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Integrative Literature Review for the Development of an Intimacy and Faith Course to be
Implemented in Women's Health Courses at Seventh-Day Adventist Secondary Schools

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Abstract

There is a lacking in sufficient, comprehensive sexual health education across the United States. The United States is behind the rest of the developed world in educating adolescents about the normalcies and risks of sex. Sex and intimacy is a delicate subject in which educators, parents, and pastors often feel uncomfortable teaching; they often try and place the responsibility of sexual health education elsewhere. Students that attend Protestant-Christian schools report that they receive less sexual health education and receive more negative messages about sex than their public school counterparts. The goal of this literature review is to show the necessity of sexual health education in all secondary schools, including Seventh-Day Adventist schools. By creating an “Intimacy & Faith” course [see appendix A] that remains respectful to the beliefs of the Seventh-Day Adventist church. The goal is of this course is to make talking about sex more comfortable for educators and students alike so adolescents can make healthy, informed choices in their romantic, spiritual, and physical relationships.

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Chapter One: Intimacy and Faith Course to be Implemented in Women's Health Courses in Seventh-Day Adventist Secondary Schools

God created humans with the intent that they create life. Sex is an unavoidable part of life, while it is usually a positive thing, if intercourse takes place prematurely in life, it can cause unwanted outcomes such as pregnancy, sexually transmitted infections (STI), and regrets later in life. Educating generations on the positives and negatives of sex is necessary to prevent sexual risk behaviors and outcomes (Centers for Disease Control and Prevention [CDC]), 2016).

Unfortunately, sexual intercourse is not a comfortable subject within the Christian Church (Byrne, 2016). Of the students surveyed who attended private Christian-Protestant secondary schools, 91% reported that they received “no” or “some but not enough” information on sex education while attending these schools. Of those surveyed, 64% believed they received the majority of their knowledge about sex from the Internet, friends, or from sexual experience rather than from medically accurate, emotionally constructive education, like in a classroom or from their parents (Byrne, 2016). There is often a disconnect between trusted educators on the topic of sex. Does the responsibility of education belong to the Church, the schools, or the parents? Since educators cannot come to an agreement on this debate, adolescents often fall through the cracks.

One study argues that it is the educators who are responsible to give young people the tools to help prevent adverse sexual outcomes (Preston, 2013). Comprehensive sexual health is a necessary education component and educators must become more comfortable talking about sex with their students. By creating a specialized Intimacy and Faith teaching module for Seventh-Day Adventist secondary schools, hopefully educators can become more comfortable talking about sex and intimacy with the at risk population of adolescents; thus lowering sexual risk

behaviors associated with a knowledge deficit.

Statement of Problem

There are many problems that are addressed in this literature review. Intimacy and faith is a delicate topic that even public schools where church and state are separate have a difficult time discussing, much less Christian schools where God, the Bible, Christian traditions, and morals are involved not only in the curriculum but also their everyday cultural environment. Since private schools are not required by the government to follow a standardization for many education topics, including sex education (Blackman, Scotti, & Heller, 2016), many schools do not teach it and if it is taught it is often not of high quality. Sex is not a comfortable topic of conversation within the Christian church, especially when talking with those who are not yet married, fearing open conversations about sex could be seen as encouragement even though there is no evidence to validate this belief (Future of Sex Education, n.d.). Educators in both public and private schools are often not properly educated on the topics of sexual health which leads to incomplete information and bias (Preston, 2013). And lastly, research has shown that the abstinence only model that many educators strictly use for sex education courses is insufficient and should not be used as a standard for education (Alford & Keefe, 2007).

Because of this flaw in the education system, students' needs are being overlooked. Many young people are engaging in sexual risk behaviors that can result in unintended health outcomes such as pregnancy, sexually transmitted infections, and human immunodeficiency virus (HIV), and regrets later in life. For example, among U.S. high school students surveyed in 2015:

41% have had sexual intercourse.

30% had had sexual intercourse during the previous 3 months, and, of these

43% did not use a condom the last time they had sex.

14% did not use any method to prevent pregnancy.

21% had drunk alcohol or used drugs before last sexual intercourse.

Only 10% of sexually experienced students have ever been tested for human immunodeficiency virus (HIV) (CDC, 2016, para. 1).

These sexual risk behaviors can be linked to the lack of standardized sex education nation-wide (Weaver, Smith, & Kippax, 2005).

Purpose of Project

The purpose of this project is to create a Faith & Intimacy course that remains respectful of the beliefs of the Seventh-Day Adventist (SDA) Church, to provide applicable information to help adolescent females make healthy choices in their romantic, spiritual, and physical relationships, and to provide education tools to help adolescent girls lower sexual risk behaviors.

With a curriculum designed for SDA educators, the goal is for them to become more comfortable talking about topics of intimacy and faith with their teenage students and create a positive learning environment for their students. This literature review is to help educators feel more positive about teaching sexual health education to adolescents and to help educators better understand that students do wish to learn from educators instead of from other, less reliable sources. If educators understand that the evidence shows that teens without comprehensive sexual health education have higher sexual risk behaviors and have a curriculum that they feel comfortable teaching, then maybe they will have a more open mind about teaching sex education.

This outline for a Faith & Intimacy course is designed specifically for the Seventh-Day Adventist Church, but can be used in any atmosphere that embraces similar teachings and values to the SDA church.

Significance in Nursing

Two of the core foundations of nursing are education and prevention. Many of the adverse effects of sexual intercourse for teens can be prevented if they are properly educated. The American Nurses Association describes the role of nurses as the “protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, and communities, and populations” (2017).

