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The Incidence of Individual Sexually Based Counseling by School Nurses in an Urban School System

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THE INCIDENCE OF INDIVIDUAL SEXUALLY BASED COUNSELING BY
SCHOOL NURSES IN AN URBAN SCHOOL SYSTEM

by

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A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing

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Abstract

The purpose of this study is to evaluate the incidence of individual counseling on sexual issues by school nurses in a large, urban, public school system in the Southeastern United States (U.S). Utilizing a descriptive, non-experimental method for the study, a secondary data analysis was conducted by the researcher using information self-reported by 117 school nurses regarding individual counseling of students in grades kindergarten through twelve on sexual topics. The topics included in the study were pregnancy, puberty/reproductive health and sexual abuse. There was a relationship established between grade level and rate of individual counseling. School nurses in the school system studied provided the majority of individual sexually based counseling to students at the high school level. Puberty/reproductive health was the topic most frequently discussed by the school nurses during individual counseling.

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CHAPTER 1

Introduction

Over one million teenage pregnancies occur in the United States (U.S.) each year (Saewyc, Magee & Pettingell, 2004). After a decade of decline, in 2006 the birthrate for women aged 15-19 rose in the U.S. for the first time in 14 years (Contraceptive Technology Update, 2008). Results from the 2009 National Youth Risk Behavior Survey (YRBS) revealed that 62.3% of 12th graders surveyed have had sexual intercourse (Jackson, 2011). In addition to teenage pregnancies, the incidence of sexually transmitted diseases among adolescents has also risen. Researchers suggest that persons aged 15-24 account for 48% of sexually transmitted diseases each year (Crosby & Danner, 2008; Stamm, Miranda, & McGregor, 2011). The 2009 YRBS also noted that of the students who reported being sexually active, only 61.1% used a condom the last time they engaged in sexual intercourse (Jackson, 2011). To add to this growing problem, Saewyc, Pettingell, and Magee (2003), found that approximately 10% of adolescents used in their study reported being sexually abused at least once in their lives. This data coincides with the results of the 2009 YRBS which found that 10.5% of girls and 4.5% of males surveyed reported being forced to have sexual intercourse at least one time (Jackson, 2011). Although a cause for the change in the sexual health of adolescents has not been identified, some researchers believe that the increased use of abstinence-only sex education curriculums by U.S. public schools has caused a decline in how much information about sex is shared with adolescents (Sonfield, 2009). During adolescence, a physical, psychological and social growth occurs. The reproductive system maturation includes significant changes of the sex organs accompanied by sexual urges. This is a

crucial part of a human being's life and it is important that adolescents understand the changes occurring to their bodies as well as learning about sex (Matziou, et al., 2009).

Statement of the Problem

Based upon the rise in the number of pregnancies, sexually transmitted diseases and reports of sexual abuse in teens and adolescents, the sexual health of this age group is becoming an increasing problem. The number of public school systems using abstinence-only sex education curriculums has continued to rise as well. Adolescents who are sexually active need to receive accurate, unbiased and accessible information regarding sex. Pubescent adolescents are also in need of education regarding sexual health, body changes, self-esteem, and menstruation. As the health professional in the school setting, school nurses are in the position to provide individualized counseling to adolescents on sexually based topics.

Purpose

The purpose of this study is to evaluate the incidence of individual counseling by school nurses on sexual issues. The researcher conducted a secondary data analysis of information submitted by school nurses in an urban school system regarding individual counseling on sexual issues. Understanding the rate at which school nurses are providing individual counseling to students on sexually based topics, school systems may allow school nurses to develop educational programs for students in need of sexually based counseling. Also, school nursing programs may determine that additional training or continuing education is needed in the area of adolescent sexual health. This information may also be helpful to schools systems in determining the efficacy of their sex education curriculums.

Adolescent's Sources of Information Regarding Sex

Matziou et al. (2009) found that adolescents report that friends, parents, television, sex education specialists, school and siblings are major sources of sex information. Matziou, et al. (2009), also notes that a separate study had similar results finding that parents, peers and schools are the preferred source of information regarding sex for adolescents. Despite adolescents preference in where they seek information regarding sex; multiple studies have found that schools are most often reported as a source of sex education and information (Lindberg, Santelli, & Singh, 2006; Matziou, Perdikaris, Petsios, Gymnopolou, Galanis, & Brokalaki, 2009; and Salehi & Flicker, 2010). "Since schools are the only formal educational institution to have a meaningful contact with nearly every young person. They are in a unique position to provide children and adolescents with the knowledge, understanding, skills and attitudes they need to make and act upon decisions that promote sexual health throughout their lives" (Salehi & Flicker, 2010, pg. 164).

Abstinence-Only Education vs. Comprehensive Sex Education

Schools typically provide sex education using one of two types of curriculum; abstinence-only or comprehensive sex education. Abstinence-only programs teach students to refrain from sexual activity until marriage. The curriculum also designates abstinence as the only way to avoid pregnancy and sexually transmitted diseases. Congress defines abstinence-only programs as curriculums that teach "sexual activity outside of marriage is likely to have harmful psychological and physical effects" (Starkman & Rajani, 2002, pg. 316). The curriculum also discusses monogamy within marriage, the consequences of teenage pregnancy, and how to "say no" to sexual

advances, drugs and alcohol (Wilson & Wiley, 2009). Some abstinence-only programs do not discuss contraception while others discuss its efficacy compared to abstinence (Hayward, 2011). Compared to programs in the 1980's, programs today are more likely to discuss abstinence but less likely to discuss contraception (Starkman & Rajani, 2002). Over the past 15 years, the federal government has promoted abstinence-only education by providing funding to states that provide abstinence-only curriculums as part of the sex education programs. The Affordable Care Act has designated \$250 million for abstinence-only-until marriage programs. Despite increased federal funding, several studies have shown that abstinence-only sex education programs are not effective in delaying sex in adolescents (Harper et al., 2010).

Comprehensive sex education emphasizes abstinence as the best way to avoid sexually transmitted diseases and pregnancy (Jeffries, Dodge, Bandiera, & Reece, 2010). Many comprehensive sex education programs emphasize that students should refrain from sexual activity until they are in a committed and involved relationship; not necessarily marriage (Starkman & Rajani, 2002). The curriculum also discusses the efficacy of contraceptive methods such as condoms and birth control in preventing sexually transmitted diseases and pregnancy. Comprehensive sex education also discusses improving decision-making skills, peer pressure, sexual orientation (Jeffries, Dodge, Bandiera, & Reece, 2010). As part of the Affordable Care Act, \$75 million has been designated towards comprehensive, evidenced-based sex education programs (Harper et al., 2010).

Definition of School Nursing and the Role of the School Nurse

School nursing is defined as (Taras, 2008, pg. 1052):

A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development, promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

School nurses are typically the only health professional within a school. According to the American Academy of Pediatrics, school nurses have seven key roles; providing direct care to students, serving as a leader or expert in the field of health care for the school, providing health screenings and medical referrals, promoting a healthy school environment, promoting health, serves as a leader in the development of health related programs and policies within the school, and serves as a liaison between the school and families, health care professionals and community resources (Taras, 2008).

