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It's time to talk about Sexual Health Education:

The Process behind the YouTube web show

The Confessions of a Sex-Ed Teacher

Master's Creative Project

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In our modern world, there is an observable and widening gap between how sexual activity, decisions, and responsibilities are portrayed through media and how they are taught in classrooms. Even in the post *Roe vs Wade* era, there is an equally observable gap between entrenched moral and ideological perspectives on matters of sex, sexuality, and sexual health. The purpose of the performance, *The Confessions of a Sex Ed Teacher*, is not to determine a sense of causality between these circumstances, but to illuminate not only how they have conspired to build an education system that leaves adolescents underprepared for the sexual realities they will face – or are already facing – in their young lives, but also how we can better leverage communication tools to bridge that divide.

The Confessions of a Sex-Ed Teacher follows a ninth-grade health teacher, Ms. Gwendolyn Taylor, as she teaches certain topics – such as how to wear a condom, abortion laws and the meaning of consent – which run contrary to her district’s guidance. She argues that the use of abstinence-only approach learning is blocking educational value and skills students should acquire when discussing sexual health. In response to this wall that has been built by the school board, she uses different types of methods and inclusive pedagogical practices with games, debate, and discussions to teach her students about these topics in an engaging way. Therefore, it would be useful and worthwhile to look at the teacher’s perspective by applying different ways to approach certain topics in sexual health and how it can be taught in schools to motivate change in the health education curriculum.

While “Confessions” does not endeavor to resolve that crisis in one fell swoop, it does seek to demonstrate a number of ways through which school districts and teachers can employ a number of pedagogical, interpersonal, and relational communication techniques to better serve their

students, and to provide them with scientifically sound information in a time when misinformation is so easily obtained.

The research and analysis I engaged with initially culminated in a one-woman performance, which portrayed a young sexual health teacher's desire to bring some of these changes to bear in her classroom. Intended as a forty five-minute stage show, COVID 19, the worldwide health crisis of 2020 rendered those plans impractical. As a result, the work was rewritten to suit digital media – a YouTube show. This necessitated a flurry of last-minute changes, which proved to be a blessing in disguise – not only for the production options mentioned later in this work – but because it leveraged a platform that is more widely accessible than modern theater.

Significance of Sexual Health Education

Comprehensive sexual health education is a neglected part of the health curriculum in Ohio. Sexual health education may be provided in high school; however, educators tend to focus on abstinence-only information that is commonly found to be medically inaccurate (Johnston, 2017). According to the National Conference of State Legislatures' webpage, as of March 1, 2020, there are only 27 states that mandate schools to teach comprehensive sexual health education, and only 22 states must provide medically accurate information. Nevertheless, the term “medically accurate” has different meanings for different states, leaving ambiguous guidance and support for our health educators.

Although there exists a significant amount of research which states sexual health education has been proven to be more effective and realistic than abstinence-only approaches, many schools do not offer comprehensive learning in their classrooms (Stranger-Hall & Hall, 2011). As a result,

it is time to enact another approach that would incorporate research and drive a fresh outlook for how to apply sexual health education into a classroom through inclusive pedagogical practices.

Many adolescents are using media to seek information about sexual health. YouTube – an online resource for users to view, share, and comment on a plethora of video content – has become a staple for adolescents’ learning about sexual health. Performance has the influence to spark dialogue and social change through narratives (Madison, 2018), interpret moral and ethics to develop a theoretical argument (Conquergood, 1985), and can enact a pedagogical understanding of identity and representation that is apparent within systematical institutions (Warren, 2001). By using the power of performance to engage social change and interpreting values arguments to better understand sexual health education, this enlightened the development of the one-woman YouTube show called *The Confessions of a Sex Ed Teacher*.

The show centers on the importance of discussing sexual health in the classroom to promote life skills and healthy communication. Alan Sillars and Anita Vangelisti (2006) recognize that “talking” strengthens the perception of boundaries and establishing relationships. According to recent studies, adolescents participate in sexual behaviors and practices by the time they begin high school (Grossman et al., 2016). Furthermore, adolescents depend and rely on media as a source for establishing relationship norms (Aubrey et al., 2004; Hefner et al., 2017), which includes sexual activity and behaviors. Conversations about sexual health through a medium, such as a show on YouTube, would be essential to engage an audience about the significance of incorporating sexual health in a classroom.

