



THE 2022 UTAH COLLEGE SEXUAL BEHAVIOR SURVEY: QUALITATIVE REPORT

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Summary

Purpose: The purpose of the 2022 Utah College Sexual Behavior Survey project was to use retrospective sexual behavior and education measures to gain a better understanding of the sexual behaviors and perceptions of sex education of Utah youth by asking students aged 18-21 years old about their sexual behaviors as youth. This supplement provides additional qualitative research that aids in understanding our quantitative findings.

Measures: The qualitative survey questions represented three topical areas. These areas included questions about consent, sex education satisfaction, and student's parental preference when discussing topics about sex and health.

Method: A one-time survey was disseminated to students aged 18-21 at three universities in Utah. We relied on a convenience sampling strategy to answer the research questions guiding this study.

Analysis: Inductive coding was used. One member of the team created codebooks for each question and then received feedback from two other team members who examined interrater reliability to establish final codes and themes.

Results: This report outlines the qualitative results from the 2022 Utah College Sexual Behavior Survey. Results showed that students generally felt that a more comprehensive sex education was needed in Utah, that consent is easy to give and obtain, and that young adults thought their mothers were easier to discuss sex and health topics with.

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Contact: Please contact Dr. Cris Meier (cris.meier@usu.edu) for more information about this study.

Human Subjects Statement: This project was approved by the USU IRB prior to any data collection activities (#12947).

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Background, Project Purpose, & Method

Please review the [full quantitative report](#) for additional information about this project. This paper serves as a supplement for the full quantitative report.

Purpose

This qualitative supplement serves to provide nuance and a deeper understanding of the efficacy of the current sexual health education being provided in the state of Utah. The results from this survey allow professionals involved in the sexual education curriculum to examine current practices and evaluate future action for improvement.

Additionally, as the literature surrounding sexual health education in the state of Utah is sparse, this project lays the groundwork for future research.

Sample

A total of 1,093 students participated in the full survey. Of the 1,093 students that participated, 867 answered the open-ended question about consent, 620 answered the open-ended question about sex education satisfaction, and 510 answered the open-ended question about parental preferences when discussing sex and health.

Qualitative Measures

The Utah College Sexual Behavior Survey qualitative items included three questions.

Sex Education Satisfaction. This open-ended question asked participants what types of sexual health education programs or education they would have wanted access to in school or in the community. Specific examples were asked for as well.

Parental Preference. Participants were first asked if they preferred which parental figure they talked to about sexuality when they were in high school. If participants answered 'yes', they were then asked who they preferred and why.

Consent. This open-ended question asked participants how they would respond if a romantic partner asked to engage in sexual activity that the participant wasn't interested in.

Qualitative Coding

Results from the Utah College Sexual Behavior Survey were uploaded into a shared file for data analysis. Answers were separated by question. An initial review of the answers was conducted by two individuals to gather an initial list of emergent themes.

Both individuals conducted initial coding and then compared notes to eliminate any themes that were redundant or unnecessary. Eventually, after several cycles of this process, a codebook was finalized and utilized to complete the coding process. Once completed, multiple team members reviewed the final codes to ensure consistency and to avoid bias. The results will be examined and defined in the following sections, with specific quotes and figures provided for clarity.

