

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 to Go – Teachers* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Sex Ed to Go for Teachers contains **14 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: This is a website published by Planned Parenthood that offers free comprehensive sexuality education courses. As expected from Planned Parenthood, the lessons cover a wide array of sexual topics, including consent, anal and oral sex, condom use, contraceptives, masturbation, and a heavy emphasis on sexual orientations and gender ideology. The content claims to align with both the National Sexuality Education Standards (NSES) and the California Healthy Youth Act (CHYA) standards.

Target Age Group: 4th grade and up

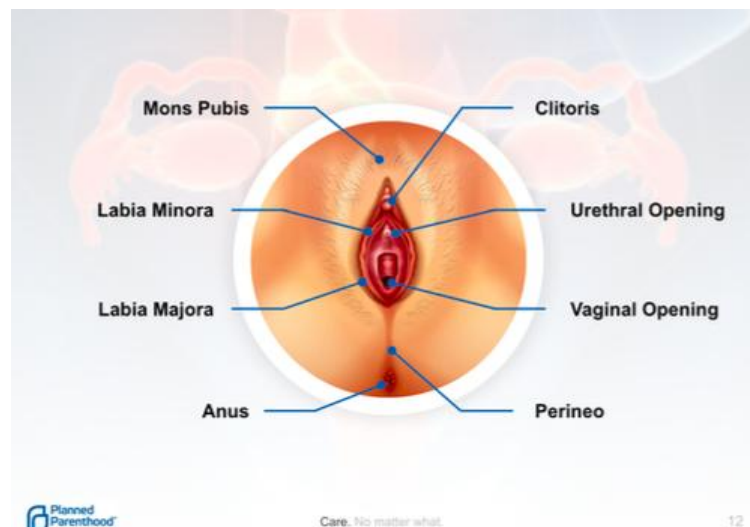
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Human trafficking is different than sex work, often times they get linked together, and many times victims of human trafficking do not identify as victims. Sex workers engage in a commercial exchange of sexual services or performances (i.e. dancing) for money. Sex work entails a willing engagement in commercial sex while sex trafficking involves force, coercion, or deceit. Confusing sex workers with trafficked persons erases the voices of sex workers, worsens their working conditions, adds to their general stigmatization and impedes discussions on ways to end human trafficking.” (Trafficking)</p> <p>“States have different laws about sex work, which is consensually trading sex for money – no one is pressuring or forcing the person. Some states provide a safer environment for sex workers, and others create more barriers and risks. It is important to know that sex work and human trafficking are very different, but are often lumped together. Often trafficking is disguised as consensual sex work.” (Trafficking)</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.



(Teaching Anatomy and Reproduction, Slide 7)



(Teaching Anatomy and Reproduction, Slide 12)

“A person with a penis will start to experience ejaculation. Ejaculation is when a person with a penis becomes sexually excited, their penis becomes hard, and it releases a sticky liquid called ejaculate, also known as cum. That’s a slang word. This **usually happens when the person is having an orgasm**, but it’s possible to ejaculate and not have an orgasm.” (Teaching Puberty, Slide 8 Notes)

“**Here's one that's erect or hard.** Some have foreskin. Some are circumcised and have no foreskin. Some are shorter. Some are thicker. Some are thinner.” (Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

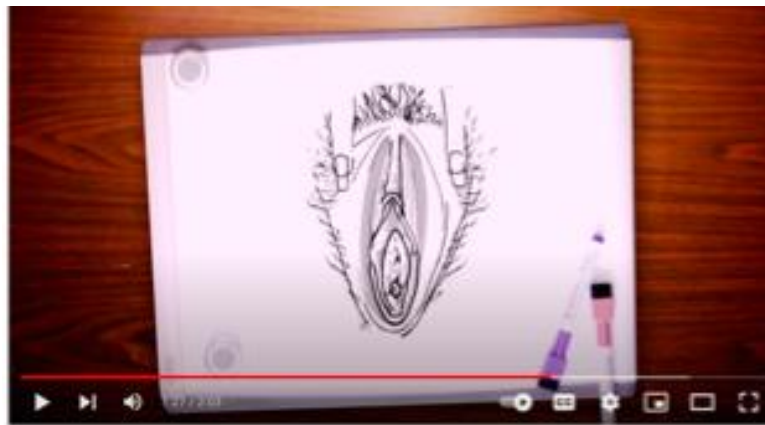
(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)

“Even with the same parts, each adult vulva looks completely different. Some have bigger openings of the vagina. Some have bigger clitorises that stick out. Some have wide outer labia. Some have bigger inner labia that stick out, and often the labia in a pair don’t match each other. All are normal.” (Teaching Puberty, Slide 10 Video)



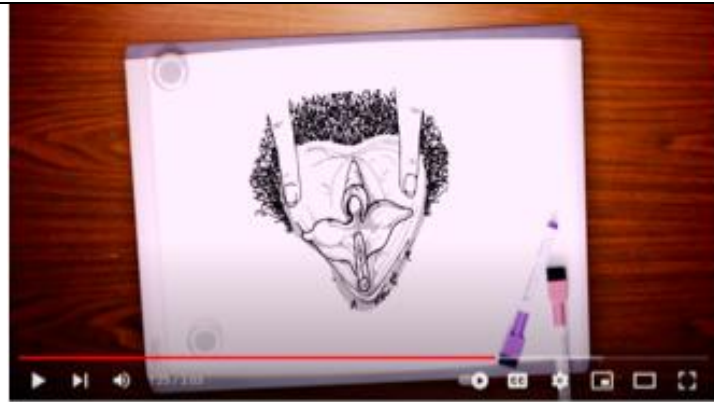
Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



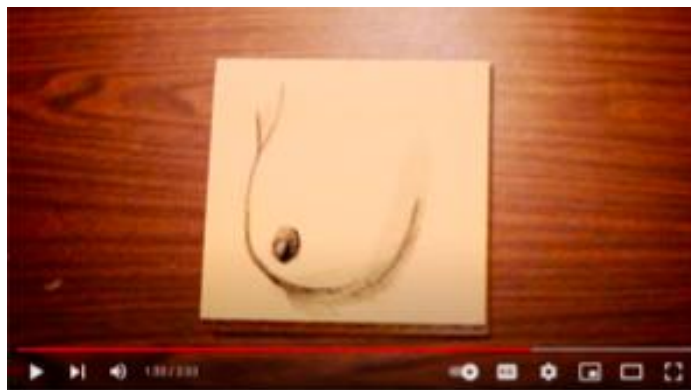
Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)



Different is Normal - Changing Bodies and Genitals | Planned Parenthood Video

(Teaching Puberty, Slide 10 Video)

“We believe **sexuality begins at birth** and therefore ends at death.” (Effective Sex Education Education)

“So I want to take a moment and read you a story called, ‘It was dusk.’ It was dusk. The apartment was empty, saved for the two of them. As they lay entwined in a warm embrace, this room, this bed was their universe. Aside from the faint sounds of their tranquil breathing, they were silent. She stroked the nape of his neck, **he nuzzled her erect nipple first gently with his nose, then**

licked, tasted, smelled and absorbed her body odor. It was a hot and humid day and they have been perspiring. Slowly, he caressed her one breast as he softly rolled his face over the contours of the other. He pressed his body close against her, sighed and fully spent, closed his eyes and fell into a deep and satisfying sleep. Ever so slowly she slipped herself out from under him, cradled him in her arms and moved him to his crib. Having completed his six o'clock feeding, this four-month-old had also **experienced one more minute contribution to his further sexual development.**" (Effective Sex Education)

Introduction

- o **Sexuality** is an umbrella term that includes understanding our bodies, relationships, identity, values and much more.
- o Our thoughts, feeling and values around sexuality changes throughout our lives.

