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Theory, Research & Practice of a Comprehensive Teen Sexuality Education Curriculum

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ABSTRACT

THEORY, RESEARCH & PRACTICE OF A COMPREHENSIVE

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____ Integrative Thesis

_X_ Field Project

Rates of sexually transmitted disease (STD), teen pregnancy, and teen births are higher in the United States than in most other industrialized countries (Kohler, 2008; Manhart, 2006; Teitelman, 2004; Terry-Humen, 2006). Five years ago, a Christian based, sexuality retreat curriculum was initiated that focused on teen knowledge, attitudes, and beliefs about sexuality. The developmentally appropriate curriculum promoted an increased awareness of self and issues influencing sexuality. The goal was to create a common language and a better understanding of the way adolescent males and females think and behave in matters of sexuality. This paper presents an evaluative retrospective analysis of the Christian based curriculum for the sexuality retreat, plus the summative and formative evaluations of the participants. Madeline Leininger's theory of Culture Care Diversity and Universality served as a conceptual guide for this evaluative project. The Sunrise Enabler was applied to the sexuality retreat curriculum to identify cultural and social structure dimensions of culture care in the adolescent culture.

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Chapter One: Introduction

Background

Nursing is a profession of multiple dimensions. Nursing is also a profession that allows one to practice from an individual perspective, incorporating knowledge, theory, and experience in a variety of unique settings. Adolescent sexuality education is one of those areas where the nursing role expands to integrate science, philosophy, religion, psychology, and sociology to create an authentic nursing praxis. In 2004, a Christian based sexuality retreat curriculum was created that helps adolescents examine knowledge, attitudes, and beliefs about sexuality. This curriculum promotes an increased awareness of self and issues influencing sexuality in an open, comfortable environment. It is designed to create common language and a better understanding of the way males and females think about matters of sexuality. Parents, educators, health care providers, religious leaders, and community members involved with youth have a responsibility to prepare youth for adulthood by providing the tools, knowledge, skill, understanding, and guidance to make decisions that will allow them to be successful, independent, and confident adults.

What factors contribute to the prevalence of sexually transmitted infections (STD's), teen pregnancy, and births? How does a co-ed sexuality education program affect an adolescent's perspective of engaging in sex, STD transmission, and pregnancy? Can issues of sexuality effectively be discussed in a Christian environment? What would the components of a Christian based sexuality retreat curriculum look like? There are many questions and directions that a curriculum on adolescent sexuality education could consider. This paper summarizes the retrospective evaluation of an educational model

that is Christian based, comprehensive, and straight forward. This analysis will help guide future curriculum design and implementation.

Feedback from this weekend long, co-ed sexuality retreat for 9th graders confirms that adolescents are interested in learning about issues related to sexuality in an emotionally safe environment. That they do engage in a discussion that is straight forward, comprehensive, applicable, and respectful to whom they are as individuals and as a culture.

A comprehensive education curriculum encourages abstinence and the multiple benefits of choosing abstinence. It also provides information regarding risk reduction and provides information on how to decrease risks for pregnancy or STD's by providing information on contraception, specifically condoms. In contrast, an abstinence-only education teaches that sex should be delayed until marriage and discussion on contraception is limited to statements of ineffectiveness. Kohler, Manhart and Lafferty (2007) found "when comparing adolescents who reported receiving a comprehensive sex education with those who received abstinence-only education, comprehensive sex education was associated with a 50% lower risk of teen pregnancy" (p. 348). The questions are: What is the best delivery format? What content is relevant?

For this project, the formative and summative evaluative responses of the 9th grade students and adult guides who have attended the sexuality retreat will be reviewed. An evaluative retrospective analysis will be done through study of existing data exploring the benefits of a Christian sexuality education program and reflecting on appropriate curriculum changes based on the retrospective analysis that can be implemented to broaden the application of this curriculum to other settings.

Significance

"Mom, Dad, I am thinking about having sex, can we talk about this?" Ideally teenagers will talk to their parents about having sex, giving parents and teens the opportunity to talk openly about the concerns of oral, genital and anal sex, how to reduce the risks of STD's, unplanned pregnancy, and the emotional liability associated with an early sexual experience. However, most parents and teens are uncomfortable discussing sex with one another and an adolescent's decision to have sex is made independently of parents. Parents may also feel unequipped to discuss sexuality issues with their teens. Adolescence is complex. It is a time of growth, change, and uncertainty. It is often a time of temptation, experimentation, and challenges and is accompanied by a quest for autonomy and self identity.

Nurses can combine creativity and knowledge to discuss the issues relating to sexuality with adolescents. Nursing is essential in providing culturally sensitive information to teens that can be practical and applicable to adolescent decision making and risk reduction. Given the complexity of adolescence, sexuality education should be comprehensive and inclusive of issues facing these youth.

Youth are disproportionately affected by sexually transmitted infections. In 2008, the Minnesota Department of Health (MDH) reported 14,350 Chlamydia cases and 3,036 Gonorrhea cases and although adolescents (ages 15-19 years old) and young adults (ages 20-24 year old) combined account for only 14% of the Minnesota's population, they account for 69% of Chlamydia cases and 59% of Gonorrhea cases in the state (Minnesota Surveillance System, STD's in Minnesota: Annual Review 2008).

Rates of sexually transmitted disease (STD), teen pregnancy, and teen births are higher in the United States than in most other industrialized countries (Kohler, 2008; Manhart, 2006; Teitelman, 2004; Terry-Humen, 2006). The birth rate among teenagers in Minnesota increased 7% from 2005 to 2006 and the birth rate among teens, ages 17 and younger, increased 10%. Minnesota reported 27.9 births per every 1,000 female teens ages 15 to 19. The birth rate among teens ages 15 and younger increased 15.5% from 2006 to 2007. The increase follows a two-decade decline in teen births in the state (MOAPPP, 2009 Annual Report). Each day in 2007, approximately 20 adolescents became pregnant (MOAPPP, 2009). MOAPPP also reports the teen birth rate in Minnesota is two to five times higher among minority teens. According to Wiemann, Rickert and Volk (2005, p 352.) "Significant proportions of teens feel stigmatized by pregnancy and are at increased risk for social isolation and abuse." The incidence and social implications of teen pregnancies and STD's lend to the importance of a comprehensive program that allows an open exchange of information that teens can apply constructively and contextually to their lives.

Theoretical Perspective

Madeleine Leininger envisioned transcultural nursing as an important discipline for study in the mid 1950's. It was through her doctorate preparation in anthropology in the 1960's that the theory of Culture Care Diversity and Universality was developed and since has been established as a major, relevant and dominant theory in nursing (Leininger & McFarland, 2006, p. 2).

Madeleine Leininger's theory, Culture Care Diversity and Universality served as a conceptual guide to discover culture care, assessment, and evaluation of the sexuality

retreat. Leininger's Sunrise Enabler (Appendix A) identifies seven cultural and social structure dimensions of culture care. This paper will review three of the cultural and social dimensions of Leininger's Culture Care Theory: educational factors, kinship and social factors and religious and philosophical factors relating to adolescent sexuality.

Ethical Considerations

Approval for the Institutional Review board at Augsburg College was obtained prior to the formal retrospective analysis of existing data of the sexuality retreat evaluations from over the past five years. The participant evaluations that were filled out at the completion of the sexuality retreat were optional for the students and no identifying factors were required on the post retreat evaluations. Written permission was obtained from the Youth and Outreach Pastor at ELCA Church in a suburb of a large metropolitan area prior to initiation of the data evaluation. Parents also granted permission for their children to participate in this program (Appendix B).

Purpose

The purpose of this project is to perform an evaluative retrospective analysis through studying existing formative and summative data. The goal is to explore the benefits of a Christian sexuality education program to determine best practices, gain insight regarding perception of the students on the sexuality retreat curriculum, assess the components they enjoyed the most, the components they will remember the most and the parts they would change. Further, the author will discuss how this data can be used to revise curriculum and broaden the use of sexuality education in a Christian environment. Included with the student evaluations, there will be youth leaders and adult guide feedback on their perception of the student interest, participation and curriculum content.

Chapter Two: Literature Review

Theoretical Framework

This chapter summarizes the theoretical underpinnings including Leininger's Culture Care Diversity and Universality nursing theory, John Hill's treatise of adolescent developmental theory, and Pender's Health Promotion Model. A literature search was conducted in online databases including CINAHL, Ovid MEDLINE, Academic Search Premier, PUB Med, Education Full Text, ERIC, and Religious and Theological Abstracts. Articles were retrieved from peer review journal articles related to adolescent sexuality and sexuality education. Additionally, statistical data and resources were obtained from sources such as the Minnesota Department of Health (MDH) and Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP). Relevant data was found on the subject but did not include data similar to the evaluative retrospective analysis of a sexuality retreat curriculum presented in this paper.

Leininger's Theory: Culture Care Diversity and Universality

Madeline Leininger's Culture Care Diversity and Universality will serve as a conceptual guide to discover culture care, assessment, and evaluation of the sexuality retreat. "The major premise of the theory was that were differences (diversities) and similarities (commonalities or universals) in transcultural care knowledge and practices" (Leininger, 1997, p. 35).

Culture has been defined by Leininger (2006) as "the learned, shared, and transmitted values, beliefs, norms, and lifeways…that guides thinking, decisions, and actions" (p. 13). Leininger defines care as "those assistive, supportive, and enabling experiences or ideas towards others with evident or anticipated needs to ameliorate or

improve a human condition or lifeways" (2006, p. 12). Leininger (2006) held the belief that culture was the broadest, most comprehensive, holistic, and universal feature of human beings and that care is embedded into the culture (p. 3).

A goal of the sexuality education retreat is providing culturally congruent care in the adolescent population influencing their health and wellbeing. Health as defined by Leininger (1996, p. 38) is "a state of well being or restorative state that is culturally constituted, defined, valued and practiced by individuals or groups that enables them to function in their daily lives."

Providing knowledge that is applicable allows the adolescent to see the perceived benefits, confirm their values, enforce their moral choices, and aids adolescents to maintain health and wellbeing that will help them to function confidently amongst peers, against the influences of societal pressures and media messages.

Culture Care Actions. The application of three theoretical modes of culture care preservation/maintenance, accommodation/negotiation, and repatterning/restructuring "provide care that is tailor made to fit with worldview, social structure factors, and other cultural dimensions valued by informants in the discovery process" (Leininger, 1996, p. 39).

Preservation or maintenance. Culture care preservation or maintenance "refers to those assistive, supporting, facilitative, or enabling professional actions and decisions that help people of a particular culture to retain and/or preserve relevant care values so that they can maintain their well being" (Leininger, 1996, p. 38).

Accommodation or negotiation. Culture care accommodation or negotiation "refers to those assistive, supporting, facilitative, or enabling creative professional actions

and decisions that help people of a designated culture (or subculture) to adapt to or to negotiate with others for a beneficial or satisfying health outcome" (p. 38).

Repatterning or restructuring. Culture care repatterning and restructuring,

> Refers to those assistive, supporting, facilitative, or enabling professional actions and decisions that help a client(s) reorder, change or greatly modify their lifeways for a new, different, and beneficial health care patterns while respecting the client(s) cultural values and beliefs and still providing beneficial or healthier lifeways than before the changes were co established with the client(s) (Leininger, 1996, p. 39).

Sunrise Enabler. Leininger's Sunrise Enabler (Appendix A) is used to identify the worldview, seven cultural and social structure dimensions of culture care and their influence on theoretical modes of culture care preservation/maintenance, accommodation/negotiation, and repatterning/restructuring in the adolescent culture.

Adolescence is a culture that encompasses all seven of the cultural and social structures of Leininger's Sunrise Enabler: technological factors; religious and philosophical factors; kinship and social factors; cultural values, beliefs and lifeways; political and legal factors, economic factors; and educational factors. For the purpose of this paper, focus will be limited to three factors: religious and philosophical factors; kinship and social factors; and educational factors. Through the exchange of ideas and thoughts, the expression of what is important to youth, addressing the diversity in this population as well as the universalities, we can more clearly apply Leininger's Culture Care and the essence of caring to the adolescent development, maturation, and culture. In addition to the cultural and social structures, remaining cognizant of self-identity, self-

respect, personal integrity, and privacy allows us to maintain the wholeness of the individual and the adolescent culture.

Developmental Theory

The adolescent developmental theoretical framework of the sexuality retreat draws on noted developmental theorist John Hill's treatise that recognizes adolescent behavior is best understood in terms of key developmental tasks of adolescence: detachment-autonomy, intimacy, sexuality, achievement, and identity as the central psychosocial themes. These key developmental tasks are influenced by bio-psychosocial variables such as puberty, cognition, self-definition and contextual variables such as gender, race-ethnicity, and social class (Adams, Montemayor, & Gullotta, 1996; Subrahmanyam & Greenfield, 2008, p. 124). Retrospective analysis of the participant's perspectives of the sexuality retreat are evaluated in light of a developmental context.

