

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of

### ***Teaching Safer Sex, Abridged Edition***

**Based on 15 Harmful Elements Commonly Included in CSE Materials**

#### **CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15**

***Teaching Safer Sex, Abridged Edition* 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 program is very up front about using a sex-positive approach to teaching young people. Students learn how to make sex pleasurable while also protecting against STI transmission and pregnancy. Extensive information on condoms is given. The program normalizes a range of sexual orientations and gender identities. It also has chapters dedicated to so-called “safe anal sex” and masturbation.

**Target Age Group:** Youth

**Planned Parenthood Connections:** This program is published by The Center for Sex Education, the educational arm of Planned Parenthood of Northern, Central and Southern New Jersey.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b>  <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>“Sex involves more than sexual intercourse. Acknowledging this concept reminds participants that not only are there <b>many ways to be sexual with a partner</b> besides vaginal, oral and anal intercourse, but also that most of these other behaviors are safer and healthier than sexual intercourse.” (p. 12)</p> <p>“The term <i>sexual health</i> can be interpreted in a variety of ways, and it is important to clarify the definition and determine how sexual health can be achieved on an individual basis. This lesson will <b>allow participants to define sexual health</b>, recognize its characteristics, and understand ways to improve and protect their sexual health.” (p. 19)</p> <p>“Divide participants into groups of two or three. In their groups, ask participants to spend a few minutes <b>writing down as many words as possible</b> that come to</p>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

mind when they hear the term *sexual health*.” (p. 20)

“Explain that this is a working definition from The World Health Organization (WHO). ‘Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. **Sexual health requires a positive and respectful approach to sexuality and sexual relationships**, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.’” (pp. 20-21)

“What steps can a person take to develop **positive and respectful attitudes about their sexuality** and sexual relationships?” (p. 24)

“Divide participants into small groups and distribute markers and a sheet of flip chart paper with the MASTURBATION heading to each small group. Invite participants to **write down as many words as they can think of that mean the same thing as masturbation**. Tell them to include words young children use, words adults use, slang words, etc.” (p. 26)

“Why do you think there are so many words for masturbation? ...Which words can apply to all genders? Which words describe mainly male masturbation? Mainly female masturbation? Why do you think there are **so few words describing female masturbation** on these lists?” (p. 27)

STI Bingo question: “Behaviors such as having sex without protection, sharing needles, **having multiple sex partners**, and having sex with someone who has an STI are considered to be at this level of risk for STI transmission. **High Risk**” (p. 43)

STI Bingo question: “Behaviors such as **having sex while using condoms** or using dental dams are considered to be at this level of risk for STI transmission. **Low Risk**” (p. 43)

STI Bingo question: “Behaviors such as body massage, sharing silverware, **showering together**, and abstinence are considered to be at this level of risk for STI transmission. **No Risk**” (p. 43)

“Many people are uncomfortable talking about explicit sexual behaviors, and this discourages learning that is necessary for prevention. The risk continuum strategy used in this lesson **helps participants overcome discomfort with sexual words**, evaluate the relative risks of various behaviors, and compare modes of transmission.” (p. 45)

**Note:** *Activities like this serve to break down inherent standards of modesty and*

*desensitize students to sexual things.*

Students decide in small groups **where each of the following behaviors belongs on a risk continuum** regarding the transmission of STIs.

- **Anal intercourse** with a latex condom
- Oral sex on a vulva using a dental dam
- **Sexual fantasies**
- Anal intercourse without a latex condom
- Oral sex on a vulva without protection
- **Oral sex** on a penis with a latex condom
- Dry kissing
- Oral sex on a penis without a latex condom
- Solo masturbation
- 'Fingering' a vulva
- '**Hand job**' on a penis
- Taking showers together
- Flirting
- **Having 'dry sex'**
- Touching a breast
- French/tongue kissing
- Holding hands
- Vaginal intercourse with a latex condom
- Getting drunk/high with your sexual partner
- Vaginal intercourse without a latex condom
- Waiting to have intercourse
- Wet kissing (pp. 46, 49-53)

**"No Risk Sexual Behaviors:**

- Sexual activities when both partners are monogamous, can trust each other, and have tested negative for HIV
- Sexual fantasies
- Massage
- Hugging
- Body rubbing
- Dry kissing
- **Masturbation** by oneself
- Talking sexy
- Watching sexy movies or pictures
- Chatting online about something sexual
- Showering together
- **Sexy touch** of non-genital body parts" (p. 53)

**"Low Risk Sexual Behaviors:**

- Sexual activities when **both partners are monogamous** and can trust

each other, but have not been tested

- Wet kissing
- Hand-to-genital touching
- Vaginal intercourse with a condom and lubrication
- **Anal intercourse with a condom** and lubrication
- Oral sex on a penis with a condom
- Oral sex on a vulva with a latex or plastic barrier” (p. 53)

**“High Risk Sexual Behaviors:**

- Any sexual contact with blood
- Vaginal intercourse without a condom
- Anal intercourse without a condom
- Oral sex on a vulva without a latex or plastic barrier
- Oral sex on a penis without a condom, especially if semen gets in the mouth
- **Oral-anal contact**
- Any sexual contact that causes tissue damage or bleeding
- Sharing sex toys” (p. 53)

