

Dear Parents and Guardians -

In coordination with health class, we will be discussing sexual activity outside of marriage and the potential side effects. I will keep the discussion limited to the state of Ohio guidelines.

In accordance with Ohio Rev. Code 3313.6011,

“the board of education of each school district must establish a health curriculum for “all schools under their control.” The health education curriculum must include “venereal disease education,” which must emphasize that, “abstinence from sexual activity is the only protection that is one hundred per cent [sic] effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome”

“Additionally, it must:

- stress that students should abstain from sexual activity until after marriage;
- teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
- teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- stress that sexually transmitted diseases are serious possible hazards of sexual activity;
- advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock; and
- advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of sixteen pursuant to section.” (ORC 3313.6011

Your consent is required for such a sensitive topic. If you request your child to be excused from the discussion, please fill out, sign, and return to the office, the form below. I would further suggest that you take this opportunity to expand your thoughts on this topic to your children. Below are some links to resources that may be beneficial.

Thanks for your time,  
Laura Martens RN, BSN  
XXX\_XXX\_XXXXX  
Email address here

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\_\_\_ student’s name \_\_\_ has my permission to be excused from the sexual activity discussion.

\_\_\_ Parent’s/Guardian’s name \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Resource Links for parents: (to be included in letter)

Statistics:

<http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>

<https://www.healthypeople.gov/>

<https://www.news5cleveland.com/news/national/three-stds-reach-all-time-highs-in-the-us-new-cdc-report-says>

How to start the discussion:

<https://www.mayoclinic.org/healthy-lifestyle/sexual-health/in-depth/sex-education/art-20044034>

<https://www.healthline.com/health/parenting/ultimate-guide-to-sex-talk#when-to-talk>

[https://www.cdc.gov/healthyyouth/protective/pdf/talking\\_teens.pdf](https://www.cdc.gov/healthyyouth/protective/pdf/talking_teens.pdf)

Reference sites for students:

<https://www.cdc.gov/std/healthcomm/stdfact-stdriskandoralsex.htm>

<https://www.cdc.gov/std/gonorrhea/>

<https://www.cdc.gov/std/chlamydia/default.htm>

<https://www.cdc.gov/std/herpes/default.htm>

<https://www.cdc.gov/std/hpv/default.htm>

<https://www.cdc.gov/std/syphilis/default.htm>

<https://www.cdc.gov/std/infertility/default.htm>

<https://www.cdc.gov/std/pregnancy/default.htm>

Outline for teaching plan

## Model for my lesson planning: Danielson's Framework for Teaching: Domains and Components

### Planning and Preparation

- Based upon the NHES and content of material, lesson plans will be developed for Grades 9-12 (2007). Special education students, as deemed appropriate by staff and parents, will also benefit from participation. In an article by the NASN, students with disabilities benefit from sexual education. "Low levels of knowledge can impede the recognition of sexual abuse situations, safe sex practices, and the development of positive attitudes toward sexuality (2016)
- Estimated time for teaching: under 4 minutes, not enough time for a thorough and comprehensive teaching, but to start increasing awareness and incorporate positive health behaviors, then to be continued to discuss throughout health class and addressed throughout the year. According to Mason-Jones et al, in a systematic review of eight trials on the effects of school-based interventions for reducing HIV, STIs, and pregnancy in adolescents, "little evidence that educational programs alone are effective at reducing STIs or adolescent pregnancy" (2016). Therefore, teaching strategies will be in the form of a presentation, ways to facilitate changes in risky behavior throughout the year, and from parental support. (National Sexuality Education Standards, 2012). Per Ohio revised code 3313.603, all High School Students must take a half unit of health for graduation.
- Due to the sensitivity of the topic, students will be pulled out into small groups divided by sexes during health class. According to the Alberta Canada Health Services, "When students work in small groups, they think through an idea, present it to others so that they can understand and often exchange ideas and viewpoints. Students learn faster, remember what they've learned better and tend to be more positive about the lesson" (2019).
- Resources: collected under 2 ideas
  1. References that promote evidence-based teaching of sexual education and guidelines
    - Ohio laws
    - National Sexuality Education Standards
    - National Health Education Standards
    - Sekelman, et al

- NASN
  - Healthy People 2020 - In a systematic review of school based interventions
2. Credible resources to provide parents, staff, faculty, and students for obtaining information
- CDC
  - State Policies on Sex Education in Schools
  - Healthy People 2020
  - See letter to parents for further resources