Health Promotion Model

The sexuality retreat is also formulated on the foundation of the Pender's (2006) Health Promotion Model (HPM). The HPM is derived from the social cognitive theory and represents a theoretical perspective that explores factors and relationships that contribute to improved health and quality of life. The focus was on how individuals made decisions about their own health care in a nursing context and the influence of decision making and actions of individuals in preventing disease.

The Health Promotion Model integrates constructs from the social learning theory of Bandura "which postulates the importance of cognitive processes in the changing of behavior….includes self-beliefs, self-attribution, self-evaluation, and self-efficacy" (Tomey and Alligood, 2006, p. 454). In reviewing the HPM diagrammed below, the

HPM classifies health behavior into three components: individual characteristics and experiences, behavior specific cognitions and affects, and situational/interpersonal influences (Srof & Velsor-Friedrich, 2006, p. 367). Individual characteristics and experiences include an individual's past experiences, and individual characteristics such as biological, psychological, and sociocultural factors. This area is of special significance for the teen participants whose frame of reference is peer-based and socially oriented. Analysis of the outcome data reflects this phenomenon. This will be further discussed in Chapter Three. Behavior specific cognitions include the individual perceived benefits and barriers to action and perceived self-efficacy. Perceived self-efficacy is defined as "judgment of personal capability to organize and execute health promoting behavior" (Sakraida, 2006, p. 456). Behavior specific cognitions also include interpersonal influences such a family, peers, community, church leaders, health care providers, social norms, and role models. Societal norm is defined by Britannica Encyclopedia as:

> A rule or standard of behavior shared by members of a social group. Norms may be internalized…incorporated within the individual so that there is conformity without external rewards or punishments, or they may be enforced by positive or negative sanctions from without. The social unit sharing particular norms may be small (*e.g.*, a clique of friends) or may include all adult members of a society. (*Encyclopedia Britannica*, 2009. Encyclopedia Britannica Online: http://www.britannica.com/EBchecked/topic/418203/norm).

The behavioral outcomes are in response to competing demands and preferences, the adolescents' level of commitment to their plan and ultimately the incorporation of health promoting behavior for the adolescent (Pender, Murdaugh & Parsons, 2005). The

HPM is a useful model for explaining health promoting behavior applying adolescence sexuality in that it calls for recognition of the adolescents' perceived benefits and barriers of action, self-efficacy, activity related effects and the influences that contribute to their decisions for health promoting behavior.

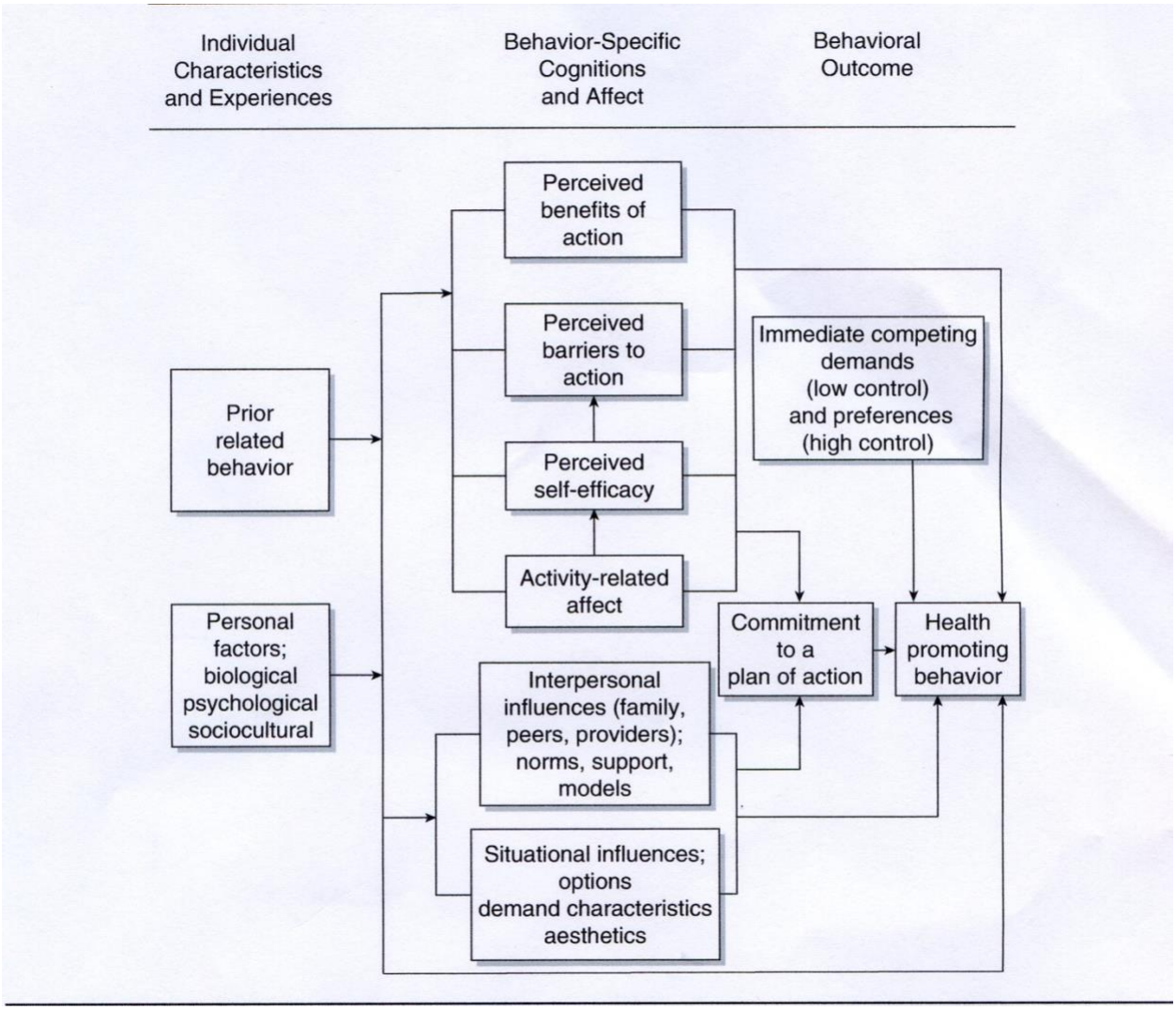

Figure A. Health Promotion Model (Pender, Murdaugh, & Parsons, 2005)

As leaders in sexuality education, we must acknowledge our prejudices and biases about the exploration and experiences that adolescents may have already had. Cultural awareness of the adolescent culture brings an increased understanding of the pressures

and influences that challenge adolescents. Allowing personal expression and addressing questions will enhance the knowledge and experience they already possess. As adults, we need to look inward at what may challenge our own understanding of the adolescent culture and the impressions we may have before effective and constructive learning can occur.

Adolescents are a cultural group that holds knowledge and perspectives on worldview and the social structures that influence them. Adolescence is a time of great physiological and physical change and by understanding the influences and pressures, the maturation processes and the self awareness of their culture, we able to impact their knowledge base and can hopefully have positive impact on behavior modification, decision making and health promoting behavior.

The strength of constructivism is that adolescent participants apply the information shared at the sexuality retreat to their existing knowledge and that they constructively apply the knowledge to their real life situation. It is evident by the active participation and student responses that adolescents are interested in the content at the sexuality retreat and are willing to learn.

Influences on Adolescent Sexual Health. In the past decade there has been increased focus on adolescent sexuality and the factors that influence adolescent sexual health. For the purposes of this paper, three main influences will be reviewed: (1) is the type and approach of sexuality education provided to adolescents in influencing adolescent sexual debut and decision making; (2) the significance of parental influence, and (3) the attitude toward Christian framing and religion. Applying Leininger's Sunrise Enabler (Appendix A), educational factors will be addressed through the lens of the type

of sexuality education for the adolescent culture. A second focus, kinship and social factors, will be examined through a narrowed scope on the parental influences on adolescent sexuality and decision making. The third area of focus will be on religious and philosophical factors of Leininger's culture care theory.

Educational factors. As described in literature, there are three approaches to sexuality education: no education, abstinence-only education and a comprehensive sexuality education (Kirby, 2001; Kohler, Manhart, L. & Lafferty, 2008; Public News Service, 2008; Spencer, Maxwell, & Aggleton, 2008; Terry-Humen, Manlove, Cottingham, 2006; Vickberg, Kohn, Franco, Criniti. 2003).

No education, as the name implies, is sexuality education that is learned from informal sources such as peers, media, personal findings or experience. Abstinence-only education teaches that sex should be delayed until marriage and discussion on contraception is limited to statements of ineffectiveness. Comprehensive sexuality education has an abstinence-first approach but also provides information on contraception, specifically condoms to decrease risks for pregnancy or STD's.

According to Kohler, Manhart and Lafferty, when comparing adolescents who received comprehensive sex education verses an abstinence-only education, a comprehensive education was associated with a 50 % lower risk of teen pregnancy. They further discussed the finding that abstinence-only programs had no significant delay in sexual debut or in reducing the risk for teen pregnancy or sexually transmitted infection. In contrast, the comprehensive sex education programs were associated with a significantly reduced risk of teen pregnancy (2008). An article in Contraceptive Technology Update reported findings from an analysis of a randomized controlled study

of four abstinence programs and found no significant decrease in the number of sexual partners or risk for sexually transmitted infections, pregnancy, and no delay in sexual debut (July, 2007).

Comprehensive sexuality education programs that discuss both abstinence and contraception, including condoms, do not increase sexual activity amongst teens; rather, such programs offer a delay in first intercourse, reduce the frequency of sex, and reduce the number of sexual partners (Kirby, 2001). Hauser (2004) concluded that an abstinence based education program can have a negative impact on youth's willingness to use contraception, including condoms, to prevent negative sexual outcomes such as pregnancy or sexually transmitted infections and the programs did not demonstrate success in delaying sexual debut or reducing other sexual risk-taking behaviors.

Common misconceptions about adolescent sexuality include the idea that talking to teens about sex and sexuality encourages activity. According to Kohler, Manhart, and Lafferty (2008), adolescents who received comprehensive sexuality education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education. Others believe adolescents should embrace the abstinence message, "Just say No". According to the Public News Service (2008), there has been a significant amount of evidence that shows "abstinent only until marriage programs do not affect adolescent behavior; and that comprehensive sex education programs do have positive behavioral outcomes" (November 12, Para.2).

No sex education, informal peer or social sexuality education has the potential for increasing at-risk behavior. Often there are misconceptions about contraceptive use and effectiveness, pregnancy and STD risks, especially associated with unprotected

intercourse. The use of withdrawal or coitus interruptus in sexual risk reduction is discussed in an article by Horner, Salazar, Romer, Vanable, DiClemente, Carey, et al. (2007). The article addresses adolescent perception of pregnancy and STD protection using withdrawal with sexual intercourse. Of the 124 adolescents who participated in the study, 49 addressed withdrawal, five thought it protected against STD's, and seven did not know. The youth implied that condoms were unnecessary because they had the option of using withdrawal. Withdrawal was seen as an expression of "negotiated safety," a choice which signaled a committed relationship and seems to be regarded as a superior method because it implied closeness, familiarity and trust. Beyond implications for intimacy, withdrawal was framed as a skill and a measure of "familiarity" with one's own sexual response. The increase in adolescent pregnancies and sexually transmitted infections in Minnesota speaks to the need of comprehensive sexuality education.

A comprehensive sexuality education provides adolescents with the tools, knowledge, skills, understanding, attitude, and guidance to make responsible decisions about their sexuality. Kirby (2001) writes in his comparison of sexual education programs,

Effective programs share two common attributes: (1) being clearly focused on sexual behavior and contraception use and (2) delivering a clear message about abstaining from sex as the safest choice for teens and using protection against STD’s and pregnancy if a teen is sexually active (p. 354).

Kinship factors. Regardless of personal perspective or beliefs on sexuality education, our goal as parents, community and religious leaders, health care providers, and educators is for youth to have a positive sense of self, a positive sexual identity and a

healthy sexual attitude. Sexual health is an important part of human development, it contributes to overall health and the consequences of decision making can affect an individual for their lifetime. Healthy sexual attitude refers to sexual values and an understanding of sexual expression. It further defines how to effectively weed through the sex-saturated culture presented to them on a daily basis.