Results

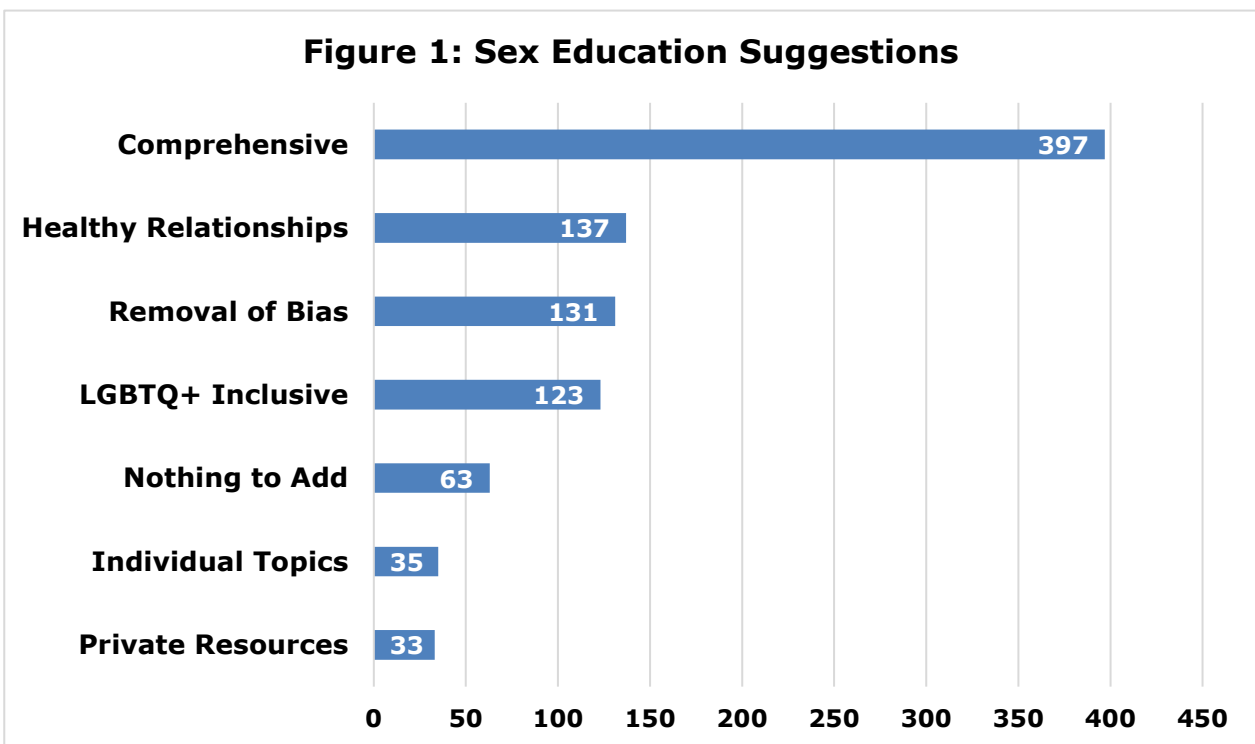
We utilized a one-time survey, using a convenience sampling strategy to answer the questions examined in this supplement. This section provides the results of the qualitative question, organized by question.

Question 1: Sex Education Suggestions

A total of 620 participants answered the following open-ended question:

In your opinion, when you think back to high school, what types of sexual health education or programs would you have liked to have access to in your school or the local community?

Figure 1 below shows the main categories that emerged for this question and the number of participants whose response fell within the theme.



Below are descriptions of each category with some direct quotes taken from the data to illustrate the most described experiences.

Need for Comprehensive Sex Education. This category describes responses that suggested the curriculum in Utah to be changed from abstinence-based to comprehensive ($N = 397$). Several responses included language indicating that abstinence-based education is not sufficient. The following quotes illustrate the most frequent answers provided that fit under this category.

"I would have loved to have comprehensive sex education. My school took an abstinence only approach and I don't think that is safe because people are going to have sex whether you tell them to or not."

"Comprehensive sex education; I learned about most stuff on the internet. That shouldn't be the case. Health classes should teach correct information about sex (how to prevent pregnancy, Stis, what it is, etc.). Because people older still don't know these things. People shouldn't have to take a college course to learn about human anatomy."

Healthy Relationships. This category describes responses that emphasized the need for more indepth conversations about healthy relationships, identifying abuse, and setting healthy boundaries ($N = 137$). Examples include:

"I think more discusstion's about what are healthy/unhealthy relationships. What the definition of "consent" is."

"A better understanding of consensual actions and healthy relationships."

"A healthy relationships class."

Removal of Bias. This includes reponses that described feelings of overall shame and bias being experienced in the classroom and that this needs to be addressed ($N = 131$). Several responses identified that sexual topics were "taboo" and some identified the predominant religion (referred to as "the church" in the following quote) in Utah as the source of this.

"More openness and unbiased discussions about sexual orientation and helping yourself and others through that journey."

"I just think it needs to be discussed more in general, rather than it being a taboo topic..."

"I wish it wasn't such a demonized act by the church. As much as we try to separate religion influence from public education, it still has a heavy hold over its members."

