

Summer 2023

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Recommended Citation

Koch, Eliza, "We Need More Than 'Luck': How Students Learn About Pleasure" (2023). *Summer Research*. 463.

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**We Need More Than ‘Luck’:
How Students Learn About Pleasure**

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September 20, 2023

Abstract

Sex education primarily focuses on reducing the negative consequences associated with sex. Pleasure is often left unaddressed despite the impact it has on sexual and overall health. The present study investigated how people learn about sexual pleasure. Nine female and fem-identifying participants aged 20-24 completed interviews about their experiences learning about sex and sexual pleasure. Grounded theory was used to code interview transcripts. Participants identified flaws in learning from a variety of sources, including sex education, parents, friends, partners, and media. These flaws indicate a need for improvements to sex education, such as promoting communication and media literacy skills.

We Need More Than ‘Luck’: How Students Learn about Pleasure

The majority of current formal sex education initiatives aim to improve sexual health outcomes. According to its definition as a public health issue, sexual health is primarily considered in terms of the physical risks associated with sex, such as sexually transmitted infections, unplanned pregnancies, and sexual violence (Giarni, 2002). The educational efforts which stem from this definition, therefore, focus on reducing disease, unplanned pregnancies, and violence (Giarni, 2002). Since sexual pleasure is typically left out of the definition of sexual health, pleasure is consequently absent in many sex education programs. Even research on more comprehensive sex education programs fails to identify curricula which incorporate pleasure (Goldfarb & Lieberman, 2021). These programs make up formal sex education, which are in-school classes of varying length, usually occurring during middle and high school, that focus on a variety of sexual health issues.

The apparent absence of pleasure within formal sex education is concerning considering the numerous ways pleasure is related to sexual health. Pleasure serves as a primary motivator for sex for many people (Ford et al., 2019) and influences decisions regarding sexual activity that can have a considerable impact on sexual health. For example, people may decide whether or not to have sex depending on how pleasurable they expect sex to be. In a study on gender differences in attitudes towards casual sex, Piemonte et al. (2019) reported that men were more likely to accept offers for casual sex than women, and suggested this may be due to differences in orgasm frequency. Compared to women, men in this study reported both greater orgasm frequency and more positive reactions during their recent casual sex encounters. The experience of orgasm was more closely related to positive feelings about casual sex than gender identity was. This suggests that men may be more interested in casual sex than women, not due to gender, but to greater

expectations of pleasure. This supports the idea that pleasure is a key motivation for sex, with the expectation of pleasure making people more interested in sexual activity.

Expectations of pleasure similarly affect people's sexual health decisions regarding safer sex and the use of contraception. In a qualitative study on contraception use and enjoyment of sex, both men and women explained that they would seek contraceptives that enhanced pleasure and avoid contraceptives that increased discomfort (Higgins & Hirsch, 2008). The results of this study suggest both the importance of pleasure to sexual activity and the influence of pleasure on sexual health decisions. People who are less likely to use contraceptives if they perceive contraceptives to reduce pleasure will then be taking on greater health risks. Sexual education that seeks to reduce disease transmission or unplanned pregnancies may, therefore, benefit from acknowledging the importance of pleasure when making decisions about safer sex practices. A more thorough education would then provide information about how to mitigate both sexual health risks and uncomfortable contraceptive options.

It is imperative to increase our understanding of sexual pleasure since pleasure affects not only sexual decisions, but also directly impacts people's health, and does so disproportionately across identity groups. Sexual pleasure improves not only sexual health, but also mental health, physical health, and relationship quality (Laan et al., 2021). However, due to differences in received pleasure, these health benefits are not available equally among people. For example, a study of orgasm rates among men and women of various sexual orientations identified several pleasure gaps, where some groups were more likely to experience orgasm than others (Frederick et al., 2018). Specifically, men of all sexual orientations were more likely to orgasm than women, while lesbian women were more likely to orgasm than heterosexual women, leaving the largest pleasure gap between heterosexual men and women. While pleasure often depends on more than

orgasm alone, most research on differences in pleasure across populations uses orgasm to approximate pleasure. Due to pleasure gaps such as the orgasm disparity described above, some groups, especially heterosexual women, may be less likely to experience the health benefits afforded by sexual pleasure.