Reflection:

- o After listening to the story, "It was dusk," what do you think of the story? Where did you think it was going? How did you feel about the ending?

(Effective Sex Education)

2. TEACHES CHILDREN TO CONSENT TO SEX

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.

Note: "Consent" is often taught under the banner of sexual abuse prevention.

"Affirmative consent is knowing, voluntarily and mutual decision [sic] among all participants, to engage in sexual activity. Consent can be given by words or by actions, as long as those words and actions create a clear permission regarding **willingness to engage in the sexual activity**. Consent must be given with every sexual activity and must be continuous." (Supporting Healthier Relationships)

"Consent is not the lack of hearing 'no.' It requires an enthusiastic 'yes.'"
(Teaching Consent Worksheet)



Objective

- Define Consent
- Discuss Factors Associated with Consent
- Review Laws Around Assault
- Learn What is a Bystander

Planned Parenthood
Care. No matter what. 2

(Teaching Consent, Slide 2)

Consent

Consent Is

- Enthusiastic Yes
- Confirming Permission
- Providing Positive Feedback
- Asking Permission
- Communication

Consent Is Not

- Lack of No
- Looking Disengaged, Non-Responsive, or Upset
- Assuming
- One Sided Expectation
- Pressure

Physical Cues

Care. No matter what. 4

(Teaching Consent, Slide 4)

“So, for review **consent must be given every time and with every sexual activity**, consent must be continuous and can be withdrawn at any point.”

(Teaching Consent, Slide 6 Notes)

3. PROMOTES ANAL AND ORAL SEX

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.

“To get you the care you need, we will ask...”

- Whether you are **having oral, anal or vaginal sex**, or none of these
- Whether your partners have penises or vaginas
- About drug and alcohol use
- Whether you feel safe at home and in your relationship” (How to Access Services and Youth Rights, Slide 11)

Behaviors

Circle the behaviors that could potentially pass on an STI, or increase the risk of STI transmission.

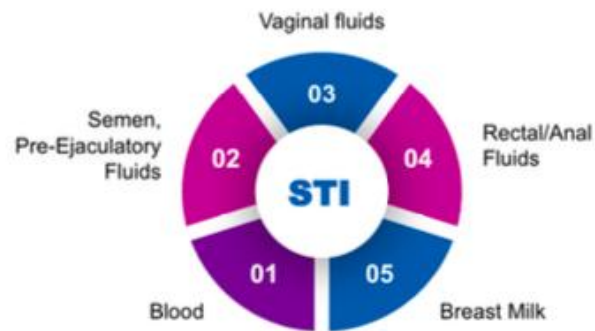
Penis to vagina contact	Rubbing with clothes on
Holding hands	Sex with multiple partners
Mouth to genitals or anus	Penis to anus contact
Drug or alcohol use	Kissing
Genital to genital contact	Rubbing with clothes off Toilet seats
Sex in water	Mosquitos Sharing needles

(Teaching Sexually Transmitted Infections, Knowledge Check Answer Key)

“This may include questions you find awkward or embarrassing, like whether you have had **oral, anal or vaginal sex**, or if your partners have penises, vaginas or both.” (How to Access Services and Youth Rights, Slide 11 Notes)

STI Transmission

Which body fluids can contain an STI?



**Fluids that do not transmit: sweat, urine, tears, saliva*

(Teaching Sexually Transmitted Infections, Slide 6)



STI Transmission

What behaviors can transmit an STI?

- **Having anal, vaginal, or oral sex**
 - With an infected partner
 - Without a condom
- **Direct skin-to-skin contact (genital-genital)**
- **From pregnant person to baby** in utero, through vaginal birth or through breast-feeding

(Teaching Sexually Transmitted Infections, Slide 4)

Internal Condom

Barrier placed in the vagina or anus

Single use for **each sexual act**

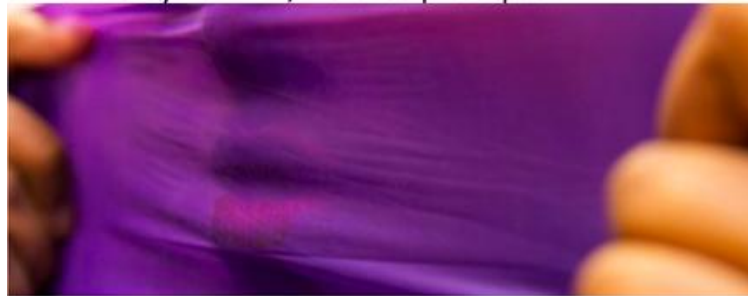
Protects against STIs



SEX ED TO-GO

(Teaching Sexually Transmitted Infections, Slide 21)

Note: *The internal condom is not FDA-approved for anal sex.*



Dental Dams

Easy and effective barrier for STI prevention.
Made out of latex or polyurethane and used for oral
sex- mouth to vagina or mouth to anus.



Care. No matter what.

