	41.7% (5)	8.3% (1)	12
STDs/STIs	0.0% (0)	0.0% (0)	25.0% (3)	66.7% (8)	8.3% (1)	12
Menstrual Cycle	0.0% (0)	8.3% (1)	41.7% (5)	41.7% (5)	8.3% (1)	12
Fertility	0.0% (0)	0.0% (0)	58.3% (7)	33.3% (4)	8.3% (1)	12
						Skipped All Rows
						0

Table 6. Side by Side Comparison of Female and Male Student Responses to Sexual Health Events Evaluation. Female results are on the left and male results are on the right.

First Year

Sex		Response Percent	Response Count
Female		100.0%	7
Male		0.0%	0
Other		0.0%	0
		Answered Question	7
		Skipped Question	0

How did you hear about this event? (Select all that apply)			
Posters/Flyers		71.4%	5
Emails		85.7%	6
In-class presentation		0.0%	0
From a friend		14.3%	1
From a professor		0.0%	0
Other		0.0%	0
		Answered Question	7
		Skipped Question	0

What was your primary reason for attending this event?			
I wanted to learn more about sexual health		85.7%	6
I received extra credit for attending		0.0%	0
I wanted free food		14.3%	1
I wanted to win a prize		0.0%	0
		Answered Question	7
		Skipped Question	0

After attending this event, how knowledgeable do you think you are on the following topics?							
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row
Contraception/Birth Control	0.0% (0)	14.3% (1)	14.3% (1)	71.4% (5)	0.0% (0)	7	0
STDs/STIs	0.0% (0)	28.6% (2)	28.6% (2)	42.9% (3)	0.0% (0)	7	0
Menstrual Cycle	0.0% (0)	0.0% (0)	42.9% (3)	57.1% (4)	0.0% (0)	7	0
Fertility	14.3% (1)	0.0% (0)	42.9% (3)	42.9% (3)	0.0% (0)	7	0
						Skipped All Rows	0

Sophomore

Sex		Response Percent	Response Count
Female		91.3%	21
Male		8.7%	2
Other		0.0%	0
		Answered Question	23
		Skipped Question	0

How did you hear about this event? (Select all that apply)			
Posters/Flyers		60.9%	14
Emails		73.9%	17
In-class presentation		47.8%	11
From a friend		39.1%	9
From a professor		30.4%	7
Other		0.0%	0
		Answered Question	23
		Skipped Question	0

What was your primary reason for attending this event?			
I wanted to learn more about sexual health		43.5%	10
I received extra credit for attending		47.8%	11
I wanted free food		0.0%	0
I wanted to win a prize		0.0%	0
and a cookie		4.3%	1
It was half extra credit and also because I wanted to learn more about sexual health.		4.3%	1
		Answered Question	23
		Skipped Question	0

After attending this event, how knowledgeable do you think you are on the following topics?									
	Don't know anything	I know a little	My knowledge is adequate	I know a lot	I am an expert	Response Count	Skipped Row		
Contraception/Birth Control	0.0% (0)	0.0% (0)	13.0% (3)	78.3% (18)	8.7% (2)	23	0		
STDs/STIs	0.0% (0)	0.0% (0)	21.7% (5)	78.3% (18)	0.0% (0)	23	0		
Menstrual Cycle	0.0% (0)	0.0% (0)	17.4% (4)	69.6% (16)	13.0% (3)	23	0		
Fertility	0.0% (0)	8.7% (2)	34.8% (8)	47.8% (11)	8.7% (2)	23	0		
						Skipped All Rows	0		

Table 7. Comparisons of First Year and Sophomore Student Responses to the Sexual Health Events Evaluation. First year results are on the left and Sophomore results are on the right.

Junior

Senior

Sex				Response Percent	Response Count
Female		76.5%	13		
Male		23.5%	4		
Other		0.0%	0		
			Answered Question	17	
			Skipped Question	0	

How did you hear about this event? (Select all that apply)				Response Percent	Response Count
Posters/Flyers		41.2%	7		
Emails		82.4%	14		
In-class presentation		47.1%	8		
From a friend		41.2%	7		
From a professor		41.2%	7		
Other		0.0%	0		
			Answered Question	17	
			Skipped Question	0	

What was your primary reason for attending this event?				Response Percent	Response Count
I wanted to learn more about sexual health		52.9%	9		
I received extra credit for attending		23.5%	4		
I wanted free food		23.5%	4		
I wanted to win a prize		0.0%	0		
			Answered Question	17	
			Skipped Question	0	

After attending this event, how knowledgeable do you think you are on the following topics?				Response Percent	Response Count
Contraception/Birth Control		70.6% (12)	17		
STDs/STIs		64.7% (11)	17		
Menstrual Cycle		58.8% (10)	17		
Fertility		52.9% (9)	17		
			Skipped All Rows	0	

