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Getting Human Sexuality Conversations into Churches: An Exploration of the Need for
Comprehensive Sexual Education in the Black Church

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Abstract

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By Claudlyne Sindy Bernaus

This thesis explores the concept of sexual health and faith, particularly in the Black Christian Church. The historical misuse and abuse of Black bodies and the perception of whiteness and purity vs. blackness and sin have led to the silencing of Black sexuality. The church has played a major role in thinking about sexuality and sexual health and can be a great tool for public health interventions. Due to the silencing, there has been a lot of shame and judgment inflicted on people because of church values and beliefs. This project aims to dismantle the silencing and shame and spark conversations about sexuality within the church. With data from the EnFaith study, we explore how religious leaders navigate counseling, particularly surrounding abortion. Religious leaders can be great assets to those that are struggling in making sexual and reproductive health decisions when faith is a major component in it. Having informed comprehensive sexual education for religious leaders and the church, in general, will equip young adults 18-35 to navigate sexual health and faith together.

Keywords: Race, Faith, Sexuality, Comprehensive Sexual Education, Black Church

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Chapter One: Introduction

1.1 Statement of Purpose

The goal of this special studies project is to create a training curriculum that will persuade Christian leaders, particularly within Black churches, that offering comprehensive education and resources about abortion and sexual and reproductive health is the better moral choice when it comes to counseling their congregation.

1.2 Significance

The topic of sex has been taboo in many societies; this is especially true in many churches. As a Christian myself, I witnessed it growing up. Many young Christians are ill-equipped to navigate the world of sexuality. Many religious leaders do not know how to address or counsel their congregations surrounding the topic without instilling fear or judgment in them. In my own experience growing up, sex was not a discussion at all. The recurring message was “do not have sex before marriage”, and that was it. There was no further explanation. The church does its young people a disservice and can ultimately cause more harm than good when they do not address sex (Pue, 2022).

For this project, I will look at the impacts of counseling by religious leaders on the topic, specifically on abortion access and guidance. Historically, the church has not proven itself to be a safe place for these kinds of conversations. The church professes that it is a shelter for all people, a community to experience the love of God in the midst of their struggles. For many, however, it can be a place to be judged, condemned, or looked down upon. In a survey of over 7,000 Christian participants, only 44% felt the church was a safe space to get help when facing

sexual issues, and 9% were involved in pre-marital or extramarital sexual activities (Phua, 2019). It is important to look at religious leaders in particular because they have a significant impact and influence on people's faith journeys, and they have a significant capacity to influence congregations' norms about which topics can be discussed and which remain taboo (Idler, 2014). The primary objective of this project is not to change religious leaders' beliefs about abortion or sexual sin. Rather, the curriculum offers a perspective that a supportive pastoral response in areas of sexuality generally and unwanted or complicated pregnancies specifically includes creating a non-judgmental environment in which complex issues can be discussed, information shared, options considered, resources made available, and support offered regardless of the decision individuals make.

Chapter Two: Literature Review

This literature review was conducted to assess the need for comprehensive sexual education in the Black church by looking at the historical implication of the silencing of Black bodies, current faith-based interventions, and the idea of morality on sexual health topics.

2.1 Literature Review Process

For this literature review, the search engines used were PubMed and Google Scholar. The keywords when looking for articles were a combination of Black churches, the church, abortions, sex, sexual reproductive health, comprehensive sexual education, and sexual health programs. In the initial search on PubMed, there was a range of 24-201 results. Google Scholar resulted in 17,000-2,200,000 articles. I did two waves of inclusion criteria after the initial search. For the second search, the inclusion criteria for the chosen articles were any that discussed addressing

sexual and reproductive health or abortion in Black churches, current evidence-based sexual health programs in churches, the influence of faith on the sexual behavior of young people, and the intersectionality of race, religion, and sexuality. The final search for the chosen articles includes the following specific inclusion criteria: pastoral support and implementation of sexual reproductive health programming or abortion access, historical impacts of the Black church in the congregations, and theologian moral views on sexual reproductive health and abortion. This search resulted in 15 articles that informed this literature review. The question driving this literature review reflects on how the intersectionality of race, faith, and sexuality influence sexual reproductive health/abortion programming and attitudes in the Black church and what work needs to be done.

2.2. Historical Context of Black Bodies and Sexuality

I am specifically focusing on Black churches because of my experience witnessing how closed off the Black church is to speak on the topic of sex and everything surrounding it and how it has affected young people into adulthood. I have always wondered why this was the case even beyond the church in the Black community. Some topics are just not acknowledged or are brushed under the rug. I hope to highlight the intersectionality of race, faith, and sexuality in this project and the importance of addressing all three within the church. Kelly Brown Douglas, an American womanist theological ethicist, talks a great deal about the history and the intersectionality of race, faith, and sexuality that many people might not be aware of within the African American context; however, the same ideas apply beyond America.

Her work is critical to this thesis because she developed a perspective surrounding race, sexuality, and Christianity and how they connect. Her work expanded the voices and experiences

of Black women theologies in her generation. Before her generation, contextual theologies in the 1960s included the emergence of feminist theology and Black liberation theology; however, these theologies focused on white females and deemed Black women's experiences inferior to Black men's. Kelly Brown Douglas' work challenged that narrative and showed that Black women's experiences were needed in theological deliberation.

To give some historical context, the issue of silencing the subject matter from Black churches stems from slavery rooted in the perceptions, stereotypes, abuse, and misuse of Black bodies for centuries by original White colonizers. Kelly Brown Douglas does an excellent job of highlighting the dehumanization of Black bodies and how Platonized Christianity governed by White culture perpetuated the ideologies of what is considered holy and pure and what is not.

African Americans are viewed as, "hypersexual, lustful, and passionate beings [...] Black men are considered rapacious predators [...] Black women are regarded as promiscuous seductresses [...] To depict black men as sexual predators provided a justification for lynching, castration, and other crimes committed against their bodies. To label black women Jezebels allowed white men to rape them with impunity" (Brown Douglas, 2003, p.102). Kelly Brown Douglas argues that the Black community internalized these views, and as a way, to protect themselves from attacks, they detached from their sexualities due to shame. In a way to conform, talks of sexuality became limited only to the physical act of intercourse through marriage for the purposes of reproduction. Restrictions on congregation members came with a heavy form of judgment. This was also due to the belief from Platonized Christianity that distinguished the difference between the perfect soul and the imperfect body as a container of the source of sin and the association of whiteness with purity and blackness with sin. Salvation was viewed to be found in whiteness, which is not Biblical or what God displays. In fact, "the human body is not

evil, but rather an instrumentality for divine presence [...] the body, in this regard, is not the enemy of the soul but rather the home of the soul making possible the human connection to God” (Brown Douglas, 2003, p.111).