19

(Teaching Sexually Transmitted Infections, Slide 22)

“Dental dams are latex or polyurethane sheets used between the **mouth and vagina or mouth and anus during oral sex**. They usually come flavored and scented and are a good way to reduce the risk of an STI.” (Teaching Sexually Transmitted Infections)

“How would you respond to the following question? Consider what might be the intent, what knowledge does the student need to make healthy choices, and how could your response be inclusive to all students? **‘What does semen taste like?’**” (Answering Student Questions)

“Information requests are questions about something a person has heard or seen or requesting more knowledge on a topic. Examples could include **what is oral sex?**” (Answering Student Questions)

	<p>“What does semen taste like?”</p> <ol style="list-style-type: none"> 1. What might be the intent of the question? 2. What knowledge do they need to make healthy choices? 3. How could you make your response inclusive of all students? 4. How would you respond? <p>(Answering Student Questions)</p> <p>“This may appear as a shock question, but it may actually be a request for information question when answering this or any question, remember to use simple, inclusive language, a possible answer could be semen is a bodily fluid. And what we know about other body fluids like sweat and tears is they have a salty flavor. Semen may also have the same salty flavor much like sweat and tears. Semen can include STIs, so if a person is participating in mouth to penis, sexual activity, a barrier method is advised.” (Answering Student Questions)</p> <p>“The course covers:</p> <ul style="list-style-type: none"> • Sexual activity terms (vaginal, oral and anal sex)” (Teaching Pregnancy Prevention) <p>“While a condom can prevent pregnancy during vaginal sex, it is important to use a condom during all types of sex where an STI might be transmitted: vaginal, anal AND oral.” (Teaching Pregnancy Prevention)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <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>“So now let’s talk about sexual orientation. This is a person's sexual identity, or self-identification as maybe bisexual, heterosexual, pansexual, et cetera. It can refer to a physical attraction and or emotional attraction, but this has nothing to do with someone’s self, gender identity.” (Gender Identity and Sexual Orientation)</p> <p>“LGBTQ+ Definitions:</p> <ul style="list-style-type: none"> • L = Lesbian: Preferred term for women romantically and sexually attracted to women. • G = Gay: Preferred term for men romantically and sexually attracted to men. • B = Bisexual: Someone who is romantically and sexually attracted to people of both genders. • T = Transgender or ‘Trans’: When a person’s gender identity or gender expression does not match the person’s biological sex assigned at birth. Independent of sexual orientation. • NB = Non-Binary: Refers to a range of gender identities that are not strictly male or strictly female. Similar terms are ‘genderqueer,’ ‘gender fluid,’ or ‘gender non-conforming.’ • Q = Queer or Questioning: Queer is historically a derogatory term and is now being reclaimed by LGBT and gender non-conforming people as a self-affirming term. Questioning refers to someone who is questioning or exploring their sexual orientation, gender, or gender expression. • I = Intersex: General term used to describe individuals who have a

different composition of female and male hormones, chromosomes, and/or internal/external reproductive organs.

- **A = Asexual or Ally:** An asexual person is someone who does not experience sexual attraction. An ally is someone supportive of LGBTQ+ individuals and their equal rights and treatment.” (Gender Identity and Sexual Orientation, Slide 14)

“**Sexual orientation is an individual’s physical and/or emotional attraction to certain genders.** It is different – and unrelated – to gender identity, and may or may not include sexual behavior. This also means that not everyone wants to have sexual relationships, or sometime people may identify with one sexual orientation, but **may engage in sexual activity that differs from their orientation.** An example could be a cisgender heterosexual female, who has sex with other females. People do not need to have engaged in sexual activity to know their sexual orientation. Sexual behavior does not determine self-identification.” (Gender Identity and Sexual Orientation)

“**Lesbian** refers to women who are romantically and/or sexually attracted to women. **Gay** may be used as an umbrella term for people who do not identify as heterosexual, and it is also a term used for men who are romantically and/or sexually attracted to men. Bisexual is used to describe someone who is romantically and/or sexually attracted to people of both genders. **Pansexual** is used for a person who is sexually, romantically, or emotionally attracted towards people regardless of their sex or gender identity.” (Gender Identity and Sexual Orientation)

“We want to be very clear: it is not because someone is LGBTQ+ that puts them at risk of these challenges or dangers. It is because of **discrimination and hate of others who place LGBTQ+ Individuals at harm.** Research has shown that when education in the classroom validates all people’s experiences, specifically around gender identity and sexual orientation, there are less rates of bullying due to knowledge, understanding, and acceptance.” (Gender Identity and Sexual Orientation)

“**LGBT teens face being kicked out or isolated from family.** 40% of homeless youth served by agencies identify as LGBT. LGBT youth are also more likely to face low self-esteem, depression, and suicidal thoughts. For example, LGBT youth are more than twice as likely to have attempted suicide as their heterosexual peers. (Sources: Williams Institute, CDC)” (Gender Identity and Sexual Orientation)

“LGBT youth also face higher rates of physical and sexual violence, approximately 14-31% of **LGBT youth have been forced to have sex** at some point in their life and LGBT people face discrimination at work. About 58% of LGBT people hear homophobic language being used at their workplace.” (Gender Identity and Sexual Orientation)

“Many LGBTQ people do not get adequate health care due to fear of being harassed, bullied, or misunderstood by their providers. In fact lesbians are less

likely to get preventative services such as cancer screening than heterosexual women. **There are also some religions and cultures that contribute to homophobic, transphobic, and hateful language** and attitudes hamper efforts to reach LGBTQ youth through education.” (Gender Identity and Sexual Orientation)

“Tell students that today’s **lesson is going to be about sexual orientation**. Say, “There’s a lot of discussion in the media right now about sexual orientation – some of which is true, some of which isn’t. Today’s class is going to look at some of the language around sexual orientation, and correct a lot of the misinformation that’s out there.” (Gender Identity and Sexual Orientation)

“**What is Sexual Orientation?** The gender(s) of the people to whom we are attracted, physically and romantically.

- Can include more than one gender
- Includes love: can know one’s orientation without necessarily doing something sexual with another person” (Gender Identity and Sexual Orientation)

“**Sexual orientation has three parts to it:**

- Orientation – Who we’re attracted to
- Behavior – How we behave sexually
- Identity – What we call ourselves” (Gender Identity and Sexual Orientation)

“She might call herself...

- **Lesbian** – since she’s still mostly attracted to other girls and isn’t attracted to other guys.
- **Bisexual** – since she’s with this one guy and still attracted to other girls.
- **Queer** – since the labels might not fit for her.
- Something else altogether.” (Gender Identity and Sexual Orientation)

“He might call himself...

- **Gay** – since he is only dating guys.
- **Bisexual** – since he’s been with girls and may still find them attractive, even though he’s only dating guys.
- **Queer** – since the labels might not fit for him.
- Something else altogether.” (Gender Identity and Sexual Orientation)

“By the end of this lesson, students will be able to:

1. **Define the terms sexual orientation, gender identity and gender expression.**
2. Describe how each term is different from the others.
3. Name at least two factual statements and two incorrect statements about sexual orientation and gender.
4. List at least two **respectful ways of communicating with or about LGBTQ individuals.**” (Gender Identity and Sexual Orientation)

	<p>“So now let’s talk about sexual orientation. This is a person’s sexual identity or self-identification as maybe bisexual, heterosexual, pansexual, et cetera. It can refer to a physical attraction and/or emotional attraction, but it is unrelated to someone’s gender identity.” (Inclusive Sex Education)</p> <p>“For more information, as you talk about pregnancy and childbirth, please keep in mind that there are many kinds of families and several ways a pregnancy can begin. This could involve one or two parents, same sex or opposite sex parents, families, raising children, medical interventions, and adoption.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><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>“Using lubrication with a condom can help decrease breakage and increase comfort and pleasure.” (Teaching Sexually Transmitted Infections)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>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.</i></p>	<p>“Practice and Tips Reflection: How would you respond to the following question? Consider what might be the intent, what knowledge does the student need to make healthy choices, and how could your response be inclusive to all students? ‘Is it okay to masturbate?’” (Answering Student Questions)</p> <p>“An answer to this question could be masturbation is the self-touching of genitals for pleasure. Medically speaking, there is no harm that can come for [sic] masturbation.” (Answering Student Questions)</p>

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.