The YouTube show takes a unique approach, emphasizing research through performance. Through in-person interviews with two health educators from Bowling Green State University – Dr. Mary Krueger and Ms. Meggan Hartzog – the development of the story has been guided with

experience in the class room. In addition, topical workshops, stories and questions from online media, and personal experience center around the creation of the story to explain the experience in a classroom environment. This performance resulted into three key themes that were developed and formulated within the script. First, the wall of abstinence that has been built by the school board and has blocked a path to understanding and knowledge about sexual health. Next, the importance of teacher immediacy when engaging in a sensitive topic. Finally, the inclusive pedagogical practices that are integrated and promoted in the classroom to encourage communication and skills. These themes become essential when recognizing the importance of discussing sexual health with our students that are age and developmentally appropriate within an academic setting.

Breaking the Wall

The central theme – “The Wall” – refers to the abstinence-only approaches which blocks students from engaging in any information on sexual activity because they should abstain from this activity until after marriage. The metaphor was created to distinguish the struggle with teachers and students learning about sexual health because of the limitations with the state curriculum requirements. The Ohio Revised Code, Section 3313.6011, which regulates the instruction of sexual health, only identifies abstinence and “venereal disease education” as topics for the classroom. As such, the State of Ohio summarily rejects the relevance of any other sexual health topics. Conversations about comprehensive sexual health education – such as different types of birth control options, gender roles, sexuality, abortion and consent, along with reproductive and biological importance within the curriculum – can encourage students to make skillful decisions

and practical choices for their health and well-being (Harrison, 2000). This limitation results in ignoring important and healthy discussions which pertain to sexual health.

This may be due to minimal support and guidance for the sexual health educators as stated by Dr. Mary Krueger and Ms. Meggan Hartzog. Sexual health education is only a portion of the wider health education curriculum, as there is no specific degree focused solely on sexual health. The lack of support and guidance for educators on what to teach is considered one of the biggest concerns regarding sexual health education. Dr. Krueger mentions that many teachers fear teaching the aforementioned subject due to the strict guidelines. Ms. Hartzog adds additional concerns which she believes contributes to the lack of training and guidelines, specifically topical stigmatization and instructors' personal values. Minimal support from the school administration has illuminated fear from teachers who resort to offering students medically inaccurate information and unrealistic education (Johnston, 2017). Strict guidelines and minimal training have created roadblocks or walls that have made it difficult for teachers to break down because of the lack of support and guidance for the health education curriculum. Teachers face a significant struggle, attempting to convey a message with little support or guidance, and this is an important message conveyed in the YouTube performance.

Supportive communication is significant when teaching health education. In a recent study, Sherwyn Morreale, Joseph Valenzano & Janessa Bauer (2016) conducted their own thematic analysis on the importance of communication and teaching practices in education. Through their research findings, the results of the thematic analysis show there are several themes that emerged from the findings that are critical in communication education. Two findings that are pertinent for this research are the promotion of health communication and strong relational connections in K-12 education (Morreale, Valenzano, & Bauer; 2016; 7-8). This research is a gateway into

understanding the teacher-student dynamics in an educational environment which play a significant role in teaching sexual health communication. In fact, very little action has been taken to explore how this research can be translated into a more conversational and personal tone when doing sexual health education.

Incorporation of Teacher Immediacy

One of the key elements when discussing sensitive topics about sexual health in a classroom setting is recognizing how those topics are being addressed in teacher-student conversations. Due to the nature of sexual health and the inherent presumption of potentially inappropriate discussions, these conversations become a critical component in the way sexual health is addressed on an educational and relational level. Teacher immediacy is the link which brings clarity to such a sensitive topic.

Based on a study by Witt and colleagues (2004), teacher immediacy involves recognizing actions and behaviors that encourage support and intimacy between students and teachers through nonverbal and verbal communication teaching styles. As stated in *The Confessions of a Sex Ed Teacher - Part 2* these immediacy interactions become a fundamental element when teaching something that students may not feel comfortable discussing in educational or social settings (7:16-7:46). Teaching styles such as cognitive learning, affective learning, and perceived learning play a pivotal role in education, and an even more valuable role in sexual health education. These teaching styles are incorporated within the videos to show the importance of how cognitive, affective and perceived learning styles when discussing sensitive topics in sexual health with students who may not be acclimated into these discussions.

