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## Which Generation Is Having Safe Sex? Millennial Or Gen-Z

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WHICH GENERATION IS HAVING SAFE SEX?  
MILLENNIAL OR GEN-Z

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree in  
Master of Social Work

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by  
Rachel Silver  
May 2022

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## ABSTRACT

This research study aims to examine the sex practices of Millennials vs. Gen Z's. There are many concerns and questions about the long-term effects of hook-up culture for modern youth. In the last few years, there has been a rise in STDs and a decrease in teenage pregnancy. This quantitative research intends to find out where are education gaps are and the most significant motivators for young people to use protection and contraceptives through a list of questions in a survey. The goal is to understand better the similarities and differences between Millennials and Gen-Z's safe sex education and safe sex habits.

The survey consisted of twenty questions about the participants' safe sex education and safe sex practices; the questions were yes and no and multiple choice. The study participants were sixty percent Millennials and thirty percent Gen Z., Almost thirty percent of the participants described their gender as male. Sixty percent described their gender as female. There were significant findings that Gen Z was more likely to use two forms of contraception and protection against STDs during sex than Millennials. Millennials reported a higher percentage of unplanned pregnancies than Gen Z. Millennials registered a higher percentage of STDs history in their past. An interesting finding is that white participants were more likely than black participants to use condoms and other forms of protection. The current research shows higher incidents of new STDs among AA/ Black young adults, and there is a need for outreach and education targeting these populations.

## DEDICATION

I dedicate this paper to my sex education camp counselor/educator Craig Block; he inspired me to teach safe sex education and have compassion and grace when talking about sex and STDs. Craig used his life experience living HIV to educate and empower young people to educate themselves and live a sex-positive life. I am thankful for knowing him and being his friend. Rest in power, Craig, and know your legacy lives on in all of the young people's lives you touched.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formation

This research study compares Millennials (25-38 years old) and Gen- Z (18-24-year-old) safe sex education and safe sex practices. The Center for Disease Control created evidence-based safe sex education curriculum guidelines to help teach school-age youth how to prevent sexually transmitted diseases and pregnancy during sexual intercourse. The sex health education programs focus on using medically accurate information, developmentally appropriate language, and culturally relevant information for school-age youth (CDC, 2020). Unfortunately, the Center for Disease Control reported in 2018 from School Health Profiles that fewer than half of the high schools across the US and less than one-fifth of middle schools teach the recommended topics in sexual health classes (CDC, 2020).

The lack of sexual health education can be why in 2018, nearly half of all new sexually transmitted infections reported (13 million new cases) were among teens and emerging adults ages 15-24 years old (CDC). In addition, in 2019, the Center for Disease Control published that the most at-risk for sexually transmitted diseases were young gay/bisexual men, particularly African American

young adults who were 5-8X more likely than their white counterparts to contract sexually transmitted infections. Also, Hispanic/ Latino young people were 1-2X more likely than their white counterparts to contract a sexually transmitted disease. Interestingly enough, teen pregnancy rates have decreased among all racial backgrounds in the last several years. Still, statistically, African American and Hispanic, and Latina youth ages 15-19 were 2x as likely to become pregnant as teenagers as their white counterparts (CDC, 2021).

### Purpose of the Study

The study compared Millennial and Gen- Z safe sex practices based on participants' high school health class education or independent research. In addition, the study examined the most common form of contraception and protection that participants used during sexual encounters, like condoms and birth control. Finally, the researcher asked participants about often they used protection and contraception and if they used them together to prevent pregnancy and sexually transmitted diseases. The findings helped answer which generation was having safer sex, and there were significant differences between the two age groups.

The study asked the participants the most common form of sex education they remember in high school and asked about continuing safe sex education. In addition, the researcher looked at the differences among race, gender identity,

sexual orientation, and how they influence safe sex practices for both age groups. Finally, the survey included questions about safe sex practices during the COVID 19 pandemic.

### Significance of the Project for Social Work Practice

My research goal is to show the importance of safe sex education in high school and how crucial it is for young adults to access protection and contraception. In addition, the research showed how accessibility to correct information could lead teens and young adults to make better decisions about themselves and their bodies. Finally, the study highlights a shift in safe sex education in public schools across the US. Every state, county, and city has a safe sex education program, but they vary based on funding. The most common are safe sex education programs or abstinence-only programs. Understanding the impact of safe sex education on a young person can dramatically affect their whole life.

The significance of comprehensive safe sex education can help all teenagers make the best decision for themselves. Providing teenagers with all resources they need to make the best decision about their own sex life is very important. Social workers often meet clients after having a negative experience with a sexual partner and are dealing with an unexpected pregnancy or sexually transmitted diseases. Social workers can see the benefit of safe sex education to

help prevent the young person from needing help with an unintended pregnancy or the cost of sexually transmitted diseases. Social work uses innovation, creativity, and positivity to help motivate and encourage clients to make good decisions. Hopefully, this research paper will help everyone understand the actual value of safe sex education and its effects on generations for years to come.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Sex education in U.S. public schools has changed significantly over the past 50 years due to federal and state legislation and funding. In the 1960s, federal legislation prioritized funding sexual health education. In 1966, the U.S. Department of Education decided to support 645 agencies throughout the United States to create sexual health education programs (Rabbitte & Enriquez, 2019). In the 1980s, during the HIV epidemic, advocates of religious rights campaigned to cut federal funding for sex education programs (Rabbitte & Enriquez, 2019). Today the federal government funds Abstinence-only education (AOE) programs detrimental to teen sexual health outcomes (Weiser & Miller, 2010; Yang & Gaydos, 2010).

