

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of *Sex Ed Is... Activities Manual* (Canada)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Sex Ed Is... Activities Manual contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “Teen Talk is a Youth Health Education Program of the [Sexuality Education Resource Centre]. We provide prevention education services to youth from a strength-based, harm reduction perspective.” (p. 3)
“Some are core values, like pro-choice, feminist, sex positive, 2STLGBQ+ positive and using an anti-oppression, decolonizing lens.” (p. 4)

Target Age Group: Youth

International Connections: Sexuality Education Resource Centre MB, Winnipeg Regional Health Authority, Public Health Agency of Canada, United Way, Teen Talks, Royal Bank of Canada, Manitoba Health

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Sexual health is a key component of our overall health and well-being. In principle, all people living in Canada, including youth, have a right to information and the skills necessary to enhance sexual health.” (p. 22)</p> <p>“My body, my territory. If you were to make Treaty with someone, to invite them into or onto your territory, how Sacred is that Treaty? It’s your body, your territory.” (p. 28)</p> <p>“Bodies and the Earth have sexuality in their forms and their functions. Also, how we feel when we think about those forms and functions is part of our sexuality. Sexuality is a natural part of all living things.” (p. 28)</p> <p>“How was sexual pleasure represented in the visualization?’ Words like floods and gushing. Speaking of tectonic plates shifting, earthquakes, and trembling</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

refers to arousal and orgasms. The beauty of the Land and body in their various forms can be a source of sexual pleasure. Sexual pleasure is naturally occurring and meant to be healthy.” (p. 29)

“A lot of times, we are so surrounded by negative images of Indigenous sexualities that **we forget how sexy we are**, on our own terms, and what being sexy looks like outside of these stereotypes and exploitation.” (p. 35)

“**Even a hippopotamus has sexuality.** Sexuality is more than just what we think about when we think about sex. **Sexuality is about who we are**, how we express ourselves, how we feel about ourselves, what we like and don’t like, as well as how we communicate and create relationships with the Land, each other, and all living things. Sexuality is natural and happens throughout our lives.” (p. 37)

“Values Statements (Ages 12-13): In brackets after each statement are how Teen Talk would answer the statements based on our operating principles...

- I believe that the media ... accurately shows real life. [disagree]
- **I believe that masturbation** (touching yourself for sexual pleasure) **is okay.** [agree]
- I would feel comfortable starting a relationship or having sex with a person of a different culture or ethnic background. [agree]
- I believe that sex should be saved for marriage or for someone you love. [neutral]
- I am willing to support someone who is being sexually harassed. [agree]
- I believe it is **okay to have sex** without being in a dating relationship. [neutral]
- I am willing to speak up against someone being put down for who they are. [agree]
- **I believe watching porn is okay.** [neutral]
- I know best if or when I am ready for sex. [agree]
- I am confident I treat other people well, even when I disagree with them. [neutral]” (p. 41)

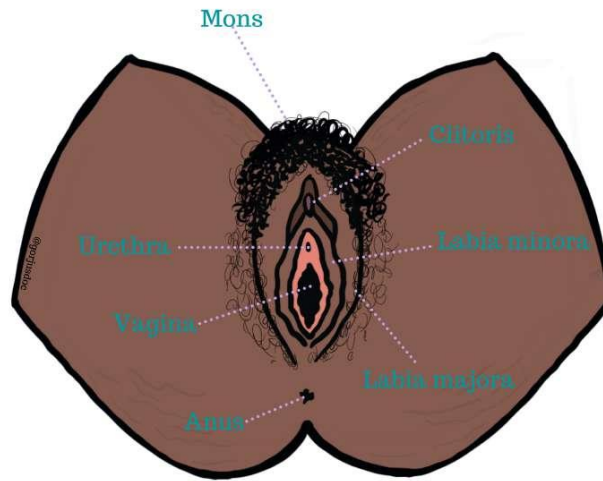
Talking point for values statement: “I believe watching porn is okay. **Porn can help people explore their sexuality.** Simply watching porn will not cause an STI or pregnancy, so it is a safer activity... It’s important to remember when watching porn that it is made for entertainment and meant to please an audience, not the people in it.” (p. 46)

“**Fun and Safe Activities:**

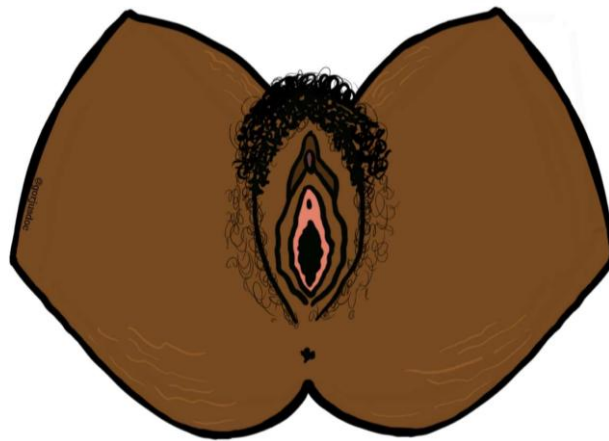
- Kissing
- Holding hands
- Massage
- **Masturbating**
- Talking
- Touching
- Common interests
- Hugging

- Hickies...
- **Phone sex/sexting...**
- **Oral/anal sex”** (p. 56)

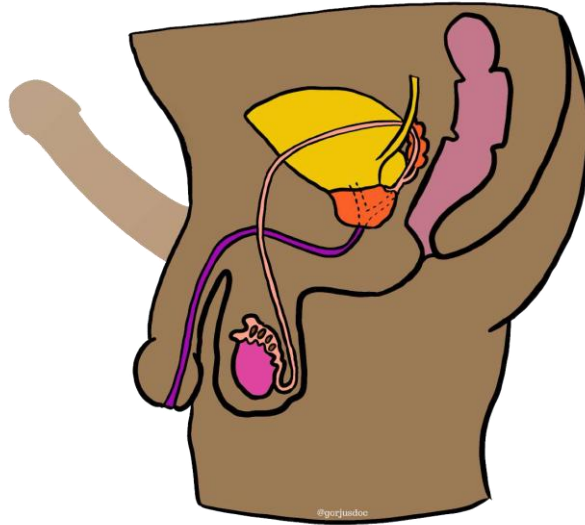
Note: Oral and anal sex are not “safe” activities. While they do not result in pregnancy, they can certainly result in STI transmission.



(p. 78)



(p. 80)



(p. 84)

“Was there a body part you were surprised to see in a game about sexual anatomy?’ **All body parts can be considered sexual parts** (the brain, eyes, feet, etc.). Sex is about affection, communication, and intimacy, and there are many different ways that people can be sexual or show affection.” (p. 87)

“Genital Salad Game, Recommended Age: 10+ Goals

Goals:

- To **destigmatize body parts** and normalize using technical words for genitals.
- To energize group through body movement.

Have Ready:

- Chairs in a circle with no other furniture or barriers in the way. You need one fewer chair than the number of people playing.