Barrier Methods

1. Condoms and Spermicides
2. Prevent pregnancy
 - Create barrier between sperm and ovum
3. Condoms reduce risk of STI's and HIV transmission
 - Prevent exchange of fluids
 - Reduce genital skin to skin contact

Planned Parenthood Care. No matter what.
(Teaching Pregnancy Prevention)



ANSWER KEY

Condom Knowledge Check

Myths and Facts

Please circle the correct answer.

Statement	Myth or Fact	Explanation
1. It's more important to use condoms during vaginal sex than anal sex.	Myth Fact	MYTH. While a condom can prevent pregnancy during vaginal sex, it is important to use a condom during all types of sex where an STI might be transmitted: vaginal, anal AND oral.
2. Condoms reduce the risk of getting pregnant and reduce the risk of getting an STI.	Myth Fact	FACT. If you use condoms perfectly every single time you have sex, they're 98% effective at preventing pregnancy and most STIs. But people aren't perfect, so in real life condoms are about 85% effective — that means about 15 out of 100 people who use condoms as their only birth control method will get pregnant each year.
3. The expiration date is a guideline and you can use a condom a few days after it expires.	Myth Fact	MYTH. It is important to throw away condoms that have expired.
4. A pouch of air in the condom when still in its wrapper means that it has not been punctured and is okay to use.	Myth Fact	FACT. Always squeeze the wrapper before opening to check for an air bubble. If there is no bubble, use a different condom.
5. It's a good idea to store condoms in your wallet or the console of a car so they are handy.	Myth Fact	PART MYTH, PART FACT. It is important to have condoms available when and where a person might need them. However, exposure to sun and heat (common in a car) can cause condoms to

(Teaching Sexually Transmitted Infections, Condom Knowledge Check Answer Key)

"Barrier methods prevent pregnancy by creating a barrier between the sperm

cell and ovum which prevents fertilization. **Condoms are the only contraceptive method that prevent pregnancy and reduce the risk of STI's and HIV transmission by preventing the exchange of fluids and reducing skin to skin contact.**" (Teaching Pregnancy Prevention)

"External Condom:

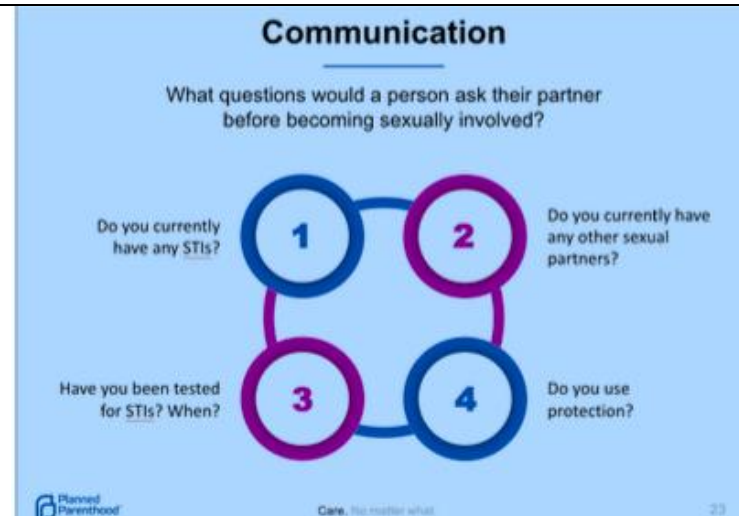
- Barrier that covers penis
- Single use for each sexual act
- 85-98% effective in preventing pregnancy
- Protects against STIs including HIV" (Teaching Pregnancy Prevention)

"The **internal condom** is placed inside the body and is made from a soft plastic called nitrile and can be used for **penis to vagina and penis to anus sexual activity**. Internal condoms are 79% to 95% effective in preventing pregnancy and may also help reduce the risk of STI transmission, including HIV. They must be used correctly and consistently with every different sex act in order to achieve maximum effectiveness. They can be obtained at most pharmacies with a prescription and are covered by most health insurance companies. They can also be ordered online directly from FC2 without a prescription." (Teaching Pregnancy Prevention)

Note: *The internal condom is not FDA-approved for anal sex.*

8. PROMOTES PREMATURE SEXUAL AUTONOMY

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.



(Teaching Sexually Transmitted Infections, Slide 23)

"Bringing up questions like, do you currently have any STIs? **Do you currently have other sexual partners?** When were you last tested? And do you use protection? Are all important questions to ask and asking them before being in the moment is better." (Teaching Sexually Transmitted Infections)

"**A person can legally buy condoms at any age** and they are sold over the counter. There are several different types of condoms available varying in size, color, and texture. So it's important for people who use condoms to find ones that work for them and their partner." (Teaching Sexually Transmitted Infections)

--	--

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

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.

“Boundaries applies to relationships that are just starting, committed or **casually having sex.**” (Healthy Relationships)

“**Sexual respectfulness** – Partners never force sexual activity or insist on doing something the other isn’t comfortable with.” (Healthy Relationships)

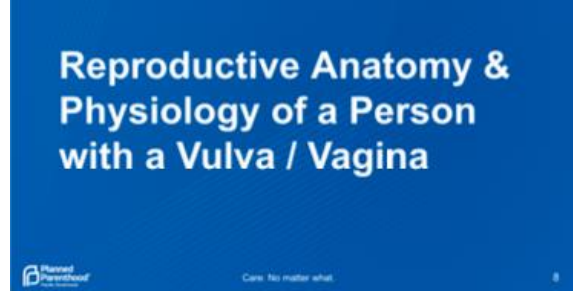
“People living with HIV can lead a long and normal, healthy life. The key is getting tested and diagnosed early. It’s important we bring awareness to the U U campaign. U=U means undetectable equals untransmittable, which occurs when a person living with HIV takes ART, antiretroviral therapy, daily and as prescribed, as well as achieves and maintains an undetectable viral load for at least six months. **They are then able to have sex with their partner and the risk for transmission is negligible.**” (Teaching Sexually Transmitted Infections)

“So what is the most common symptom of an STI? You’re right, it’s nothing. This is **why it’s important people are tested at least once a year or before every new sexual partner.**” (Teaching Sexually Transmitted Infections)

“All: **Using safer sex strategies:** using condoms correctly in with [sic] every sexual contact, considering PrEP (pre-exposure prophylaxis for HIV) is having sex with potentially or confirmed HIV-positive partners.” (Teaching Sexually Transmitted Infections)

10. PROMOTES TRANSGENDER IDEOLOGY

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



(Teaching Anatomy and Reproduction, Slide 8)

gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

Reproductive Anatomy & Physiology Of A Person With A Penis

Planned Parenthood

Care. No matter what.