Conversely, comprehensive sex education programs have been shown to decline teen birth rates. We are teaching teens how to protect themselves from sexually transmitted diseases and from being pregnant for those teens who are already sexually active (Rabbitte & Enriquez, 2019). It is imperative to advocate that local, state, and national politicians use evidence-based practices to determine which safe sex education programs are funded nationwide.

## Participants for the Study

Pew Research Institute-designated Millennials as born between 1981-1996 and Gen- Z, born between 1997-2012. But, for purposes of this study, participants were 18-38 years old (Pew Research, 2019). The focus is on the difference between gender, race, age of participants, and how a history of unintended pregnancy and sexually transmitted diseases informs safe sex practices.

In researching the sex practices of Millennials and Gen- Z, the researcher found several articles about a decline in sexual activity as young adults. This decline in sexual activity may be due to increased communication over digital platforms like dating apps and social media. These young adults feel more comfortable conversing over messages than meeting in person. In addition, a study found a connection between early sexual experiences in teenagers that can surprisingly lead to young adults having fewer sexual encounters as they get older. The study further found that of the Millennials participants, 15% reported they had no sexual partners after turning 18 years old (Twenge, Sherman & Wells, 2017).

## Hook up Culture and Sex Practices of Young Adults

In researching the sex patterns of teens and young adults, a reoccurring theme was sexual encounters: "hook up" in nature, peer pressure to engage in sexual behavior, drugs, and alcohol were used to get someone to engage in risky sexual activity behavior. A study specifically looked at the teenage participants' frequency of engaging in condomless sex with multiple partners and how often they were getting tested for sexually transmitted diseases. The results found teens with no negative consequences for their actions were more likely to continue to engage in these behaviors than those who did have adverse effects such as contracting a sexually transmitted disease or having an unplanned pregnancy (Barker, Scott-Sheldon & Brown, 2019)

The significant predictor for a teenager to engage in safe sex practices is being exposed to safe sex education and encouraged to talk openly and honestly with family, friends, and trusted adults in their community (Gillmore, Archibald, Wilson, et al., 2002). Adolescent males' and females' understanding of what sex means may differ from their partners.' Teenagers are just beginning to understand their bodies and the power of sexuality during puberty. The combination of peer pressure and their desires can cause confusion and frustration, and often teenagers don't want to use protection during their first sexual experiences.

A common theme to understand the safe sex practices for both generations is that their exposure to safe sex education is only in high school. For example, the 2007 Youth Risk and Behavior Surveillance System survey found that 89.5% of U.S. students in grades 9–12 reported receiving some education in school about AIDS or HIV infection (CDC, 2007a). For instance, rates of sexually transmitted disease are highest among young adults (i.e., adults less than 25 years) compared to all other age groups (CDC, 2007b, O'Sullivan, Udell & Montrose, et al. 2010). Thus, the issues arise when the youth leave high school, and they might not have any continuing safe sex education.

#### Unintended Pregnancy for Teenagers and Emerging Adults

The United States' teenage birth rates and sexually transmitted diseases rates correlate with states funding abstinence-only education vs. comprehensive sex education. In 2011, researchers Stanger-Hall and Hall found that: 21 states promoted abstinence-only education in their 2005 state laws and policies, seven states emphasized abstinence education, 11 states covered abstinence in the context of comprehensive sex education, and nine states did not mention abstinence in their laws or policies. Abstinence education results positively correlated with high teen pregnancy rates, indicating that abstinence education in the U.S. does not cause abstinence behavior. Teens girls that live in states

where schools teach abstinence education are more likely to become pregnant (Stanger-Hall & Hall 2011).

One study found that the influence of social media, porn, or T.V./ movies and music does not impact teenagers' first sexual activities as much as the parental relationship and a teenager's friends becoming sexually active. It is easy to point our collective finger at the entertainment industry, but the teens' home environment and their friend groups have more of an impact (Steinberg & Monahan, 2011).

Today's culture about virginity, sexuality, sex, and religion is complicated and confusing adolescents. Teenagers and young adults are trying to figure out romance and chastity and are unsure which category they want to be a part of the "good" and "bad" girls club. For example, the kind of girls who allow intimacy without receiving "good treatment" are labeled "bad" girls (Ashcraft, 2006, Holland & Eisenhart, 1990). Likewise, some teens want to wait and stay a virgin to be considered a "good" girl who wait to "give it up" until they find "true love" or at least a "special someone" who cares about them (Ashcraft, 2006). Teens and emerging adults want to feel cool among their peers; this can cause them to make decisions that are neither what they wish nor safe. High school can be a defining time in a person's life, and how others perceive them can mean more to them than anything else.