The topic of sexual health education falls within the realm of public health. “Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (American Public Health Association, 2013, definition). The American Public Health Association clearly states that they stand behind the need for young people to have the education tools to help prevent adverse sexual outcomes such as HIV, STIs, and unintended pregnancy.

Part of public health nursing is to prevent adverse outcomes; education is a vital part of that. By educating young people about intimacy, educators would be using the primary prevention method which is to prevent disease or injury before it even occurs. This is the best form of prevention as opposed to secondary and tertiary prevention. Secondary prevention aims to reduce the already contracted disease or injury by early detection such as screening tools. Tertiary prevention is preventing an ongoing disease or injury that has lasting effects and one is trying to prevent it from becoming worse. Primary prevention is the gold standard in the medical community and should be applied to the education of young people on subjects that could change the course of their lives forever (Institute of Work and Health, 2015).

Chapter 2: Literature Review

A review of literature was conducted to discover the current standards of sex education in public and private schools across the US and to assess the correlation between receiving sex education and sexual health risks among adolescents. The primary search strategy used was through online journal databases including but not limited to CINAHL and EBSCO host. Keywords used to help find sources were: “sex education,” “sexual risk behaviors,” and “adolescents and sex.” This initial search help compile potential research journals and other quality references to be used in this literature review.

Education in Public and Private Schools

Not all schools in the United States, public or private, are required to teach “comprehensive” sex education. Since there is no standard in the US as it is in other developed nations around the world such as France, the Netherlands, and Australia (Weaver et al, 2005), the US is behind the developed world in this aspect of education, which can be correlated with the higher rate of teen pregnancies in the US than other developed nations (Sedgh, Finer, Bankole, Eilers, Singh, 2015). While Europe is progressing forward in a sex-positive approach, meaning sex isn’t typically talked about in a negative light, the US is moving backwards in its acceptance teaching sex education in a more holistic way (Boonstra, 2012). Since there are no federal laws in the United States requiring sex education to be taught nationally, this allows for each state to form its own laws, requirements, and standards for sex education in schools, leading to variations in standards and quality of sex education for adolescents who desperately need accurate information about sex.

There are 24 states and the District of Columbia that require public schools to teach sex education. Only 20 states require that, if sex education is provided, the sex and/or HIV education

must be medically, factually and technically accurate (Blackman, Scotti, & Heller, 2016). State definitions of “medically accurate” vary, from requiring that the department of health review curriculum for accuracy, to mandating that curriculum be based on information from “published authorities upon which medical professionals rely.” (Blackman, Scotti, & Heller, 2016, para 1). This is a positive standard to have, and holds educators accountable for the accuracy of the materials they plan to teach. But the standards vary from state to state. For example, the following quote is from the Oregon state law on medical accuracy in sex education:

Each school district shall provide age-appropriate human sexuality education courses in all public elementary and secondary schools as an integral part of the health education curriculum. Curriculum must also be medically accurate, comprehensive, and include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to HIV, hepatitis B, hepatitis C and other STIs. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless (Blackman, Scotti, & Heller, 2016, para. 1).

But having this standard for the state of Oregon and other states that have similar views and laws on the topic doesn't make the bias that educators bring to their subjects obsolete, which makes US sex education even more substandard. Findings show that bias is “an interaction of local policies, national discourse, and personal experiences” (Preston, 2013, p. 30). Bias is more likely to happen when teachers are not further educated in the realm of sex education. Most public schools have educators teach sexual health courses who are not specifically trained in that area, but instead they are trained in health, physical education, and family and consumer

sciences. This leaves a gap in what students need to learn and what their teachers can provide (Cozzens, 2006).

Results of Preston's (2016) study show how necessary it is for sex education courses to be a standard for educators to learn before educating their students. This bias is even more present in private schools where they do not have to follow state mandates. If sexual health courses are implemented in these schools, it's difficult to measure the quality and/or efficacy of the programs since they differ from school to school. "Consequently, very little research has been done on the history, consistency, or efficacy of private school sex education curriculum" (Byrne, 2016, p. 14).

Private schools in the United States, including Protestant-Christian schools, do not have to follow the standards set in place by states for sex education (Blackman, Scotti, & Heller, 2016). Since it is not mandatory and each school is its own entity or belongs to a larger independent entity, it is difficult to show data on how many Protestant-Christian schools are actually teaching sex education. Furthermore, even if they are, there is no standard to follow for the topics taught or the quality of the education.

Student "Take Aways"

Due to educator bias and differing standards in both public and private schools, many students are receiving mixed, biased, and harmful messages. In an evaluation of sex education done in 2016, Byrne (2016) found a significant difference in the qualitative evidence collected from students that took sex education courses in public schools and those who learned about sex in Protestant-Christian schools, which weren't always in a sexual health course setting but also in Bible classes and other course discussions (Byrne, 2016).

Public school students' responses were more straight forward and in reference to typical topics required of public state schools including a review of male and female biology, HIV and STIs, contraception, etc. Comments such as "be safe, be happy," "sex happens, here is how to be safe," "this is what sex is and how it works," were positive basic concepts (Byrne, 2016, p. 18).

The responses of those who attended public schools were extremely different than their students' Protestant-Christian counterparts. When asked what the "take away message" from their sex education was many students said they did not receive any sex education or they received strong messages of abstinence-only with little to no supplemental information:

Many responses to this question were drastic and hurtful including 'don't do it or you will die,' 'men see women as tools for sex so we should be covered up,' 'don't ever have sex because God will hate you forever and everyone will judge you,' 'never have sex. Never masturbate.' '(pre-marital sex) it's a one-way ticket to hell, and it will ruin your life,' 'men can get away with anything, and women need to be more modest,' 'avoid any instance that could cause those 1 worst thing that can happen to you' Surprisingly, more people commented about not having sex at all than waiting or abstaining from marriage. Some respondents commented on the vague nature of their education and noted that the way even teachers approached the topic made it taboo rather than informative (Byrne, 2016, p. 18).