This issue of disproportionately distributed health benefits demonstrates the need for increased education on sexual pleasure. It appears that the absence of pleasure-focused education allows for the proliferation of myths which perpetuate the pleasure gap. For example, Herbenick et al. (2018) discuss how orgasms from vaginal penetration have been lauded as superior orgasms, leading many to expect women to reach orgasm from penetration alone. However, in this study only 18.4 percent of women reported that they were able to reach orgasm from vaginal intercourse alone. Clitoral stimulation was considerably more effective at helping women reach or improve their orgasms. By addressing these myths about the superiority of orgasms from vaginal penetration, and discussing clitoral anatomy and the importance of clitoral stimulation, sex education may help reduce pleasure gaps. Such a reduction in pleasure gaps may help improve the accessibility of the health benefits of sex.

Despite the importance of pleasure to sex and the inequitable impact pleasure has on people's health, little research has been done to investigate the absence of pleasure from sex education curricula. Previous research on sex education has instead focused on the efficacy of formal sex education in reducing potential negative outcomes of sex. Goldfarb and Lieberman (2020) found that up to 80% of sexual education research investigated pregnancy and disease prevention. Considering the influence pleasure has over people's health and sexual decisions, new research on pleasure-inclusive education initiatives is imperative. Since sexual pleasure is

linked to sexual, physical, emotional, and social health, sex education that acknowledges pleasure may be more effective at improving outcomes in these domains.

Despite the lack of attention paid to pleasure in sex education classrooms, people continue to receive both positive and negative messages about pleasure. Since most people must learn about pleasure outside of school, it is important to evaluate what exactly is being used to unofficially supplement formal sex education. Beyond school, outside influences like family, friends, partners, and media may be vital sources of learning for students. By evaluating people's experiences learning about sex from a variety of sources, we may be able to determine the quality of education provided by each source, and students' preferences. Furthermore, evaluating these outside sources may help us determine the need for and strategies to include pleasure within sex education curricula.

To maintain and support the positive impact of healthy sexuality, especially for those disproportionately affected by pleasure gaps, we require a better understanding of how to incorporate lessons on pleasure within sex education. We may begin to do so by investigating how people currently learn to view sex as an opportunity for pleasure, inside or outside of the classroom. This would allow us to develop and promote appealing teaching and learning strategies which advocate for pleasurable sex, as well as address gender disparities in pleasure attainment.

Since little research has been done on pleasure-focused sexual learning, a qualitative study may be most effective for assessing the current state of pleasure education. Additionally, a qualitative study may be better equipped to understand the scope of messages people receive about pleasure, and identify otherwise overlooked sources of knowledge. Finally, if participants will have been recent consumers of formal sex education themselves, they may be able to share

suggestions for the improvement of sex education that will be reflective of a broad variety of experiences and preferences.

Method

Participants

I recruited participants through snowball sampling, word of mouth, and posters and social media posts advertising the study. Interested people signed up for a one-hour interview held either in person on the University of Puget Sound campus, or online over Zoom.

Nine participants, aged 20-24 ($M = 21.89$) from the Tacoma, Washington area participated in this study. To preserve confidentiality, few demographic data were collected. All participants were women or otherwise fem-identifying. When asked to describe their sexual orientation, two participants identified as straight (22.2%), two identified as queer (22.2%), four identified as bisexual (44.4%), and one identified as asexual (11.1%). Additionally, the participants were roughly representative of the racial diversity of Tacoma.

Interview Procedure

Upon meeting participants, I explained the purpose of the study to understand what and how people learn about pleasure. I also described the types of questions I would ask during the interview including about their experiences with sex education and their understandings of pleasure. If people were still interested in participating, they read through a consent form which provided greater detail about the study. After asking any remaining questions, participants provided informed consent by signing the consent form.