“Write the following on the board or flip chart paper: Four-Letter Words that End in ‘K’ and Have to Do with Sex. Ask participants to think of as many words that fit that topic, noting that they are allowed to use slang language during this activity. If a participant suggests *talk* as one of the words, explain that that was great and not many people think of that one. If participants do not list *talk* as one of the words, explain that there is one word missing from the list and write **TALK** on the board or flip chart paper.” (p. 78)

**Note:** *This irresponsible activity sets the stage for students to list and discuss some extremely vulgar words.*

**“Discussion Questions:**

- a. What does talking have to do with sex? What might people want to **discuss regarding sex?**
- b. Why is it important for people in relationships to **talk about sexual behaviors** and decisions?
- c. Why is it sometimes difficult for a person to talk with a partner about these topics?” (p. 78)

“Note that talking about sex allows people to discuss whether or not they want to have sex, what their limits and boundaries are, if they want to use protection, **what they like sexually and what their sexual history is.**” (p. 78)

“Tape about 10 pieces of flip chart paper around the room. Ask participants to think of ‘pressure lines’ that someone might use in an attempt to **convince their**

	<p><b>partner to have sex without using protection.”</b> (p. 79)</p> <p>“Explain that participants will now have a chance to generate assertive responses to the ... pressure lines. Divide participants into small groups of about four people. Distribute a marker to each group and ask them to stand up and go around to each piece of flip chart paper and <b>write as many assertive responses they can think of to the pressure line</b> on the flip chart paper. After about five minutes, ask for volunteers to read each list aloud.” (p. 80)</p> <p>Say What? Handout: “Read the scenario below and <b>create a conversation between the two characters</b>. Use assertive communication in your conversation.</p> <p><i>Person 1 and Person 2 have been going out for a while and have had unprotected sex a few times. Person 1 has a friend who just found out they have herpes and now Person 1 is concerned about contracting a sexually transmitted infection too, in addition to getting pregnant. Person 1 wants to start using protection now, but Person 2 doesn’t want to.”</i> (p. 84)</p> <p>Groups of students develop conversations responding to the Say What? Handout prompt with the following first lines given as a conversation starter:</p> <ul style="list-style-type: none"> <li>• “I know we did it without a condom last time, but I think it’s important for us to start using them now.</li> <li>• We’ve <b>both had sex with other people</b> before. I’m freaked out about getting an STI.</li> <li>• We need to start using protection. Aren’t you afraid of STIs?</li> <li>• What’s the big deal? We’ve had sex without using protection before. What’s gotten into you now?</li> <li>• You know I’m clean and I know you’re clean. So there’s nothing to worry about.</li> <li>• <b>I’m so hot and it feels better without protection</b>. Let’s just do it.” (pp. 84, 86, 88, 90, 92, 94)</li> </ul> <p>“Your friend is <b>having sex with a lot of partners</b>. If a partner doesn’t want to use condoms, your friend doesn’t push it. You:</p> <ol style="list-style-type: none"> <li>1. Tell your friend’s partners about these promiscuous behaviors.</li> <li>2. Explain to your friend the risks involved with this kind of behavior.</li> <li>3. Give your friend some pamphlets about STIs and hope your friend will read them.</li> <li>4. Do something else.” (p. 132)</li> </ol>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></p> <p><i>May teach children how to negotiate sexual encounters or</i></p>	<p>“All sex education must be <b>rooted in the concept of consent</b>. Consent is a bedrock in all relationships, especially romantic and sexual relationships. The assumption of consent is woven into all quality sex education and it should also be <b>taught deliberately and directly</b>.” (pp. 11-12)</p>

<p><i>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></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“By the end of this lesson, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of passive, aggressive and assertive communication styles.</li> <li>• Increase their comfort in talking about safer sex with a partner.</li> <li>• <b>Practice negotiating skills for safer sex.</b>” (p. 77)</li> </ul> <p>“People may receive factual information about the proper use of safer sex methods such as condoms and dental dams. However, skills development is necessary to <b>negotiate using such safer sex methods.</b>” (p. 77)</p> <p>“Research indicates that pregnancy and sexually transmitted infection prevention programs that include skills development, <b>including condom negotiation skills</b>, have strong impact on teenagers’ intention to use condoms. This lesson will provide participants with an opportunity to <b>develop comfort and skills around communicating assertively</b> about safer sex.” (p. 77)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“After participating in these lessons, participants will be able to: ...Describe the possible consequences of sexual intimacy, particularly when it involves <b>vaginal, oral or anal intercourse</b>, and describe the actions one can take to reduce the risk of unwanted consequences.” (p. 13)</p> <p>STI Bingo question: “This latex barrier is placed over the vulva or anus to provide some protection against STIs <b>when engaging in oral sex</b>. Dental Dam” (p. 41)</p> <p>“<b>Low Risk Sexual Behaviors:</b></p> <ul style="list-style-type: none"> <li>• <b>Anal intercourse</b> with a condom and lubrication</li> <li>• <b>Oral sex</b> on a penis with a condom</li> <li>• <b>Oral sex</b> on a vulva with a latex or plastic barrier” (p. 53)</li> </ul> <p>“Today we will be talking about condoms for protection <b>during vaginal, oral and anal intercourse.</b>” (p. 61)</p> <p>Discussion question regarding condom use: “What differences would there be, if any, in the steps if intercourse...</p> <ul style="list-style-type: none"> <li>• includes oral sex with a penis?</li> <li>• includes oral sex with a vulva?</li> <li>• <b>includes oral sex on the anus?</b>” (p. 62)</li> </ul> <p>“Note that latex squares (‘dental dams’) are available for <b>oral sex on the vulva or on the anus.</b>” (p. 62)</p> <p>“By the end of this lesson, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Distinguish between facts and myths about anal sex.</li> <li>2. Recognize the basic parts of anal and rectal anatomy.</li> <li>3. Identify safer sex precautions that one might follow <b>when engaging in</b></li> </ol>