Parental influence. Sexual attitude is greatly influenced by the task of sexual guidance provided in the home. John C. Howell, a Christian writer from the 1970's describes four important factors needed in the home for positive sexual growth in adolescents (1971). The first is "loving care given freely to the child…. some parents are unable to give love freely because they have never solved their own love needs in relationship to each other" (p. 194). The second need is for security and "speaks specifically to the child's need to be able to rely on his parents" (p. 195). Guidance is the third emotional need children experience as they struggle toward their own identity as a person. Howell distinguishes between guidance and discipline and notes, "Unrestricted freedom is not conducive to emotional or ethical growth" (p. 195). The fourth need described is the need for faith. "Faith in people as well as faith in God; faith in the world as well as faith in himself" (p. 195).

The parent's perception of sexuality education affects the education their children receive. Byers, Sears, and Weaver (2008) revealed three significant findings related to sexuality education in the home. First, the parents' own sexual education was positively associated with the education they provided their children (p. 92). Second, sexual knowledge and comfort were linked to perceptions of the quality of their communication with their children (p. 94). And thirdly, parents who supported comprehensive sexual

health education reported having higher quality sexual education with their children encouraging their children to ask more questions and discussed sexual health topics in greater detail (p. 94). Specific to maternal relationship, Calhoun-Davis and Friel (2001) found the relationship between the mother-child, level of interaction and the mother's attitude and discussion of sex was found associated with adolescent sexual debut. Teitelman, Loveland-Cherry (2004) also addressed the significance of mother-daughter communication and how this relationship provides an important point of intervention for reducing sexual risk behaviors of adolescent girls.

How do patterns in the home affect an adolescent's perception of sexuality? Television is a strong force in an adolescent's perception of what sexual relationships and sexuality should be or include. The effect of parental attitudes, practices, and the effects of viewing television on adolescent sexual activity was discussed in the article, *Parenting Practices and Adolescent Sexual Behavior: A Longitudinal Study.* The authors' findings suggest that parental communication about sex and co-viewing television showed that these teens were less likely to initiate vaginal intercourse and that parents may be taking advantage of "teaching moments" using scenarios raised by the television content (Bersamin, Todd, Fisher, Hill, Grube, and Walker, 2008). Pearson, Muller, Frisco, (2006) looked at the effect of adolescent sexual decision making in association with parental involvement and family structure. The article combined information uniting literature and school based surveys of 20,745 students from 80 high schools through in-home interviews in two waves. The authors specifically looked at the following four facets of parental involvement and how they related to sexual debut in the adolescent; shared dinner time, parent-teen relationship quality, participation in shared activities, and

communication about sexuality. The article revealed interesting findings: female adolescents reported a lower level of parent-teen relationship quality than did the males, but parents reported discussing sex with their daughters more frequently then with their sons. Strong parent-teen relationships not only promote social support, there was more importance placed on parents' beliefs. Further, the findings indicate that shared dinner time, parent-teen relationship quality and communication about sex all had independent and significant associations with sexual initiation. Shared dinner time was associated with an approximate 6.3% decrease in their odds of sexual initiation. The article suggests that adolescents who discussed sex more often with their parents (as reported by the parents) were more likely to initiate sex. The authors point out these findings are not consistent with literature and may reflect that adolescents who are considering sexual initiation may discuss this with their parents, and that parents who sense their adolescent may become sexually active may discuss sexual issues with the teen more often.

Perceptions of abstinence and factors contributing to the decision to remain abstinent were discussed in the article, *Understanding Sexual Abstinence in Urban Adolescent Girls* (Morrison-Beedy, Carey, Cote'-Arsenault, Seibold-Simpson, & Robinson, 2008). The author's objectives were to gain insight into the context of sexual abstinence and to identify potential determinants of abstinence in a population of urban adolescent girls. There were four themes identified; self- respect, impact of mothers, influence of boys and other peers, potential negative consequences of sex. The girls' mothers were clearly the most salient individuals influencing their decision to choose abstinence. The mothers had an important impact on their daughters' view of boys, sex, and life, reflecting advice, warnings or guidance. There were unique characteristics about

the girls' relationship with their mothers, perceiving them as approachable and a constant influence in their lives. The girls spoke clearly about how they viewed themselves, self-worth, pride, their positive sense of self and actualizing their potential. The girls were aware of the potential negative consequences and concerns with having sex such as becoming pregnant, STD's and pain during the first act of intercourse. The authors further discussed peers as important to adolescents and how they can lead vulnerable youth into poor decision making or risky behavior. The girls interviewed for the article felt strong interpersonal skills and self management skills help them to deal with these pressures. One observation of interest: the authors thought that focusing on the positive reasons for being abstinent, rather than relying on scare tactics or the negative consequences may be more persuasive for these girls.

In his article, Bell (2003) addresses parental influences on adolescent males stating males who anticipators (those who anticipated engaging in sex within the next year) were least likely to be monitored by their parents compared to males who delayed sexual activity. Bell also addressed the maternal influence stating the mother's educational level, her attitudes to her children's sexual behavior and her connectedness to the adolescent seem to play important role (p. 587). "Family structure and meaningful ties to a religious belief system influenced age of first intercourse" (Bell, 2003, p. 587). Bell also addressed that anticipators had less self-esteem, more hopelessness and reported not having a male role model as important factors in their anticipation of sexual activity (p. 586).

The role of parent religiosity in teens' transition to sex and contraception by Manlove, Terry-Humen, Erum, Moore (2006) found that more frequent parental religious

attendance and family religious activity were related to later sexual initiation. However, stronger family religiosity did not improve contraceptive use. Interestingly, two measures were associated with decreased contraceptive use: parents who believe that one needs religion to have good values was associated with decreased contraceptive use specifically with males. The second measure was that families who attended two or more days a week of family religious activity were associated with lower levels of contraceptive use at first sex for the total sample.

Religious & philosophical factors. Matthew 28:19 calls us to "Go and teach". What we teach and the interpretation of the role and leadership of sexuality education in the church can be controversial. Perspectives are personal and political. Why does so much controversy exist over healthy sexuality education in the church? Ronald Morris (2001) in the International Journal of Children's Spirituality writes about the dualism of sexuality and spirituality; the difficulty and even avoidance in discussing sexuality and spirituality. He writes, "body and spirit, sexuality and spirituality, are not separate tandem realities or expressions of higher and lower realms, but rather are two mutually enriching aspects of whole persons" (2001, p. 159). John C. Howell in his article, *Responsible Sex Education* (1971) writes, "Parents, schools and churches are not providing healthy guidance in matters relating to sex. Instead boys and girls are likely be informed by their own peer group and thus engage in an interchange of ignorance rather than the transmission of accurate knowledge and healthy attitudes" (p. 191).

Wilda Morris, a professor at Northern Baptist Theological Seminary addresses pertinent questions about sexuality and the church in her article, *The Church and Sexuality Education* (1989). Morris writes that sexuality takes place daily whether we are

aware of it or not. It is a persuasive element of culture. Morris asks two critical questions; “Does Christianity have anything significant to say about sexuality and how it is expressed?” (p. 154). “Is it true that ‘sexuality is not a separable aspect of human life; it affects all our living and loving’?” (p. 155). Morris responds to her first question writing, If there are theological and faith issues involved in the expression of our sexuality, surely the church must deal with them. Parents and churches which do not engage in sexuality education insure that attitudes will be formed in unintentional ways. They do not provide assistance to people who need to deal with the conflicting values and misinformation they have learned (p. 154).

In response to her second question, Morris adds, “That a church that speaks of God and love and Lord of life, and calls persons to ‘love one another’ and to live abundantly cannot help but be concerned about sexuality (p. 155).

Susan Keil Smith, a Presbyterian elder and a member of the Presbyterian Child Advocacy Network developed a curriculum for the church that includes criteria to help children see sexuality as a natural and healthy part of God’s plan for their lives. “The basic premise is that parents have the primary responsibility for sexuality education for their children. The church has the responsibility to provide resources and to partner with parents, fulfilling our baptismal vows” (Keil Smith, 1997, p. 55).

According to the Evangelical Lutheran Church of America message on sexuality, adopted by the Church Council of the Evangelical Lutheran Church in America on November 9, 1996,

Scripture is the source and norm of our proclamation, faith, and life as a church.

In Scripture we read that God created humankind male and female and “behold it

> was very good" (Gen. 1:27, 31). Sexuality is a mysterious, lifelong aspect of human relationships. Through sexuality, human beings can experience profound joy, purpose, and unity, as well as deep pain, frustration, and division (p.1). Retrieved from: http://www.elca.org/What-We-Believe/Social-Issues/Messages/Sexuality.aspx

Documented in the Congregation for Catholic Education: Educational Guidance in Human Love-Guidelines for Sex Education (1983) Catholic catechesis and sex education (Para 56) states,

> Catechesis is called to be the fertile field for the renewal of all the ecclesial community. Therefore, in order to lead the faithful to maturity of faith, it must illustrate the positive values of sexuality, integrating them with those of virginity and marriage, in the light of the mystery of Christ and of the Church. This catechesis should bring into relief that the first vocation of the Christian is to love and that the vocation to love is realized in two diverse ways: in marriage, or in a life of celibacy for love of the kingdom."Marriage and virginity are the two modes of expressing and living the one mystery of the Covenant of God with His people" (Retrieved from: http://www.wf-f.org/EducGuide.html#anchor919869).

The passion of different perspectives, the foundations we each hold true regarding approaches to Christian sexuality education and the philosophies that we intrinsically possess can create division on the direction and approach to sexuality education for our youth. The ELCA (1996, p.7) eloquently addresses these differences saying,

> On some matters of sexuality, there are strong and continuing differences among us. As we discuss areas where we differ, the power of the Holy Spirit

> can guide and unite us. Trust in the Gospel brings together people whose differences over sexuality ought not be a basis for division. We pray for the grace to avoid unfair judgment of those with whom we differ, the patience to listen to those with whom we disagree, and the love to reach out to those from whom we may be divided (Retrieved from: http://www.elca.org/What-We-Believe/Social-Issues/Messages/Sexuality.aspx).

Ideally, adolescents will choose abstinence until they are married and in a committed, mutually monogamous, lifelong relationship. As adults, we do have to ask ourselves, how is our sexuality education messages preparing adolescents to deal with sexual health concerns and sexual identity and how are they prepared for the pressures they may face?

Chapter Three: Retrospective Analysis the Sexuality Retreat

Introduction

The program providing the retrospective evaluations was a Christian based, sexuality retreat that focused on teen knowledge, attitudes, and beliefs about sexuality. The program was developmentally appropriate, grounded in Christian values, and used Pender's behavioral modification model as a framework for presentation. A summary of the complete sexuality retreat curriculum is found in Appendix C. The following retrospective analysis of the curriculum represents the formative and summative evaluation of the participants. The discussion of this analysis explores the data through a transcultural developmental lens.

Formative Evaluation

The formative evaluation is an informal process of surveying via eliciting questions raised part way through the retreat and gathered by evaluating verbal and non-verbal responses during the presentations. According to Bloom, Hastings, and Madaus (1971), formative evaluation points to areas of needed remediation so that immediately subsequent instruction and study can be made more pertinent and beneficial (p. 20). In the formal question and answer process, the participants have the opportunity to raise questions that are anonymously submitted decreasing peer pressure and encouraging participants to raise questions that may be difficult to ask.

The content of the questions asked in the formative evaluative process and percentage of inquiry are listed in the Table below. The total number of inquiries were 107 questions and were obtained from 3 sexuality retreats from 2006-2009. The comprehensive list of formative questions raised is found in Appendix E.

Table 1

The table identifies the content of the formative questions and percentage of total participant responses out of 107 inquires obtained from 3 sexuality retreats from 2006-2009.

Formative Question Content	**% of Total Responses**
Sexually Transmitted Infections	42.9%
General Comments Regarding Retreat	14.9%
Sex	8.4%
Contraception (including condoms)	6.5%
Sexual Orientation	5.6%
Pap Smears	3.7%
Masturbation	3.7%
Pregnancy	3.7%
Questions not in a specific category	2.8%
Menstrual Cycle Questions	1.9%
Rape/Dating Violence	1.9%
Relationships	1.9%
Abortion	.93%
Body Image	.93%

The first formal opportunity to write questions anonymously was offered immediately following the STD portion of the presentation and may account for the increased percentage of questions related to STD's. Some classic questions raised regarding sexually transmitted infections include: "If I think I have a disease and don't

want to tell my parents, what do I do?" "Do you have a higher risk of getting other STD's if you already have one?" "Why can diseases affect people our age and younger?" "What can you do if you know your partner has an STD and you love him or her but don't want to get it?" "Are these diseases really common?" It was interesting to note that 42.9% of all questions raised directly related to knowledge deficits about STD's and seeking more information about this content.