Where the Responsibility of Sex Education Lies

Both large scale entities like Christian denominations and state governments, and small ones like educators, pastors, and parents have difficulty determining where the responsibility of teaching sex education belongs; to the church, parents, or school? Because of this disparity, the topic of sex is often just avoided completely.

In a study conducted by Byrne (2016), 13% of the students surveyed reported their primary source on education about sex was from their parent or guardian; while 25% of respondents said they received no education from a parent or guardian at all (Byrne, 2016). Schools have avoided the topic of sex by putting the responsibility on parents. This evidence shows that this cannot be used as an excuse since education from parents cannot be counted on. Because of this schools must participate in the sex education needs of adolescents to avoid sexual health risks.

If adolescents are not receiving information from their schools, parents, or the church because they put the responsibility on one another, adolescents will go elsewhere for the information such as the internet, friends, or learning from experience. Byrne's study shows that 99% of the students interviewed were in favor of sex education being a part of school curriculum. (Byrne, 2016).

Education of Instructors

Those teaching sex education have a responsibility to their students to give them the best quality content with the most reliable information they can when teaching on this sensitive yet necessary subject. Educators are the most reliable source of information for children of all ages about sexual health, but there are improvements that need to be made.

While educators that teach sex education have the best intent, the follow through is often lacking. Cozzens (2006) found that "the majority of teachers were neither required, nor did they feel it was necessary, to take a sexuality related course in preparation to teach. It has been suggested that teachers' own limited knowledge might transfer to youth and leave them with misinformation" (Cozzens, 2006; Preston, 2013, p. 21). This misinformation can lead to adolescents making irresponsible choices.

As previously noted, most instructors who teach sexual health courses aren't even trained in the area of sexual health. Rather they are often trained in physical education or family and consumer sciences. Research has shown that many teachers, regardless of specialization, lack confidence in talking about sex both in a classroom and outside a lecture setting (Klein & Breck, 2010). A recent study found that teachers who have advanced coursework and professional development within the field of human sexuality not only had outlined beliefs about the educational needs of adolescents about sex but also they could align those needs with, Preston's study concluded that:

Sexuality education teachers in the United States, who have significant impact on the healthy development of young peoples' sexuality, want to provide an affirming and sex-based education but lack the tools necessary to translate their definitions of healthy sexuality into their responsibilities as a teacher. The teachers overwhelmingly spoke of a desire for more formal training, and those who had received preservice, in-service, or graduate training specifically in human sexuality were able to articulate a congruency between their definition of sexuality as normative and their roles, responsibilities, and abilities to teach adolescents about sexuality in an affirming way Supporting teachers in achieving these goals by providing specified and formal training could potentially go a long way in supporting young people in developing healthy sexualities (Preston, 2013, p. 33).

Types of Teaching Modules

There are three basic models that are utilized in sex education. The first is called abstinence-based or comprehensive education. This model is considered the most thorough method of teaching sex education (Alford & Keefe, 2007). It emphasizes that while abstinence is

the only 100% effective way to prevent STI/HIVs and unintended pregnancy, there are other topics about sexual health that need to be taught. The second model is the abstinence-only model, it emphasizes that abstinence is the only responsible choice outside of a long-term, monogamous relationship, which does not have to be a heterosexual relationship. Abstinence-only-until-marriage is the third model; this teaches that abstinence is the only responsible choice outside of a heterosexual marriage. Other topics related to sexual health are not typically included in the second and third models (Alford & Keefe, 2007).

There is not consistency between states on which model is used in public schools.

Protestant-Christian schools typically use the abstinence-only-until marriage model which:

1. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. teaches abstinence from sexual activity outside of marriage is the expected standard for all school-age children;
3. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
5. teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical side effects
6. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

7. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances and
8. teaches the importance of attaining self-sufficiency before engaging in sexual activity (Social Security, n.d., para. 1).

The reason why many Protestant-Christian and public schools use this model is because it lines up with traditional Christian beliefs and practices. While church and state are separated in public schools and do not incorporate the Bible's guidelines into education, the United States is a country that is deeply rooted in the Christian faith and it does influence individual morality and state legislation across the nation in religious and secular settings. Comprehensive sex education is often not taught in schools since topics such as contraception and STIs are 'not applicable' to students since students are being simultaneously taught that premarital sex is forbidden (Byrne, 2016).

Studies have shown that educators with lower levels of education or no specific education about sexual health show a disparity in knowledge and positive execution when teaching adolescents about sex. Teachers themselves reflected on their teachings methods and admitted that they use scare tactics, emotionally traumatizing methods, focused on the dangers of sex, and felt that their responsibility in teaching sex education is one of combating risk (Preston, 2013).

Teaching tactics based in fear and misunderstanding often stem from lower levels of education. Students also reflected on messages they received from their teachers saying that they were felt more threatening than helpful. Students said that if they thought about or did take part in premarital sex they had extreme feelings of guilt, shame, hesitation, fear, confusion, and didn't feel comfortable opening up to people to talk about their feelings (Byrne, 2016). Parents,

teachers, and pastors must become more open and inviting with adolescents to talk about intimacy and the mistakes, fears, questions, and emotions involved.