The repression of sexuality was used as a form of power and control of Black bodies. Kelly Brown Douglass argues if you can control sexuality, you can control one’s humanity. The impacts of this have followed the Black community for generations. We can see the magnitude of it in modern-day public health issues within the community in their denial or rejection of these issues and services for “sexuality... was one of the most tangible domains in which emancipation was acted upon and through which its meanings were expressed. Sovereignty in sexual matters marks an important divide between life during slavery and life after emancipation” (Brown Douglas, 2011, p.114). Racism contradicts the word of God because we are to love our neighbors as ourselves (Matthew 22:39, NIV), and if someone claims to love God yet hates people, they truly do not love God (1 John 4:20, NIV). There is a lot of unjustified fear rooted in racism and fear is not of God (2 Timothy 1:7, NIV). Now despite all the tribulations and oppression, the Black community clings to faith and relies on the church.

2.3 The Need for Comprehensive Sexual Education in Churches

Through community outreach programs such as “(1) programs to feed the unemployed, (2) free health clinics, (3) recreational activities, and (4) child care programs” (Thomas et al., 1994), churches have always been a source of support to the Black community. Many churches may not have had such programs, but the concept of public health programs in churches is not a new phenomenon. The health programs in churches have proven to be highly beneficial in the Black community; however, many are usually focused on chronic diseases and not sexual health.

The Guttmacher Institute breaks down the statistics that demonstrate a health need that most Black churches are not addressing. The Black community is disproportionately affected by sexual and reproductive health issues. Black women are five times more likely to have an abortion and three times more likely to have unintended pregnancies compared to White women. Black teens are three times more likely to have one to four contracted STIs compared to White teens. Black men are eight times more likely to be living with HIV/AIDS compared to White men (Cohen, 2008). Of course, racial disparities and other socioeconomic factors play a major role in these statistics that are negatively influencing the general health of the Black community; however, access to programs and resources can help alleviate these health burdens.

For the Black community, churches have been a central resource with the ability to unite people and dispense vital information. Religious leaders have had a significant impact on the community, and many individuals seek counseling for guidance and spiritual support from them when it comes to decision-making, especially relating to topics on sexuality (Williams et al., 2014). A focus group study involving senior pastors, youth leaders, parents, and youth from nine Black churches assessed the potential influence of the church on its youth sexual and reproductive health behaviors. A parent remarked on the importance of having these conversations and programs and stated, “because realistically we know that some young people are going to get sexually involved so they should know what choices are available to them and how to protect themselves.” (Weeks et al., 2016).

Although abstinence is constantly preached in the church, many are recognizing that people may not choose that path. Abstinence-based messaging attached to scare messaging about sex outside of marriage and sexuality invoked fear and shame. Such messaging does not reflect the realities of all congregation members (Williams et al., 2014) and can lead people to a life of

hypocrisy- presenting themselves one way yet living a completely secret “sinful” life.

Comprehensive sexual education not only provides resources that will equip individuals to be knowledgeable on their decisions regarding relationships and their bodies, but it also provides practical steps that can be applied in everyday life. A misconception of comprehensive sexual education is that it will influence individuals to be more sexually active, but such a perspective is not confirmed by research. For example, in one study, “participants believed that religious principles such as the imperfection of human beings and forgiveness would allow churches to discuss sexual health without condoning continued sexual interactions outside of marriage. A variety of stakeholders also proposed the use of scripture to introduce a range of relevant topics such as sex, sexual expectations, and relationships” (Weeks et al., 2016). Faith and sexuality conversations can co-exist.

Faith-based sexual health programming does not exclusively need to be achieved in the church. Historically churches have partnered with secular agencies and organizations to do outreach interventions. A study reported that church size and educational levels of religious leaders play an essential role in sponsoring health initiatives (Thomas et al., 1994), which is why it is so imperative to provide education to leaders on topics like sexual health that will better equip them to provide or connect their members to available resources outside of themselves.

2.4 Recognized Limitations of Faith-Based Interventions

Although instilling comprehensive sexual education is critical, studies have found limitations in how much religious leaders are willing to expand beyond their beliefs. In a study looking at reducing rates of HIV among men who have sex with men, Black church leaders recognized the importance of messaging on love, tolerance, acceptance, and providing spaces

that will reduce the stigma around living with HIV; however, many struggled to conceptualize homosexuality, for it is a sin and stating anything beyond that would be contradictory to the Word of God (Pichon et al., 2020). We see the same notion around abortion because it is recognized as a sin as well, although the term is not explicitly mentioned in the Bible. However, one does not necessarily need to support something to recognize the value of autonomy and free will. Even God gives us free will.

Many congregation members struggle with addressing sexuality, temptation, and decision-making. As a result, their physical and mental well-being is affected negatively and subsequently affects their spiritual well-being (Pichon et al., 2020). This is how individuals end up not only leaving the church but also leaving the faith entirely, which is not what we, as believers, want. Disassociating from the religion altogether or even being forced out by judgmental congregation members and leaders about their life decisions causes separation and forces individuals to look elsewhere for their needs when in reality, the church is supposed to be a safe space. If individuals do not understand why they are struggling with some things that are considered a sin and rely heavily on their faith, it is much harder for them to make decisions.

2.5 Abortion, Reproductive Justice & Morality

As the Black community, we must understand our bodies and understand the rights we hold in relation to them. As previously mentioned, for centuries, Black bodies have been taken advantage of, abused, and beaten down. Our very existence presented a threat to the white population, especially our reproduction. That is clear to see whether we are looking at us being raped and forced into carrying those children into the world or forced sterilized and experiencing contraception genocide. Our families were forcefully taken from us and separated, and we had no

say in that matter- I would like to argue that the Black community still has not recovered from this. We are often told when, how and if we are to reproduce, yet purity and sexual relations have been used as a justification to wipe us out. Jill C. Morrison states, “This reproductive paternalism, and the presumption that Black women are not competent decisionmakers[sic] regarding their own reproduction reflects the most abhorrent and stereotyped notions about Black women’s humanity and competency. This harks back to enslavement, which ‘marked Black women . . . as objects whose decisions about reproduction should be subject to social regulation rather than to their own will’” (Morrison, 2019, p.45).