The prevalence of STD's specific to this age group is alarming and is continuing to rise. According to the MOAPPP November, 2009 newsletter,

> In August, the Minnesota Department of Health reported on a 24% overall increase in the number of new HIV diagnoses for the first half of 2009 compared to the same time period in 2008. The number of cases diagnosed among adolescents and young adults (ages 15 - 24) will be up compared to last year. In 2008, there were a total of 59 new cases diagnosed in this age group. Between January and September 2009 there were reports of 75 new cases, a 27 percent increase over the 2008 total numbers.

The increasing number of STD transmission, including the new HIV infections in Minnesota speak loudly to the importance of educating our youth about the risks associated with sexual activity and the importance of condom use to decrease the risk of STD transmission. Looking retrospectively at the number of questions raised regarding STD's alone indicates the participants are interested in the knowledge about STD protection, prevalence and screening.

According to Hill (1983), the developmental process of sexuality is gradual and continuous and points out that with adolescents, there is a formation of a new sexual

motive away from parents to peers. The formative evaluation along with the interactive discussion aids with adolescent accommodation and negotiation about the risks associated with sexual activity providing knowledge and language for negotiation. The formative evaluation further gives permission for repatterning or restructuring of adolescent practices for a beneficial outcome decreasing risks for STD and unplanned pregnancies.

The written responses during the formative evaluation process included comments specific to the sexuality retreat. Fifteen percent shared comments that related to the overall sexuality retreat as a positive experience. Classic examples of statements indicating satisfaction with the retreat include the following comments: “I learned stuff I hadn’t known before” “Sexuality retreats are cool” “This retreat is educational, you answered questions I could not ask” and “I thought this was very informative. I think many people, including myself, learned a lot. Thanks for telling us this stuff.”

The prevalence of questions on sex and contraception indicates how inquisitive youth are for accurate knowledge regarding sexual activity and risk reduction. General questions regarding sex accounted for 8.4% of the formative questions. Further, 6.5% of the formative inquiries were related to contraception, including condom use. Open, honest discussion can contribute to the goal of a healthy attitude regarding sex and sexuality in our youth. Developmentally, Hill (1983) recognized intimacy and sexuality as two of the psychosocial themes of adolescents. Through the lens of the HPM, self-efficacy is the belief that skills learned can be applied to benefits of action (abstinence or condom use decreases risk of STD’s and pregnancy) and perceived barriers (peer pressure, maintenance of intimacy, and application of autonomy). Adolescent decision

making and actions regarding sexual activity is often negotiated, may involve repatterning or restructuring in their decisions to engage in sexual activity. If adolescents are comfortable with the knowledge provided, have questions and uncertainties are addressed they may find it easier to maintain or preserve beneficial care beliefs. These decision making processes are exemplified in questions such as: “Is it bad if you have already had sexual intercourse?” “I have already had sex, now what?” “What is the definition of oral sex?” “Can a girl still get pregnant if she uses birth control?” “Where do you buy condoms?” “Are condoms expensive?”

According to Howell (1971), “Sex instruction is often confused with sex education….Sex education is the continuous process of guiding youth to form a set of values about sex and its place in human development” (p. 192). Through the formative evaluations and questions, we are given the opportunity to provide guidance regarding the uncertainties and misunderstandings the youth may have regarding sexual activity and contraception. Two goals are risk reduction and behavior modification. Risk reduction is the personal acknowledgement or recognition that an alteration in existing behaviors, actions or patterns can decrease risks to the individual. For risk reduction to occur, the individual needs knowledge of high risk behaviors, barriers to action, benefits to action, an understanding of societal and peer influences, and self-efficacy. Risk as it is applied in the context of adolescent sexuality include but are not limited to: unplanned pregnancy, acquiring a STD, alteration in self-esteem, and sexual, physical or emotional abuse. Behavior modification is the personal changes in actions, behaviors or patterns that influence risk for the individual. Some of the behavior modifications that can decrease risk are delaying the onset of sexual initiation, abstinence, mutual monogamy, accurate

and consistent condom use, avoidance of substance use, and partner communication. The favorable outcome of risk reduction and behavior modification is making positive personal decisions and changes in sexual decision making and lifestyle while maintaining who they are as individuals and lifting up the internal beauty they possess.

An unexpected theme of inquiry from 5.6% of the participants was regarding sexual orientation. Questions raised by the participants during the formative evaluation process included: “How do you know if you’re gay?” “Is being gay really a sin?” “I think I am gay, who do I talk to?” “I have a lot of things about me that is like a boy, a lot of me is like a girl. Does that mean I am gay?” Culture care extends to the preservation or maintenance of who the person is as an individual, preserving dignity beyond sexual identity. With the social challenges and judgments that can occur with homosexuality, culture care accommodation and negotiation becomes an important nursing goal in helping adolescents adapt to the dominant society, at home and with peers. The HPM addresses interpersonal influences and cognitions and affects of societal norms and role models.

According to Hill (1983), identity is a central psychosocial theme of adolescent development. According to Herald and Marshall (1996), “Adolescence may be a time of experimentation in sexual behaviors without commitment to an enduring sense of identity connected to those behaviors” (p. 77). As leaders in sexuality education, we must acknowledge our prejudices and biases about exploration and experiences that adolescents may have already had with their sexuality. What Leininger (1996) describes as culture care decisions and actions are applicable to identity resolutions in the adolescent culture. Cultural preservation or maintenance is the identification preservation

of who they are within and beyond their sexual identity. Adolescents who are struggling with sexual identity may use accommodation or negotiation and repatterning or restructuring to aid with self-definition, to deal with peers and the pressures of societal norms.

Health promoting behavior, is owned and controlled by the youth and is influenced by multiple factors. Our responsibility is providing culturally sensitive care that supports and assists the youth in establishing a healthy sexual identity-regardless of sexual orientation, to guide them incorporating risk reducing behaviors and behavior modification while maintaining who they are, wholly.

The need for Leininger's (1996) culture care repatterning and restructuring becomes evident in that 4% of responses related specifically to pap smears. As adolescents mature into young adults and ideally prior to sexual initiation, adolescents should be accurately counseled on contraceptive use for protection against both STD transmission and pregnancy. Discussion should extend beyond the physical risks that can be associated with sexual activity and incorporate potential emotional consequences as well. The inquiry on self care also reflects accommodation and negotiation of the adolescent culture. Pap smears should occur annually after sexual initiation. The key development tasks of identity and autonomy are sought after in questions relating to self-care and health care needs, repatterning direction to their future health care. Reflection on self-care and self-efficacy is evident in formative questions such as: "When should I get my first pap smear?" "Does a pap smear detect STD's?" "Are there test for guys like the Pap smear?"

Adolescents are sexual beings whether or not they are sexually active. Adolescence is a time of sexual development and discovery. The sexual development and discovery of self during this potentially turbulent time is reflected in the 3.7% of questions claiming insight to masturbation practices. The youth had very directed inquiries to this practice asking: “Is it a sin to masturbate?” “Is it normal to masturbate?” “When does masturbation become a sin, or is it always?”

According to Herald and Marshall (1996) applying Hill’s model of psychosocial development in adolescence, “Testosterone levels in normal male adolescents …linked to sexual motivation in both noncoital (including masturbation) and coital behavior.…For females, sexual motivation was found to be androgen dependent” (p. 75). Discussion about appropriate sexual development is important to healthy sexual attitudes and sexual identity in the adolescent culture.

Of the 107 written questions in the formative process, the youth presented 4 questions related to pregnancy (3.7%); two questions related to the menstrual cycle (1.9%); two questions specific to rape or dating violence (1.9%); two questions were inquiry to dating or relationship concerns (1.9%); one question each on abortion (.93%) and body image (.93%); and three miscellaneous inquiries not in a category (2.8%). Quintessential examples of questions asked in these categories included: “Why are so many girls getting pregnant, is it not having the knowledge status?” “Is it different for every girl the time she gets her period?” “Is it adultery if you get raped?” “How do you know a guy likes you if he doesn’t kiss you?” “How do you know you are in an unhealthy relationship?” “Can an abortion affect your future chances of getting pregnant?” “If I weigh 105, am I underweight?” “Is it unhealthy to shave your pubic hair?”

Looking retrospectively at this group of questions, many are risk association and consequence awareness packed in the inquiries. One can make a correlation of consideration for behavior modification, applying the developmental contextual information into their already established knowledge base. Looking through the transcultural lens, all three of Leininger's culture care actions; preservation and maintenance, accommodation and negotiation, and repatterning and restructuring can be applied to the adolescent culture in the knowledge sought in the formative evaluation.

Another form of informal feedback on the presentations is gathered by monitoring the verbal and non-verbal responses evident throughout the presentation. The formative evaluation of verbal and non verbal responses was relevant in the data analysis process. Due to the sensitive nature of the topic, the developmental age of the participants, and what we know about the social learning theory, picking up subtle cues related to comfort and understanding of the topic is essential. Pender (2005), points out the need to pay careful attention to interpersonal influences on behavior, attitudes, and beliefs in relationship to assessing learning and monitoring changes in behavior. These interpersonal influences include perceived norms, social support and modeling.

When speaking to a group of adolescents they will be influenced by the social setting and the peer groups they are with. This is evident in nonverbal responses received during the retreat. Our first session is a sexuality quiz (Appendix D). We allow 15 minutes to take the quiz and one hour to review it. The sexuality quiz is a very interactive discussion that begins with the group hesitantly giving feedback, seeming uncomfortable with the straight-forward approach and content, however, as the discussion progresses and the information is presented objectively, the feedback and exchange becomes free

flowing with many formative verbal inquiries. Another classic example of nonverbal formative feedback comes when we address technology in relationships. When sexting is brought up, that is sending photos via cell phone, often suggestive photos to one another, the participant's eye contact changes. Many participants turn their heads and look away. They will not make eye contact with the presenter. Usually there are whispers and there is very little response from the group during this session. According to Subrahmanyan and Greenfield, (2008) adolescents use communication tools such as instant messaging, cell phones and social networking sites primarily to reinforce both existing friendships and romantic relationships (p. 120). Subrahamanyan and Greenfield further address adolescent development issues of intimacy, sexuality and identity being transformed by the electronic age, particularity to the transformation of autonomy (p. 139).

In review of the formative evaluation process during the sexuality retreat, much insight is gained about the adolescent culture, their knowledge deficient, experiential knowledge, and their honesty with inquiry. It became quite evident that the participants desire knowledge they can apply contextually and constructively. Applying the responses to the HPM, the participants make inquiry of their perceived benefits and barriers to self-efficacy and health promoting behavior. The retreat identifies multiple issues the adolescents may be confronted with and allows each participant to identify for themselves their perception of the diversities and universalities within their culture to promote well-being.

Summative Evaluation

Summative evaluation takes place at the end of the program, summarizing the effectiveness, content or instruction of a course or program. According to Bloom, Hastings and Madaus, (1971),

Too often evaluations has been summative in nature, taking place only at the end of a program, when it is too late, at least for a particular group of students, to modify their process….Summative evaluation has its primary goals of grading students…judging the effectiveness of the teacher, and comparing curricula (p. 20).

At the end of the sexuality retreat the summative evaluation asks the youth participants and adult guides to address three areas: the parts of the retreat I enjoyed most; the things I will remember the most; and the parts of the retreat I would change. Table 2 reflects the 423 summative evaluation responses to the parts of the retreat they enjoyed the most and the percentage of responses each of the curriculum content noted by the participants.

Table 2

The table identifies the parts of the retreat curriculum identified by participants as being the parts they enjoyed the most, the number of responses for each curriculum component and the percentage of the 423 responses in each category.

Parts of the Retreat Enjoyed Most	**# of Responses**	**% of Responses**
Gender Differences	82	19.4%
Dudley-Do-Right	47	11.1%
Testimonials	46	10.9%
Mixer Games	35	8.3%
Worship	34	8.0%
Julie Skit	32	7.6%
Free Time	25	5.9%
Favorable Comments about Retreat	22	5.2%
Reputation, Stereotypes & Judgments	18	4.3%
STD's	16	3.8%
Skits	16	3.8%
Body Poster	12	2.8%
Different Kinds of Love	11	2.6%
Dating and Healthy Relationships	10	2.4%
Media Influences	5	1.2%
Singing	5	1.2%
"Posters"	4	.9%
Society	2	.5%
Quiz	1	.2%

There were 423 summative responses to parts of the retreat the participants enjoyed the most. Of the inquiries, 82 (19.4%) responded with gender differences as the part they enjoyed the most. The interactive discussion on gender differences is 3 hours in length and is practical knowledge relating to the ways males and females behave in matter related to sexuality. This part of the curriculum is likely favored by the adolescents because it is practical, contextual and constructive to their already existing knowledge of themselves and the other gender. Through the culture care lens, gender differences relate to care actions of preservation and maintenance of the adolescents current knowledge and understanding. The curriculum content and exchange of thoughts, ideas and expressions during gender differences can be applied to culture care accommodation and negotiation as the youth learn more about the opposite gender; the patterns, communication, perceptions and behaviors shared during this time. The identification of themes related to gender supports the normal developmental tasks of sexuality, intimacy, and identity.