**anal sex behaviors.” (p. 113)**

“...[D]ue to the stigma associated with the anus and anal sex, as well as a lack of educational materials, many people do not know how to **incorporate safer sex practices into anal sex**. The result may be risky sexual decisions leading to trauma and/or infections. Since anal sex carries more health risks than other forms of intercourse, it is important that sexual health educators teach individuals about **risk-reduction** measures.” (p. 113)

“Ask participants why they think it is important to **practice safer sex during anal sex**. After a few volunteers share their thoughts, note that safer sex can help prevent the transmission of sexually transmitted infections. Explain that **if a person is engaging in anal sex**, using a condom every single time is important for their safety and health.” (pp. 116-117)

“Invite participants to **call out types of condoms that can be used** [for anal sex]. Be sure to clarify only latex, polyisoprene (synthetic latex) and polyurethane condoms have been shown to prevent transmission of infections. The internal condom is made of polyurethane as are select brands of external condoms. Show some examples of condoms. Note that **latex gloves may be used for protection when fingers penetrate the anus**, and that non-latex gloves (e.g., nitrile gloves) are available for people with latex allergies.” (p. 117)

**Note:** *The internal condom is not FDA approved for anal sex. Only one brand of external condom is approved for anal sex, a fact that is not mentioned in this lesson.*

“Explain that lubrication is also an **important part of safer anal sex**. Since neither the rectum nor the anus makes its own lubrication, friction can occur, weakening both the skin and the condom. Since the rectal tissue is thinner than the tissue found in the mouth or vagina, it is more likely to tear with friction. **This is why lubrication is essential when engaging in anal sex**. Note that research suggests *silicone-based* lubricants are the safest type of lubricant to use during anal sex because they do not irritate [sic] the delicate rectal tissue. Hold up some examples of silicone-based lubricants.” (p. 117)

Students discuss the following **eight myths about anal sex**:

1. Engaging in anal sex will cause people to lose control of their bowels.
2. The rectum is an exit only.
3. Anal sex will cause the anus to stretch out or develop hemorrhoids.
4. Anal sex is painful for the receiver.
5. Only gay men engage in anal sex.
6. Having anal sex always leads to HIV or other sexually transmitted infections (STIs).
7. Having anal sex keeps one’s virginity.

<p><b>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</b></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>8. Anal sex should be a surprise. (pp. 118-123)</p> <p>“Distribute one or two of the Educator Resource: Sexual Partners Cards to each group. Instruct the groups to decide where they would ‘draw the line’ in terms of the sexual behavior practices a person should require with each partner and put the card on the appropriate place on the risk continuum...</p> <ul style="list-style-type: none"> <li>• Female, has had sex with males</li> <li>• Female, has <b>had sex with other females</b></li> <li>• Female, has had sex with partners of all genders...</li> <li>• Has not had sex</li> <li>• Male, has had sex with partners of all genders</li> <li>• Male, has <b>had sex with other males</b>” (pp. 47, 54-55)</li> </ul> <p>Needed lesson material: “Pictures from magazines of couples who seem to be having an intimate conversation. Be sure to include varied ethnic and age groups as well as <b>some same-gender couples.</b>” (p. 60)</p> <p>Discussion question regarding condom use: “What differences would there be, if any, in the steps if intercourse...</p> <ul style="list-style-type: none"> <li>• involves <b>two penises?</b></li> <li>• involves <b>two vaginas?</b>” (p. 62)</li> </ul>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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>“A positive approach to sex education is the best approach. This means moving beyond talking about the dangers of sex and <b>acknowledging in a balanced way the pleasures of sex.</b> It means associating things open, playful and humorous with sexuality, not just things that are grave and serious. It means offering a model of <b>what it is to be sexually healthy</b> rather than focusing on what is sexually unhealthy.” (p. 11)</p> <p>“How might a person have ‘<b>pleasurable and safe sexual experiences</b>’ that are ‘free of coercion, discrimination and violence?’” (p. 21)</p> <p>“For people of all ages, <b>masturbation can be a pleasurable activity</b> whether or not it causes a person to reach the <b>stage of arousal called <i>orgasm</i></b>, with its peak in blood pressure, breathing and heart rate, and rhythmic muscular contractions.” (p. 33)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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</i></p>	<p>“By the end of the lesson, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify basic facts and common myths about masturbation.</li> <li>2. Examine common attitudes and their own feelings about masturbation.</li> <li>3. Explain <b>why masturbation is a healthy and safe form of sexual expression</b>, and a readily available and reliable part of a person’s strategy for avoiding both sexually transmitted infections (STIs) and pregnancy.” (p. 25)</li> </ol> <p>“No teaching about ‘safer sex’ is truly complete without including a discussion of</p>



*addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*

**masturbation as a safe method of protection from STIs**, as well as from pregnancy.” (p. 25)

“In a world of myths and misinformation, it is important for everyone to **develop positive attitudes** about a behavior in which most will engage at some point in their lives. This lesson will help participants examine common attitudes and beliefs about masturbation in a nonthreatening, nonjudgmental manner. It also allows them the opportunity to consider, perhaps for the first time, **just how valuable masturbation can be** as a safe form of sexual expression and pleasure.” (pp. 25-26)

“Ask the group if they have ever heard myths about masturbation... Say that today’s lesson will focus on learning the facts about masturbation, **including its usefulness as a safe sex practice.**” (p. 26)

“Note that researchers have actually found **many words for female masturbation**. Give a few examples that are appropriate for your group, e.g., *jill off; romance the rose; a little southern comfort*. Other languages have many words for masturbation, including different words for male and female masturbation. For example, one Japanese word for male masturbation, *senzuri*, means ‘one thousand strokes.’ And one word for female masturbation, *manzuri*, means ‘ten thousand strokes.’ Ask what the difference between those two definitions suggests.” (p. 27)

“Acknowledge that slang language about masturbation is quite binary, prioritizes males, and does not recognize that this is a behavior **available to people of all genders.**” (p. 27)

“Sample definition: ‘Masturbation involves **touching, rubbing or stroking one’s own body for sexual pleasure**. It could involve stimulation of the penis, clitoris, labia, vagina or breasts.’ Note: Be prepared to **discuss mutual masturbation** (partners stimulating each other or stimulating themselves in the presence of each other).” (p. 28)

“Hold up the boxes of graham crackers and corn flakes, and ask participants to guess **what these products might have to do with masturbation**. Listen to a few responses. Tell participants that these products were invented by Reverend Sylvester *Graham* and Dr. John Harvey *Kellogg*, respected U.S. authorities of the early and mid-1800s. They believed that masturbation caused health problems because a person’s body lost some of its fluid. The plain taste of corn flakes and graham crackers (made without sugar or cinnamon in those days) was supposed to **prevent the urge to masturbate**. So there’s another myth!” (p. 28)

“Directions: Mark each statement T for true or F for false.

1. Many infants and young children discover that touching their genitals

feels good.

2. Many people report masturbating during adolescence.
3. Masturbation can **help people learn about their own bodies**.
4. Masturbation usually involves deep vaginal penetration.
5. Masturbation always leads to orgasm.
6. Masturbation can make someone run out of sperm.
7. Masturbation may be an **important part of a couple's sexual relationship**.
8. Many married people masturbate.
9. Masturbation occurs in societies throughout the world.
10. Some families and religions oppose masturbation.
11. In the United States, education about masturbation can be controversial.
12. Too much masturbation can cause health problems.
13. Masturbation is an **example of safe sex**." (p. 31)

**Note:** *Students are asked to complete the above activity and discuss masturbation in pairs.*

"Masturbation can **help people learn how they like (and do not like) to be touched**, how physical and emotional feelings are connected, and how they can reduce tension and stress. It can help people feel more confident with their bodies and less anxious during sexual interactions." (p. 32)

"People report many different ways to masturbate. While some prefer vaginal penetration during masturbation, it rarely resembles vaginal intercourse. **Most masturbate by gently stroking the clitoris** (the only body part whose sole purpose is sexual pleasure), the labia, vagina and/or the breasts, or by **stroking the shaft of the penis**." (pp. 32-33)

"Masturbation can **play a positive role in a relationship** when partners' orgasms occur at different times in a sexual experience. When couples have discussed masturbation, this communication can reduce the pressure one partner may feel about the need to provide satisfaction for the other partner. Couples might also **choose mutual masturbation**." (p. 33)

"Many married people, people who live with their partners, and **other people who have regular sexual partners masturbate**, as do people without sexual partners and/or who live alone... Researchers conclude that married people are not masturbating to make up for frustrations in their relationships, but as an additional means of enjoying their sexuality." (pp. 33-34)

"Frequent masturbation does not cause health problems... To the contrary, research indicates that there **may be many health benefits to masturbation**, such as:

- Reducing stress and tension
- Avoiding sexually transmitted infections and unplanned pregnancy