Sex				Response Percent	Response Count
Female		70.0%	14		
Male		30.0%	6		
Other		0.0%	0		
			Answered Question	20	
			Skipped Question	0	

How did you hear about this event? (Select all that apply)				Response Percent	Response Count
Posters/Flyers		55.0%	11		
Emails		95.0%	19		
In-class presentation		30.0%	6		
From a friend		80.0%	16		
From a professor		20.0%	4		
Other		0.0%	0		
			Answered Question	20	
			Skipped Question	0	

What was your primary reason for attending this event?				Response Percent	Response Count
I wanted to learn more about sexual health		70.0%	14		
I received extra credit for attending		10.0%	2		
I wanted free food		0.0%	0		
I wanted to win a prize		10.0%	2		
i want to be a sex educator, and i wanted to know what other students want to know about sexual health.		5.0%	1		
i wanted to support a friend that was helping put it on.		5.0%	1		
			Answered Question	20	
			Skipped Question	0	

After attending this event, how knowledgeable do you think you are on the following topics?				Response Percent	Response Count		
Contraception/Birth Control		0.0% (0)	30.0% (6)	50.0% (10)	20.0% (4)	20	0
STDs/STIs		0.0% (0)	20.0% (4)	70.0% (14)	10.0% (2)	20	0
Menstrual Cycle		5.0% (1)	15.0% (3)	50.0% (10)	30.0% (6)	20	0
Fertility		5.0% (1)	20.0% (4)	65.0% (13)	10.0% (2)	20	0
			Skipped All Rows	0			

Table 8. Comparisons of Junior and Senior Student Responses to the Sexual Health Events Evaluation. Junior results are on the left and Senior results are on the right.

Aim 5: Describe student motivation for attending events and receive feedback for future events

The fifth aim of the pilot study was to determine student motivation for attending the sexual health events and to collect student feedback for future events. As shown in Table 5, the majority of the students who responded to the Sexual Health Events Evaluation identified emails

(83.6%) as the primary way in which they learned about the events. Additionally, the majority of students indicated that learning about sexual health (58.2%) was their primary reason for attending the events. When observing the female and male data separately, the results are similar, however, a larger percentage of men indicated that they attended the event for other reasons like extra credit, free food, and wanting to win a prize.

There were four additional questions asked at the end of the evaluation to obtain a better understanding of what students thought about the events and how they could be improved in the future. The first question asked was, “What was your biggest take away from this event?” This question had 62 responses with many students mentioning multiple sexual health topics in their answer. The majority of the respondents mentioned learning about contraception (38.7%) and STIs (22.6%) as their biggest takeaways from the events.

The second question asked at the end of the evaluation was, “Should there be more programming on sexual health at CSB/SJU? Why or why not?” This two-fold question received 61 responses with many students mentioning multiple rationales in their answers. The majority (98.4%) said “yes,” there should be more programming on sexual health, with only one respondent saying “not really sure.” In the rationale portion of their answers, the majority of submissions mentioned the importance of sexual health education for general health and safety of students (23.5%) and a general lack of knowledge on campus about sexual health topics (20.6%). Other rationales commented on included the high sexual activity on college campuses, the high attendance of the events as an indication of student interest, the potential for sexual health education to reduce the rate of sexual assault, the lack of sexual education in high school, circulating misinformation, students being afraid to ask sexual health questions, and raising awareness about the importance of sexual health.

The third question asked at the end of the evaluation was “How could this event be improved?” This question received 59 responses with many students giving multiple recommendations in their answers. The majority of women mentioned the need for a bigger space (63%) and more food (16.7%). Similarly, the majority of men mentioned the need for more food (50%). Other recommendations included the need for more events, more sexual health topics, the ability to ask anonymous questions during the events, providing handouts, more interactive presentations, and the addition of homosexual and transgender perspectives. One woman provided a notable answer to this question when she commented:

I really liked [the nurse practitioner] and thought she was the perfect person for this presentation. She had a sense of humor and discussed every issue and question very professionally and appropriately. She never seemed surprised or uncomfortable with any question and very careful not to make assumptions regarding heteronormativity. I think this event could elaborate more on sex and reproduction rather than on menstruation and birth control. While I think it is important to cover the basics, I think many women were eager to and interested to learn more about sex. I would have like to learn the science of sex, and how sex affects our brain and bodies and what happens biologically during sex. I think it would have been beneficial to mention masturbation in more detail rather than just saying it is a way to increase orgasm. Many, many women deal with shame surrounding self-pleasure and no one ever talks about it. It could be helpful to discuss this as a healthy way to handle sexual desire. I think it would be helpful to talk about female sex organs and anatomy in more detail as well.

Lastly, 25% of the men who answered the question about improvements stated the need for a different presenter and mentioned the heteronormative nature of the local doctor’s lecture.