Students Crave Higher Standards

Students who attended Protestant-Christian schools reported that they received a substandard comprehensive sex education:

Less than 10% of Protestant-Christian school respondents learned about gender and sexual orientation (4%), abusive relationships (6%), how to use birth control (5%), practices for healthy pregnancy (5%), pregnancy tests (7%), resources for additional questions (9%), sexual harassment and rape/consent (10%), signs and symptoms of pregnancy (10%), or safe surrender/adoption options (4%). Shockingly, in this setting people were more often taught things like “Men can’t help themselves and so some behaviors should be excused or have lesser consequence” (16%), “pregnancy as potentially the worst thing that could ever happen to you” (17%) and “Women do not have sexual desire (10%). Only 21% of respondents were actually taught the biological process of sexual intercourse (Byrne, 2016, p. 17).

These students conveyed their want for a more developed sex education, one where they could feel open about asking questions, not guilty or judged for opening up about their feelings, and reassured that they would get the comprehensive education they sought so they did not have to look to less reliable sources such as friends, the internet, or experience to have their needs met. Students reflected on how they didn’t want to learn just about the biology and preventative measures behind sex, but also about relationships, honesty and respect (Byrne, 2016). These are all values of the Seventh-Day Adventist Church.

The Seventh-Day Adventist Church

The Seventh-Day Adventist Church (SDA) is a member of the Protestant movement of Christianity that preaches the imminent return of Christ to Earth. Adventists observe Saturday as the Sabbath from Friday night sundown to Saturday night sundown. It is a very conservative Christian group, which means that they typically choose to follow traditions and are not as “open” to new and evolving ideals. The Church strongly promotes abstinence from alcohol, recreational/illegal drugs, unhealthy foods/lifestyle choices, and sexual intercourse before marriage. Adventists believe the key to wellness lies in a life of balance and temperance. Physical, emotional, and spiritual health are all part of the whole body wellness that Adventists promote (Seventh-day Adventist Church, 2016). Sexual health should be applied to this value as well.

The SDA church has a variety of beliefs and 28 of them have been formed into the “28 Fundamental Beliefs.” The six categories of these beliefs include the doctrines of God, man, salvation, the church, the Christian life and last day events (Seventh-Day Adventist Church, 2015). One pastor has suggested that education become the 29th fundamental belief since this is a cornerstone of the Church for spreading its teachings and beliefs to young people. An Adventist educator, George Knight, declared that “Education is central to Adventism’s mission to the world. It is not an option. It is essential. It is the most essential aspect of the church’s mission as it moves out of the past and into the future toward the Second Coming” (McChesney, 2016, para. 19).

Both Christian and public schools have difficulty determining where the responsibility of teaching sex education belongs- to the church, parents, or school. Due to this, the subject of sex is often avoided altogether (Byrne, 2016). Physical, emotional, and spiritual health are all part of

whole-body wellness; since sexual health can be applied to this value as well, sex education belongs in schools. But there is no discussion about sex in any of the standards provided by Adventist Education. There is no discussion about sex in any context of these standards; not in a biological sense in science curriculum, not in a spiritual sense in Bible curriculum, nor in a whole-body wellness sense in health curriculum. If the Adventist church wishes to “develop each child holistically: body, mind, and spirit... (and) prepare students to be successful for the 21st century” (Oregon Conference Education Department, 2015, para. 2) then sex education must be involved in order to reach those goals, especially since teachers expressed they were the only reliable resource for information that students had on the subject of sex (Preston, 2016).

It is a common feeling for students in Protestant-Christian secondary schools to feel intimidated by their educators, pastors, and parents when learning about and taking part in sexual intercourse before marriage (Byrne, 2016). The subject of sex is often avoided because people in positions of power are afraid that talking openly about sex. They are worried that being open to talking about sex may be misinterpreted by young people as encouragement to take part in sexual activity. Many studies show there is no evidence to back up this apprehension (Future of Sex Education, n.d.). While the SDA church has a strong conviction about talking about sex within the context of marriage, it is not mentioned in any of their 28 fundamental beliefs, even though they have one belief specifically regarding “Marriage and the Family.” Talking about sex in a healthy way is important to creating healthy relationships with ones’ self, family, and God (Seventh-Day Adventist Church, 2015).

Adventist children are taught SDA traditions from a young age and grow up in the “abstinence only” model. The associate pastor of Tamarind Avenue Seventh-Day Adventist Church, Courtney Ray, discusses how the church needs to reexamine how the church talks about

premarital sex. While she still emphasizes her belief in the sanctity of sex within the context of marriage, she makes some worthy points about the faults of her church in ignoring the facts that men and women alike are feeling so guilty about their premarital intercourse that they do not prepare. They are contracting STI's, cervical cancer, and becoming pregnant. Ray suggests that the church should supply the tools for individuals to make the healthiest choices they can because, in the end, it is their own choice (Ray, 2011).

Since there is no sex education standard for the SDA school system (Adventist Education, 2014), it is the duty of the church, schools, and members of the community to promote sexual well-being for adolescents to promote a safe and healthy life style. Due to the conservative nature of the church, it is not often common or comfortable for students talk about sexual intercourse with teachers or even parents or family, which is why it is difficult to get a 'controversial' 'sex ed' course taught in the conservative school system.

Karen and Rob Flowers (2004), the co-directors of the Department of Family Ministries for the Seventh-day Adventist World Church, wrote a book on human sexuality. Their book is a guide for parents to help their children at any age of life better understand God's gift of sexuality. The Seventh-day Adventist Church has endorsed this text, which is a good first step. If the Church truly wants to show support for sex education, they will begin to implement such texts into school curriculum.