After receiving informed consent, I asked participants to disclose their age and sexual orientation. Participants then completed a semi-structured interview. All interviews were

recorded and lasted approximately 20 minutes on average. Demographic data were collected before recording began, to avoid including identifying information within the recordings.

Participants answered questions about their formal sex education (e.g. What do you remember learning about during those classes?); other sources of sex education such as parents, friends, partners, and media (e.g. Would you mind sharing what your parents or caregivers taught you about sex?); their feelings towards sex education (e.g. Which of those sources felt most influential for you?); and the messages they have learned about sex and pleasure (e.g. Did any of those sources teach you about pleasure specifically?). For the full list of interview questions, please see the appendix. Following completion of the interview, participants were debriefed and compensated with virtual \$5 VISA giftcards.

Data Analysis

I transcribed interview recordings using an online AI transcription program and then cleaned transcripts manually for accuracy. Following transcription, I uploaded recordings, transcripts, and participant demographics to the qualitative data analysis program, NVivo, which I used for data coding and analysis. I analyzed data according to grounded theory where participant responses guided theory development. I developed a coding manual by reading interview transcripts and identifying whether comments fit within an existing subcategory or a new category. When the comments no longer introduced new themes that required new categories, I refined the codebook to promote clarity and concision. I then used this final codebook to code all transcripts so that each comment was coded to one subcategory.

I then compared groups based on sexual orientation to determine if there were any differences in which themes were most prevalent. Specifically, I compared whether any groups described their experience with a source to be overall more positive or negative than other

groups, as well as if a source was particularly unhelpful or uncomfortable for some groups compared to others.

As the primary researcher involved in this project, my own identity as a young, queer, cisgender, White woman, may have influenced the design of the study, data collection, and data analysis. All analyses were performed from my perspective and this limitation may introduce bias and misinterpretation. Throughout the study, I reflected on the influence of my identity and attempted to remain conscious of my biases in order to reduce their impact on data analysis and interpretation. However, this study will remain limited due to a lack of diversity, and further research will benefit from the inclusion and leadership of diverse voices.

Results

First, responses were coded to determine whether participants had overall positive, negative, neutral, or mixed experiences learning from each of the five sources: formal sex education, parents and caregivers, friends and peers, partners, and media. Then, overall ratings were compared between groups of participants based on sexual orientation. There did not appear to be any clear differences between groups based on sexuality. When one group reported a source to be generally positive or negative, so did the other groups. Similarly, there were no differences between groups indicating that learning from any source was more unhelpful or more uncomfortable than it was for other groups.

Overall, participants reported having negative experiences with formal sex education, with eight participants (88.8%) describing negative experiences, and one participant (11.1%) describing a mixed experience. Experiences learning from parents and caregivers were similar, with seven participants (77.7%) describing negative experiences and two participants (22.2%) describing positive experiences. More participants reported having overall positive experiences

learning from friends and peers, with five participants (55.5%) reporting positive experiences, two (22.2%) reporting negative experiences, one (11.1%) reporting a neutral experience, and one (11.1%) reporting a mixed experience. Results were more varied for learning experiences with partners and media. When describing learning from partners, four participants (44.4%) reported positive experiences, one (11.1%) reported a negative experience, two (22.2%) reported neutral experiences, and two (22.2%) reported mixed experiences. Finally, when learning from media, four participants (44.4%) described positive experiences, two (22.2%) described negative experiences, one (11.1%) described a neutral experience, and two (22.2%) described mixed experiences.