The final question on the evaluation asked if the respondents had any other comments or questions they would like to offer. This question had 32 responses with the majority of the comments being positive (83%). A male student offered a notable negative comment by saying:

One thing which I thought diminished from the experience of this event was that [the priest's] presence may have hindered the discussion that [the presenter] had with students. The event was about sexual health. [The priest] is celibate. My concern with his presence is that [the presenter] prefaced the entire discussion with the comment that he is not an advocate for sexual activity one way or the other and that he would not go against Catholic Benedictine teachings. This may be small, but I am curious how much more varied, vulnerable, and open questions and discussions would have been for students who may have been put off by the fact that "big brother" was watching over their shoulder. Granted, I find [the priest] to be very respectful, and maybe just came to listen and engage with students. However, I cannot find excellent reasoning as to why he would be there when this is a student health issue which deserves completely open discussion about pertinent health problems. I am sure this is not something the Health Initiative had intended or advocates for, but given the proper context, providing this feedback to [the priest] may be helpful.

The other negative comments were from women mentioning the lack of space and food at *Sex, Milk, and Cookies*. In fact, half of the responses to this question offered more suggestions that were similar to the suggestions mentioned in the previous paragraphs. The only notable difference in the responses for this final question was the mention of the gender separation at the events. One respondent mentioned the hope that there would be a combined event in the future with both men and women. Two others stated that they liked how the events were separated by

gender because it allowed for a more comfortable atmosphere for learning about sexual health topics.

Aim 6: Describe the campus response to sexual health events

The final aim of the study was to observe the general campus response to the sexual health events. The best way to perceive this without further evaluation was to read the student newspaper, *The Record*, in the weeks following the events. The news editor of *The Record* contacted the CSB Health Advocates and SJU Health Initiative to conduct interviews after seeing the advertisements for the sexual health events. A subsequent article was published a week later about the events, their attendance, and sexual health statistics from the CSB/SJU General Health Survey. An editorial written by the president of the SJU student senate and a CSB junior was published a week after the initial article commenting on the success of the events and urging the schools' administration to consider offering condoms on campus.

The only other evaluation method used to determine the campus response to the sexual health programming was a survey sent to all CSB students by The Institute for Women's Leadership asking them to give general feedback for the programs they sponsored during the school year. At the end of the survey, students were asked to choose from a list of programs which event they would most like to see again in the future. Among this list was *Sex, Milk, and Cookies*, which was overwhelmingly (73.1%) chosen by respondents (26) as the event students would most like to see again in the future.

Recommendations

Based on the literature review and results of the pilot study, the author recommends that CSB/SJU take a comprehensive education stance on sexuality. Moreover, Catholic college campuses should approach sexual health promotion in a positive manner aiming to increase

knowledge, build communication skills, help clarify personal values, and dispel myths regarding sexuality and relationships. When students are comfortable with their sexuality and can effectively communicate about and advocate for their needs, they are more prepared to make informed and healthier decisions (Matson, 2016).

In order for sexual health education to be comprehensive at CSB/SJU, a variety of sexual health topics must be addressed. Instead of limiting the sexual health information to a few subjects, the schools should consider an array of sexual health topics like the ones mentioned in the questions students asked in the pilot study. These topics could include sexual identities, sexual pleasure, values and beliefs, safe sex, contraception, pregnancy options, healthy relationships, affirmative consent, communication techniques, and self-advocacy. Topics like these can be introduced to the campuses from licensed professionals and trained peer educators who receive formal education on these topics and can present them in a way that is engaging to students.

CSB/SJU has experienced an inconsistency in sexual health programming in the past with peer educator groups like the Health Advocates and Health Initiative having the courage to confront sexual health topics some years and other years, avoiding it completely. Furthermore, the groups on campus that are designated to address certain sexual health issues are poorly funded and are not trained sexual health educators. Programming should be consistent and reliable on these topics so that every graduating class receives the same opportunities to learn about sexuality. When the schools only offer sexual health education certain semesters or have gaps of several years in between programming, they create an enormous disparity between the students who received the education and those that did not. As stated earlier, if the schools consider sexual education as a healthcare resource that protects students from diseases and

benefits health, they harm students when they refuse to address certain sexual health topics because of religious values. When the majority of students engage in consensual sex and their educators do not provide them with the information they need to stay healthy, schools perpetuate an injustice.

With the rise of sexual assault reports among young adults, sexual assault education is absolutely essential on college campuses. CSB/SJU should continue and increase its programming on raising awareness about the issues surrounding sexual assault. However, when it is the only type of sexual education offered, it becomes insufficient in preparing students to make informed and healthy decisions regarding their sexuality and relationships. No peer educator groups at CSB/SJU are assigned to concentrate on sexual health topics like healthy relationships, sexual identities, sexual pleasure, values and beliefs, safe sex, contraception, etc. Moreover, the only activities to address sexual health on campus stated in the Healthy Public Policy document of the Counseling and Health Promotion Department are webpage resources and health education materials – none of which are made known to students when they enter their first year of college at the institutions.