Dudley-Do-Right is an informal, impromptu skit that involves youth and audience participation. It has no relation to sexuality; its purpose is to provide a break and is usually welcome Saturday afternoon. Dudley-Do-Right is described as “Hilarious” “a nice break” and “fun”. Of the total responses, (11.1%) (47) commented it was the part of the retreat they enjoyed most. Related to audience participation and social interaction, mixer games presented favorably in 8.4% (35) of the responses.

Testimonials are reflected on favorably by the youth in 10.9% (46) responses. Testimonials are shared experiences from other adolescents or young adults. We have had a variety of testimonial speakers present at the retreats. Testimonials have been

presented from adolescents or young adults on a variety of experiences: pregnancy, STD's, eating disorders, abstinence, dating and healthy relationships and establishing sexual boundaries in relationships.

Worship accounted for 8% (34) responses; the Julie Skit 7.6% (32) responses. Both of these components are part of worship, however the youth present them at times together and at others times independent of one another. This is lifted up because collectively they account for 15.6% of responses to what the youth enjoyed the most at the sexuality retreat. Worship is a powerful accumulation of music, liturgy, confession and expression performed at a candlelit service Saturday evening. The Julie Skit (outlined in Appendix G) is a demonstration that symbolically represents many of the struggles the adolescents' experience. It is a visual expression of some of the social and peer pressures, challenges and temptations experienced by today's youth. Consistent with the adolescent culture, worship, inclusive of the Julie skit reflects Leininger's (1996) acknowledgement of adolescent preservation/maintenance. This recognition allows the teenager to use this skit for reflecting upon when making decisions that impact adolescent sexuality. The Julie skit provides a visual expression of the potential risks associated with sexual initiation and an emic view of relationship pressures. Worship, the liturgy and confession; the symbolic burning of sins on the cross along with the message in the Julie skit allows reflection for culture care repatterning or restructuring to modify lifeways, guiding behavior modification while respecting the adolescents developmental and maturation stages. The collective favored response of worship and the Julie Skit by the participants suggests that spirituality and Christian grounding as relevant to maintaining the teenagers' well being.

Other components of the sexuality retreat curriculum each accounted for less than 6% the complete list of parts of the retreat the participants enjoyed most. In conclusion, reviewing the responses there were four key themes that emerged. First, it is pertinent to have developmentally appropriate discussions that the youth can contextually and constructively apply to their life, such as gender differences. Second, they appreciate breaks from the formal learning process, but desire to maintain contact with the group through less critical activities such as games or informal skits. Thirdly, testimonials are contextual for adolescents; they can relate to the struggles shared by other adolescents and young adults and respect the experiences of individuals who have likeness to them. Lastly, spirituality has value for adolescents. The comments regarding worship were viewed as “powerful” and “meaningful”. The participants further commented that burning sins on the cross “felt good” to rid of the sin that was privately confessed and burned on the cross, suggesting the worship experience may be transformational or transitional in their lives.

The second inquiry request in the summative evaluation process were things that the participants will remember the most about the sexuality retreat. There were a total of 211 responses and the percentage of responses to each category outlined in Table 3.

Table 3

The table identifies the parts of the retreat curriculum identified by participants as being the parts they will remember the most, the number of responses for each curriculum component and the percentage of the 211 responses in each category.

Things I will Remember the Most	**# of Responses**	**% of Responses**
Favorable Comments/Thanks	102	47.3%
Testimonials	19	9.0%
Worship	18	8.5%
Skits	18	8.5%
Gender Differences	16	7.6%
STD's	10	4.7%
Dudley-Do-Right	8	3.8%
Different Kinds of Love	5	2.3%
Sexuality Quiz	3	1.4%
"Posters"	3	1.4%
Dating and Healthy Relationship	3	1.4%
God's Love/Respect	3	1.4%
Fashion Show	1	.5%
Mixer Games	1	.5%
Free Time	1	.5%

Overwhelmingly, the majority of the responses, 102 of the 211 (47.3%) reflected positive feedback about the retreat itself. Some of the comments about what the participants will remember the most included: "It was really fun, interesting and I learned a lot" "I came here thinking this would be dumb, but now I really enjoyed it" I will

remember most “Going through this learning experience and having a great time with my friends” and “How we covered everything from A to Z”. Retrospective evaluation illuminated the positive responses of the participants, in the summative evaluations the word “fun” was mentioned 95 times.

Testimonials had an impact on the youth as reflected by the second most common response noted in 9% of the total responses. Testimonials can be relative and personal for the youth. Challenges such as body image, relationship concerns, partner communication, abstinence, questions regarding STD’s or pregnancy were some of challenges or concerns shared with the retreat participants. Further, it addresses a normal developmental task of adolescence, identity, intimacy and sexuality.

Worship and skits were the third and fourth most common responses with each accounting for 8.5% (18) of the responses. Gender differences 7.6% (16) were the fifth most common component the participants would remember followed by STD’s accounting for 4.7% (10) of the responses. For many reasons, the youth can apply this information to their developmental stage and current knowledge base. Further, the learning and teaching style of each of these curriculum components support the importance of interactive learning for adolescents.

Learning occurs many different ways. The sexuality retreat curriculum is taught through multiple means; a quiz, role playing, storytelling, skits, music, film, creative projects, peer education, demonstration and interactive discussion. The rationale is that if instruction balances learning styles and integrates interactive exercises, provides accurate and interesting content, appropriate resources and allows for learner/instructor cooperation, learning occurs. Multiple ways of teaching and learning styles aid with

retention of material presented at the sexuality retreat. Hickman (2006) describes learning retention rates as noted by Cohen (1991), learners retain:

5% from lecture;

10% from reading;

20 % from audiovisual materials;

30 % from demonstration;

50% discussion;

75% from practice and doing; and

90% by teaching others.

(Hickman, 2006, p. 258).

Applying Cohen learning retention information, the participants favored components that were taught in ways other than lecture or reading. Testimonials are discussions of experiential challenges or insight shared by another teens or young adults. Worship is interactive and includes demonstration, practice and doing and audiovisual materials. The skits reflect demonstration of real life experiences faced by adolescents. The discussion of gender differences and the presentation on STD's include demonstrations, discussion, and teaching others. Knowledge is empowering and can encourage one to make intentional decisions about lifestyle decisions, risk reduction, behavior modification, sexuality, and peer pressure.

The third inquiry request of the summative evaluation includes feedback from the participants about what they would change about the retreat.

Table 4

The table identifies the parts of the retreat curriculum the participants would change about the retreat. The number of responses for each curriculum component and the percentage of the 189 responses are listed for each category.

Things I would Change about the Retreat	**# of Responses**	**% of Responses**
I would change nothing	26	13.7%
More free time	17	9.0%
Not sitting on floor/ Chairs	15	7.9%
STD Posters/Comments related to pictures	11	5.8%
STD Posters/Other comments	2	1.1%
Sexuality Quiz	10	5.3%
Too much sitting	9	4.8%
Not getting up so early	6	3.2%
"Purpling" Rule	4	2.1%
Comments regarding weather	4	2.1%
Use cell phones	4	2.1%
Friday night games	3	1.6%
Friday Campfire	3	1.6%
Worship	3	1.6%
More male leaders/Testimonials	3	1.6%
Miscellaneous Questions/ Not categorized	69	36.5%

In the category of what the participants would change, 26 of the responses (13.7%) responded that they would change nothing. Specific comments included: "Nothing. It was all very informative and I liked it" "I thought it was all great" "Nothing,

I think it was important" and "Nothing. It was awesome". It was clear that participants appreciated the presentation.

The second most common response demonstrated that 9% of respondents (17) requested more free time as the suggested change in the retreat curriculum. Friday evening is reserved for games, introductions, getting settled in cabins. Saturday, the curriculum allows for five separate free time opportunities: 15 minutes midmorning, two hours after lunch, an hour after supper, fifteen minutes in the evening and 30 minutes before reporting to the cabins in the evening. Sunday is a session on gender differences, closing ceremonies, evaluations and packing to return home. On-going program improvement will take this into consideration.

Interestingly, the third most common response was not to sit on the floor or the request to provide chairs. During one of the retreats, carpet was provided for the participants to sit on, chairs were not made available. The overwhelming responses that year were about chairs verses any content material. This finding lends support to Maslow's Hierarchy of Needs (Christensen & Kockrow, 2003 p. 10) suggesting comfort is needed before other needs can be fulfilled.

Comments related to the sexuality quiz and the STD presentations are directly relating to the developmental talks of adolescents: autonomy, sexuality, intimacy, and identity. These conversations can seem awkward to the youth in the company of peers. Their interpretations of these topics reflect their level of comfort in these developmental tasks or previous conversations or impressions they have had.

An interesting finding is that only 4 responses (2.1%) inquired about not using cell phones. This response reflects engagement in the retreat and being in the company of

peers. Purpling, 2.1% of responses, is a term used when females (pink) and males (blue) mix. Purpling is the terminology setting the expectation of relationship boundaries at the retreat. The comments reflect their developmental tasks of intimacy and sexuality and the social structure dimension of the adolescent culture.

Miscellaneous comments accounted for 36.5% of the participant's responses. These are comments that were not categorized and speak to the diversity of the adolescent culture. Comments included: "I would play more games" "The fashion show should have been longer" "More large group time" "Leave earlier Friday to stay out of traffic". A summative evaluation received following the sexuality retreat was a letter from the Children's Minister and her husband; both were adult confirmation guides at the retreat and their daughter was a participant in the retreat (Appendix F). The letter was in appreciation for the content and delivery of the sexuality education.

Sexuality education should be sensitive to adolescent culture care preservation, giving respect to who they are as a culture-their diversities and universalities. Discussion should include language and guidance that is contextual, where accommodation and negotiation can be applied in relationships; communication and can augment their existing knowledge. A nonjudgmental approach of the adolescent's experiences can aid in repatterning and restructuring existing decisions that may include risk reduction or behavior modification.

Chapter Four- Discussion

The sexuality retreat is a result of creative nursing application and a multidisciplinary approach to a developmentally appropriate and culturally sensitive comprehensive education program. The curriculum is inclusive of the emic (insider's view or values) and etic (outsider's view or values) perspectives. The culturally sensitive approach preserves and maintains the relevant care values of the youth. It provides assistive information and verbiage to aid in negotiating relationships, boundaries, peer pressure and communication with others. It also provides assistive information for repatterning lifeways (Leininger, 1997) for new or different patterns toward a beneficial health outcome for the youth. The curriculum is contextual and constructive and gives consideration to the developmental tasks of adolescence. The curriculum also addresses Pender's Health Promotion Model (2006), perceived benefits and barriers to action, self efficacy for health promoting behavior.

Reviewing the evaluations of the participants, the youth have questions regarding sexuality and use the opportunity to ask them The youth demonstrated comfort in asking formative questions about difficult content such as STD's, sex, contraception, sexual orientation, pap smears, masturbation and pregnancy. Evaluation of the participants indicate their desire to know more about gender differences, appreciate the sharing of personal experiences and that they engage in worship. Further, what they remember most reflected favorable comments about the retreat demonstrating respect for the content, the delivery and the experience of participating in the retreat.

Implications for curriculum development and dissemination

So what's next and what are the questions? How can we effectively engage adolescents in sexuality discussions with in the church? How do we define a sound comprehensive curriculum? How do we recruit competent facilitators and leaders for sexuality retreats? What are the barriers to providing the comprehensive education to adolescents?

In the Church. Church is foundational in many adolescent lives and to the guidance given in homes. As discussed previously, church has the responsibility to provide resources and partner with parents in sexuality education (Keil Smith, 1997). Pastoral education regarding the benefits of comprehensive sexuality education including psychosocial development in adolescence, the HPM and knowledge of cultural dimensions of adolescence could further advocate for sexuality curriculums in the church. As stated in the ELCA message on sexuality, "Sexuality is a mysterious, lifelong aspect of human relationships". Scripture positively supports sexuality (Genesis 1:27, I Corinthians 6:19-20, Psalms 139) and the messages from the sexuality educational programs can be readdressed through youth programs in the church.