Instructions:

- Have students sit in a circle (without desks), facing each other.
- **Assign each participant a body part name (penis, vagina, or anus).**
- Stand in the middle of the circle and explain that the person standing in the middle of the circle will call out a body part name. When that body part is called out, participants who have been assigned this group [sic] will stand up and switch chairs. Whoever is left standing will move to the middle of the circle and call out the next body part name.
- **‘Genital salad’ can be called out** for all participants to change spots.” (p. 107)

“No Risk [for HIV transmission]:

- **Grinding** (with clothes on)
- Kissing
- Massage
- Holding hands
- **Using your own sex toys**
- Touching breasts/chests
- **Heavy petting** (above the waist, under the waist, above the clothes)

	<ul style="list-style-type: none"> • Watching each other masturbate • Masturbating on your own • Using new needles • Mutual masturbating (without exchanging bodily fluids)” (p. 173) <p>“Lower Risk [for HIV transmission]:</p> <ul style="list-style-type: none"> • Sex with a condom • Cleaning and re-using needles • Oral sex without a sex dam • Oral sex without a condom” (p. 173) <p>“Higher Risk [for HIV transmission]:</p> <ul style="list-style-type: none"> • Sex without a condom with someone you love • Sex without a condom and pulling out before you cum • Penis-vagina sex without a condom • Penis-anus sex without a condom • Sharing needles for drug use • Sharing sex toys • Cumming near partner’s genitals” (p. 173) <p>“Some ways to be safer with sexting are: not including your face or distinguishing features in the photo, using apps where the picture is only temporary, not sharing someone’s photo, turning your location services off, etc.” (p. 273)</p> <p>Note: <i>Sending nude images is illegal in Canada for people under the age of 18. There is no “safe” way to commit a crime, and encouraging children to engage in illegal activity is despicable.</i></p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX <i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i> <i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Goals:</p> <ul style="list-style-type: none"> • To explore the negotiations that can happen when people have decided to have sex. • To highlight the rights, responsibilities, and risks involved with having sex. • To discuss consent: <ul style="list-style-type: none"> ○ Explain consent. ○ Explore coercion, and how alcohol/drugs impact consent. ○ Emphasize support after a sexual assault and offer resources.” (p. 62) <p>Things to Talk about Before Sex: “Comfort and Boundaries – Normalize that there may be sexual activities youth want to try or like doing, and other activities they are not comfortable with.” (p. 62)</p> <p>“Consent (short version if covered beforehand): Ask first, and only yes means yes. Consent is ongoing, which means you can change your mind anytime, and is also why it’s important to check in with your partner during sexual activity to make sure they are into what’s happening. It’s about asking, looking, listening,</p>

and respect.” (p. 64)

“When it comes to sexual situations, ‘Does anyone know what the word consent means?’ **Consent is clear permission, which means that only yes means yes.** It’s a voluntary agreement, which means it’s not something that one person does to another, but rather it’s something that people decide to do together.” (p. 64)

“Consent is about looking, asking, listening, and respecting. For example, let’s say that you want to kiss someone. **What would consent sound like?** What would you say?” Can I kiss you? I’d really like to kiss you. (Anything they say that is respectful.) You might be thinking this is kind of weird or hard or seems really awkward, but the more we do it, the more natural it becomes.” (p. 64 and p. 246)

“Part of asking for consent is listening to the response and respecting what they say/want. It’s also important to **pay attention to what they’re doing non-verbally.**” (p. 64 and p. 246)

“If you ask if you can touch someone’s bum **and they say yes, it’s bum touching time!** If they say maybe later, I’m not sure, or nothing at all, what does that all mean?’ No. Sometimes hearing a no can feel hard or we might feel kind of rejected. Even though those feelings are normal, it’s our responsibility to deal with our feelings and respect the person who is saying no.” (p. 64)

“**Asking for consent can be fun and sexy,** and figuring out ways to talk about consent that feels comfortable for you can help. We know that it can be more complicated than just asking or saying ‘yes’ or ‘no.’ People don’t always talk about touching/sex before it happens; **sometimes people communicate non-verbally,** through eye contact and body language. Ultimately, consent gives both people a chance to say whether they are into something and is part of creating trust and respect in our relationships.” (p. 65)

“What could go in [the vaginal opening]? **Fingers, penis, toys,** tampons, certain types of birth control. It’s up to the owner of the vagina to decide what (if anything) goes in. **It’s always about consent.**” (p. 74)

“We can also figure out ways to communicate and **negotiate our sexual boundaries** and desires in a respectful way.” (p. 252)

“**You and your partner decide to have sex.** You talk about it beforehand, make a plan to protect yourselves, review boundaries, and **both give consent.** (Healthy) Having sex is a personal choice. Healthy relationships that include sex also include taking care of each other’s sexual health, setting boundaries, and giving consent.” (pp. 262-263)

“My partner and I are comfortable **sending naked pictures** to each other. **If consent is happening,** then sharing pics is okay, with the understanding that they are not to be shared with anyone else. It would not be okay if one person was pressuring their partner or sending or sharing the photos without consent.

Consent can be withdrawn at any time, including if the relationship ends.” (p. 273)

Note: *Sending nude images is illegal in Canada for people under the age of 18, regardless of both partners consenting.*

“You and your partner have been dating for a while now. You are **thinking about having sex but want to talk about condoms**. Talk with your partner about how you feel. Where can someone get information about sexual health, condoms/sex dams, birth control, etc.? How could you feel more comfortable with the topic?” (p. 517)

“You are in a new relationship and your partner has texted asking you to send some sexy pictures. **You are comfortable with this but want to set some boundaries first**. Have a conversation about this.

- **Negotiating sexual boundaries** in a non-face-to-face situation.
- Asking a partner for acceptance, respect, and boundaries can make us feel vulnerable and takes practice.
- If someone wants to send a sexy picture, they need to have consent from the other person. It’s not okay to send a sexy picture to someone **unless they have given their consent and want to receive it**.
- Do not forward or show sexy pictures you have received to other people. This is not consent. It is disrespectful and forwarding them is against the law. Take steps to protect the pictures, and if you don’t feel able to do so, delete them.
- If a pic is shared without consent, it is the responsibility and fault of the person who shared it, never the person who sent it. Victim blaming is not okay.
- We are **not here to tell you what to do**, and we think it is important to talk about the risks.” (p. 518)

“**Consent Practice Cards** – Recommended Age: 12+

- **I’m not ready.**
That’s a no. They aren’t ready to do this activity.
- **No.**
That’s a very clear answer. We must always respect it.
- **I need to go home.**
Sounds like they aren’t into it and maybe feel uncomfortable. We have to respect their answer.
- **I guess so?**
The words mean yes, but the question mark seems like they might be hesitant. I’d do a check-in to talk about their feelings. Remember, consent must always be enthusiastic. If they aren’t sure, that means it’s a no.
- **I changed my mind.**
Depends on what they first said. People have the right to change their mind. If they said no, and change to a yes without any pressure, then that is a yes. If they said yes, but change their mind and want to stop,

	<p>that’s totally okay too. We have to stop.</p> <ul style="list-style-type: none"> • Sure! That’s a clear, enthusiastic yes. • Yes, please! That’s a clear, enthusiastic yes.” (pp. 546-547) <p>“Sexual Jeopardy” Question: “What is the definition of consent? Answer: A voluntary agreement for any sexual activity (or any activity that includes your space or body), only yes means yes, you must ask, etc.” (p. 237)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Sexually active describes a wide variety of experiences. It includes masturbation and goes beyond vaginal, oral, and/or anal sex.” (p. 18)</p> <p>“If the youth include oral or anal sex on the flipchart, debrief how STIs (including HIV) can also be spread that way. Let the youth know that oral sex can be made safer with condoms and sex dams (used on the clitoris, vulva, anus, or scrotum) and anal sex can be made safer with condoms, lube, and communication.” (p. 56)</p> <p>“Anus: What comes out of there? Gas/farts and feces/poop – everybody has these functions. What could go in? Finger, penis, sex toy. It is up to the owner of the anus to decide what (if anything) goes in.” (p. 73)</p> <p>“Some people use their anus for sex, and others do not. It is a personal choice. If someone chooses to use their anus for sex, there are a few things to know about. First, it is important to use extra lube before inserting anything into the anus. It is also important that nothing moves from the anus to another opening without being washed well. The anus naturally has bacteria inside of it, but other body parts do not like these bacteria. Finally, sex toys must be designed for safe use with the anus, which means having a wider base or a handle. This is because the anus does not have a natural stopper and things not designed for safe use with an anus may get accidentally stuck.” (p. 73)</p> <p>“Putting a condom on a penis before it goes near anyone’s mouth, anus, or vagina reduces the chances of transmitting an STI/HIV or creating a pregnancy.” (p. 77)</p> <p>“Note: For STI protection, use a sex dam for mouth on clitoris, vulva, anus, testicles.” (p. 114)</p> <p>“Oral sex is higher risk for some STIs, but lower risk for HIV transmission.” (p. 138)</p> <p>“Non-lubricated condoms are dry and mainly used for oral sex. Add water-based lube for insertive sex (penis or sex toy in vagina or anus).” (p. 190)</p>
<p>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</p>	<p>“About Sexual Orientation:</p> <ul style="list-style-type: none"> • Some youth identify as straight, or heterosexual. Some youth identify as