Of course, this narrative is not accurate, and Black individuals are more than capable of making the best reproductive choices for themselves. We see that in the definition of the Reproductive Justice Movement, which originated from Black women, as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (Sister Song, n.d.). However, the continued regulation of bodies persists even in today’s modern society, and faith oftentimes is used for that continued oppression. We see this in the abortion debate. The conversation about abortion is not new. Something interesting to note is, medically speaking, abortion is defined as the termination of a pregnancy, whether induced or spontaneous (miscarriage). Although both procedures involve the removal of the fetus from the uterus, people often do not correlate them together because one is perceived to be alive before the operation, and the other is not.

People argue that you are either pro-life or pro-choice and the discussion of the “murder” of the fetus, while it is a “person”, is quite tricky, but the moral compass of such a decision is much more complex for the decision maker. Religious affiliation has been a heavy hitter in the abortion debate. There is this societal assumption that women should want to carry their children

to term with the belief that children are gifts from God and to abort that “child” is to sin against God. Even if we are to understand abortion as a sin, we must also acknowledge that we all are human and will fall short of the glory of the Lord daily and that no sin is deemed worse than another in the eyes of God. Margaret D. Kamitsuka, a professor of religion at Oberlin College, argues that the decision to abort means one no longer wishes to be pregnant. It can also be an acknowledgment of the burdens and risks of pregnancy as well as an understanding that this pregnant individual might not have the ability or resources to foster the healthiest and most caring relationship and environment for the fetus that pregnancy and thereafter requires, which is valid (Kamitsuka, 2023, p286). There is so much that goes into deciding to carry a pregnancy to term, and the decision to abort or not derives from moral discernment. Factors an outsider looking in might not consider that could influence a woman to go through with abortion are the need to save the mother’s life, removal of an unviable fetus, pregnancy as a result of rape/incest, not being ready due to lack of socioeconomic resources or age, the likelihood of a child being born with a condition that significantly impacts their quality of life, high-risk pregnancy, etc. Contrary to what some people might believe, the decision to obtain an abortion is not easy, and many women seek guidance and counseling before and throughout their journey.

It is so important that religious leaders acknowledge what goes into it. The spectrum of morality is not constant, and “[...] the defilement of Black women’s bodies and attacks upon their individual spirit and self-esteem are particularly heinous forms of social sin because they leave lasting, residual scars that Black women internalize, which cause them to question their own value and self-worth. The judgment often meted out by the Black church upon women and girls for engaging in premarital sex, becoming pregnant as teenagers or as an unmarried adult, or for having an abortion disrupts the relationship Black women and girls have with God because it

causes them to carry a burden of shame, which is counter-intuitive to God's love" (Bond, 2023, p.293).

In conclusion, although it might come with some resistance and be slower to implement, the church is an excellent resource for public health interventions. Sexual health conversations have historically been left out of the church, especially the Black church, due to the historical need to separate from the harmful stereotypes of Black bodies throughout slavery. However, studies have shown that there is a need for such conversations in the church. Without them, individuals struggle not only in their physical and sexual lives but also spiritually. Having Black leaders who are trained to understand the morality spectrum for topics like abortion will allow them to better counsel their congregation when they face sexual temptations or decision-making that are often not spoken of. This does not require anyone to change their beliefs or support something they do not agree with. Such training for leaders will allow individuals to recognize that they are human without being judged or shamed in a community designed to love them. Understanding the concept of sin is essential yet acknowledging that everyone has free will and might need guidance and resources to make informed decisions for themselves is also very critical from a public health lens.

Chapter Three: EnFaith

3.1 Methods

I will be creating a training curriculum that could help persuade Black Christian leaders that offering comprehensive education and resources about abortion and sexual and reproductive health is the better moral choice when it comes to counseling their congregation. To do this, I

will use the Enfaith data from The Center for Reproductive Health Research in the Southeast (RISE) under the supervision of Johanna Pringle. EnFaith is a study that assesses the views and attitudes of religious leaders, particularly Mainline and Black Protestants, on abortion and how they navigate pastoral care in Georgia, USA. The study conducted 20 in-depth interviews in counties with the following criteria: “relatively higher rates of abortion, lower access to sexual and reproductive health services, higher religiosity, and greater denominational diversity compared to other counties” (Dozier et al., 2020). This data is not in a public database; however, since I work for RISE during my internship and work-study job, I have gotten IRB approval and access to the data by being added as a study staff member. Because the Enfaith study has ended, I was able to look at the raw data (recruitment and transcript), coded data, and any analysis that was already done for this study. I conducted a thorough examination of the data that has already been coded to get a better understanding of religious leaders' views on abortions and the thought process of the counseling. To create the actual curriculum, I adapted an existing comprehensive sexual education curriculum entitled Our Whole Lives (OWL), which is a series of modular workshops published by the Unitarian Universalist Association of Congregations and the United Church of Christ aiming to present a progressive approach to sexual health education for a wide range of ages. I also referred to the curriculum from Training in Early Abortion for Comprehensive Healthcare (TEACH), which provides training to medical residents on reproductive health issues. The combination of these two existing curricula and the data analysis from Enfaith for insight serves as the basis for developing the specific curriculum that is the basis of this project.

3.2 Results

As previously mentioned, the EnFaith study looked to understand the views of Protestant religious leaders on abortion and how they navigated the topic during counseling with congregation members. Researchers have found that abortion attitudes among religious leaders in Georgia have fallen on the spectrum between pro-life and pro-choice, highlighting the complexity surrounding this topic (Dozier et al., 2020). Although every leader remained steadfast in their understanding of the Word of God and identified abortion as a sin, there was a wide range of responses to being asked about what kind of programs and counseling they offer relating to sex and sexual health, as well as their spiritual understanding of abortions and unplanned pregnancies.

Some leaders highlighted the difference between pastoral care and counseling and the available resources with each. They explained the importance of letting individuals come up with their final decision on their own yet providing support along the way and the necessity to talk about such topics. Leader MR009 stated, “But in a premarital counseling setting, I would be encouraging the couple to talk not with me but with each other about their expectations of sexual fulfillment, of family size, family planning. I would be encouraging conversations around abortion. The ELCA is a broad denomination with a lot of people on both sides of that issue and so if one partner in the relationship was uncomfortable with the idea of abortion and the other was pro-choice, I would tell them hey, this is something that might come up. You need to talk about this. But I would not be the one preaching to them this is wrong or this is right.” (MR009). Leader MR003 believed it was important to provide space in counseling that fosters questions and explores answers. Leader MR006 similarly stated that getting a better understanding of the situation through the individual thought process while assessing the burdens and pressures that

they carry with them can help determine the influences which allowed the individual in counseling to end up with an unplanned pregnancy.