LGBTQ+ Inclusive Education. Responses in this category describe responses that suggested the need for more inclusive LGBTQ+ content ($N = 123$). While most answers simply included a brief mention of the need for LGBTQ+ content, the following responses provide more nuance on this topic:

"I get that it's Utah, but the many questions I had about my sexuality and gender really really really should've been addressed by the schooling system. Highly dissatisfied with how they handled it (barely, if at all). To be completely honest, there were touches of homophobia when it WAS brought up."

"LGBTQIA+ education. Teach kids from a young age that LGBTQIA+ people are no different and deserve respect and rights. I knew very little about this community until I struggled for years on why I felt different from other kids. A simple class would have given me so much guidance and really made my life so much easier. I think health and LGBTQ courses should be longer AND required. No opting out of these for religious reasons. That's how you build stronger diversity walls. Religion has no place in schools and is NOT a valid reason for opting out of a health and inclusion class."

Nothing to Add. This category describes responses ranging from a simple explanation that what was provided was fine, to insisting that there should be no sexual health education provided in schools with the reasoning being that it should be the parent's responsibility, or that it should be in alignment with religious teachings ($N = 63$). Some of the more in-depth examples are provided below.

"I think it is highly dangerous to bring discussion of sexuality into a classroom setting where parents aren't present. Educators shouldn't plant dangerous ideas in students' heads."

"None. It is disgusting that we are exposing our teenagers to these trials and presenting them as positives."

"Sex shouldn't be talked about in the classroom at all, in any context. That should be left to the parents and family, except in extreme circumstances."

Topical Areas Needed. This category describes responses that requested more individual topics to be discussed in the classroom – topics ranged from masturbation, identity discovery, mental health, and self care or hygiene (N = 35).

"I feel that schools should have acknowledged that masturbation is a normal thing for girls and women. It is not something only for men."

"I think a class centered around self care and self appreciation would be great."

"More about how to know when you are ready to have sex."

Resources. This final category describes responses that requested that there be resources provided to students that allowed them to access resources or services either anonymously or in a private setting for students to learn about sexual health independently (N = 33).

"Verified websites to look up unbiased information."

"Suggestions for places to go online or elsewhere to get sexual information. I hated learning about it in front of everyone in my classes at school."

"An online course/lecture that kids can opt into. Less stigma and less traumatizing than doing internet searches on your own."

Question 2: Parental Communication Preference

A total of 517 participants answered the following series of questions. First participants were asked:

In high school, did you have a preference for which parental figure(s) you talked to about sexuality?

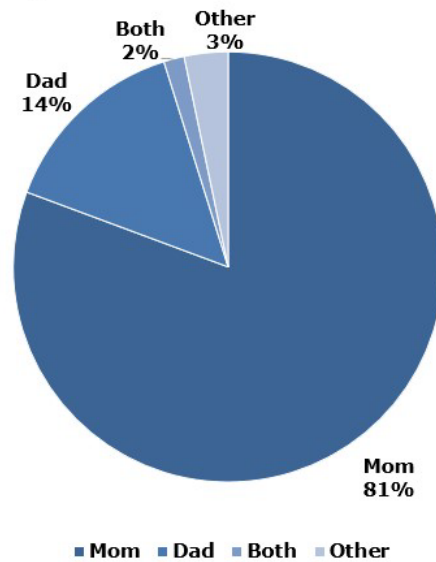
- No**
- Yes**

If the participant selected yes, then they were directed to the next question:

Which parental figure(s) did you prefer to talk to about sexuality and/or related questions and why? (open ended)