4

Let's talk about the reproductive anatomy of a person with a penis.

(Teaching Anatomy and Reproduction, Slide 4)

“And lastly, it is considered best practice to keep all students together when teaching comprehensive sex education and not separating them by gender. This way, all students learn about all topics. **We are not creating an unsafe environment for transgender or non-binary students.** And we are normalizing the topic.” (Teaching Puberty, Introduction Video)

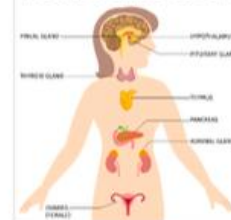
“One of the challenges educators might face is **eliminating gendered language when talking about sex and sexual health**, but this is an essential first step in ensuring transgender, nonbinary, and gender non-conforming students feel seen and validated.” (Teaching Puberty)

“**A person with a penis** typically starts puberty at about 11-12 years old and it lasts for about 3-4 years. **A person with a vagina** starts puberty at about ages 10-11 and it lasts 4-5 years.” (Teaching Puberty, Slide 6 Notes)

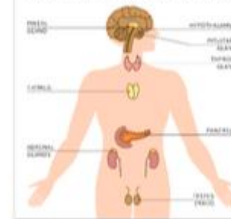
Puberty continued...

- During puberty, endocrine glands produce hormones that cause body changes and the development of secondary sex characteristics.
- In people with vaginas, the ovaries begin to increase production of estrogen and other hormones.
- In people with penises, the testicles increase production of testosterone.
- The adrenal glands produce hormones that cause increased armpit sweating, body odor, acne, and armpit and public hair. This process is called adrenarche. The person will often need underarm deodorant and antiperspirant during this time.

THE ENDOCRINE SYSTEM



THE ENDOCRINE SYSTEM



Planned Parenthood

Care. No matter what.

(Teaching Puberty, Slide 7)

“**In someone with a uterus or vagina** – Hormones go to the ovaries (the two oval-shaped organs that lie to the right and left of the uterus) and trigger the maturation and release of eggs and the production of the hormone estrogen, which matures this person’s body and prepares them for the possibility of pregnancy. **In someone with a penis** – Hormones travel through the bloodstream to the testes (testicles) and give the signal to begin production of

sperm and the hormone testosterone.” (Teaching Puberty, Slide 7 Notes)

“More than 80% of **people with uteruses** will experience pregnancy in their lifetime.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“First, you need a sperm which comes from a **person with a penis**. And you need an egg (or ovum) which comes from a **person with a uterus**.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“So it’s important we understand the **difference between sex and gender**. When we talk about someone’s biological sex, we’re talking about hormonal chromosomes and anatomical elements that make a person, either male, female, or intersex, whereas gender is a broad term that can encompass someone’s characteristics, their expression, their identity, or even their roles. Now let’s take a look at gender terminology. So **gender identity, this is a person’s sense of being either male or female, or maybe neither**. And it may or may not correspond to their sex assigned at birth gender roles.” (Gender Identity and Sexual Orientation)

“**Cisgender**: Refers to a person whose gender identity matches their sex assigned at birth.

Transgender: Refers to a person whose gender identity does not align with their sex assigned at birth.

Gender Non-Conforming: Refers to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.” (Gender Identity and Sexual Orientation)

“In addition, one of the challenges educators might face is eliminating gendered language when talking about sex and sexual health, but this is an essential first step in **ensuring transgender, nonbinary, and gender non-conforming students feel seen and validated**.” (Gender Identity and Sexual Orientation)

“By the end of this course, you will understand...

- The **difference between sex, gender and sexual orientation**
- Challenges that LGBTQ+ youth face
- How to create a safe space for all youth” (Gender Identity and Sexual Orientation)

“This course is about **gender and sexual orientation**. You will learn about:

- The difference between sex, gender, and sexual orientation
- Challenges that LGBTQ-plus youth face
- How to create a safe space for all youth” (Gender Identity and Sexual Orientation)

“Respectful communication:

- **Use correct pronouns and names**
- Do not assume behavior or identity

- Apologize and correct mistakes” (Gender Identity and Sexual Orientation)

“When communicating with others it is important that we are respectful and validating of all peoples’ identities and orientations. A few ways we could do that is by **using a person’s correct pronoun and name.**” (Gender Identity and Sexual Orientation)

“Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar – **using the pronoun ‘they’ instead of ‘her’ or ‘him’, using gender neutral names** in scenarios and role-plays and referring to ‘someone with a vulva’ vs. a girl or woman.” (Gender Identity and Sexual Orientation)

“For some people, how they feel on the inside doesn’t match their sexual body parts. Maybe they have a penis but do not feel they are male. The name for this is **‘transgender’ or just ‘trans.’**” (Gender Identity and Sexual Orientation)

“**People with vulvas**, LGBTQ+ identified people, and people with disabilities are more likely to experience intimate partner violence or sexual assault over the course of their lifetimes.” (Healthy Relationships)

“**Non-gendered language** sounds like a person with a penis instead of boy or man, or a person with breast tissue, or a person with a uterus instead of girl or woman.” (Inclusive Sex Education)

“Inclusive Identities:

- Sex or **biological sex** includes hormonal, chromosomal and anatomical factors that make one male, female, or intersex.
- Gender is a broad category that includes characteristics, identity, expression, and roles.
- **Gender identity is the innate sense of being male, female or neither, and may not correspond to sex assigned at birth.**
- Gender roles are characteristics attached to culturally defined notions of masculinity or femininity.
- **Gender expression** is the outward expression of gender, such as clothing, grooming, or behavior.
- Gender norms are socially constructed standards for specific genders; can often result in unrealistic expectations.
- Sexual orientation is an individual’s physical and/or emotional attraction to gender(s), and is different from a person’s identity” (Inclusive Sexuality Education)

“The next pillar is **rejecting binaries**. Sex education that only focuses on male, female or gay, straight binaries and that focuses on labels is missing many people’s experiences.” (Inclusive Sex Education)

“**Gender identity**, this is a person’s sense of being either male or female, or

maybe neither, and it may or may not correspond to their sex that was assigned at birth.” (Inclusive Sex Education)



(Gender Identity and Sexual Orientation)