School Nurses' Role in Providing Sexual Health Information to Adolescents

School nurses are in the unique position to provide sexual health information to adolescents in addition to the education they receive as part of their school's sex education curriculum. On an individual basis, nurses are able to cover controversial topics that may not be part of the sex education curriculum. In addition, nurses are typically more comfortable with discussing sensitive topics such as sex, puberty and sexually transmitted diseases (Hayward, 2011). A study by Whitehead (2008), found that students felt that teachers were not adequately trained to provide sex education to adolescents. Students reported that they felt the teachers were embarrassed to discuss

such sensitive topics. This made students reluctant to ask questions and seek individual help for sexual issues.

Theoretical and Conceptual Framework

This study, which examines the incidence of individual sexually based counseling by school nurses utilized Jean Watson's Theory of Caring in Nursing as a theoretical framework. According to Tomey and Alligood (2006), "caring is a nursing term representing the factors nurses use to deliver health care to patients. By responding to others as unique individuals, the caring person perceives the feelings of the other and recognized the uniqueness of the other" (p. 99). According to the theory, caring is the core of nursing. It moves beyond curative measures and seeks to heal and build relationships (Tomey & Alligood, 2006). Watson uses the term carative in contrast with curative (Cara, 2003). She sees curative as treating or removing a disease. Curative factors describe how a person "attains or maintains health" (Tomey & Alligood, 2006, p. 99).

This theory is based upon 10 carative factors that the nurse uses to provide care to patients. Watson's 10 carative factors are (Cara, 2003, p. 52; Tomey & Alligood, 2006, p. 95-97):

1. Formation of a humanistic-altruistic system of values
2. Instillation of faith-hope
3. Sensitivity to self and to others
4. Development of a helping-trust relationship
5. Promotion and acceptance of the expression of positive and negative feelings

6. Systematic use of the scientific problem-solving method for decision making
7. Promotion of interpersonal teaching-learning
8. Provision for supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential-phenomenological forces

In Watson's theory, there is a strong emphasis placed on the relationship between the nurse and the patient. This theory not only focuses on the patient but also the caregiver (nurse). The nurse must be engaged and willing to connect. The nurse must self-reflect on their own caring practices in order to provide excellent care to the patient (Cara, 2003). A therapeutic outcome is the result of this nurse-patient relationship. Using education and health promotion, the nurse helps the patient take control of their health and wellness (Tomey & Alligood, 2006).

Watson's concept of development of a trusting relationship was considered to be the relationship between the school nurse and the student. It is very important that nurses build a trusting relationship with the student. This begins with displaying a caring attitude. A recent survey of youth in the District of Columbia found that students do not seek counseling regarding sex because they see school staff as untrustworthy and judgmental (Bess, Doe, Green & Terry, 2009). A trusting relationship means being genuine, honest, empathetic, warmth and effective communication (Tomey & Alligood, 2006). The nurse must have a genuine interest in helping the patient for the relationship to be successful.

By utilizing Watson's Theory of Caring in Nursing concept of promotion of interpersonal teaching-learning, some of the responsibility shifts from the nurse to the patient. The nurse assists the patient in being responsible for their self-care and meeting their own needs (Tomey & Alligood, 2006). This is important for counseling regarding sexual issues because the student is ultimately responsible their own sexual health. The nurse can provide the education, but the student needs the ability to make the appropriate decisions regarding sex.

Significance to Nursing

This study is significant to nursing because helps to identify trends in how adolescents are obtaining information regarding sex such as sexually transmitted disease, pregnancy, puberty and sexual assault. The information discussed in this study may help schools work in conjunction with school nurses to ensure that accurate information about sex is accessible to the students. School nurses may also use the information to target certain age groups when rendering care.

Research Questions

1. How many individual sexually based counseling sessions do school nurses conduct during one school year?
2. What is the rate of individual sexually based counseling sessions by school nurses at the elementary, middle, and high school grade levels?
3. What is the rate of individual sexually based counseling sessions per student enrollment at the elementary, middle and high school grade levels?

CHAPTER 2

Review of the Literature

While research regarding sex education in schools was vast, there was very little research on individual sexually based counseling by school nurses. Across the world, school nurses have varying roles in providing sex education to minors. Much of the research involved school nurses serving as instructors of sex education courses rather than providing the information on an individual basis.

This chapter will first discuss factors contributing to adolescent sexual behaviors and their perceptions of teen pregnancy. Next, the incidence of sexual abuse among adolescents will be discussed. Sex education programs, their efficacy and the variety of programs offered are explored in this chapter. Also discussed, is adolescent's desire to discuss sex, the rate that health care providers are providing individual counseling, school nurses preparedness to teach sex education and establishing trust during health counseling. A literature search was conducted using online databases such as CINAHL Plus with full text, Health Source: Nursing and Academic Edition, PubMed, and Sage Journals Online. Key words used included, "school nurse counseling," "sex education," "adolescent sexual behaviors," "school nursing individual counseling," "puberty," and "adolescent sexual abuse."

Antecedents to Sexual Behaviors

Teenaged pregnancy is a growing problem in the U.S. Although teen pregnancy rates declined over the last decade, recently the numbers have begun to rise again. Kirby (2002) conducted a study to identify risk factors and protective factors that influence the initiation of sex, contraceptive use and pregnancy among adolescents. This study was a

secondary data analysis of over 250 previous studies on the sexual activities of adolescents. Studies that met the following criteria were included: 1) Published in a professional journal. 2) Data collected during 1975 or later. 3) Sample restricted to adolescents age 19 or younger. 4) A minimum of 100 subjects included in the sample. 5) The relationship between antecedents and the initiation of sex, use of contraception and pregnancy have been measured (Kirby, 2002). Online databases and references from colleagues were used to identify the studies. Over 100 antecedents to initiation of sex, use of contraception and pregnancy were identified by this study. The researchers found that a large variety of factors influence the sexual behaviors of adolescents. Most antecedents were found to have a weak relationship and a few were found to have a moderate relationship (Kirby, 2002).

The study found teens that live in communities that have high crime, high unemployment rates, and lower incomes are more likely to have sex and become pregnant. In contrast, teens that live in communities with high levels of education, employment, and income are less likely to engage in unprotected sex. The study found students who are successful in school are less likely to engage in unprotected sex and become pregnant. Also, teens that have been sexually abused are more likely to be exposed to other risk factors influencing sexual health. Sex education was found to be a protective factor in the use of contraception and pregnancy but was not noted for initiation of sex. This study emphasizes the need for individual counseling by school nurses because generic sex education programs used in schools may not address many of the antecedents to sexual behavior that teens have.