## Safe Sex Health Education in Public Schools

Sex education in schools has long been a highly contested and complicated issue that varies significantly on school district, state, and federal funding. Parents and community members raise topics like religion to justify a preference that students can opt out of sex education and only be taught with parent permission. Since this topic of sex, unlike history, math, and science, is not required of the American school system, it complicates how it is taught what is discussed. Sex education has always been a political issue in how it is taught in American public schools complicated. Further complicating safe sex education is understanding the hetero-normative roots and how important it is to discuss consent, LGBT, sexuality, and gender issues, which will help normalize these topics as included as safe sex discussion (Garcia, & Fields, 2017).

Another study researched the effectiveness of school-based HIV education among high school students (Guttmacher Institute, 2017). Only 24 states and the District of Columbia have a mandatory requirement for sex education. Only 34 states and the District of Columbia mandate HIV education (Guttmacher Institute, 2017). In this study, teens had HIV education, which encouraged and explained the benefits of condom use and any contraceptive use (Demissie, Clayton & Dunville, 2019). Of the participants (Gen Z) from USA high schools who were currently sexually active, 86.0% reported having received HIV education. The researcher asked the participants who were young adults if

they used condoms or contraception during their last sexual intercourse, 59.7% of students said using a condom, 86.7% reported using any contraceptive method, and 9.2% were dual users. In 2013, the most common primary contraceptive method was condoms (47.3%); the least common form was an IUD or implant, a form of birth control (Demissie, Clayton & Dunville, 2019).

There is a difference in states getting abstinence-only funding vs. safe sex education funding from the federal government. The Presidential political party can determine how much of the federal budget is allotted for safe sex education. For example, President Barack Obama expanded funding evidence-based adolescent pregnancy-prevention initiatives in 2010 (Fox, Himmelstein & Khalid, et al., 2019). The next President, Donald Trump, focused on funding abstinence-only educational programming. To date, studies have found no effect of abstinence-only education on reducing adolescent pregnancy (Fox, Himmelstein & Khalid, et al., 2019).

Another effect of abstinence-only education is that it does not prevent young people from having sex nor encourage them to have safe sex (Feldstein Ewing & Bryan, 2020; Stanger-Hall & Hall, 2011). In addition, abstinence-only sex education leaves out crucial information about preventing sexually transmitted diseases which are also a consequence of unprotected sex. Only comprehensive, developmentally appropriate, evidence-based sex education increases rates of condom use and decreases rates of sexually transmitted infections (Feldstein Ewing & Bryan, 2020; Lopez, Grey & Chen, et al., 2016).

Unfortunately, in the last four years, funding for comprehensive sex education was significantly decreased, increasing sexually transmitted diseases for teens and young adults.

### Sexually Transmitted Diseases

Teenagers and young adults ages 13-24 years old are roughly 25 % of the sexually active population in the United States. Yet, they account for approximately half of the 20 million sexually transmitted diseases contracted yearly (Schalet, Santelli & Russell, et al., 2014). Sadly, one in four young people test positive for human immunodeficiency virus (HIV); estimated 50,000 new infections are diagnosed each year (CDC 2013a; Weinstock et al. 2004) (Schalet, Santelli & Russell, et al. 2014). There is also a significant difference in racial, ethnic, and gender disparities in who has access to education and resources and who does not. Most of the new teenager and young adult cases (57 %) are among Blacks/African Americans, with an additional 20 % occurring among Hispanics/Latinos (CDC 2012a, b; Schalet, Santelli & Russell, et al. 2014). In addition, women accounted for one in four new HIV cases in 2009; the incidence rate for Black/African American females (38.1/100,000) is 20 times the rate for white females (1.9) (CDC 2012b; Schalet, Santelli & Russell, et al. 2014). Access to education is a glaring issue that needs to be addressed to help young people understand the magnitude of their decisions that can have lifelong

consequences. The 2018 total of 1,758,668 new cases of sexually transmitted diseases were reported to the Center for Disease Control, the highest number in a single year to date (Feldstein Ewing & Bryan, 2020).

Sex education can provide young people with the tools they need to make the most informed decisions about their bodies. Conversely, not having adequate sex education can lead teens and emerging adults to make unhealthy decisions about sex. For example, teaching young people why safety measures are essential for all forms of sex helps them fully understand their bodies and protect themselves from all forms of sexually transmitted diseases and pregnancy. One study found that among adolescents, heterosexual anal intercourse has become a relatively common sexual behavior with a prevalence ranging from 16% to 35% (Carter et al., 2010; Koblin et al., 2010; Roye et al., 2010; Roye, Tolman, & Snowden, 2013). The National Survey of Family Growth reported that 43.5% of males and 36% of females aged 25 to 44 had engaged in heterosexual anal intercourse (Chandra, Mosher & Copen, 2011; Roye, Tolman, & Snowden, 2013). The study further explored those adolescents who had expressed that participating in heterosexual anal intercourse was out of a desire to prevent pregnancy or maintain virginity (Halperin, 1999; Roye, Tolman, & Snowden, 2013). However, the youth were not fully informed of their higher risk of sexually transmitted diseases when engaging in heterosexual anal intercourse.