Incorporating teacher immediacy in a recorded *solo* performance is a difficult task, as this is naturally a direct interaction between two or more people in the classroom. Being unable to directly portray teacher immediacy, the YouTube performance chose to offer definitions and examples. For instance, when Ms. Gwendolyn Taylor takes the time to give examples of verbal communication in the classroom and examples of non-verbal communication that a teacher can incorporate in the lessons – these communication behaviors are significant to how we are going to encourage and motivate the students while enhancing these skills about their sexual health. Through these interactions, intimacy and support can be heightened in a classroom through positive interaction and non-verbal communication to invite students into a discussion with an open and welcoming classroom environment. Similarly, the language we incorporate in our classroom can either provide an invitation for discussion or discourage students to engage in conversation. These elements are not only fundamental, but critical when discussing sexual health with students.

Incorporating Inclusive Pedagogy

On January 31, 2020, Dr. Angela Nelson from Bowling Green State University facilitated a workshop on how to provide inclusive pedagogy in the college classroom. Some of the ways to include inclusive pedagogy are to encourage group discussions, use various active-learning strategies, ask open-ended questions, give non-judgmental responses, and establish the norms and expectations early on in the classroom. These guidelines and structure are a gateway to enhancement of skills and communication when discussing sensitive and uncomfortable topics with students. From this perspective, these are communication techniques that encourage closeness and interactions between teacher-student interaction on an educational and relational level.

Throughout the YouTube show, it was important to pinpoint the inclusive practices that not only are suggestions to include in a classroom, but an opportunity to provide life skills that will help our students with making decisions and choices for their sexual health.

The Suggestion Lockbox

One of the recognized forms of inclusive pedagogy is encouraging students to ask. “The suggestion lockbox” – or the box for students to anonymously ask questions or address questions and concerns related to sexual health – are nothing new for this course. According to Buck and Parrotta (2014), this is a practice that students encourage teachers to utilize in their classroom regarding sensitive topics in sexual health. Blogs from magazines such as published in 2015, and a BuzzFeed web article published in 2019, have compiled common questions through the use of suggestion boxes for leading classroom discussions. Consequently, many teachers may not have a clear direction once they receive these questions due to the lack of education on the subject or fear of potentially going against school policy.

In many instances, teachers avoid using inclusive practices to encourage dialogue and discussion which promote critical thinking, decision-making and problem-solving skills (Harrison, 2000). Teachers’ fears of relaying sexual health information in these ways may stem from a lack of training and preparation. Simply put, they “don’t know how to do it” (Epstein, Flynn, and Telford, 2003; 34), exacerbating an already challenging issue. Instead, teachers resort to using *only* a more traditional method that is information-driven and biologically heavy material (Harrison, 2000). Although the suggestion box has been widely recognized and even suggested by students to incorporate into classes, it is important to evaluate through the lens of teacher immediacy and ask *why* these questions and concerns are raised and *how* to address these items to the students. In

this case, the dialogue in the classroom becomes an essential component to providing these skills to promote better understanding about sexual health.

The chanting of genitalia

One of the first inclusive pieces included in the show is when Ms. Gwendolyn Taylor encourages her class to say specific words such as “genitals,” “penis,” and “vagina” out loud in her ninth-grade classroom. This reference is derived from Buck and Parrotta (2014) by first, explaining to the class that the subject of sexual health is awkward. This leads to saying the word together in the classroom to recognize the term and to take away the stigma that illuminates from saying the word out loud. Ms. Hartzog revealed that too many students fear or find humor when saying terms such as “penis” or “vagina” in a classroom. By saying the words, it encourages students to use these terms in an educational setting and not look at them as inappropriate, uncomfortable, or humorous, and may replace the terminology with something deemed more appropriate in conversation. It became evident to include inclusive pedagogical practices into the performance through encouragement and affirmative interaction from the teacher to the students.