When describing their experiences with each source, participants provided information about the topics they discussed most and how they felt about their experience, with many participants describing significant nuance. See Figure 2 for a visual representation of the descriptions of each source. The most common topics that participants reported they learned from formal sex education included pregnancy (66.6% of participants), reproductive anatomy (66.6%), STIs (55.5%), puberty (55.5%), and abstinence (44.4%). When describing the quality of this experience, there were five comments made which indicated that formal sex ed was helpful (“I mean, there was, I think, a level of empowerment of understanding, like, I knew more than my peers, because I paid attention in class”), and three comments about sex ed being unhelpful (“And they were like, you don't need to know that. They're like, you know, condoms and stuff, moving on”). No participants indicated that formal sex ed was a comfortable experience, but eight comments were made which indicated it was uncomfortable (“So making it seem kind of scary of like, ‘Oh, if you have sex, you could get an STD, or even worse, get pregnant.’ So just making it seem very intimidating”).

When asked to describe their experiences learning about sex from parents or caregivers, fewer participants indicated that they had learned anything from their parents. For those who did, the most common topics they reported learning about were pregnancy (66.6% of participants) and puberty (22.2%). Participants generally described these experiences as unhelpful; nine comments suggested they were unhelpful (“It was more like, at least from my mom's side was just, pretty much all I got it from, was just a lot of like, fear instilled in sex”), and two comments suggested they were helpful (“And the way she did it was really good, because she would read a part and she'd be like, ‘Okay, so like, this is what this means.’ She explained it to me”). Similar to formal sex education, no comments suggested that learning from parents and caregivers was comfortable, while six comments indicated it was uncomfortable (“And so I really didn't want my parents to talk to me about it”).

Participants reported learning about significantly different topics from friends, peers, and partners, than from school or parents. Common topics addressed by these friends, peers, and partners included pleasure (55.5% of participants), communication (33.3%) and LGBTQ topics (22.2%). Participants indicated that learning from friends and partners was helpful at times (“I started meeting people with way different backgrounds who had like, parents that were more open about talking about sex, and they weren't ashamed about it...and they had very healthy talks about sex”), and unhelpful at others (“A lot of them yeah, were kind of just like practicing abstinence. And then I think the few other friends I did have that were having sex at the time, I think they were a little reckless”), with approximately equal numbers of comments made to indicate both. Participants also tended to describe these sources as more comfortable (“There's this level of like, intimate, like, like just intimacy...where we're able to have those questions and answers”), than uncomfortable (“I think it's also awkward. I think especially in the beginning of

new relationships, and when you're first having those relationships”), with fewer comments generally made to suggest they were uncomfortable.

Finally, the most common topics people reported learning from media include pleasure (55.5% of participants), LGBTQ topics (33.3%), and heteronormative roles (33.3%). An equal number of comments were made which suggested media was helpful (“I think, also seeing that sex could be, in the media sometimes, like a very, like liberating and empowering thing, which is different from what I grew up with”), and unhelpful (“I think it's very just, you know, Hollywood. It's just, it's just like, a lot of it's just very unrealistic”). Additionally, participants made more comments suggesting that they felt comfortable learning from media (“I think, provided an additional level of comfort because I could sort of moderate in what ways, I was learning things in ways that were comfortable for me”), as opposed to uncomfortable (“After that even, I essentially, like, completely was like, I don't want to hear about it”).



Figure 2. Table depicting the different sources that taught people about sex, and the different topics and qualities people associated with those sources. Each color represents one source. Larger boxes indicate that more people reported that topic or quality.

Participants also shared what made them feel more comfortable when learning about sex. Many participants indicated that some form of anonymity or distance from the content helped (“It’s just me and the internet. You know, no one actually knows I’m looking at it”). Several participants also indicated that they appreciated when the person teaching them had relevant experience (“Or if it was something about relationship dynamics, or things I know I have a friend who, someone who’s specifically into say, a certain kink or has a certain type of relationship, I would talk to them directly about it”).