Sound curriculum. We must provide formal comprehensive sexuality education to adolescents that are pertinent to their sexual and psychosocial development. The Sex Information and Education Council of Canada have outlined ten criteria for effective sexual health education programs and preface the criteria: "Sexual health education should be presented by confident, well trained, knowledgeable and nonjudgmental individuals who receive strong administrative support" (McKay & Bissell, 2009, p. 53). The criteria include:

1. Allocate a realistic and sufficient time to achieve program objectives.

2. Provide educators with the necessary training to deliver the program effectively.
3. Employ sound teaching methods including the utilization of well-tested theoretical models to develop and implement programming.
4. Use elicitation research to identify student characteristics, needs, and optimal learning styles including tailoring instruction to students ethnocultural background, sexual orientation, and developmental stage.
5. Specifically target the behaviors that lead to negative sexual health outcomes such as sexually transmitted infections and unintended pregnancy.
6. Deliver and consistently reinforce prevention messages related to sexual limit-setting such as choosing not to have intercourse and consistent condom use with intercourse.
7. Include program activities that address the individual's environment and social context including peer and partner pressures related to adolescent sexuality.
8. Incorporate the necessary information, motivation, and behavioral skills to effectively enact and maintain behaviors to promote sexual health.
9. Provide clear examples of and opportunities to practice sexual limit setting, condom use negotiation, and other communication skills so that students are active participants in the program.
10. Incorporate appropriate and effective evaluation tools to assess program strengths and weaknesses in order to improve subsequent programming.

(Adapted from McKay, Bissell & The Sex Information and Education Council of Canada, 2009).

The comprehension sexuality education curriculum discussed in this retrospective analysis incorporates the ten factors listed above. Comprehensive sexuality education that is contextual, present a broad range of topics influencing adolescent sexuality, delivers messages of abstinence, risk reduction and behavior modification has more successful long term outcomes with adolescents. In the article, *Understanding Sexual Abstinence in Urban Adolescent Girls*, the authors found that focusing on positive reasons for being abstinent, rather than relying on scare tactics or the negative consequences may be more persuasive for these girls (Morrison-Beedy, Carey, Cote'-Arsenault, Seibold-Simpson, & Robinson, 2008). The educational setting should be comfortable, use a variety of instructional approaches.

Recruitment of competent facilitators. Competent facilitators should have an understanding on the psychosocial development during adolescents and developmental tasks, HPM, understanding of the perceived barriers and benefits, self-efficacy and further exploration into the adolescent culture. Further recommendations for recruiting competent facilitators are discussed in chapter 5.

Barriers. Barriers to comprehensive education in a Christian environment include conflicts in philosophical beliefs of the role of the church in sexuality education, conflict from those who support of abstinence-only education, misunderstandings about the goal of comprehensive education, myths of outcomes from comprehensive education. Another barrier focuses on adolescents who do not attend church, how can comprehensive sexuality education be disseminated beyond the Christian setting. Further, parental support is essential to success of sexuality education and is influential in the adolescent attitude regarding attendance of the sexuality education.

Implications for research and practice

Research and practice should focus on what is needed for our youth and include combination of specialty approaches. There are many inequities in the adolescent population: prevalence of STD's and pregnancy, disparities with gender, ethnic and socioeconomic groups. More research is needed addressing best practices and how to broaden the application of comprehensive sexuality education to our youth. For the adolescent population, access to affordable health care and concerns regarding confidentiality are barriers to care. For effective care, the development of a trusted relationship is essential.

As parent, leaders in the community, church, schools and advanced practice nurses, consideration of the multiple factors influencing adolescent sexual decisions making regarding sexuality are complex. Cultural sensitivity, an open, nonjudgmental approach, awareness of our own prejudges and biases and our commitment to improving outcomes will prove to be beneficial for our youth in providing comprehensive sexuality education.

Chapter Five- Conclusions, Recommendations, Reflections

In the retrospective analysis of the participant evaluations, three primary themes were identified. Theme one: Adolescents respect, are interested in, and will benefit from a comprehensive sexuality education program that examines their knowledge, attitudes and beliefs about sexuality. Youth will further benefit from a curriculum that promotes an increased awareness of one's self and issues influencing our sexuality in an open, comfortable environment, creating common language and better understanding of the differences in the way males and females think and behave in matters of sexuality.

Theme two: An effective sexuality education curriculum must incorporate cultural sensitivity and have a contextual, practical, and constructive approach that provides adolescents with information that can influence decision-making on issues of sexuality especially if perceived benefits and perceived barriers affecting self-efficacy can be recognized by the youth. This recognition can have a favorable effect on adolescent risk reduction and behavior modification that will increase an adolescents' choice for abstinence or delay in sexual debut until later years thereby reducing teen pregnancy and STD transmission.

Theme three: Adolescent learning is most appreciated by different approaches; skits, testimonials, interactive, and participatory activities. The youth have a desire to learn and reflect positively on their experiences at the sexuality retreat, both in formative responses and in the summative evaluations.

Comprehensive sexuality education program offers the best outcome for adolescents (Kohler, Manhart, Lafferty, 2008; Contraceptive Technology, July, 2007; Kirby, 2001; Hauser, 2004). It addresses the multiple factors influencing sexuality,

providing adolescents with the knowledge, motivation, tools, language, and insight to make informed decisions about sexual health.

Recommendations for further development include a published curriculum available for purchase to Christian organizations to aid in establishing and disseminating a comprehensive sexuality curriculum. Consideration will be given to a formal teaching program, offering certification to advanced practice nurses interested in facilitating comprehensive sexuality education. It is recommended that nursing programs offer immersion experiences or clinical rotations in adolescent health, particularly in advanced practice, to increase the number of experienced, competent nursing leaders in the field of adolescent sexuality. Publishing articles in both Christian forums and advanced practice journals will bring increased awareness to the importance of comprehensive sexuality education. Further research will be needed to evaluate the long term benefits to the participants in this program.

Reflecting on this project, the experience in co-authoring (Bowker & Wrightsman, 2005) and leading comprehensive sexuality education retreats for adolescents, I am greatly rewarded. I have grown through my experience with the youth and have recognized the appreciation and respect through the critical review of the participant's formative responses and summative evaluations. Because of this project, I have gained knowledge and greater understanding not only of the adolescent culture but have more clearly defined the importance of this work and the impact of sexuality education. Further, I have substantiated my position on comprehensive sexuality education through this retrospective analysis, research, and critical reflection.

In closing, the direction of sexuality education will require critical reflection on the benefits to today's youth, the impact on sexual activity, sexual debut, condom use, the incidence of STD's, teen pregnancy, and on society as a whole. My hope is through this retrospective analysis the benefits of comprehensive sexuality education have become more evident. The responses from the youth have provided support for the delivery of the sexuality education in a Christian environment, and that their desire to learn about matters related to sexuality is illuminated. Although abstinence is a goal for both groups: those supporting abstinence-only education and those supporting comprehensive sexuality education, a great division exists between the two approaches. The future of sexuality education is yet to be determined.

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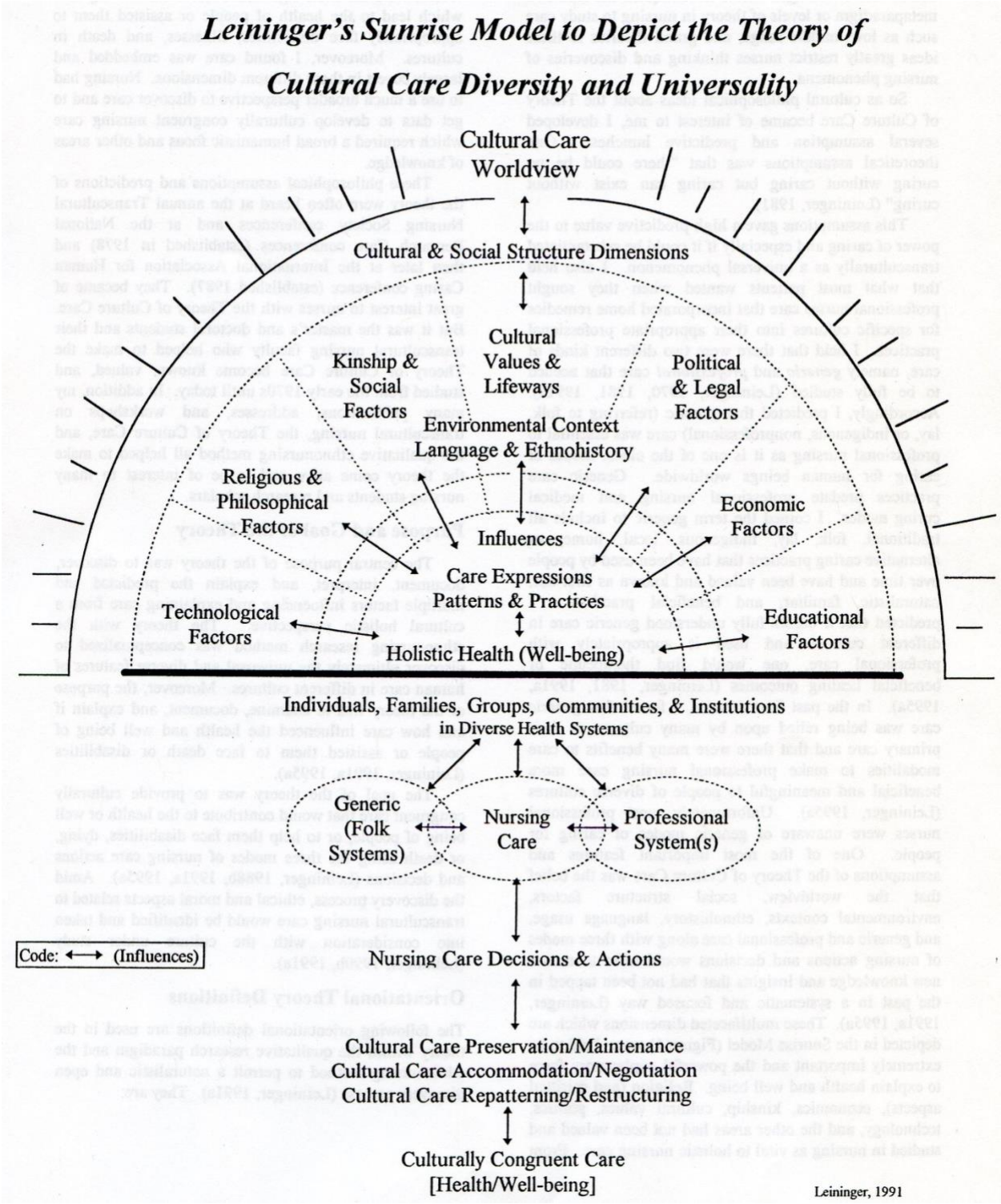
Appendix A

Leininger's Sunrise Enabler.



Appendix B

Parent Letter.
A Sample letter to the parents of ninth grade participants of the sexuality retreat.

Dear 9th Grade Families,

I would like to take this opportunity to give you a heads up on the upcoming **9th Grade PowerLife Confirmation Retreat (date)**. Our theme will be sexuality: discovering and discussing how our bodies, our spirits, our community, and our faith in Jesus Christ are important in understanding our sexuality. Dawn Bowker, a Nurse Practitioner who has led this retreat for the past (#) years and I will facilitate the weekend this year, along with the confirmation guides and some young adult leaders. We also want to be intentional about keeping parents involved in the discussion of this important topic. Therefore, please read through the below goals and plans for this retreat. We will be having a meeting for all parents and students on (Day, Date) at (Time) prior to class that night to provide you with details on the retreat and to answer any question you may have. Please plan on attending, as this retreat is an expectation for all 9th graders! Please contact me with any questions.
Pastor signature/contact information

9th Grade PowerLife Confirmation Retreat

Goals of the Retreat:

1. To discover that God and the Bible have a lot to say about sexuality.

2. To examine our knowledge, attitudes, and beliefs about sexuality and how these attitudes can impact us and our decisions, as well as how our faith speaks to these attitudes and beliefs.

3. To create a common language about sexuality and to create a comfortable environment in order to share our thoughts and feelings openly and freely and in trust.

4. To make more informed decisions about sexuality and our self and to better examine setting appropriate limits in dating behavior, based on our values.

5. To better understand and celebrate the differences in the way males and females think and behave in matters of sexuality and to understand what can be offensive to others.

Biblical Foundations and understanding we base this retreat on:

1. We are created wholly in God's image. Our bodies, our intelligence and our emotions are all gifts from God. We are gifts to be treated respectfully and with love.

2. Who we are as humans and as a part of God's creation is defined in part by our sexuality.

3. We live in relationship with one another and these relationships are also gifts from God to be treated respectfully with love. Part of the gift of love and being married is the gift of love through sex.

4. We are born into our baptismal relationship with God and that God forgives us if we ask.

Main scriptural support: Genesis 1:27, I Corinthians 6:19-20 and Psalm 139.