Adolescent's Perceptions of Teen Pregnancy

Herman (2008), conducted a series of focus groups to examine adolescent's perceptions of teenage pregnancy, education to prevent pregnancy, the costs and rewards of teen births, and the availability of someone to openly discuss sexuality. One hundred and twenty youth between the ages of 12 and 19 participated in the study. The sample consisted of 72 females and 48 males. Five participants were pregnant and 19 students already had at least one child. One of the limitations of this study was that participants for the student were purposely selected based on risk for pregnancy and participation in certain community groups making the study findings difficult to generalize to all adolescents. Participants responded that teen pregnancy has a negative impact on the social lives of parents, causes loss of intimate relationships with the other sex, additional stress on families and judging by the public. Participants felt that pregnancy would interfere with their performance in school making graduating high school, attending college, and/or establishing a career difficult. Entering the workforce earlier than planned was another concern of many of the subjects in the group. They reported teen pregnancy would increase their likelihood of poverty due to lack of education and the increased costs associated with raising a child (Herman, 2008). In addition, the study found participants had both positive and negative role models with whom they can discuss sexuality. Parents, siblings, extended family and counselors were seen as positive role models. Negative role models included peers and family. The subjects reported that education should begin at an earlier age, birth control should be more assessable for teens, and more opportunities for open dialogue with other teens about sex should be provided (Herman, 2008).

Importance of School Connectedness

According to a study of 7th through 12th graders in public schools by Bonny et al. (2000), school connectedness decreases health risk behaviors in adolescents. The researchers define school connectedness as feeling close to the school or school staff or feeling a part of the school. The researchers used a survey to develop a school connectedness score (SCS). The survey found that students who had a higher SCS had better academic performance and health.

This information can be helpful to school nursing when counseling to identify students who may be at risk for certain behaviors. It also highlights the need for individual counseling by school nurses as a way to connect and bond with students. As displayed in this study, this connection can have positive effects on other aspects of the student's life. (Bonny, Britto, Klostermann, Hornung & Slapp, 2000).

Sexual Abuse among Adolescents

Sexual abuse at any age can have far reaching effects especially during childhood. This type of abuse can have long-term physical and psychological effects. Saewyc, Pettingell and Magee (2003) examined the incidence of incest and nonfamily sexual abuse in adolescents in Minnesota. Data from the 1992 and 1998 Minnesota Student Survey (MSS), a statewide health risk survey administered to 9th and 12th graders in Minnesota, was used by the researchers to conduct a secondary data analysis. The survey is anonymous and it was optional for schools to participate. In 1992, 77,374 students took the survey and 81,247 took it in 1998. During both years, approximately half of the participants were female and the majority of students were White (Saewyc, Pettingell, & Magee, 2003). The 1992 and 1998 surveys had identical questions regarding sexual

abuse. The questions were worded to assess both familial (incest) and non-familial sexual abuse. The MSS did not assess for some forms of sexual abuse such as voyeurism, indecent exposure or statutory rape. The study found that in 1992, 10.5% of students surveyed reported being sexually abused. The rate declined slightly in 1998 to 8.6% of students surveyed. The rate reported by girls was higher than boys during both years. Although the prevalence of sexual abuse in girls was higher than boys, the rate for girls declined in 1998 while the rate increased for boys. Nonfamily abuse was the most prevalent form of abuse for both genders during both survey years. There were significant differences based on ethnicity as well. For both 1992 and 1998, 1 in 10 Whites and Asian Americans reported a history of sexual abuse compared to 1 in 7 African Americans, Hispanics, Native Americans, and students who did not identify with an ethnicity. Thus difference in the prevalence of sexual abuse among ethnicities was not significant enough to suggest that sexual abuse is a cultural problem and could have resulted from the small population of ethnic groups other than Whites in Minnesota. Both 9th and 12th grades had similar rates of sexual abuse. Although the most common type of sexual abuse was nonfamily, about 2% of respondents reported both family and non-family abuse. The researchers felt school nurses could be beneficial in assessing, intervention and monitoring these students. (Saewyc, Pettingell, & Magee, 2003)

Efficacy of Sex Education Programs

Piercy and Hayter (2009) found school nurses in the United Kingdom (U.K.) have a key role in the promotion of sexual health. The purpose of their study was to examine school nurse's experiences with being involved in sex education in primary schools. The research questions for this study were 1) What are the barriers that school nurses face

when delivering sex education in primary schools? 2) What constitutes good practice in terms of removing or managing these barriers? The sample included 16 school nurses, all white females, who served primary schools in Midlands, U.K. Their school nursing experience ranged from two months to twenty five years and all subjects had previously conducted sex education lessons in the primary schools. Data was collected using information obtained from three separate focus groups. In addition to the school nurses, a researcher serving as moderator and a second researcher that was responsible for taking notes were also present. The nurses were asked open-ended questions about their feelings about sex education, difficulties in participating in sex education and what their experiences have been in participating in sex education. The researchers utilized the work of Aronson, Joffe and Yardley to perform a data analysis and group the information into categories. The researchers combed the data for patterns, trends and themes. The researchers identified three themes from the data: building a relationship, involvement in teaching and timing of delivery. Nurses reported that having a long-term relationship with the school helped to build a trusting relationship. Nurses that worked at the same school for a number of years were able to contribute during the planning of sex education program. Staff changes negatively impacted the formation of these relationships. New staff were reluctant to include school nurses when planning sex education lessons. School nurses felt that teaching sex education was an important and enjoyable part of their role. Nurses felt they were an added asset to the curriculum through contributing to sex education policies and development of curriculum, providing training to staff, and teaching lessons. The majority reported being highly involved in the planning and teaching process. Subjects reported the school nurse's workload and the timing of sex

education inhibited their ability to make an effective contribution to the sex education program. All of the school nurses had an average of eight primary schools on their workload which made it difficult for nurses to participate in teaching due to other nursing duties. The nurses also reported many of the schools had their sex education lessons during the same time of year. For nurses serving multiple schools, it is difficult to participate when many of the schools are providing sex education at the same time (Piercy & Hayter, 2009).

Types of Sex Education Programs

Sex education programs vary across the country. Some programs discuss abstinence-only and contraception is not discussed. Others are comprehensive in their sex education discussion. There are also curriculums that combine both discussions about abstinence and contraception.

Landry, Kaeser and Richards (1999) conducted a descriptive, multivariate analysis of sexual education programs that discussed abstinence to determine the extent, if any, of information about contraception is allowed by policy. Eight hundred and twenty five public school superintendents or their delegates were randomly selected from a pool of 13,560 eligible school districts from across the U.S. The study found that 69% of districts surveyed have a policy to teach abstinence during sex education. Of these districts, 14% teach abstinence as one option to prevent pregnancy and sexually transmitted diseases. Fifty-one percent teach abstinence as the preferred option but discuss contraception as a way to prevent pregnancy and sexually transmitted diseases. Abstinence-only until marriage curriculums that prevented discussions about contraception were used by 35% of districts surveyed. The researchers found that

Southern districts were five times more likely than Northeastern districts to abstinence-only until marriage curriculums (Landry, Kaeser, & Richards, 1999).