Additionally, participants described their personal values surrounding sex and overall, participants reported five common values within sexual encounters. These included communication (“Communication, just the ability to talk to someone about like, I wanna stop or I wanna try something different or having that openness with someone”), pleasure (“I think that shared pleasure and enjoyment of the experience is really essential”), comfort or trust (“I guess, but just being comfortable with my partner”), consent (“Everyone who’s participating should want it, they should know the other people want it”), and presence or awareness (“Being like, really, in the moment and like, paying attention to like, how your body reacts to things and like, where your mindset is”). To be clear, “presence or awareness” refers to the ability to focus on oneself and any partners during sex and stay aware of physical and emotional sensations.

Participants also indicated whether lessons about pleasure were included or excluded from different sources. See Figure 3 for a visual depiction of where people learn or fail to learn about pleasure. Zero participants indicated that pleasure was taught in formal sex education, one participant (11.1%) learned about pleasure from parents, four participants (44.4%) learned about pleasure from friends or peers, five participants (55.5%) learned about pleasure from partners, and five participants (55.5%) learned about pleasure from media. When asked whether any

topics were missing from their formal sex education classes, four participants (44.4%) indicated that pleasure was explicitly excluded from the curriculum.

If participants indicated they learned about pleasure, they also described what messages they received about pleasure. Participants explained that friends and peers were helpful for discovering new ideas and comparing experiences (“I think learning about like sex toys from friends, or like positions that felt really good, or just like, ‘Wow, I didn't realize this could feel so good’”). When describing the messages they learned from partners about sex, several participants indicated that some partners were more helpful while others were potentially harmful for their learning (“For the first like, few people, I just kept running into, you know, people who didn't really care about like... how I was feeling, if it was exciting for me, or if it was... I had met a few people after that, and then they were like, oh, no, like, you can experience it too”). Messages were considered “harmful for their learning” if they framed pleasure as negative or deprioritized one partner’s pleasure. Lessons about pleasure from media were also complicated, with some people learning to center men’s pleasure over women’s pleasure (“I always saw, like, male receiving pleasure and like the female just, like, catering herself towards the man”), while others found media to be empowering for women (“So pushing that narrative of like, you know, a woman can, like, just be vocal about what she wants”).

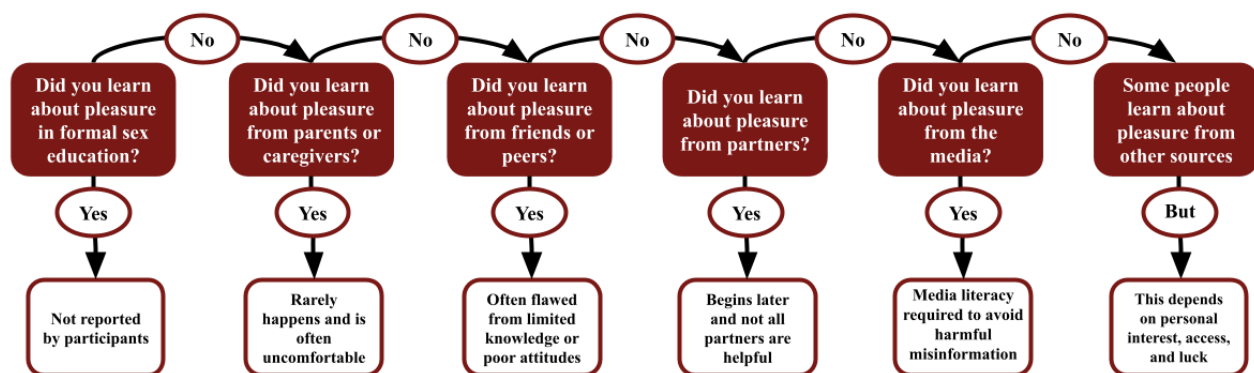


Figure 3. Flowchart demonstrating how people may or may not learn about pleasure from different sources. It also indicates common problems reported with learning from each source. The order of the sources does not matter.