<p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>lesbian, gay, and/or bisexual; some as queer; some as Two-Spirit; some as pansexual; some as asexual; and some may be questioning their sexual orientation. Sometimes these identities get shorthanded as 2STLGBQ+ and queer.</p> <ul style="list-style-type: none"> • Some 2STLGBQ+ youth do not reveal their sexual orientation to others, including family and friends. • We cannot make assumptions about a youth’s sexual orientation based on the way they look, dress, or act. • Sexual orientation, like gender identity, is an identity that must be self-defined and self-disclosed. • You cannot assume a youth’s sexual orientation.” (p. 18) <p>“Normalize same-sex and transgender relationships and make sure the youth know that condoms and sex dams are important for preventing STIs and HIV, even when there isn’t a risk of pregnancy.” (p. 115)</p> <p>“Creating equality: Being supportive of people who come from 2STLGBQ+ homes. Joining/creating a gender-sexuality alliance (GSA) to learn about/teach others about homophobia and how to stop it. Being aware of your own language (e.g., don’t assume the gender of who someone is dating). Finding a way to support 2STLGBQ+ folks if they are being bullied (check in with them, talk to an adult you trust, let the person who is being homophobic know that their behaviour is not cool (if safe to do so).” (p. 490)</p>
<p>5. PROMOTES SEXUAL PLEASURE <i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Pleasure: Sex should feel good for everyone. Checking in before and during sex (consent) is also part of pleasure and making sure that everyone is having a good time.” (p. 63)</p> <p>“Does anyone know what the clitoris is for? For pleasure, including orgasm. A person can touch themselves or give consent to someone else to touch their clitoris for pleasure.” (p. 74)</p>

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

“Does anyone want to share what the word **orgasm** or **masturbate** translates to?’ ‘If someone were to think in their Original Language, what does it mean?’ Often, answers given are along the lines of ‘to explode,’ ‘a big relief,’ ‘feel really good,’ ‘**playing with themselves.**’ (p. 38)

“**Masturbation can be a safe and healthy part** of someone’s sexuality. Exploring our bodies can also be a good way to get to know yourself and what you like and don’t like.” (p. 44)

“**Normalize masturbation** as an activity that can **give pleasure**, with or without a partner, that has no risk of pregnancy or STIs.” (p. 56)

“Around this time, bodies may start having ejaculation and/or wet dreams. This is fluid or discharge that happens during arousal, **including masturbation** or sexy dreams.” (p. 105)

“No Risk [for HIV transmission]: ... **Masturbating** on your own, **Mutual masturbating** (without exchanging bodily fluids)” (p. 173)

“What Do I Like to Do? Hang out with friends; Call people I know; Be outside; Play video games; Talk to people/have conversations; Play or listen to music; Watch movies; Play sports, dance, sing, ride bike, drum; ... **Masturbate or have sexy time**” (p. 329)

“Sexual Jeopardy” Question: “What are **5 activities that are NO RISK for STIs** or the possibility of creating a pregnancy? Answer: Possible answers: massage, hugging, **masturbating, dry humping (with pants on)**, holding hands, abstaining from sexual activity with a partner.” (p. 233)

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“Lower Risk: **When condoms, sex dams, or clean needles** (as opposed to *new* needles) **are used.**” (p. 171)

“**Condom & Sex Dam Communications Activity** – Recommended Age: 12+
Goals

- To have youth identify responses when **negotiating condom and sex dam** use with a partner.
- To normalize and practice communication between partners, increasing the likelihood of safer sex.” (p. 174)

“Brainstorming Activity: Divide youth into small groups... Ask youth to imagine a situation where they are **ready to have sex and want to use a barrier**. Pass out the flipcharts and have them come up with responses to the excuses. Encourage youth to write helpful responses that could **encourage condom/sex dam use**. Depending on time and barring any offensive responses, ask for volunteers to read out their flipcharts (or read them out yourself if the group is quiet). Debrief the responses, adding the responses on the next page, if needed.” (p. 174)

“Sample Excuses

1. **It doesn't feel as good.**
2. I'm on the pill.
3. Don't you trust me?
4. I'm allergic to latex.
5. **I'll pull out.**
6. It's our first time.
7. **The condom won't fit.**
8. I don't have anything (STIs).
9. I don't have any." (p. 175)

"Potential Corresponding Responses

1. We can **relax and enjoy more with condoms/sex dams** because we won't be so worried; Adding lube can make it more fun; Sex with a condom/sex dam will feel better than no sex; No sex without one.
2. The pill doesn't protect us from STIs/HIV.
3. I trust you and **want to be safer**; Can't tell by looking if there is an STI.
4. There are condoms/sex dams that are non-latex.
5. Pulling out doesn't always work because of pre-cum, I want to be extra sure. FYI: You might need to explain the pull-out method: the penis removed from partner before ejaculation. It doesn't protect against STIs. It's not a reliable method of birth control.
6. We've never been tested; I want to be safe.
7. Let's try or **get another size or brand**; Internal condoms fit everyone.
8. Let's get tested together, but until then, we'll use condoms/sex dams.
9. I have or we can go get some from... (local resource)." (p. 175)

"Debrief

- Ask the group, 'Why would we get you to think up these responses?' Conversations with a partner about safer sex can be difficult, and we don't always see examples of condom/sex dam discussions in real life or media. In fact, we usually see kissing and making out that turns into sex **without talking about safer sex** (or consent). Some may not know what talking about safer sex could sound like or might not have thought about it before.
- **Even if we have condoms or sex dams and know how to use them**, we need to communicate with our partners to have safer sex. This exercise allowed us to practice **communicating our need to use condoms or sex dams**. If a partner is respectful, they will respect your need to use condoms or sex dams. FYI: Research has shown that condom use declines over time in relationships." (p. 176)

"**Condom Demonstration** – Recommended Age: 12+

Goal:

- To demonstrate how to put on a condom correctly.

Have Ready:

- Condoms.
- One or two **woodies or other demonstrator tool**.

Introduction:

- Putting on a condom is a **learned and important skill for making sex safer**. Anyone can practice putting on a condom, whether or not they have a penis; **a banana, bingo dabber, sex toy, or carrot could work**.
- Practicing can make using condoms seem more natural, which makes people more likely to use them in real life.
- Tell youth, ‘Condoms are a type of barrier method that physically stops sex fluids from mixing. Condoms reduce the risk of STIs/HIV and can help prevent pregnancy.’
- Condoms can be **used on a penis or on a sex toy** (depending on its shape). Using condoms on sex toys is recommended if people want to share their sex toys. **Change the condom between bodies**.
- Condoms can break as a result of not leaving room at the tip of the penis and inadequate storing. Normalize all penis sizes, shapes, colours, circumcised or not by explaining that **the demonstration tool (often a woody) is not what an actual penis should look like**. You might say, ‘Real penises come in different sizes and colours. Some have foreskin and some don’t (are circumcised). Whatever someone has is totally fine.’
- Note: There are a **lot of little details we teach youth when we do a condom demo**, but the most important things to remember are pinching the tip, rolling it all the way down, and knowing where youth can get them for free.” (p. 189)

“Checking the Condom:

- Check the condom for rips, holes, tears, or other damage, the expiry date, and writing that says, ‘Helps reduce the risk of STIs.’
- Ask youth, **“Where are safe places to store condoms?”** Answers could be anywhere it won’t get too hot or squished; drawer, shirt or hoodie pocket, bag, or in lockers at school.
- Check the type of condom. Lubricated condoms are already slippery. Additional **water-based lube can also be added** to lubricated condoms. Non-lubricated condoms are dry and mainly used for oral sex. Add water-based lube for insertive sex (penis or sex toy in vagina or anus).
- Most condoms are made of latex, which some people are allergic to. Non-latex condoms are made from a type of plastic and can be more expensive. Community clinics and nursing stations **often have condoms available for free.**” (p. 190)