Discussing Sex with Adults

Rembeck and Hermansson (2008) found that 12 year old girls experiencing puberty expressed great interest in sex but felt adults were not willing to talk to them about it because of their age and fear of early sexual debut. The subjects reported a lack of understanding why adults were reluctant to discuss sex. The study found that the girls frequently thought about sex and discussed the subject with their friends but not with adults. In addition, girls had feelings about sexuality and felt let down when adult support failed to occur. (Rembeck & Hermansson, 2008).

Counseling by Health Professionals

A study by Adams et al. (2008) found that 32% of participants were screened and counseled on sexually transmitted disease by their health care provider. Results from the study showed the health care providers were more likely to discuss sexually transmitted diseases with older adolescents (age 15-17) than younger adolescents (age 12-14).

Although it is recommended that health care providers screen and counsel adolescents on sexual health behaviors, many adolescents are not receiving this private time with their providers. The researchers recommended that health care professionals screen and counsel adolescents for risky health behaviors, including sexually transmitted diseases, sexual activity and violence. Further recommendations included that the screening and counseling be done in a confidential matter without the presence of the parent.

“Adolescents, unlike younger children, need private time with their healthcare provider to

discuss sensitive health topics including substance use and sexuality” (Adams, et al., 2008, p. 2).

The Preparedness of Nurses in Teaching Sex Education

A study by McFadyen (2004) in Scotland suggested that school nurses have more of a role in the delivery of sex education. Scotland has seen a rise in teen pregnancies and sexually transmitted diseases similar to the U.S. The purpose of this study was to examine the educational preparedness of school nurses in teaching sex education to adolescents enrolled in schools. Although school nurses are educationally trained in human anatomy, psychology and clinical nursing, the researcher wanted to examine if these skills are the only requisites for being adequately prepared to discuss sexual health with adolescents. A researcher designed questionnaire consisting of 25 mostly closed questions was distributed to all 299 school nurses in Scotland. Nurses who were not registered with the United Kingdom Nursing and Midwifery Council were excluded. Of the 299 questionnaires distributed, 167 were returned completed. All members of the sample were females with 46% being over the age of 45. The subjects reported a variety of specific education training. About 29% of respondents had completed a family planning course. Thirty-nine percent of nurses reported other specific training which varied from a five day workshop on teaching sexual health to spending a morning with a family planning nurse. About 60.8% of school nurses reported they had not had any training on sexual and reproductive health education. However, 75.4% reported that they currently provide sex education to students. Of the school nurses who deliver sex education, 58.8% felt they needed additional sex education training. One respondent reported, “Although I deliver sex education, I’ve never had sex education training. I feel

that this is an important area for adolescents...I feel very inadequately trained in all areas of sex education, I just have to muddle by” (McFadyyn, 2004, p. 117). The major themes identified from the questionnaire that school nurses feel they need further education on were, child abuse, sexual abuse, legal issues, sexual and reproductive health, group work skills, sex education for students with special needs, development of teaching methods, personal relationships and working with adolescents in general (McFadyyn, 2004).

The anonymity of the study was a limitation. The author was not able to explore other issues that arose from the study because the nurses were not identified. Two districts did not distribute the questionnaire to their school nurses. Therefore, the views of school nurses in certain parts of Scotland were not included in this study (McFadyyn, 2004). The school nurses included in the sample come from a variety of nursing backgrounds. Due to this diversity, having a particular knowledge in a certain subject area such as sex education cannot be assumed. The data from this research suggests that school nurses do not have the skill necessary to provide quality sex education to students.

Establishing Trust

Eriksson and Nilsson (2008) examined the conditions needed to establish a trusting nurse-patient relationship during health counseling. Using a qualitative approach, the researchers conducted face-to-face interviews with ten primary care nurses. All the nurses included in the study had experience with counseling patients with a mean of nine years of experience. All the participants in the study were female with an average age of 48 years. During the interview, nurses explained what preconditions they felt were necessary to build a trusting relationship when counseling patients. Follow-up questions were asked by researcher based on the nurse’s response to the initial question. Each

interview lasted about one hour. All interviews were tape-recorded and transcribed. Following analysis by two researchers two themes emerged from the study: Competence of the nurses and the patient meeting. Three subthemes were incorporated under the theme of competence of the nurses: Awareness of expression, pedagogical competence, and professional credibility. Nurses in the study reported that how they expressed themselves both verbally and non-verbally was very important to developing a trusting relationship. The nurses understood that their personal feelings could be transferred to the patient. It was important to the nurses that they were able to control their responses and reactions especially when the patient expresses negative emotions. Nurses felt they must be systematic when providing information to patients. The nurses reported that providing patients with too much information could be detrimental. One nurse reported, “you want to let it all out and tell them everything you can. You have to develop a method of keeping your mouth shut” (Eriksson & Nilsson, 2008, p. 2355). Participants reinforced the need to avoid being critical and judgmental or placing blame that might lead to distrust and cause a breakdown in communication. Also, incorporating the nurse’s personal beliefs was also found to have negative effects on the relationship.

Two subthemes emerged from the theme of patient meeting: Continuity and respectful communication. The participants felt that continuity of care was important to establishing a trusting relationship. Patients must feel that they are able to reach the nurse when needed and that the nurse provides timely follow-ups and return visits. Also, the nurses also felt that time was important to continuity. It was important to have enough time for counseling sessions so that the patient does not feel rushed. The researchers recommend that school nurses develop an understanding of the above

requisites in order to facilitate a positive counseling experience. (Eriksson & Nilsson, 2008).

Literature Review Summary

The literature indicates that there are several factors that contribute to adolescent sexual behavior and their understanding of topics such as puberty. Educators and health care professionals find it difficult to incorporate all these factors into school based sex education programs. Given the rise in sexual activity, sexually transmitted diseases and pregnancy among adolescents, it is important that the sexual health needs of this group are met. School districts utilize a variety of different curriculums to education adolescents about sex and development. These programs can range from no discussions about contraception and abortion to curriculums that discuss abstinence, all forms of contraception, abortion and homosexuality.

The literature suggests that individual counseling on sexually based topics and relationships with school staff can decrease risky behaviors and improve academic success. School nurses have been used in both group settings and individually to better meet the sexual health needs of adolescents. If a trusting relationship has been established, school nurses are have the ability discuss topics that may not have been covered in the sex education curriculum or assist students with answering personal questions. However, the research suggests that school nurses are not adequately prepared in this area and need additional educational training in sexual health.

CHAPTER 3

Method

This study was designed to examine the incidence of individual sexually based counseling by school nurses in an urban school system. Sex is a very broad topic that can include a wide range of subtopics; therefore the topics considered sexual in nature for this study was pregnancy, puberty and reproductive issues, and sexual assault. In this chapter, the method for the study will be discussed; including the setting, research design, instrument, ethical considerations and data analysis procedures.

Research Questions

1. How many individual sexually based counseling sessions do school nurses conduct during one school year?
2. What is the rate of individual sexually based counseling sessions by school nurses at the elementary, middle, and high school grade levels?
3. What is the rate of individual sexually based counseling sessions per student enrollment at the elementary, middle and high school grade levels?