### Classroom Environment

- Topic information sent home in a letter to parents, thus respecting cultural and religious preferences while meeting state guidelines of notifying parental units.
- By dividing the students into small gender groups the environment is less likely to provoke fear, threat and ridicule (Sekelman, 2019).
- To prevent interruption, office-staff covering will be notified that teaching is going on and only emergency situations should cause an interruption.
- Coordinate so that the teacher is present to deal with inattention and inappropriate comments. If the nurse has to be pulled then the health teacher can continue on with information.
- The space for teaching should be small. The room will be quiet, thus more conducive to learning. I will have a circular group of chairs around a table. This way I will not be threatening by standing over them.

### Instruction

- Per the learning pyramid, student's retention rate of information learned is lowest when utilizing straight lecture. I am utilizing a small discussion group of 6- 8 students to teach my topic. It has a higher retention rate of 50%, 24 hours after the information has been presented. It also optimizes an environment conducive to asking questions and engaging in the information presented.
- Incentive-based interventions that focus on keeping young people, especially girls, in secondary school may reduce adolescent pregnancy (Mason-Jones et al, 2016). I will keep this in mind when developing goals and outcomes.
- Pause and allow for silence for students to think rhetorically about the questions and process the information

- Incorporate multi-sensory approaches to instruction: Slides, discussion, statistics (later to be posted in places around school as a reminder), and student involved activities.
- I will utilize relevant statistical information to incorporate the Health Belief Model. Students are more likely to learn and change behaviors based on perceived susceptibility, severity, and benefits. Per FOSE, “Given that middle and high school students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. Debunking perceptions and highlighting positive behaviors among teens (i.e., the majority of teens are abstinent in middle school and early high school and when they first engage in sexual intercourse many use condoms) can further the adoption of health-positive behaviors” (2012).
- I will promote critical thinking and participation. “How do I feel comfortable saying no?” This facilitates the development of health enhancing behaviors and the impact of social/peer influences.
- My learning objectives will be support goals, reasonable/realistic, specific, measurable, prioritized. This will be captured in an anonymous post learn self-assessment. Evaluations of comprehensive sexuality education programs show that many of these programs can help youth delay the onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use (FOSE, 2012).
- Refer back to the Standards of Nursing Performance: 5B - Utilizing key ideas of health enhancing behaviors, social/peer influences, economic/gender/racial disparities in the statistical information provided. At this age, students are able to link not only the actions that put them at risk, but the gender/race/economic disparities that influence behaviors (FOSE, 2012).
- Instruction content reviewed with the National Sex Education Standards, and 2907.04 of the Revised Code.2 (see parent note) in a language and terminology that is appropriate to 9th graders. I will keep the statistics simple and concise so that it is better absorbed.

#### Professional Responsibilities

- Take time to reflect on teaching, especially after the first, to make any adjustments
- Maintain records - keep a copy of the lesson plan, statistics, and letters to parents
- After the teaching, I would make myself available to students, parents, and staff with further questions or concerns.
- Provide students with reliable/relevant resources to further address questions and concerns



## Lesson Plan for Teaching

**Completed by:** Laura Martens RN, BSN

**Subject:** Sexual Education

**Topic:** Potential Side Effects of Sexual Activity Outside of Marriage

**Type of Class:** In coordination with health class, students will be taken out of class to partake in a brief discussion. Students will be in groups of 6-8 and further divided by gender.

**Estimated time:** 4 minutes

**Grade:** formatted to fit the standards of grades 9-12.

**Enduring Understanding:** Students will learn that abstinence is the only 100% effective way to prevent STDs, HIV, and pregnancy

**Essential Question:** What can happen if I have sex outside marriage?

**State Learning Standard:** ORC 3313.6011

**National Learning Standard:** National Sexuality Education Standards and National Health Education Standards

**Title of Lesson:** Promoting Abstinence

**Purpose:** to promote the health and wellness of students by decreasing the rates of unplanned pregnancy, HIV and STDs

**Objectives:** By the end of the discussion, students will be able to verbalize 3 adverse outcomes of engaging in sexual intercourse before marriage.

**Outcomes:** Student's will take part in interactive discussion, role-play effective strategies to resist sexual activity, and take post assessment quiz.

**Strategies to Assess Baseline Knowledge:** Will be used in conjunction with health class and start discussion with group sticky note board of all the known effects of sex before marriage. Each child will place a sticky note on board.