“Opening the Condom:

- Along the top of the condom package are usually ridges. Using your fingers, open the condom package, take out the condom and check to see that the ‘ring’ is visible on the outside. If not, flip it so that the ring is on the outside.
- You might show how a condom that is ‘inside out’ won’t roll down. **‘If I put the condom on the wrong way on a penis, is it okay to flip the condom around?’** No. The condom won’t roll down on the penis or sex toy, and if it’s a penis, the pre-cum is now on the outside of the condom, so it’s best to use a new condom.
- **Encourage carrying more than one condom**, just in case a condom needs

to be thrown out.” (p. 190)

“Putting the Condom On:

- If using on a penis, pinch the tip of the condom to leave room for the ejaculate (cum). Demonstrate a three-finger pinch. Ask youth, ‘**Why do you need to pinch the tip?**’ To get the air out, so there is room for the semen. One of the main reasons why condoms break is from not pinching the tip.
- Pinch a full inch of the tip of the condom. Hold the pinch to keep the air out and **roll the condom down to the base**. (If it’s going on an uncircumcised penis, the foreskin would be pulled back a little before rolling the condom down.)
- If a condom is put on a penis correctly, the tip should look like a baggy toque or hat. (**On a sex toy**, pinching at the tip is not required.)
- Only use one condom at a time.
- Once sex is done for whatever reason, remove the penis or sex toy while holding the condom by the elastic ring. This helps to stop the condom from rolling off. Remember, **the penis will begin to soften** and the condom will be looser after ejaculation, so it is important to remove soon after ejaculation.
- Throw used condoms in the garbage and use a new condom every time.” (pp. 190-191)

“Debrief:

- **If you have two woodies**, have youth practice putting a condom on a woody. Make it into a **friendly competition** to see who can follow all the steps.
- Remind students where they can get **free condoms and safer sex supplies.**” (p. 191)



(p. 192)

“**Internal Condom Demonstration** – Recommended Age: 12+

Goal: To demonstrate how to use an internal condom.

Have Ready:

- Internal condom.
- **Demonstrator penis or woody.**

Introduction:

- Internal condoms protect against STIs, HIV, and pregnancy. They can be used internally, **either in the vagina or anus.**
- If using with a vagina, an internal condom can be inserted up to 8 hours before sex happens.
- Internal condoms are available at some nursing stations, health centres, and most drugstores.
- Most are made from plastic (non-latex) and come lubricated.” (p. 193)

“Using an Internal Condom:

- Check the expiry date on the package and make sure there are no rips, tears, or holes in the condom.
- Take out the condom; it will already be lubricated.
- If inserting into the vagina, make sure the inner ring is at the closed end, squeeze the inner ring and gently guide it up into the vagina. **If inserting into the anus**, just remove the inner ring.
- Insert a finger inside the condom and push the inner ring up as far as it will go (this also ensures the condom is not twisted).
- The outer ring should remain on the outside of the body. (At Teen Talk, we show how the condom is inserted by ‘inserting’ one into a closed hand.)
- **Insert a woody into the condom** to show that it’s important to make sure the **penis or sex toy** goes into the condom.” (p. 193)

“**Condom Competition Recommended** – Age: 12+

Goals

- To encourage youth to practice putting on a condom.
- To correct common mistakes (not pinching the tip, not being able to roll it down, etc.).

Have Ready: **Condoms and 2 or more woodies.**

Note to Facilitators:

- This **exercise normalizes condoms** and that using them properly takes practice.
- This is a great activity for smaller groups, where each youth has an opportunity to practice if they feel comfortable doing so.
- **Show them a quick condom demo first** to highlight the steps and then let them practice. (See the condom demonstration.)

Instructions:

- **Normalize all penis sizes, shapes, with or without foreskin**, by explaining that the demonstration tool is not what an actual penis should look like.
- You might say, ‘Real penises come in all shapes, sizes, and colours. Some are circumcised, some are not, and **none are supposed to be this hard.**’
- Get comfortable putting on a condom and be able to show others this skill.
- Ask for two volunteers and explain they will ‘**compete**’ with each other

to see who can put a condom on properly. Whoever does it correctly in the least amount of time ‘wins.’

- **Hand out woodies and condoms to the youth.** They can put the condoms on, two participants at a time, while their peers talk them through it, if necessary.” (pp. 198-199)

“Debrief:

- Congratulate all the youth for participating, as **it can be hard to practice putting on a condom** (alone or in front of others!).
- Debrief with youth by asking how it felt to put a condom on while under pressure.
- Discuss different **strategies to make using condoms easier**, like: practising, either on themselves (if they have a penis), or on a banana, sex toy, bingo dabber, etc.; becoming comfortable with their body; making sure they are ready; **having extra condoms** with them (in case they make a mistake); and if they are with a partner, making sure that consent has been given.” (p. 199)

“Condom & Sex Dam Play Stations Activity – Recommended Age: 12+

Goals:

- To get youth comfortable with condoms and sex dams.
- To challenge myths about condoms and sex dams.

Have Ready:

- Flipchart paper, markers, instructions for each station, lots of condoms (including internal condoms), a ruler, a **wooden penis/banana/bingo dabber**, non-lubed condoms.
- Print out condom stations (the sheets following the instructions).
- **Have extra condoms for this activity.** If participants make a mistake, they may need to use more than one condom, and some people like to try the activity a few times.

Instructions:

- Tell the group that you have set up stations to challenge some myths about condoms (and to have fun). (See below for how to set up the stations.)
- Break them into small groups and have one group per station. Then rotate them through all the stations.
- Explain the instructions at each station and work together to complete the task.

Stations Set-Up:

- Set up station 1 with **plenty of condoms/sex dams.**
- Set up station 2 with **plenty of condoms and a ruler.**
- Set up station 3 with **plenty of condoms and a woody** (or banana, bingo dabber, etc.).
- Set up station 4 with **plenty of non-lubed condoms.**
- Set up station 5 with condoms, including **internal condoms, and sex dams** and a woody.
- Set up station 6 with ‘excuses’ flipcharts and markers. Have two or three excuses written on each flipchart and have enough flipcharts for each

group to work on or use the printed cards from the Condom & Sex Dam Communications Activity.” (pp. 200-201)

“Station #1: How much can you feel through a condom/sex dam?”

1. With the help of another person, **place a condom/sex dam on your fist.** Beware of sharp fingernails!
2. Close your eyes and **ask the person to touch the back of your hand with their finger.** Can you feel the person’s finger touching you?
3. Have your teammate blow air on your hand. Can you feel it?” (p. 201)

“Station #2: How big can a condom get?”

1. Stretch the condom as big as you can without breaking it.
2. **Measure the condom when it is fully stretched.**
3. How big around did the condom get?
4. How long did the condom get?” (pp. 201-202)

“Station #3: Practice putting a condom on a woody

1. Before you open a condom, what three things should you look for on the package?
2. Steps to putting on a condom:
 - Open the condom package.
 - Pinch the tip with three fingers.
 - Roll the condom to the base.” (p. 202)

“Station #4: How to make a sex dam

1. Open the condom package after checking the expiry date.
2. Unroll the condom. Pull the ring off the base of the condom.
3. Look for a tear at the base of the condom or rip one with your teeth, then tear down the rip to the ‘reservoir tip’, but not past the tip.
4. Hold the dam on both sides and have your partner raise their hand, palm facing towards you.” (p. 202)

“Station #5: Teach a friend how to use condoms/sex dams

1. Demonstrate how to use condoms/sex dams correctly to your friend.
2. Next, get them to do it, explaining the steps to them as you go.” (p. 203)

“Station #6: Communicating condom/sex dam use with a partner

1. Read and respond to the excuses on the flip charts.
Note: This conversation is between people who really like each other, and keep in mind, you are trying to convince someone to use protection.” (p. 203)