These conversations are not typically happening in churches, and this is because leaders are either not trained or are ill-equipped to have these discussions. In the study, leaders echoed this and mentioned that they would refer their members to qualified health professionals and walk them through that step. Due to them not having all the resources and not wanting to impose beliefs onto people, sometimes they wish they could do more. Leader MR010 described a moment when they felt they failed this young woman when counseling her and her mother. They stated that if they could do anything differently, they would “[...] try to get the girl to open up more in the conversation between mom and me, and I would try to lead mom to the point of understanding human nature, and try to reason with mom about providing that or having a gynecologist or somebody to help her with getting that information to her daughter. But ultimately, it's going to be on the daughter's territory, because this girl had two or three babies” (MR010).

When it comes to theology and counseling, many leaders stated that they try to provide Biblical principles and scriptures into the session, as well as provide practical ways to address the situation. Leader MR001 stated, “[...] I prayed with them a lot, so there was I guess my counsel to them and my prayers with them, and my advice to them, all of that was informed by my theology, which was that we are stewards of creation, including our own bodies, our own self, and so it was informed by my theology [...] I think that they needed something more practical and down to earth, so I came at it from my own theological understanding but sort of had to bring them into that in a more practical way” (MR001). In the study, leaders recognized that everyone has their own relationship with God and even if something is considered a sin, they

must reinforce the love of God and the principles of redemption rather than condemnation.

Leader MR014 stated, “And then as far as the sin, we could talk about if you're unmarried and you have sex, then of course, it's a sin, but does that sin separate you from the love of God [...]

But in reality, if you're saved and you have a relationship with God, if you go to Him and acknowledge, God, I did fall short and I did have sex or I did commit whatever sin, I'm aware of that. And forgive me for my sins. The Bible says if we go to God and confess our sins, he quickly forgives them and he forgets it. So it's just pretty much teaching it but putting it in a way that they can understand it. So even if they go out and they encounter somebody else, the lesson was simple, kept it basic, and you can be able to help somebody else along their journey as well” (MR014). Applying Biblical principles and practical practices can help alleviate the negative burden and scrutiny the church often places on these individuals on top of the many thoughts and pressures they already have on them, which can lead to these individuals struggling in their faith journey. Leader MR001 claimed to have “seen people spiritually fall off [...]some people [...] lean into their faith and they're strengthened by it, and then others maybe turn away from it” (MR001).

Some leaders emphasized that they would encourage any individual that came to them concerning sex outside of marriage to remain abstinent because of the consequences that can follow such engagement, such as unplanned pregnancies as well as the mental and spiritual aspect of becoming one with that person who they had sex with. Leader MR016 stated, “I think – yeah, I mean, we always identify pregnancy as something that happens when you have the sexual relationship outside of marriage, but you can also get sexually transmitted diseases, or you can even really feel like you love someone, and then it breaks off, and now you're not with them anymore, and you've really given part of yourself to somebody else that you can never give back.

And now you have to, in your new relationship, deal with part of that past relationship [...] So those kind[sic] of things are consequences that you face. So I wouldn't encourage people to do that intentionally [...]" (MR016). Regarding abortion, some leaders like MR015 understood it to be a necessity at times rather than a willful choice due to certain situations. Leader MR005 stated that the act of abortion is not one-dimensional and that God can use any negative situation for His good. I thought this viewpoint was very interesting and slightly different from the others. Leader MR005 believed that "life starts at so many weeks being a scientific journey but I just believe that God has spirits. And those spirits are birthed through the birthing journey to be a part of our earthly experience. Those that don't make it stay up there or get in line and wait for the next chance" (MR005). This is an interesting perspective, especially when looking at the argument about whether or not abortion is murder.

The word cloud below was generated from the text of the interview transcripts and reflected the most common themes. I think it is quite interesting how similar many views were, which highlighted the complexities of sexual and reproductive health in the church for anyone whose views differ from these widely held norms. Despite the fact that the participants were of different races, gender, political background, and locations, the study sample size was small. It would probably be much more insightful and perhaps yield more diversity in response if more leaders were involved.



3.3 Discussion/ Public Health Implications

The data and principles from EnFaith can be broken down into the social-ecological model. The social-ecological model is critical in public health when accessing factors that affect health. It is broken down from the societal level to the community level to the relationship level to the individual level. When thinking about sexual health and abortion, each level is important to look at. As an overall society, specifically in the United States, there is no comprehensive sexual health education, and there are policies like the overturning of Roe V. Wade that impact sexual health decisions and access to resources. This level can also entail theological beliefs and expectations of different bodies of people. On the community level, we are looking at the church. As previously mentioned, the church can be an excellent resource for public health intervention, and it can also be a place that reinforces stigma and shame related to unplanned pregnancies and sex outside of marriage. The relationship level would be the individual connections with congregation members, religious leaders, and parents, who can be seen as social support systems

when counseling to promote healthy behaviors or enforce societal norms. This level also involves individuals engaging in sexual activities with each other, whether they are promoting healthy sexual practices or not. On the individual level are the sexually active or sexually curious people who are assessing their own risk and needs for the decision to engage in sexual behavior or continue a pregnancy or not. As we can see from the EnFaith data and literature review, the community plays a significant role in making decisions, especially from people of faith. If public health professionals can implement interventions on a community level, we can help shift the narratives of specific topics in these communities. This will contribute to changes at all the other levels as a ripple effect.

Chapter Four: The Curriculum

4.1 Background on Existing Curriculum

The curriculum for this special studies project is an adaptation of the current Our Whole Lives (OWL) sexual education curriculum, mainly focusing on young adults into adulthood and Training in Early Abortion for Comprehensive Healthcare (TEACH), which provides reproductive health training in the medical field. I picked the OWL curriculum to build off of because although run by two religious denominations, the Unitarian Universalist Association of Congregations and the United Church of Christ, this curriculum does not demand adherence to any specific religious doctrines, thus proving that faith and sexuality discussion can co-exist. I also chose TEACH because, although for medical providers, it provides critical information about pregnancy loss and abortion. These two curriculums dispense great tools that will inspire the layout of this curriculum.

4.2 Module 1: Letter to The Reader

To Whom It May Concern,

Growing up, we learned 1 Corinthians 6:19, which states, “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own.” (NIV, 2002, 1 Corinthians 6:19) This verse relates to staying away from sexual immorality, but I would like to argue that it is much more than that. The latter half of verse 20 says to “honor and glorify God with your body” (NIV, 2002, 1 Corinthians 6:20), but how does one do that when they are not taught what it looks like, nor do they know the available resources to take care of their bodies, especially when they fall short or are struggling with sin? This curriculum is in no way trying to promote sexual sin, but it hopes to help you recognize that we are all human. The church has historically stayed away from the topic, but in the rare cases that anything related to sexual health or sexuality is brought up, it would be taught with condemnation and judgment, which does not promote healthy behaviors nor a willingness to reach out for help when struggling. This curriculum is to be used as a resource when counseling congregations on topics of sexual health. The goal is to provide the facts.