	<ul style="list-style-type: none"> <li>• Relieving menstrual tension and cramps</li> <li>• Making blood and hormones pump through the body faster, which helps the body produce cells better</li> <li>• Helping prevent disease by increasing the flow of white blood cells and building up resistance to infections</li> <li>• Strengthening muscles in the pelvic and anal areas</li> <li>• Helping prevent breast cancer, prostate cancer and other prostate problems</li> <li>• Strengthening the circulatory system” (pp. 35-36)</li> </ul> <p><b>Note:</b> <i>There are no peer-reviewed studies that conclusively prove a link between masturbation and prevention of breast or prostate cancer. To suggest otherwise is grossly deceptive.</i></p> <p>“Masturbation is an example of safe sex. True. Masturbation has been described as <b>‘having sex with the only person whose sexual history you can trust completely.’</b> People cannot give or get a sexual infection or get pregnant just by masturbating, nor must they deal with another person’s feelings, physical condition, timing, behaviors, etc. When a person chooses to masturbate instead of seeking an unknown partner, or one unwilling to use protection for sexual intercourse, or when <b>a couple chooses to masturbate together</b> if an infection is suspected, and/or they have no barrier protection available, they are choosing to <b>enjoy sexual pleasure safely.</b>” (p. 36)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><i>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.</i></p>	<p>“By the end of this lesson, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify factors that influence effective condom usage.</li> <li>2. <b>Describe the steps of correct condom use.</b></li> <li>3. Demonstrate increased comfort with initiating conversation about safer sex and condom use.” (p. 59)</li> </ol> <p>“The active involvement of participants in this lesson is designed to relieve their anxiety about using condoms by <b>increasing their confidence in condoms</b> as a reliable form of contraception and protection against sexually transmitted infections.” (p. 59)</p> <p>“The primary purpose of the ‘line-up’ activity is to <b>help participants feel comfortable talking about safer sex.</b> Try to avoid getting bogged down in sequence precision. Indeed, other sequences might be successfully argued, as various steps might happen at multiple times. The point is not so much precision, nor to leave participants feeling encumbered that there are <i>so many</i> steps to remember, but that they <b>emerge with strengthened confidence</b> to talk with a partner and use this easy-to-follow method.” (p. 59)</p> <p>“Materials: <b>Condoms</b>, external and internal; <b>Samples of</b> silicone- and water-based <b>lubricants</b>” (p. 60)</p>

“Write the following heading on the board or flip chart paper: **REASONS PEOPLE CHOOSE CONDOMS**. Brainstorm a list of ideas, making sure to include concepts such as ‘easy to find,’ ‘not expensive,’ ‘no dangerous side effects,’ and ‘good protection against STIs and pregnancy if used consistently and correctly.’” (p. 61)

“Shuffle ‘condom cards’ so they are not in the proper order and distribute to participants... Explain that the cards, when put in the correct order, **show the steps for how to use condoms correctly**. Instruct participants to hold the cards and line themselves up shoulder to shoulder with each other, in the correct order, from left to right.” Condom Line-Up Cards include the following:

1. Decide to have sexual intercourse
2. Talk about safer sex
3. Buy/get condoms
4. Check expiration date
5. **Arousal** (getting turned on)
6. **Erection**
7. Open package carefully
8. Inspect condom
9. Place drop of lube on inside tip of condom
10. Hold condom at tip to leave space at end
11. **Put condom on tip of erect penis**
12. Roll condom down to base of penis
13. Smooth out air bubbles
14. Intercourse (vaginal, anal or oral)
15. Ejaculation
16. **Before losing erection**, hold condom at base of penis and pull out
17. Take off condom
18. Throw condom away
19. **Enjoy the good feelings**
20. Repeat as necessary” (pp. 60-61)

“Note also that during vaginal intercourse, some couples might **choose to use an internal condom** instead of an external condom, though the two should not be used at the same time due to excessive friction that can cause breakage. **Demonstrate how the internal condom works.** (The instructions are included in the package.)” (pp. 62-63)

“Tell the group that for many people, starting to talk with a partner about using condoms can be the most difficult part. Ask participants to find another person to work with, and give each pair a card with a magazine picture of a couple. Explain that they will have five minutes to write the first two lines of an ‘opening conversation’ this couple could use to **begin talking about safer sex or about using a condom**... When the pairs of participants are ready, have them stand, one pair at a time, holding up their card. Ask them to **say to each other** the

dialogue they have written.” (p. 63)

“Discuss the following questions, assigning one person to be in charge of recording responses for the group.