Selected Topical Outline

While this literature review has thus far discussed the disparity in schools across the US in teaching sex education, it certainly does not mean that quality, standardized lesson plans are not widely available and accessible. While most of the literature is secular, it is still applicable for students attending Adventist schools. This project's goal is to converge quality secular text

and religious beliefs and practices together to best suit the needs of students that attend Seventh-Day Adventist schools. The following subjects were developed for an Intimacy and Faith course to be implemented in Seventh-Day Adventist schools. These topics were chosen with care and to specifically to meet the needs of students attending Seventh-Day Adventist secondary schools and are based on the recommendations widespread literature and the values of the SDA church.

They include:

1. Creating faith informed relationships with the opposite gender
2. Benefits of Sexual Abstinence
3. Forms & Benefits of Contraception
4. Sexually Transmitted Diseases & Human Immunodeficiency Virus
5. Sexual Abuse
6. Sexuality and the Media
7. Communication in Intimate Relationships
8. Wellness and Disease Prevention
9. Additional Resources for Further Questions

Creating faith informed relationships with the opposite gender. *Human Sexuality: Sharing the Wonder of God's Good Gift with Your Children*, written by Karen and Rob Flowers is one of two faith based literatures used to create the topical outline for this Intimacy and Faith course.

The other is "Approaching Sex Education from a Christian Perspective: An Evaluation of Education and Proposal of Curriculum Standards" by Emily Byrne. These Christian authors suggest that creating healthy, faith-based relationships with the other gender is the beginning to a healthy future.

While secular texts are not going to mention the faith part of the topic title, sources such as the Centers for Disease Control and Prevention's (CDC) "16 Critical Sexual Education Topics," the Oregon Department of Education's "Age-Appropriate Sexuality Education Topic Guidelines," Advocates For Youth's "Rights, Respect, Responsibility: A K-12 Curriculum," and Sexuality Information and Education Council of the United States (SIECUS) "National Sexuality Education Standards" literature all support the topic of creating healthy relationships with the opposite gender.

Benefits of Sexual Abstinence. There are three different kinds of sex education; abstinence-based (comprehensive), abstinence-only-until-marriage, abstinence-only (Advocates for Youth, 2007). Each of these models stresses different parts of sex education, but all have one idea in common: that abstinence is the best method of preventing negative sexual health outcomes such as premature pregnancy and contracting sexually transmitted diseases. Flowers, Byrne, the CDC, the Oregon Department of Education, Advocates for Youth, and the Sexuality Information and Education Council of the United States all agree on the fact that abstaining from sex is an important topic to stress to young people.

Forms & Benefits of Contraception. Twelve of the sixteen topics the CDC deems 'critical' as sex education topics are related to this in forms and benefits of contraception such as "Importance of using condoms consistently and correctly." Flowers, Byrne, the Oregon Department of Education, Advocates for Youth, and the SIECUS all support the topic of "Forms & Benefits of Contraception" to be included in any form of sex education such as this Intimacy and Faith course.

Sexually Transmitted Diseases & Human Immunodeficiency Virus. This is an in-depth topic that many students have some but not enough knowledge in (Byrne, 2016). Sexually transmitted

diseases and human immunodeficiency virus are two topics that are highly recommended to be taught by educators due to the complexity and necessity of these topics. Flowers, Byrne, the CDC, the Oregon Department of Education, Advocates for Youth, and the SIECUS all reflect on the urgency of including STD and HIV/AIDS as a topic in sex education.

Sexual Abuse. Sexual abuse is a topic that has been a prominent issue in the media recently, and it's a topic that can be difficult to navigate. Adolescents need guidance in how to help themselves or another by learning what sexual abuse is, who to talk to, and where to get help. Flowers, Byrne, the Oregon Department of Education, Advocates for Youth, and SIECUS all focus on topics of sexual abuse and support that this topic should be included in the Intimacy and Faith curriculum.

Sexuality and the Media. The media is saturated with sex and adolescents are seeing it whether they seek it out or not. The media has the potential to shape one's view on what a healthy sexual relationship look like, often in a negative way (Advocates For Youth, n.d.). Living in a highly sexualized society, students need to learn about how to have healthy relationships from educators instead of learning on their own through friends, the internet, or through experience (Byrne, 2016). Flowers, Byrne, the Oregon Department of Education, Advocates for Youth, and SIECUS all suggest including topics in sex education courses about interpreting the sexualized media.

Communication in Intimate Relationships. Good communication is essential to all types of relationships, especially intimate ones. Each individual in the relationship share a responsibility to communicate their sexual feelings, desires, and boundaries in order to achieve individual and mutual goals (Flowers & Flowers, 2004). Flowers, Byrne, the CDC, the Oregon Department of Education, Advocates for Youth, and the SIECUS all support the topic of "Communication in Intimate Relationships" to be included in this Intimacy and Faith course.

Wellness and Disease Prevention. “Healthy sexuality enhances total well-being” (Flowers & Flowers, 2004, p. 54). There is a large spectrum of subjects about “Wellness and Disease Prevention” that adolescents should learn about including, but not limited to, puberty, preventing disease, emotional wellness, hygiene, and touching. Flowers, Byrne, the CDC, the Oregon Department of Education, Advocates for Youth, and the SIECUS all suggest a variety of subjects to teach that are related to the Intimacy and Faith topic of “Wellness and Disease Prevention.”

Additional Resources for Further Questions. There are more topics about sex than there is time to teach and answer questions about. Learning about sex is an intimate part of an adolescent’s coming of age experience. The CDC, the Oregon Department of Education, Advocates for Youth, and SIECUS emphasize that educators should be able to provide quality, accurate information for their students. Each one of these organizations provide numerous resources for educators, parents, pastors, and students alike to further educate them on a variety of topics about sexual education and to help them if the situation needs it.

