

Unit Plan Rationale
Sex Education for High School Students

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High school is a time where students are curious about things which can result in experimenting, usually due to social peer pressures or lack of knowledge on the topic. One specific health issue that high school students are facing is unsafe sex. Many individuals are unaware of the repercussions unsafe sex can have on their life. While sex education can be a controversial subject, research shows that most families do not have the information and knowledge needed to provide the proper skills to educate their children. Therefore, it is important for health education to incorporate sex education to develop safe and healthy individuals. The lack of sex education in schools are resulting in unplanned pregnancies and sexual transmitted infections (STIs), including HIV (Denny & Young, 2006). To put a stop to these unhealthy behaviors, schools, families, and communities must work together. The point of my sex education unit is for students to apply their knowledge of abstinence and communication skills to prevent unhealthy behaviors. I want students to be able to align the strategies learned in class and apply them to real world scenarios. Research shows that trust is vital when discussing personal topics, so building trust with my students and their families is another goal for my unit (Pasqualini & De Rose, 2020).

Prior to the unit, students will be given anonymous survey and answer questions based on their knowledge on sex education. These questions will be specific to the population to benefit the student's highest needs. The data gathered will help create a curriculum that aligns with the priority population and includes student's strengths in each lesson. This curriculum will consist of a 4-week lesson plan that encompasses an introduction to sex education, lessons that are student-centered on communication, decision making, and refusal skills, and a conclusion that summarizes everything learned and how to apply them to the real world.

The need for intervention is essential in creating environments that support student learning. Ichabod Cranes current sex education curriculum focuses on abstinence and giving students “tools” to be successful (*Sex ed*, 2015). While this is important, it lacks teaching strategies on communication, decision-making, and negotiation skills needed to create healthy relationships. In 2022, Ichabod Crane reported that 30% of high school students grades 9-12 were sexually active. Among those students, 43.8% reported that they did not use a condom during sexual intercourse and 89.8% did not use other precautions such as birth control or IUD to prevent pregnancy. As shown in the survey data, access to quality sex education along with refusal skills is a major determinant of health for students at Ichabod Crane high school. The survey showed that students receive minimal education on sex education and no education on refusal skills (*Survey*, 2021). Sex education is discussed in the NYS Guidance Document in Health Education as a required unit of study. Sex education falls under the functional knowledge content area of Sexual Risk. This content area ensures that students are safe, healthy, and can achieve the NYS National Standards (*NYSED*, 2005). The consequences of unsafe sex can result in experimenting which can lead to pregnancy and STIs as well as a decrease in academic performance (Denny & Young, 2006).

Currently, schools in NYS are not required to teach sex education, however, teaching about HIV and AIDS is required. Requirements in sex education are geared more towards abstinence until marriage (Lindberg et al., 2016). Healthy People 2030 has a goal of reducing STIs including HIV and improving the health and well-being of individuals (*Healthy People 2030*, 2023). The Center for Disease Control (CDC) recommends a quality sex education curriculum that is medically accurate, developmentally appropriate, and culturally relevant that enhance behavioral outcomes and encourage healthy sexual growth (CDC, 2023).

This sex education unit will address both the district as well as the student learners in a variety of ways. For starters, this unit will educate students on current information regarding abstinence, communication skills, decision-making, and negotiation skills. The districts academic success can show improvement because studies show that students who practice safe sex, perform better academically (Smith et al., 2011). The unit also addresses the district issue that parents have with the sex education curriculum by providing them with a permission form and reading material on what will be taught (Denny & Young, 2006). Doing this will increase the trust of parents within the district, which in return will benefit student learning. This unit will benefit the learners by giving them the skills and knowledge to be able to effectively practice communication strategies to maintain abstinent or practice safe sex. The learners will be informed on ways to refuse sex through communication and understand the effects of unsafe sex, such as pregnancy and STIs.