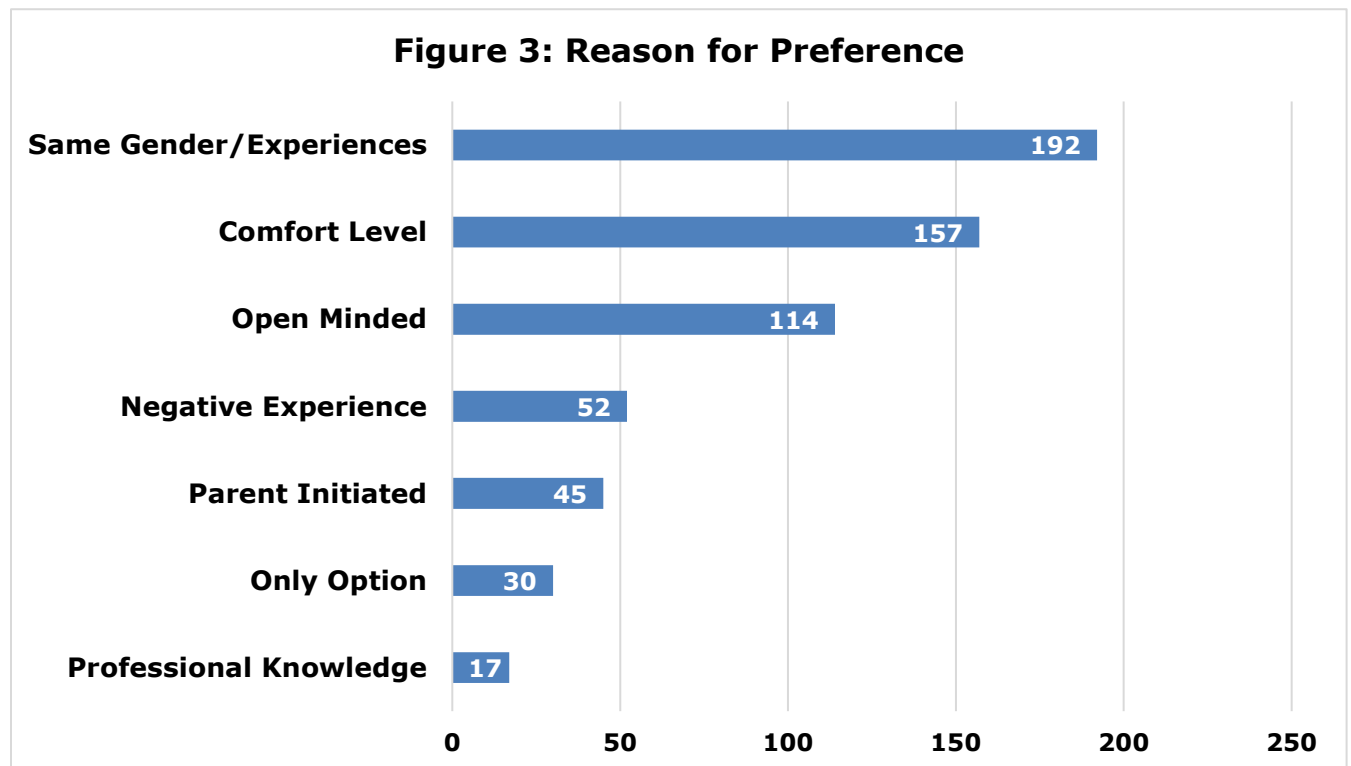
We created a quantitative variable to first identify which parental figure participants identified as their preferred person to talk with about sexuality of related questions. Figure 2, on the right, illustrates that a majority of participants identified their mom (81%) as the preferred parent to have conversations about sex and health with. A small portion of participants reported feeling comfortable enough to talk to both parents (2%), while others reported not feeling comfortable to talk to either parent and reported other trusted adults or resources as being their preference (3%).

Figure 2: Parental Preference



Participant responses explaining why they identified a parent preference fell within seven key areas. Figure 3, below, illustrates the main categories that emerged.

Figure 3: Reason for Preference



Below are descriptions of each category with some direct quotes taken from the data to illustrate the most described experiences.

Same Gender/Experiences. This category includes responses that expressed a parental preference based on having the same physical anatomy or similar lived experiences ($N = 192$). Most answers provided were short with the statement of “same gender”, with a few answers providing a bit of elaboration, such as:

"Father. He has the same parts that I do and therefore would have a better understanding of what my role in sexuality is."

"I preferred to talk to my mom because we are the same gender."

Comfort Level. Responses include those that reported feeling more comfortable with the parental preference expressed ($N = 157$). Most answers included simple explanations as to why one parent felt more comfortable to talk to, for example:

"My mom, because she never got uncomfortable and encouraged us to ask her any questions. My dad would definitely help, but he would be more uncomfortable."

"My dad because I'm closer to him than my mom."