Equally important, the Black community is systemically already at a disadvantage. From centuries of oppression and abuse to modern-day microaggressions and setbacks, we have been disproportionately targeted, resulting in serious socioeconomic and health disparities. Health is what sustains us. As a person of faith, we understand that our beings have three components, body, soul, and spirit. Not only are we to take care of our souls and spirits, but we are to take care of our bodies, whether from harm or illness. Often the church denounces the body for being a vessel for sin, but the Holy Spirit lives in us. How can we live a life that is pleasing to God if

we do not even understand our bodies that were made in His image (NIV, 2002, Genesis 1:27)? And how can we say we want to live as Christ when instead of helping our fellow brothers and sisters when they are walking out their faith journeys, we are rejecting them?

Furthermore, studies have shown that comprehensive sexual education does not increase risky sexual behavior. If anything, it reduces it because individuals are more knowledgeable about the available resources and risks that come with such engagements. Of course, striving to live a life of purity and following the Word of God is essential. However, we must recognize that everyone has a personal relationship with God, and sometimes they will need help navigating decisions that can impact their lives and faith. I cannot emphasize this enough, but if the youth and young adults do not hear it from the church, they are to learn about it elsewhere, and navigating faith can get difficult if they feel condemned. This is where sexual health and faith coexist, so I encourage you to look at the documents in this curriculum with an open mind.

Sincerely,

Claudlyne Bernaus

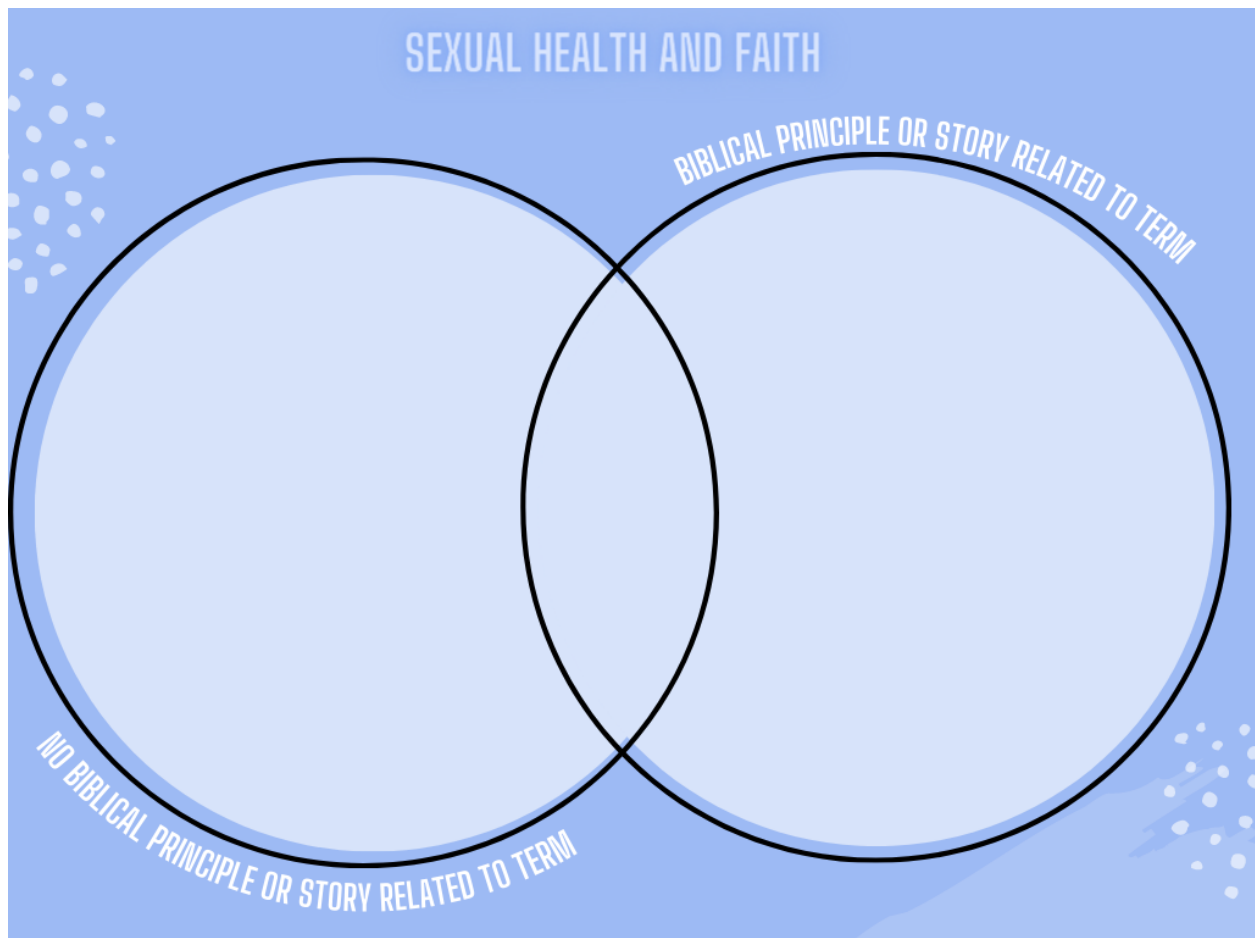
4.3 Module 2: Definitions and Diagrams

Rationale: The idea behind generating this module was to spark the initial dialogue of sexual and reproductive health among religious leaders and those they are counseling. Understanding proper definitions allows a better understanding of the topics and where you, as an individual, stand on them. The diagrams from Our Whole Lives are included in this section because they bring a visual representation and breakdown of the topic rather than just relying on written text to explore sexual relations, which can be helpful to understand when navigating sexual and reproductive health in general.

Activity One: This activity aims to help you get an idea of how you define specific sexual health terms and how you believe they connect to faith principles before counseling. Please look at the terms listed below and define them for yourself and see the provided definitions. Using each term and the provided Venn diagram, determine whether or not there is a faith principle or Biblical story attached to the word. This also is an activity that can be used during counseling to gauge the perceptions of young adults relating to the terms. Definitions will be provided, but

theological interpretation must be discussed amongst yourselves. The purpose is to start a dialogue.