## How is Sex Defined?

What is sex? One study looked at college undergrads across the U.S. to determine how they answer these questions. Oral sex, for instance, 59% of men in the study did not consider it as having sex when they perform it, but 54% did think of it as sex when they receive it. Likewise, 64% of women said oral sex does not constitute having sex whether they are performing or receiving. The participants who did not consider anal intercourse sex were 21% of men and 18% of women (Bogart, Cecil, & Wagstaff, et al., 2008).

Every year in the U.S. nearly 600, 000 adolescent girls younger than 20 years become pregnant; most of these pregnancies are not planned. These teenage mothers are overwhelmingly poor and racial minorities. Nonetheless, according to data from the National Survey of Family Growth, U.S. pregnancy rates among girls aged 15 to 19 years have decreased over the past two decades. Increased use of condoms, birth control pills, injection methods of birth control, and the use of two or more methods such as pills and condoms are the primary driver of this decrease (Northridge & Coupey, 2015). Long-acting reversible contraception methods are highly effective, safe, and acceptable to adolescents and young adults. However, their use in this age group remained low before the Affordable Care Act removed the barrier of access and cost. Affordable Care Act expanded health care coverage to certain vulnerable people, including adolescents and emerging adults making preventive health services a

requirement of the new insurance exchange plans and contraceptives (Northridge & Coupey, 2015).

The differences in why a teenager has sex for the first time can vary based on gender. One study looked at the gender differences of what motivated them to have sex; male responses were: "sexually turned on," "felt old enough," "wanted to impress friends," "curiosity," "to feel more masculine." The female high rated responses: "feeling safe and cared for," "wanting to please partner," "to convince a partner to go steady," "persuaded my partner" (Woody, D'Souza, & Russel, 2003). These differences in motivation can cause teenagers to be confused and frustrated after having sex with their partner, who motivated to have sex for different reasons and different possible expectations after sex.

Another factor that Millennials and Gen- Z have regarding safe sex education and practical application of safe sex is where they are meeting their sexual partners and how likely their partner will want to have safe sex. As a society, young people have become more dependent on the internet for virtually everything, especially partner-seeking, which has changed romantic and sexual relationships (Tsai, Sussman & Pickering, et al., 2019). Therefore, is a lot of new research focused on examining online dating and sexually transmitted infection rates. Seven of the studies reviewed for this paper showed no link between online partner seeking and positive sexual transmitted infection status, and five studies show a link (Tsai, Sussman & Pickering, et al., 2019). However, more

investigation needs to understand if the behavior patterns differ from meeting someone online or in-person and whether safe sex is practiced.

Another study examined college students' discussion of sexually transmitted diseases with their current sexual partner or their most recent student participants who were not in a relationship. About one-half of the sample reported engaging in sexual discussions for the first time after they had sexual intercourse most recent partner. Some of the topics that were discussed were: HIV status (51.3%), sexually transmitted disease history (54.4%), and protection against HIV and other sexually transmitted diseases (59.2%), and 51.5% of students reported using a condom during their most recent vaginal sexual experience (Lewis, Kaysen & Rees et al., 2010).

## Summary

The research studies used in the literature review reflected the different topics that can impact a young person's ability to get safe sex information. In addition, these topics highlight how difficult it is for young people to understand the lifelong consequences of unsafe sex. Therefore, helping young people make the best decision for themselves and their body is crucial. Comparing two different age groups helped determine what ways of outreach are the most effective and could help prepare the next generation as they begin to start having sex. The research purpose was to understand better how we can educate and

protect young people from having an unintended pregnancy and contracting sexually transmitted diseases.

## CHAPTER THREE

### METHODS

#### Introduction

This study examined the difference between Millennials and Gen-Z's safe sex practices based on their safe sex education. The chapter discusses the type of questions asked of participants about their past safe sex education and whether they currently participate in safe sex practices. The chapter is divided into these sections: study design, sampling, data collection and instruments, procedures, protection of human subjects, and summary.

#### Study Design

The research method used for this study was a survey (Appendix C). Thus, the research project was a quantitative, cross-sectional study. The quantitative approach is to get as many participants as possible from Millennials and Gen-Z. Given this is a cross-sectional study, the survey questions about the participants' background will help better understand participants' access to education and resources. The goal is to learn about the most significant differences and similarities between Millennials' and Gen-Zs' preparedness for safe sex.

A strength of the quantitative study is that more participants can help understand the group dynamic and figure out themes based on the participants' answers to questions. This study examines the different kinds of people that make up each generation. The cross-sectional approach helps understand differences among participants; for instance, participants were asked questions about their gender, race, and sexual orientation for the study.