Open Minded. This category includes responses that expressed feeling more comfortable with the parent selected due to the parent displaying a lack of religious rigidity, more acceptance of LGBTQ+ identities, a gentler approach, and/or a more open-minded approach to sexual topics ($N = 114$). Some common explanations included:

"My mother. For a portion of my life I thought my dad would hate me if I was LGBTQIA+. He doesn't hate me, but he still has a judgmental atmosphere about him which makes it uncomfortable to discuss anything with him."

"My dad, he was more comfortable with the conversations and more open minded because he's not religious."

Negative Experience. This category includes responses that reported having negative experiences with the other parent as the reason for preferring the parent they selected ($N = 52$). While these answers varied based on experiences, some of the most common explanations included:

"Father. Mother took on any of my own problems as her own and it made me feel guilty to confide in her knowing such."

"Mother, my dad is a bad person."

Parent Initiated. This category describes responses that reported a parent being proactive and starting sexual health conversations as the reason for the parental preference ($N = 45$). Most answers shared similar explanations, such as:

"Dad. He taught me about sex so it seemed easier to talk to him about."

"My mom, because she was the one who always brought up sexuality to begin with."

Only Option. This category includes responses that expressed the death of a parent, the abandonment of a parent, or not having access to a parent due to a busy work schedule, as reasons for the parental preference selected ($N = 30$). Some examples from this category include:

"Well my dad left when I was 14, so my options when learning about it from parental figures was limited mostly to my mother, older brother, and my health teacher."

"Mom because I don't have a dad."

Professional Knowledge. This category describes responses that reported a parental preference based on the parent's professional knowledge due to a career in the medical field ($N = 17$). While this category had the least amount of responses, it was important to add because most of these answers could not be applied to any other category. Some examples include:

"Dad because he's a therapist."

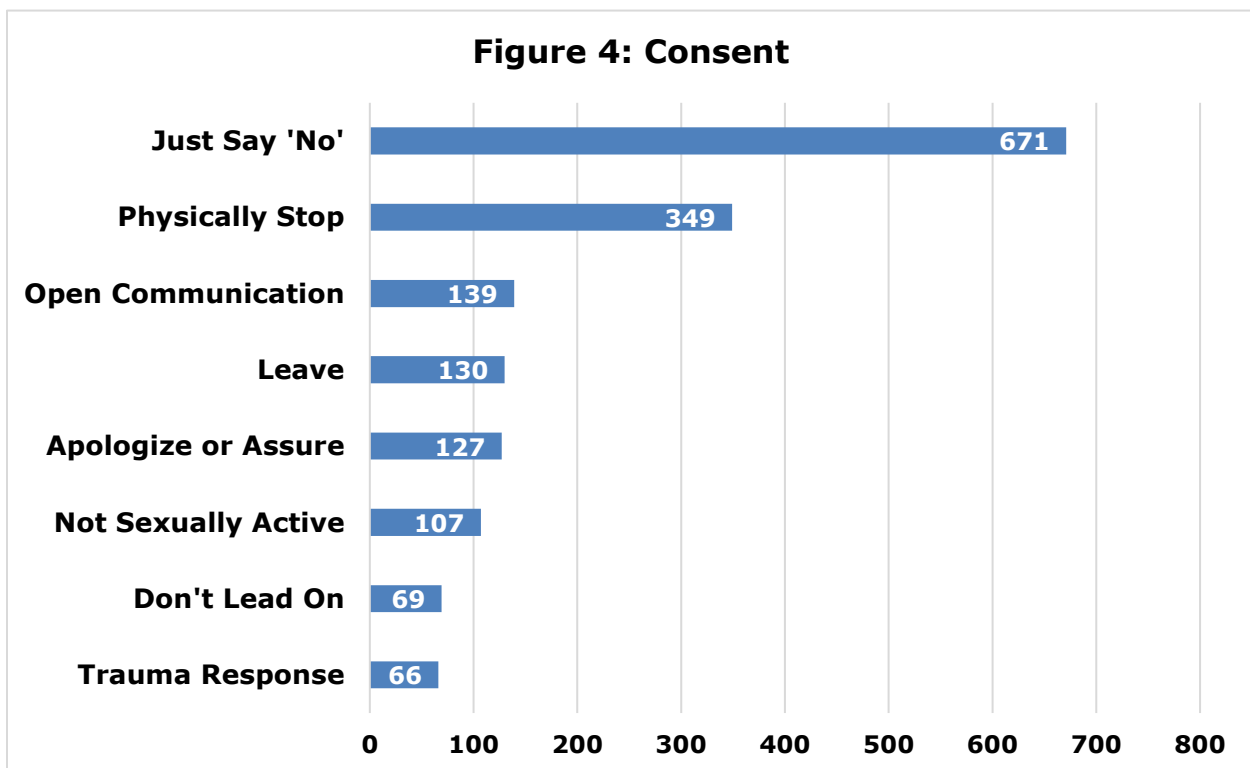
"Mom, she is a nurse."