1. What is missing from this lineup **before any sexual activity begins?** Consent! People need to agree to any sexual activity in which they engage. Partners can check in with each other to make sure they still give their consent throughout the sexual encounter.
2. When should the expiration date be checked? When the condoms are bought and, if the condom is not new, check it again before having intercourse.
3. *Erection* is on the list. What does that mean? What’s missing? Erection includes both penile and clitoral erection. Vaginal lubrication (or wetness) is **also a sign of arousal** that helps a person avoid feeling pain or discomfort during vaginal intercourse...
4. Why should you open the package carefully? So you won’t tear the condom.
5. How do you ‘inspect’ the condom, and what should you look for? Do not unroll the condom before putting it on the penis. Look at the rolled condom for obvious tears. If the condom sticks to itself, looks dry or cracked, then don’t use it.
6. Why should a drop of lube be placed on the inside tip? To **make the penis feel more sensitive**. Remember not to use too much lubricant or the condom may slip off the penis, and remember not to use oil-based lubricants, which will damage the condom...
7. Why should space be left at the end? To catch the semen (or ‘cum’). If no space is left, the semen may leak out of the base or the condom may break.
8. What do you need to do if the condom is put on the tip of the penis inside out by mistake? Throw it away because some semen may have gotten on the tip. If the semen contains something infectious, the condom would be exposed to it.
9. What is different if the penis is uncircumcised (i.e., if there is foreskin)? Be sure the foreskin is pulled back before putting the condom on...
10. Why should any air bubbles be smoothed out once the condom is on? So that it is less likely to break.
11. ‘Enjoy the good feelings’ is one of the steps. Why is pleasure important? **Pleasure is a main reason people decide to have sex!** It’s important to remember orgasm for both partners. Although the penis should be withdrawn soon after ejaculation, the other partner’s **genitals could be stimulated by fingers, mouth, etc. until they feel satisfied**.
12. Why should you hold onto the condom at the base of the penis and withdraw before the erection is lost? To prevent the condom from slipping and semen spilling anywhere near the vagina, mouth or anus.
13. How might using condoms be different if a person were drunk or high? Difficult to remember or coordinate the steps. Having intercourse in the dark might also make it difficult to follow the steps.” (pp. 64-68)

**“Profile of a Successful Condom User:** A successful condom user is likely one who...

- Feels positive about their own sexuality.
- Has decided to have sexual intercourse and feels good about that decision.
- Knows and believes that condoms are highly effective in preventing sexually transmitted infections and pregnancy, when used correctly and consistently.
- Does not want a pregnancy at this time of life.
- Is able to **communicate with a partner about using condoms.**
- Feels comfortable purchasing or getting condoms.
- Knows of the wide variety of condom types; if one isn't ‘right,’ they will try another.
- Knows the steps to successful condom use and **has practiced on themselves or on a penis model.**
- Has a cooperative partner.
- Knows there are many ways **condoms can improve sex.**
- Expresses thanks and affection to a cooperative partner after intercourse.” (p. 75)

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

1. Describe common feelings and attitudes about the meaning of using a condom.
2. Identify the most recent data regarding the effectiveness of condoms.
3. **Evaluate a variety of brands and types of condoms and personal lubricants.**
4. Recognize a variety of locations to find condoms and personal lubricants.” (p. 97)

**Note:** *Condoms are promoted as being “up to 98% effective in preventing pregnancy when used correctly and consistently” and “highly effective in reducing the risk of sexually transmitted infections (STIs).” Condom failure rates are not discussed in this section. (p. 102)*

“Participants **examine and evaluate a variety of brands of condoms and personal lubricants**; overcome the common aversion to touching condoms; learn there are many different types of condoms and lubricants (if one is not satisfactory, try another); and become confident as consumers should they ever decide to use condoms for protection against infection and unplanned pregnancy.” (p. 97)

“Hold up the box and tell participants it contains a really great and thoughtful gift a person can give a sexual partner. Open and show the condom. **Ask why a condom is a great gift.**” (p. 98)

“Note that some people exaggerate the failure rate of condoms in the hope that

they will persuade young people to abstain from intercourse... Explain that **condoms are highly effective** in preventing pregnancy and sexually transmitted infections when used *consistently and correctly* for *every* act of intercourse.” (pp. 99-100)

“Note that it is important for people of all ages to know that condoms are highly effective in reducing the risk of both STIs and pregnancy. It is also important to know that everyone can **benefit from lubricants to increase sexual pleasure** and decrease friction, which may be painful and/or irritating.” (p. 100)

“Say that to be sure everyone is familiar with the wide variety of condoms and lubes available, they’re going to have a chance to evaluate some of those products. **Give each group a selection of external condoms**, an internal condom and a selection of personal lubricants to evaluate.” (p. 100)

“There are many claims and counterclaims about the effectiveness of condoms. **Decide if you think each statement is true or false** and write T (True) or F (False) in front of each statement.

1. Latex condoms are up to 98% effective in preventing pregnancy when used correctly and consistently.
2. When used consistently and correctly, latex condoms are highly effective in reducing the risk of sexually transmitted infections (STIs).
3. ‘Consistent’ condom use means using a new condom every time.
4. If condoms do slip or break, it is usually due to the condom being used incorrectly, rather than the quality of condom itself.
5. Reasons why condoms might slip or break include fingernail tears, keeping them in hot places, using oil-based lubricants, and not withdrawing the penis right after ejaculation.
6. Lubricants (lubes) that are **silicone-based, water-based** or **hybrid** (containing both silicone and water) do not damage latex condoms, but oil-based lubricants such as hand lotions and petroleum jelly do.
7. Using spermicides with condoms is not recommended for preventing STIs.
8. Studies have shown that when condoms are available at schools, **teen sexual activity does not increase**. However, condom use does increase among teens who are already sexually active...” (pp. 102-103)

“When condoms don’t work, it is usually because of some problem involving people, not the condom itself. Below are common ‘people problems.’ **Propose a solution for each one.**

1. A person finds it hard to talk with a partner about using condoms.
2. A person is **ready for intercourse**, but doesn’t have a condom.
3. A person is ready for intercourse, has a condom, but NEVER used one before.
4. A person **finds it difficult to have to stop** and open the condom package.