The limitation of this quantitative study is that the survey instrument was designed, so the participants did not have to answer all the questions, which led to some questions being left blank. Another limitation was that there were more responses from Millennials than Gen-Z participants and more female participants than males, which is reflected in the research results.

### Sampling

The participants for the study filled out a questionnaire survey and remained anonymous because no identity information was needed for participation. Participants found the questionnaire on social media platforms. The researcher used convenient sampling and snowball sampling as the survey was distributed on specific social media sites catering to Millennials, Gen-Z, who are interested in safe sex education, safe sex resources, and participating in surveys for education purposes. The survey was distributed on social media sites, and participants were encouraged to share the survey if they felt comfortable. The

questions on the survey were all optional, and the participant could choose which questions they wanted to answer and which questions they wanted to leave blank. In total, the questionnaire was completed by 282 participants.

### Data Collection and Instrument

The research study was quantitative, and the instrument used to collect data was a questionnaire survey that was twenty questions total of ten were multiple-choice, and ten questions were yes or no. The first several questions of the questionnaire collected information about how the participant identified their gender, race, sexual orientation, and relationship status. Then there were questions about the participant's experience with safe sex education, unintended pregnancy, and sexually transmitted diseases. Finally, here are two sample questions from the survey, one that was multiple-choice: "What are your primary sources for sex education in high school? (Please pick your top two)" and other a yes or no response question "Have you ever contracted a STIs/STDs?" These questions gave the researcher insight and understanding about the participant and their generation. Thus, the survey helped answer the researcher's question: which generation has safe sex?

## Procedures

The researcher created an online survey using the software system called Qualtrics. First, the questionnaire was distributed with a link. The participants opened the link, and they were asked to read a statement about informed consent. Then the survey purpose is explained to the participant in a debriefing letter (Appendix B). Lastly, there was a sentence explaining that none of the participant's identifying information would be requested or collected in this survey. The participant then used a checkmark to signal their consent for their responses to be used for research purposes.

The researcher distributed the survey on social media websites, Facebook and Reddit. One of the sampling techniques used to collect data for the research was snowball sampling. Participants were asked to share the survey on their social media websites if they felt comfortable. In addition, the researcher used convenient sampling by posting the questionnaire on several sub-Reddit walls, such as Millennial, Generation- Z, Sample Size, Survey Exchange, Safe Sex Education, Social Work Research, Sex Positivity, and Sex Education.

## Protection of Human Subjects

The researcher's primary concern with using a questionnaire survey was to protect participants' identities and personal information. Therefore, the researcher chose an approved survey program, Qualtrics, which the research

supervisor recommended. The researcher explained to the participant the survey topic at the start of the survey. If the participant chooses to consent, it further explained all the questions are optional. The participant can stop taking the questionnaire at any time if they become uncomfortable with the questions. The participant was lastly informed that data from the survey collected was in the Qualtrics system, password protected.

Also, given this research was collected during the COVID pandemic, all precautions were considered, and no face-to-face interaction was needed.

### Data Analysis

The data from the questionnaire surveys were collected using the Qualtrics program. The research was then analyzed using the SPSS Statistics program. The researcher compared the different variables using the Chi-square analysis. First, the researcher compared the responses of the participant's variables age, race, gender, and sexual orientation. Secondly, the researchers examined the participant's answers to questions about safe sex education, and safe sex practices were analyzed and compared variables. Lastly, the researcher looked at the participants' responses related to the COVID-19 and which was participants were more likely to be concerned with safe sex practices. Finally, the researcher reviewed all the data from the survey and discovered which of the questions were the most had the most significant association between variables.

## Summary

My research question is which generation has safe sex: Millennials or Gen- Z? I have developed a survey asking participants about their safe sex education, their sex safe sex practices. The survey asks the participants to remember having safe sex education in high school. If they have experienced an adverse effect of unsafe sex, how has COVID changed their sex habits? The researcher used Facebook and Reddit to contact possible participants. The survey was created using Qualtrics, and then the data was analyzed using SPSS data analysis programming. The research goal was to see the differences between Millennials and Gen Z view safe sex practices.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter discusses the results of the quantitative research project comparing the safe sex education and safe sex practices of Millennials and Gen-Z participants. The participants for this study were recruited through two means: convenient and snowball. First, the researcher used social media sites such as Facebook and Reddit to recruit volunteers to participate in the research project. Second, the research instrument was a questionnaire survey consisting of ten multiple-choice questions and ten yes or no questions. Third, the participants were not required to answer all questions on the survey, and the data reflects that. The survey took, on average, 2-3 minutes to complete.

#### Demographics of Participants

##### Generations

Sixty-two percent of the participants responded they were Millennials, one hundred and twenty-five participants, and thirty-seven percent of the Gen- Z seventy-five participants.

## Gender

Of the two hundred and eighty-two participants, only one hundred and eighty-nine answered the questions about age and gender. Twenty-seven percent of the participants expressed their gender as male; sixty percent described their gender as female, five percent as a trans male, one percent as trans female, and seven percent as non-binary.