Question 3: Consent

A total of 867 participants provided an open-ended response to the following:

If a romantic partner was asking you to engage in sexual activity and you aren't interested, how would you communicate both verbally and nonverbally that you are not interested?

Results from the analysis of responses to this question, found that most participants explained that "Just saying 'No'" would be sufficient for the scenario posed. As Figure 4 shows, participants responses outside of just saying no, fell within seven additional areas.



Ultimately, there was a lot of variance in this category with some responses suggesting that consent is a confusing or scary concept for some college-aged adults. Definitions of each theme, with examples of responses, are provided below.

Just Say 'No'. This category includes any answers that mentioned using the phrases, "No", "Stop", and "Not interested" ($N = 671$). Additionally, this category included answers that seemed to express that saying "no" was all that was needed to reject sexual advances, such as:

"Verbally I would tell them no, nonverbally I don't feel I should have to act any certain way if I've already told them no verbally."

"Tell them no. No means no."

"Just say that I don't want to. If they don't respect that I won't be with them. Same vice versa."

Physically Stop. Responses included any answers that mentioned physically stopping an unwanted sexual advance ($N = 349$). Answers varied from gently removing the other person's hands, to being prepared for a violent physical altercation if self-defense was needed. Some examples of answers include:

"Nonverbally: moving their hands away, physically backing away myself, pushing away if it becomes aggressive."

"I'd probably physically stop them or push them away."

"If I had to physically defend myself I would."

Open Communication. This category included responses that mentioned having discussions about consent prior to the initiation of sexual activity or keeping communication continual about consent in a relationship with committed sexual partners ($N = 139$). Some answers included:

"It's always best to be respectful but also clear on how you're feeling, and if your partner gets upset about your response, that will need to be another topic of discussion between you and them or even a red flag if it keeps happening in the relationship."

"I would tell them I'm not particularly in the mood for engaging in sexual activities at that moment and talk it out with them, so they know my boundaries and my limits."

"I'm not in the mood when I am stressed or when I am tired. Most of the time my wife will ease up if I don't act interested, but I also feel comfortable saying that I am too tired for sex, or that I am just not in the mood. We use a 1 to 9 scale also."

Leave. This group of responses included any variation of physically leaving the person or situation where unwanted sexual advances were being made ($N = 130$). Some answers also included leaving or ending a relationship. Some examples include:

"I would tell them I'm not comfortable and leave. If it was a situation, I have a code word with my friends so that they can call me immediately and give me an excuse to leave."

"I would leave and end the relationship."

"I would say that I need to be going and actively leave the situation."

Apologize or Assure. Responses include those where participants expressed feeling the need to apologize for not wanting sexual activity, or feeling the need to reassure the partner that was being turned down that they were still interested in them romantically ($N = 127$).

"I would say nope not in the mood, but that doesn't mean that I don't love you. And then give them a sad hug."

"Hug-reaffirm that you still care for them, you just don't want to be sexual at that hour"

"No thank you, I am sorry..."

Not Sexually Active. This category of responses included those that mentioned religious standards (i.e. "the law of chastity") or wanting to refrain from sexual activities until marriage as the reason that consent would not be given ($N = 107$). Some answers mentioned just not being ready to be sexually active yet, as well.

"Hopefully by this point she'd already know how I feel about sexual activity before marriage, and I could reference my personal religious beliefs as a reason that I'm not interested."

"NO that is against the law of chastity. I would tell them to repent, or we are through."

"I would say I'm not ready and am waiting till marriage."