Chapter Three: Course Development

The proposed curriculum standards are comprehensive, meaning it stresses abstinence but also provides a variety of other information relating to sexual health (Advocates for Youth, 2009). Many of these topics can be talked about in the context of marriage, thus staying true to the beliefs of the SDA church of remaining sexually abstinent until marriage. (Wilson, 2017). The Intimacy and Faith curriculum upholds this belief, but takes the education one step further by providing a comprehensive sex education as well. This has not been done in the past due to fears of people in position of power that talking about sex with adolescents will influence them to explore their sexuality. There is no evidence supporting the idea that talking about a variety of topics in sex education will increase a student's sexual activity (Future of Sex Education, n.d.). By providing adolescents with the tools to become mature, educated, and thoughtful individuals, they can progress in life as prepared young adults.

Course Logistics

The Intimacy and Faith course will be implemented into a women's health orientation for freshman through seniors at the beginning of the academic year at Seventh-Day Adventist secondary schools. The orientation will separate the females from males so that they may feel more comfortable with the subject matter and participating in open discussion. It will begin as a trial implementation at Portland Adventist Academy, which is in the Oregon Conference of Seventh-Day Adventists. While the literature strongly supports teaching sexual health education before high school, this course is specifically designed for the needs of students in ninth through twelfth grades.

Proposed Curriculum: Topical Outline

1. Creating faith informed relationships with the opposite gender

2. Benefits of Sexual Abstinence
3. Forms & Benefits of Contraception
4. Sexually Transmitted Diseases & Human Immunodeficiency Virus
5. Sexual Abuse
6. Sexuality and the Media
7. Communication in Intimate Relationships
8. Wellness and Disease Prevention
9. Additional Resources for Further Questions

[see appendix B]

Teaching Model

The Intimacy and Faith course is an abstinence-based or comprehensive sex education curriculum; meaning it promotes abstinence as the only sure way to prevent unwanted sexual outcomes such as unplanned pregnancy or contraction of sexually transmitted diseases, but still provides a comprehensive sexual health education. The comprehensive sex education model has been proven effective. Adolescents from age 15-19 were studied and the results found that those who received comprehensive sex education were 50% less likely to experience unwanted pregnancy and other sexual health outcomes than those who received abstinence-only education (Kohler, Manhart, & Lafferty, 2008). This is why the comprehensive teaching model has been chosen for the Intimacy and Faith course.

Evaluation of learning

This Intimacy and Faith course utilizes a pre-test/post-test [see appendix C & D] evaluation assessment method. This method is defined as an assessment tool that is administered at the beginning and directly after the end of the lecture series or course. This allows educators to

evaluate the students' progression of knowledge throughout the course. A standard guideline for creating pre and post tests was created and derived from Boston University, Chabot, Mira Costa, Chaffey, and Cabrillo College (2014). This tool is ideal for educators to use because it is a concise and effective direct evaluation method that allows for continued dialogue for educators on how to improve student learning.

Reasons for using a pre-test:

1. To measure a starting point or the amount of pre-existing knowledge on the course topic
2. To compare with the starting point of a post-test
3. To inform the instructor about topics that are or are not needed to cover in the course based on student's previous knowledge
4. To indicate to the student, the learning level of the course topic (Boston et al., 2014, p. 1).

Reasons for using a post-test:

1. To measure the learning as a result of the course experience
2. To analyze the appropriateness of the learning objectives
3. To recognize students who need additional help
4. To target any instructional needs to improve the course (Boston et al., 2014, p. 1).

The following pretest/posttest development directions were used in creating the Intimacy and

Faith evaluation tools:

1. Create 10 to 15 questions that could test students' knowledge of a learning outcome at the end of a course.
2. If a course has more than one section, the faculty teaching the course should meet to create these questions.

3. When creating the questions, ensure that the level of difficulty of each question is appropriate for the students' skill levels.
4. Select at least five questions from the questions that were created to use in the assessment of the student learning outcome. The selected questions should be ones that students will be interested in. Student motivation to excel on both the pre- and post-test is key and using interesting questions can encourage their motivation to try their best.
5. Questions on the pre-test and post-test should be the exact same.
6. Pre-tests should be administered when students have gained some, but not all relevant knowledge of the course topics (for this course, it will be given after the introduction to the course).
7. Post-tests should be given as close to the end of a course as possible.
8. Pre-test/post-test assessment questions are difficult to embed into graded
9. It is recommended that instructors give pre-test/post-test assessments as in-class non-graded assignments.
10. The question items for pre-and post-tests can be multiple choice, true/false and short answer (Boston et al., 2014, p. 2).

Chapter 4: Methods of Evaluation

A pre-test was created for this Intimacy and Faith course. It will be administered prior to lecturing so their answers remain uninfluenced. The purpose in using a pre-test is so educators will be able to assess the students' baseline knowledge on the topics of Intimacy and Faith and use the information gathered to shape the course of the lectures.

A post-test was created for this course so that the educators will be able to assess the students' growth from this course, to recognize students who need additional assistance in learning, to analyze the suitability of the student learning outcomes, and to continue to modify and adapt the course for future use (Boston et al., 2014).

The questions in the pre and posttest were chosen based on the topical outline and the course outcomes of the Intimacy and Faith course. The questions were the same or nearly the same on the pre and posttest so that both the students could clearly reflect on what they have learned from this course and so the teacher can evaluate gaps in learning to better adapt the course and/or change their teaching style for the next time they teach the Intimacy and Faith course.

Chapter Five: Discussion

Areas of Future Research

Though there is information for further information in for both educators and students, not all of the topics that would be helpful to include in this project were able to be included due to the vastness of the topic. The author suggests the following topics as areas of future research:

1. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) orientations and specifics in sexual engagement.
2. Laws, emotions, process of, and stigma about abortion.
3. Influence of family and peers on sexual risks and behaviors.
4. The connection between feminism, female empowerment, and sex.