## Race

Two hundred twenty-four participants responded to the question about race. Sixty-six percent white, four percent African American/ Black, six percent Asian, seven-teen percent Hispanic/Latino/a. Five percent other/native American/ Native Hawaiian/ Pacific Islander.

## Pregnancy

### Preventing Pregnancy

One hundred fifty-three participants answered how they use two forms of contraception during sexual intercourse. Seventeen percent responded always, twenty percent responded sometimes, and sixty percent responded never. The researcher utilized a Chi-square test for independence which indicated a significant association between two variables (N) age and (DV) use of two forms of contraception  $\chi^2(2, n = 150) = 6.149, p = .046$ . Thus, Gen-Z youth are likely to use two forms of contraception than Millennials.

### Unintended Pregnancy

There was a significant difference between unplanned pregnancy rates among Millennials and Gen Z. One hundred and seventy-nine participants answered this question. Seventeen percent responded yes, and eighty-three percent said no. In addition, the researcher did a Chi-square test for independence which indicated a significant association between (N) age and (DV) unplanned pregnancy history,  $X^2(1, n = 176) = 4.992, p = .025$ . Thus, millennials had experienced unplanned pregnancies at a much higher rate than Gen-Z young adults.

### Sexually Transmitted Diseases

One hundred ninety-five respondents answered questions related to sexually transmitted diseases: seven percent of participants responded they use two forms of protection, fourteen percent responded sometimes, and eight percent said never. Fifteen percent responded they had contracted a sexually transmitted disease in the past, and eighty-five responded to never contracting a sexually transmitted disease. Another survey question asked participants how often they got tested: one percent responded monthly, five percent four times a year, thirty-seven once or twice a year, and fifty-seven percent responded never.

The researcher did a Chi-square test for independence which indicated a significant association between (N) age and (DV) use of forms of protection  $X^2$

(2, n = 132) = 7.114, p = .029. Gen-Z were more likely than Millennials to get tested for sexually transmitted diseases.

The research did another Chi-square test for independence which indicated a significant association between (N) age and (DV) STD history,  $X^2(1, n = 192) = 5.194, p = .015$ . Millennials had a greater history of contracting sexually transmitted infections than Gen-Z.

There were also significant differences between the participant's race who were more likely to use two forms of protection. A Chi-square test for independence indicated a significant association between (N) race and (DV) using two forms of protection against STDs,  $X^2(8, n = 130) = 24.244, p = .002$ . White participants indicated a much higher use of two forms of protection against sexually transmitted diseases than African American participants and Latino/a participants.

### Condom Use

One hundred eighty-two participants responded to this question. Thirty percent of the participants answered always, thirty-five responded sometimes, and thirty-four responded never. In addition, the researcher conducted a Chi-square test for independence which indicated no significant association between (N) race and (DV) condom use,  $X^2(8, n = 176) = 3.168, p = .923$ .

### COVID- 19

One of the survey questions specifically asked participants if they took more precautions to have safe sex due to COVID in the last 18 months. The

researcher did a Chi-square test for independence indicated no significant association between (N) race and (DV) taking precautions to have safe sex during COVID,  $\chi^2 (4, n = 177) = 2.458, p = .652$ .

## Conclusion

This chapter examines the most significant takeaways from the questionnaires survey, exploring Millennials and Gen-Z emerging adults' safe sex practices and education. The main areas of focus were the participant's age, race, gender, use of contraception during sex, and protection during sex. The overwhelming finding showed Gen-Z to be more proactive with safe sex practices. Millennial participants are reporting experiencing more sexually transmitted diseases and unintended pregnancies. Overall, both age groups described learning safe sex education in health class in high school. The findings of this research project will be further explained in greater detail in the next chapter.

## CHAPTER 5

### DISCUSSION

#### Introduction

This chapter will discuss the major themes of this research project and how it applies to existing research. The research question was which generation has safer sex, Millennials or Gen-Z; the short answer is Gen-Z. Millennials and Gen-Z grew up with varying types of safe sex education that inform their fears, anxiety, and decision to have unsafe sex. Three of the survey questions asked the participants about their past sexual encounters and how often they used condoms (to prevent pregnancy and sexually transmitted diseases), birth control (to prevent pregnancy), PreP (to prevent the spread of HIV). Overwhelmingly neither generation used safe sex measures consistently. But participants identified as female were more likely to use and request protection and use contraception than their male counterparts.

Of the white participants who took the survey, there were thirty-eight percent Gen-Z participants (57), and sixty-one percent of the Millennials participants (91), twenty-three percent identified as Latino/a for Gen-Z (5), and seventy-six percent identified as Latino/a for Millennials (16). Gen-Z participants (9) who identified as Hispanic it was forty-seven percent and fifty-two percent for Millennials (10). Thirty-three percent of participants (3) identified as Black for Gen-

Z and sixty-six percent of Millennials participants (6). The majority of participants were white for both Millennials and Gen-Z generations.