“Condom Line-Up Game – Recommended Age: 12+ Goals: ...The Condom Line-up Game gets a group moving by asking them to arrange the ‘steps to putting on a condom’ into the proper order. Choose enough cards for the number of people you have in the group. Have the cards mixed up and give each player a card.” (p. 205)

“Card Placement: External Condom (Note: Steps 5-7 are interchangeable)

1. Talk with a partner about having sex.
2. Buy or get condoms.
3. Store condoms away from heat.
4. Get consent.
5. Check condom pack for expiration date.
6. Check condom for type.
7. Check condom for rips or holes.
8. Open the pack.
9. Make sure condom isn't inside out.
10. Roll condom down one notch.
11. Use a three-finger pinch.
12. Hold your pinch, and **roll the condom down onto the penis or sex toy.**
13. When done sex [sic], hold the condom rim **before removing penis or sex toy from your partner.**
14. Turn slightly away from your partner and take condom off.
15. Throw the condom away." (p. 206)

"Card Placement: **Internal Condom**

1. Talk about using an internal condom.
2. Buy internal condoms.
3. Check expiry date.
4. **Get horny** (could go in other places in the order).
5. Open condom package.
6. Squeeze the ring.
7. Insert the condom.
8. Put two fingers into condom.
9. **Make sure penis/sex toy enters.**
10. Ejaculation/orgasms or not.
11. Hold on to the rim of the condom.
12. Twist the condom.
13. Throw condom away.
14. Relax (could go anywhere in the order)." (pp. 206-207)

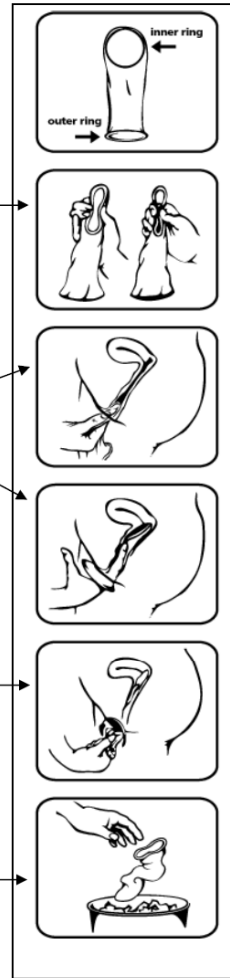
Squeeze the flexible inner ring at the closed end of the condom.

Push the inner ring into the vagina as far as it will go.

To remove the condom, twist the outer ring and gently pull the condom out to avoid spilling the semen.

Dispose of the condom in the garbage (not in the toilet).

(p. 195)



“Sex Dam Demonstration – Recommended Age: 12+

Goal: To demonstrate how to make a sex dam out of a condom.

Have Ready: Condom, Scissors (optional)

Introduction:

- A sex dam is a sheet of latex/polyurethane that can be made from a condom or bought ready-made.
- **Dams are used for making oral sex safer** from the risk of STIs.
- Dams are typically used on the vulva (the outside of the vagina), anus, or scrotum. (All parts except the penis.)

Instructions:

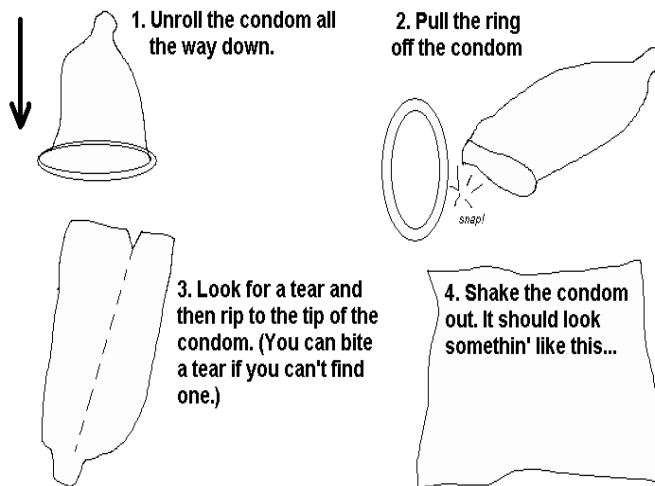
- **To make a sex dam without scissors**, take a condom out of the package and unroll the condom all the way down.
- Pull the ring off the condom.
- Rip the condom down one side to the tip of the condom.
- Open up the condom; it should now be one sheet. (See picture.)
- **To make a sex dam with scissors**, take a condom out of the package.

Using scissors, cut off the tip of the condom, then cut the ring and unroll.

Additional Information:

- The dam can be held in place by either partner.
- The dam is to keep sex fluids separate, so don't flip it over during oral

sex.” (p. 196)



(p. 197)

Note: Our program reviewer tried following these instructions for turning a male condom into a dental dam and found that this should not be promoted to young people as a sufficient way to prevent the spread of STIs during oral sex. A condom is very difficult to cut as it is made from a stretchy material that is usually covered in sticky lubricant. Tears from the scissors were common, and the final product was a misshapen semi-rectangle that is significantly smaller than a traditional dental dam.

“Sexual Jeopardy” Question: “What is something you could say to **encourage someone to use a condom**? Answer: Take any good line they say.” (p. 233)

“Sexual Jeopardy” Question: “What are **3 things to look for on a condom package**? Answer: Expiry date, type of condom, damage to the package.” (p. 233)

“Sexual Jeopardy” Question: “Where are 3 places you can **get condoms and safer sex supplies**? Include at least one place they are free. Answer: Possible answers: teen clinics, community health centres, pharmacies, 7- Eleven, some schools.” (p. 233)

“Sexual Jeopardy” Question: “**How do you make and use a sex dam**? Answer:

1. Take a condom and check the expiry date, guarantee, type, and damage.
2. Gently rip open the package.
3. Rip or cut off the tip.
4. Rip or cut the side of the condom and unroll into a rectangle.
5. Make sure to keep each person’s fluids on their own side.

Note: Can ask youth to demonstrate too, if time allows.” (pp. 233-234)

“Sexual Jeopardy” Question: “What are 3 things **that can destroy a latex condom**? Answer: Possible answers: Vaseline, oil, hand lotion, grease, heat, friction, sharp things.” (p. 234)

	<p>“Sexual Jeopardy” Question: “What are 2 places on the body that a sex dam can be used to prevent STIs? Answer: Vulva, clitoris, vagina, anus, scrotum, and mouth.” (p. 235)</p> <p>“Sexual Jeopardy” Question: “What are 5 important steps to putting a condom on correctly? Answer: Answers may include check expiry date, note type of condom, make sure it protects against pregnancy and STIs/HIV, open carefully, make sure it’s facing the right way (with the ring on the outside), pinch the tip, roll onto penis/sex toy all the way down to the base.” (p. 235)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY <i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“I know best if or when I am ready for sex. Every person knows themselves best and can choose if/when the time is ‘right’ for them. What does ‘ready’ mean? Having the communication skills to talk about birth control and STI prevention, being able to communicate your expectations of how sex will change/not change your relationship with that person, making sure you and your partner get tested for STIs, having birth control and an STI prevention plan in place, feeling comfortable communicating boundaries, etc. are all things that might help you decide if you’re ready for sex.” (p. 48)</p> <p>“If doing as a large group, ask youth, ‘Why do teens have sex?’ and write down their responses.” (p. 52)</p> <p>“Ask youth, ‘What is the “right age” for sexual activity?’ It depends. The right age will be different for everyone. Being ready can include checking in with thoughts, feelings, and body. Ask youth, ‘What does it mean to be ready for sex?’ Let youth share their thoughts...” (p. 59)</p> <p>“What does it mean to be ready for sex?</p> <ul style="list-style-type: none"> • Figuring out what sexual activity means to them • Knowing what’s important to them • Figuring out how comfortable they are with the idea of a sexual relationship • Figuring out how it may affect their relationship • Being able to talk about consent and limits and boundaries (what they want/don’t want) with their partner • Having information about birth control (if applicable) and protection from STIs/HIV • Understanding how pregnancy happens and considering pregnancy options (if applicable) • Understanding how STIs/HIV are spread • Feeling comfortable with condoms/sex dams • Getting tested for STIs/HIV • Feeling comfortable with their body” (pp. 59-60) <p>“I might feel ready for sex when...</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can talk with partners about sex even when it’s awkward <input type="checkbox"/> I know where to get safer sex supplies (condoms, sex dams, birth control, etc.) and know how to use them