Terms: celibacy, abstinence, abortion, contraception, sexual intercourse, lust, sexually transmitted infections (STIs), autonomy, sexuality, consent, sexual health, sexual assault, love, virgin



Example: Term: Abstinence | Biblical Principle: Waiting until marriage (*find verses that might apply to discuss*)

Definitions: All definitions are provided by the Planned Parenthood glossary. For more sexual health terms and definitions, visit: <https://www.plannedparenthood.org/learn/glossary>

Abortion: “Ending a pregnancy.”

Abstinence: “Not having sex with anyone. You can be abstinent if you’ve had sex before, are in a relationship, or have never had sex.”

Body Autonomy: “Your ability to decide what happens to your body without outside influence or control. This can include being able to make decisions about your physical self and deciding what “healthy” looks like for you, free of influence from stereotypes, opinions, or rules of others.”

Celibacy: “Not having sex.”

Contraception: “Any behavior, device, medication, or procedure used to prevent pregnancy. Also known as birth control.”

Consent: “Consent is an agreement to participate in a sexual activity (including kissing, oral sex, genital touching, vaginal or anal penetration, and anything else). Before being sexual with someone, you need to know if they want to be sexual with you, too. Both people must agree — every single time — for it to be consensual. Without consent, any sexual activity is sexual assault or rape.”

Love: “A strong caring for someone else. It comes in many forms. There can be love for romantic partners and also for close friends, for parents and children, for pets, for nature, or for something religious/spiritual.”

Lust: “Sexual desire for someone.”

Virgin: “Having never had sex. May mean different things to different people. For example, many people think you “lose your virginity” when you have vaginal sex. Others think that you lose your virginity if you have other kinds of sexual activity, like oral sex or anal sex.”

Sexuality: “All of the ways that your sex, gender identity, sexual orientation, sexual interests, and sexual behaviors shape and are shaped by your emotional, physical, social, and spiritual life. Sexuality is influenced by your family and the social norms of your community, as well as who you are.”

Sexual assault: “The use of force or coercion, physical or psychological, to make a person engage in sexual activity.”

Sexual health: “Enjoying emotional, physical, and social well-being in regard to your sexuality.”

Sexual intercourse: “Sexual activity involving penetration, typically by a penis or dildo. “Intercourse” most commonly refers to vaginal intercourse or anal intercourse.”

Sexually Transmitted Infection (STIs): “Infections that are passed from one person to another during vaginal, anal, or oral sex, or sexual skin-to-skin contact. Commonly known as sexually transmitted disease.”

Activity Two: When people think of human sexuality, they often associate it with sexual relations, but sexuality is much more than that. It is what makes us human. Assess the Circle of Sexuality diagram from *Our Whole Lives*. Think about the following questions:

1. Which category or categories do you feel we, as the Church, need to discuss more?
2. When thinking about sexuality, which category or categories do you mainly associate it with and why?
3. When thinking about the historical silencing of bodies, which category do you believe Black people struggle with the most and why?

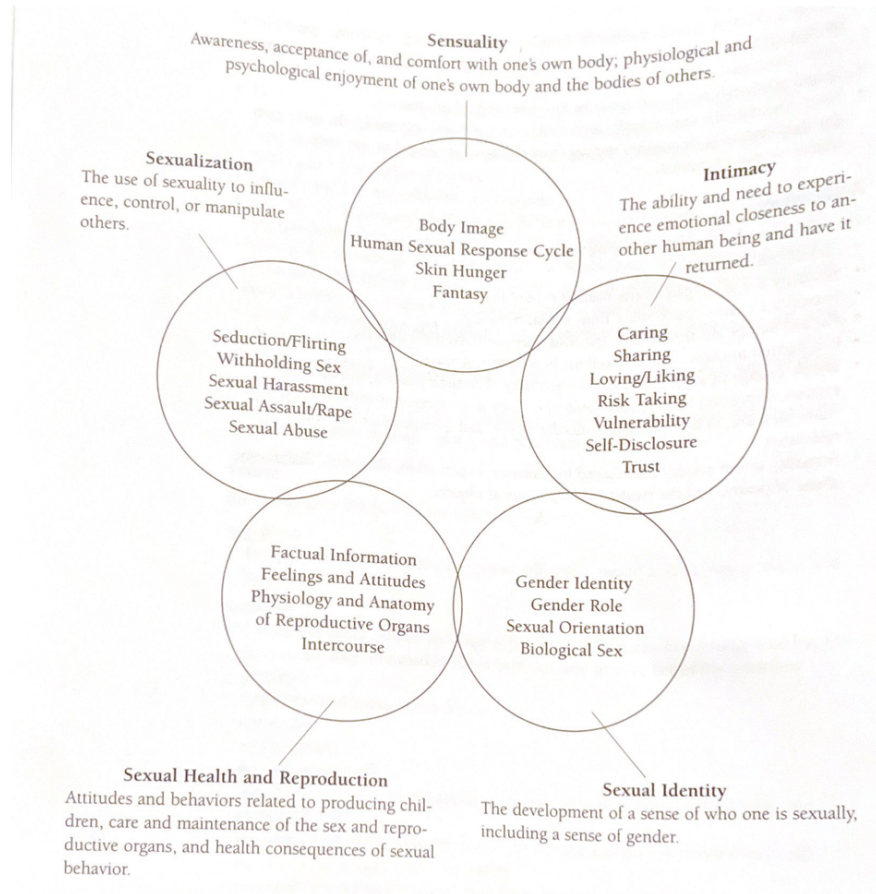


Diagram from: Tino, M. J., Stuart, L. A., & Gibb Millspaugh, S. (2008). *Our Whole Lives: Sexuality Education for Young Adults, Ages 18-35*. (pp.8). (J. Frediani & S. Gibb Millspaugh, Eds.). Unitarian Universalist Association.

4.4 Module 3: Sexual Health and Spirituality Counseling

Rationale: The concept behind this module is to identify topics for one-on-one counseling. These topics were common themes from the EnFaith data (i.e., premarital sex, bodily autonomy, body, soul & spirit) and based on my own experience in talking to people my age (20s) in faith settings (i.e. contraception, STIs, lust, consent, sexual assault/trauma, shame, & self-pleasure/masturbation). Using the topics and thinking about Biblical scripture will enrich the discussion around human sexuality.

Activity One: Watch the video *Overcoming Sexual Shame* by The School of Life on YouTube (<https://www.youtube.com/watch?v=Sk530wri0NM>) and think about how the church has historically inflected shame and condemnation onto people and how that has resulted in the silencing of questioning and curiosity of people. While counseling, walk through these questions:

1. What do you agree or disagree with after watching the video?
2. How do you feel about your own body?
3. What questions are you uncomfortable with or have been ashamed to ask or answer regarding sexuality?
4. Thinking of the Circle of Sexuality, what are potential ways to approach sexuality without judgment?