Curriculum Outline: In order to achieve the above goals, our schedule for the retreat will generally follow the curriculum outline below:

- **Topic #1—Let's see what you know!** A quiz to check out everyone's knowledge about basic human sexuality. Think you know it all? Prove it!
- **Topic #2—Media Influence**—Focusing on what society says about my body (such as music, TV, movies, and other media)

- **Topic #3—My Body as a Gift**—Focusing on why it is good (God made us and said we were "good"!) to have a body and why God created us uniquely with the body we have.
- **Topic #4—The Different Kinds of Love**—Defining the three types of love and understanding that relationship means not only physical but also emotional, social, intellectual, and spiritual aspects and degrees of commitment.
- **Topic #5—Common Sexually Transmitted Infections**—Examining six major infections that come from sexual contact and their effect on people.
- **Topic #6—My Spirit Self**—Focusing on God's gift of spirit and how we can be nurtured by God's Spirit and cooperate with God as He grows us spiritually.
- **Topic #7—My Community**—Focusing on how God wants us to act towards each other and why it is good to have community and relationships with others. Also, how our individual actions can affect the community indirectly in good and bad ways.
- **Topic #8—Dating and Healthy Relationships**—Focusing on what we value in different relationships – between friends, within dating relationships, and within marriage.
- **Topic #9—Male vs. Female, Gender differences and similarities**—Understand and celebrate the differences in the way males and females think and behave in matters of sexuality.

Appendix C

Components of the sexuality retreat curriculum.
The sexuality retreat is a comprehensive, Christian based sexuality education program that focuses on teen knowledge, attitudes, and beliefs about sexuality. This program is developmentally appropriate, grounded in Christian values.

Topic	Narrative Discussion	Rationale
Sexuality Quiz	The quiz is symbolically represented by a 'Map' providing a basic understanding that will guide and direct knowledge, terminology with an intent to prepare expectations of respect, language, anatomy and an awareness that questions and uncertainties are welcome.	• The sexuality quiz (Appendix D) addresses and stimulates dialogue with the youth regarding sexual boundaries, relationships, adolescent development, condom use and STD's. • A formative dialogue occurs with discussion and review of the quiz creating an open exchange of thoughts, ideas, clarification and knowledge. • The quiz is written so the students will not be likely to answer all of the questions correctly. Often the youth come to the retreat believing they know it all about issues of sexuality, believing they have learned this formally in school, from parents or informally from peers and social networks. • The quiz has questions about topics that likely have not been formally addressed with the students previously. These types of questions encourage openness to topics and are a way to acknowledge that no questions are off limits and respectfully, are deserving of an answer. • Through the quiz, the participants can do an informal assessment of their knowledge to language, anatomy, physiological and physical changes they may be experiencing in their adolescence.
Media Influence	Media influence is represented by a 'Compass' to help the youth navigate through the media. The adolescent culture is complexly entangled with media influences.	• The peer pressure and pressure to conform to the popular media is great and has an influence on how our adolescents perceive themselves by comparison. • Media influences can provide input to personal and sexual decision making for our youth. • The media glamorizes sex without discussing or acknowledging the negative consequences of sexual behavior. • The media sets an unspoken definition of what is considered the norm verses the reality of what is the norm.
You are God's Gift	You are God's Gift addresses each of us as being a special and unique person created by God and are represented by a	• This affirming session discusses body image and empowers the youth to look beyond physical appearance and addresses the challenges, society's pressures on our youth • The youth receive affirmation from peers,

	'Flashlight', illuminating who we are: *You Are God's Gift*. Eleanor Powell (n.d.) said, "What we are is God's gift to us. What we become is our gift to God."	reaching beyond materialism, outward beauty or popularity. • Focusing on personal strengths, this exercise also asks the youth to identify and share a strength they see in themselves. • This session includes testimony of a young woman who struggles with anorexia. She shares her journey of self-acceptance, self-efficacy and how her struggles affected her family, her peers and her self-identity.
Sexually Transmitted Infections	Sexually Transmitted Infections (STI's) are represented by a 'First Aid Kit' reminding us of the dangers that can be associated with sexual activity.	• This session provides an overview of STI's, prevention, basic genital anatomy. • It provides an interactive opportunity for the youth to formulate thoughts, reflect on decisions, consequences, and intentions regarding sexual activity. • The students are given one of six STI diagnoses and are referred to their specific "STI Clinic". At the clinic, (a table led by youth leader) the students are asked to prepare a poster of their STI for a peer presentation.
Dating and Healthy Relationships	Dating and healthy relationships is represented by a 'Safety Rope'. We symbolically ask the youth, "What are you going to hang onto? What is going to keep you safe when other tools fail? Do you know the boundaries of the rope and how to use it?"	• In addressing healthy relationships and boundaries in dating, we review dialogue and the importance of setting boundaries prior to being in a situation that could be emotionally or physically uncomfortable for them. • Discussion on respectful communication and actions, the influence alcohol or drugs and the alterations substance use can have on decision making processes. • We review at risk behaviors, risk reduction, the potential for unhealthy relationships and provide dialogue suggestions. • In an interactive, creative way, we discuss technology, and how technology can create superficial relationships. • Provide information on sexual violence, Rohypnol, the "rape drug" and an understanding that "No means No!"
Different Kinds of Love	Different kinds of love are represented by 'Matches'. Symbolically, we talk of using caution when playing with fire.	• A discussion on different kinds of love, what they mean, how we use and apply them to life and different relationships. • We differentiate between love vs. lust and provide a visual example to demonstrate the difference.
Reputation, Judgments and Stereotypes	This session is represented by 'Hiking Socks' suggesting that you can tell a "real" hiker by the proper gear and preparedness. What Are You Selling? This is the question we ask the youth when we address reputation, judgments, and	• We address issues of reputation, judgments, and stereotypes from a personal perspective, how it feels to be labeled by adults or peers and how the youth themselves may make judgments or apply stereotypes to others. • We discuss creating one's own reputation or stereotype and the how these can be affected by preparing, presenting, advertising, and acknowledging self and by asking, "What are you selling? What are people buying?"

	stereotypes.	
Worship	We end the evening with a candlelight Worship service, represented by a Bible. We discuss the Bible as our foundation and strength and the comfort that comes from an authentic relationship with Christ.	• Worship begins with music, engaging the youth in songs they are familiar with. • The youth leaders perform a powerful "Julie Skit" (Appendix E). This skit demonstrates symbolically many of the struggles experienced in adolescence. It is a visual expression of some of the social and peer pressures, challenges and temptations experienced by today's youth. It stimulates thought, conversation, self-reflection and is a beautiful lead into the candlelight service. • After the pastor presents the liturgy, we each write a confession on a black sheet of paper, asking for forgiveness we place it on the cross, giving it to Christ. • During the symbolic burning of our sins on the cross, we have a time of reflection and sing of His amazing love.
Male and Female (Gender) Differences	Male and female differences are considered the basic need and basic knowledge to understanding the other gender and are represented by the basic need of 'Food and Water'.	• This very dynamic, interactive session provides practical information about the basic differences in the way males and females think and behave in matters of sexuality and relationships • Multiple components include discussion on the differences in male and female body language, verbal and nonverbal communication, and definitions of personal space. • We then get up close and personal about what the other gender likes, doesn't like, we tell what we want them to hear about us and hear what they want to say about us!

Appendix D

Sexuality Quiz.
The sexuality quiz provides a basic understanding that will guide and direct knowledge, terminology with intent to prepare expectations of respect, language, anatomy and awareness that questions and uncertainties are welcome.

Pre-Retreat Quiz: Know it all? Prove it!

1. Adultery is:
    a. Sexual intercourse between a person and someone other than his/her legal spouse
    b. Sexual intercourse between two married persons
    c. Intercourse between two blood relatives

2. The definition of Coitus is
    a. Copulation
    b. Sexual intercourse
    c. Sexuality
    d. A & B

3. Conception is:
    a. Sexual intercourse
    b. A feeling
    c. Union of an egg and sperm to produce a new life

4. Genitals are:
    a. External sex organs
    b. Labia
    c. Penis
    d. All of the above

5. The definition of petting is:
    a. An illegal business in which someone is paid to engage in sex with someone else
    b. Sexual intercourse
    c. Sexual contact, excluding intercourse
    d. All of the above

6. Orgasm is:
    a. A climax of sexual excitement during sexual activity, accompanied by an ejaculation in the male
    b. The release of an egg from the ovary
    c. An object that reminds people of the penis

7. Hymen is:
    a. The soft folds of flesh surrounding the vagina
    b. The chemical secreted by the endocrine gland
    c. The thin membrane that covered the entrance to the vagina
    d. Two of the above

8. Puberty is:
    a. The genital region of the body
    b. The sack of skin containing the testes
    c. the time when a person is capable of reproducing
    d. all of the above

9. Masturbation is:

a. The period in a woman's life when menstruation stops
b. The act of stimulation one's own genitals
c. A deviant type of sexual behavior
d. Two of the above

10. Putting a condom on just before a man ejaculates can prevent
    a. Pregnancy
    b. Getting a STD
    c. All of the above
    d. None of the above

11. The male external organs include:
    a. Penis
    b. Scrotum
    c. Testes
    d. Two of the above

12. The stiffening of a penis as a result of sexual excitement is called:
    a. Frigidity
    b. Impotence
    c. Erection
    d. None of the above

13. The head or end of the penis is called the:
    a. Foreskin
    b. Erection
    c. Cervix
    d. Two of the above

14. A nocturnal emission is:
    a. A normal, involuntary discharge of semen
    b. A "wet dream"
    c. A depression in the abdomen
    d. Two of the above

15. The male reproductive organ which produces sperm behind the penis:
    a. Scrotum
    b. Penis
    c. Testes
    d. None of the above

16. The bag of skin containing the testes which hang behind the penis:
    a. Scrotum
    b. Penis
    c. Tests
    d. None of the above

17. The sticky white/yellow fluid containing sperm which is discharged from the penis during an ejaculation
    a. Discharge
    b. Sperm
    c. Semen
    d. Two of the above

18. The tube which sperm passes from the testes to the penis:
    a. Fallopian tube

b. Vas Deferens
c. Urethra
d. Two of the above

19. The discharge of semen from the penis at the climax of sexual excitement:
    a. Erection
    b. Fertilization
    c. Ejaculation
    d. Two of the above

20. The surgical removal of the foreskin of the penis:
    a. Castration
    b. Circumcision
    c. Coitus
    d. Two of the above

21. The external genital organs of the female:
    a. Vulva
    b. Vagina
    c. Ovaries
    d. Two of the above

22. The small mound of tissue just above the female urethra which is the center of sexual sensation in women:
    a. Labia
    b. Hymen
    c. Clitoris
    d. None of the above

23. The soft folds of flesh surrounding the vagina are called:
    a. Labia
    b. Hymen
    c. Clitoris
    d. None of the above

24. The passage in a female from the uterus to the outside of the body into which the penis is inserted during intercourse:
    a. Birth canal
    b. Vagina
    c. Uterus
    d. Two of the above

25. The female womb in which a fetus develops during pregnancy:
    a. Fallopian tubes
    b. Vagina
    c. Uterus
    d. Two of the above

26. The female reproductive organ which produces eggs and sex hormones:
    a. Ovum
    b. Ovary
    c. Fallopian tube
    d. Two of the above
27. The monthly discharge of bloody tissue from the uterus through the vagina:
    a. Menopause
    b. Miscarriage

c. Menstruation
d. None of the above

28. A small tight roll of absorbent material inserted into the vagina during menstruation:
    a. Band-aid
    b. Tampon
    c. Pad
    d. Two of the above

29. The tubes through which an egg passes from the ovaries to the uterus:
    a. Genitals
    b. Vas Deferens
    c. Fallopian
    d. None of the above

30. The neck of the uterus which opens into the vagina is called the:
    a. Clitoris
    b. Caesarian Section
    c. Cervix
    d. Two of the above

31. Petting and other sexually stimulating activities prior to intercourse:
    a. Frigidity
    b. Foreplay
    c. Adultery
    d. Two of the above

32. The total and most intimate sexual act between male and female is which the penis is inserted in its erect form into the vagina and moved back and forth until ejaculation and orgasm occur:
    a. Sexual intercourse
    b. Coitus
    c. Making love
    d. All of the above

33. Some signs of pregnancy include:
    a. Cessation of the menses
    b. Morning sickness
    c. Changes in size of breasts
    d. All of the above

34. During menstruation women should not:
    a. Participate in sports
    b. Swim
    c. Lift weights
    d. None of the above

35. There is “safe period” within a woman’s monthly cycle for sexual intercourse so that pregnancy doesn’t result:
    a. True b. False

36. A person can’t get pregnant if they only have intercourse once:
    a. True b. False

37. The man with a large penis is more sexually potent than the man with a small penis:
    a. True b. False

38. It is possible for couples to become locked together or stuck during sexual intercourse:
    a. True b. False

39. The perineum is:
    a. The area between the vagina and the anus
    b. The circular area around a women's and man's nipple
    c. The piece of skin under the tongue connecting the tip to the mouth
    d. The very tip of the penis

40. What increases a woman risk of cervical cancer:
    a. Early intercourse
    b. Increased number of partners
    c. HPV, a sexually transmitted infection
    d. All of the above

41. Herpes, causing lesion (sores) on the male and female genitalia can be transmitted by:
    a. Oral sex
    b. Anal sex
    c. Vaginal sex
    d. All of the above

42. Herpes is only transmitted when a lesion is present:
    a. True b. False

43. You can tell if someone has Condyloma /HPV by looking at their genitalia:
    a. True b. False

44. Most people who have Chlamydia have no symptoms:
    a. True b. False

45. Having a STD can reduce the chances of you having children later:
    a. True b. False

46. HIV can be spread by
    a. Anal sex
    b. IV drug use
    c. Oral sex
    d. Birth, from mother to baby

47. The most common way women are infected with HIV is through sexual intercourse with a man:
    a. True b. False

48. Condoms can prevent you getting:
    a. Herpes
    b. HIV
    c. Condyloma
    d. All of the above

49. Putting a condom on just before a man ejaculates can prevent:
    a. Pregnancy
    b. Getting a STD
    c. None of the above
    d. All of the above

50. Having a STD may prevent you from getting pregnant later:
    a. True b. False

Appendix E

Formative Questions.