Setting

This study took place within a large, urban school system located in Southeastern, United States. During the 2010-2011 school year, 135,368 students were enrolled in grades kindergarten through 12 at 178 schools. Approximately 53 percent of students in this school system were considered economically disadvantaged students, and approximately 11 percent of the students were limited English proficient. Forty-one percent of the students were African-American, 32 percent were White, 16 percent were

Hispanic, Asian and American Indian/multiracial each accounted for 5 percent of the total student population.

Research Design

A descriptive, non-experimental method was used for the study to examine the incidence of individual sexually based counseling by school nurses in an urban school system. A secondary data analysis was performed using information obtained from school health services administration. All school nurses serving a large, urban school system located in the Southeast and all schools in the school system were included in the study. Data used for the study was collected during the 2010-2011 school year.

Instrument

All data used for this study was obtained from the Weekly School Health Services Report (WSHR) for the 2010-2011 school year and the 2010-2011 Annual School Health Services Report (ASHR). Permission to use data from the reports was granted by the director of the school health service division (Appendix A). The WSHR (Appendix B) was designed by the school health services division. All school nurses in the target school district enter data about the care they provide to students on a weekly basis. Each week the school nurse reports the number of student visits, the type of visits, and interventions such as counseling, medications, consultations with health care professionals and referrals. The information is categorized by school and is cumulative for the entire school year. The school name was blinded to the researcher by the school health services division. The school categorized as either elementary, middle or high school. Information provided was limited to number of individual counseling sessions provided by school nurses on pregnancy, puberty/reproductive health, and sexual assault. All other

intervention information was omitted from the data provided. The ASHR for the 2010-2011 school year contained information about the division's school nurses such as highest educational level obtained, nurse to student ratio and number of students served. All information in the reports used is cumulative for the entire school health services program and did not contain any identifying information for individual nurses, students or schools.

Ethical Considerations

An application to conduct research with human subjects was submitted by the researcher to the Internal Review Board (IRB) of Gardner-Webb University for approval. Evidence of permission to use data from the school health services director as well as copies of the WSHR and the 2010-2011 ASHR were included with the application. Information concerning the procedures used to maintain confidentiality of the subjects was provided to the IRB as well. Given that all data provided was cumulative of all school nurses in the program and no identifying information was provided, no consent was needed for the study. There were no risks posed to the subjects or deception of any kind. Permission was granted by the IRB of Gardner-Webb University to conduct the study (Appendix C).

Data Analysis Procedure

Using data from the WSHR, a secondary data analysis was conducted to examine the incidence of individual sexually based counseling by school nurses during the 2010-2011 school year. The researcher analyzed the data for trends and to answer research questions.

CHAPTER 4

Results

The purpose of this study was to examine the incidence of sexually based individual counseling conducted by school nurses in a large, urban school system.

Research Questions

1. How many individual sexually based counseling sessions do school nurses conduct during one school year?
2. What is the rate of individual sexually based counseling sessions by school nurses at the elementary, middle, and high school grade levels?
3. What is the rate of individual sexually based counseling sessions per student enrollment at the elementary, middle and high school grade levels?

The researcher conducted a secondary analysis of data collected by school nurses during the 2010-2011 school year. As a requirement of their employment, registered nurses serving the school system completed a Weekly School Health Services Report (WSHR). The WSHR reports data regarding individual counseling sessions conducted by the nurse during the school year on a weekly basis. The WSHR was developed by the School Health Services department in the school system in 2005 and has been used since that time. Cumulative data from the WSHR for the 2010-2011 school year concerning counseling sessions conducted by the nurse in the areas of pregnancy, puberty/reproductive health and sexual assault were used for this study. A cumulative report of the data for the 2010-2011 school year was requested by the researcher from the Director of School Health Services.

School Nurse Demographics

The WSHR contains data submitted by the 117 school nurses who were employed during the 2010-2011 school year. Demographic data was acquired from the Annual School Health Services Report (ASHR). Of the school nurses, 115 (98.3%) were female and 2 (1.7%) were male. All school nurses in the district studied are required to have a minimum of a Bachelor's Degree in Nursing (BSN). Approximately 14% (n=16) of the total school nurses also hold a Master's Degree and approximately 9% (n=10) of the total school nurses studied are certified by the National Board of Certification of School Nurses (NBCSN). The nurses serve each school between two and five days a week. Data from a high school specifically for pregnant adolescents was intentionally omitted from the pregnancy and puberty/reproductive health as all students enrolled at the particular school are counseled individually by the school nurse on pregnancy and reproductive health. Data for the school was included in the reporting of individual counseling on sexual assault. Descriptive statistical analysis utilizing frequency and central tendencies was conducted to determine the number of individual sexually based counseling sessions conducted by school nurses during one school year, the rate per grade level and the rate per student enrollment per grade level.

Number of Sessions Conducted During 2010-2011 School Year

Pregnancy. Descriptive statistical analysis of the data from the WSHR, school nurses reported conducting a total of 1,537 individual counseling sessions on the topic of pregnancy during the 2010-2011 school year. The number of sessions per school ranged

from zero to 178 with a median of nine. The average number of individual counseling sessions on pregnancy per school nurse was 27.3 over the school year.

Puberty/Reproductive Health. Descriptive statistical analysis of data regarding the number of individual counseling sessions on puberty/reproductive health revealed the school nurses conducted a total of 2,078 individual counseling sessions on puberty/reproductive health. The number of counseling sessions per school ranged from zero to 231 with a median number of seven sessions conducted. The average number of individual counseling sessions on puberty/reproductive health per school nurse was 21.7 over the school year.

Sexual Assault. Descriptive statistical analysis of data revealed school nurses conducted only 45 individual counseling sessions on sexual assault during the 2010-2011 school year. The number of counseling sessions per school ranged from zero to five with a median number of one session conducted. The average number of individual counseling sessions on sexual assault per school nurse was 1.96 over the school year.

Puberty/reproductive health was the topic most frequently discussed by school nurses during individual sexually based counseling followed by the topic of pregnancy. Sexual assault was the least discussed topic by school nurses. Table 1 depicts the number of individual sexually based counseling sessions conducted by school nurses during the 2010-2011 school year by topic.

Table 1

Individual Sexually Based Counseling Sessions Conducted by Topic

Topic	# Sessions Conducted	Mean	Median	Range
Pregnancy	1,537	27.3	9	0-178
Puberty/Reproductive	2,078	21.3	7	0-231
Sexual Assault	45	1.96	1	0-5
Total	3,660			

Rate by Grade Level

Elementary School. Elementary school students in this public school system included students enrolled in grades kindergarten through fifth grade. School nurses conducted a total of 12 individual counseling sessions about pregnancy during the 2010-2011 school year at the elementary school level. In contrast, school nurses conducted 168 sessions about puberty/reproductive health were conducted at the elementary school level. No individual counseling sessions regarding sexual assault were conducted at the elementary school level during the school year studied.

Middle School. Middle school students in this public school system included students enrolled in grades six through eight. School nurses conducted a total of 93 individual counseling sessions about pregnancy during the 2010-2011 school year at the middle school level. The majority of sexually based counseling sessions at the middle school level were sessions regarding puberty/reproductive health. The school nurses conducted 270 individual sessions on puberty/reproductive health but only seven sessions on sexual assault in the middle schools.