5. A person uses an oil-based lubricant on the condom.
6. A person uses their teeth to open the condom.
7. A person has a condom, but is too drunk to use it.
8. A person tries to put the condom on, but **the penis goes limp**.
9. A person takes the condom off, but there is nowhere to put the messy thing!
10. A person wants to use a condom, but it doesn't fit right.
11. A person uses condoms, but only sometimes.
12. Other?" (pp. 104-105)

Choosing Condoms, Choosing Lubes Handout: "By yourself, **check all descriptions that apply to the condom packaging, wrapping and features**, or to the lube packaging, ingredients and features. When finished, discuss your findings with your group.

### **Condoms**

#### Material:

- ☐ Latex
- ☐ Polyisoprene
- ☐ Polyurethane

#### Packaging/Wrapping:

- ☐ **Appealing to people of all genders and sexual orientations**
- ☐ Appealing to a specific gender or orientation: \_\_\_\_\_
- ☐ Appealing to adults
- ☐ Appealing to young people
- ☐ Difficult to open
- ☐ Difficult-to-read expiration date
- ☐ Easy to open
- ☐ Easy-to-read expiration date
- ☐ Embarrassing
- ☐ Eye-catching
- ☐ See-through

#### Features:

- ☐ **Colored**
- ☐ Contour fit
- ☐ Extra-thick
- ☐ Extra-thin
- ☐ Extra-lubricated
- ☐ Extra-sensitive
- ☐ **Flavored**
- ☐ Larger tip
- ☐ Larger-fitting
- ☐ Lubricated with: \_\_\_\_\_
- ☐ Odorless
- ☐ Non-lubricated



- ☐ Ribbed
- ☐ Snugger-fitting
- ☐ Studded
- ☐ Tipped
- ☐ Twisted tip
- ☐ Unique shape
- ☐ **Vibrating ring**

Other Comments About This Condom:

Overall Rating of This Condom: (Great, So-So, Terrible)" (pp. 106-107)

**Note:** *Students also evaluate lubricants using a similar checklist.*

#### **"Getting Condoms**

- Anyone, no matter what age, has a **legal right to buy condoms** at any drug store or clinic.
- Check the expiration date on the package so the condoms will keep for a long time.
- Buy some lubricant, especially if the condoms are not already lubricated. *Do not* use oil-based lubricants such as Vaseline, baby oil or massage oil. They will make the condom break! *Do* use water-based lubricants, those made with silicone, or water-silicone hybrids. They are usually available in drugstores, near the condoms.
- **Try different kinds of condoms** to find out which is the best for you and your partner.
- If either partner is allergic to latex, use condoms made of polyurethane (plastic) or polyisoprene (synthetic latex).
- **Feel good about buying condoms.** You are protecting yourself and your partner." (p. 144)

#### **"Storage**

- **Keep condoms nearby** so you can use them *every* time you have intercourse.
- Keep condoms in a cool, dry place until you need them. The heat of a car, wallet or back pocket can dry out the condoms, making them easier to break." (p. 145)

#### **"Getting Ready**

- If you have never used a condom, or you don't feel comfortable using one, you can **practice putting a condom on a model** or even your fingers.
- A person or couple can **practice using a condom during masturbation.**" (p. 145)

#### **"Putting It On**

- Check the freshness of the pack by feeling for the air bubble.

	<ul style="list-style-type: none"> <li>• Take the rolled condom out of the package. Gently tear the condom package down one edge.</li> <li>• Be careful not to break the condom by using teeth or fingernails to open the package.</li> <li>• Use only one condom at a time. <i>Do not</i> use two condoms at once.</li> <li>• You can <b>put a dab of lubricant on the tip of the penis</b> or inside the tip of the condom to make the penis feel more sensitive.</li> <li>• Pinch the air from the tip of the condom, and hold on to the tip with one hand as you roll the condom all the way to the base of the penis with the other hand.</li> <li>• <b>If the erection is lost</b> while you are doing this, relax! It is normal and can usually be taken care of by the partners together.</li> <li>• When both partners participate, <b>putting on the condom can be part of lovemaking.</b>" (p. 145)</li> </ul> <p><b>"Taking It Off</b></p> <ul style="list-style-type: none"> <li>• Soon after ejaculation (coming) <b>and before the penis becomes soft</b>, hold the condom at the base of the penis and pull out from inside your partner.</li> <li>• Keep the used condom away from your partner's body and your body.</li> <li>• If semen ('cum') spills on either of you, wash it off.</li> <li>• Wrap the condom in tissue and throw it away.</li> <li>• Do not use the same condom again." (p. 146)</li> </ul>
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><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>"After participating in these lessons, participants will be able to: ...Express comfort, knowledge, attitudes and skills needed to practice safer sex <b>if they decide to have intercourse.</b>" (p. 13)</p> <p>"This resource focuses on the comfort, knowledge, attitudes and skills required for a person to practice safer sex, and it is designed to <b>encourage thoughtful sexual decision-making.</b>" (p. 14)</p> <p>"How can a person know if they are sexually healthy or not? What can individuals do to <b>affirm their decision to be sexually healthy?</b>" (p. 22)</p> <p>"Instruct the groups to decide <b>where they would 'draw the line'</b> in terms of the sexual behavior practices a person should require with each partner and put the card on the appropriate place on the risk continuum. Note that if neither partner has <i>any</i> infection, there is no risk!" (p. 47)</p> <p>Students indicate <b>whether they agree, disagree, or aren't sure</b> about the following statements:</p> <ol style="list-style-type: none"> <li>1. "I would not have sexual intercourse until I am married.</li> <li>2. I would have intercourse <b>only in a monogamous relationship.</b> (I am sure neither of us has another partner.)</li> </ol>