Below is a comprehensive list of formative questions anonymously submitted by the participants during the sexuality retreat. The total number of inquiries were 107 questions and were obtained from 3 sexuality retreats from 2006-2009.

STD'S

46 questions asked related to STD's

42.9% of formative questions asked

If you want to get pregnant, how do you avoid getting an STD?
Does blood work or pap test detect the presence of an STD such as herpes, even if there's no outbreaks/physical symptoms?
If I think I have a disease and don't want to tell my parents, what do I do?
Why can diseases affect people our age or younger?
In what continent is the most STD's reported?
If two abstinent partners marry, is there still a small chance of getting an STD perhaps out of nowhere?
Is it possible to get every STD known to man?
If contacting HPV, does it mean my partner had multiple partners?
What does type 6, 11, 16, 18 mean on the Gardasil sheet?
Why is there disease?
How do most diseases start?
Can you spread herpes or any other ones by kissing?
Can you die from all the diseases?
Are these diseases really common because they really scare me?
I thought this was a very good way to learn about all of the STD's.
Is the HPV immunization for both men and women?
Is herpes genetic?
How did STD's get started?
Which one of these diseases do you mostly see as a nurse?
Could you get cold sores?
If you get cold sores, does that mean you have herpes?
If a baby gets herpes from the mom, how do the doctors find out they have it?
Do you have a higher risk of getting other STD's if you already have one?
If the person you are having sex with has an STD, can you still get it if you use a condom?
How would you find out someone didn't have any of them?
How is it that Chlamydia and other diseases occur at the same time? I'm scared.
It is a possible to get an STD without having sexual contact?
Is contact with someone else the only way of contracting and STD?
Are there any other STD's that can possibly kill you?
What can you do if you know your partner has an STD and you love him or her but don't want to get it?
Is there, for girls, any way to protect yourself from the scrotum?
How many of these can you die from?
Can an STD be transmitted from a man to another man—the same gender?
Does a pap smear and blood test detect these STD's?
At what age should you get your first pap, and when you get a pap, do they screen for STD's?
Are all cold sores herpes? Gross.
What age group experienced the most infections?
How many forms of STD's are there?
Can you die from HIV?
Can you die from herpes?
Can you die from an STD?

Can you die from AIDS?
How long do you live with AIDS?
How many STD's are there?
Will the rash from syphilis stay with you forever?
How long do you live with syphilis if it's untreated?

COMMENTS
16 comments were general statements related to the retreat
14.9% of formative responses

It is really gross.
Interesting experience. Gross, but we have to learn it. It is important.
All of this was very interesting.
That is nasty and scary.
The pictures are gross.
Great job of sharing information.
I think this activity and topic is good, and I hope that everyone learns at least one thing.
I learned stuff that I hadn't known before.
This retreat taught me a lot I didn't know and will help me later on.
I thought this was very informative. I think many people, including myself, learned a lot. Thanks for telling us this stuff.
Sex retreats are cool.
This retreat is very educational.
Sex retreats are Coooool!
You answered questions I could not ask
Who do I talk to if I have questions about this stuff after the retreat? I'm not comfortable talking with my parents.

SEX
9 questions asked related to sex/sexual activity
8.4% of formative questions asked

What is the definition of a virgin?
Does that does include anal sex?
What is the definition of oral sex?
I am scared to ever have sex.
Why does everyone stress abstinence when eventually it happens? Why not just talk about how to have safer sex?
Is it bad if you have already had sexual intercourse?
Is it wrong to want to have sex at this age?
I have already had sex, now what?
Can you address the aspects of promiscuity on one's ego and self-esteem?

CONTRACEPTION (Including Condoms)
7 questions asked related to contraception
6.5% of formative questions asked

Can a girl still get pregnant if she uses birth control?
Can an abortion affect future chances of getting pregnant?
If I want to get birth control and don't want my parents to know and don't have money, what do I do?
What's the best condom?
If the person you are having sex with has an STD, can you still get it if you use a condom?
Where do you buy condoms?
Are condoms expensive?

SEXUAL ORIENTATION
6 questions asked related to sexual orientation
5.6% of formative questions asked

Sexual orientation.
How do you know if you're gay?
Is being gay really a sin?
I have a lot of things about me that is like a boy a lot of me is like a girl. Does that mean I'm gay?
I think I am gay, who do I talk to.

PAP SMEARS
4 questions asked related to sexual orientation
3.7% of formative questions asked

Does a pap smear and blood test detect these STD's? (**)
At what age should you get your first pap, and when you get a pap, do they screen for STD's?
When should I get my first pap smear?
Are there test for guys like the pap smear?

MASTURBATION
4 questions asked related to masturbation
3.7% of formative questions asked

Is it a sin to masturbate?
Is it normal to masturbate?
When does masturbation become a sin, or is it always?
When is masturbation wrong?

PREGNANCY
4 questions asked related to pregnancy
3.7% of formative questions asked

Why are so many girls getting pregnant? Is it not having the knowledge status?
Can a girl still get pregnant if she uses birth control?
Can an abortion affect future chances of getting pregnant?
Does a guy having a kidney stone hurt more than a girl giving birth?

MISCELLANEOUS QUESTIONS
3 questions asked that did not apply to a specific category
2.8% of formative questions asked

Can you be born without any reproductive sexual organs?
Is it unhealthy to shave your pubic hair?
What are the symptoms of a yeast infection?

MENSTRUAL CYCLE
2 questions asked related to the menstrual cycle
1.9% of formative questions asked

Is it different for every girl for the time periods for periods?
How long before too long for a period to become dangerous?

RAPE/DATING VIOLENCE

2 questions asked related to rape or dating violence
1.9% of formative questions asked

Are we going to talk about dating, violence and rape?
Is it adultery if you get raped?

RELATIONSHIPS
2 questions were asked related to dating or healthy relationships
1.9% of formative questions asked

How do you know if a boy or girl likes you if they don't kiss you?
How do you know you're in an unhealthy relationship?

ABORTION
1 question was asked related to abortion
.93% of formative questions asked

Can an abortion affect future chances of getting pregnant?

BODY IMAGE
1 question was asked related to body image
.93% of formative questions asked

If I weight 105, am I underweight? I eat a lot but don't gain much. Is there anything I can do to gain more if I'm underweight?

Appendix F

Letter from Children's Minister/Parent.
Below is a letter electronically mailed to the church from the Children's Minister and her husband attended the sexuality retreat as adult guides. Their daughter was a participant in the sexuality retreat.

Tuesday, January 23, 2007 1:51 PM

Dear Dawn, Bob, and Sr. High Youth Team (Kari, Drew, Kelsey, Lauren B, Rachel, Lauren W)

Good Afternoon! Thank you, Thank You, Thank you for a great weekend of ministry! Todd and I wanted to let you know that as parents of Amber, and Guides of some of the awesome 9th graders, that we were incredibly impressed and beyond thankful for what you have taught our kids this weekend! We would like to say thank you for all the hard work, prayer, and preparation that you all put into this weekend. Dawn, you went beyond the call of a volunteer and put your whole heart into this and your professionalism made the difference! This clearly was a call to ministry for you! Bob, thank you for your team work with Dawn and for sharing your own self as well as biblical truths- it had a big impact. Youth Leaders your participation sealed this weekend, your help in the small group time and with the posters was exactly the added bonus and the instigator for some great discussion. This ministry weekend truly should be something we lift up for it's impact is life changing and life saving for some, if not all.

We're sending this also to our Pastor's and to Melinda for we want them to know the significance we feel this weekend had. We also would like to raise these individuals up and to give thanks to God for the blessing of these individuals, this retreat, and the gift that has been shared with our kids! We are proud to be a part of this awesome ministry team!

With much gratitude,
Todd and Laura Schultze

Laura Schultze, Children's Minister
"Plant A Seed of Faith, Grow a Life in Christ"

Appendix G

Julie Skit.

The Julie Skit demonstrates symbolically many of the struggles experienced in adolescence. It is a visual expression of some of the social and peer pressures, challenges and temptations experienced by today's youth. It is presented by the youth leaders during Worship at the sexuality retreat.

The Julie skit is adapted from *A Broken Heart Drama* by Linda Medill. In the first scene is Julie, a kindergartner, playing with her toys. She has an orange in front of her representing her heart. Satan and Jesus are shadows behind her. Julies mother asks to speak wither and tell her that Julie's parents are getting a divorce. The mother tries to explain to Julie what a divorce is and what it will mean to her. After her mother leaves, Julie reflects on her role in the divorce asks, "What's wrong? Doesn't' my daddy love me? Did I do something wrong? Why would he want to leave me and mommy? And mommy, does she love me?" Satan comes into the scene and introduces himself as a "friend." Satan tells Julie, he has some 'toys' that will make her feel better, hands her the "Root of Bitterness" (represented by a small twig). Satan encourages Julie to use the Root of Bitterness because it "will make the pain go away." Satan after explaining how to use the root of bitterness, Satan offers Julie another toy, the "Spike of Anger" (represented by a large nail). After explaining how to use the Spike of Anger, Satan offers one more toy to Julie, the "Jealousy Spike" (represented by another large nail). Again, shows her how to use this toy, then he offers her the last toy to young Julie, the toy of "Irresponsible Sex" (represented by a third nail) and explains that she can use this toy when she gets older. The first scene ends.

The second scene begins with Julie in third grade, armed with her toys Julie's heart is getting harder and harder as she plays with her toys. Sadly, Julie asks, "Will somebody love me?"

Jesus answers softly saying “I have known you since you were born, I made you, I care about you and I want to be your friend.” Then asks Julie for her toys, Satan domes back on the scene, offering Julie more two more toys, the “Glasses of Despair” (represented by sunglasses) and the “Spear of Blame” (represented by a fireplace poker). Satan tells Julie how to use these toys alongside jealously, anger, bitterness and irresponsible sex. The scene ends. In the third scene, Julie is now in eighth grade, friends come and go. Julie particularly notices Jeremy. Scene three begins with the introduction of Jeremy and Julie’s relationship the progression for three months. Jeremy tells Julie he loves her and asks for her toy, Irresponsible Sex. Reluctantly, Julie hands it to him and things in their relationship change after that, their relationship ends. Jeremy puts the spike through the orange (representing Julie’s heart) and hand them both back to her.

As Julie stands with the broken orange and used spike, Satan comes offering to help giving her a “Steel Shield” (represented by tin foil), wraps Julies heart in the shield and hands it back claiming her heart is “protected.” Satan hands her another toy, the “Walls of Busyness” (represented by headphones). Julie responds, “…I’m in the prime of my life. I’ve got friends. I’ll hit the shopping centers…” The scene ends.

Scene four is a conversation between Julie and Jesus. Jesus tells Julie, “I love you, I want to help you. I want to be your friend. Julie, I want your heart.” Julie responds “Don’t say that. Every time I give my away my heart, it’s broken…” Jesus asks for Julies toys, she gives Jesus the Root of Bitterness, Jesus says, “Julie, these are the thorns that stung my brow.” She hands to Jesus the three spikes, Jesus replies, “These are the spikes that pierced my hands and feet.” Jesus asks for the Spear of Blame, Jesus tells Julie, “This is the spear that pierced my side.” To the Glasses of Despair, Jesus says, “These

block you from the truth. I am the truth…" Julie stands back, holding only her heart, protected, Jesus tells Julie that he is always wither, knows her and tells her she is His beautiful creation. Jesus replaces her broken heart with a new heart and says, "I love you Julie, I will never leave you." Julie responds, "…I love you too Jesus."