Limitations

There is little research provided on the standards, practices, content, and stability of sex education courses in private schools in general, less in Christian Protestant schools and even less in specifically Seventh-Day Adventist Schools. One of the main studies used in this literature review was a convenience survey with a small sample size (Byrne, 2016).

Another limitation on this Intimacy and Faith course is that each Seventh-Day Adventist secondary school is different in their willingness to teach sex education courses at all, they may not have the staff willing or able to teach it, and each school varies in how conservative they are, meaning that they may be shocked at the content even if it's specifically created for a SDA audience.

One limitation that could affect the outcome of the course is the level of comfortability that students have in this course. Even though the Intimacy and Faith course was specifically designed for students with a background in the SDA church or at least knowledge on the beliefs

of the church, students may not be willing to answer honestly on the pre and/or post tests, especially since they know the teacher will be reading them. Even though the evaluation tools are anonymous, students still may not be comfortable sharing their feelings on a topic that is so intimate.

Summary

A literature review was conducted to assess the standards of sex education in public and private schools across the US, assess whether or not the primary prevention system of sex education hinders sexual risk behaviors in adolescents, and assess the students' reflections on their sex education experience. This project was created due to the data pointing to the need of comprehensive sex education for adolescents and because students sought a better quality, standardized sex education course. Since sex is an uncomfortable topic within the Seventh-Day Adventist church and they do not have a standardized sex health course, they are at a higher risk for sexual adverse outcomes. By creating an Intimacy and Faith course that aligns with the Church's beliefs and values, educators can become more comfortable discussing sex with their students, this gives students the tools needed to thrive in their romantic, physical, and spiritual lives.

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Appendix A

Intimacy and Faith Course for Seventh Day Adventist Secondary Schools

Course Description

“Intimacy & Faith” is a course designed for Seventh-day Adventist secondary schools. This course was developed with the purpose to educate adolescents on the fundamentals of intimacy and faith while remaining respectful of the beliefs of the Seventh-Day Adventist Church, to provide applicable information to help adolescent females make healthy choices in their romantic, spiritual, and physical relationships, and to provide education tools to help adolescent girls lower sexual risk behaviors.

Course Outcomes: Upon completion of this course the student will be able to:

1. Verbalize understanding that intimacy and faith is a complex, intimate subject that is tightly interwoven but normal to talk and have questions about.
2. Identifies level of comfortability talking about sex in a safe environment.
3. Identify what further questions they have on the subjects of intimacy and faith and what resources or individuals they can turn to for accurate and positive information.
4. Articulate the beliefs of the Seventh-day Adventist church and one’s own about abstinence.
5. Identify the various types of contraception methods and relay accurate information about the benefits and faults of various types of contraception.
6. Identify the various types of sexually transmitted infection, how they are contracted, and methods to keep yourself STI free.
7. Identify resources for individuals who have been sexually assaulted and to negate the stigmas behind sexual abuse.
8. Identify media outlets that promote sex and understand what healthy sexual relationships look like.
9. Identify what their own personal boundaries are and discuss with a significant other their boundaries.
10. Identify accurate, sex-positive, and comprehensive resources that they can use to answer further questions.

Literature used to develop this course

1. “Human Sexuality: Sharing the Wonder of God’s Good Gift with Your Children” by Karen and Rob Flowers
2. “Approaching Sex Education from a Christian Perspective: An Evaluation of Education and Proposal of Curriculum Standards” by Emily Byrne
3. “16 Critical Sexual Education Topics” Centers for Disease Control and Prevention
4. “Age-Appropriate Sexuality Education Topic Guidelines” Oregon Department of Education
5. “Rights, Respect, Responsibility: A K-12 Curriculum” Advocates for Youth
6. “National Sexuality Education Standards” Sexuality Information and Education Council of the United States

Topical Outline

1. Creating faith informed relationships with the opposite gender
2. Benefits of Sexual Abstinence
3. Forms & Benefits of Contraception
4. Sexual Abuse
5. Sexuality and the Media
6. Communication in Intimate Relationships
7. Wellness and Disease Prevention
8. Additional Resources for Further Questions

Methods of Evaluation

A pre-test [see appendix C] was created for this Intimacy and Faith course. It will be administered prior to lecturing so their answers remain uninfluenced. The purpose in using a pre-test is so educators will be able to assess the students' baseline knowledge on the topics of Intimacy and Faith and use the information gathered to shape the course of the lectures.

A post-test [see appendix D] was created for this course so that the educators will be able to assess the students' growth from this course, to recognize students who need additional assistance in learning, to analyze the suitability of the student learning outcomes, and to continue to modify and adapt the course for future use.

Appendix B

Sample Teaching Module:

#4 Sexually Transmitted Diseases & Human Immunodeficiency Virus

Key Terms

STI	HIV	AIDS
Chlamydia/NGU	Gonorrhea	Hepatitis B
Herpes	HPV	Genital Warts
Syphilis	Trichomoniasis/NGU	Injection drugs
Semen		

Student Learning Outcomes: Upon completion of the assigned readings, lecture, discussion, and group work, the student will be able to:

1. Distinguish what symptoms to monitor for regarding STI's.
2. Student will be able to identify what an STI is and how various forms are transmitted.
3. Student will be able to recognize signs and symptoms of someone suffering from HIV/AIDS.
4. Student will be able to identify methods of how to best protect yourself from STI's and HIV/AIDS.
5. Student will be able to identify subjects important to discuss when having a conversation with a significant other about STI's and HIV/AIDS.
6. Student will be able to identify resources for testing and the options of moving forward in treatment for STI's and HIV/AIDS.