Finally, when describing whether or not they were able to prioritize their own pleasure, many participants indicated that it was challenging to do so. Four participants (44.4%) indicated that they had failed to prioritize their own pleasure in the past (“You know, some people that were very, expecting me to provide them with pleasure without, you know, feeling any kind of reciprocity in that, in that experience”). While six participants (66.6%) reported that they were currently able to prioritize their pleasure (“Learning to ask for the things that I want and explain the things that I want has been something that I’ve learned definitely more in last few years than I had before”), four participants (44.4%) still described it as challenging (“I like, focused on what the pleas- what pleasure looked like for other partners and would like, actually, sometimes decline receiving some, like different kinds of pleasure from my partner”).

Discussion

Overall, the results of the interviews suggest that there is currently no reliable path for people to learn healthy messages about pleasure. In alignment with previous research from Giami (2002), and Goldfarb and Lieberman (2021), all participants indicated that their formal sex education had focused on topics such as pregnancy and STIs and did not address pleasure. While some participants described learning helpful lessons about related issues such as consent, they often added that these lessons did not cover the topic in enough depth (“I really wish they would have like, touched more on the consent portion. I think, like, they kind of brushed over it of like, ‘okay, just make sure both people are saying yes,’ but like, you could be pressured into saying yes”). Overall the participants confirmed that pleasure was not discussed in their sex education classes, and similar topics were underdeveloped.

Since pleasure was not addressed in formal sex education, the participants had to rely on outside sources to learn about pleasure. The main outside sources investigated in this study

included parents and caregivers, friends and peers, partners, and media. While most participants indicated that they learned about pleasure from at least one of these sources, they also explained that there were significant flaws with what they learned or how they learned it.

One participant described learning about pleasure from a parent, but explained that this experience was very uncomfortable. While other participants did not discuss pleasure with parents, they shared similar experiences of discomfort when having any conversation about sex with parents. Such discomfort limits the potential of these conversations since people might prefer to end the conversation rather than ask follow up questions. Furthermore, most parents did not address pleasure with their children, and while we can encourage parents to start these conversations, we cannot guarantee that it will happen.

Many participants described learning about pleasure from friends, but similarly described flaws with these experiences. For example, several participants explained how, especially when they were young, their peers did not know much more about sex than they did. Because of this, their friends were often only able to repeat the same messages they heard from the adults in their lives (“Most of my friends were also going to church and being fed the same things about sex...and then, from friends like that, who are hearing the same thing, it would, it would kind of just like, bounce back and forth with like, okay, like, we're echoing what we're hearing”). Friends may then be unable to introduce new ideas to each other, especially if they are growing up in similar communities. Furthermore, since parents and caregivers rarely discussed pleasure, friends would likely not have learned anything about pleasure to share with each other.

Participants also indicated that, even though they learned a lot about pleasure from their friends and peers, the messages they received were not always healthy. For example, one

participant recalled learning about slut shaming from their peers and came to understand that their pleasure was a bad, shameful thing.

Speaking with friends about pleasure did not seem to be helpful for most participants until they were older and sexually active. At this point, being able to compare sexual experiences with friends was often considered helpful. While friends might be a helpful resource for adults, young friends knew very little or only unhealthy messages about sex. Since friends are unhelpful until adulthood, people cannot count on their friends to teach them what they ought to know about sex and pleasure.

While some participants reported learning about sex from partners, this source shares similar flaws to learning from friends. Many participants indicated that when they initially became sexually active, their partners were fairly unhelpful. Learning from partners tended to not occur until participants were already sexually active with those partners. Ideally, people would have all of the information they need to know, including about pleasure, before they begin engaging in sex, meaning partners are fairly unhelpful for this early learning.

Furthermore, several participants indicated that while some partners were helpful, other partners shared particularly unhealthy messages about pleasure. It appeared that these partners failed to learn about sex from reliable sources (“He was very much like somebody who followed along the assumptions that pornography portrays between women and men”) and, therefore, lacked the knowledge to share more appropriate messages. Other partners seemed deliberately uninterested in the participant’s pleasure, leading to unhealthy relationship dynamics. Based on these experiences, people cannot rely on partners to teach them about pleasure, since partners may either not know enough or care enough to share helpful messages.