Video Citation: The School of Life. (2021, April 14). *Overcoming Sexual Shame* [Video]. YouTube. <https://www.youtube.com/watch?v=Sk530wri0NM>

Activity Two: Explore each topic and determine which statements you agree (A)/disagree (D) with and discuss why. This activity is an adaptation of the participant survey in Kimball, R. (2000). *Our Whole Lives: Sexuality Education for Adults*. (pp.10). (J. Frediani, Ed.). Unitarian Universalist Association.

Topic: Bodily Autonomy

- We all have the right to our bodies, decisions, and lives. A/D
- We should have access to resources to make the best-informed decisions. A/D
- We are entitled to determine what goes into and stays in our bodies. A/D
- We have free will to consent and revoke consent at any time. A/D

Topic: Body, Soul, Spirit

- The body, soul, and spirit are separate entities in one vessel. A/D
- Our body is the flesh spoken about in the Bible. A/D
- I consider myself a sexual being. A/D
- The purity of my soul and spirit is based on what I do with my body. A/D

Topic: Contraception

- It is ok to use contraceptives/birth control even if I am not married. A/D
- Knowing the best form of birth control for me allows me to make informed decisions. A/D
- If I am using contraception, that means I am sexually active. A/D
- I can still get an STI while using contraceptives. A/D

Topic: Lust

- Lust can be a neutral feeling as long as we don't act on it. A/D
- Lust can lead to sexual sin. A/D
- I know how to manage my lust. A/D
- I can tell the difference between lust and love. A/D

Topic: Premarital Sex

- Premarital sex is ok as long as we are being safe and in love. A/D

Premarital sex is bad for your spirit because of soul ties. A/D
Unplanned pregnancies, abortions, and STIs can result from premarital sex. A/D

Topic: Self-Pleasure (Masturbation)

It is ok to masturbate. A/D
Masturbation is good for the body but bad for the soul. A/D
Watching porn for self-pleasure is bad? A/D

Topic: Shame

We should not be ashamed of our bodies. A/D
If I feel shame, it is because I did something wrong. A/D
Societal expectations and community norms allow the shame of bodies to be normalized. A/D
If I don't know something, it is ok to ask. A/D

Topic: Sexual Assault (Trauma)

I know there are people I can talk to about my experience with sexual assault. A/D
Bodies are vessels that carry our traumas. A/D
I understand trauma comes in many different forms. A/D

Activity Three: Below are just a few common verses of many that I continue to hear throughout my faith journey. The verses that were chosen are based on my personal experience in church and not on any study assessing common verses. In counseling, please discuss what the following verses mean to you. Please note that every individual will have a different understanding of a verse and there is not necessarily a right or wrong answer. Use the value clarification statements below to uphold a respectful safe environment for disagreements. While discussing, think about how these verses tie into sexuality and what narrative they provide on the positivity or negativity of sexuality.

- **2 Corinthians 6:14** “Do not be yoked together with unbelievers. For what do righteousness and wickedness have in common? Or what fellowships can light have with darkness?” (NIV, 2002)
- **Proverbs 4:23** “Above all else, guard your heart, for everything you do flows from it.”
- **1 Corinthians 6:18-20** “Flee from sexual immorality. All other sins a person commits are outside the body, but whoever sins sexually, sins against their own body. Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies.” (NIV, 2002)
- **Genesis 2:24-25** “That is why a man leaves his father and mother and is united with his wife, and they become one flesh. Adam and his wife were both naked, and they felt no shame.” (NIV, 2002)
- **Genesis 1:27-28** “So God created mankind in his own image, in the image of God he created them; male and female he created them. God blessed them and said to them, ‘Be fruitful and increase in number; fill the earth and subdue it.’ [...]” (NIV, 2002)

- **Romans 3:23-24** “For all have sinned and fall short of the glory of God, and all are justified freely by this grace through the redemption that came by Christ Jesus.” (NIV, 2002)

Values Clarification Statements:

- Everyone has their own relationship with God.
- Everyone is entitled to their own beliefs and understandings of scripture.
- We are all human and should give each other grace.
- Jesus Christ died for all our sins.

4.5 Module 4: Pregnancy and Abortion Counseling

Rationale: The idea behind this module is to provide resources for pregnancies and abortion. Religious leaders are not health professionals but providing them with resources that can help the individuals they are counseling make informed decisions is critical. The decision on whether or not one should continue a pregnancy is very personal and can be tough. It can be even harder when there is so much shame and stigma that follows whatever path that is chosen.

Activity One: This activity allows you to walk through the available options for pregnant individuals. Resources are listed below for them to make the best-informed decision. Before getting started make sure to assess your personal biases about each pathway. Apply the framework below from TEACH as you walk through the diagram and figures during counseling. Consider the following questions:

1. How do you (a pregnant individual) feel about each option (pregnancy, adoption & abortion)?
2. What resources would you need to consider each option?
3. Do you believe that there is a moral option? Why or why not?
4. Who is influencing your decision?
5. Do you believe that whatever decision you make will impact your spiritual journey? If so, how?