High School. High School students in this public school system included students enrolled in grades nine through twelve. School nurses conducted 1,432 individual counseling sessions relating to pregnancy at the high school level. An almost equal number of individual counseling sessions, 1,640, were conducted related to puberty/reproductive health. In contrast to the elementary and middle schools, there were 38 sessions conducted on sexual assault at the high school level.

The majority of individual sexually based counseling sessions were conducted by school nurses on the high school level. Table 2 shows the rate of individual sexually based counseling by grade level.

Table 2

Individual Sexually Based Counseling by Grade Level

	Elementary	Middle	High
Pregnancy	12	93	1,432
Puberty/Reproductive	168	270	1,640
Sexual Assault	0	7	38

Rate per Student Enrollment

Elementary School. There were 67,286 students enrolled in elementary school in the study public school system during the 2010-2011 school year. There were 180 individual sexually based counseling sessions conducted by school nurses at the elementary school level during that school year. Only 0.26% of the elementary school student population received individual sexually based counseling sessions by the school nurse.

Middle School. During the 2010-2011 school year, there were 30,228 students enrolled in middle school in the study public school system. School nurses conducted 370 individual sexually based counseling sessions with middle school students. Approximately 1.21% of the middle school student population received sexually based counseling by the school nurse.

High School. There were 38,124 students enrolled in high school in the study public school system during the 2010-2011 school year. School nurses conducted 3,110 individual sexually based counseling sessions with high school students over the school year. Approximately 8% of the high school population received individual sexually based counseling sessions by the school nurse.

About half of the total number of students enrolled in the studied public school system were at the elementary school level. About 85% of the sexually based counseling sessions are conducted at the high school level. Table 3 delineates the total number of students enrolled and the number of counseling sessions conducted by grade level.

Table 3

Total Number of Students Enrolled by Grade Level (Top) and Total Number of Counseling Sessions Conducted by Grade Level (Bottom)

	Elementary	Middle	High	Total
Number of Students Enrolled	67,286	30,228	38,124	135,638
Total Number of Counseling Sessions	180	370	3,110	3,660

School nurses conducted 3,660 individual sexually based counseling sessions during the 2010-2011 school year in the studied public school system. Of the sexually based topics, puberty/reproductive health was the most frequently discussed across grade levels. The majority of individual sexually based counseling by school nurses was conducted at the high school level although elementary school students accounted for almost half of the total student population during the 2010-2011 school year.

CHAPTER 5

Discussion

This study was undertaken to examine the incidence of individual sexually based counseling by school nurses in an urban, public school system. The desire was to attain a further understanding of the role school nurses play in delivering sex education to students on an individual basis. By evaluating the rate school nurses conduct individual sexually based counseling to students, a greater understanding of the educational needs of both school nurses and students can be developed.

According to the 2009 Youth Risk Behavior Survey, which was conducted at the studied school system, 50% of surveyed high school students report having sexual intercourse at least once. Thirty-five percent reported having sexual intercourse with at least one person within the last three months. Of those who reported having sexual intercourse, only 66% responded that they had used a condom during last sexual intercourse. Only 47% of middle school students reported being taught about sexually transmitted diseases such as chlamydia, gonorrhea and syphilis (County Health Department, 2010). This data indicates that students in this public school district are engaging in sexual activity, yet are reporting they are not being informed about the consequences of sexual behaviors.

There is a vast amount of literature regarding sex education curriculums in the school setting and the school nurse's role in delivering sex education in the classroom. However, published research about the school nurse in the role of counselor and how sex education is provided on an individual basis was limited. This study was designed to

provide more information specific to individual counseling on sexual issues by school nurses.

Interpretation of Findings

The sample included 117 school nurses serving 135,638 students during the 2010-2011 school year at the public school system studied. Meaning the nurse to student ratio for the 2010-2011 school year was one nurse to every 1,159 students. The national recommendation for school nurse to student ratio is one nurse to every 750 students (N.C. Department of Health and Human Services, 2011). The studied school district is well above the national recommendation for number of students served per school nurse. Guttu, Keehner and Swanson (2004) found there was a relationship between nurse to student ratios and the number of counseling sessions provided. Results from the study found that districts whose school nurse to student ratio was below 1:1,000 provided counseling to an average of 7.2% of the student population compared to 1.2% of the student population in districts with ratios greater than 1:1,000. The school system studied conducted individual sexually based counseling sessions for approximately 2.6% of the total student population. The research suggests that the studied school district's high school nurse to student ratio may have affected the rate that school nurses provided individual sexually based counseling to students.

School nurses in the study conducted individual counseling sessions on the topic of puberty/reproductive health more than any other sexually based topic. Pregnancy was the second most discussed topic followed by sexual assault. Being that all children eventually reach the pubescent stage of adolescence, it is fitting that this is the most frequently discussed sexually based topic. Puberty and reproduction is not specific to one

group, socioeconomic class or gender. Puberty is a time of rapid growth, the appearance of sexual characteristics such as breasts and pubic hair, onset of menstruation and fertility, and debut of sexual urges (Cesario & Hughes, 2007). This rapid change can be very confusing for children. Students perceive school nurses as experts in health issues and feel they are comfortable with discussing sensitive topics such as puberty (Hayward, 2011).

The range of sexually based counseling sessions conducted by each school nurse on puberty/reproductive issues and pregnancy were highly varied. For individual counseling sessions on puberty/reproductive health, the number of sessions ranged from zero to 231. It is interesting that one school nurse conducted 231 individual counseling sessions on puberty during one school year while other school nurses conducted none. While not all adolescents will experience pregnancy or require counseling on pregnancy prevention, all children at some point experience puberty. Further research would be needed to examine why some school nurses conduct more individual counseling sessions than others.

In the public school system studied, individual sexually based counseling by school nurses occurred most frequently at the high school level. School nurses in the study conducted 3,110 individual counseling sessions on the topics of pregnancy, puberty/reproductive health and sexual assault at the high school level during the 2010-2011 school year. This is compared to 370 sessions in the middle schools and 180 in the elementary schools. The higher incidence of counseling on sexual issues at the high school level is not surprising given that sexual activity and pregnancy are more prevalent in this age group compared to elementary and middle school students. The relatively low

rate of counseling at the middle school level is concerning. The median age for menarche for all ethnic groups is around 12 (Cesario & Hughes, 2007). Meaning, girls are entering puberty during their middle school years. It would seem that the puberty/reproductive health counseling sessions would be higher within this grade level. The lack of sexual assault counseling on the elementary and middle school levels was an unexpected finding.

Elementary school students account for about half of the total student enrollment in the public school system studied yet only 0.26% of elementary school students received individual sexually based counseling by a school nurse. Conversely, 85% of all sexually based counseling by school nurses took place at the high school level. This indicates that there is a stronger relationship between sexually based counseling and grade level than with student enrollment. The middle school level had a lower student enrollment and lower number of counseling sessions than high school. Elementary school had a higher student enrollment but also had few counseling sessions compared to the high school level. Considering older adolescents have more sexual health needs, this relationship was expected.