Finally, many participants reported that media had a large impact on their learning, and several indicated learning about pleasure from sources like the internet. These participants also often stated that they did not trust the internet, seeing it as a source of misinformation. Other participants reported learning harmful ideas from the internet, such as how women ought to please men and not experience their own pleasure (“I feel like a lot of that perspective is like, from, like, men, you know, and like, what they want, what they find pleasurable, and how, like, a woman is, like, part of that process only to help them feel pleasure”). Considering the abundance of misinformation and harmful messages present in media, this source does not seem reliable for teaching people about pleasure. However, if people had the skills to avoid such harmful information, it may improve how media is used as a learning tool.

While each of the sources investigated here are flawed, not all participants had such negative experiences. In fact, some participants were able to learn enough healthy messages about pleasure from at least one of the sources that they were later able to prioritize pleasure in their sexual encounters. However, most of these participants indicated that it took significant time for them to be able to do so. When these participants initially became sexually active, they lacked information or tools to be able to prioritize their own pleasure. Such issues continued for several participants who explained that it was still challenging to prioritize pleasure.

Since so many participants indicated struggling with pleasure either in the past or present, it is clear that the methods people currently use to learn about pleasure are insufficient. It is possible that without learning healthy ideas about pleasure early on in formal sex education, many people’s first introduction to pleasure may include the harmful ideas shared by friends, partners, and media. These harmful ideas may leave a lasting impact which might explain why people continue to struggle with prioritizing pleasure even after they learn healthier messages.

While some people are able to begin with healthy messages about pleasure, there is no system in place which guarantees they will have early healthy influences. Rather, participants reported feeling “lucky enough” to have had positive learning experiences (“I think I was lucky with my sex education early on, in that, we did talk about consent, which I feel like a lot of people didn't get that experience;” “I've been lucky enough to like, ask her questions, when I've gone to visit;” “I was lucky enough, I found out later on that, you know, my mom did actually...near my eighth birthday. My mom just kind of gave me like the talk”). People who successfully received healthy messages about pleasure were lucky enough to have an involved parent, an informed partner, or stronger media literacy skills which allowed them to avoid misinformation. By including pleasure within sex education curricula, students would no longer have to rely on luck to receive healthy information about pleasure.

Several adjustments may be made to formal sex education which could help incorporate pleasure and improve students' experiences. Overall, participants described sex education as an uncomfortable experience. Participants described these classes as particularly uncomfortable when their sex education teacher held another role in their life, such as when their biology teacher or a friend's mom taught sex ed. Familiar teachers leading sex ed decreased student's feelings of anonymity and privacy.

Other participants noted having more comfortable experiences when their sex ed teacher was somehow separate from their day-to-day life (“One of the seniors brought in someone from Planned Parenthood, and I went to that lecture. It was really interesting. And I learned more useful sex ed in that one lecture than I ever had in all three of my sex ed classes”). A level of distance or anonymity was incredibly helpful for making people feel comfortable when talking about sex. Additionally, several participants specified that anonymity was what made them prefer

learning about sex on the internet compared to other sources. We can, therefore, improve sex education by hiring more outside professionals to teach sex ed classes whenever possible. These outside teachers may make students more comfortable since speaking with a stranger may offer greater anonymity.

Outside professionals may also increase students' comfort since students may view them as having more expertise than their regular teachers. Participants indicated that they preferred learning from people who had relevant experience in the sexual health topics of interest. If someone has first-hand experience in an area, it may be easier to ask them questions about that experience, since having lived the experience might make them less judgmental. While participants found this particularly helpful when learning from friends who drew from personal sexual experience, an outside professional would not draw on their own sexual experiences to teach sex education. However, an outside professional who specializes in teaching sex education may appear more comfortable talking about sex and have greater practice remaining nonjudgmental. This may help students feel more comfortable themselves during sex education, since they might be better able to trust that the outside professional will be open-minded.