“Sex is defined as the hormones, chromosomes, and anatomical factors that identify a person as male, female, or intersex. When a person is born, or often before birth through ultrasounds, medical providers assign a sex to the person based off of their visible genitalia. Gender is used to describe the characteristics of women and men that are socially constructed, meaning that people agree to behave as if it exists, or agree to follow certain conventional rules, because a society determined it so. This includes characteristics, expressions, and roles determined as masculine or feminine by society, things like girls wear dresses, or boys play football. **Gender is also how we identify ourselves, as male, female, both, or neither.** The difference between ‘gender’ and ‘sex’ is that the latter refers only to biological differences.” (Gender Identity and Sexual Orientation)

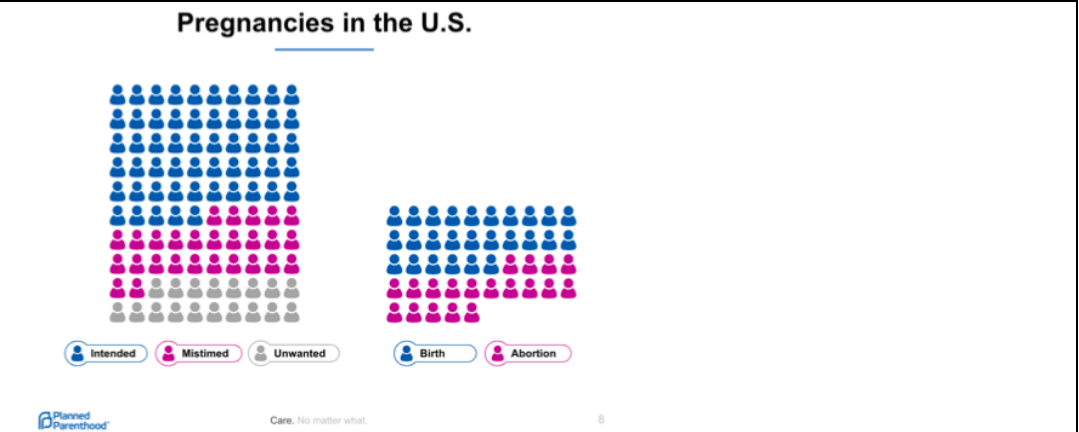
“So if sex is primarily about biology, gender is about who we know ourselves to be and how we present that to the outside world. This includes cisgender, which is a person whose gender identity matches their sex assigned at birth. An example would be a female with a vulva. **Transgender is when a person’s gender identity does not match with their sex assigned at birth.** An example would be someone assigned male at birth, but identifies as a female.” (Gender Identity and Sexual Orientation)

“**Non-binary** refers to a range of gender identities that are not strictly male or female.” (Gender Identity and Sexual Orientation)

**11. PROMOTES
CONTRACEPTION/ABORTION TO
CHILDREN**

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.



(Teaching Pregnancy, Childbirth, Adoption & Abortion)

“Abortion is a medical procedure that ends a pregnancy. There are two different forms of abortion. The first is called **medication abortion**. It is an option for ending a pregnancy before 10 to 11 weeks. A pregnant person takes a single pill usually at a medical providers’ office. This pill stops the pregnancy from developing any further. The person then takes a second set of pills at home 24 hours later. This **causes the uterus to contract and expel the pregnancy**. Usually there is some cramping and bleeding. After a medication abortion, a person needs to see their medical provider to confirm they are no longer pregnant.”

(Teaching Pregnancy, Childbirth, Adoption & Abortion)

“Medication abortion is different than emergency contraception. **Emergency contraception** is a pill that can be taken in the first few days after penis-to-vagina sex that prevents a pregnancy from happening if you didn’t use birth control or your birth control failed. Medication abortion ends a pregnancy that has already attached to the uterus.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“The second is often called a **surgical abortion**, although it’s technically not surgery. This is a medical procedure usually done in a doctor’s office. The medical provider opens up the cervix (the opening at the base of the uterus) and uses suction to remove pregnancy tissue. Early in pregnancy – like the first 13 weeks – this is a same-day procedure and takes 5-7 minutes. Later in pregnancy, the procedure is more complicated and may need to be performed over 2-3 days but is **still very safe**.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“There are a lot of myths about abortion so let’s talk about facts. There are three important things to know about abortion:

- **Abortion is safe.**
- **Abortion is safer than childbirth.** First-trimester abortions don’t cause an increase in infertility (the inability to get pregnant later), miscarriage (unplanned loss of future pregnancies), birth defects or early delivery or low birth weight in later pregnancies. Abortion is not associated with breast cancer and abortion does not pose a danger to person’s mental health.

- Abortion is common. 1 in 4 women in the US will have an abortion by the age of 45. And all kinds of people have abortions for all kinds of reasons.” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

***Note:** Abortion is not safer than childbirth. Many peer-reviewed studies have debunked this myth.*

“Here are some facts about who has abortions in the US. Many people are surprised by some of this information because it doesn’t match the story we’re told about the type of people who have abortions. But there is no ‘type’ of person who has an abortion. You can see that 59% of people who have abortions already have children. In fact, one of the most common reasons people give for having an abortion is their responsibility to others in their care, very often the children they already have. All ages and races have abortions, but very few are under the age of 18. **More than half are religiously affiliated.**” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“Many of these laws aren’t based on medical information or scientific evidence but on people’s opinions of what is right and wrong. **Many of these laws also put barriers in the way of people accessing an abortion they have a right to.**” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“These are common sexual and reproductive health services. Some may be new to you and some you may have already heard about.

- **Contraception**, which many people call birth control, including pills, condoms, and long-acting forms like implants and IUDs.
- **Emergency contraception** which can be taken within a few days after intercourse to prevent a pregnancy
- STI testing and treatment
- HIV testing
- PEP and PrEP (which help prevent HIV)
- Pregnancy testing and options counseling to help people decide what to do if they are pregnant
- **Abortion services**
- Adoption and prenatal referrals
- Transgender services” (How to Access Services and Youth Rights, Slide 4 Notes)

“The California Healthy Youth Act or CHYA requires all students learn about:

- STI’s including HIV and their testing and treatment
- **Effectiveness & safety of FDA approved contraceptive methods, including abstinence**” (How to Access Services and Youth Rights, California PowerPoint, Slide 4 Notes)

“**Contraception** lessons historically have really been focused on a person with a penis and a person with a vulva. There are many participants in the room that might not be having that type of sexual activity. So really focus on all behaviors that can put a person at risk for an unintended pregnancy or an STI next be

aware of language that perpetuates stigma of young parents.” (Teaching Pregnancy Prevention)

“The course covers:

- **Barrier methods**
- **Hormonal methods**, including emergency contraception
- A brief overview of pregnancy options” (Teaching Pregnancy Prevention)

“Contraceptives are **safe and effective birth control methods** people can take or use to plan or prevent a pregnancy.” (Teaching Pregnancy Prevention)

“Today we will...