	<ul style="list-style-type: none"> <input type="checkbox"/> I understand the basics of anatomy, STI/HIV prevention, testing and how pregnancy happens <input type="checkbox"/> My partners and I can talk about pleasure, comforts, and boundaries <input type="checkbox"/> I can use consent” (p. 61) <p>“Sexual Jeopardy” Question: “What are 3 things you need to talk about before sex? Possible answers: Pregnancy prevention (birth control), condom use, STI testing, consent, pleasure and boundaries, expectations, what if birth control fails, etc.” (p. 238)</p> <p>“How long should you know someone before having sex with them? Everyone gets to decide for themselves when they are ready. No one can decide that for you, and it’s different for everyone. Some people choose to wait a certain amount of time or until they are in a relationship or in love. On the other hand, some people choose to have sex with people they just met or they have known for a short while. Again, you get to decide. Being ready for sex usually means that you can have and talk about safer sex with a partner, talk about what you are and are not comfortable with, get tested for STIs/HIV, and ensure that both people feel ready and enthusiastic about having sex (not pressured).” (p. 572)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing. May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“I believe I have a responsibility to get tested for STIs if I am sexually active. Testing is an important part of taking care of our sexual health. If someone is sexually active, it’s recommended to test every 6 months or with each new partner. Testing is completely confidential and free. Places like teen clinics are great because they do testing, have free protection supplies like condoms, and will answer any questions you might have.” (p. 44)</p> <p>“I believe that sex should be saved for marriage or someone I love. For some, sex is an intimate/special activity they would share with someone special to them. For others, sex may be more casual or not tied to marriage. Values differ among everyone, but neither is ‘wrong or right,’ just personal decisions.” (p. 44)</p> <p>“Sex trade workers have the right to decide whom they want to have sex with and when.” (p. 45)</p> <p>“Why Do Teens Have Sex?</p> <ul style="list-style-type: none"> • Want to • Feels good • Are ready (this is a good place to explore what it means to be ready for sex, see below) • Are horny • Use drugs/alcohol (mention that people sometimes make different choices when drunk or high) • To keep their partner • Peer pressure • To rebel against parents/authority • Want to have a baby • To attain status

- Are in love
- To **prove sexual orientation**” (p. 53)

“**Reducing risk** is communicating with our partners, using condoms and sex dams, regular STI testing, practicing abstinence, etc. It is important to **always use condoms/sex dams** with a sexual partner and get tested regularly for STIs if you are sexually active.” (p. 139)

Correct Card Placement and Debriefs

Higher Risk (Activities where bodily fluids are exchanged)	Lower Risk (Activities with condoms and sex dams, getting tested, using clean needles)	No Risk (Activities where no bodily fluids are being exchanged)
<p>Tanner:</p> <ul style="list-style-type: none"> • Could talk about safer sex with a partner; it's never too late. <p>Michelle and Rick:</p> <ul style="list-style-type: none"> • Could start using condoms/sex dams to prevent STIs from oral sex. <p>Stephanie:</p> <ul style="list-style-type: none"> • Could use condoms for all types of sex and get tested to reduce her risk. 	<p>Dev:</p> <ul style="list-style-type: none"> • Using protection for oral sex. <p>Brian:</p> <ul style="list-style-type: none"> • Using protection for sex and was tested for STIs. • He is cured, but could get it again from unprotected sex. <p>Teresa:</p> <ul style="list-style-type: none"> • She uses condoms and hormonal birth control and gets tested for STIs. <p>Kate and Isabelle:</p> <ul style="list-style-type: none"> • Use protection for oral sex and have been tested. <i>Note: explain sex dam briefly if needed, demo to follow later in the workshop.</i> <p>Jake:</p> <ul style="list-style-type: none"> • Uses condoms for sex and asks for consent. 	<p>Alex:</p> <ul style="list-style-type: none"> • Masturbating is totally safe. <i>Note: Alex is gender neutral.</i> <p>Allison:</p> <ul style="list-style-type: none"> • Not having sex and was tested for STIs. • Sometimes people have sex and then decide to wait to have sex again for any number of reasons. <p>Joey:</p> <ul style="list-style-type: none"> • Kissing and touching above the waist are totally safe. <p>Tyler:</p> <ul style="list-style-type: none"> • Not having sex. • Feels pressure to be having a lot of sex. • Would be disrespectful if he was also naming names. • Assuming only people who have a lot of sex get STIs puts us more at risk of getting one.

(p. 140)

Participants decide the risk level of the following behaviors:

- “Alex is not dating right now. **They like to masturbate** sometimes.
- Tyler **brags to his friends** that he has had a lot of sex. He’s never been with anyone sexually, but because of the way he talks, people assume he has an STI.
- Dev just broke up with his ex and is seeing someone new. He hated condoms but started using them after he had gonorrhea last year. Now he **always carries condoms** and is getting used to how they feel.
- Teresa **has sex with guys and girls**. She uses condoms and is on the pill. She also goes to a teen clinic for free condoms and gets tested for STIs regularly.
- They just started dating and are planning on going to get tested for STIs. They learned **how to make sex dams out of condoms** at a Teen Talk workshop. They make a new one each time they have oral sex.
- Michelle and Rick like to make out. They **have oral sex without using condoms** or sex dams and are waiting to have other types of sex.

	<ul style="list-style-type: none"> • Stephanie enjoys having vaginal and anal sex. She has not been tested for STIs. She only uses condoms for vaginal sex. • Tanner didn't talk to his new partner about condoms. Now he thinks it's not worth it because they have already had sex. • Allison had sex with her first boyfriend. Since their break-up last year, she got tested for STIs and has decided to wait to have sex again until she feels more ready. • Jake asks for consent from a partner before sex happens. He was taught how to use a condom properly and uses one every time he has sex. • Joey's religion teaches that sex should be saved for marriage. Kissing and touching (above the waist) are okay for him and his girlfriend. • Brian and his first boyfriend have been dating for eight months. They use condoms every time they have oral sex." (pp. 141-163) <p>"Sexual Jeopardy" Question: "What is the only 100% effective way to prevent STIs, HIV, and pregnancy? Answer: Abstinence and not taking part in risky behaviour like sharing needles." (p. 233)</p> <p>"Sexual Jeopardy" Question: "What are 3 things that can make sex safer? Answer: Going for STI/HIV testing, asking for consent, talking with your partner, and using condoms and/or sex dams." (p. 233)</p> <p>"Sexual Jeopardy" Question: "When should people get tested for HIV? Answer: Every time you change partners, any time you engage in risky behaviour, or every 6 months, depending on your lifestyle." (p. 236)</p> <p>"Sexual Jeopardy" Question: "What are 4 unsafe behaviours/activities that can pass HIV? Answer: Unprotected vaginal or anal sex, sharing sex toys, sharing needles (any type), and breastfeeding (for the infant)." (p. 236)</p> <p>"If sex might be a possibility in a situation where people are drunk or high, what are ways they could be safer?" Carry condoms, talk about boundaries when you are sober, have a buddy system, check in with each other, decide to do other activities that are lower-risk, or decide to have sex or make out when sober instead." (p. 429)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY <i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by</i></p>	<p>"About Bodies: ...Genitals do not indicate what someone's gender identity is; someone's gender identity does not dictate what genitals they may have." (p. 17)</p> <p>"About Gender and Gender Identity</p> <ul style="list-style-type: none"> • Some youth are questioning their gender and this may not be physically apparent. • Some youth will identify with a gender other than the sex they were assigned at birth. • Many youth will identify as women/girls and men/boys; some youth will not. Gender is an internal sense and is not binary (e.g., trans, androgynous, gender fluid, and an endless amount more).

adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

- Assigned sex is not the same as gender identity.
- Some people might use different words for their bodies that more comfortably reflect their gender identity.
- We **cannot make assumptions about a student's gender identity** based on the way they look, dress, act, or by their name.
- Some youth have rigid ideas about gender regarding roles, norms, rights, responsibilities, and potential aspirations." (pp. 17-18)

"Gender identities and sexual orientations are incredibly diverse, and no one has the right to hurt or put anyone down because of who they know they are or how we express ourselves." (p. 46)

"Gender Identity: Everyone has the right to their own gender identity. A person may identify as trans or non-binary when they identify with a gender other than the one they were assigned at birth. When someone identifies with a gender assigned at birth, it is when what the doctor says based on genitals (it's a boy or girl!) is actually right for that person. This is **gender assignment**, but gender isn't about our genitals. It's about who we know ourselves to be. People have the **right to identify as male, female, trans, non-binary, Two-Spirit, or another gender-related term** of their choosing, and to live free of harassment." (p. 50)

"Anatomy of a Body with a Vulva

Note: **We avoid calling this a 'female' body**, as many Two-Spirit, transgender, and gender non-conforming people may have a vulva and not identify as female." (p. 73)

"Draw a large outline of two bodies on a flipchart paper. (See example.) Beside one, write 'Body with a Vagina' and beside the other, write 'Body with a Penis.'" (p. 103)

"Both bodies change and grow in the chest, although it is often a bit more noticeable in a body with a vagina. Bodies with a vagina grow breasts, while bodies with a penis have changes in chest muscles." (p. 105)

"Tell youth, 'Let's start by breaking down the idea of gender roles.

Unfortunately, we live in a society that often **only recognizes two genders:** men and women. That's called a **gender binary.**' A binary is a system that only has two options. A role is something that you play. Just like characters in a show or movie, gender roles or scripts tell us how we are supposed to act as 'males' and 'females.' Gender roles are based primarily on stereotypes, which are taught to us by media and society around us." (p. 249)

"Privilege examples: Being able to access spaces like bathrooms, changerooms, etc. without having to worry about if you are welcome to use that space based on your gender identity. Not experiencing discrimination or harassment based on your gender identity or sexual orientation/attraction. Having the assumption that your gender identity and sexual orientation is 'the default.'" (p. 488)

	<p>“In our society, there are often only two genders recognized: female and male. However, there have always been more than two genders, and many societies and places in the world have acknowledged and celebrated this before, and since, colonization. There are many ways throughout the world to understand gender diversity. Some examples include Two-Spirit people on this land and Hijra in South Asia. Plus, even beyond just gender, sex itself is not as binary as we talk about. Some folks are intersex, which means a mix of biological sex characteristics. Humans are really complex and diverse; it’s one of our strengths.” (pp. 488-489)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN <i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers. May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Believing someone who is pregnant has the right to choose what happens with a pregnancy in their body is called being pro-choice. Being pro-choice means that we support people who are pregnant in whatever decision they make, even if it is different from what we would choose.” (p. 47)</p> <p>“The person who is pregnant has the right to decide what happens with a pregnancy in their body because it is their body and life that stands to be the most affected.” (p. 50)</p> <p>“Birth Control (if having penis-vagina sex): Highlight the importance of using birth control with penis-vagina sex if trying to avoid pregnancy. Ask youth, ‘Where can you get birth control supplies?’” (p. 63)</p> <p>“Condoms and Sex Dams: Highlight that condoms/sex dams protect us and our partners from STIs/HIV.” (p. 63)</p> <p>“Note: To remain consistent with pro-choice terminology, use ‘fetus’ versus ‘baby’ when in the womb/uterus and ‘carry to term’ when discussing birthing.” (p. 76)</p> <p>“If you are interested in having penis-vagina sex and do not want to create a pregnancy, then it is important to use condoms and/or birth control each time.” (p. 76)</p> <p>“Goals:</p> <ul style="list-style-type: none"> • To share accurate information about birth control methods. • To explore some of the barriers that youth face to using birth control. • To have a discussion on the reasons youth have for using or not using birth control. • To identify important things to think about when choosing to use birth control.” (p. 114) <p>“Divide the youth into three groups. Give each group some markers and one of the flipcharts. Introduce the topic, ‘What does birth control do?’ ‘What are the different types of birth control?’ (pills, patches, condoms, internal condoms, depo, IUD/S, etc.) Mention that while all these can be used for penis-vagina sex to prevent pregnancy, condoms and internal condoms also prevent STIs/HIV and should be used for other types of sex. Note: For STI protection, use a sex</p>

dam for mouth on clitoris, vulva, anus, testicles.” (p. 114)

“Remind youth that they can **get more information about birth control methods** and safer sex from a health care provider at teen clinics, health centres, or nursing stations, which can help someone make a decision about what birth control is best for them.” (p. 116)

“**Birth Control & Condoms Scavenger Hunt** – Recommended Age: 12+

Goal: To introduce commonly used birth control methods in an interactive, fun, and tactile way.

Have ready as many of the following items as possible (always include bolded items or pictures of them):

- **Birth control pills (3- and 4-week packs)**
- **The patch**
- **NuvaRing**
- **Depo vial**
- **IUD/S**
- **One lubed condom**
- **ECP box**
- **One non-lubed condom**
- **More condoms**
- **Lube bottle or packs**

Instructions:

- Set up **birth control scavenger hunt** ahead of the session by hiding items around the space you are using. Note where you have hidden items so you can tell the youth how many things there are to find. This will also help you keep track when talking about each option.
- Advise the youth that the items you have hidden are for demonstration only, and if they want their own, **they can access them at the teen clinic, health centre, or nursing station.**
- Use the items for demonstrations and discussion once found. Include the participants as much as possible, and allow them to pass the methods around to one another, and hold them up to show what they have found. For example, you can ask the group questions like:
 - ‘Who thinks they found a **hormonal method of birth control**?’
 - ‘Who found condoms?’
 - ‘Does anyone have something they are unsure of what it is?’
 - ‘How do you **think this method is used?**’” (pp. 118-119)

“**Hormonal Birth Control ‘What Am I’ Activity** – Recommended Age: 14+

Goals:

- To explain what hormonal birth control is and how it works.
- To **demonstrate common hormonal birth control used by youth.**
- To highlight the importance of following instructions, side effects, and medication interactions.

Have Ready: If possible, **demonstration versions of the pill, Depo Provera, the patch, NuvaRing, ECP, and IUD/S.** If unavailable, you could also use images. (See following pages.)

Instructions:

- Explain that the group is going to play a guessing game. You will read out a description of a type of birth control and **youth can guess which one it is.**
- Each type has up to three statements. Read one at a time until the youth guess the correct type.” (p. 120)

“The Pill:

1. I’m used for three weeks.
2. I’m taken every day, at around the same time of day.
3. For the fourth week, some people like to have a reminder that has no hormones in it.
FYI: The pill becomes effective after the first month of use.” (p. 120)

“The Ring:

1. I go inside the vagina.
2. I’m very flexible.
3. I slowly release hormones over three weeks.” (pp. 120-121)

“The Patch:

1. I’m worn on the body for one week at a time, three weeks in a row.
2. I’m very sticky.
3. I pass hormones into the body through someone’s skin.” (p. 121)

“One problem with the patch is that it only comes in this one colour. We know most of the world is not this colour, but unfortunately, the company only makes the patch for white bodies. **This is an example of racism. Racism is part of birth control’s history and present.**” (p. 121)

“Depo:

1. I’m taken at a health care clinic.
2. I work for around 84 days.
3. My nickname is ‘the shot.’” (p. 121)

“IUD:

1. I must be inserted at a health care clinic.
2. Depending on the brand, I can last from 2 ½ to 5 years.
3. I can be made with hormones or with copper.” (p. 121)

“Emergency Contraceptive/ECP (Plan B)

1. I am the only birth control used after sex happens.
2. I can be taken up to 5 days after sex.
3. You can buy me at most pharmacies without a prescription.” (p. 121)

“Hormonal Birth Control Demonstrations – Recommended Age: 12+

Goals:

- To explain what hormonal birth control is and how it works.
- To **demonstrate common hormonal birth control used by youth.**

- To highlight the importance of following instructions, side effects, and medication interactions.