Additionally, we know many students will either seek out, or come across information about sex in media, and we can alter sex education to make this outside learning a more positive experience as well. By introducing media literacy lessons into formal sex education, we may help students avoid harmful messages and misinformation. For example, students who can tell the difference between media made for entertainment and media made for education, may be more likely to seek out trustworthy sources. Having these skills could help students safely explore topics that they are personally interested in, but are too uncomfortable to discuss in a classroom setting.

Finally, by incorporating lessons on communication skills, sex ed curriculums would provide students with tools to advocate for their own pleasure. Communication skills would then improve people's access to pleasure since people could use their skills to share their desires, increasing their ability to engage in activities that feel most pleasurable to them. By improving people's ability to communicate, we may also improve their access to pleasure.

Such skills can also be taught outside of the context of sex, allowing for much more comfortable conversations during class. For example, students can begin by learning how to communicate with friends and family, which would be less sensitive and uncomfortable than discussing sexual communication specifically. Later in life, when the students become sexually active, they can apply the skills they learned to sexual contexts.

The prioritization of communication skills would also better reflect the sexual experience values of students. Of all the values cited by participants in this study, the most common was the ability to communicate with a partner. Other common values like consent and trust are often reliant upon or improved by greater communication. Teaching communication skills in schools would then address several of the most frequently referenced values the participants held around sex. In seeing their values addressed by the curriculum, students may feel greater interest and appreciation for sex education, which may help reduce the common feelings of discomfort and disappointment.

Conclusion

The current study reflects previous research which suggests that sex education often fails to address issues of pleasure. People then tend to learn about pleasure outside of school, and this study contributes a new understanding of what that process entails. The outside sources people learn from were often flawed and have the potential to do more harm than good. While most

participants in this study were able to successfully learn to prioritize pleasure, it took most people until well after they became sexually active to do so. Because of this, it is imperative that we make adjustments to sex education curricula to better incorporate pleasure, or skills such as communication which aid the accessibility of pleasure.

Furthermore, several participants in this study noted how the exclusion of LGBTQ topics from their sex education was disappointing or harmful. This exclusion is worth further study, especially since LGBTQ students may have a vastly different experience learning about sex and pleasure than their heterosexual peers. If sex education topics do not apply to them, LGBTQ students may be missing out on more than lessons about pleasure. Learning from outside sources such as family, friends, and media may also present unique challenges for LGBTQ students. While no differences appeared in participant experiences based on sexual orientation, this study is limited as a qualitative study with few participants. A larger quantitative study may be useful at identifying differences in the overall experiences had by people of different sexual orientations when learning about sex from different sources.

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Appendix

Interview Questions

1. What do you remember learning about during those classes?
2. Did you think anything was missing from this more formal education?
3. First, would you mind sharing what your parents or caregivers taught you about sex?
4. How about your friends and peers, did you learn anything about sex from them?
5. If you've had any romantic or sexual partners, can you describe what you've learned about sex from them?
6. Finally, can you tell me what you learned about sex from the media? This might include movies, books, tv shows, magazines, music, or the internet.
7. First, which of those sources felt most influential for you? Remember that we've discussed sex ed, family, friends, partners, and media.
8. Now, when you were learning about sex from those different places, did any of them make you feel more comfortable or less comfortable?
9. If you wanted to learn more about sex now, which of those sources would be most relevant?
10. What is something you wish you learned about sex sooner, and how you would have wanted it presented to you?
11. What is something you value the most during a sexual experience?
12. Would you mind sharing why that comes to mind?
13. Now shifting just a bit, think back to the sources we talked about before which were sex ed, family, friends, partners, and media. Did any of those sources teach you about pleasure specifically?

14. Would you mind sharing what that source said about pleasure?
15. Okay, and now our second-to-last question. In your own sexual experiences, either in the past or recently, would you say you prioritize pleasure for yourself and your partners?
16. Whether by or yourself or with a partner, what does it look like to prioritize pleasure?