Sources used to develop this course

1. "Human Sexuality: Sharing the Wonder of God's Good Gift with Your Children" by Karen and Rob Flowers
2. "Approaching Sex Education from a Christian Perspective: An Evaluation of Education and Proposal of Curriculum Standards" by Emily Byrne
3. "16 Critical Sexual Education Topics" Centers for Disease Control and Prevention
4. "Age-Appropriate Sexuality Education Topic Guidelines" Oregon Department of Education
5. "Rights, Respect, Responsibility: A K-12 Curriculum" Advocates for Youth
6. "National Sexuality Education Standards" Sexuality Information and Education Council of the United States

Sources specific to this topic

1. National Clearinghouse for Alcohol and Drug Information (800)-729-6686
2. Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases www.cdc.gov/std
3. Centers for Disease Control and Prevention, National Prevention Information Network, a service of the CDC National Center for HIV, STD, and TB Prevention www.cdcnpin.org

4. The American Social Health Association
www.ashastd.org
5. Centers for Disease Control and Prevention, Division of HIV and AIDS Prevention
www.cdc.gov/hiv/dhap.htm
6. Centers for Disease Control and Prevention, National Prevention Information Network, a service of the CDC National Center for HIV, STD, and TB prevention
www.cdcnpin.org

Appendix C**Pre-Test. Intimacy and Faith Evaluation.**

This is an anonymous pre-test to help your educator understand the baseline knowledge of their students.

Grade Level _____

1. How has faith influenced your ideas and beliefs about sex?
2. Where have you gained most of your information about sex? (circle all applicable answers)
 - a. Parents
 - b. Teachers/School
 - c. Pastor/Church
 - d. Friends
 - e. The Internet
 - f. Experience
 - g. Other _____
3. With whom do you feel comfortable talking about sex?
 - a. Parents
 - b. Teachers
 - c. Pastors
 - d. Friends
 - e. Significant other
 - f. No one, I don't like talking about it at all
 - g. Other _____
4. With whom do you feel comfortable talking about faith and spirituality with?
 - a. Parents
 - b. Teachers
 - c. Pastors
 - d. Friends
 - e. Significant other
 - f. No one, I don't like talking about it at all
 - g. Other _____
5. What have you been taught or learned on your own about sexual abstinence?
6. Do you think you know:
 - a. Nothing
 - b. Little
 - c. Some but not enough
 - d. Enough

about forms and benefits of contraception? Please discuss your knowledge and beliefs related to contraception:

7. What is a sexually transmitted disease and how do you contract one?
8. What is one resource you would recommend to a friend that was sexually abused?
9. Name three TV shows, websites, books, or movies that, in your opinion, promote sexuality:
10. Upon reflection, what is your personal reaction to seeing the media saturated with sexuality?
11. Do you currently have a significant other?
 - a. No, I've never had a significant other
 - b. Not currently, but I have had a significant other in the past
 - c. I like someone but it hasn't gone anywhere
 - d. I'm talking to someone special
 - e. I have a steady boyfriend/girlfriend
12. A) Outline a discussion you would have with your significant other your personal boundaries in a physical relationship.
B) Have you discussed this with your current or past significant other?
13. Name three resources available to you to further learn about regarding subjects about Intimacy and Faith.
14. What topics related to Intimacy and Faith do you look forward to learning about in this course?
15. Do you have any questions you would like to be addressed in this course?

Appendix D**Post-Test. Intimacy and Faith Evaluation.**

This is an anonymous pre-test to help your educator understand the baseline knowledge of their students.

Grade Level _____

1. How has faith influenced your ideas and beliefs about sex?
2. Where have you gained most of your information about sex? (circle all applicable answers)
 - a. Parents
 - b. Teachers/School
 - c. Pastor/Church
 - d. Friends
 - e. The Internet
 - f. Experience
 - g. Other _____
3. Who do you feel comfortable talking about sex with?
 - a. Parents
 - b. Teachers
 - c. Pastors
 - d. Friends
 - e. Significant other
 - f. No one, I don't like talking about it at all
 - g. Other _____
4. With whom do you feel comfortable talking about faith and spirituality with?
 - a. Parents
 - b. Teachers
 - c. Pastors
 - d. Friends
 - e. Significant other
 - f. No one, I don't like talking about it at all
 - g. Other _____
5. What have you been taught or learned on your own about sexual abstinence?
6. Do you think you know:
 - a. Nothing
 - b. Little
 - c. Some but not enough
 - d. Enough

about forms and benefits of contraception? Please discuss your knowledge and beliefs related to contraception:

7. What is a sexually transmitted disease and how do you contract one?
8. What is one resource you would recommend to a friend that was sexually abused?
9. Name three TV shows, websites, books, or movies that, in your opinion, promote sexuality:
10. After reflecting, what is your personal reaction to seeing the media saturated with sexuality?
11. Do you currently have a significant other?
 - a. No, I have never had a significant other
 - b. Not currently, but I have had a significant other in the past
 - c. I like someone but it hasn't gone anywhere
 - d. I'm talking to someone special
 - e. I have a steady boyfriend/girlfriend
12. A) Outline a discussion you would have with a significant other your boundaries in a physical relationship.
B) Have you discussed this with your significant other?
13. Name three resources available to you to further learn about topics about Intimacy and Faith.
14. What topic in this Intimacy and Faith course did you enjoy most, learn the most from, and think was most pertinent to a holistic sexual education?
15. Do you have any suggestions on how to improve this course for the future?