The condom and other birth control alternative scenes

When the push from schools is focused on an abstinence-only approach, the conversations rarely include topics about birth control options available for students. By having these discussions with our students, it gives the students the skills to make decisions that are essential to healthy life choices (Harrison, 2000). One of the most important areas to focus on was the scene on “how to properly put on a condom” (Part 3, 5:10-9:47). This scene specifically shows students the importance of properly applying a condom to the penis. Ms. Gwendolyn Taylor’s actions during

the condom scenes are influenced by channeling other YouTube channel episodes that strictly focus on this topic. Three videos were reviewed for the purpose of explaining the how-to guide for students' engagement: BuzzFeed Multiplayer, Superdrug, and SpunOut.ie. Because this was intended to simulate a classroom experience, it was important to include and purchase a condom demonstrator for the class and not use props like fruits or vegetables to give the students a more realistic perspective. As a result, any humor was derived from the student-teacher interaction and contributed to the lesson, rather than humor driven by props which may have detracted from it.

Although, the condom application is an important discussion, it is not the only discussion to be had in the classroom. Learning about different birth control options are a topic that must be addressed to all students to encourage strong skills and healthy communication between individuals in romantic relationships. Students may receive information about different birth control options available through advertisements on the internet or television, but there is no dialogue in many classrooms because it does not fit the abstinence-only narrative. As Dr. Mary Krueger stated contraceptives are one of several topics left to each districts' discretion.

One of the best descriptions of different types of birth control that are available for individuals – more specifically, women – was based on the television show *Big Mouth* in an episode that highlights different birth control options available through their own version of *The Bachelorette*. Since this was included in the performance and it was an important discussion topic for a classroom setting, it was essential to the performance. That's when the bold decision of Ms. Gwendolyn's role play became a central gimmick for several parts of the show. Reminding the audience that this is a YouTube performance allows for flexibility to play different characters with several jump cuts and simple costume changes that not only add humor but drives the narrative in a unique and fresh perspective. Additionally, adding this can effectively demonstrate teacher

immediacy by integrating all of the teaching styles mentioned by Witt and colleagues (2003) in the classroom. This inclusive pedagogy can replace dated instructive practices and offers more progressive and innovative teaching and learning techniques.

Abortion

Ohio was one of several states that has recently pushed for stringent abortion restrictions. Dr. Krueger states that while this is an important topic for students to talk about in sexual health, many administrations have specific topics that fall into the “do not discuss” category. Given the recent advancement of laws which are pertinent to sexual activity, including sexual activity among adolescents, this conversation must be addressed in a sexual health classroom.

On July 7, 2019, the Toledo Blade stated that the recent abortion restrictions passed in Ohio could create more educational challenges, making sexual health instruction even more difficult for teachers. The school accepted that challenge by incorporating a conversation about these legal changes in the classroom through the form of a debate. The suggestion came from health educator, Ms. Meggan Hartzog, who has incorporated this practice into her classroom and has received positive results and dialogue when including this activity and acknowledges the significance in the conversation. She notes that “whether or not the district agreed to this topic, I did it anyways.”

To setup an environment for an age- and developmentally-appropriate ninth-grade classroom, a story from the Crisis Magazine published a web article on February 10, 2016 titled “When Teenagers Debate Abortion” was adapted into the personal narrative of Ms. Gwendolyn Taylor’s classroom activity. However, while author, Tom McLaughlin, incorporated the technique of talking about what abortion means by having definitions of pro-life versus pro-choice, the

performance would focus more on legal issues regarding sexual health that recently happened in the state of Ohio.

Harrison (2000) mentions that abortion should not be considered a brief conversation but should be guided by acknowledging and respecting individualistic views, introducing the laws which impact society encourage students to think and reflect on these decisions by providing resources and information they would need to make these strong choices. (p. 138-139). Debate is a skillful technique that can not only provide clear understanding, but also a safe space for students to openly discuss a controversial subject in an educational setting. For that reason, it became a critical argument to add to the performance.

Consent

The creative development of this particular scene was influenced by a workshop conducted at Bowling Green State University by the Relational Communication class for the It's On Us: Teach In event in April 2019, which used a unique inclusive pedagogical web tool known as Padlet – an online resource tool that features private settings for in classroom activities to encourages participants to build and develop one's thoughts and ideas through creative expression - to understand the word consent and how the interpretations can be different through discourse on a social and education level. In addition to defining the term, the workshop included discussions on how television shows walk a fine line with handling consent. This is another topic that, according to Dr. Krueger, is a conversation which is based on the priority of the district. However, the importance of discussing this topic, especially in high school, becomes critical in sexual health. According to recent studies, there are seven states which have provided clear definitions for consent from a legal standpoint (Hust et. al., 2017), while other states have provided vague