### **Procedure and Activities:**

1. Sticky note board of all the known side effects of sex before marriage. I will add any key missing components: STDs (singled out if necessary, ie Chlamydia, Gonorrhea, etc), HIV, HPV, and pregnancy.
2. Statistics via slides. Give some perspective to the students on the incidence and rates of occurrences. Along with slides, I may print out statistics and post around school throughout the year, to keep the students thinking.
3. Role play. I will develop situations based off peer/social/economical/gender influences and students will work together to utilize health enhancing behaviors.
4. Post Assessment on a sheet of paper. No name necessary. 5 true or false statements for students to answer.

**Strategies to Assess Readiness to Learn:** will work in collaboration with health teacher according to where students are in the health unit. Initial interaction is simple

with sticky notes and I build upon what they tell me. We can keep it basic, or dive into more detail with specific STDs if there is a question or need for understanding/clarification.

**Planning for Diverse Learners:** As seen above in my Danielson's model of learning, I incorporated my teaching into a discussion per the learning pyramid recommendations. I diversified my content delivery and incorporated the students into the presentation. As for special education learners, as cited earlier, they too would benefit from discussion.

**Materials and Resources:** links to evidence based resources provided to parents and students - see above. See References below for my cited sources.

### **Reflection on Teaching**

**Effectiveness:** How did the students perform on the post-assessment. Were they engaged?

**Personal Reflection:** Feedback

Did I have enough time? Did I have too much or little material? Was it age appropriate and able to be comprehended?

## Sex Statistics:

Data from the 2015 Youth Risk Behavior Surveillance Survey (YRBSS) indicated that, among high school students, 41% have had sexual intercourse at least once; and 30% had sexual intercourse in the three months prior to participating in the survey. CDC

A separate survey conducted during 2007-2010 found that 33% of teenage girls and boys aged 15-17 years reported having had oral sex with a partner of the opposite sex. cdc

## Pregnancy

The US has one of the highest teen pregnancy rates in the industrialized world. Each year in the US, more than 750,000 women ages 15–19 become pregnant, with more than 80 percent of these pregnancies unintended. FOSE 2012

Roughly 1 in 4 girls will become pregnant at least once by their 20th birthday. NCSL 2015

Teenage mothers are less likely to finish high school and are more likely than their peers to live in poverty, depend on public assistance, and be in poor health. Their children are more likely to suffer health and cognitive disadvantages, come in contact with the child welfare and correctional systems, live in poverty, drop out of high school and become teen parents themselves. NCSL 2015

Data suggest that teen fathers attend fewer years of school and are less likely to graduate from high school. CDC

## STDs

In addition, the rates of sexually transmitted infections (STIs) are at an unprecedented high in the United States, and more than half of newly acquired infections occur among adolescents and young adults (CDC, 2016b).

CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. **Healthy People 2020**

Human papillomavirus is the most common STI among teens; some estimates find that up to 35 percent of teens ages 14 to 19 have HPV. NCLS 2015

Most cases of cervical cancer are caused by [human papillomavirus \(HPV\)](#). HPV also causes many cancers in other parts of the body, such as the oropharynx (the base of the tongue, tonsils, and the back of the throat), vagina, vulva, penis, anus, and rectum, although it doesn't always cause cancer. You can get HPV by having sex with someone who is infected with it.

Girls age 15 to 19 have the highest rates of Gonorrhea and the second highest rate of Chlamydia of any age group. Young males also get STIs, but their infections often are undiagnosed and unreported because they are less likely to have symptoms or seek medical care. NCLS 2015

Per Healthy People 2020, Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disadvantaged people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.[10, 11](#)
- **Substance abuse.** Many studies document the association of substance abuse with STDs.[12](#) The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.[13](#)

- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex.<sup>14</sup> These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a lower-risk network

HIV: is preventable and with early diagnosis can preserve a person’s health and decrease the transmission to others by 93%. Healthy People 2020

And young people ages 13–29 account for about one-third of the estimated 50,000 new HIV infections each year, the largest share of any age group. Centers for Disease Control and Prevention.