The basis of my sex education unit is built around the program, “Sex Can Wait” which is an abstinence-based sexuality curriculum for high school students that uses a guide around four areas of focus. The four areas include “knowing myself” which teaches students decision making skills, “understanding sexuality” which focuses on student self-esteem, “relating to others” which teachings the importance of communication skills, and “planning my future” which teaches students that their decisions and behaviors influence their life outcomes (Denny & Young, 2006). In the study, teachers used a strategy that encouraged students to ask questions that do not directly pertain to the lesson. This allows students to think abstractly which can increase the trust between teachers and students. The “Sex Can Wait” curriculum also consisted of parent and child assignments which were intended for the parents to also learn sex education information to be able to apply them for their child at home. The schools that were used in this

study compared the “Sex Can Wait” curriculum to their current curriculum to examine which would work best for students. After the curriculum was applied to a real health education classroom, the results showed that high school students were less likely to participate in sexual intercourse after learning the outcomes of unsafe sex (Denny & Young, 2006). To support students' behavioral change regarding abstinence, I will be a resource for my students to use if they have any questions. This unit aligns well with the NYS Standards and the National Standards in Health Education. This unit will cover Standard 2: A safe and healthy environment (*The Standards*, 2023) as well as the Health Education National Standards 1: Students comprehend functional health knowledge to enhance health, 4: Students demonstrate effective interpersonal communication skills to enhance health, 5: Students demonstrate effective decision-making skills to enhance health, and 7: Students demonstrate observable health and safety practices (*NYSED*, 2023).

The population at Ichabod Crane will be positively impacted by this sex education unit because it is based around their needs. Relationship management and the subskill of communication align with my unit because my lessons focus on student-centered learning where they perform communication activities to enhance ways to respond to sexual advancement. As mentioned in the NYSED District data, it was shown that students report little to no information regarding safe sex and the effects from unsafe sex (*Sex ed*, 2015). My unit follows the Health Belief Model which focuses on a person's willingness to change based on the outcome of the health risk and the ability of reducing those risks through personal actions (*Theoretical Frameworks*, n.d.). This model relates to my unit because students will apply the knowledge learned in the lesson to understand that the risk of performing a sexual act can result in unwanted pregnancy or contracting STIs, including HIV. Teachers will use the think-pair-share strategy

within my unit. This strategy will encourage students to think freely and abstractly when discussing sex education. Think-pair-share will be applied to the communication activities students will be working on when they practice the real-world scenarios on decision-making and negotiation skills (Silva et al., 2022). To assess my students to ensure a mastery of knowledge and skills developed over the course of the unit, students will be examined on how successful they can verbally communicate with their peers in class using the information gathered regarding sex education. Students will have benchmarks to ensure that they are on track to success. These benchmarks will include authentic assessments to see if students can correctly apply each skill to a specific situation through role-play. Performance assessments will be given to focus on what the students can do through role play and demonstration by verbally acting out ways to respond to tough questions, using decision making and refusal skills. Students will compare what they knew prior to the unit and explain how their thoughts on sex education changed and evolved throughout the lesson (Denny & Young, 2006).

The Coordinated School Health Program is designed for students to improve their health and academic outcomes through teaching skills and knowledge needed to live a healthy life. The component, health education, relates to my sex education unit because my lessons are developmentally appropriate for high school students as well as addressing the physical, mental, emotional, and social aspects of health education through a series of lessons that focus on communication strategies (Telljohann et al., 2012). Family and community involvement is another component that relates to my unit because each lesson regarding sex education is meant for the parents to review and learn the knowledge too. The Whole School, Whole Community, Whole Child (WSCC) Model incorporates all stakeholders such as family engagement through lessons that involve parents. The WSCC Model focuses on a school-wide approach by putting

the students first and recognizing the importance of health and learning, just like the focus of my unit (*Whole School, 2022*).

This sex education unit directly aligns with the curriculum taught throughout student's time at Ichabod Crane. Compared to the original curriculum map, there will be more of a focus on parent involvement to address the needs of my population. Sex education is first introduced in middle school 7th grade. Here, students learn the basics, such as puberty. Students focus on gender anatomy which aligns with self-management with goal setting skills. When students get to 8th grade, they will dive deep into consent which aligns with self-management and decision-making. Following my sex education unit, students will learn about common transmitted diseases and how they are spread. This content aligns directly to sex education where students learned how STIs can spread and gives students a background on their similarities to a virus and how they can apply similar strategies to avoid contracting a disease (*NYSED 2005*). This curriculum is adapted for all students whether it be a language barrier or a learning disability. Families have the choice of the assignment written in their preferred language and each assignment in the unit is skill-based assessed through abstract thinking.

Overall, the results of the study on the curriculum "Sex Can Wait," has shown positive effects on student behavior (Denny & Young, 2006). Sex education is an essential health topic for students, especially at the high school level. It is important that my population at Ichabod Crane improves their knowledge on sex education through an updated curriculum that focuses on teaching student's ways to be abstinent and avoid unplanned pregnancies and STIs. Students will apply their learning of communication, decision-making, and refusal skills to real world scenarios where they can think abstractly to practice healthy behaviors.

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