Don't Lead On. This category describes any answers that included the idea of not "leading on" a person to begin with ($N = 69$). Answers described avoiding situations where sexual activity could take place, not engaging in activities that would lead a person to initiate sexual activity, and even being sure to wear clothing that was not "provocative".

"I wouldn't act as though I want it with them."

"I'd just keep my clothes on and not lead them on."

"Don't lead them on..."

"Stop engaging in anything provoking."

Trauma Response. This category includes a variety of answers that reported difficulties in expressing consent due to previous traumatic experiences ($N = 66$). Answers described anything from simply "going along" with sexual activity even if they didn't want to, to just "freezing up" and not being able to stop the interaction. While this category had the least responses, it was still important to include as this is an important topic to explore when discussing consent and related areas of sexual health. Some of the most reported attitudes included:

"I have had problems in the past with this causing me to engage in non-consensual sex for 3 years. I was afraid to say no. Now I just say not right now, or do not reciprocate what they are doing to me. I am still afraid to say no."

"I don't know. I usually give in."

"I don't know. It's hard to say no out of fear..."

"I struggle to do so- I often freeze up or panic if there's something I don't want to do."

Discussion

Education Suggestions

Utah's current sexual health education instruction is abstinence-based, not to be confused with abstinence-only, meaning that teachers are required to emphasize the importance of abstaining from all sexual activity before marriage and encouraging fidelity after marriage as the best method for preventing unwanted pregnancy and communicable disease. Instruction on contraceptive methods and devices is allowed, but not required. Some school districts elect to include instruction on contraception while others do not. Lastly, most Utah charter schools use an abstinence-only approach to sexual health education. (Utah State Board of Education (USBE), 2022)

Understanding the current state of sexual health education in the state of Utah provides important context into the answers provided for this survey. With over half of the participants noting that they wanted comprehensive sex education in high school, it is imperative to further research the topic of sex education satisfaction across the state of Utah to determine if changes need to be made. Our research suggests that Utah needs to adopt comprehensive sex education standards or at the very least teach all allowable topics outlined in the Core Standards defined by the USBE.

Parental Preference

The USBE (2022) states that "parents should be the primary source of sex education instruction and values" and explains that the school's role in sex education is to serve as a partner for instruction and to provide resources for parents to utilize in sexual health education in the home. Given the value of parent-child conversations surrounding sexual health topics, it is vital to understand how youth are interacting with their parents. Understanding comfort levels of Utah youth when communicating with parental figures can aid community efforts in providing adequate information to parental figures to have the most effective conversations with Utah youth about sex and health topics.

Our research suggests that mothers are the preferred parent or guardian to talk with based on having the same gender and experiences as participants – however it is important to note that most of our participants identified as female. Further research into this topic is needed to further understand these connections. Additionally, researching the willingness and attitudes of parents towards sexual health topics would be beneficial in understanding the resources currently available towards Utah youth. This is an especially

important factor to consider given that parental consent is required for Utah youth to receive sexual health instruction in a school setting. Further research into this relationship is required to further understand these connections.

Consent

Utah state's standards for sex education require instruction on refusal skills, but restricts instruction on consent (SIECUS, 2023). Understanding the current curriculum surrounding topics of consent provides important context for the answers provided in this section. While most of our participants felt confident in saying "No" to end unwanted sexual activity, it is important to note the variety of answers that indicated a sense of anxiety around turning down unwanted sexual advances. A portion of participants used harmful rhetoric to victim blame, sharing opinions including "avoiding leading on" and "avoiding being in a position where sexual activity could take place". Additionally, some responses detailed previous negative experiences that left participants feeling unable to turn down unwanted sexual advances. These responses indicate that more conversations about receiving consent may be necessary in high school sex education.

Conclusion

Utah's current model of abstinence-based sexual health education contributes to a lack of educational consistency across schools and school districts. Our research indicates a strong demand for comprehensive sex education among students, suggesting a need for curriculum reform. Parental involvement is crucial, highlighting the importance of understanding parent-child communication and attitudes towards sexual health topics. Enhancing support for parents can improve these discussions. Additionally, the current curriculum's limited focus on consent points to the necessity of more thorough education on this topic. Implementing comprehensive sex education standards could better prepare Utah's youth for informed and healthy decision-making.

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