Limitations

Although the study was a secondary data analysis, there were limitations identified during the study. The first limitation was related to the data. The study relied on data that was self-reported by the individual school nurses and compiled by the School Health Services Division. The researcher was unable to determine the accuracy of the information. The accuracy of the data was dependent on the school nurse's record keeping. Nurses each have different levels of organization and record keeping. There is a

concern that nurses may have under or over-reported the data provided on the Weekly School Health Services Reports. The second limitation was the setting. Data from one public school district was used for this study. School nursing programs vary across districts and therefore using data from one district may not be useful in making generalizations about other school nursing programs. The geographical setting of the study may also have impacted the data. The literature has suggested that districts in the Southern region of the U.S. are more likely to promote abstinence until marriage curriculums (Landry, Kaeser, Richards, 1999). It is unknown if the promotion of abstinence by the school district may be related to the rate that school nurses discuss sex with individual students. The size of the sample was also problematic as data from only 117 school nurses was included in the study.

Implications for Nursing

Although abstinence is commonly promoted in public schools; adolescents are engaging in sexual behaviors. Approximately half of the high school students enrolled in the public school system studied report having sexual intercourse at least once yet only 8% of high school students received individual sexually based counseling by school nurses. School nurses have daily interactions with students who may possibly be sexually active or may be victims of sexual abuse. Nurses can use the information found in this study to identify and remove barriers to counseling about sexual issues. As the sole health professional in the school setting, school nurses are in a prime position to provide accurate and comprehensive information about sex and sexual abuse to students. School nurses should regularly screen students for experiences of sexual abuse and high-risk sexual behaviors.

The lack of individual counseling by school nurses on sexual issues may also indicate the need for further education for school nurses regarding sex and sexual abuse. School nurse administrators need to evaluate the school nurse's competence and comfort with providing counseling on sexual issues. Also, further education may be needed on identifying students who may be engaging in risky sexual behaviors or may be victims of sexual abuse. As previous literature states, initiating counseling on sensitive subjects such as sex, puberty and sexual abuse must begin with a trusting relationship. Education on therapeutic behaviors, sensitivity, confidentiality, mandatory reporting laws, and community resources available to adolescents in need of services are equally important when preparing nurses to counsel adolescents on sexual issues.

Implications for Further Research

The rate at which school nurses are providing individual sexually based counseling to students in comparison to the number of adolescents engaging in sexual behaviors suggests that more research is needed to identify what barriers, if any, exist for nurses providing this service. There is also little research available on the efficacy of individual counseling by school nurses. While much of the research focuses on the efficacy of sexual education curriculums, little is known about the role school nurses play in delaying sexual activity.

Sexual abuse is also prevalent in our society. However, school nurses in the public school system studied provided very little individual counseling on sexual abuse during the 2010-2011 school year. The lack of counseling on sexual abuse by school nurses, especially at the elementary school level is cause for concern about the level of care that children and adolescents whom have been victims of sexual abuse are receiving.

More research is needed on effective ways for school nurses to screen children and adolescents for a history of sexual abuse, identifying the warning signs of sexual abuse, and how to interact with those who have been sexually abused.

One of the limitations of this study was the use of only one public school system and 117 school nurses. A larger, more diverse study could provide information that could be useful to all school nursing programs. A recommendation for future research would include examining school nurse's perceptions of providing individual counseling on sexual topics. The prior experiences and personal beliefs of school nurses may impact their willingness to provide individual sexually based counseling to adolescents.

The sexual behaviors of adolescents have long been a taboo topic especially within the public school system. Although abstinence is the only 100% effective way to prevent pregnancy and sexually transmitted diseases; adolescents are engaging in risky sexual behaviors. Every encounter between a school nurse and an adolescent is an opportunity to provide teaching and counseling. Children and adolescents need professional support to deal with difficult situations such as pregnancy, sexual debut, puberty and sexual assault. By being located within the schools, school nurses are in the unique position to reach a large number of children and adolescents. Adolescents cannot be expected to make healthy decisions about adult situations without guidance. By providing individual counseling, school nurses are able to provide the guidance needed to promote a healthy lifestyle.

References

- Adams, S.H., Husting, S., Zahnd, E., & Ozer, E.M. (2009). Adolescent preventative services: rates and disparities in preventative health topics covered during routine medical care in a California sample. *Journal of Adolescent Health*, 44(6), 1-10.
- Bess, K., Doe, K., Green, T., & Terry, T. (2009). Youth Sexual Health Project: A Framework for Change. Councilmember David A. Catania Committee on Health Council of the District of Columbia. Retrieved from <http://www.davidcatania.com/publicdocuments/YSHP.pdf>.
- Bonny, A., Britto, M., Klostermann, B., Hornung, R., & Slap, G. (2000). School disconnectedness: identifying adolescents at risk. *Pediatrics*, 106(5 part 1), 1017-1021.
- Cara, C. (2003). A pragmatic view of Jean Watson's caring theory. *International Journal For Human Caring*, 7(3), 51-61.
- County Health Department, Epidemiology Program (2010). 2009 Youth Risk Behavior Survey. Retrieved from http://www.mediareoom/documents/2009_YRBS_Highschool_Highlights_3-8-2010.pdf
- Crosby, R., & Danner, F. (2008). Adolescents' sexually transmitted disease protective attitudes predict sexually transmitted disease acquisition in early adulthood. *Journal of School Health*, 78(6), 310-313.
- Eriksson, I., & Nilsson, K. (2008). Preconditions needed for establishing a trusting relationship during health counselling -- an interview study. *Journal Of Clinical Nursing*, 17(17), 2352-2359.
- Guttu, M., Engelke, M., & Swanson, M. (2004). Does the school nurse-to-student ratio make a difference? *Journal Of School Health*, 74(1), 6-9.

- Harper, C., Henderson, J., Schalet, A., Becker, D., Stratton, L., & Raine, T. (2010). Abstinence and teenagers: prevention counseling practices of health care providers serving high-risk patients in the United States. *Perspectives on Sexual & Reproductive Health*, 42(2), 125-132.
- Hayward, M. (2011). Debate continues over need for statutory PSHE curriculum. *British Journal Of School Nursing*, 6(5), 248-251.
- Herrman, J. (2008). Adolescent perceptions of teen births. *JOGNN: Journal Of Obstetric, Gynecologic & Neonatal Nursing*, 37(1), 42-50.
- Jackson, V. (2011). What is the role of the school nurse in sexual health education? *NASN School Nurse*, 26(3), 146-147.
- Jeffries, W., Dodge, B., Bandiera, F., & Reece, M. (2010). Beyond abstinence-only: relationships between abstinence education and comprehensive topic instruction. *Sex Education*, 10(2), 171-185.
- Kirby, D. (2002) Antecedents of adolescent initiation of sex, contraception use, and pregnancy. *American Journal of Health Behaviors*, 26(6), 473-85.
- Landry, D., Kaeser, L., & Richards, C. (1999). Abstinence promotion and the provision of information about contraception in public school district sexuality education policies. *Family Planning Perspectives*, 31(6), 280-286.
- Lindberg, L., Santelli, J., & Singh, S. (2006). Changes in formal sex education: 1995-2002. *Perspectives on Sexual & Reproductive Health*, 38(4), 182-189.
- Matziou, V., Perdikaris, P., Petsios, K., Gymnopoulou, E., Galanis, P., & Brokalaki, H. (2009). Greek students' knowledge