The participants were asked how they identified their gender and were given the options of male, female, trans male, trans female, and non-binary. The Millennials participants were twenty-four percent male (31) and sixty-six percent female (83), one point six percent trans male (2), one percent trans female, and six-point four percent non-binary (8). On the other hand, the participants Gen-Z were thirty-two percent male (24) and forty-eight percent female (36), nine-point four percent trans male (7), and one point three percent trans female (1) and eight-point one percent were non-binary (6). Thus, most of the participants identified as female.

One of the survey questions asked the participants to describe their sexual orientation for Gen-Z were thirty-two percent heterosexual (33) and fifty percent homosexual (8), thirty-nine percent bisexual (18), and seven percent pansexual (7). On the other hand, the Millennial participants were sixty-seven percent heterosexual (68) and fifty percent homosexual (8), sixty percent Bisexual (28), and sixty-one percent pansexual (11). In addition, there were four other categories participants could choose: Polysexual was reported from one Millennial and no Gen-Z, three Gen-Z chose asexual, and one Millennial, non-binary reported by two Gen-Z and one Millennial, and Queer had chosen by three Gen-Z participants described their orientation and seven Millennials. The researcher wanted to highlight that these statistics are vital because the sex

practices can differ based on various factors within sexual orientation. In addition, much of the research around safe sex education and resources is for heterosexual people. It would benefit everyone if adequate research about other types of sexual relationships.

Females more than male participants in both generations reported higher condoms during sexual encounters. But both Millennials and Gen Z reportedly use two forms of contraceptives to avoid pregnancy equally. In addition, millennial participants reported unplanned pregnancies at a much higher rate than Gen Z participants. However, a limitation of the study was the survey did not ask the participant how old they were when the unplanned pregnancy occurred.

### Limitations

The research study had a few limitations that should be considered. First, the sample was limited based on the time given to recruited participants was only a few months. For instance, if the researcher were collecting research over several years and using targeted sampling methods to reach more people in different age groups, like having the survey distributed in a freshman college class, it would garner more participants in Gen-Z. Second, this research study had two hundred and eight two participants fill out the survey; thirty-seven percents were Gen-Z (74) and sixty-two percent Millennial (125). Results might

have been different if there were an equal number of participants from each generation.

Second, the research survey would ask more follow-up questions about the participants' past experiences with sexually transmitted diseases and unintended pregnancy to see if these occurred early in their sexual encounters when they were teenagers or emerging adults or later as young adults. Also, asking more follow-up questions about who the participant's sex partners are and whether that person's age influences the participant to use protection and contraception. For instance, does the Gen-Z participant have sex with other Gen-Z partners or Millennial partners and vice versa?

Third, the survey did not ask the participants why they chose not to use protection or contraception during sexual encounters. That would have helped better understand the barriers to having safe sex and how safely sex curriculum can be designed to better address those issues and questions. Finally, the survey did not ask the participant what their current relationship status was; when they took the study, there was a question about what types of relationships the participant had in the past. Interestingly, only four Gen-Z participants reported they had been married before. Forty-four had been in a committed monogamous relationship compared to sixty-four Millennials who reported being married. Eighty-four had been in a committed monogamous relationship in the past. Future research can expand on the most significant factors to understand what kinds of safe sex precautions a person uses at different times of their life.

## Recommendations for Social Work Practice, Policy, and Research

Based on the finding from this research, there is a multitude of recommendations for future social work practice. For instance, school social workers working with youth and young adults can ask safe sex questions during intake or evaluations for therapy. Social workers work in schools and after-school programs, work closely with students and their families, could encourage and provide safe sex education and resources to promote conversations around sex and healthy relationships. Social workers working in hospital settings or medical settings can discuss and explain what safe sex means and provide insight into how youth and young adults can protect themselves. Social workers working in child welfare can provide foster youth with safe sex information and resources and encourage them to ask questions and find safe sex resources they want and need. Social workers can be the trusted adult a teenage or young adult chose to talk to and be honest about their sex life and need guidance and support.

Helping young people feel empowered and confident is important, particularly about sex and sexuality. In addition, social workers can advocate for creating policies where safe sex education is taught in school, including a comprehensive curriculum that gives all students the information they need to be safe. Finally, continuing to research teens and young adults safe sex practices and inform them that safe sex education can be effective.

## Conclusion

This study aimed to answer which generation has safer sex: Millennials or Gen-Z. The study had two hundred and eighty-two participants, of which two-thirds were Millennial, one-third were Gen-Z, and of that sample, Gen-Z is practicing safer sex. But results also reported that most participants from both generations do not use condoms consistently. Furthermore, half of the participants were female for both generations and said to be twice as likely as the males in the study to use two forms of contraceptives during sex. There needs to be more outreach and research aimed towards men and marginalized Black and Latino communities. These study participants were sixty percent white, three percent black, nine percent Latino/a, eight percent Hispanic, and five percent described their race in the other categories. The research needs to reflect more cultures within generations to understand which groups need safe sex support, education, and resources.