definitions and interpretations which can lead to inexcusable sexual activity due to the inadequate representation of the meaning for the term consent (Jozkowski, Manning & Hunt, 2018; Schumlich & Fisher, 2018). Media has perpetuated the problem by highlighting unwanted sexual activity as admissible behaviors in relationships (Conroy, Krishnakumar & Leone, 2015). Normalizing these inexcusable acts has caused misrepresentation of the term consent which has only been made worse as a result of the resources available through entertainment. As adolescents are connected to these outlets that perpetuate blurred lines of consent and many are resorting to information from media resources, it is important to target these lessons in sexual health education.

This was the turning point at which Ms. Gwendolyn Taylor shifted from fun to serious. Through the verbal and non-verbal cues in communication, it created a dynamic of relational connection about personal concern and “real talk” between teacher and student (Witt et.al., 2003). To provide discrete responses and encourage dialogue without embarrassing the students who may be in difficult or concerning relationships, Ms. Taylor encouraged the use of Padlet for classroom discussion. This approach promotes anonymous responses which encourage students to reflect and provide their interpretations without being singled out as an individual. As a teaching style, it promotes students to engage emotionally in material without feeling targeted to say what they may think or feel in front of a classroom. Furthermore, she mentions the class continued the discussion about television shows to visually see what consent looks like through the eyes of the media. These inclusive pedagogical practices employ tools that can engage students who may feel excluded into a conversation and bolster their perspective or interpretation outside of traditional methods of teaching (Sathy & Hogan, 2019). Although this workshop was set up as discussion for a college classroom, it is an equally viable tool for adolescents in middle school or high school.

Discussion

The performance takes a unique approach by applying academic research and creative scholarship to a format that is accessible to a wide audience and does not self-limit to academia. YouTube has increased in popularity among all demographics (including age) as a source for information and guidance about sexual health and behaviors. As a result, it is logical to expose the viewership to the growing body of research and, as a result, demonstrating the importance of having these scientifically accurate conversations in a safe and honest classroom environment.

There are several challenges when putting together this creative project. One of the concerning factors was the title of the presentation. Dr. Krueger and Ms. Hartzog pointed out that since sexual health is only part of the broader health education discussion, there is no such thing as a “sex-ed teacher.” Yet, many blogs and social media posts explicitly refer to health educators as sex-ed teachers. In an effort to reconcile this duplicity, Ms. Gwendolyn states that – when teaching sexual education – she had been referred to as a sex-ed teacher. Furthermore, she mentions that even though she teaches sexual health in her course, it is still considered a health class and confesses her frustrations of the lack of support and guidance she needs from the administration to promote these skills and life decisions. The message that Ms. Taylor leaves at the end actually ties appropriately to why the performance was warranted as confessions of a sex-ed teacher and why the abstinence wall is causing concerns for teacher immediacy and inclusive practices in sexual health education. However, we must recognize that some confusion may remain if the viewer does not watch the performance in its entirety to recognize the importance of the title.

Another challenge with the performance is that the total length of show, considering all of show, seems limited given the amount of ground it needs to cover. It is a difficult task to create a show that distills all of the important conversations need to be had in a classroom into a 60-minute

performance. Since this performance was originally going to be as a one-woman show, this was a major limitation for such a complex topic. Given the practical constraints, this video performance necessarily sought to adapt the original analog material into a digital format. That said, with this material now on a digital platform, it opens doors for future series which – with enhanced planning and development – could focus on a range of themes, questions, concerns, and conversations within the scope of sexual health in a frank, but educational setting.

Despite its limitations, this is a project that contributes to existing scholarship and, as importantly, encourages a continuation of conversations which debunk myths by providing medically accurate information and encouraging decision making and critical thinking skills among adolescents. Looking at the “wall of abstinence” and the laws governing the health education curriculum, it is no surprise that the resources to affect change and the discretion to do so have been limited. Yet still, by incorporating teacher immediacy, relational and emotional bonding, and the prioritization of inclusive pedagogical practices, teachers can begin to improve students’ sexual health education experiences. Performance is a powerful and unique tool. Wielded appropriately, it can promote these changes, and begin to redefine the broader conversation on sexual health education.

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