- Review commonly used contraception
- Identify how contraception works
- **Explain the benefits of dual use**
- Summarize how to access contraception
- Discuss Emergency Contraception
- **Identify Pregnancy Outcomes”** (Teaching Pregnancy Prevention, Slide 2)

“Today we will be covering the most **common types of contraception**, explain how they work and how to access them. We will also be reviewing dual use, emergency contraception and pregnancy outcomes.” (Teaching Pregnancy Prevention)

“Contraception is a safe and effective way of preventing pregnancy. While most people use contraceptives to prevent an unplanned pregnancy, they can also be used for other reasons. **This is why many people use contraception regardless of their gender identity or sexual orientation.**” (Teaching Pregnancy Prevention)

“It’s important to remember **contraceptive methods, including condoms, are most effective** when used correctly and consistently during each and every sexual activity.” (Teaching Pregnancy Prevention)



(Teaching Pregnancy Prevention)

“These are **some of the contraceptive methods we will be reviewing**. You may already be familiar with some, while others may be new to you. The method a person may use can change throughout their life depending on access, life situations, goals, or personal decisions.” (Teaching Pregnancy Prevention)

“**Spermicides are placed inside the vagina** and are 72% to 82% effective in preventing pregnancy. They immobilize sperm cells so they cannot reach an egg. Spermicides are available as cream, foam, jelly, suppositories and film which are placed deep in the vagina before sexual activity. It is very important to follow the instructions of each method found on the packaging. They are available to anyone of any age without a prescription. Just like condoms they are single use only.” (Teaching Pregnancy Prevention)

“Next, I’ll be talking about **hormonal contraception**, which requires a consultation and prescription from a medical provider. Hormonal methods contain the hormones Progestin and/or Estrogen which occur naturally in the body. They prevent pregnancy by thickening the cervical mucus, preventing ovulation and thinning the uterine lining.” (Teaching Pregnancy Prevention)

“**The pill is a contraceptive** taken orally every day to prevent pregnancy. It is very important for a person to remember to take the pill every day exactly how a medical provider has prescribed in order for it to be effective. Some pills contain estrogen and progestin and some are progestin only pills. They are 91% to 99% effective in preventing pregnancy.” (Teaching Pregnancy Prevention)

“The patch is a **weekly contraceptive** where a person places a new patch on the torso every week for three weeks.” (Teaching Pregnancy Prevention)

“The **vaginal ring is a monthly contraceptive** which a person inserts into the vagina and leaves in place for three weeks. The fourth week, a person would remove the ring and remain ring free for the week and typically get their period. It is 91% to 99% effective in preventing pregnancy and contains the hormones progestin and estrogen.” (Teaching Pregnancy Prevention)

“The **implant is a match-sized contraceptive** placed into the arm right under the skin by a medical professional. It is a progestin only method that is 99% effective in preventing pregnancy for up to 5 years. The implant is considered a long-acting method that can be removed at any time.” (Teaching Pregnancy Prevention)

“**Hormonal IUDs or Intrauterine Device** are progestin-only, T-shaped contraceptives placed in the uterus by a medical professional. There are several types available which are effective anywhere from 3-7 years. All IUDs are 99% effective in preventing pregnancy. IUDs are considered a long-acting methods that can be removed at any time.” (Teaching Pregnancy Prevention)

“The **copper IUD** is wrapped in a small amount of copper, which changes the way sperm cells move so they are not able to reach an egg. It contains no hormones, so it may work for someone who can’t or chooses not to take

	<p>hormones. It is 99% effective in preventing pregnancy immediately after being placed and remains effective for up to 12 years. The copper IUD is considered a long-acting method that can be removed at any time.” (Teaching Pregnancy Prevention)</p> <p>“Emergency contraceptives are safe and effective ways to prevent pregnancy after unprotected sex, if a contraceptive method has failed or if someone has been forced to have unprotected sex.” (Teaching Pregnancy Prevention)</p> <p>“Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.” (Teaching Pregnancy Prevention)</p> <p>“Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy.” (Teaching Pregnancy Prevention)</p> <p>“A person with a uterus is at risk of becoming pregnant anytime they have unprotected sex. They can get pregnant anytime ovulation has occurred. This rumor has existed for years, and many unplanned pregnancies are the result of people who believed this contraception myth. It doesn’t matter if they are having sex for the first time, they can still get pregnant.” (Teaching Pregnancy Prevention)</p> <p>“#GoodbyeStigma has lots of helpful information about abortion: myths, facts, stories and guidance on how stigma affects people’s experience of abortion: https://www.plannedparenthood.org/planned-parenthood-pacific-southwest/campaigns/goodbye-stigma” (Teaching Pregnancy, Childbirth, Adoption & Abortion)</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>No evidence found.</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to</i></p>	<p>“Sexual and reproductive health care is an important part of your mental, physical, and social well-being.” (How to Access Services and Youth Rights, Slide 3 Notes)</p>

question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.

“Everyone needs to know how to take care of their sexual health, regardless of their gender identity, their sexual orientation, or even whether they are having sex.” (How to Access Services and Youth Rights, Slide 3 Notes)

Sexual and Reproductive Health Services



(How to Access Services and Youth Rights, Slide 4)

“Taking care of your own sexual and reproductive health is important. To do that, you need to understand your rights. This course will explain your rights as a young person in California, including: **Your right to receive comprehensive, medically accurate, age-appropriate education if you attend public school.**” (How to Access Services and Youth Rights)

“Our identity is in the brain, it’s who we know ourselves to be and how we see ourselves, **this could be male, female, transgender, no gender, or a combination of genders.** Our expression is our outward projection to other, which could be feminine, masculine, androgynous.” (Gender Identity and Sexual Orientation)

“**Sexting:** If your partner sexts you and asks that you send sexts back, you should feel comfortable telling them your boundaries without them getting angry or threatening you.” (Healthy Relationships)

“Sex education has a long history of **not being inclusive of all identities,** sexual orientations, race and ethnicities, body sizes and abilities... We’re going to discuss inclusive sex education based off the work of Dr. Tracy Q. Gilbert and her work around **anti-racist sex education.** These pillars include de-centering whiteness and other majority groups as a norm, rejecting binaries, embracing many different learning styles, being trauma informed, and valuing participants’ experiences.” (Inclusive Sex Education)

14. UNDERMINES PARENTS OR PARENTAL RIGHTS

May instruct children they have rights to confidentiality and

“It is important that **young people understand their rights, which vary by state.** You can find your state’s policies on parental notification or consent to abortion here: <https://www.plannedparenthood.org/learn/teens/stds-birth-control-pregnancy/parental-consent-and-notification-laws>” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

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.