Per Healthy People 2020, In 2015:

- 81% of annual HIV diagnoses occurred in men.
- More than half occurred in gay and bisexual men, regardless of race or ethnicity.
- 45% of annual HIV diagnoses occurred in African Americans, 27% in whites, and 24% in Hispanics/Latinos

In tweeking my lesson plan and realizing how quickly 4 minutes will pass, I want to focus on the highlighted statistics. I may, throughout the year, incorporate the other data by posting in bathrooms and to keep the kids thinking and aware. **However, I want my time spent on the ideas of not everyone is having sex, consequences are long-term, certain people are more likely to be presured into having it, and ways to promote healthy behaviors.**

Post Assessment Questions: Number the paper one to five. Do not need to write your name. Answer these questions.

1. Having sex before marriage may have negative, life-long consequences on me.  
True
2. If I had a child in my teenage years, the child would more than likely have a wonderful, productive, and healthy life.  
False
3. STDs, pregnancy, and HIV are potential risks with having sexual relations before marriage.  
True
4. All kids are having sex in high school.  
False
5. I am safe from all consequences because oral sex is safe.  
False

Below are the NSES, after completing my lesson plan and outlining my teaching model, I wanted to confirm I addressed all the recommended guidelines.

“The National Sexuality Education Standards recommend that an evidence-based sexual health education program include the following characteristics (FOSE, 2012, p.9):

- Focuses on specific behavioral outcomes; abstinence
- Addresses individual values and group norms that support health-enhancing behaviors; done by role playing
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors; done by utilizing statistics
- Addresses social pressures and influences; seen in statistics and discussed via role playing
- Builds personal and social competence; role playing
- Provides functional knowledge that is basic, accurate and directly contributes to health-promoting decisions and behaviors; sticky note wall and post assessment
- Uses strategies designed to personalize information and engage students; incorporated as many learning styles as possible in the form of a discussion and incorporated the students whenever possible
- Provides age- and developmentally appropriate information, learning strategies, teaching methods and materials; NHES 9-12
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive; yes, given the sensitivity of the subject, parents also notified
- Provides adequate time for instruction and learning; 4 minutes not enough time to teach all about sex ed. But focused on pertinent statistics and information to allow students to absorb information
- Provides opportunities to reinforce skills and positive health behaviors; post assessment and role play
- Provides opportunities to make connections with other influential persons; role play
- Includes teacher information and plan for professional development and training to enhance the effectiveness of instruction and student learning” (FOSE, 2012, p.9): self reflection, outlined Danielson’s domains and developed lesson plan, and found relevant evidence-based practice teaching strategies for sexual education.

Standard 5B : Health Teaching and Health Promotion (Selekman et al, 2019)

- Provides opportunities for the student and school community to identify needed healthcare promotion, disease prevention, and self-management topics. Identified by state of Ohio guidelines
- Engages health promotion/teaching in collaboration with the student's values, beliefs, health practices, learning needs, developmental level, readiness to learn, culture and socioeconomic status. Cultural sensitivity addressed prior to teaching in note home to parents, and regulated based on abstinence per ORC. Readiness to learn is assessed in health class and their knowledge demonstrated in sticky note wall board. Learning needs addressed: discussion form, small group, split by sexes, "hands on" involvement by students
- Uses feedback and evaluations for the students to determine the effectiveness of the employed strategies. Demonstrated initially with sticky note wall to assess what they already know and then done with post assessment.
- Utilize technology. Utilized in data collection, most recent, up to date statistics and in slides
- Provide students and families with information about potential adverse effects. Addressed in sticky note board and statistics. Parents given further web links.
- Engage consumer alliance and advocacy groups. Referenced highly regarded organizations and programs. CDC. Healthy People 2030
- Provide anticipatory guidance to students to reduce risk and/or prevent negative health outcomes. Relates to the entire topic. How having sex before marriage can have serious, life-long consequences? Additional resources given to students for further questions, along with contacting school nurse.
- Promote health, wellness and safety through education. My lesson plan
- Collaborate with other school health professionals and family. Work in conjunction with the health teacher.
- Promote health principles the WCCC and 21st Century School Nursing Practice. Tried to address the learning needs, cultural/social/economic disparities, and a student's environment while teaching lesson.
- Evaluates health information resources for accuracy, readability, and comprehensibility. Seen above in my Domain outlining
- Serves as the primary resource. Shown in my discussion and further labeled in my contact letter to parents and a student's further need for counseling.
- Conducts personalized health teaching and counseling considering comparative-effectiveness research. Illustrated in my development of statistics. Tried to pick the ones with the most impact and application.
- Participates in the evaluation of health curricula, instructional materials and activities. Illustrated in all notes in green. They are my self reflecting.



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