	<ol style="list-style-type: none"> <li>3. I would not have intercourse without talking with my partner about protecting ourselves.</li> <li>4. <b>I am willing to use safer sex.</b></li> <li>5. My partner needs to be willing to use safer sex.</li> <li>6. My partner needs to be willing to have “outercourse” rather than intercourse if we have no protection available.</li> <li>7. I would never have intercourse on the spur of the moment unless we had protection available.</li> <li>8. I would never have intercourse with anyone who shoots drugs.</li> <li>9. My partner would need to confirm they are HIV-negative with a test.</li> <li>10. If my partner or I were HIV positive, we would use a barrier or PrEP.</li> <li>11. I would not have intercourse with someone who has had many previous sexual partners.</li> <li>12. I would end any relationship if I found my partner had lied to me regarding their sexual history.</li> <li>13. I would end a relationship <b>if my partner had intercourse with anyone else</b> while they were going out with me.” (pp. 73-74)</li> </ol>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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.</i></p> <p><i>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>“Goal: To help participants <b>explore the many facets of safer sex</b> and sexually transmitted infections, in order to support the health and well-being of themselves, their family, friends and acquaintances, and society at large.” (p. 13)</p> <p>“After participating in these lessons, participants will be able to:</p> <ul style="list-style-type: none"> <li>• ...Assess the risks involved in their own sexual behavior and <b>set goals to make safer sex an integral part of their sexual lives</b></li> <li>• Develop the capacity to work cooperatively with a partner to assume mutual responsibility for safer sex.” (p. 13)</li> </ul> <p>“‘Safer sex’ includes any <b>behaviors that reduce the risk</b> of unwanted consequences of sexual activity, among them, unplanned pregnancy and sexual coercion, as well as the risk of STIs.” (p. 14)</p> <p>“The following is based on a list created by a group of seventh grade students. Choose five recommendations that you think would be easy to follow and mark them with E, and choose another five recommendations that would be difficult to follow and mark them with D.</p> <ol style="list-style-type: none"> <li>1. Abstain from sexual intercourse.</li> <li>2. Be honest with partners about subjects that might be hard to discuss.</li> <li>3. <b>Choose sexual partners carefully.</b></li> <li>4. Communicate assertively and often with your partner about protection.</li> <li>5. Don’t mix sex and drugs.</li> <li>6. <b>Enjoy outercourse</b> (sexual closeness without vaginal, oral or anal intercourse).</li> <li>7. Follow doctor’s instructions if you become infected.</li> <li>8. Have periodic tests for sexually transmitted infections.</li> <li>9. <b>Know sexual partner well</b>; have a close, caring relationship.</li> <li>10. Know when to use spermicides – they can protect against pregnancy, but</li> </ol>

can also cause irritation in the vagina, which makes it easier to transmit an STI.

11. **Limit number of sexual partners.**

12. Look for symptoms in yourself and your partner even though, more often than not, there are no symptoms.

13. Recognize that anyone, including you, could get a sexually transmitted infection.

14. **Think carefully about your sexual values.**

15. Use condoms that protect against both pregnancy and sexually transmitted infections (i.e., avoid condoms made of animal skin).

16. Use condom-safe lubricants during vaginal and anal intercourse.

17. Use latex squares or dental dams for oral sex on vulvas.

18. Wait to have intercourse until you are sure you can do so safely.

19. Wait until both partners receive negative test results before having vaginal, oral or anal intercourse. Then **have intercourse only with each other.**

20. What else?" (pp. 56-57)

"By the end of this lesson, participants will be able to:

1. Identify the qualities they would expect in a person **with whom they would have an intimate relationship.**
2. Describe the characteristics of a person who would be a successful condom user.
3. Evaluate their own personal qualities to determine whether they are a person a partner could rely on for a **safe sexual relationship.**" (p. 69)

"Dating apps allow users to see a photo and profile of someone they might consider dating. A person might 'market' personal characteristics they think will make them attractive to a potential partner, such as favorite activities and criteria for the ideal partner. