A STRATEGY FOR A SUCCESSFUL CHRISTIAN SEXUAL EDUCATION MINISTRY IN THE AFRICAN AMERICAN CHURCH

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A STRATEGY FOR A SUCCESSFUL CHRISTIAN SEXUAL EDUCATION
MINISTRY IN THE AFRICAN AMERICAN CHURCH

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This dissertation is dedicated to:

The grace of God, My Lord and Savior Jesus Christ, and the guidance of the Holy Spirit whom has been with me even when it did not seem like it…

My unconditionally loving wife, Tisa, who believed in me and encouraged me with love and support… I love you so much!!!

My children, April, Darryl II “DJ”, Michael and Kennedy, for being the best children I could ever ask for…

My mom, Louise for working so hard to give me all you could so I could succeed…

My sister Darsha who is so close to me people think we are twins…

My grandmom, Ida Kate Bridges (Mudear) for raising me in a Christian home and showing me the importance of putting God first in my life, and for being my lifelong prayer warrior!

My aunts, Vickie, Joan, Neicy for supporting me during my early years when your love for me was more than you can imagine…

My uncle, Milton, who has been more like my big brother and probably, was the birth of this project for what he taught me during my youth…

My extended family and friends who are so many to name…


My churches, Moses Chapel AME Church, Macedonia AME Church, Mount Nebo Baptist Church and Life Center and Pleasant Hill Missionary Baptist Church who supported and/or prepared me to I pursued a Doctor of Ministry degree…
ABSTRACT

A STRATEGY FOR A SUCCESSFUL CHRISTIAN SEXUAL EDUCATION MINISTRY IN THE AFRICAN AMERICAN CHURCH.

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Liberty Baptist Theological Seminary, 2011
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A review of current literature demonstrates that very little material is available to assist churches on how to effectively communicate on the subject of sexuality in the African American church context. The purpose of this project is to illuminate the African American Church regarding the nature of this project on sexuality in the African American Church, its common elements, and an effective strategy for preparing a project. By applying a strong understanding of current and past literature reviews, surveys and questionnaires sent to homes and churches, in addition to interviews and workshops, the project reviews historical African American Church perspectives and present African American Church and personal perspectives regarding the project. This project will be more than a paper. This will be a practical application that would become a program model consisting of tangible items to create accountability to the African American Church. Furthermore it reviews the elements which are common to most projects, and offers practical advice regarding the successful preparation of these elements.

Abstract Length: 165 words
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CHAPTER 1
INTRODUCTION

Without exception, in ministerial associations and ministry conversations, pastors and laity of churches are frustrated and unprepared to address sexual education methods that are both effective and economical. In the current economic climate, churches are quite conscious about image and expenses. However, pastors want to have ministries that are effective, cost efficient and budget minded. The author has pastored for five years and has many acquaintances with the frustration of the African American church lack of teaching on such a vital topic as sexual education. This project will offer vital information to help African American churches deal with sexual education within the economic confines of the church. Based on enthusiastic response and interest shown in conversations and correspondence, it appears that churches are looking for the kind of answers this project will provide.

This paper offers a critical examination of spiritual, personal and social dimensions of human sexuality, an investigation into the meaning of sexual justice for church and society, and an opportunity to frame a constructive social ethic of sexuality for “keeping body and soul together” in these times. The author’s goal is that readers will have a deepened awareness of personal, social, cultural, and religious dimensions of sexuality, especially as these affect selfhood and community. Also by exploring the meaning of sexual justice for church and society; this paper will critically use appropriated insights from various sources, including scripture, tradition, social and natural sciences, and the Christian womanist movement.

1 Kelly Brown Douglas, Sexuality and the Black Church: A Womanist Perspective (Orbis, 1999), Ch 2 (Stereotypes, False Images, Terrorism: The White Assault Upon Black Sexuality).
Statement of Purpose

This paper will help readers achieve the following goals: Increase knowledge of contemporary theology of sexual education, cultural, social, and ethical realities in which the African American churches live and respond. Furthermore, this paper will enable the reader in gaining the ability to act with moral sensitivity and advocate for compassion and justice in personal, congregational, and community settings; and experience opportunities for developing a prophetic voice within a variety of social and cultural contexts and engage in critical and constructive theological reflection.

Sex and its relationship to a meaningful spiritual life is a topic largely ignored, greatly disparaged in Eurocentric teachings in particular African American Churches, and largely misrepresented in the media and society. Nonetheless, this disconnection is a burning issue which exists just below the surface of our consciousness, confronting us all, whether religious, spiritual, or unbeliever. We live in a society where we are bombarded by sex and, unfortunately, religion has failed to put sexuality in any useful context (outside of marriage and procreation), while our communities and societies are ravaged by HIV/AIDS, unplanned pregnancies and widespread sexual abuse and dysfunction. The media has taken this sexual disconnect created by religion and turned it into a psychologically loaded abstraction of absurdity. Sexuality has been redefined to body parts and sexual acts.

The tragedy of this is the widespread application using media induced frames of reference to their lives and relationships. Which have resulted in the sexual pathology that surrounds us. We are living in the eye of a storm! Can the African American Church talk about it? As quiet as it's kept, sex fails to define true relationships, the meaning we bring to the sex and sexuality that does not affirm or honor our greatest selves which currently dominate our
relationships. This disconnection shown between sex and spirituality had its origin in Greek philosophy. This heavily influenced early Christian thought and continues to do so as an influence on early Christian dogma in society today. In, Sexuality and the Black Church", author Kelly Brown Douglas says:

“Christianity gradually became influenced by the aspect of Greek thought that denigrated the body and fostered a profound split between the body and the spirit. She goes on to say that in Greek philosophy ...the body [was] the home of the irrational passions of man." Sex was viewed as corrupt when it emerged from passion. This divide was further compounded by misogynist, sexist messages, fueled by religion that vilified women and has created the flagrant double standard that exists in attitudes regarding the sexual expression of men and women. "

We are sexual beings by our identification of male and female sexual body organs. It was a sex act that allowed the conception of us. This is whether we are abstinent, celibate or sexually active. Our sexual urges are an expression of our humanity. “Sex, in the opinion of the author, was not created to be as an encumbrance, a trap, or impede spiritual growth. What a dishonorable concept of the Creator does this foster? This is man creating God in his own image with all of man's prejudices and irrationalities. Ms Douglas explains:" Spirituality concerns a person's connection to God and, thus, inevitably involves her or his sexuality. "...sexuality is that fundamental dimension of human beings that governs intimate, sensual, affective, emotional, and sexual relationships. Human sexuality and spirituality are inextricably linked because it involve a person's relationship to God"

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2 "Sex, Religion and Spirituality" on "Heart of the Matter, the Relationship Magazine on blogtalk internet radio, www.blogtalkradio.com/the-flow. Incorrect form
3 Kelly Brown Douglas, Sexuality and the Black Church: A Womanist Perspective (Orbis, 1999), Ch. 2 (Stereotypes, False Images, Terrorism: The White Assault Upon Black Sexuality).
4 "Sex, Religion and Spirituality" on "Heart of the Matter, the Relationship Magazine on blogtalk internet radio, www.blogtalkradio.com/the-flow."
“We live in a society where our humanity has been relegated to strictly defined compartments causing too many to lead lives of desperation struggling to fit in. Reconciling the sexual/spiritual divide, discovering the sexual you is part of the human development process, a realization of which we are as a unique individuals made in the image and likeness of the Creator. Human sexuality is what provides men and women with the capacity to enter into relationships with others. Sexuality is the dimension of humanity that urges relationship. Sexuality is a gift from God that, if properly appreciated, helps women and men to become more fully human by entering relationships. Sexuality thus expresses God's intention that we find our authentic humanness in relationship.”

Some discover their sexual selves and are empowered by it, many, due to the religious/social stigma placed upon sex, drown in a sea of shame, guilt and spiritual, infirmity, even within the confines of marriage or a committed relationship. African American religious tradition is beginning to affirm that sex is a divinely bestowed blessing for the purpose of expressing love, generating new life, and providing companionship and pleasure. Religious tradition recognize the unique role that a faith community can play in helping adults live in a manner that reflects the holiness within each person and within relationships. Religious tradition celebrates the goodness of creation, including our bodies and our sex. Religious traditions affirm that we are co-creators of a world that affirms justice, love, and rightful relations. Religious traditions “recommitted to understanding sexual pleasure as a moral good rooted in the sacred value of our sensuality and erotic power”. The author believes that in our relationships with others we understand God’s love for us. It is in our sexual experience we come closer to revealing our true selves to others.

5 Ibid.,
Every faith community in America, whether progressive, conservative, liberal and evangelical are called to address the often ambiguous education on sex and its relationship to the needs of congregations. All church leaders counsel parishioners who are struggling with sexual issues. Nearly every faith community should understand the sacred gift of sex can be abused or exploited. Lack of understanding can lead to domestic violence, adolescent pregnancy, sexual abuse, sexual harassment, homophobia, sexism, and sexual exploitation. African American churches have recognized the importance of sex education for their teenagers; some have made a commitment to lifelong sex education. Denominations and Non Denominational African American churches have struggled with issues related to sexual orientation, with a few voting to ordain gay, lesbian, bisexual, and transgendered clergy and to perform same-sex unions. Many African American denominations have been roiled by cases of sexual misconduct by clergy. “The reality is, in the words of Reverend Cynthia Breen, that sexuality is simply too important, too beautiful, and too potentially dangerous to be ignored in a religious community.  

Religion and sexuality are central to the lives of most adults in America. More than eight in ten American adults say that religion is important in their lives and more than six in ten say that it is very important to them. More than four in ten Americans attend a worship service weekly and six in ten do so monthly. “A third of adults participate in religious education programs, and a third do community volunteer work through their congregation.”

Congregations are surrounded by sexual messages in the television that are watched, the movies are attended, the music that is heard, and the constant use of sexual images in

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advertisements. “The vast majority of American adults, whether single or married, heterosexual or homosexual, are sexually involved: only ten percent of men and only thirteen percent of women did not have partnered sex in the past year. Ninety-seven percent of men and eighty-six percent of women think about sex at least a few times a week or a few times a month or more; nearly half of men and one in five women report thinking about sex every day or several times a day.”9 Religious leaders recognize that they need to do more. Clergy are supportive of increased involvement in sexuality issues. According to an 1998 survey of nearly 500 clergy by the Religious Coalition for Reproductive Choice, ninety-five percent agree that individuals can benefit from dialogue within the congregation about sexuality issues, and eighty-five percent agree that it is appropriate to speak about sexuality from the pulpit. Ninety-eight percent agree that it is appropriate to speak about sexuality in adult education settings, and ninety-five percent think it is appropriate for religious schools or youth groups. “Seventy-five percent consider the lack of religiously based sexuality education a serious problem in their faith community.”10

Moreover, people want their religious institution to help them with sexuality issues. For example, in a study conducted by the United Church of Christ, more than eight out of ten members said they looked to their church as a resource on sexuality-related decisions and concerns. Sex is God’s life-giving and life-fulfilling gift. We come from diverse religious communities to recognize sex as central to our humanity and vital to our spirituality. We are speaking out against the pain, brokenness, oppression, and loss of meaning that many experience about their sex. Our faith traditions celebrate the goodness of creation, including our bodies and our sexuality. This sacred gift is less valuable when abused or exploited. However, the great

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promise of our hope is love, healing, and restored relationships. African American culture needs a sexual ethic focused on personal relationships and social justice rather than particular sexual acts. All persons have the right and responsibility to lead sexual lives that express love, justice, mutuality, commitment, consent, and pleasure. Grounded in respect for the body and for the vulnerability that intimacy brings, this ethic could foster physical, emotional, and spiritual health. It accepts no double standards and applies to all persons, without regard to sex, gender, color, age, bodily condition, marital status, or sexual orientation. God hears the cries of those who suffer from the failure as a result of the religious communities to address sex. We are called today to see, hear, and respond to the suffering caused by violence against women and sexual minorities, the HIV pandemic, unsustainable population growth and over-consumption, and the commercial exploitation of sexuality Faith communities must therefore be truth seeking, courageous, and just. They must call for: Theological reflection that integrates the wisdom of excluded, often silenced peoples, and insights about sexuality from medicine, social science, the arts and humanities. Additionally, there must be consideration of full inclusion of women and sexual minorities in congregational life and ordination. Sexuality counseling and education throughout the lifespan from trained religious leaders. Support for those who challenge sexual oppression and who work for justice within their congregations and denomination. Furthermore, Faith communities must also advocate for sexual and spiritual wholeness in society. Lifelong, age appropriate sexuality education in schools, seminaries and community settings and a faith-based commitment to sexual and reproductive rights, including access to voluntary contraception, abortion, and HIV/STD prevention and treatment in addition to religious leadership in movements to end sexual and social injustice. God rejoices when we celebrate our
sexuality with holiness and integrity. The writer invites faith communities to join in promoting
sexual morality, justice, and healing.

Statement of the Problem

When a pastor is looking for a way to be successful in his or her ministry, they invariably
will look for the answer in one of a number of places; in books, at conferences, through other
ministers, etc. There are factors for success in ministry. It has always been difficult to bridge the
gap between the many varied opinions for success in ministry. This study will attempt to bridge
those gaps and give workable, tangible principles to be a success in a sexual education ministry.
In his or her endless search for answers, the minister will accept one extreme of sexual education
ministry without knowing what the other extremes are. This study will show that there are
different ideas and views toward the various aspects of sexual education ministry. A synthesis of
these views and ideas will be the most advantageous, ministerial productive, and spiritually
fruitful. African American historical understanding of sex is one of desexualization because of
slavery and the teachings of Paul that often contradicts the African American Church. Therefore
for years, what has been seen as a gift from God has not always been the case in the African
American community. Sex has often been seen as a negative experience among African
Americans. The experience of being treated as objects from the period of slavery until this
present age. The media portrays sex as anything except a gift from God to the African American
community. This picture of sex has made its way into the African American Church.

In the African American church the subject of sex is still considered taboo. The issues of
rape, molestation, homosexuality, infidelity and unprotected sex are hardly ever dealt with from
the church leadership. Hence, the African American church community is losing the battle to
HIV/AIDS. Once this church community begins to face this serious and delicate issue we will see many perish. One issue that is really crying out for attention is the appropriate response to African American males who are considered to be on the downlow. It is crucial that the African American churches understand what HIV/AIDS Awareness. Definition of terms used in this study were gathered from the Religious Coalition for Reproductive Choice (National Black Church Initiative www.bcircrc.org) to avoid any confusion and to eliminate any double meanings with certain terms, the following definitions have been made:

Special Terminology

Abortion: The termination of a pregnancy

Abstinence: Not engaging in sexual intercourse (oral, vaginal, anal)

Adolescence: The period of life from puberty to maturity (approximately ages 12 to 20)

Adultery: Voluntary sexual intercourse between a married person and someone other than his or her spouse

Age-Appropriate Information: Information that is geared to the current mental, physical, emotional, and social maturity level of young people and to prepare them for the next stage of development

Age of Consent: The legal age that one is considered old enough to give their consent to have sex; varies from state to state

AIDS (Acquired Immune Deficiency Syndrome): A disease caused by HIV, the human Immunodeficiency virus, which weakens an infected person's immune system over time; when HIV infection advances to a certain point, it is called AIDS

Ally: A member of the dominant or majority group who works to end oppression through support of and by advocating for the rights of an oppressed population

Anal Sex: Sexual stimulation of the anus

Birth Control: The use of any practices, methods, or devices to prevent pregnancy from occurring

Bisexual: A person who is romantically and sexually attracted to both males and females
Body Image: One's perception of and attitudes toward their own body

Chastity: Being chaste; abstaining from premarital intercourse and restricting intercourse to marriage

Chlamydia: A very common bacterial infection spread through sexual contact that can cause sterility in both men and women

Commitment: The act of binding yourself, intellectually, emotionally, and/or spiritually, to a course of action, such as to a marriage

Comprehensive Sexuality Education: As described by SIECUS (Sexuality Information and Education Council of the United States), it is education that helps youth to develop into sexually healthy adults; includes broad based information on sexual development, reproductive health, interpersonal relationships, affection, intimacy, body images, and gender roles; includes a focus on abstinence is promoted as well as protective sexual health measures

Condom: The male condom is a thin sheath (latex is best) that is placed over the erect penis before penetration, preventing pregnancy by blocking the passage of sperm; the female condom is a lubricated polyurethane sheath shaped similarly to the male condom that is inserted into the vagina

Contraception: Any device, drug or practice that is used to prevent pregnancy

Covenant: A binding agreement made between two or more persons

Cross-Generational: Across or between members of two or more generations

Cunnilingus: Oral sex performed on a female's genitals

Date (Acquaintance) Rape: Sexual assault committed by someone known to the victim, such as a friend or an acquaintance

Dependency: In relationships, this is a lack of independence and self reliance which often leads someone to go along with any kind of treatment in order to hold on to a partner

Dialogue: A conversation or exchange between two or more people that allows them to hear each other's point of view, learn from each other, exchange ideas, and together explore many facets of a particular topic

Discrimination: Denial of justice or fair treatment

Disproportionate: Out of balance in quantity or representation
Downlow: An African American term that describes African American men who secretly have sex with men and at the same time be in a heterosexual relationship with women, and they don’t consider themselves to be homosexual.

Ethnic Group: A group of people historically connected by a common national origin or language

Fellatio: Performing oral sex on a male's genitals

Freedom of Choice: The right of an individual to make decisions by and for themselves and the responsibility to live with the consequences of those decisions

Gangsta Rap: A dominant subgenre of rap that includes themes of gang-related violence, pornography, and angry/violent lyrics

Gay: A popular term used to describe people who are romantically and sexually attracted to their own gender; more often used as a term for men

Gender: Often used interchangeably with the term sex, meaning male or female

Gender Role: The outward expression of your sense of your own maleness or femaleness as defined by your society and culture

Genitals: The external human reproductive organs

HIV (Human Immunodeficiency Virus): The virus that causes AIDS by weakening a person's immune system

Herpes (Genital): A highly contagious, sexually transmitted infection of the genital and anal regions caused by the herpes simplex virus and characterized by small clusters of painful lesions

Heterosexual: A person whose romantic and sexual attractions are to members of the opposite sex

Hip Hop: An art form and culture started in Jamaica during the 60's where a DJ would spin and cut the wax (record) and a MC would sing or shout or dub poetry over it; eventually moved to the states, specifically New York City by Kool DJ Herc in the mid 70's and became known as rap; the culture of hip hop is a socio-economic-political statement of identity expressed by urban youth in dress, language, art, entertainment and life style*

Homosexual: A person whose romantic and sexual attractions are to members of the same sex

Hormones: Chemical substances produced by the body that regulate many body functions

Immune System: A complex biological system that helps protect us against infections and foreign substances
Impregnate: To fertilize a woman's egg with sperm; to cause a pregnancy

Incest: Any sexual contact between a child or adolescent and a person who is closely related or perceived to be related, including step-parents and live-in partners of parents

Initiate a Conversation: To start a conversation with someone; to bring up a topic with someone

Lesbian: A popular term used to identify women who are romantically and sexually attracted to other women

Molestation: The act of subjecting someone to unwanted or improper sexual advances or activity (especially women or children)

Mutuality: A reciprocal relationship between two people meaning that they each feel the same way about each other and treat each other in similar ways

Objectification of Women: Viewing women as sex objects; focusing primarily on their physical characteristics rather than seeing them as human beings with feelings, opinions, capabilities, and rights; this contributes to violence against women because it is easier to abuse an object than a person

Oral Sex: Contact of the mouth or tongue with a partner's genitals during sexual contact.

Post-Traumatic Stress Disorder: An anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened

Premarital Sex: Having sex before being married

Procreate: To produce or create; to beget (offspring)

Puberty: The period during which adolescents reach sexual maturity and become capable of reproduction

Rap Music: A black cultural expression that prioritizes black voices from the margins of urban America; a form of rhymed storytelling accompanied by highly rhythmic, electronically based music; began in the min-1970s in the South Bronx in New York City as a part of hip hop, an African-American and Afro-Caribbean youth culture composed of graffiti, break-dancing, and rap music; has articulated the pleasures and problems of black urban life in contemporary America

Rape: Any kind of sexual intercourse (vaginal, oral, or anal) that is committed without the person's consent or is committed with physical force or with a threat to hurt the victim or another person
Safe sex: Expressions of sexuality, such as hugging and kissing that do not involve sexual intercourse and the exchange of body fluids

Safer sex: Intimate sexual contact in which partners reduce their risk of contracting STD's by using protection such as a condom

Same Gender Loving: Being romantically and sexually attracted to members of the same gender

Semen: Fluid containing sperm that ejaculated from the penis during orgasm

Sex: The stimulating of the sexual arousal organ (genitals).

Sexual Assault: A legal term that often means the same thing as rape but also includes any unwanted sexual contact (such as unwanted touching, fondling, or groping of sexual body parts)

Sexual Identity: One's sense of him/herself as male, female, or transgender; one's outward expressions of maleness or femaleness, and the direction of one's sexual attractions (heterosexual, bisexual or homosexual)

Sexual Harassment: Unwanted and offensive sexual advances or sexually offensive remarks or acts, especially when made by someone in a more powerful position such as a superior, a supervisor, or even a bully

Sexual Intercourse: Sexual activity that involves vaginal, anal, or oral penetration

Sexual Orientation: Refers to whether a person is heterosexual, homosexual, or bisexual

Sexual Violence: An umbrella term used to describe all violent acts that are sexual in nature

Sexuality: A God-given basic and normal part of being human; includes one's thoughts and feelings about being male or female, attitudes toward and comfort with one's own body, feelings of romantic and sexual attraction to others, intimacy and relationships, as I well as sexual behavior and reproduction

Sexually Transmitted Disease (STD): Infectious diseases such as gonorrhea, syphilis, chlamydia, genital herpes, and HPV that spread through intimate sexual contact I:

Spirituality: Having to do with deep, often religious, feelings and beliefs, including a person's sense of peace, purpose, connection to others, and beliefs about the meaning

Spiritual Discernment: Skill in perceiving or understanding God's will for one's life

Statutory Rape: Having sex with a person who is below the legal age of consent (which varies from state to state)
Stereotype: A general mental image that is held of a group or class of people that is usually oversimplified or biased

Taboo: Any behavior that is banned or forbidden by society because it is viewed as immoral or in bad taste

Unprotected Sex: Sexual contact that takes place without the use of any protection, such as contraception and condoms, to prevent an unplanned pregnancy and sexually transmitted infections

Vaginal Fluid: Fluids produced by the female genitalia that lubricate the vagina

Virgin: A person who has not engaged in sexual intercourse

Wet Dream: A normal occurrence for males beginning at puberty; also called a nocturnal emission because semen is discharged (or ejaculated) during sleep and often while the boy is having a sexual dream
Statement of Methodology

A comprehensive sexuality education program should provide complete, medically accurate information about all aspects of human sexuality. This ensures that young people receive reliable and potentially life-saving information from trusted sources about pregnancy and sexually transmitted infections. By advocating for comprehensive sexuality education, religious leaders demonstrate the moral commitment to provide education that is honest, accurate, and complete. People learn to articulate their sexual attitudes in the context of the expressed values of their families and religious communities, their relationships with family members, and their responsibilities to their families, religious communities, and others. Religious leaders should teach people that their faith traditions can provide insight into sexuality as a healthy aspect of human life and a vital part of religious experience. When supported by caring people, people of faith will make decisions concerning their sexuality using the framework of values and attitudes of their religious traditions. A central goal of comprehensive sexuality education is the development of interpersonal skills in the areas of communication, decision-making, assertiveness, and peer refusal. Faith communities offer a variety of opportunities for people to develop significant relationships beyond the nuclear family with teachers, mentors, and clergy. In acquiring these skills, people develop a sense of self as they learn how to relate to others. Many religious traditions affirm sexuality as a divinely bestowed blessing and assist people in developing the capacity for caring, supportive, non-coercive, and mutually pleasurable sexual relationships. Comprehensive sexuality education programs provide people with the skills and knowledge they need to develop their own moral capacity. Comprehensive sexuality education addresses abstinence and resisting pressure for sexual intercourse, and encourages the use of contraception and other sexual health measures when people do become sexually active.
Religious traditions teach that decisions about dating, marriage, sexual activity, and parenting are grounded in moral considerations. Comprehensive sexuality education affirms that values form the foundation for responsible, informed decision-making.

In an effort to be as current as possible, the writer interviewed various noted churches about their sexual education ministries. These churches were chosen on the basis of their urban proximity, influence in their community, and reputation among other African American churches, their pastor and their youth ministries. Larger churches were used in this study because of their leadership and achievement in ministry and resources. It is evident that when ministers begin looking for a church example to follow and get ideas from, they go to the larger, more affluent churches.

Table 1. Participating Churches Interviewed, 2010

<table>
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<tr>
<th>Church Name</th>
<th>Denomination</th>
<th>City</th>
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<tr>
<td>New Grant Chapel</td>
<td>African Methodist Episcopal</td>
<td>East Point</td>
</tr>
<tr>
<td>Love Fellowship</td>
<td>Christian</td>
<td>Union City</td>
</tr>
<tr>
<td>Tabernacle</td>
<td>African Methodist Episcopal</td>
<td>Columbus</td>
</tr>
<tr>
<td>Abundant Faith</td>
<td>Baptist</td>
<td>Atlanta</td>
</tr>
<tr>
<td>Saint Paul</td>
<td>African Methodist Episcopal</td>
<td>Madison</td>
</tr>
<tr>
<td>Peoples Church</td>
<td>Christian</td>
<td>Atlanta</td>
</tr>
<tr>
<td>Word Alive</td>
<td>Non Denominational</td>
<td>College Park</td>
</tr>
<tr>
<td>New Life</td>
<td>Non Denominational</td>
<td>Doraville</td>
</tr>
<tr>
<td>River Edge</td>
<td>Christian</td>
<td>Fairburn</td>
</tr>
<tr>
<td>Macedonia</td>
<td>African Methodist Episcopal</td>
<td>Rex</td>
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These churches were interviewed to solicit reflection on the critical views churches and church leaders have on discussing sex within the church. Also, an opportunity was offered to address issues that are hidden because of the lack of responsible and effective dialogue on sex. Furthermore, churches have realized the importance of being proactive in dealing with the consequences of not communicating issues of sex openly. The goal was to develop, sustain and maintain communication that may further the process of bridging the dividing wall on sex in the church.

Limitations

Some of the more identifiable limitations would be the fact that ministry applications derived from cultural trends would be from an African American grid. There is no question that a number of our societal problems and trends are unique to our African American society. Cultures in Third World countries would certainly differ when it comes to ministry application. Another limitation would be the issue of transition with regards to those who have been surveyed or have participated as evaluators. Transitions could, but not necessarily, mean that the individual has or has not been in a sexual education ministry. It could also mean that they have moved into other roles in ministry or have taken up another occupation altogether. This could have some impact on the relevancy of their input. Finally, there will be input, data, and opinions expressed, which will be somewhat dated. The perception will be that just because it is not current, it is not relevant. This will discourage this perception and instead, maintain the credibility and relevancy of this information with additional timely observations and gleanings.
Review of Related Literature

Bible Verses on Sexuality

All scripture verses should be studied within the context of the whole passage: who said it, to whom was it said, why it was said, what happened before and after. Therefore, the following verses should be studied from the Bible, within their context.

God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground." Gen. 1:28

Then God blessed Noah and his sons, saying to them, "Be fruitful and increase in number and fill the earth. Gen. 9:1

But Onan knew that the offspring would not be his; so whenever he lay with his brother's wife, he spilled his semen on the ground to keep from producing offspring for his brother. 10 What he did was wicked in the Lord's sight; so he put him to death also. Gen. 38:9-10.

But I tell you that anyone who looks at a woman lustfully has already committed adultery with her in his heart. Matt. 5:28.

You are to abstain from ... sexual immorality. Acts 15:29

Let us behave decently, as in the daytime, not in orgies and drunkenness, not in sexual immorality and debauchery ... Rom. 13:13.
Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body. 1 Cor. 6:18.

We should not commit sexual immorality ... 1 Cor. 10:8.

The acts of the sinful nature are obvious: sexual immorality ... Gal. 5:19

But among you there must not be even a hint of sexual immorality ... Eph. 5:3.

Put to death, therefore, whatever belongs to your earthly nature: sexual immorality, impurity, lust, evil desires ... Col. 3:5.

It is God's will that you should ... avoid sexual immorality; 1 Thess. 4:3.

Arguments for Abstinence-Only Sex Education:

There are many different groups across the United States advocating for abstinence-only sex education in the schools. They include Concerned Women for America, the Eagle Forum, the Family Research Council, Focus on the Family, the Heritage Foundation, the Medical Institute for Sexual Health (MISH), the National Coalition for Abstinence Education, and STOP Planned Parenthood International. These and other proponents of abstinence-only education argue primarily that sex before marriage is inappropriate or immoral and that abstinence is the only method which is 100% effective in preventing pregnancy and STIs. 11, 12 Many such groups

emphasize that condoms are not fool-proof in preventing pregnancy or STIs, and that sexual activity outside marriage can result in serious, debilitating, and sometimes, deadly consequences. In addition, many abstinence only advocates are deeply concerned that information about sex, contraception and HIV can encourage early sexual activity among young people. “These advocates credit the decrease in teenage pregnancy largely to the advancement of the abstinence-only message.”

An article on the Concerned Women for America web site states that this is not simply an issue of morality, but a matter of public health. The problems that have become so entrenched in our country, such as AIDS, illegitimate births, poverty, increasing crime and the breakdown of the nuclear family, can all be attributed to the debilitating effects of a public policy that condones sex without love or responsibility. … As research clearly indicates, America is not suffering from a lack of knowledge about sex, but an absence of values. Another group, Focus on the Family, decries what they believe is a dangerous inconsistency in health curricula. “From tobacco, alcohol and drug use to fighting, gun use and drunk driving, the prevailing message is don’t do it – avoid or eliminate the risk,” they write. But when it comes to sex and all the potential dangers that accompany it, the message is, Use condoms to reduce your risk of unwanted pregnancies and sexually transmitted diseases. In addition, abstinence-only advocates argue that traditional values and religious faith, which they believe are consistent with the abstinence only message, have measurable positive effects. Concerned Women for America states that “study after study has shown that religion acts as a deterrent to early sexual activity.”

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13 Ibid.,
14 Ibid.,
15 Abstinence Clearinghouse. Data confirms that the abstinence message, not condoms, is responsible for the reduction in births to teens [Internet]. May 17, 1998.
And, as noted above, many teens say that morals, values and/or religious beliefs play a significant role in deciding whether or not to have sex.

Abstinence-only proponents point to studies concluding that the abstinence-only education message has played a central role in the decline of adolescent sexual activity, and related negative health outcomes, over the last decade. One study reports that “…abstinence and decreased sexual activity among sexually active adolescents are primarily responsible for the decline during the 1990s in adolescent pregnancy, birth and abortion rates. Attributing these declines to increased contraception is not supported by the data.”¹⁶ The logic of this argument is as follows: statistics show a shift in choice of contraceptives from oral contraception to condoms among young people in the 1990s. “Based on lower reported contraceptive use and switch to a less effective prevention method (condoms vs. oral contraceptives), sexually active adolescent females in 1995 were less protected against pregnancy than in 1988.”¹⁷ At the same time, the out-of-wedlock birthrate for sexually active females, 15–19, increased from 1988 to 1995 – despite an increased use of condoms. The authors conclude that the overall declines in pregnancy are likely due mostly to expanded acceptance of abstinence and abstinence-only teachings, resulting in an overall decline in adolescent sexual activity.

The Medical Institute for Sexual Health (MISH) Analysis has positioned itself as a leader in defining abstinence-only curricula and rebutting abstinence-plus education efforts. Like the Sexuality Information and Education Council of the United States (SIECUS), MISH has proposed education guidelines for sexuality education in kindergarten through high school. MISH says that its guidelines offer a character-based abstinence approach to sexuality education.

¹⁷ Ibid.,
A MISH handbook provides a side-by-side comparison of SIECUS and MISH guidelines, told from the perspective of MISH. According to this comparison of curricula, the MISH guidelines promote moral capabilities, such as the ability to judge right from wrong, while SIECUS informs youth that sexual intercourse provides pleasure and that homosexual love relationships can be as fulfilling as heterosexual relationships. MISH teaches that “there are core ethical values that are held, more or less, universally… “It is most appropriate for schools to target these core ethical values (respect for self and others, responsibility, self-discipline, self-control, integrity, honesty, fairness, kindness, etc.) as objectives for curricular development.”\(^\text{18}\) In contrast, SIECUS is said to believe that values should be freely chosen after the alternatives and their consequences are evaluated. The MISH critique of the safer sex approach is that it is value neutral, emphasizing individual choices by students rather than moral absolutes. MISH urges that “it is incumbent upon responsible adults to direct students away from physically unsafe or disadvantageous lifestyle alternatives and toward those which enhance opportunities for successful, healthy futures.”\(^\text{19}\) For MISH, counseling young people about methods of self protection in sex undermines the abstinence message. Students “must not leave the sex education classroom thinking, ‘I’m being responsible and safe if I use a condom.’” If condoms and other contraceptives are discussed, MISH urges an emphasis on the failure rates of these methods. At a fundamental level, what is at issue here is not only content, but control – who determines what young people hear about sexuality: schools, teachers, young people, or parents. The MISH booklet argues that “when parent views differ from those of their children, safer sex proponents


\(^{19}\) Ibid.,
generally support student interests over parental wishes.” For MISH, parental control over the teaching of values is paramount, and they are opposed to the promotion of young people making free, though educated, choices about sexual practices.

Arguments for Comprehensive Sex Education

A wide range of national organizations support comprehensive sexuality education, including SIECUS, Advocates for Youth, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Association, the American Public Health Association, the National Education Association, the National Medical Association, the National School Boards Association, and the Society for Adolescent Medicine. Most proponents of comprehensive sex education argue that sexuality education should encourage abstinence but should also provide young people with information about contraception and STD and HIV prevention (hence the title abstinence-plus programming). According to SIECUS, comprehensive school-based sexuality education that is appropriate to students’ age, developmental level, and cultural background should be an important part of the education program at every age. SIECUS defines a comprehensive sexuality education program as one that “respects the diversity of values and beliefs represented in the community and will complement and augment the sexuality education children receive from their families.” Comprehensive sex education proponents argue that by denying teens the full range of information regarding human sexuality, abstinence-only education fails to provide young people with the information they need to protect their health and well-being. And surveys of young

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21 Ibid.,
people conducted by the Kaiser Family Foundation found that “students who have sex education – regardless of the curriculum – know more and feel better prepared to handle different situations and decisions than those who have not.”

Advocates point to studies finding that the public supports the provision of contraceptive information to teens by wide margins. For example, a survey commissioned by the National Campaign to Prevent Teen Pregnancy and released in 2001 found that 95% of adults and 93% of teens said it is important that teens be given a strong abstinence message from society, but 70% of adults and 74% of teens said that advising abstinence while also giving young people information about contraception is not a mixed message. SIECUS reports that “the vast majority of Americans support sexuality education,” and cites several polls, including a 1999 national survey finding that 93% of all Americans support the teaching of sexuality education in high schools, and 84% support sexuality education in middle and junior high. Comprehensive sex education advocates also like to cite studies that find that providing teens with contraceptive information does not encourage early sexual activity. In July 2001, “Surgeon General David Satcher released a Call to Action on promoting sexual health.” Reviewing the evidence on comprehensive approaches to sex education, the Surgeon General found that the evidence gives strong support to the conclusion that providing information about contraception does not increase adolescent sexual activity…and that some of these evaluated programs increased condom use or contraceptive use more generally for adolescents who were sexually active. The

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23 Ibid.,
24 Ibid.,
report also notes that there are a limited number of studies on abstinence-only programs and that it is “too early to draw definite conclusions about this approach.”

Abstinence-only advocates have attributed declines in teen pregnancy in the 1990s to an increased practice of abstinence. Comprehensive sexuality advocates argue that, in fact, most of the decrease in the teen pregnancy rate was due to lower pregnancy rates among sexually experienced young women. An analysis of the decline in teen pregnancy in the 1990s published by the Alan Guttmacher Institute shows that approximately 25% of the decrease was due to a lower proportion of teenagers who were sexually experienced, while 75% of the decrease can be attributed to lowered pregnancy rates among those young women who were sexually experienced. For many sex education advocates, the abstinence-plus approach acknowledges the central fact that at least half of high school students report having had intercourse, and that this substantial portion of the population needs information in order to protect themselves. According to a Consensus Statement of the National Commission on Adolescent Sexual Health, “society should encourage adolescents to delay sexual behaviors until they are ready physically, cognitively, and emotionally for mature sexual relationships and their consequences. … Society must also recognize that a majority of adolescents will become involved in sexual relationships during their teenage years.”

In 2000 the distinguished Institute of Medicine issued a report, No Time to Lose, that assessed HIV prevention efforts in the country. The report recommends eliminating congressional, federal, state and local “requirements that public funds be used for abstinence-

25 Ibid.,
only education, and that states and local school districts implement and continue to support age-appropriate comprehensive sex education and condom availability programs in schools.”

No quantity of research will settle the moral and religious disputes that circle around the sex education debate. What research can do is point parents, educators, and policy makers towards positive health outcomes for young people. Like it or not, sexual activity is a reality for teens in America, and it is hard to imagine a school based intervention which will magically undo the media pressures and natural hormonal urges that young people experience. Facing up to this reality means implementing responsible programming that truly meets the test of science and the real world needs of the young. Several important questions need to be addressed to support more effective federal policy and programming on sexuality education. Are federal funding allocations for sex education consistent with what the current science tells us about effectiveness? Is HHS sponsoring research appropriate to inform policy on sex education? Are federal agencies providing guidance on sex education research to those at the federal, state, and local levels who design programming?

Are the results of sex education research disseminated widely and in a way that is accessible to parents, teachers, and school board members? What percentage of young people, particularly those at elevated risk, has access to education about sexual self protection? What percentage of youth has access to condoms and HIV testing? Despite its sometimes shrill tenor, the sex education debate does not require anyone to make a choice between absolutes. The central question is whether accurate information about sexual self-protection is to be made available. As the research demonstrates, promoting abstinence and providing basic health

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promotion information is not inconsistent – it can work to reduce the risk of disease and unplanned pregnancy.

The $102 million currently being spent by the federal government on abstinence-only programming is designed to serve social and political goals, rather than produce solid public health outcomes for young people. Not only is there no credible evidence that these millions of dollars have any positive effect, there is reason to be concerned that young people who receive abstinence-only curricula in school will not have the tools to protect themselves in sexual situations. Ultimately, the public will need to insist that policy makers base funding and laws on the health needs of young people, particularly those youth who are at elevated risk. Until the public demands that health education be designed to prevent disease and unwanted pregnancy, social agendas will drive much of the policy being made in Washington and state capitols around the country.

Over the last several years, Congress has emphasized funding abstinence-only programs over comprehensive sexuality education. President Bush and leaders in Congress have called for parity in funding between abstinence-only sex education and family planning, safe sex programs. Congress increased funding for federal abstinence programs in fiscal year 2002, and has been asked by the President to increase it by another $33 million in fiscal year 2003. The abstinence-only approach to sex education is not supported by the extensive body of scientific research on what works to protect young people from HIV/AIDS, sexually transmitted infections (STIs), and unplanned pregnancy. An assessment of the peer-reviewed, published research reveals no evidence that abstinence only programs delay sexual initiation or reduce STIs or pregnancy. By contrast, credible research clearly demonstrates that some comprehensive sex education, or abstinence-plus, programs can achieve positive behavioral changes among young people and
reduce STIs, and that these programs do not encourage young people to initiate sexual activity earlier or have more sexual partners. The growing prominence of the abstinence-only approach will likely have serious unintended consequences by denying young people access to the information they need to protect themselves. And abstinence-only programs risk alienating the young people at highest risk of negative health outcomes by promoting a one size fits all vision of African American adolescence that matches the true experiences of only a select minority of youth. Unprotected sexual activity among young people can have severe personal, social and financial costs. Unprotected sex among youth results in nearly four million STIs each year, many with serious long term consequences. The great majority of the 10,000 annual new HIV infections among people under 22 occur through sexual activity. The United States still has the highest rates of STIs and teen pregnancy of any industrialized nation.

The last decade has brought signs of encouragement. Sexual activity among young people has fallen while use of condoms is on the increase. Yet sex, and the potential for negative consequences from unprotected sex, remains a reality in the lives of young people. In 1999, one half (51%) of high school seniors said they had been sexually active within the last three months. Several sub-groups of young people are at elevated risk of HIV and STIs, including lesbian, gay and bisexual youth; youth of color; homeless youth; adolescents in the penal or foster care systems; and young people who have been sexually abused. Responding to the continuing health threats of HIV, STIs and unplanned pregnancy among young people, the widely respected Institute of Medicine of the National Academy of Sciences recently recommended eliminating congressional, federal, state and local requirements that public funds be used for abstinence-only education. And surveys consistently show that the public wants schools to deliver strong abstinence messages alongside information about self-protection for young people who find
themselves in sexual situations. The vast majority of parents support sex education in the schools, including the provision of information about contraceptive and condom use.

Unfortunately, federal policy is grossly out of step with the wishes of most parents and students, as well as the scientific research. Since the early 1980s, Congress has devoted significant resources to abstinence-only programming. Partly as a result of federal policy and funding changes, public schools are increasingly supporting abstinence-only curricula that are less likely to include information about birth control, STD prevention and sexual orientation. The evidence tells us that these trends represent a dangerous disservice to America’s younger generation.

**BECOMING A RESPONSIBLE TEEN (BART)**

Becoming A Responsible Teen (BART) is an HIV-prevention program designed for African American high school students. The program combines HIV education with behavior skills training. A 1995 random assignment evaluation compared students assigned to the BART program with students assigned to a control intervention. This study found that the program was successful not only in decreasing the frequency of sex among sexually-active youth, but also in delaying the onset of sexual activity among youth who entered the program having never had sex before. Further, students assigned to the BART program reduced unprotected intercourse, increased condom-protected intercourse, were more skilled at communicating about sex, and knew more about HIV/AIDS than students assigned to the control group.

MAKING A DIFFERENCE!

The Making a Difference! curriculum consists of eight culturally-appropriate, hour-long modules. These modules address facts, attitudes, and beliefs about abstinence, HIV/AIDS, and teen pregnancy. They also teach negotiation-refusal techniques. Program activities include role-playing and video-watching. Making a Difference! is an abstinence-based curriculum. This particular intervention deals not only with HIV/AIDS prevention, but also pregnancy prevention. Making a Difference! acknowledges that condoms reduce the risks associated with sex, but promotes abstinence as a way to eradicate those risks. The program places specific emphasis upon adolescents’ goals and dreams and on how sexual behavior has the potential to thwart those dreams. In that Making a Difference! Is an abstinence-based program, it promotes abstinence from sex as the only way to eliminate the risk for pregnancy and STDs. This intervention does not teach condom use skills. However, Making a Difference! Does not present sex in a negative light and is not moralistic.


FOCUS ON KIDS

Focus on Kids is based on Protection Motivation Theory and was originally designed to be delivered to small groups of same-gender friends. Topics under discussion include decision-making, goal-setting, communication, negotiation, and consensual relationships. Communication and negotiation skills are emphasized, as are facts about AIDS, STDs,
contraception, and human development. Multiple content delivery formats are employed, including small group discussions, lectures, videos, games, role-playing, acting, storytelling, and crafts projects. The program concludes with children developing community projects.


SAVING SEX FOR LATER

Saving Sex for Later is a parent-focused intervention which aims to delay sexual initiation among young adolescents who are at risk for early sexual initiation. The program is designed to be brief and convenient for parents and is focused on increasing parent-child communication about development and sex. A randomized, experimental evaluation of the Saving Sex for Later program in New York City found that it was effective in increasing parent-child communication, parent self-efficacy, and the influence that parents had on their children. Students in the program felt more family support, had more family rules at home, and had lower levels of behavioral risk factors.

STAYING CONNECTED WITH YOUR TEEN

Staying Connected with Your Teen is a family-based program geared at preventing substance use, delinquency, and early-onset engagement in sexual activity in adolescents. The program includes parenting, youth, and family components and is designed to teach parents how to engage children in family processes and relationships. The curriculum involves lessons about how parents can relate to their teens, identifying risk factors, protecting teens from harmful situations, supervision, and family problem-solving, involvement, and policies.

The program can be group- or self-administered. The group administered version is comprised of seven, two-hour sessions that meet on a weekly basis. The program requires families to meet together and view curriculum-based videos. Parents and teens then separate into different groups to practice specific skills. The last portion of the each session involves families and youth coming together to practice structured family interaction tasks.


Afrocentric Peer Counseling

Afrocentric Peer Counseling is an abstinence-based program designed to delay sexual activity, increase reproductive knowledge, prevent pregnancy, and increase contraceptive use. Adolescents participate in discussion groups led by their trained peers. In the groups, adolescents can discuss pregnancy, abstinence, sexual peer pressure, contraception, and STDs. The discussion groups are culturally specific and maintain a focus on Afrocentricity, ethnicity, and the African American value system. In this randomly assigned evaluation, the intervention
group experienced a significant increase in reproductive knowledge from pre-test to post-test. There were no significant differences between intervention and comparison group on delay of intercourse, pregnancy, or contraceptive use.


**HERITAGE KEEPERS**  
**LIFE SKILLS EDUCATION**

Heritage Keepers is a multiyear, multi-component abstinence education program. The program includes an abstinence curriculum, a community education program, and a life skills education curriculum. A random assignment study compared youths assigned to take part in all aspects of the program with youths assigned *not* to receive the life skills education curriculum. Thus, under evaluation was the *added* impact of the life skills education curriculum to the other aspects of the program. At the four-year follow-up, no significant differences were found between students assigned to receive the life skills education curriculum and students assigned not to receive this curriculum on measures of abstinence rate, age of sexual onset, number of sexual partners, pregnancy rate, STD acquisition, birth control use, or condom use.

ASSESS (AWARENESS, SKILLS, SELF-EFFICACY/SELF-ESTEEM, AND SOCIAL SUPPORT)

ASSESS is a risk assessment and safe-sex education program designed to reduce sexual intercourse and increase condom use in teens. Physicians provided information on STDs, abstinence and condom use, and taught skills to help teens avoid risky situations. Participants had short-term increases in positive attitudes toward and use of condoms, and longer-term decreases in STD transmission.

CHAPTER 2

ASSESSING THE NEED OF THE COMMUNITY

In assessing sexuality people are classified as heterosexual, straight, gay, lesbian or bisexual. Here are three other examples of ways of asking about a person’s sexual identity. The first two use the terms LGB. The second one allows people a category of mostly heterosexual. “Recent studies of youth and young adults are finding that quite a few are still exploring their sexuality and this option gives them a place to disclose. The third question does not use the terms LGB, but focuses instead on sexual attraction.”28 Do you identify as: heterosexual or straight, gay, lesbian, bisexual, questioning or unsure, or another identification? Do you identify as only heterosexual, mostly heterosexual, bisexual, mostly gay or lesbian, only gay or lesbian? Are you exclusively attracted to the other sex, mostly attracted to the other sex, equally attracted to men and women, mostly attracted to the same sex, exclusively attracted to the same sex? Do you have any concerns or questions about your sexuality?

Assessing Sexuality

Methods

The targeted community is the West End/Oakland City area of Atlanta, a major urban neighborhood with an estimated population of 33,000 residents. The racial and ethnic make-up of the community is 83% Black, 10% White, 4% Hispanic, and 3% other. A preliminary assessment of the area found over 60 African-American churches with memberships of between 50 and 300 members. The assessment tool was developed as the result of a semi-qualitative focus group of 15 ministers/church leaders who were randomly selected from the list of identified

ministers/church leaders within the community. The Church Leader Assessment was a
questionnaire. The purpose of the Church Leader Assessment tool was to ascertain the
knowledge, perceptions, and attitudes of the church leaders and to tailor Church Leader
Curriculum in response to the leaders’ needs and desires. “The objective was to document the
church leaders’ perceptions of the role of the church in educating adolescents about sex;” 29 the
understanding of sexual health issues; the knowledge, attitudes, and personal practices as they
relate to parent-adolescent communication; and the commitment of church leaders to the
prevention of adolescent sexual activities.

Preliminary assessments were conducted to identify the number of churches that were
predominately African American with African-American clergy. Fifty-three (53) African-
American churches were identified, including Methodist, Baptist, Pentecostal, Church of Christ,
Church of God and Christ, Presbyterian, and Non-Denominational churches. The church
population totaled approximately 14,000 members. Upon further analysis, the church
membership was estimated to be 35% adolescent. There were 98 ministers who worked within
the churches. In addition, 232 more individuals were identified as senior church leaders (trustees,
officers, and stewards). Assessment surveys were distributed in-person to those selected
individuals at their particular churches. Throughout the duration of data collection, collection
activities paralleled the data collection from the parents and adolescent members of the various
churches. “The objective of the analysis was to identify the major knowledge, perceptions, and
attitudes that the church leaders possessed and to determine the dominant sexuality-related

issues.” In addition, the assessment gathered information regarding current and past sex-education activities for adolescents that were implemented throughout the various churches. Because the implementation depended heavily on the knowledge, perceptions, and attitudes of the church leaders, it was very important to assess accurately their particular concerns, perspectives, and gaps in knowledge with regard to adolescent sexuality education.

The age distribution of the church leaders ranged from less than 35 (15%), 36 to 50 (46%), 51 to 65 (35%), and 65+ (4%). Gender distribution was 62% being female and 48% being male. Findings from the Church Leader Assessment highlighted an overwhelming interest and commitment to the delivery of adolescent sex education. However, the majority of churches displayed a sense of inhibition in educating teens about sex. When asked what age sex education should begin for adolescents, 88% reported that education should begin before the age of 13. In addition, all church leaders (100%) stated that sex education should be taught in the African American church. However, only 58% of church leaders reported that their church provides some (formal/informal) form of sex education. Approximately 36% reported that their church was not active at all in educating teens about sex. “When asked whose responsibility it was to educate youth about sex, church leaders ranked parents (88%), schools (80%), churches (77%), television/movie/video (53%), friends/peers (46%), and others (46%), respectively. Conversely, when asked where youth probably receive sex education, church leaders responded with the following: friends/peers (88.5%), television/movie/video (88.5%), school (77%), parents (58%),

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churches (58%), and other (42%), respectively.” When asked about how well they thought schools discussed sex education, 69% reported that discussions were poor, as opposed to adequate. Similarly, when asked about how well they thought parents discussed sex with their children, 61% reported that discussions were poor. Upon further analysis comparing ministers and others, 91% of ministers reported that parents discussed sex poorly, compared to only 40% of others rating parents’ discussions of sex as poor.

Church leaders were asked about their perceptions of the percentage of youth in their communities, as well as in their congregations, who were sexually active. Church leaders consistently reported community rates as being higher than their own congregation rates. When asked what percentage of teens in their congregation were having sex, church leaders responded 0 (4%), 1% to 20% (58%), 21% to 40% (30%), 41% to 60% (4%), and over 61% (4%). Conversely, when asked what percentage of teens in their communities were having sex, church leaders responded 0 (4%), 1% to 20% (19%), 21% to 40% (34.5%), 41% to 60% (27%), and over 61% (15.5%). In regard to the ideal sex-education curricula, church leaders were asked what should be included in church-based sex-education curricula. The following components were discussed and confirmed: self-esteem/peer pressure (88.5%), abstinence (81%), responsible sex (81%), contraceptives (62%), homosexuality (54%), anal/oral sex (50%), and masturbation (46%). All of the church leaders (100%) in this survey reported that they were likely to promote and embrace a sex education programs, in their church, yet only about half stated that they were very likely.

Discussion

The Church Leader Assessment was very significant to the overall implementation of the project. Because the African-American church serves as the foundation of the project, the institutionalization of the African-American Church-Based Sex Education depended heavily on the support and guidance of the church leadership. The results confirm that the development of church-based sex education programs must involve church leadership in African-American communities. “The level of enthusiasm is important for acceptance and the opportunity for full implementation of a proposed intervention.”32 The support for sex education curricula being delivered by the church was well documented by the Church Leader Assessment. The problem of adolescent sexual activity was acknowledged, documented, and confronted through the assessments. The majority of church leaders believed that sex education should be offered to children before the age of thirteen. This detail was very promising and influential in the development of the adolescent portion of the curricula. The acknowledgement of the important role that parents, schools, and churches should play in the delivery of sex education for adolescents was a critical prerequisite.

The fundamental objective is to use the parents, through the training medium of the church, as change agents and teachers of sex education to their children was highly dependent on supporting views from the church leaders. In addition to the church leaders’ support of parents as the chief educators of sexuality for their youth, the subjects that they believed should be included were liberal (masturbation, homosexuality, anal/oral sex, etc.) Conversely, the lack of confidence that the ministers reported in the quality of parent discussions about sex with their children

proved to be a motivational incentive for church leadership to support and to aid in building the communication structure between parents and their children. Even though all persons who completed the assessments reported that they would support an initiative like this, the actual curricula had to be tailored according to the needs and desire of the church leaders in order to implement this in a supporting environment.

Implications

As a result of the Church Leader Assessment, a comprehensive curriculum should be developed in order to address the knowledge needs and desires of the church leaders. The information documented the interest among African-American ministers to be involved in adolescent sexual health activities. More importantly, key findings were diffused throughout all components of the curriculum. The curriculum that should be developed shall consist of four distinct components. The first component should highlight national, state, and county trends of adolescent sexually transmitted infections (STIs). This component educates church leaders not only about the number of teen infections, but also about the common type of STIs and their common treatments. The second component should highlight national, state, and local adolescent pregnancy trends. In addition, this component also should discuss the emotional and financial cost of teen pregnancy from the perspective of society, as well as the family. “The goal of the first two components is to highlight accurately the breadth and depth of the problems associated with adolescent sexual activities outside of marriage.” The third component of should highlight important issues that surround today’s youth. The issues in this component center on

understanding and encouraging adolescents to resist peer pressure, to enhance decision-making skills, to enhance communication skills, to develop positive attitudes about abstinence and secondary virginity, and to facilitate parent-adolescent communication. The fourth component should highlight ways in which the church could become a proactive agent in the delay of adolescent sexual activity before marriage. Some activities discussed in this component involve ministers including messages of abstinence and secondary virginity in their sermons; providing guidance in the oversight of youth abstinence/sex education curricula; and fostering a culture that embraces abstinence/secondary virginity as a highly respected norm. The component responds to the knowledge needs, efficacy, and awareness of African-American church leaders in order to build their capacity to support, implement, and sustain an initiative, such as African-American Church-Based Sex Education Initiative. This initiative will be widely disseminated and will provide an avenue for African-American churches to address the role of adolescent sexuality within the context of their church and community.

Statement of Limitations

This project is both exploratory and informative. “The purpose was to ascertain the knowledge, perceptions, and attitudes of the church leaders and to tailor sexual education ministries in response to the leaders’ needs and desires. The results and findings of the assessment may not be representative of the views of African-American ministers outside of the region in which the sample was derived.”34 Findings of this study reflect only the church leaders’ perceptions and do not ascertain an explanation of why the church leaders hold their various

views in regard to adolescent sexual involvement. When assessing gender several questions should be considered. “To really know how many transgender people an agency serves, there must be at least two questions.”35 One asks about sex assignment at birth and one about gender identity now. We must assess the ontological aspect of gender. Were you born male, female, intersex, or another sex? Do you currently identify as male, female, or another identification? Are you currently questioning any aspect of your gender? If the population you serve includes a significant number of transgender individuals, you might want to name those terms in the questions, as the next example does. It is validating to see your identity reflected on official forms. Sex/Gender can be any of the following: Female, male, transgender male to female, transgender female to male or not sure. “Finally, it may be useful to have an item that asks if they are questioning their gender—that might allow people who are very early in the process of considering a transgender identity to get some resources before they consider unhealthy options, such as injecting oils or purchasing hormones on the street.”36 Gender is a process in the making. The study of gender involves looking very closely at the relationship between nature and nurture, and not assuming that one overshadows the other or that there is a clear line separating the two. It is common to think that there are only two sexes—male and female—and that all people fall into one group or the other, and indeed this is a way of imposing order in a chaotic world. But there is evidence to suggest that we need to embrace a more expansive definition of sex, one that goes beyond two rigid and distinct categories. The ancient Greeks thought that there was one body, the male body, and that the female body was its inversion. This notion endured until the mid-eighteenth century. Essentialism and biological determinism assign gender and explain

36 Ibid.,
gender differences purely in terms of natural or biological attributes. When the question, what does it take to be a woman or a man arises. Churches can expand their understanding of gender differences by examining other cultures to see how they construct gender and by looking back in history to see how ideas about gender have changed. Some theorists claim that there is a hegemonic masculinity in society today—an ideal notion of a man that is so dominant, people aren't even really aware of it. However, the notion of the ideal man has changed over time, once again proving that gender is not a rigid, unchanging category. Gender roles are sets of behavioral norms assumed to accompany one's status as a male or female. However, there is much evidence showing that gender roles have more to do with social status than biology.

A wide range of theories and approaches have been applied to the study of gender, including structural functionalism, psychoanalytic theory, conflict theory, microinteractionist theory, postmodern theory, middle-range theories, and ideas from black feminists. Each perspective has contributed to our understanding of gender differences and gender roles, and no doubt other theories or approaches will emerge in the future. When assessing these various approaches, it is important to ask how useful each one is for explaining people's experiences and behavior. A structural functionalist approach to studying gender assumes that gender differences exist to fulfill necessary functions in society, but it doesn't allow for the possibility that other structures could fulfill the same function or for the fact that structures change throughout history. Psychoanalytic theories about gender focus on individualistic explanations for gender differences as opposed to societal ones. And inherent in these theories is the notion that natural differences exist between men and women that dictate how they behave. Socialist womanists/feminists argue that all social relations, including relations between workers and the owners of the means of production, stem from unequal gender relations. Social constructionists argue that gender is a
process in which people participate with every social interaction they have. Black
womanists/feminists have pointed out that gender doesn't function in a vacuum and that gender
studies must take into account that no single category of women or men exists. Indeed some
women are not only more privileged than other women but are even more privileged than some
men. Some postmodern theorists question the whole notion of "woman" as a separate, stable
category and question the value and appropriateness of Western scholars applying their cultural
logic to the study of non-Western societies. Middle-range theories may be the most useful in
addressing the complicated subject of gender because they connect people's day-to-day
experiences to larger social forces.
CHAPTER 3
PERSONAL APPLICATIONS

“Sex education can take place in a variety of settings, both in and out of school. In these different contexts, different people have the opportunity and responsibility to provide sex education.” In the homes, storytelling which has been the history of how African Americans have learned is still vital. People can easily have one-to-one discussions with family which focus on specific issues, questions or concerns. They can have a dialogue about their attitudes and views. Sex education at home also tends to take place over a long time, and involve lots of short interactions between parents and children. There may be times when young people seem reluctant to talk, but it is important not to interpret any diffidence as meaning that there is nothing left to talk about. As young people get older advantage can be taken of opportunities provided by things seen on television for example, as an opportunity to initiate conversation. It is also important not to defer dealing with a question or issue for too long as it can suggest that you are unwilling to talk about it. There is evidence that positive communication about sexual matters can lead to greater condom use among young men and a lower rate of teenage conception among young women.

Talking about sex and disease in a way that will inform and calm them is critical in today's world. Take advantage of the many resources available to you. If your child asks you about sex or disease, be casual and give them an accurate answer at a level they will understand. Use correct language, and start talking about the issues early in a child's life. You should talk about menstruation, PMS, condoms, and circumcision in front of your children. If they feel safe,

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they'll ask you what these words mean and you can explain briefly, according to their age level. If and when they want more information, they'll ask you if discussion is an easy activity with you. Don't make threats, they only give children and teenagers reason to rebel or avoid you with their questions. If your child doesn't seem interested, don't push. It may not be the right time for them, or they may feel uncomfortable with you or the topic. Just let them know you are available if they want to talk about anything. If you are embarrassed, tell them. They know you and will see your embarrassment, so why hide it? Say something like, "We didn't talk much about this when I was your age, so it's a bit tough for me to talk with you now. But, I want you to know the facts, so I'll deal with my embarrassment. Let me tell you what I know and we can find out more together if you want to know more...."38 Be understanding, if you overhear your kids talking about sex, bring them something to read with facts and pictures suited to their age level. Tell them you'd be happy to discuss anything they want, but don't force them to listen to a monologue they don't want to hear. You might be the last person they want to talk with about sex. That's OK, as long as they are getting accurate information somewhere. If you're not sure, ask other parents, your school or church leader about good sex education classes for kids.

Find information sources that match the needs and developmental readiness of your child or teenager. Get all the information you can; and tell your child or teenager to read it because you want to talk about it. Another resource might be your local county health department; your local library; your local school district; or your church. Videos, books, pamphlets and even sex education classes for teens are available in most communities if you check around. Then, when you are alone with your child or teen, casually bring up the material and ask what they thought about it. “Be sure to look over the material, different sources offer

different approaches, based on different values. For example, some will advocate total abstinence from sexual activity until marriage, and some will suggest condoms and actually show how to use them. Explanations of how to use condoms can be graphic in varying degrees. Some of the most detailed programs will explain how to use a condom by demonstrating how to roll one down someone's fingers, or over a banana." Assume that your child is developing sexually a few years earlier than you did. The media has changed, and kids are exposed to more sexual imageries. They need help making sense of it (so do many adults). Kids are also reaching puberty at an earlier age. It is not unusual for girls to begin menstruating at 10 or 11 years of age. Due to the sensitive nature of sex parents are encouraged to refrain from laughing as well as making the youth sexual history secondary to the adult. Parents should avoid asking teens if there is anything they want to know from you about sex. “It is the nature of the teenage state to think they know more than you do. They probably think you haven't had sex in at least a decade....Once an older child has asked what you mean by a certain term you've used casually, like wet dream, explain and follow with questions about specifics. Don't ask about their own experience directly. Help them feel comfortable by not putting them on the spot.” Sample questions adults should use are as follows: Do they know what wet dreams are? Do they know what spontaneous erections are? What do they think about the AIDS crisis? What do they know about how a girl can get pregnant? What do they know about birth control?

Also, parents should ask about the information they are getting at school. If it is from teachers (rather than just their friends), call the school and ask to have a copy of the program, but make your request without embarrassing your child. Make sure you know what they are being taught, and that you have at least as many facts as they do. This brings me to my last point. If

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40 Ibid.,
you have never read about sex, inform yourself. Go to the library for a few hours, or pick up a
good book at the bookstore. Several titles are available not only for general sexual information,
but also for how to talk with your kids. The risk is ever growing. Learn to talk with your children
about sex now, or take the risk of waiting to talk with them after they're in trouble. One of every
eighteen African American teenage girls gets pregnant in the United States every year. One of
every five African American person carries a sexually transmitted disease (STD) in the United
States. One of every 250 African Americans carries the AIDS virus (HIV). One in every 5 AIDS
patients caught the virus in their teenage years. Your children are innocent and important and
they should given the utmost in care. Contrary to some opinions but “The vast majority of
African Americans support sexuality education and believe that young people should be given
information to protect themselves from unplanned pregnancies and sexually transmitted
diseases.” 41

Even though they believe that abstinence should be a topic in sexuality education, they
reject the abstinence-only-until-marriage education that denies young people information about
contraception and condoms. The following shows that “The statistics in this Fact Sheet on Public
Support for Sexuality Education will help advocates for comprehensive sexuality education
programs work to ensure that public policies keep pace with the desires of the African American
people.”42

Also, there is support for teaching sexuality education which shows us that 93 percent of
African Americans support the teaching of sexuality education to high school age students, and
84 percent support sexuality education to middle/junior high school age students, 87 percent of

41 J. Johnson and J. Immerwahr, First Things First: What Americans Expect From the Public
Schools (New York, Public Agenda, 1994) p. 29.
42 Ibid.,
African Americans favor including sexuality education in the public high schools, 86 percent of registered voters favor sexuality education for teenagers in public schools, 85 percent of adults agree that sexuality education should be taught in the public schools, 66 percent of registered voters are in favor of a proposal to increase efforts to provide age-appropriate sexuality education in the public elementary schools. 10 percent are neutral, 2 percent are not sure, and 22 percent are negative about increasing efforts, about four in 10 Americans think sexuality education should be required for all students, regardless of their parents' wishes, with 48 percent of African-American parents holding this view, 54 percent of adults believe that eliminating sexuality education in schools would lead to more teenage pregnancies, 90 percent of adults in New Mexico support sexuality education for high school students, and 78 percent support sexuality education at the middle school level, 89 percent of Parent-Teacher Association (PTA) presidents in North Carolina agree that family life education should be taught in public schools, 88 percent of adults in California support teaching age-appropriate sexuality education in schools. 58 percent of principals say that parents are very supportive and 36 percent say that parents are somewhat supportive of their school's sexuality education program 72 percent of principals say that the school board or school administrators are very supportive and 23 percent say that the school board or school administrators are somewhat supportive of their school's sexuality education program. 69 percent of principals say that teachers are very supportive and 28 percent say that teachers are somewhat supportive of their school's sexuality education program. 55 percent of principals say that students are very supportive and 37 percent say that students are somewhat supportive of their school's sexuality education program. 32 percent of principals say that religious leaders are very supportive and 38 percent say that religious leaders are somewhat supportive of their school's sexuality education program. When asked if politicians
are supportive of their school's sexuality education program, 21 percent of principals say that politicians are very supportive, 29 percent say that politicians are somewhat supportive, and 39 percent say that they don't know. 33 percent of principals say that community members are very supportive and 41 percent say that community members are somewhat supportive of their school's sexuality education program.

Support for Content

When adults were asked their views on the appropriate grade to teach specific subjects in sexuality education programs the results were varied.

<table>
<thead>
<tr>
<th></th>
<th>7-8 Grades</th>
<th>9-10 Grades</th>
<th>11-12 Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puberty</td>
<td>82%</td>
<td>94%</td>
<td>96%</td>
</tr>
<tr>
<td>Abstinence</td>
<td>79%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>76%</td>
<td>92%</td>
<td>96%</td>
</tr>
<tr>
<td>STDs</td>
<td>74%</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>Love/Dating</td>
<td>63%</td>
<td>86%</td>
<td>92%</td>
</tr>
<tr>
<td>Contraception/Birth Control</td>
<td>59%</td>
<td>84%</td>
<td>91%</td>
</tr>
<tr>
<td>Condoms</td>
<td>58%</td>
<td>82%</td>
<td>90%</td>
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<tr>
<td>Sexual Orientation</td>
<td>56%</td>
<td>76%</td>
<td>85%</td>
</tr>
<tr>
<td>Abortion</td>
<td>40%</td>
<td>68%</td>
<td>79%</td>
</tr>
</tbody>
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If sexuality education is taught in high schools, 94 percent think it should include the basic facts of human reproduction; 92 percent think it should tell young people who are sexually active to use protection, such as condoms, to prevent pregnancy and disease; 74 percent think sexuality education should discuss knowing when you are ready to have sexual relations; 74 percent think it should include how to talk about sexual intercourse with a partner; 68 percent
think it should tell young people not to have sexual intercourse before marriage.\textsuperscript{43} When asked to name the topics to include in a high school sexuality education program, Americans said: STDs (92 percent), AIDS (92 percent), biology of reproduction (90 percent), teen pregnancy (89 percent), birth control (87 percent), premarital sexual relations (77 percent), nature of sexual intercourse (72 percent), abortion (70 percent) and homosexuality (65 percent).\textsuperscript{44} Overwhelming majorities support the schools' role in teaching the biology of sexual reproduction and pregnancy. 95 percent say this is an appropriate area for public schools, and 78 percent would start this before high school.\textsuperscript{45} 97 percent of Americans say schools should teach students about the dangers of STDs, including AIDS, with 86 percent wanting this to begin before high school, 35 percent in elementary school, and 51 percent in junior high school.\textsuperscript{46} 96 percent of all Americans support providing AIDS information in high schools.\textsuperscript{47} 97 percent of parents support providing AIDS information in high schools.\textsuperscript{48} 55 percent of voters agree with supporters who emphasize the importance of providing scientific information to young people regarding sexuality and health issues.\textsuperscript{49} 89 percent of Americans believe that it is important for young people to have information about contraception and prevention of STDs and that sexuality education programs should focus on how to avoid unintended pregnancies and STDs, including HIV and AIDS, since they are such pressing problems in America today.\textsuperscript{50} 83 percent of adults believe that, whether or not young people are sexually active, they should receive information to

\textsuperscript{43} J. Johnson and J. Immerwahr, \textit{First Things First: What Americans Expect From the Public Schools} (New York, Public Agenda, 1994) p. 29.

\textsuperscript{44} Ibid.,
\textsuperscript{45} Ibid.,
\textsuperscript{46} Ibid.,
\textsuperscript{47} Ibid.,
\textsuperscript{48} Ibid.,
\textsuperscript{49} Ibid.,
\textsuperscript{50} Ibid.,
protect themselves from unplanned pregnancies and STDs. 81 percent of adults think sexuality education courses should teach about abstinence and give teens enough information to help them prevent unplanned pregnancies and the spread of STDs if they do decide to have intercourse. 52

56 percent of Americans think AIDS education should be required with 71 percent of African-American parents backing this approach. 53 51 percent of Americans support allowing schools to supply students with phone numbers of gay support groups. 54 56 percent of Americans feel "using models of nude men and women to demonstrate the correct use of condoms and diaphragms" is appropriate. 55

School

In school the interaction between the teacher and young people takes a different form and is often provided in organized blocks of lessons. It is not as well suited to advising the individual as it is to providing information from an impartial point of view. The most effective sex education acknowledges the different contributions each setting can make. School programs which involve parents, can notify them what is being taught and when, can support the initiation of dialogue at home. Parents and schools both need to engage with young people about the messages that they get from the media, and give them opportunities for discussion.

Why School-Based Sex Education For African Americans?

For more than a generation, the United States has struggled with detrimental outcomes related to African American adolescent sexual behavior. These behaviors have crossed all

51 Ibid., 52 Ibid., 53 Ibid., 54 Ibid., 55 Ibid.,
socioeconomic strata and have challenged clinicians, educators, parents, and policymakers alike. The reality of the present generation is that the majority of African American young people will engage in sexual risk-taking behavior prior to high school graduation. Data from the most recent Youth Risk Behavior Survey (YRBS) indicate that half of all high school students have engaged in sexual intercourse at some point in their lives, and that percentages rise with increasing grade level - 39% among ninth graders to 65% among high school seniors. One in five students has engaged in sexual intercourse with four or more partners during their lifetime. Two other sexual behaviors are also common among America's youth-oral and anal intercourse. Studies to determine the extent to which adolescents engage in oral sex have found it to be a common practice among anywhere from 25% to 80% of the adolescent population. Anal intercourse is the newest trend among adolescent females, and for some, it functions to preserve their virginity and prevent pregnancy. This behavior is prevalent among seven percent of an upper middle-class population, and 27% among an inner city group. More recent African American adolescent virgins shave willingly participated in anal intercourse. Disturbingly, an increasing number of young people believe that neither oral nor anal intercourses are really sex. Clearly, the sexual behaviors identified above place African American youth at great risk for a multitude of negative health outcomes. Despite steady declines since 1991, approximately 9% of females between the ages of 15-19 become pregnant each year. In addition to the high risk of pregnancy, sexually active adolescents in the U.S. risk acquiring one or more sexually transmitted diseases (STDs). Every year, approximately three million African American adolescents acquire an STD. This represents the highest rate of infection among all age groups nationally and in all industrialized nations worldwide. Of all the negative outcomes associated with adolescent sexual behavior, none poses a greater threat to the health of African American youth than HIV infection and
AIDS. Each year, 20,000 young people between the ages of 13-25 are infected with HIV. As of this writing, there is no cure for HIV infection. Since the 1980s, more than 400,000 Americans have succumbed to AIDS-related illnesses. The behaviors and outcomes identified above provide compelling evidence for school-based sex education.

The New Millennium

Over the course of the past several decades, school-based sex education has made a number of positive, well-documented advances and has made its way to the African American churches. Gone are the days when most African American schools chose not to address some or many aspects of sex education. Today, 82% of high schools, 76% of middle/junior high schools, and 57% of elementary schools require sex education on their campuses. “School-based sex education curricula have also made tremendous strides in their evolution. Today, SBSE curricula are grounded in science and psychosocial theory and have been rigorously evaluated for effectiveness.”56 Each of the following curricula has been identified by the Centers for Disease Control and Prevention as having strong evidence of success - Reducing the Risk; Safer Choices; Becoming a Responsible Teen; Making a Difference: An Abstinence Approach to STD, Teen Pregnancy & HIV/AIDS Prevention; and Making A Difference: A Safer Sex Approach to STD, Teen Pregnancy & HIV/AIDS Prevention. Each of these curricula has been tested with a diversity of youth populations in a variety of school and community settings. Detailed descriptions and outcomes can be found at www.cdc.gov/nccdphp/dash/rtc.

Characteristics of Effective SBSE Curricula & Programs

Within the last decade, researchers have identified specific characteristics that make prevention programs effective. In a recent comprehensive review, Kirby (2001) noted that effective pregnancy/HIV/STD prevention curricula possess the following characteristics. Curricula that lack one or more of these characteristics are less likely to bring about desired behavioral effects: Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection; Are based on theoretical approaches that have been demonstrated to be effective in influencing other health-risk behaviors; Give a clear message about sexual activity and condom/contraceptive use and continually reinforce that message; Provide basic information about the risks of adolescent sexual behavior and about methods of avoiding intercourse or using protection against pregnancy and STDs; Include activities that address social pressures that influence sexual behavior; Provide modeling of and practice with communication, negotiation, and refusal skills; Employ a variety of teaching methods designed to involve the participants and have them personalize the information; Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience and culture of the students; Last a sufficient amount of time to complete important activities adequately; and Select teachers or peer leaders who believe in the program they are implementing and then provide them with training.

Abstinence-Only Curricula

“The abstinence-only-until-marriage movement has gained momentum in recent years, and has been supported further by a 1996 Congressional Act that allocated $250 million over
five years (1998-2002) to fund state programs providing abstinence education.” The Act defines abstinence education as the teaching of benefits of abstinence in terms of social, psychological, and health gains, as well as the potential harmful consequences of sexual activity and childbearing outside of the context of marriage. A recent poll found that 70% of Americans oppose the provision of federal funds for abstinence-only curricula that prohibit teaching about the use of condoms and contraception for the prevention of unintended pregnancy and HIV/STD infection. Still, as a result of this Act, several abstinence-only curricula have emerged and are being used nationwide. In his recent review of programs that reduce teen pregnancy, Kirby noted that few evaluations of abstinence-only programs have taken place. Only three studies were included in his review, and no conclusions could be drawn from these studies. Other evaluations of abstinence-only curricula have shown that they do not meet professional standards for comprehensive sex education curricula and they fail to bring about the desired effects of a delay or reduction of sexual intercourse or the use of contraceptives. It is expected that a government study of federally funded abstinence-only programs will be completed by 2002, which should provide more conclusive evidence about the effectiveness of these programs.

Implications for the 21st Century

“Schools and communities must acknowledge that the majority of American young people will be sexually active prior to their high school graduation. Accordingly, schools and communities must respond proactively by providing students with the comprehensive sex education curricula they need to prevent the detrimental outcomes of their sexual behavior.”

Denial that young people are sexually active, or failure to provide scientifically validated


58 Ibid.,
curricula, may jeopardize the future of this generation and those that succeed it. In some African American churches there is an embedded theology of sex based on the African American history of sex. “The involvement of young people themselves in developing and providing sex education has increased as a means of ensuring the relevance and accessibility of provision.” Consultation with churches and young people at the point when programs are designed helps ensure that they are relevant and the involvement of young people in delivering programs may reinforce messages as they model attitudes and behavior to their peers. Young people’s beliefs and behaviors are influenced deeply by their connection with a religious faith as well as their family and peers. If the African American church is to be relevant to young people, we need to listen to their voices and take them seriously on matters related to sex. To do otherwise, would cheat the entire church of the wisdom, insight and deeply held religious beliefs they have to offer. Young people need more open, frank and honest education about sexuality.

The faith and the teachings of our churches influence our decisions and help us decide with whom we want to spend our time with. The most important way churches have influenced people is by helping them develop a mature, spiritual understanding of relationships and high expectations for relationships. How do religious faith and congregational involvement influence the sexual values and behaviors of teenagers? “The writer” surveyed 319 African American teenagers involved in faith-based institutions. The following results revealed that 94% of teen respondents said their faith is very important or important to them. They are very involved in congregational life and place a high priority on congregational activities. 71% of teens participate in two or more religious activities each week, in addition to attending worship services. Virtually all the teens said they are involved in some religious activity in addition to

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59 Ibid.,
worship attendance. Only 1% percent of African American teens believe that their faith is not important at all. Churches are still influencing today’s youth positively. “The African Methodist Episcopal Church’s Social Principles state that sexual relations are only affirmed in the bonds of marriage. We know teens and young adults are having sexual intercourse outside the bonds of marriage, though.”

Teens involved in faith-based institutions show rates of sexual intercourse significantly below those shown in secular studies. Data from Faith Matters show only 31% of 12th graders who are highly involved in congregational life have had sexual intercourse. The study also discusses a subgroup with deep personal faith and especially involved in church. Among these subgroup 12th graders who have had intercourse drops to 16.5%.

The general belief is that sex before marriage is not appropriate. Faith Matters study found that while many religious teens are involved in other sexual behaviors, including oral sex. Twenty-nine percent of males and 26% of females in the 11th and 12th grades say they have had oral sex. 55% of teens surveyed think they cannot contract HIV or another sexually transmitted disease from oral sex. An alarming response is that 55% of teens surveyed think they cannot contract HIV or another sexually transmitted disease from oral sex. The study also found that among 11th and 12th grade congregationally involved teens, 70% have fondled a partner’s breasts and/or genitals. Half have been nude with a member of the opposite sex. 89% percent of males and 71% of females masturbate. Almost all have kissed a member of the opposite sex.

“The African American Church has many diverse cultures involved when discussing sexuality. In many countries like South Africa who are experiencing high HIV & AIDS rates, saying no to

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60 H.D. Gregg, *History of the AME Church: The Black Church in Action.*

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sex is not permissible. However, in places like Brazil where HIV/AIDS medicine is free, saying no to sex is highly unlikely.  

In other cultures it’s acceptable to stone a woman to death if she has dishonored her family, or to subject her to genital mutilation so that she can’t dishonor her family. And, of course, raping women as a spoil and retaliation of war is rampant in some countries. It’s even common in some cultures to dispose of female infants. They are considered unwelcome burdens on already-burdened families. These myths and cultural practices underscore the vital importance of imparting scientifically accurate information to young people. Peer groups and education are vital. Among young adults the emphasis of sexuality is a very personal decision. Every person has to decide for his or herself. Today’s teens want to know why the church or someone failed to teach them about pills or condoms. Young women express some resentment at the churches about their situations and ask the question where the church was before they got pregnant. If they would have understood the way their faith could shape their decisions, they might not have had intercourse. Young people know what they do is their responsibility, but the right information could change lives. Youths from congregations that provided information about contraception, HIV and other sexually transmitted diseases reported minimal instances of pregnancy or sexually transmitted disease. This was about 8% of responding congregations. Youths from African American congregations were not any more or less likely to have had sexual intercourse. On the other hand, youths from congregations that did not supply such information may not be so fortunate. 11% of females who have had intercourse have had a pregnancy. 9% of youths who have had intercourse or oral sex have had a sexually transmitted disease.

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61 H.D. Gregg, History of the AME Church: The Black Church in Action.
“Half of the teens who became pregnant chose to end that pregnancy with abortion. This included teens from church traditions that are strongly pro-life. In many instances, potential disapproval of their families and congregations if they became unwed mothers played a role in the decision to have an abortion.”

It should be emphasize that involvement in a faith-based institution does not by and of itself protect teens against unwanted sexual experiences. 31% of the 11th and 12th grade females said they have had an unwanted experience. Force played a role, particularly in those instances where the unwanted experience was intercourse. Social and emotional pressure and poor communication were greater factors, though. 90% of female teenagers said they would like programs from their faith-based institutions that would help them develop healthy assertiveness to avoid rape, sexual harassment and abuse. How can the church respond? “Teens generally give their congregations poor grades in providing information about sexuality and with guidance to prepare for marriage and parenting. Teens are virtually unanimous in wanting their faith-based institutions to do more to help them relate their faith to dating, sexual decision-making, marriage and parenting.”

They claim to be very open to more help from their congregations. They also claim to be frustrated with the overall failure of adult society to give needed help. “To the extent that our religious communities are sexually silent, we fail to bring faith’s resources of support, guidance, and care to deeply significant aspects of our members’ experiences. … Our congregations are losing countless teenagers and young adults, not to mention older persons, because they continue to be silent, timid and negative about sexuality.”

63 Ibid.,
64 Ibid.,
Tips for African American congregations who has a history rooted in desexualization which effects and have serious ramifications on the African American community. The first step is to provide comprehensive faith-based sexuality training for all youths and young adults. Comprehensive sexuality education includes addressing abstinence and information about sexuality and decision-making skills. Then, make sure the sexuality education addresses sexually transmitted diseases including HIV/AIDS, also, by training adults in congregations on being mentors to young people. Further steps include providing a clear connection of sexuality to spirituality. Young people need help in seeing themselves as the children of God and relating their faith to sexual values and decisions, helping prepare young people for marriage and parenting. And, by ensuring support for those young people who are wrestling with their sexual orientation. A 1989 U.S. Department of Health & Human Services study found that teens dealing with issues of sexual identity are two to three times more likely to attempt suicide than are other youths.

Dialogue questions and comments should be used to stimulate conversations such as: How was information about sexuality passed onto you as you were growing up? Do you think it was adequate? How could it have been better? The church’s silence about sexuality is resulting in deaths and needless human suffering. Why is the church so silent and what can be done to move it into action? What did Jesus say about sex based on Paul and other biblical writers? How can the church make the love passage in 1 Corinthians 13:4-7 more relevant in people’s lives in terms of human sexuality What can your congregation do to make it a safer place for young people as they seek answers to questions about human sexuality?
CHAPTER 4

PROFESSIONAL APPLICATIONS

At work, employers can easily have one-to-one discussions with employees which focus on specific issues, questions or concerns. They can have a dialogue about their attitudes and views. Sex education policy at work also tends to take place over a long time, and involve lots of short interactions between employer and employees. There may be times when employees seem reluctant to talk, but it is important not to interpret any diffidence as meaning that there is nothing left to talk about. It is also important not to defer dealing with a question or issue for too long as it can suggest that you are unwilling to talk about it. There is evidence that open communication about sexual matters can lead to a greater prevention from its abuse later. Are churches prepared for a sexual misconduct allegation? “There are a relatively low number of occurrences of sexual harassment in churches or ministry workplaces. Only two percent of respondents who work in a church or ministry setting say their employment was contingent upon dates or sexual favors. This number goes up sharply in the secular world: 22 percent of women reported "quid pro quo" harassment.”\(^{65}\) While the courts recognize both quid pro quo and hostile environment as two forms of sexual harassment, a church employer can prevent both types of problems by adopting—and following—a written policy. Larger churches are better prepared than smaller churches. "The federal law regarding sexual harassment only applies to employers with 15 or more employees. As a result, churches are often unprepared to comply with this law once they hire their 15th employee."\(^{66}\)


\(^{66}\) Ibid.,
Only half of church employees said their employers (either in the secular world or in churches and ministries) have established sexual harassment prevention and response policies. This means many churches may be vulnerable to a claim of sexual harassment. “Recognizing this deficiency, several people started policy writing and creating training curriculum to educate clergy on sexual policies within ministry, as well as for the church as a workplace. The AME church train all bishops and presiding elders and local pastors in what to do when somebody brings a complaint of this nature—how it is to be processed and handled. It’s best to deal with it openly, honestly, and expeditiously.” Unfortunately, not all church leaders invest this kind of time and energy into understanding, preventing, or responding to sexual misconduct or harassment allegations. In fact, several admitted they are not sure what their employers are doing to reduce the occurrence of harassment or sexual misconduct. Fewer churches have sexual misconduct policies in place to protect volunteers because federal law does not mandate it. Churches should create policies to protect both employees and volunteers. The church needs to be proactive in preventing harassment by training its leaders on the subject. It also needs to train its employees and volunteers to treat each person with dignity and respect.

Due to the trusting relationship that exists between clergy and church employees and members, some states have passed laws that automatically make any form of sexual contact between clergy and church employees and members a felony.

When a Pastor Becomes a Predator

Pastors are put up on a pedestal, and no one wants to believe that they could do anything like this. “NationalChristianPoll.com results reveal that women recognize when they are being

67 H.D. Gregg, History of the AME Church: The Black Church in Action
sexually harassed by their male colleagues or bosses, but say they do not plan to report these instances. The main reason: They don't want to stir up controversy.” While sexual harassment is misconduct that occurs strictly in an employment context, inappropriate sexual contact of any kind between a pastor and an employee or church member becomes more complicated because of the spiritual dimension of this relationship. Clergy persons now have a much better understanding that they have the power. They stand between the parishioner and God in a lot of people's minds, whether the clergy person articulates it or not. When someone files a sexual harassment lawsuit in the workplace, they're doing it to win a monetary award for pain and suffering. However, if somebody turns to the church for a claim of clergy misconduct, they're doing it to bring it to the church's attention to try to stop it so no one else gets hurt. There's very little motivation to do that except the motivation of making something right.

A Time to Heal

“Based on the NationalChristianPoll.com survey results, women who experienced sexual mistreatment in a church or ministry setting say they are less likely to trust men; they are less likely to trust leaders; and the experience made them pray more. Some, because of the shame and guilt became angry and left the church altogether.” It is highly recommend that churches establish sexual ethics policies for all ministry leaders. For churches that employ 15 or more people, it is imperative to adopt clear, written policies regarding sexual conduct to protect their volunteers, employees, and themselves. “If the church recognizes that it may occur, and prepares for that possibility, they are the ones who rarely need to use the policies they have in place. On the other hand, the churches that fail to prepare usually pay a very high price. When sexual

68 M. Liautaud, Christianity Today, Sexual Misconduct at Church, 2010.
69 Ibid.,
boundaries are crossed between church employees, the legal consequences can be significant. Juries tend to award larger damages to victims of sexual harassment within churches because they think church should be a safe place.\textsuperscript{70} The EEOC (Equal Employment Opportunity Commission) offers these guidelines: Prevention is the best tool for the elimination of sexual harassment. An employer should take all steps necessary to prevent sexual harassment from occurring, such as affirmatively raising the subject, expressing strong disapproval, developing appropriate sanctions, informing employees of their right to raise—and how to raise—the issue of harassment under Title VII, and developing methods to sensitize all concerned. Along with turning to a skilled attorney for help in drafting and reviewing sexual harassment policies and procedures, be sure to check if your church insurance covers employment-related claims, such as a sexual harassment claim. Churches need to set better boundaries. Pastors are in many intimate situations. They're allowed to counsel people who, in many cases, are very vulnerable. Pastors should meet with a counselee one time with someone else present in the general surrounding area, and then refer that person to a professional counselor. Churches should install doors with glass inserts. If something feels uncomfortable, it's okay to speak up and say so. Even with beloved pastors, if their behavior makes you feel uncomfortable, it's okay to say something about it.

Community

In the expanded church community the interaction between the church and community takes a different form and is often provided in organized blocks of planning. It is not as well suited to advising the community as it is to providing information from an impartial point of view. \textsuperscript{70}Ibid.,

\textsuperscript{70} Ibid.,
can make.”

Community programs which involve people outside the church, can present a different challenge if not closely monitored. Church and community both need to engage with each other about the messages that they get from the media, and give them opportunities for discussion. Leaders from community centers focus on young people’s answers to two questions: whether they had received “any formal instruction at school, church, a community center, or some other place about how to say no to sex” before the age of 18 and whether they had received any formal education about birth control. Young people who reported only receiving information on how to say no to sex were classified as participants in abstinence-only programs and young people who reported getting both messages were classified as having received comprehensive sex education. These two groups were also compared to young people who reported receiving no formal sex education.

“To assess sexual risk leaders looked at whether respondents reported ever having engaged in vaginal intercourse, been involved in a pregnancy, or been diagnosed with a sexually transmitted disease (STD).” It has been discovered that young people who received comprehensive sex education were significantly less likely to report a teen pregnancy compared to those who received no sex education. Abstinence-only programs were not significantly associated with a risk reduction for teen pregnancy when compared with no sex education. In comparing abstinence-only programs with comprehensive sex education, comprehensive sex education was associated with a 50% lower risk of teen pregnancy. After adjusting for

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73 Ibid.,
demographics, abstinence-only programs were not significantly associated with a delay in the initiation of vaginal intercourse. Comprehensive sex education was marginally associated with reduced reports of vaginal intercourse. Neither abstinence-only programs nor comprehensive sex education were significantly associated with risk for an STD when compared to no sex education.

Further findings were young people who received no sex education tended to be black, from low-income non-intact families, and rural areas. Young people who received abstinence-only programs tended to be younger and from low-to-moderate-income intact families. Young people who received comprehensive sex education tended to be slightly older, white, and from higher-income families in more urban areas. The strongest predictor for an STD diagnosis was a non-intact family. Adolescents in these families were four times more likely to report having been diagnosed with an STD.

Demographic Findings

This information adds to the growing body of research in support of a comprehensive approach to sexuality education. First, it confirms that abstinence-only-until-marriage programs are not effective in changing young people’s sexual behavior or preventing negative outcomes such as teen pregnancy. More importantly, however, it confirms that programs that teach young people about both abstinence and contraception/disease prevention are, in fact, effective. “In particular, those that receive information about birth control in formal sex education were associated with a 50% lower risk of teen pregnancy when compared to receiving information only on abstinence. It also confirmed that talking to young people about birth control does not lead to increased sexual activity or higher STD rates as many critics of comprehensive sexuality
education continue to claim.\textsuperscript{74} Comprehensive sexuality education programs are defined as one that start in kindergarten and continue through 12th grade. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.

There is a good chance that many of the students grouped as having received comprehensive sex education did not receive such a thorough program. In fact, very few students do. However, it’s encouraging that even programs that simply cover birth control and abstinence can reduce young people’s risk of teen pregnancy. And, though we know little about the abstinence-only programs that these students were exposed to, we do know that they withheld information about contraception and we know that this approach has failed to reduce sexual activity, teen pregnancy, or STDs. The stated goals of federally funded abstinence-only-until-marriage programs are to delay sexual activity and prevent teen pregnancy and, yet, this research shows again that programs that discuss birth control as well as abstinence do a better job at both of these tasks. This research should encourage policymakers to end funding for failed abstinence-only-until-marriage programs and begin funding programs that work. We know that young people of color and young people from low-income communities are disproportionately affected by teen pregnancy and sexually transmitted diseases. In order to overcome these health disparities, we must ensure that these young people, in particular, receive high quality sex education.

\textsuperscript{74} P. Kohler, et al., “Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy,” \textit{Journal of Adolescent Health} 42.4 (March 2008); 344–351.
Church

“In some churches, the involvement of outside assistance in developing and providing sex education has increased as a means of ensuring the relevance and accessibility of provision. Consultation with churches at the point when programs are designed helps ensure that they are relevant in delivering programs may reinforce messages as they model attitudes and behavior.”

Too often when Christians mention theology and sexuality in the same sentence someone is trying to assert moral superiority over someone else. Some of us run away at any mention of a discussion combining theology and sexuality. This is because we are accustomed to it becoming a self-serving slug-fest, usually with the Bible wielded as a weapon. Thinking people of faith should be a delightful, faith-filled experience when we talk about theology (reflecting on Christian faith in God) together with sexuality (a precious gift of God). Too often, though, it is not a delightful experience. Gay, lesbian or transgendered persons brace themselves for how their identities and families will be referred to as an issue up for debate. And then the issue will be reduced to only one thing, sex. Those whose bodies are differently-abled prepare to be ignored or pitied. Those who have contracted HIV/AIDS get ready for the almost inevitable ignorant or cruel references to them. Depending on how we were brought up, a theology of sexuality can also be an embarrassing subject for some to discuss openly. Because human sexuality always involves vulnerability, a respectful attitude and a right to privacy should be non-negotiable.

Privacy vs. Secrecy

“Privacy is important, but not secrecy. The all too common secret use of sex by Christians and others for harm makes it imperative to talk openly about how our theology connects to our understanding of sexuality. Secrecy enables child pornography sold via the Internet, sexual misconduct by pastors with members of their congregations, or husbands sexually coercing their wives within heterosexual marriages.”\textsuperscript{76} Some Christians silently wish for a church context where they can ask personal questions. Moreover, some Christians silently wish for a church context where they can ask personal questions about a range of concerns: infertility, self-image and penile dysfunction or breast mastectomy, sexual, sensual needs as a single, elderly adult, how to talk to our children about masturbation or menstruation, the difference between flirting and sexual harassment, and how to talk theoretically about the relationship between gender and sexuality and God without reinforcing social biases. It should not be too much to hope for a space in the church where such concerns could be openly addressed as part of a broader understanding of Christian theology and human spirituality.

“We need a common understanding of what sexuality is. In the gospel of Luke, for instance, when the “woman of the city who was a sinner” kisses Jesus’ feet, anoints them with oil, and wipes them with her hair (Luke 7:37-50), does that gesture have anything to do with sexuality? Or when Paul exhorts the Corinthians to “greet one another with a holy kiss” (1Corinthians 16:20), what is he saying about sexuality, about spirituality, or about how they can or cannot be combined?”\textsuperscript{77} Yes, sexuality has to do with our genitals, hormones and

\textsuperscript{76} T. West, Sex and the Church — Faith matter: Theology of sexuality, 2010.
\textsuperscript{77} Ibid.,
chromosomes, but it should not be mistakenly understood as merely physiological. Sexuality incorporates both individual physical acts and self-expression.

God’s gift of sex

“God’s wondrous creation of human sexuality should never be reduced simply to a sex act or a particular sexual practice. To suggest that you can practice sexuality or not like flipping a light switch on or off is a blasphemous negation of God’s creativity, of how sexuality is woven into the fabric of the human mind, body and spirit.”78 suggest that you can practice sexuality or not like flipping a light switch on or off is a blasphemous negation of God’s creativity. God’s gift of sexuality is experienced through: our sensory perceptions; taste, touch, smell, sight, hearing; our emotional life; wants, needs, fears, shame, joys, wonder; our spirituality; prayers of thanksgiving, mind/body/spirit meditation, acknowledgement of being God’s precious creation; our affect; sensual/emotional presence impacts others when we enter the room; our minds; ability to imagine, fantasize, delay and interrupt sensory responses; and our physicality; our body's shape, texture, hairiness, stamina, flexibility, capacities, movement. “Furthermore, sexuality should not be understood as merely an individualistic quality. It includes the inherent social dimensions of vulnerability and accountability to others. A person may be in an intimate, covenantal relationship with another person, or single and celibate.”79 You may be taking a solitary, luxurious, sensual bath, or talking to your doctor about a sexual reproduction issue. In both our being and our doing, sexuality is a continuing part of our emotional, spiritual, social and bodily practice. It is an inherent part of our God-created, shared humanity.

78 Ibid.,
79 Ibid.,
Ethical dimensions

“Exploring theology about the trinitarian nature of God can be a creative way to remind ourselves of the meaning of human sexuality and its ethical dimensions. As Christians we believe that God created the incredibly diverse beings we are.”\textsuperscript{80} This, of course, includes human sexuality. It reminds us to humbly marvel at God’s handiwork in the diversity of human creation and to treat each other with respect and equal regard. The incarnation of Jesus reminds us of the preciousness of our own bodies to God. The incarnation of Jesus, at once fully divine and fully human flesh and blood, reminds us of the preciousness of our own bodies to God. It should also remind us to always treat our own bodies and other people’s as equally endowed with precious, sacred worth. The Holy Spirit is God with us at all times. It reminds us that God’s loving presence never abandons us, always supports our wholeness, no matter whether in joyful sexual pleasure or cruel sexual victimization. This loving witness of the Holy Spirit models solidarity for us to emulate by supporting one another. Studying the Bible provides another way to engage in a wonderfully rich theological reflection on sexuality. I do not mean using the Bible as a sword to slay other Christians through singular interpretations of selected passages about sexuality. Let us remember that all our understandings of scripture are interpretations. They are based on many, many translations of the Bible over centuries of evolving scholarship.

Studying and seeking

Our theology of sex should be informed by studying the entire canon of scripture to include Hebrew and Greek in addition to seeking God’s revelation. To accomplish this, we need to examine the wide variety of passages that mention sexuality. Passages we study might

\textsuperscript{80} Ibid.,
include: 1 Kings 11:3 the sexual/marital arrangements of King Solomon who had 700 wives and 300 concubines; 1 Corinthians 7 Paul’s preference for Christians to remain virgins and unmarried in order to freely focus on pleasing God; Song of Solomon 4:1-5 — its sensual poetry that describes the beauty of a woman’s lips, neck, breasts; Deuteronomy 22:23-24 the law requiring that a betrothed urban dwelling virgin, who is raped, be stoned to death for failing to cry out for help, as well as stoning her rapist for violating what belonged to another man; Romans 1:24-28 Paul’s discussion of idolatry and the giving up of natural passions for unnatural ones; Matthew 19:11-12 Jesus’ teaching about eunuchs; Hosea 2:2-3 sexual-marital metaphors for God’s relationship to Israel in the prophets, such as God’s violent punishment of stripping her naked and killing her because of her whoring ways; Revelation 17:15 the apocalypse imagery of the whore who is made naked, has her flesh devoured, and is then burned with fire; Luke 1:7-18 fertility problems of Elizabeth and Zechariah; Leviticus 12:2, 5 — uncleanness of women who have just given birth, of women who are menstruating, and of menstrual blood; and John 8: 1-11 Jesus stopping the stoning of a woman accused of adultery.

Studying with a diverse group of Christians and using differing translations and commentaries about scripture passages such as these can add vitality to the development of a Christian theology of sexuality. Sin is among the most commonly mentioned themes in theological discussions of sex. Painful historical and current examples such as judgmental Christian who spew out damnation toward anyone sex belief who opposes their opinion. Sin that involves sex can be a serious temptation. This is mainly because sex involves such a vulnerable, intimate aspect of our humanity. Unfortunately, some too often see vulnerability as an opportunity to exploit and abuse, to gain advantage or power over another. Fortunately, God’s grace is always available. It reconnects us to God, enabling us to recognize the precious, equal
sacred worth of people we have sinfully cast aside and to have the courage to make restitution.

“Theology is an ongoing, evolving project for Christians. It needs room to grow and develop. It requires nurturing with thoughtful engagement with others and lots of prayer.”

Churches should consider questions and concerns such as: What five ground rules would help a group of African American Christians with differing perspectives, including disagreements; respectfully work together on how to articulate a theology of sexuality? Is sexuality a good gift of God? Why or why not? What evidence for it do you find in scripture and theology? How do the biblical passages mentioned in this article about sexuality fit with broader theological ideas consistently found in scripture that you think are essential to Christian faith? What communities and groups do you think are usually left out or marginalized that should be included in a discussion of the church’s theology of sexuality? How could/should their voices be included?

81 Ibid.,
CHAPTER 5
LEARNING STRATEGIES

There are several strategies, techniques, programs and workshops to choose from and effective church sexual education programs will include the following elements: A focus on reducing specific risky behaviors, basis in theories which explain what influences people's sexual choices and behavior, clear, and continuously reinforced message about sexual behavior and risk reduction, accurate information about, the risks associated with sexual activity, about contraception and birth control, and about methods of avoiding or deferring intercourse, dealing with peer and other social pressures on young people; providing opportunities to practice communication, negotiation and assertion skills, variety of approaches to teaching and learning that involve and engage young people and help them to personalize the information, approaches to teaching and learning which are appropriate to young people's age, experience and cultural background, and is provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex educators.

Formal programs with all these elements have been shown to increase people's levels of knowledge about sex and sexuality, put back the average age at which they first have sexual intercourse and decrease risk when they do have sex. In addition to this, effective sex education is supported by links to sexual health services and takes into account the messages about sexual values and behavior young people get from other sources (such as friends and the media). It is also responsive to the needs of the young people themselves whether they are girls or boys, on their own or in a single sex or mixed sex group, and what they know already, their age and experiences. Sex education aims to reduce the risks of potentially negative outcomes from sexual behavior, such as unwanted or unplanned pregnancies and infection with sexually transmitted
diseases including HIV. It also aims to contribute to young people’s positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime. Sex education that works, by which we mean that it is effective is sex education that contributes to both these aims thus helping young people to be safe and enjoy their sexuality. If sex education is going to be effective it needs to include opportunities for young people to develop skills, as it can be hard for them to act on the basis of only having information. “The skills young people develop as part of sex education are linked to more general life-skills. Being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills which can be applied to sexual relationships. Effective sex education develops young people’s skills in negotiation, decision-making, assertion and listening.”82 Other important skills include being able to recognize pressures from other people and to resist them, dealing with and challenging prejudice and being able to seek help from adults - including parents, careers and professionals through the family, community and health and welfare services. Sex education that works also helps equip young people with the skills to be able to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception.

Young people can be exposed to a wide range of attitudes and beliefs in relation to sex and sexuality. These sometimes appear contradictory and confusing. For example, some health messages emphasize the risks and dangers associated with sexual activity and some media coverage promotes the idea that being sexually active makes a person more attractive and mature. Because sex and sexuality are sensitive subjects, young people and sex educators can have strong views on what attitudes people should hold, and what moral framework should govern people's behavior these too can sometimes seem to be at odds. “Young people are very interested in the moral and cultural frameworks that bind sex and sexuality. They often welcome opportunities to talk about issues where people have strong views, like abortion, sex before marriage, lesbian and gay issues and contraception and birth control.”

It is important to remember that talking in a balanced way about differences in opinion does not promote one set of views over another, or mean that one agrees with a particular view. Part of exploring and understanding cultural, religious and moral views is finding out that you can agree to disagree. People providing sex education have attitudes and beliefs of their own about sex and sexuality and it is important not to let these influence negatively the sex education that they provide. For example, even if a person believes that young people should not have sex until they are married, this does not imply withholding important information about safer sex and contraception. Attempts to impose narrow moralistic views about sex and sexuality on young people through sex education have failed. Rather than trying to deter or frighten young people away from having sex, effective sex education includes work on attitudes and beliefs, coupled with skills development that enables young people to choose whether or not to have a sexual relationship taking into account the potential risks of any sexual activity. “Effective sex education also

83 Ibid.,
provides young people with an opportunity to explore the reasons why people have sex, and to think about how it involves emotions, respect for oneself and other people and their feelings, decisions and bodies. Young people should have the chance to explore gender differences and how ethnicity and sexuality can influence people's feelings and options. “They should be able to decide for themselves what the positive qualities of relationships are. It is important that they understand how bullying, stereotyping, abuse and exploitation can negatively influence relationships.

Young people get information about sex and sexuality from a wide range of sources including each other, through the media including advertising, television and magazines, as well as leaflets, books and websites which are intended to be sources of information about sex and sexuality. Some of this will be accurate and some inaccurate. Providing information through sex education is therefore about finding out what young people already know and adding to their existing knowledge and correcting any misinformation they may have. For example, young people may have heard that condoms are not effective against HIV or that there is a cure for AIDS. It is important to provide information which corrects mistaken beliefs. Without correct information young people can put themselves at greater risk. Information is also important as the basis on which young people can develop well-informed attitudes and views about sex and sexuality. Young people need to have information on all the following topics: “Sexual development & reproduction - the physical and emotional changes associated with puberty and sexual reproduction, including fertilization and conception, as well as sexually transmitted diseases and HIV.” Contraception & birth control - what contraceptives there are, how they work, how people use them, how they decide what to use or not, and how they can be obtained.

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84 Ibid.,
85 Ibid.,
As sex relates to relationships, emphasis are placed on what kinds of relationships there are, such as love and commitment, marriage and partnership and the law relating to sexual behavior and relationships as well as the range of religious and cultural views on sex and sexuality and sexual diversity. In addition, young people should be provided with information about abortion, sexuality, and confidentiality, as well as about the range of sources of advice and support that is available in the community and nationally.

“Sex education that works starts early, before young people reach puberty, and before they have developed established patterns of behavior. The precise age at which information should be provided depends on the physical, emotional and intellectual development of the young people as well as their level of understanding. What is covered and also how, depends on who is providing the sex education, when they are providing it, and in what context, as well as what the individual young person wants to know about.”

It is important for sex education to begin at a young age and also that it is sustained. Giving young people basic information from an early age provides the foundation on which more complex knowledge is built up over time. For example, when they are very young, children can be informed about how people grow and change over time, and how babies become children and then adults, and this provides the basis on which they understand more detailed information about puberty provided in the pre-teenage years. They can also when they are young, be provided with information about viruses and germs that attack the body. This provides the basis for talking to them later about infections that can be caught through sexual contact.

Some people are concerned that providing information about sex and sexuality arouses curiosity and can lead to sexual experimentation. Some of them reduced sexual activity, or

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80Ibid.,
increased rates of condom use or other contraceptives, or both. It is important to remember that young people can store up information provided at any time, for a time when they need it later on. Sometimes it can be difficult for adults to know when to raise issues, but the important thing is to maintain an open relationship with children which provides them with opportunities to ask questions when they have them. Parents and guardians can also be proactive and engage young people in discussions about sex, sexuality and relationships. Naturally, many parents and their children feel embarrassed about talking about some aspects of sex and sexuality. Viewing sex education as an on-going conversation about values, attitudes and issues as well as providing facts can be helpful. The best basis to proceed on is a sound relationship in which a young person feels able to ask a question or raise an issue if they feel they need to. The role of many parents and guardians as sex educators changes as young people get older and are provided with more opportunities to receive formal sex education through schools and community-settings. However, it doesn't get any less important. Because sex education in school tends to take place in blocks of time, it can't always address issues relevant to young people at a particular time, and parents can fulfill a particularly important role in providing information and opportunities to discuss things as they arise.

Sex education can take place in a variety of settings, both in and out of school. In these different contexts, different people have the opportunity and responsibility to provide sex education for young people. In school the interaction between the teacher and young people takes a different form and is often provided in organized blocks of lessons. It is not as well suited to advising the individual as it is to providing information from an impartial point of view. The most effective sex education acknowledges the different contributions each setting can make. School programs which involve parents, notify them what is being taught and when, can support
the initiation of dialogue at home. Parents and schools both need to engage with young people about the messages that they get from the media, and give them opportunities for discussion. In some cases, the involvement of young people themselves in developing and providing sex education has increased as a means of ensuring the relevance and accessibility of provision. “Consultation with young people at the point when programs are designed helps ensure that they are relevant and the involvement of young people in delivering programs may reinforce messages as they model attitudes and behavior to their peers.”

One way this can be taught in the African American churches is to incorporate the program from The Religious Coalition for Reproductive Choice titled Keeping it Real! This program was conducted at Moses Chapel AME Church, Atlanta Georgia. As a participant in this training the writer became qualified to lead such a program in the local church for future training.

There are different types of contraception available which have grown in number over the last 50 years, providing women with an array of viable options for preventing pregnancy.

With so many choices, knowing which method is best for you can be confusing. Where do you begin? By understanding the contraception effectiveness, benefits and risks of each method, and weighing the importance of factors, like convenience, spontaneity and comfort, you can choose the method that is best for you. Oral contraceptives, commonly referred to as birth control pills or simply The Pill, work by preventing ovulation (the cyclical release of an egg from the ovaries for fertilization). Two kinds of oral contraceptives are commonly prescribed: those that use the hormone combination of estrogen and progesterone and those that use progesterone only. The latter is often called the Mini Pill. When taken correctly, both pills have a 98 to 99% effectiveness rate. Neither pill however, protects against sexually transmitted diseases.

87 Ibid.,
(STDs). Women have reported side effects from The Pill ranging from nausea, weight gain and, for nursing mothers, a reduction in breast milk production. Risks include increased blood pressure, potential for blood clots and greater chance of stroke. Women who take The Pill should not smoke, especially if they're over the age of 35. Smoking while taking The Pill increases your chances of developing blood clots and/or having a stroke. On the upside, birth control pills can regulate an irregular menstrual cycle, improve acne, reduce cramping and lessen PMS symptoms. The Mini Pill is generally considered safer than combination pills for women over the age of 35 and/or women who are already at risk for blood clots. If you're taking the Mini Pill, you're still encouraged not to smoke, especially after the age of 35. You may also experience shorter, lighter periods. Side effects include light bleeding or spotting between periods. The hormone patch is a small patch you place on your buttocks, abdomen or upper body (not breasts) that releases estrogen and progesterone just like the birth control pill. Unlike The Pill, which must be taken every day, the patch only needs to be replaced every two weeks. The hormone released through the skin works like birth control pills to prevent ovulation. Hormone shots work much like the birth control pill and the patch, only your doctor administers the hormones via injection each month or in some cases, only every three months (frequency depends on the brand name hormone prescribed for you). Most women are attracted to this option for its convenience—after your injection, there's nothing you need to do until your next one. The advantage of hormone patches and shots is that you don't need to remember to take your pill each day. Side effects are similar to the Pill and neither option will protect you from STDs. The vaginal contraceptive ring is made from a flexible material that is inserted into the vagina where it remains for up to three weeks. During this time, it releases hormones, just like oral contraceptives or the hormone patch. The side effects are similar to the other hormone-based
contraceptives, but many women like the convenience and that once the ring is in place, you don't have to think about your birth control for a few weeks.

Barrier methods of contraception work by preventing sperm from entering the uterus. Popular forms of the barrier method contraceptives include male and female condoms, the diaphragm and the cervical cap. All of these methods must be used every single time you have sex for them to be effective and the effectiveness of each is increased when used in combination with spermicidal gels or lubricants. Condoms are thin sheaths of latex that fit either on a man's erect penis (male condom) or line a woman's vagina (female condom). They are not as effective as some methods of contraception (11 pregnancies per 100 women using male condoms for a year, 21 pregnancies per 100 women using female condoms for a year), but they are inexpensive, widely available and help protect against STDs. The disadvantage for some women is that sexual activity must be stopped to put the condoms into place properly which, for some, dulls the romance. The Diaphragm and Cervical Cap: The diaphragm and cervical cap are both thin cap-like sheaths that fit snugly over the cervix. Both require you to insert the apparatus into your vagina prior to engaging in intercourse, although the diaphragm can be inserted up to two hours prior to having intercourse. The diaphragm must remain in place for three to four hours after intercourse, and it is recommended that you use a spermicidal lubricant with this method. Once the diaphragm or cervical cap is in, most women don't feel it, making it a pleasant option. Your doctor will need to fit you for these methods, but the side effects are minimal. However, the failure rate is rather high-17 pregnancies for every 100 women using a diaphragm or cervical cap for a year. Intrauterine Device (IUD):

   An IUD is a piece of flexible plastic that is inserted into the uterus by your doctor. It works by preventing the egg from attaching to the wall of the uterus. Although IUDs have the
advantage of not using hormones to prevent pregnancy, two common side effects are heavy bleeding and painful cramping during menstruation. However, the IUD is highly effective: the failure rate is about 1% (one pregnancy occurs in every 100 women using an IUD for a year).

Also, there are alternative Contraception such as: Fertility Awareness. Also known as natural family planning, fertility awareness is a contraceptive method based on documenting your menstrual cycle, with an emphasis on ovulation. Using a calendar, a vaginal thermometer and a watchful eye for changes in your vaginal mucus secretions, you'll record changes in your body throughout the month to identify your fertile time. Based on this information, you'll determine when to abstain from sexual intercourse to prevent pregnancy. Of all the contraceptive methods, fertility awareness has the highest failure rate-20 pregnancies per 100 women practicing this method for one year. Some women and/or couples have either made a firm decision not have children or have completed their families and no longer wish to deal with contraceptive methods. These options are best for long-term partners who are certain they do not and will not desire more children in the future. In some cases, these procedures can be reversed, but success rates vary and subsequent fertility can be affected. Women may opt for a tubal ligation (having the their tubes tied), where the fallopian tube is surgically cut and tied, or full sterilization where the tubes are cut and cauterized for a permanent seal to prevent eggs from being fertilized. Men can opt for vasectomy-another surgical procedure-which involves cutting and cauterizing the tubes that carry sperm into the seminal fluid.

A Faith-Based Model for Teen Dialogue on Sex & Sexuality A Groundbreaking Curriculum Geared toward African American Churches

Keeping It Real! is a groundbreaking faith-based sexuality education dialogue model created for African American teens. Developed by the National Black Church Initiative of the
Religious Coalition for Reproductive Choice, Keeping It Real! prepares youth to make healthy, responsible decisions as spiritual and sexual beings. “The eight-week curriculum of facilitated dialogue and activities is one of the first organized efforts in African American faith communities to address sex and sexuality in both a biblical and secular context.”

African American educators and ministers now have a model to break the silence about sex and sexuality and begin an open dialogue with youth. Keep it real! That's the typical response of teenagers to moral platitudes and scare tactics about sex. The sex based curriculum Keeping It Real! speaks to youth with respect and honesty and "goes where they are." Teens can talk about their own feelings and experiences, with the support and guidance of their church. Keeping It Real! is for youth ages 13 to 18. Youth meet in small dialogue groups of 12 to 15 persons, with trained adult facilitators. Designed for maximum participation, the sessions help enhance communication and cognitive and reasoning skills through role plays, reading and active listening exercises, and interpretation of scripture and popular music and media. There is a need, African Americans make up just 13% of the U.S. population, account for more than half of all new HIV infections each year and approximately half of newly reported AIDS cases. More African Americans are living with HIV and dying from AIDS than members of any other racial/ethnic group.

HIV/AIDS, and other sexually transmitted Infections (STIs), teen pregnancy and childbirth are adversely impacting the spiritual, social, political, and economic lives and the lifespan of African Americans. Recent statistics confirm that racial disparities continue to exist in sex education, access to medical care and even the willingness to have open and honest dialogue on the issue of sex and sexuality.

88 P. Willis, P.Wilson, Keeping It Real For God, For Family and For Me, A Faith Based Model For Teen Dialogue On Sex and Sexuality
In 2003 the Kaiser Family Foundation reported that African American teens (ages 13-19), who are only 15% of U.S. teenagers, account for almost two thirds (61%) of new AIDS cases in 2001. Equally frightening, the CDC reports that African American teens in the same age group accounted for 56% of HIV cases in 2000. In 2002, per 100,000 person Black population, 21% of Blacks were diagnosed with AIDS. Whereas, per 100,000 person White population, 11% of Whites were diagnosed with AIDS. In 2001, 16.3% of Black students versus 4.7% of White students under the age of 13 reported having initiated sexual intercourse. Further, 60.8% of older Black students reported having sexual intercourse, compared to 43.2% of older White students. In 2001, among currently sexually active students, 11.4% of Black students reported having been pregnant or having gotten someone pregnant, compared to only 3.3% of White students. “There is hope! As parents, guardians, caregivers, ministers, Christian educators and clergy, we are called to lead youth with prayer, Bible study, and honest dialogue. Through "Keeping It Real!" we can help teens establish a firm foundation for responsible decision-making, trusting relationships, and self-respect within God.”\footnote{Ibid.}

“The full support of the pastor, parents or guardians, and ministry leaders is critical to the success of this program. Pastors are responsible for recruiting two or more facilitators with experience working with youth.”\footnote{Ibid.} Clergy and laity should partner and demonstrate a strong willingness to learn, grow and share in the spiritual development of young people in the church community. Ideally facilitators should be prepared to make an eleven-week commitment to the program: Week 1, Training and Preparation; Week 2, Parent/Guardian/Youth Orientation; Week 3-10, Dialogue Sessions; Week 11, Evaluation and Closing Ceremony.
Keeping It Real! Is an eight session program that was recently presented at Moses Chapel African Methodist Episcopal Church. This program was divided into the eight sessions. Each session 1 Sex and Sexuality: A Spiritual Gift from God (Genesis 1:26-31) The goals and objectives are to state at least two reasons why it is important for African-American youth to engage in open dialogue about sexuality. Next, is to define human sexuality as being more than sexual behavior, describe the connection between sexuality and spirituality. Session 2 is titled It's a Family Affair: The Role of Family in Understanding Ourselves as Sexual Beings (Ecclesiastes 3: 1& 7). The goals and objectives are to list at least two reasons why it is important for African-American youth to talk openly and honestly with their parents and caregivers about sexuality. Participants are to state at least two benefits of communicating with parents about sexuality. Then they are to describe a spiritual approach to family communication about sexuality. Initiate a conversation about sexuality with a parent or caregiver.

The middle sessions begin with Session 3 Connecting with Spirit – Healthy Relationships (1st Corinthians 13:4-8a). The goals and objectives are to list at least two reasons why it is important for African-American youth to talk openly and honestly about healthy relationships. Then students are to describe how to make a spiritual connection in relationships in addition to listing at least five characteristics of healthy relationships along with describing at least two skills that help build and maintain healthy relationships. The next session, is the fourth session titled, In Your Face: Media Messages About Sexuality (Romans 12: 1-2). The goals and objectives are to list at least two reasons why it is important for Black youth to talk openly and honestly about sexuality messages in Black popular culture and media describing how to critique media messages from a spiritual perspective, critically analyze a form of media, e.g., music
video, song, etc. Participants must initiate a conversation with an important adult about sexuality messages in African-American popular culture and the media.

The next two sessions are session 5 The Freedom to Choose: Making Decisions About Sexuality (Proverbs 3:5-6). The goals and objectives are to state at least two reasons why it is important for Black youth to talk openly and honestly about sexual decision-making by describing how to have a spiritual focus when making decisions about sexuality. Students should apply a decision-making model to case studies involving African-American youth who are considering having sexual intercourse. Students will be able to initiate a conversation with a parent or caregiver about how to make decisions about sexual behavior. The title of Session 6 is titled Not in My Church: Combating Sexual Violence (Psalm 55:12-14). The goals and objectives are to describe the prevalence and impact of sexual violence among teens and young adults, agree that sexual violence is unacceptable in society, immoral, and contrary to the will of God. Then participants should define what is required for sexual consent to take place and initiate a conversation with a parent or caregiver about consent and sexual violence.

The concluding sessions are session 7 Doing the Right Thing: Promoting Justice (Micah 6:8). The goals and objectives are to describe the impact of injustice related to sexuality, state a biblical perspective on social justice. Furthermore students will state their values related to equal treatment regardless of gender, sexual orientation, and ability. Also, participants will write a brief point of view statement aimed at promoting justice for possible media placement. Then initiate a conversation with a parent or caregiver about justice and sexuality. Finally, Session 8 The Influence of the Church (John 13:34-35). The goals and objectives are to describe the past and present influence their church and its leaders have had on their understanding of sexuality. Then participants should make recommendations to pastors and faith leaders about how best to
teach and influence teens regarding sex and sexuality. Then, students should articulate at least two faith/value statements about faith communities and sexuality education and initiate a conversation with a church leader about sex.
A sexually healthy and responsible seminary promotes the integration of sexuality and spirituality across the curriculum, within the institutional environment, and through support and public advocacy for sexual justice issues. It makes a commitment to a sexual ethic based on equality and mutuality, not double standards. It requires an understanding that sexual integrity contributes to spiritual wholeness and is vital to ministerial formation. “The following five recommendations address needs highlighted by the Sex and the Seminary study and call upon the many partners involved and invested in the education of future religious leaders. Seminaries need the support of their denominational bodies, accrediting organizations, and each other to make significant strides in the sexual health of their institutions and of the professionals they graduate.”

Opportunities and Recommendations for Action should be to require/develop competencies in sexuality for ordination, revise ministerial formation standards to include sexuality education, strengthen curricular offerings and seminary environment, invest in faculty development and continuing education, promote collaboration among seminaries, educational organizations, and advocacy groups, require/develop competencies in sexuality for ordination.

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There can be no question that clergy must be sexually healthy religious professionals who possess the skills to address the sexuality needs of their congregants and maintain healthy ethical boundaries. Yet, as this study demonstrates, most seminaries are not providing their students with the opportunities to assess their own attitudes about sexuality or develop the skills they need. This is due, in part, to the fact that most denominations currently do not require their candidates for ministry to develop competencies in sexual health and education beyond sexual harassment prevention. Denominational ordination bodies must begin to address the need for requirements and competencies for ordination with regard to sexuality-related skills. Competencies should demonstrate that candidates are “comfortable with their own sexuality, [have] the skills to provide pastoral care and worship on sexuality issues, and [are] committed to sexual justice in the congregation and the society at large.”

During preparation for ordination, candidates should be required to complete courses or workshops on sexual health, education, and counseling. Denominational bodies can use their own education offices to develop specific curricula in conjunction with seminaries in order to provide learning opportunities.

We support and encourage denominations to develop or arrange educational trainings on sexuality issues grounded in their faith tradition. The Religious Institute can provide assistance to denominational offices as they establish competency guidelines. Denominational leadership in collaboration with seminaries can create a sustainable change in the sexuality training candidates for ordination receive. Revise ministerial formation standards to include sexuality education.

“The Association of Theological Schools should require that seminaries integrate sexuality education into ministerial formation.” Current ATS standards require seminaries to “take into account: knowledge of the religious heritage; understanding of the cultural context;

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92 Ibid.,
93 Ibid.,
growth in spiritual depth and moral integrity; and capacity for ministerial and public leadership." Sexuality-related issues are present in each of these four areas and should be addressed explicitly in ministerial formation: Churches should communicate religious heritage through coursework in scriptural, historical, theological, and denominational/polity studies, institutions can provide structured opportunities for students to learn how scripture and the historical tradition have shaped the understanding of sexual ethics, denominational policy, and attention or lack of attention to these issues. As well as in disciplines such as ethics, systematic theology, practical theology, and religious education, students should have opportunities to develop an understanding of the cultural realities and structures related to sexuality issues within the life of their particular faith community and society at large. In particular, students need to develop an awareness of and sensitivity to the rapidly changing context of sexuality and gender identity. In addition, it is important for students to reflect on how diverse racial and ethnic cultures and variations in religious traditions have affected their own sexualities and those of the people they will be called to serve.

In addition, they should develop conflict resolution and negotiation skills on divisive subjects. They should be encouraged to develop advocacy skills, including public speaking and media training, in order to present theologically informed viewpoints in the public square.

The Association of Theological Schools (ATS) and other accrediting bodies must work collaboratively with institutional representatives to further articulate how sexuality-related issues can become part of the standards for theological education. As part of this effort, the Religious Institute will distribute this report to every seminary in the U.S. The Religious Institute will also work with ATS member schools as they advocate for changes in and contribute to revisions of

\[94\] Ibid.,
the ATS Standards for Accreditation scheduled for 2012. There should be a strengthening of curricular offerings in seminaries. Seminaries must not only offer, but also require, the coursework that religious professionals will need to address the sexuality-related issues that arise in ministry. This coursework might include a combination of full-semester courses, coverage in introductory courses, and credit and non-credit workshops. These educational opportunities must be regularly scheduled and built into degree requirements. The seminary representatives who were part of this project recommend required coursework on human sexuality and healthy professional boundaries. A sexually healthy and responsible seminary will require at least one course on sexuality for graduation, a requirement that only one of the 36 seminaries we studied currently has. Seminaries also must assure a supportive environment for sexuality-related issues. Seminaries must have anti-discrimination, sexual harassment, and full inclusion Religious professionals in training must have opportunities to assess how their sexuality affects their “personal faith, emotional maturity, moral integrity, and public witness.” Such an assessment requires knowledge about human sexuality, including sexual behaviors, sexual response, sexual orientation, gender identity, and personal relationships, as well as theological reflection on the integration of sexuality and spirituality. It also includes an examination of how religious influences have affected their own sexuality, reflections on their own sexual biographies, and awareness of these effects on others.

Students must understand their own denominational policies on sexuality-related issues and current movements to contribute to faculty development in sexuality education, the Religious Institute has committed to: Develop a faculty network for sharing bibliographies and syllabi, including faith-based community resources and pedagogy. Collaborate with sexual and reproductive health organizations to provide training opportunities in human sexuality and
sexuality education at regional seminary locations (Boston Theological Union, Graduate Theological Union at Berkeley, and in Atlanta, Chicago, and New York). Conduct workshops and outreach at professional meetings, such as the American Academy of Religion, Society for Biblical Literature, etc. (AAR, SBL, SCE/SJE, Society for Pastoral Theology, and Association of Professors, Practitioners and Researchers in Religious Education). Continuing education is necessary to fill the gap in preparation and training for those currently serving in ministerial roles. Seminaries might consider continuing education for alumni at reunions or satellite events, or on-campus workshops open to religious professionals in the community. For example, Union Theological Seminary hosted its annual alumni gathering in October 2009 on the topic of Sex in the Church, highlighting current research in sexuality and religion, discussion of denominational action on sexuality-related issues, and training opportunities for alumni. Organizations such as the Alban Institute, Auburn Seminary, and universities with sexual health doctoral programs can also work with the Religious Institute to offer clergy in-service training on these issues.

“Promote collaboration among seminaries, educational organizations, and advocacy groups. Given the financial constraints at many institutions, no seminary can be expected to do all of this on its own.”

It was a welcome surprise that almost 9 out of the 10 seminaries have anti-discrimination policies that include sexual orientation, and half have such policies for transgender students, staff, and faculty; other seminaries, unless prohibited by their faith traditions, should implement such policies. In addition, seminaries must provide opportunities for worship and advocacy that reflect the diversity of sexuality issues students will encounter in their ministry.

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95 Ibid.,
Seminaries also must address gender equity in their faculties, staff, and boards of trustees. Although most of the schools report increasing numbers of women students (and in some seminaries, women now constitute more than half of the student population), there is an unyielding stained glass ceiling in leadership. Women represent only 19% of the presidents and 42% of the deans in the seminaries studied. Even more surprisingly, only 28% of the seminaries have boards of trustees with at least 40% women in leadership. This continued male dominance in leadership, especially on the governing boards, does not reflect the change in student composition in the past twenty years and can easily be addressed through identification and recruitment of qualified women. Too often, faculty members who teach sexuality or LGBT courses report feeling isolated in their own seminaries. Program units at the American Academy of Religion are generally more likely to concentrate on theoretical issues of queer theology or the aesthetics of sexuality than on sexuality issues related to ministry. To improve their effectiveness in training future religious professionals, faculty members who offer courses on sexuality-related issues require ongoing development opportunities and supportive networks for resource sharing.

These resources should be made available to doctoral students as well. In order to invest in the sexual health of seminary students and their future congregations, there need to be resource-rich partnerships. These partnerships would allow for jointly developed courses, workshops, and other educational events. A number of centers now provide resources that complement and reinforce what individual seminaries can offer, including regional events, worship materials, bibliographies, and trainings. Seminaries should explore additional opportunities for collaboration. Local collaboration is already taking place and should be further encouraged between institutions that are within a Union or have regional school affiliates. For example, students at other schools within the Graduate Theological Union at Berkeley can join
the Pacific School of Religion’s certificate program in sexuality. These institutions already offer workshops and events and open their classes to students from other institutions. Seminaries, denominational offices, and accrediting bodies can benefit from advocacy and educational organizations that provide faith-based resources and trainings, as well as ongoing support for students as they move into professional ministry careers. For more information on organizations which provide continuing education and technical assistance on sexuality from a faith-based perspective.

Then it is important to understand that “Seminaries nurture, educate, and train the next generation of clergy and religious professionals. Theological education cannot afford to neglect sexuality education and training for religious professionals and clergy. At a time when virtually every major religious movement is wrestling with issues of gender inequity, teen sexuality, and the rights of LGBT persons, many denominations have no requirement for sexuality education and training for their future clergy.”96 In an age when sexuality permeates popular culture, and reproductive choice, sex education, and marriage equality headline the nation’s political discourse, seminaries are not prioritizing sexuality-related courses or integrating sexuality training within ministerial formation. In a profession that finds individuals and couples, families and communities turning to them for guidance and counseling, substantial numbers of religious professionals report that their seminary training did not prepare them to address the diverse sexuality issues that arise in ministry.

Religious professionals and clergy must be able to deal with sexuality issues on personal, pastoral, and denominational levels. We have heard the witness of those who have been abused, neglected, or marginalized for reasons of sexual orientation, gender, and gender identity. We

96 Ibid.,
have seen how sexual misconduct and sexual abuse scar individuals, tear congregations apart, and financially devastate and ethically discredit denominational bodies. Theological education can no longer afford to neglect sexuality education and training for religious professionals and clergy. Many partners are needed to bridge the gap between sexuality and the seminary. Collaboration among seminaries, denomination offices, accrediting bodies, and education and advocacy groups is necessary to assure that every theological institution is a sexually healthy and responsible one. Through commitment and collaboration, we can change the landscape of sexuality education for religious professionals and clergy. Together, we can assure that future religious leaders will indeed be pastors for sexual health and prophets for sexual justice.
There are still very few studies on the effectiveness of sexual education programs in transferring knowledge about safe behaviors. More importantly, it appears to be a weak relation between the transferring of knowledge, and real changes on the perception of sexuality and sexual behavior. Creating an effective sexual education curriculum is of great importance, especially when targeting adolescents. Traditional sexual education programs are expensive and therefore hard to scale up. The large majority of the existing programs are traditional lectures by professors or health specialists on teen pregnancy, clergy accountability and congregation responsibility. This makes it very difficult to guarantee the implementation of a basic sexual education curriculum in a church setting characterized almost everywhere by lack of resources.

Programs are now trying to use the internet and other Information and Communication Technologies as an instrument for improving access to sexual education and information. African American Churches can partner with other churches to secure resources needed to measure the impact of providing churches with access to modules of sexual education curriculums. The question is whether the internet modules are an effective tool to improve knowledge, and sponsor medium term behavioral change among church members who have direct access to the course, as well as whether this has any effect on the extended community.

Program evaluation serves as a mean to informs us about our students learning, which is what it’s all about really! This program and session provide feedback loops between the facilitator/educator and students in an ongoing and dynamic way. This assures that each session, and programs overall, addresses the unique needs and interests of a particular group of students.
at any given time.”\textsuperscript{97} It allows us to adjust our program or session to address the learner’s needs immediately! Review and use feedback throughout this program is to see if students are getting it. We can always adjust our approach to improve effectiveness. It demonstrates that we did what we intended and agreed to do. (This is called process evaluation.)

Process evaluation: “Informs us about progress we are making toward long-term impacts. Programs to prevent pregnancy, sexual assault, and HIV/STD infection, for example, require long-term comprehensive programs.”\textsuperscript{98} It is essential to find ways to measure progress along the way. It enables us to develop and grow as educators. Our youth and young adults deserve nothing less than excellence. As such, we must uphold standards of excellence and the highest level of integrity as we conduct this important work.

The basic of evaluating this program is not a discrete component of the work that is separate from the program that is delivered. It is integral. Evaluation activities occur before the sessions/programs, during the sessions/programs, at the end of sessions/programs and after a follow-up period. Types of program evaluation used are needs assessments measure what we need to do. Assessing needs involves gathering information about the group’s background and issues. Assessment can reveal youth current and changing knowledge levels. The needs of students can be assessed before, during, and after the sessions and programs.

Assessment Questions ask the following types of questions such as, What do you know about? What do you hope to learn? How do you feel about?” Process evaluations measure whether the program happened as intended. Evaluating the education process measures what happens during the session and program. Process Questions ask such questions as: Did the program conduct the number of sessions that covered the intended topics in the planned length of

\textsuperscript{97} Ibid.,  
\textsuperscript{98} Ibid.,
time? What was the attendance per session overall and for each student? Outcome evaluations measure the immediate changes among the students after the session or program. This typically describes changes in one or more areas of learning: knowledge, attitude, and behavior. This program and session objectives provide important tools for evaluating sexuality education events.

Program Objective is to increase condom use and the session objectives identify the steps to use condoms correctly. Furthermore steps are sought to explore attitudes about using condoms as well as demonstrating communication with a partner about condom use. Impact evaluations will measure the long-term changes among students months or years after the program. This kind of evaluation is best suited for long-term, more comprehensive and intensive programs. Initial indicators of success are short-term, measurable outcomes that indicate progress in the right direction toward long-term program impacts.

Program Impact focuses on providing a decrease in STIs, including HIV. Initial success indicators are that students know how STIs and HIV can be transmitted. Students have positive attitudes toward risk reduction. Students report consistent condom use. More advanced statistical analyses can also be used to measure the effectiveness of programs. They can identify and control for variables outside of this program that might contribute to changes among students.
CHAPTER 8
CONCLUSIONS

The effectiveness of church-based programs is crucial since there is a lacking in the school classroom where most teens receive sex education. Yet the conclusion that sex education programs are generally effective in schools settings is contradicted by some. The inconsistency in the results indicates there are many types of sexual education programs that don’t work, yet the study concludes that programs are broadly effective. This, along with the lack of evidence for church-based programs, makes the recommendations potentially misleading to some who want to implement evidence-based programs, especially in churches.

This paper will conclude that sexual education programs are generally effective at reducing STDs and teen pregnancy. Recommend sexual education programs over abstinence education (AE) programs based on the assertion that it increases both rates of abstinence and rates of condom use for teens who do not abstain. However, the methodology will not be able to test empirically whether the sexual education strategy has been effective at achieving both of these outcomes within individual programs. Discovered a significant reduction in sexual activity by churches sexual education programs. Tested whether teens receiving sexual education were more likely to use condoms if they became sexually active.

No quantity of research will settle the moral and religious disputes that circle around the sex education debate. What research can do is point parents, churches, educators, and policy makers towards positive health outcomes for young people. Like it or not, sexual activity is a reality for teens in America, and it is hard to imagine a school based intervention which will magically undo the media pressures and natural hormonal urges that young people experience. Facing up to this reality means implementing responsible programming that truly meets the test
of science and the real world needs of the young. Several important questions need to be addressed to support more effective federal policy and programming on sexuality education. Are federal funding allocations for sex education consistent with what the current science tells us about effectiveness? Is HHS sponsoring research appropriate to inform policy on sex education? Are federal agencies providing guidance on sex education research to those at the federal, state, and local levels who design programming? Are the results of sex education research disseminated widely and in a way that is accessible to parents, teachers, and school board members? What percentage of young people, particularly those at elevated risk, has access to education about sexual self protection? What percentage of youth has access to condoms and HIV testing?

Despite its sometimes shrill tenor, the sex education debate does not require anyone to make a choice between absolutes. The central question is whether accurate information about sexual self-protection is to be made available. As the research demonstrates, promoting abstinence and providing basic health promotion information is not inconsistent – it can work to reduce the risk of disease and unplanned pregnancy. The $102 million currently being spent by the federal government on abstinence-only programming is designed to serve social and political goals, rather than produce solid public health outcomes for young people. Not only is there no credible evidence that these millions of dollars have any positive effect, there is reason to be concerned that young people who receive abstinence-only curricula in school will not have the tools to protect themselves in sexual situations. Ultimately, the public will need to insist that policy makers base funding and laws on the health needs of young people, particularly those youth who are at elevated risk. Until the public demands that health education be designed to
prevent disease and unwanted pregnancy, social agendas will drive much of the policy being made in Washington and state capitolts around the country.

Looking toward the year 2020, the nation’s religious congregations will be sexually healthy faith communities. Despite growing numbers of people who claim no religious affiliation, the nation’s African American congregations remain central to the lives of most African Americans. More than 60% of African Americans belong to a local church; more than half attend services once or twice a month; and nearly 40% attend weekly. Across the country, congregations are vital communities within the community, where the values of sexual health and justice can be fully and faithfully addressed. At the denominational level, sexuality is the subject of policy and doctrinal debate. But at the congregational level, sexuality is real life. Untold numbers of congregants harbor histories of sexual abuse, incest, rape, domestic violence, negative body image, anorexia, bulimia or divorce. Many are facing sexual and reproductive health issues, such as unplanned pregnancies, abortions, infertility, sexually transmitted infections and HIV. Others are struggling with extramarital affairs and divorce, or with questions about sexual identity and gender identity their own, or those of their children or parents. Added to all of these concerns are issues undreamed of in previous generations – sexually explicit materials on the Internet, online affairs, gender transitions, assisted reproduction, and the effects of medication on sexual activity. Congregations can be places of support and healing for all of these issues. Yet sexuality is more than a pastoral concern – it is among the blessings of the creation, an integral part of human life. By addressing sexuality openly and holistically, congregations have a unique and powerful opportunity to demonstrate the intimate connections between sexuality and spirituality.
The Need

Unfortunately, congregations provide very little in the way of sexuality-related programs and services. Among African American congregations, only 31% offer marriage enrichment programs, only 26% offer youth sexuality education, 15% offer pregnancy counseling, and just 14% have ministries serving LGBT persons and families. Even among the most progressive clergy, only half report that they preach on sexuality issues. Partially as a reaction to clergy sexual abuse scandals, many people of faith are demanding that religious communities take a more honest, direct approach to sexuality. The demand is particularly urgent among youth. The Barna Group reported rising skepticism and disillusionment with Christianity among people under 30, who take issue with conservative Christian attitudes toward homosexuality in particular.

Recommendations

Every African American congregation, whether conservative or progressive, African Methodist Episcopal, Church of God In Christ, Baptist, or Non Denominational has a responsibility to address the sexuality needs of its congregants in the context of its own beliefs and teachings. The eight building blocks of a sexually healthy faith community call on congregations to: Be staffed by sexually healthy religious professionals, offer periodic worship and preaching on sexuality issues, provide pastoral care on a broad range of sexuality issues by trained pastoral care providers, offer sexuality education for children and youth in the context of religious education and the, beliefs of the faith tradition, offer a variety of education programs and support services to support the sexuality needs of adults in the congregation, including support for parents in providing sexuality education to their children, have explicit policies and procedures for keeping children, youth and vulnerable adults safe from sexual abuse, exploitation
and harassment, fully include LGBT people and families in the faith community, work for sexual justice as part of a social action program. Of these eight building blocks, only the last two might be controversial among certain congregations. The other six are essential for all congregations, whether conservative or progressive in their theology and beliefs.

Sexuality Education for Youth: For more than four decades, denominations have understood that faith communities can be important partners to parents in helping children have the information and skills they need to become sexually healthy adults. At least some religious denominations and movements have policies supporting sexuality education, and more than a dozen have developed their own curricula (although many need updating). Our Whole Lives, jointly developed by the Sexuality Education and Support for Adults: There is a mistaken belief that the need for sexuality education ends in adolescence. The reality is that adults need reliable information at every stage of adulthood, including the senior years. Congregations can offer adult sexuality education programs, as well as support groups for congregants facing a wide range of sexuality issues—dealing with divorce, widowhood, histories of childhood sexual abuse, HIV, LGBT issues, and so on.

Further, congregations need to develop policies and draft agreements for ministering to people with a history of sex offenses or those recently charged. Social Action: Social action committees can help educate congregants to organize around such issues as marriage equality, sexuality education, and reproductive rights. Social action committees are ideal resources for helping people of faith recognize how sexual justice is part of a broader justice framework, which includes racial and gender discrimination, poverty, environmental degradation and a host of other issues. Letter-writing campaigns, congregation participation in community coalitions and national demonstrations, and presentations at school board meetings, city councils, and state
agency and legislative hearings are all ways that congregants can make their views known.
Legislative advocacy at the national level is another colloquium participants recommended the
development of new resources for working with parents in congregations on a broad range of
sexuality issues. They suggested that there is a need to help congregations reach out to youth and
young adults, and to provide greater sexuality services to the surrounding communities. They
urged that non-traditional communities of faith, outside of congregations, be targeted for
outreach, especially as a way to reach young people and communities of color. In addition, there
is a pressing need for training opportunities for lay leadership, religious educators, youth leaders
and clergy on improving the sexual health of their communities.

Therefore, A Strategy for a successful Christian ministry in the African American Church
is committed to fostering spiritual, sexual and emotional health among the congregation and
providing a safe environment where sexuality issues are addressed with respect, mutuality and
openness. Every person – whether progressive or conservative, clergy or laity—is called to
address the sexuality needs of the people it serves. Your traditions should affirm that sexuality is
a divinely-bestowed blessing that should never be abused or exploited. Your church
congregation has an important role in helping people become sexually healthy adults who
express their sexuality in ways congruent with their faith and ethical values.

In a sexually healthy faith community:
• Sexuality is affirmed as a life-giving and life fulfilling gift.
• Every person is treated with dignity and worth.
• There is full inclusion of women and sexual minorities in congregational life.
• There are policies to assure the prevention of sexual abuse and sexual harassment.
• Every adult—whether single, married, divorced, widowed, gay or straight, young or old, able-bodied or disabled—finds support and affirmation for their life situation.

• Families are valued as the primary moral and sexuality educators of their children.

• Youth are valued members of the church community.

• Pastoral counseling and support on sexuality issues are available from trained counselors to those whose sexuality has been broken.

• Age-appropriate sexuality education within the faith tradition is available throughout the life span.

• Social action committees work for sexual justice.

• The congregation plays an active role in supporting public school education, including sexuality education.

• There is a commitment to fostering spiritual, sexual, and emotional health.

We are called upon as Christians to acknowledge the inherent goodness of sexuality as part of creation and to respond to abuses of this sacred gift. This writer does believe that God rejoices when we celebrate our sexuality with holiness and integrity. May your work in promoting sexuality education to your members be a small contribution to your church community.
APPENDIX A

Sample Questions and answers for Reflection

1. What does it mean that sex is one of our most life-giving and life-affirming gifts? Sex is an expression of one’s love. We give of ourselves and I believe every emotion we have for our partner comes through from the act of sex.

2. How has sex been a blessing in your life? Sex has been a blessing in my life in many ways. It allows me to show my love, desire and expression for my mate.

3. How have you experienced your sexuality as broken? When it is selfish, it is broken. When it is removed from caring and with no commitment are the times sexuality was broken for me.

4. How have you experienced sex as healing? Yes, when it is shared to express a deeper commitment to my mate.

5. Does the sexual ethic make sense for your own life? Indeed! Sexuality is a part of human existence, suppressing it is unethical, either in ourselves or others, when shared in a commitment in love, it is beyond ethical.

6. How would it need to be modified to become a personal ethic? It doesn't need to be modify, it’s just fine just the way it is.

7. What are your denomination’s positions and policies on sexuality issues? Sexual orientation? Gender identity and expression? Sexuality education? Sexual harassment? HIV/AIDS? Abortion? Do you agree with them? Are they adequate? The AME is somewhat indecisive about these issues. They write and preach mostly against them but even in their writing and preaching I don't believe they even believe their own statements. So really they are silent.
APPENDIX B

A Suggested List of Web Sites

**AARDVARC, An Abuse, Rape and Domestic Violence Aid and Resource Collection**

includes a wonderful link on their site, which provides many free informational resources dealing with religion and domestic violence.


**Faith Trust Institute** is the premiere groundbreaking organization exploring the intersection of faith and domestic and sexual violence. Founded in 1977, they are an international, multi-faith organization whose motto is working together to end domestic and sexual violence. They offer a wealth of excellent resources.


**The Black Church and Domestic Violence Institute** is diverse group of people who are concerned about the issues of domestic violence in families and in all human relationships and the response of the Black Church.

[http://www.bcdvi.org/index.htm](http://www.bcdvi.org/index.htm)

**The Institute on Domestic Violence in the African American Community** provides leadership to end/reduce domestic violence in the African American Community.


**The Rape, Abuse & Incest National Network** is the nation's largest anti-sexual assault organization. RAINN operates the National Sexual Assault Hotline and carries out programs to prevent sexual assault, help victims and ensure that rapists are brought to justice.

APPENDIX C

**Sample I Survey Questions**

Were you born male, female, intersex, or another sex?

Do you currently identify as male, female, or another identification?

Are you currently questioning any aspect of your gender?

How was information about sexuality passed onto you as you were growing up? Do you think it was adequate? How could it have been better?

The church’s silence about sexuality is resulting in deaths and needless human suffering. Why is the church so silent and what can be done to move it “off the dime” and into action?

How can the church make the love passage in 1 Corinthians 13:4-7 more relevant in people’s lives in terms of human sexuality?

What can your congregation do to make it a safer place for young people as they seek answers to questions about human sexuality?

What skills should sex education develop?

**Sample II Survey Questions**

Note: Any question which does not seem applicable should be scored with a “3.”

Score

*Does the congregation already have a mission statement which explicitly includes people of all sexual orientations and gender identities?*

1 No mission statement
2 Mission statements with no diversity mentioned
3 Mission statement embracing diversity
4 Mission statements with gay and lesbian folk included
5 Yes

Is/are the pastor(s) in favor of explicitly welcoming and affirming people of all sexual orientations and gender identities?
1 Vocally against
2 Privately against
3 Unknown
4 Personally, but not publicly, in favor;
5 Strongly and publicly in favor

Are you aware of parents or family members of gay, lesbian, bisexual or transgender (GLBT) persons in the congregation?
1 No
2 Yes, but they do not accept their children
3 Yes, and they accept their children, but are in the closet in the congregation
4 Yes, and they are out of the closet about their children
5 Yes, and they are visible advocates

Are you aware of GLBT persons in the congregation?
1 No
2 Yes, but they are in the closet
3 Yes, and some are out of the closet in the congregation
4 Yes, and individuals and/or couples are visible, but not active in leadership
5 Yes, and several individuals and couples are visible and active in leadership of the congregation

**Has the congregation ever performed/participated in a covenant ceremony of same gender couples?**

1 No, it is not likely that it could ever take place here.

2 No, it has never come up.

3 No, but two members could have a service which was private and not at the church

4 Yes, but the service was private and at the church. The congregation knew.

5 Yes, and the congregation participated

**How does the congregation receive and include new people?**

1 Outsiders are not included easily in the congregation

2 New members are encouraged to join but not actively integrated in the life of the church

3 New members are welcomed and are actively integrated in the life of the church

4 Visitors of all kinds are enthusiastically welcomed and encouraged to join and integrate in the life of the congregation

5 New members are quickly invited to consider positions of leadership in the congregation

**Does the congregation welcome/affirm a diverse population?**

1 No, seeks a homogenous environment

2 Yes, but only some types of diversity are accepted

3 Yes, and many types of diversity are accepted

4 Yes, and gay and lesbian folk are encouraged to attend

5 Yes, and persons of all sexual orientations and gender identities are welcomed

**Is the congregation presently very homogeneous or quite diverse (ethnicity, class, language,**
age, etc)?

Choose from 1 to 5, with 1 being completely homogenous and 5 being overwhelmingly diverse.

**How does the congregation handle disagreement, conflict or controversy?** Choose from 1 avoids conflict to 5 face conflict head-on and keep on loving each other!

**Who comes up with new ideas for ministry?**

1 Pastor(s)

2 Leadership team

3 Various leaders; not all are ordained or appointed to an office

4 Ideas of the general membership are valued and pursued

5 Ideas are solicited from members who think outside the everyday church box

**Does your congregation have a gay or lesbian pastor?**

1 No

2 No, but some wonder

3 Yes, but most do not know that he/she is homosexual

4 Yes, who is celibate

5 Yes, who is in a committed relationship

**Is the congregation educated about and working on peace and justice issues now?**

1 No, not really

2 No, but they have from time to time

3 Yes, but only a few members are involved

4 Yes, and the congregation actively supports this work

5 Yes, and the congregation actively seeks new issues for education and action

**What is the prevailing congregational view of scripture?**
1 Literal and inspired Word of God
2 Selectively literal
3 No overall congregational view of scripture
4 Contextual with emphasis on New Testament
5 Contextual with emphasize on the Gospels

Is the leadership team in favor of explicitly welcoming and affirming people of all sexual orientations and gender identities?
1. All are against
2. Most are against
3. About 50-50 split
4. Most are in favor
5. All are in favor

Does the congregation use inclusive language in worship?
1 Not at all
2 Seldom
3 Occasionally
4 Frequently
5 All the time

Relationships within the congregation:
1 Isolated individuals and families
2 Small groups of close friends (cliques)
3 Friendly within affinity groups (i.e. age, gender, class, race, language, education, orientation)
4 Friendly across affinity group lines
A community of faith embracing relationships across affinity and ideological lines

Assess the political temperament of the congregation.
Score from 1 completely conservative to 5 completely liberal

Has your congregation participated in classes about sexuality and sexual orientation and ministry?
1 No, the subject is taboo
2 Yes, and we’ll never do it again
3 Yes, but only a few participated
4 Yes, and we had a good turn-out
5 Yes, there was lots of interest and we plan to extend our studies of sexuality

What percentage of adults who attend worship typically take part in an adult forum or other adult education opportunities?
1 5% to 10% or less
2 10% to 20%
3 20% to 30%
4 30% to 50%
5 More than 50%

Is your congregation involved in community outreach or project(s)?
1. No
2. Yes, we contribute goods and/or funds
3. Yes, many individual members are involved in community project(s)
4. Yes, the congregation has taken part in community project(s) established by other organizations
5. Yes, the congregation has initiated and sponsored community project(s)

**Does your congregation have a female pastor?**

1. No, and we never considered one

2. No, but we would consider calling one

3. Not at present, but we did in the past

4. Yes, part of a mixed staff in which the senior pastor is male

5. Yes, solo or senior pastor is female

**Does your town/city/state have a non-discrimination policy for people of all sexual orientations and gender identities?**

1. No, and it has never come up

2. No, it came up and never made it to a vote, the membership gave no opinion

3. No, it was brought to a vote and defeated, the membership had mixed views

4. Yes, it was brought to a vote and passed, the membership had mixed views

5. Yes, it was brought to a vote and passed, the membership largely supported the measure

**Do your ministers use examples including people of all sexual orientations and gender identities in sermons?**

1. No, never

2. Maybe once or twice but it caused a problem in the congregation

3. Yes, without comment from the congregation

4. Regularly, without comment from the congregation

5. Often, with positive comment from the congregation

**Size/type of church?**

1. Traditional church, with average worship attendance over 150
2 Traditional church with average worship attendance 75 to 150
3 Traditional church with average worship attendance less than 75
4 Contemporary Christian Church
5 Cell Church with groups of less than 50

SCORING: Use the Congregational Assessment Scorecard, or enter totals below.

Add score of all questions, enter total Score:

You are encouraged to discuss your feelings, reactions, and thoughts about any question above.

The best use of this Assessment Worksheet is as a springboard for discussion and development of your own insights.
A Strategy For A Successful Christian Sexual Education Ministry In The African American Church
By
Darryl L Jones-L22236395
Abstract
A review of current literature demonstrates that very little material is available to assist churches on how to effectively communicate on the subject of sexuality in the African American church context. The purpose of this project is to illuminate the African American Church regarding the nature of this project on sexuality in the African American Church, its common elements, and an effective strategy for preparing a project. By applying a strong understanding of current and past literature reviews, surveys and questionnaires sent to homes and churches, in addition to interviews and workshops, the project reviews historical African American Church perspectives and present African American Church and personal perspectives regarding the project. This project will be more than a paper. This will be a practical application that would become a program model consisting of tangible items to create accountability to the African American Church. Furthermore it reviews the elements which are common to most projects, and offers practical advice regarding the successful preparation of these elements.
Proposal

The Problem
-Sex and its relationship to a meaningful spiritual life is a topic largely ignored, greatly disparaged in Eurocentric teachings in particular African American Churches, and largely misrepresented in the media and society.

-This thesis will help readers achieve the following goals: Increase knowledge of contemporary theology of sexual education, cultural, social, and ethical realities in which the African American churches live and respond.
Limitations

- Some of the more identifiable limitations would be the fact that ministry applications derived from cultural trends would be from an African American grid.

- Another limitation would be the issue of transition with regards to those who have been surveyed or have participated as evaluators.

- Finally, there will be input, data, and opinions expressed, which will be somewhat dated. The perception will be that just because it is not current, it is not relevant. This will discourage this perception and instead, maintain the credibility and relevancy of this information with additional timely observations and gleanings.
Theoretical Basis

- This thesis is primarily based off of biblical, community and family principles.

- There are several influences which includes but not limited to that of family origin, church, peer pressure, and mass media.
Methodology

- Establish the definition, purpose and necessity of a comprehensive sexuality education program in the African American Church.

- Review the findings from interviews, and surveys distributed to selected churches and church leaders.

- Communicate the pros and cons of a Christian sexual education program in the African American Church.

- Provide a training which consists of literature, visual aids and affirming.
Review Literature

- Abstinence vs. "Safer Sex" Sexuality Education: By Medical Institute for Sexual Health:

- Concerned Women for America. Abstinence: Why Sex is Worth the Wait. Available at: www.cwfa.org/library/family/

- Sexual Activity and Contraceptive Use. Occasional Report by Alan Guttmacher Institute

- Why is teenage Pregnancy Declining? The Roles of Abstinence, by J.E. Darroch and S. Singh
Special Terminology

Definitions

- Abstinence: Not engaging in sexual intercourse (oral, vaginal, anal).

- Age-Appropriate Information: Information that is geared to the current mental, physical, emotional, and social maturity level of young people and to prepare them for the next stage of development.

- Gender: Often used interchangeably with the term sex, meaning male or female.

- Premarital Sex: Having sex before being married.

- Safe sex: Expressions of sexuality, such as hugging and kissing that do not involve sexual intercourse and the exchange of body fluids.
WHY THIS TOPIC

UNPLANNED PREGNANCY
HIV/AIDS
STD’S
PROMISCUITY
ADULTERY
SEXUAL ABUSE
ABSTINENCE
Sex and the African American Church. This topic was selected primarily because of the lack of communication the African American Church has offered on sex.
Teens who attend African American Churches are less likely to engage in risk-taking behaviors:

32% of teens who are involved in faith communities have had sexual intercourse, versus 47% of all teens who don’t attend church regularly. Teens who attend African American Churches are 50% more likely to wait to have intercourse and are 80% more likely to use a condom when they do. These youth substitute intercourse with other behaviors:

- 70% of religious teens have engaged in fondling.
- 50% have been nude with a member of the other sex.
- 29% of males and 26% of females have engaged in oral sex.
- 92% of teens believe that morals and values should play a major role in sexual decision-making.

Religious teens are less likely to use alcohol and other drugs.
Religious teens are less likely to use alcohol and other drugs. Teens who are most likely to delay sexual intercourse:

Attend religious services one or more times a week.

Pray daily.

Identify the teachings of their faith community and/or Scriptures as having a strong influence on their sexual decisions.

Say the congregation has provided information on how to make sexual decision and on what the Scriptures say about sexuality.
Teens feel a strong connection with other youths in the congregation and congregational leaders who work with youth.

Teens believe that the adults who work with them portray sexuality in a healthy and positive manner.

They attend a congregation that encourages abstinence for high school-aged people. Gay, lesbian, bisexual teens in faith communities need support:

14% of boys and 11% of girls in faith-based youth groups identify as either bisexual or homosexual. 2% of these teens said that they did not know their orientation.

Only 36% of these teens reported that their youth pastor, advisor, or other adult leader knew their orientation.

46% said that their parents weren’t aware of their orientation.

Non-heterosexual teens were almost twice as likely to have seriously considered suicide as heterosexual teens.
Faith communities are not giving youth the information they want and need. When asked how well they provided sexual information and preparation for marriage, clergy and advisors graded themselves “fair” and good,” while youth rated their work in all areas “poor.”

76% of advisors and 74% of clergy said that their congregation portrays sex in a healthy and positive way, while only 44% of youth said it did. When asked about sex education offered in the congregation, 12% of faith communities reported offering a reasonably comprehensive approach to sexuality education. 47% of faith communities reported offering a limited amount of information and/or discussion in existing classes. 35% do almost nothing.

15% of youth say that their congregations have done nothing to help them understand sex.
When asked about sex education offered in the congregation, 12% of faith communities reported offering a reasonably comprehensive approach to sexuality education. 47% of faith communities reported offering a limited amount of information and/or discussion in existing classes. 35% do almost nothing.

15% of youth say that their congregations have done nothing to help them understand sex. Almost all African American teens have had formal sex education, but only about two-thirds have been taught birth control methods, according to the African Methodist Episcopal Church Christian Recorder report released September 15, 2009.
From the African American Church perspective, you want to be looking at preparing its young people to make risk-reducing decisions, and if you don't give them all the information, they don't have enough information to make a healthy decision. In addition to the lack of communication, there is the personal quest to know more about sex and how the values of sex are formed. It has been noticed in African American churches that problem-solving skills and leadership roles give kids a sense of who they are and what they want, leading to better decision-making overall. Participants have an estimated 53 percent lower risk of pregnancy and a 60 percent lower risk of school course failure, according to the Atlanta North Georgia Conference of African American Youth Leaders.
There's a growing realization that we have to talk to young people about relationships — it's not just body parts. The question is, What are your goals? It’s also saying how are we helping young people understand what they need to do to get there.

Why talk about sex?
Who or what has the most influence on young people?
What should you talk about?
Relationship Education
Character Education
Health Education
How to talk to your young people about sex?

The 3 "A"s:

Approach
Age-appropriate
Affirming

Pastors play an important role in shaping the ethical norms of their church communities
Church communities provide unique perspectives on the spiritual dimensions of sexuality and the importance of healthy sexuality as an aspect of human life. African American Church communities are in a distinct position because they are second only to their schools in the number of young people they reach. African American young people need good sex education, and they need church leaders to be their advocates.
Young people need and deserve accurate information on the entire range of sex topics and issues. Without access to vital information from trusted adults, young people turn to less-reliable sources that put them at risk of disease and unintended pregnancy. Young people of faith will make sexual decisions in a religious framework if supported by caring adults.
Comprehensive sexuality education in the African American Church prepares young people for healthy relationships, dating, marriage, and parenting. Many public conversations on sex education have not included a progressive religious voice from the African American Church advocating for comprehensive sexuality education.
African American Church leaders are important messengers and mentors for young people. With the active engagement and commitment of the African American Church Community, we can reduce teen pregnancy, HIV/AIDS and sexually transmitted infections in our community one church at a time. Quite often the only time the African American Church responds to the subject of sex is when judging and/or condemning individuals.
What was learned in this research

As quiet as it's kept, sex fails to drive relationships, it is the meaning that we bring to sex. Sex has been reduced to body parts and sexual acts. Sex education requires stronger classroom management skills than practically any other subject. A class might have the girl who knows it all mixed with the boy who knows nothing. Neither wants to talk about their experience, or lack of it.
Sex education classes should teach that abstinence is *a choice*. *Youths and Young Adults* should not allow themselves to be pressured to have sex, and those who choose to abstain for a personal or religious reason should be respected, not ridiculed, for their decision.
During my research I learned about parental opposition to sex education. I learned that parents became angriest when there were breakdowns in communications with course teachers and Church leaders. Experienced sex educators know which units are most likely to be controversial with parents; they have a responsibility to tell them in advance, otherwise they can be perceived as being deceitful, insubordinate or subversive.
How I plan to use this information

By sharing strategies to construct a spirituality and ethic of African American Sexuality that is faith-positive, love centered, and justice based within the African American Church Community. By preaching sermons and incorporating teaching curriculum with biblical sex themes.
How this topic impacted me and my ministry

It has given me a deepened awareness of personal, social, cultural, and religious dimensions of sexuality, especially as these affect selfhood and community. I was challenged to explore the meaning of sexual justice for the African American Church Community.
I have received an increased knowledge of contemporary theology -- and the cultural, social, and ethical realities in which the African American Churches live and respond both globally and locally.
I feel empowered to gain the ability to act with moral sensitivity and advocate for compassion and justice in personal, congregational, and community settings.
This topic makes the African American Church stay true to themselves in helping to communicate why young people should not have sex yet, but the choice is theirs. HIV/AIDS, other sexually transmitted diseases, and teen pregnancy are impacting the spiritual, social, political, and economic life of the African American Church possibly including my church.
African American teenagers are more likely to have sex before age 15, and more sporadic relationships than teens from other ethnic groups. African Americans has more than double the teen pregnancy rate of any ethnic group, with over one million teen pregnancies per year.
Sex Education can be beneficial if taught early. A thriving program depends on knowledge, skills, and attitudes of teachers. Teens seeking information from peers and unknowledgeable parents results in misinformation.
Re-evaluate the government’s funding for abstinence-only education.
Under President Bush’s current administration, $135 million is being allocated to schools that teach abstinence-only education.
Comprehensive sex education does not increase sexual activity among teens; however it does increase the use of contraception and the practice of safe sex. Churches should include mini health care centers for sexually active and non-sexually active teens. These centers can be a place that provides counselors, pamphlets, birth control and other contraceptives, and most importantly a place where teens can feel comfortable discussing sexually-related issues that they may have.
PSA and commercial campaigns aimed during prime time slots that would be viewed primarily by teens. Ex: BET network, TV1 and other popular viewed teen networks.

The communities can benefit from long-term media campaigns that not only addresses pregnancy prevention, but also the other risks of sexual behavior as well.
Churches could involve organizations such as Big Brothers and Big Sisters. They can mentor students. It can be easier at times for them to talk to someone closer to their own age, than it would be to talk to a parent.

Have teen parents come talk to students about the repercussions of having sex. How along with the collective effort of parents, teachers, church leaders, community organizations, etc... acting in concert to raise the moral standards of adolescents and teenagers.
Implementing Big Brothers and Big Sisters programs. Have after-school programs for latch-key adolescents. Provide summer-enrichment programs that focus on standards of morality, while also implying self-worth and self-respect for junior high and high school students. Assist high-school students in finding jobs that let them express their creativity or special interest, which will utilize their free time. These should all be family and community oriented which serves as a foundation of the “Rites of Passage” for young adults.
The time is now for the African American Church to talk about sex and address the issues this subject have on the community and its people. The following were primary participants for this presentation study:

The Atlanta North Georgia Conference of the African American Church
The Atlanta Area of Concerned Black Clergy
Young Adult Ministry of Atlanta (YAMA)


American Association of Sex Educators, Counselors and Therapists: http://www.AASECT.org


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