Have Ready: If possible, **demonstration versions of the pill, Depo Provera, the patch, NuvaRing, ECP, and IUD/S**. If unavailable, you could also use images. (See following pages.)

Instructions:

- Share the following information with the youth...
- **‘What types of hormonal birth control have you heard of?’** Explain that these birth control methods contain synthetic lab-made hormones (versions of estrogen and/or progesterone) that someone who can get pregnant would put into their body.
- If someone with a vulva chooses to take hormonal birth control, it increases the amount of hormones in the body, which prevents the egg from being released (ovulation). No ovulation means no pregnancy. **Hormonal birth control is very effective** at preventing pregnancy, 91-94% for a typical user. Note: If pregnancy does occur with hormonal birth control, it is usually due to incorrect use.” (p. 123)

“Important things to remember about hormonal birth control:

Follow Directions:

- **The pill** is taken at the same time every day for three weeks out of four. If a pill is missed, or taken at a different time of day, then hormone levels may drop, causing the ovaries to release an egg. In the fourth week, no hormones are taken and this is when someone’s period would usually occur. The four-week pack has the same pills for the first three weeks, and for the last week has a ‘reminder’ pill that does not contain any hormones. FYI: The pill becomes effective after the first month of use.
- **The patch** is worn on the body for a week at a time, for three weeks. The hormones are slowly released through the skin. It’s very sticky and should not fall off in the shower or while swimming. It’s important that the patch not be worn on the breasts or forehead, as this is too close to vital organs (heart and brain)...
- **The NuvaRing** is worn inside the vulva/vagina for three weeks. At the end of three weeks, the person would remove the ring and go a week without using it. This is usually when their period would occur. Then they would start a new ring for another three weeks.
- **Depo** is a shot/needle given by a health care provider. It lasts for 84 days. It’s important to go for your next shot by the end of the 84 days to keep the hormone levels up.
- **IUD/S**, an intrauterine device or system, is a small device that is inserted into the uterus by a health care provider to prevent pregnancy. It has two horizontal arms which are folded during insertion and then unfold into a T-shape. Some are made with hormones (IUS), and some are made with copper (IUD). Copper IUDs work by affecting the way sperm moves, so sperm cannot meet up with the egg. Depending on the type, IUDs can be effective for 2-5 years.” (p. 124)

“Emergency Contraception Demonstration – Recommended Age: 12+

	<p>Goal: To explain what Emergency Contraception is, how it works, and where to get it.</p> <p>Instructions:</p> <ul style="list-style-type: none"> • Ask the youth, ‘What type of birth control can be used if a condom breaks, there was no protection, or there was a sexual assault?’ Emergency Contraception, or ECP for short (Plan B or other brands), is the only birth control you can take after unprotected sex. If you did not use protection for whatever reason, you can try to prevent a pregnancy with ECP... • ‘Where can you get ECP?’ If youth want to access ECP, encourage them to call the health centre or hospital ahead of going. Where there are teen clinics, teens can access ECP even on non-teen clinic days.” (p. 130) <p>“Sexual Jeopardy” Question: “Which method of birth control also protects against STIs and HIV? Answer: Condoms (internal and external).” (p. 233)</p> <p>“Sexual Jeopardy” Question: “Certain medications (such as antibiotics, antacids, anticonvulsants, and some herbs like St. John’s Wort) are known to have an effect on what? Answer: The birth control pill. These medications (and some others) can decrease the effectiveness of the pill, making it more likely that someone could get pregnant.” (p. 237)</p> <p>“Sexual Jeopardy” Question: “What is the only method of birth control that can prevent pregnancy up to 5 days after unprotected sex and where can you get it? Answer: Emergency Contraceptive Pill (or Plan B/Morning After Pill), obtained at teen clinics, some nursing stations, pharmacies.” (p. 237)</p> <p>“Sexual Jeopardy” Question: What is one advantage of the internal condom over the external condom? Answer: Any of the following: Can be inserted up to 8 hours before sex, doesn’t require a hard penis, alternative to latex if someone is allergic, added protection against STIs that are transmitted by skin-to-skin contact (such as herpes and genital warts).” (p. 238)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Sexual health is a key component of our overall health and well-being. In principle, all people living in Canada, including youth, have a right to information and the skills necessary to enhance sexual health.” (p. 22)</p> <p>“Goals:</p> <ul style="list-style-type: none"> • To identify sexual and reproductive rights that we all have. • To empower youth to be responsible for their sexual and reproductive health.” (p. 49)
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p>	<p>“Since Europeans arrived, there has been a tremendous amount of shame put on sex and sexuality.” (p. 37)</p>

<p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“What is important to remember is that within Indigenous cultures prior to colonization, sexuality was understood as a normal part of life and there are healthy ways, including language, rituals, medicines, ceremonies, and intergenerational education systems, that direct us to develop a healthy sexuality.” (pp. 37-38)</p> <p>“When Europeans arrived in North America, they introduced homophobia and transphobia to many Indigenous nations.” (p. 51)</p> <p>“We want to support everyone in using the language that feels best for them. We each get to decide what we call our own body parts.” (p. 72)</p> <p>“Remember that this is a perfect opportunity to illustrate sex-positivity, inclusive language, and a youth-friendly approach by showing comfort talking about genitals.” (p. 72)</p> <p>“How can I be an ally?</p> <ul style="list-style-type: none"> • Think about the language you use and stop saying sexist, racist, and homophobic terms, phrases, and behaviours. If you make an insensitive remark, genuinely apologize for it. • Use the privilege you have to help others. Examples are white people speaking out against racism and not doing racist things; cis-men treating all other genders with respect; cis-gendered people using language that is inclusive of trans, Two-Spirit, and non-binary people; people holding space for people living with disabilities on the bus, in a washroom, in class, in a theatre, etc.; wealthy people choosing to help create opportunities for those with less money... • Respect people’s pronouns and identities. Ask people what word/name they want to be called by.” (p. 507)
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS <i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Ways to be supportive are keeping confidentiality, listening to them, going with them to appointments, understanding their experience is different from yours (i.e., this is not the time to share your values, stories, or experiences with pregnancy options), believing that they are making the right choice for themselves, respecting their decision, asking them what they need, and following through if you are able.” (p. 47)</p> <p>“Sexual Health: accurate information, confidential medical services, safer sex supplies such as condoms and birth control.” (p. 49)</p> <p>“When someone is sexually active, whose business is it? Theirs and their partner’s. Often, words like slut are harsh labels put on people, regardless of if they are having sex or not. Either way though, this is no one’s business but their own.” (p. 543)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p>	<p>“Link youth to resources. Youth-friendly health clinic, nursing station, Elders, school counsellors, Medicine Lodges, websites, etc. Be sure to mention the</p>

Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.) Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs. (For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatelPPF.org)

location and hours, services accessible to youth, any costs, and whether it is drop-in or by appointment only.” (p. 7)

“Places like teen clinics are great because they do testing, **have free protection supplies like condoms**, and will answer any questions you might have.” (p. 44)

“That’s why we always let youth know about teen clinics or the **places to go to get birth control** and health services.” (p. 49)

“Remind youth that they can **get more information about birth control methods and safer sex** from a health care provider at teen clinics, health centres, or nursing stations, which can help someone make a decision about what birth control is best for them.” (p. 116)

“Most health plans, social assistance programs, and Non-Insured Health Benefits (NIHB) will **reimburse the cost of an IUD**. Women’s Health Clinic also has a program to help reduce the cost of an IUD.” (p. 125)

For the complete text of *Sex Ed Is... Activities Manual* see:

https://drive.google.com/file/d/1Cn6WK3sLRSEIpAvpHIGuHL3bERrdgBlk/view?usp=drive_link