If CSB/SJU wishes to continue providing sexual health programming to their students, several lessons can be taken from this pilot study. First, multiple groups on campus including the administration must be involved in sexual health promotion with one main group leading the initiative. When many trusted campus groups endorse sexual health education, it creates a culture of acceptance and open dialogue within the institutions about often difficult or uncomfortable subjects. Students will feel more comfortable speaking up and asking questions about sexual health when they know they have support from their peers, faculty members, and administrators. Furthermore, a culture of silence, ambiguity, and rumors around what the school offers in regards

to sexual health resources and contraception does not help students feel comfortable asking important health questions. When students are intentionally left in the dark about the resources available to them at their schools, serious consequences can emerge that have the potential to negatively affect students for the rest of their lives.

On campuses like CSB/SJU that preach inclusivity and listening as values, many perspectives should be considered when offering sexual health programming. In addition, Catholic college campuses should welcome a more inclusive dialogue about sexuality if they are truly committed to treating all as Christ. This means that the LGBTQ community must be included when creating sexual health education. As stated before, higher education has a responsibility to protect all of its students by providing accurate and comprehensive sexual education. If Catholic colleges avoid the LGBTQ community in their discussions about sexuality, not only is this discriminatory, but also students lose the opportunity to engage with one another in conversations about a reality of human intimacy. While it is unrealistic to suggest that religion should have no input into sex education at CSB/SJU, it is not unreasonable to recommend that religion is only one of the many sources of moral values underlying sex education on the campuses.

The final recommendation that arises from this pilot study is to continue brainstorming the best ways to engage students in and bring students to sexual health programming. Future events should utilize creative marketing strategies, a comfortable environment, approachable presenters, and incentives. It can sometimes be difficult to encourage students to attend programs like *Sex, Milk, and Cookies*, and *Sex and Wings* without marketing them in ways that discourage student participation or utilize gender stereotypes. Marketing for sexual health programs should be approached in a way that welcomes all students to attend events and treats the subject of

sexuality as a normal part of young adult development. To further incentivize student attendance, the Health Advocates and Health Initiative have found success in offering food at programs and reaching out to professors who can offer extra credit to their students who participate. Also, it is important to create a comfortable atmosphere for students to learn about sexual health topics where they do not feel any administrative or religious pressures from presenters or people present in the room. That being said, speakers should be engaging, professional, inclusive, and easy for college students to connect with. However, speakers and presentations are not the only ways to offer sexual health education. Groups who take on sexual health education at CSB/SJU in the future should strive to be creative in the ways they present information to students because if the same programs happen every year, there is a risk of students losing interest. Lastly, sexual health educators should reference the National Sexuality Education Standards (NSES) when planning programs involving sexuality and reach out to other colleges and universities to discover new strategies in developing effective sexual health programming.

Conclusion

Colleges are centers of intellectual inquiry, of cultural critique and evaluation, places where community members—faculty, staff, administration, and students alike—enter into dialogue about the world around them. Ideally, college functions as a time in life where students learn more about who they are and who they are meant to become. College campuses are places that empower students to find their voice and speak up. However, a pattern of avoidance has come to dominate Catholic colleges and universities when it comes to sexual health. This paradigm thwarts the ideals of college as an environment where self-exploration and respectful conversation are welcome. The fact that Catholic colleges do not prioritize an aspect of students' lives that is so central, intimate, and identity shaping as sex is unacceptable.

At CSB/SJU we can shift this paradigm of shame, silence, and misinformation into one of openness, inclusivity, and honesty. We must acknowledge that sex is a reality for many college students on our campus and take steps to empower our community members to make informed and healthy choices. Let us use a new definition of “sexual health” to inspire our education efforts, one that reflects our Catholic Benedictine values and inspires change. For example:

Honoring human bodies as gifts from God and respecting all persons as images of Christ, sexual health defined is ‘an approach to sexuality founded in accurate knowledge, personal awareness, and self-acceptance, where one’s behavior, values, and emotions are congruent and integrated within a person’s wider personality structure and self-definition. Sexual health involves an ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually functional (to have desire, become aroused, and obtain sexual fulfilment), to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, and a feeling of belonging to and involvement in one’s sexual culture(s). Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted infections, and sexual assault/coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one’s life.’ (Robinson et al., 2002)

With this definition, efforts can be made to meet students where they are at, have compassion for their circumstances, and learn from their experiences to better meet their sexual health needs.

Conversation about sex and all of the topics surrounding it must continue on these campuses if we are to be a community rooted in respect for all persons.

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