“It is important to note that **laws vary by state in terms of youth ability to consent to sexual health services and the involvement of parents** and guardians for information pertaining to your state.” (How to Access Services and Youth Rights)

“Health center staff can talk **about confidential funding programs if you can’t use your parent’s insurance.**” (How to Access Services and Youth Rights, Slide 7)

“**If you want your services to stay confidential from parents** or guardians, let the receptionist know you want confidential services.” (How to Access Services and Youth Rights, Slide 10 Notes)

“You have rights:

- To receive comprehensive, medically accurate, age-appropriate education in your school
- To confidentially about certain health information
- To consent to certain medical services **without parental permission**
- To leave school to access confidential medical care during school hours” (How to Access Services and Youth Rights, California PowerPoint Slide 2)

“In California, you also have **privacy rights** even if you are under age 18. This means that if you share certain information with a teacher, school administrator or medical provider, they cannot share that information with other people. For example, certain health information cannot be shared among school staff without your permission. Confidential information includes HIV status, a pregnancy reported to a school nurse or counselor, and a student’s gender identity, gender expression, and sexual orientation. **School staff cannot share that information with each other or your parents or guardians unless you give them permission.**” (How to Access Services and Youth Rights, California PowerPoint Slide 5 Notes)

“In California, you have a right to ask for and receive certain **confidential medical services without your parents’ permission.**” (How to Access Services and Youth Rights, California PowerPoint Slide 6 Notes)

“California law allows anyone under 18 to ask for and receive pregnancy testing and contraception, including condoms, **without parental consent or notification.** They can also consent to medical care related to pregnancy like pre-natal care and abortion.” (How to Access Services and Youth Rights, California PowerPoint Slide 6 Notes)

“**If confidentiality is a concern for you,** make sure you ask them whether you will receive mail, phone calls or bills from them before you go in for care.” (How to Access Services and Youth Rights, California PowerPoint Slide 6 Notes)

“You also have a right to access **confidential medical care during school hours.**” (How to Access Services and Youth Rights, California PowerPoint Slide 7)

15. REFERS CHILDREN TO HARMFUL RESOURCES

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.InvestigateIPPF.org)

“In other states, here are helpful links to **understand laws and youth rights** in your state:

- To understand what services minors can consent to: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law#>
- To understand what’s required in sex education in your state: <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>
- To understand confidentiality for insured dependents: <https://www.guttmacher.org/state-policy/explore/protecting-confidentiality-individuals-insured-dependents>
- To understand parental involvement in abortion access: <https://www.plannedparenthood.org/learn/teens/stds-birth-control-pregnancy/parental-consent-and-notification-laws>” (How to Access Services and Youth Rights)

“**Healthy Teen Network** offers a short e-learning on privacy and confidentiality: <https://www.healthyteennetwork.org/resources/privacy-confidentiality-adolescents-srh/>” (How to Access Services and Youth Rights)

“**HRC Welcoming Schools** has LGBTQ and gender inclusive lesson plans aligned with the Common Core Standards and are easily integrated into Social Emotional Learning (SEL) and anti-bullying programs. <https://www.welcomingschools.org/resources/lesson-plans/>” (Gender Identity and Sexual Orientation)

“**GLSEN** has free lesson plans on a variety of topics and for many ages: <https://www.glsen.org/activity-list?program=All&type=92&topic=All&issue=All&grade=All>” (Gender Identity and Sexual Orientation)

“**Learning for Justice** (formerly Teaching Tolerance) offers a selection of lesson plans on exploring identity, many of which cover gender and sexual orientation: https://www.learningforjustice.org/search?f%5B0%5D=facet_sitewide_social_justice_domain%3A39&f%5B1%5D=facet_sitewide_topic%3A6” (Gender Identity and Sexual Orientation)

“Sexual Orientation

- What is sexual orientation? <https://youtu.be/wrUYs2FnrgA>
- Talking Sexual Orientation with Jane <https://youtu.be/P5x5Fo7rMVY>
- Coming Out LGBTQ+ <https://youtu.be/7YXcg8HJs18>
- How to be a LGBTQIA Ally <https://youtu.be/xS5FMerj0SE>” (Gender Identity and Sexual Orientation)

“Gender Identity

- Gender identity: Being male, female, transgender or fluid <https://youtu.be/W9YwOE8ndnc>
- Gender roles and stereotypes <https://youtu.be/Ulh0DnFUGsk>
- Expressing myself. My way. <https://youtu.be/ITRdvGnpILU>

- Sex assigned at birth and gender identity: What’s the difference? <https://youtu.be/Y19kYh6k7ls>” (Gender Identity and Sexual Orientation)

“**Consent Explained:** What is it? <https://youtu.be/5vmsfhw-czA>” (Healthy Relationships)

“**Saying Yes or No:** What is consent? https://youtu.be/4z9_L9FXA3o” (Healthy Relationships)

“For sexual orientation and gender identity:

- **SparkED** has a short course for educators (\$200) on LGBTQ+ Inclusive and Affirming Sex Education: <https://sparked.net/courses/lgbtq-affirming-and-inclusive-sex-education/>
- **Gay Lesbian and Straight Education Network (GLSEN)** offers an education guide with the main components of gender and a pronoun guide: [Gender Triangle Education Guide](#), [Pronoun Guide](#)
- **Human Rights Campaign** has a collaborative call to action that highlights the importance of inclusive sex education: [A Call to Action: LGBTQ Youth Need Inclusive Sex Education](#)” (Inclusive Sex Education)

Great Expectations (early pregnancy symptoms): <https://3rs.org/wp-content/uploads/2018/10/7-Lesson-4-3Rs-GreatExpectations-EarlySymptoms-PPT.zip>” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“**Reproduction Basics:** <https://3rs.org/wp-content/uploads/2018/10/7-Lesson-3-3Rs-ReproductionBasics-FertilityMenstrualCycle-PPT-1-1.zip>” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“**Wanted: Qualified Parent** (decision-making about what it takes to be a good parent): <https://3rs.org/wp-content/uploads/3rscurric/documents/11-Lesson-4-3Rs-WantedQualifiedParent.pdf>” (Teaching Pregnancy, Childbirth, Adoption & Abortion)

“**AMAZE provides fantastic short, animated videos.** Here are some pre-selected videos:

- Contraceptives Got Talent: The Pill, The Shot and IUD (<https://amaze.org/video/contraceptive-got-talent/>)
- STD Testing: Planned Parenthood’s Roo Chatbot Answers Your Questions (<https://amaze.org/video/std-testing-planned-parenthood-roo/>)
- STI and STD Stigma (<https://amaze.org/video/std-sti-stigma/>)
- What are STDs? #FactCheck (<https://amaze.org/africa/video/what-are-stds-factcheck-2/>)
- STD Prevention Beyond Condoms (<https://amaze.org/video/std-prevention-beyond-condoms/>)” (Teaching Sexually Transmitted Infections, Good Supplemental Videos)