APPENDIX A  
DEBRIEFING STATEMENT

The survey is being used as part of a study. The survey will help the researcher understand the differences between Millennials and Gen Z perceived safe sex education and how that affected safe sex decision-making as adults. My goal is to use the information to understand better what participants think about safe sex education and how often each generation practices safe sex as adults. My research study will be available on the Scholar Works website once the study is finished.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Rachel Silver or Professor Armando Barragan Jr. at 909-537-3501. In addition, if you would like to obtain a copy of this study's group results, please contact Professor Armando Barragan Jr. at 909-537-3501 at the end of the (Spring) Quarter of 2021.

APPENDIX B  
INFORMED CONSENT FORM

The study is designed to examine how participants from different generations, specifically Millennials and Gen Zer's, view safe sex practices. The study is being conducted by Rachel Silver, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The Study aims to compare participants' views of safe sex practices between Millennials and Gen Z generations.

**DESCRIPTION:** Participants will be asked a few questions from each of these categories: high school safe sex education, continued safe sex education resources, STDs, and unintended pregnancy history, how often the participant is practicing safe sex and safe sex practices precautions during COVID.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential, and data will be reported in group form only.

**DURATION:** It will take 3-5 minutes to complete the survey.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip a question or end your participation at any time.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Barragán at [abarragan@csusb.edu](mailto:abarragan@csusb.edu).

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino, after June 2022.

\*\*\*\*\*

I understand that I must be 18 years of age or older to participate in your study, have read and understood the consent document, and agree to participate in your study.

---

Place an X mark here

Date

APPENDIX C  
SURVEY QUESTIONS

**Created and developed by Rachel Silver**

Which generation is having safer sex, Millennials vs. Gen Zs?

Question 1.

**How would you describe your gender?**

Male Female Trans-Male Trans-female Non-binary

Questions 2.

**How old are you?**

18-24 25-40

Questions 3.

**How would you describe your race/ethnicity?**

White/ Caucasian Black/African American Asian Latino/Latina Hispanic  
American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  
Other

Questions 4.

**What is your sexual orientation?**

Heterosexual Homosexual Bisexual Pansexual  
Poly-sexual A-sexual Non-binary

Question 5.

**Did you attend high school in the United States?**

Yes, public school/charter Yes, private school  
Yes, home school/online No

Question 6.

**In your high school health class, was safe sex education taught?**

**Note: Safe sex education is defined as learning information about how to use condoms, birth control and the morning after pill.**

Yes Abstinence only No

Question 7.

**What kind of sexual relationships have you had? (Check all that apply)**

Closed Marriage (monogamous)  
Open Marriage  
Casual dating/one-night stands  
Friends with benefits  
Closed dating relationships (monogamous)

Open dating relationships

Question 8.

**How often do you and your partner use (female or male) condoms during sex?**

Always Sometimes Never

Question 9.

**How often do you use two forms of contraception? (for example, condoms and birth control) If this question does not apply to you please skip.**

Always Sometimes Never

Question 10.

**How often do you use two forms of protection against STIs (for example, Condoms and PreP) If this question does not apply to you please skip. PreP is a medication prescribed by a doctor to help minimize the spread of HIV.**

Always Sometimes Never

Question 11.

**Have you ever had unplanned Pregnancy with your current partner or a previous partner?**

Yes No Not to my knowledge

Question 12.

**Have you ever contracted an STIs/STDs?**

Yes No

Question 13.

**How often do you get tested for STIs/STDs?**

Monthly Three times a year Once or twice a year Never

Question 14.

**What are your primary sources for sex education in high school? (Please pick your top two)**

Internet

Friends

TV/ Movies

Pornography

High school health class

Parents  
Medical Professional  
Podcast/Books

Question 15.

**Do you think comprehensive sex safe education should be taught in high school health classes?**

**Note: Comprehensive Sex education is defined as learning about safe sex measures for heterosexual and homosexual relationships.**

Agree      Neutral      Disagree

Question 16.

**When did you learn about safe sex practices? Before or after you became sexually active?**

Before      After

Question 17.

**What are your current sources for safe sex education? Please pick your top two.**

Your doctor    Your partner    Your parents    Your friends    The Internet  
TV and Movies    Pornography    Podcast/books    None

Question 18.

**Have you been sexually active during the COVID-19 pandemic?**

Yes                      No

Question 19.

**During the COVID 19 pandemic, did you feel you needed to take extra safe sex precautions?**

Yes              Neutral              No

Question 20.

**Do you think teaching teenagers in high school about human sexuality and safe sex will help teenagers make better decisions about their own sex life?**

Agree    Disagree

APPENDIX D  
INSTITUTIONAL REVIEW BOARD APPROVAL

May 12, 2021

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2021-123

Armando Barragan Jr. Rachel Silver  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Armando Barragan Jr. Rachel Silver:

Your application to use human subjects, titled "Which generation is having safer sex Millennials vs. Gen Zs ?" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

**Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).**

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-123 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair

CSUSB Institutional Review Board

ND/MG

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