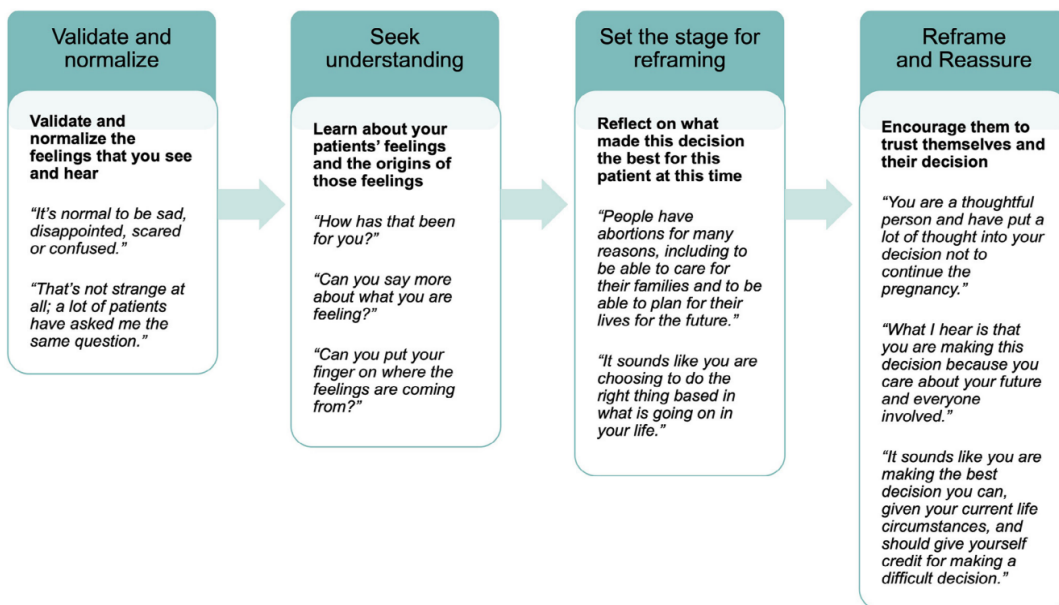


Figure from: Fleming, M., Shih, G., Goodman, S., and the TEACH Collaborative Working Group. (2022). *TEACH Abortion Training Curriculum, 7th Edition*. (pp.26). UCSF Bixby Center for Global Reproductive Health: San Francisco, CA.

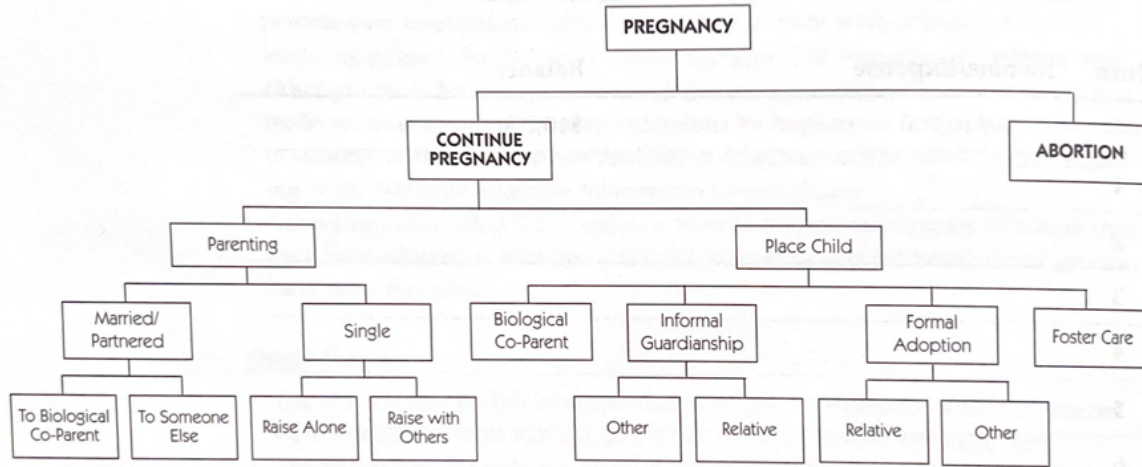


Diagram from: Tino, M. J., Stuart, L. A., & Gibb Millsbaugh, S. (2008). *Our Whole Lives: Sexuality Education for Young Adults, Ages 18-35*. (pp.192). (J. Frediani & S. Gibb Millsbaugh, Eds.). Unitarian Universalist Association

TYPES OF ADOPTION	
Open	Closed
In open adoption, there is a greater degree of openness and disclosure of information between the birth and adoptive parents and the adopted child .	In closed or confidential adoption, the birth and adopting parents have no contact, but may share relevant medical history. Court records are sealed.

Terminology	Clinical definition
Anembryonic Gestation	Growth of a gestational sac without an associated embryo or yolk sac. Formerly called "blighted ovum"
Embryonic or Fetal Demise	Loss of viability of a developing embryo or fetus
Missed Abortion	A non-viable intrauterine pregnancy, either <i>anembryonic</i> or an <i>embryonic demise</i> , often discovered by US. The patient may be asymptomatic or have a history of bleeding. The cervix is closed.
Threatened Abortion	Uterine bleeding without passage of gestational tissue. The cervix is closed. The pregnancy is viable at time of presentation and prognosis remains uncertain.
Inevitable Abortion	Bleeding and/or uterine cramping. Cervix is dilated and passage of tissue is expected.
Incomplete Abortion	The cervix is dilated and some, but not all, of the pregnancy tissue is expelled.
Complete Abortion	The pregnancy tissue has expelled completely

Figures from Fleming, M., Shih, G., Goodman, S., and the TEACH Collaborative Working Group. (2022). *TEACH Abortion Training Curriculum, 7th Edition*. (pp.12 &149). UCSF Bixby Center for Global Reproductive Health: San Francisco, CA.

Resources: These resources are provided by Fleming, M., Shih, G., Goodman, S., and the TEACH Collaborative Working Group. (2022). *TEACH Abortion Training Curriculum, 7th Edition*. UCSF Bixby Center for Global Reproductive Health: San Francisco, CA.

- Pregnancy Options
 - National Abortion Federation <https://prochoice.org/patients/pregnancy-options/>

- Religious Coalition for Reproductive Choice <https://rerc.org/q-a/mission-statement/>
- Reproductive Justice Organizations
 - SisterSong <https://www.sistersong.net/>
 - SPARK Reproductive Justice <http://www.sparkrj.org/>
- State Laws & Policies
 - <https://www.guttmacher.org/state-policy/laws-policies>
- Books
 - Reproductive Justice by Loretta J. Ross and Rickie Solinger
 - Killing the Black Body by Dorothy Roberts
- Got more questions?
 - Go Ask Alice! <https://goaskalice.columbia.edu/>

Chapter Five: Conclusion

5.1 Conclusion:

As I wrap up this special studies project, I want to reemphasize the importance of comprehensive sexual education as a whole and the role of the Church, when it comes to public health intervention and its impacts. This thesis highlights that sexual health and faith can coexist. They do not need to be against each other. Religious leaders, although not health professionals, do have an impact on congregational members' spiritual journeys and ultimately, their health because spirituality does not exist in a silo. Sexuality is what makes us human and arguably can connect us to God. I specifically looked at the Black Church because of the centuries of abuse of black bodies that have led to the silencing of Black people. It is critical to recognize the historical impacts of racism and enslavement, particularly in the United States. Over the years because of impactful sexual and reproductive health movements, we have seen mindsets shift and the ambiguity between the pro-choice and pro-life movements from people of faith. The EnFaith data was a great representation of that. When looking into this mini curriculum that I developed, I hope that it is used to provide resources to carry out uncomfortable but important conversations

in the Church. I hope religious leaders and those in counseling can recognize that humanity is such a fragile vessel that encompasses many elements, and sexuality is just one of them.

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