- and sources of information regarding sex education. *International Nursing Review*, 56(3), 354-360.
- McFadyen, J. (2003). Teaching sex education : are Scottish school nurses prepared for the challenge? *Nurse Education Today*, 24(3), 113-120.
- NC Department of Health and Human Services. (2011). About Us: School Nurses. Retrieved from <http://www.ncdhhs.gov/dph/wch/aboutus/schoolnurses.htm>.
- Piercy, H., & Hayter, M. (2009). Effective sex education in primary schools: a study. *British Journal Of School Nursing*, 4(4), 182-186.
- Rembeck, G.I. & Hermansson, E. (2008). Transition into puberty as experienced by 12 year old Swedish girls. *The Journal of School Nursing*, 24(5), 326-334.
- Saewyc, E., Pettingell, S., & Magee, L. (2003). The prevalence of sexual abuse among adolescents in school. *Journal Of School Nursing (Allen Press Publishing Services Inc.)*, 19(5), 266-272.
- Saewyc, E., Magee, L., & Pettingell, S. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual & Reproductive Health*, 36(3), 98-105.
- Salehi, R., & Flicker, S. (2010). Predictors of exposure to sexual health education among teens who are newcomers to Canada. *Canadian Journal Of Human Sexuality*, 19(4), 157-167.
- Sonfield, A. (2009). Advocates seek support for 'real' sex education. *Contraceptive Technology Update*, 30(6), 69-70.
- Stamm, C. A., Miranda, R. H., & McGregor, J. A. (2011). An evidence-based approach to managing common STIs in adolescents. *Contemporary OB/GYN*, 56(9), 43-50.

Starkman, N., & Rajani, N. (2002). The case for comprehensive sex education. *AIDS Patient Care & Stds*, 16(7), 313-318.

Taras, H. (2001). The role of the school nurse in providing school health services. *Pediatrics*, 108(5), 1231-1232.

Teen birth rate rises for first time in 14 years—what lies behind the change? (na) (2008)

Contraceptive Technology Update, 29(3), 25-27. Whitehead, E. (2008). Can teach, will teach? Sex education in schools. *British Journal Of School Nursing*, 3(6), 266-270.

Wilson, K., & Wiley, D. (2009). Influence of materials on teacher adoption of abstinence-only-until-marriage programs. *Journal of School Health*, 79(12), 565-574.

Appendix A

Approval from Director of School Health Services Division



Mecklenburg County Health Dept

SCHOOL HEALTH SERVICES
A Partnership for Serving Children

September 19, 2011

5727 Westpark Drive
Suite 200
Charlotte, NC 27217

Gardner-Webb University
School of Nursing
110 South Main Street
PO Box 7256
Boiling Springs, NC 28017

To Whom It May Concern:

Tiffany A. Dunlap has permission to access and use the data from the Weekly School Health Reports for the 2010-2011 school year and the 2010-2011 Annual School Health Report for the purpose of her graduate thesis. All identifying information will be removed from the data provided to her. Please feel free to contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "MBonaiuto", with a long horizontal line extending to the right.

Maria Bonaiuto, RN, MSN, NCSN
Mecklenburg County Health Department
Director of School Health

Appendix B

Sample Weekly School Health Services Report

WEEKLY SCHOOL HEALTH SERVICES REPORT

SCHOOL ID #		PROVIDER #	
SCHOOL CATEGORY		POSITION TITLE	
SCHOOL NAME		PROVIDER NAME	
PERIOD/WEEK			

Students seen for the first time		xxxxxxxxxx	xxxxxxxxxxxxxx
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EMERGENT ENCOUNTERS	VISIT	REFERRED	SECURED RESOLVED
Asthma Symptoms			
Diabetes			
Illness			
Injury			
Psycho/social Behavior			
CMS Staff Services			

INDIV. COUNSELING/CONF.	VISIT	REFERRED	SEC/RES
Child Abuse			
Grief and Loss			
Hygiene			
Medication			
Nutrition			
Pregnancy			
Psycho/social			
Puberty/reproductive			
Substance Abuse			
Suicide/ Depression			
Other Conference			
Medicaid Health Choice Referral	xxxxxxx		xxxxxxxxxxxxxx
Tobacco Use			
Violence/ Bullying			
Chronic disease			
Sexual Assault/Assault			

HEALTH SCREENINGS	VISIT	REFERRED	SEC/RES
Blood pressure (student only)			
Dental			
Hearing	xxxxxxx		
Height/weight			
Pediculosis			
Vision			
Vision (EC)			
CD and/or Rashes			

PHYS. EXAM/SCREENING	VISIT	REFERRED	SECURED RESOLVED
EC Health Screening			
Kindergarten Health Assessment			
Physical Exams by NP (only)			

GROUP EDUC. ACTIVITIES	#PRESENTATIONS	#PARTICIPANTS
Abuse/Neglect		
Beginner's Day		
Communicable Disease		
Community Activity Involvement		
CPR		
First Aid		
Growth and Development		
Pediculosis		
Med Administration Training/Audit		
Nutrition		
Open Airways		
Hygiene		
Student Health Fair		
Other (Please list below)		
Chronic Disease		
Adolescent Issues		
Support Groups (count once)		
School Newsletter/B Boards/ Closed Circuit TV		XXXXXXXXXXXXXX
Asthma Program only- CSH trainings		

STATISTICS	#	STATISTICS	#
Meds given by Staff		Parent / guardian contacts	
Immunizations given		Immunization Records Checked	
PPD(admin only, not reading)		Kindergarten Health Assessments Checked	
Translator services used		*Home/Off-site visits made	
Professional contacts (teacher, doctor, etc)		Students seen this week in all categories	
Intervention/Assistance Team Meetings, SLT		Coordinated School Health Team (count only once)	
		Mass Mailings (count as one contact)	

Other: _____

Appendix C**IRB of Gardner-Webb University Approval**



**THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY**

This is to certify that the research project titled
The Incidence of Individual Sexually Based Counseling by School Nurses in an Urban School System

being conducted by Tiffany Dunlap

has received approval by the Gardner-Webb University IRB.

Date 9/21/11

Exempt Research

Signed Cindy Miller
Department/School/Program IRB Representative
Rebecca Bush - Duke
Department/School/Program IRB Member

Expedited Research

Signed _____
Department/School/Program IRB Representative

Department/School/Program IRB Member

IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed _____
IRB Administrator

IRB Chair

IRB Institutional Officer

Expiration date _____

IRB Approval:

 x Exempt Expedited Non-Exempt (Full Review)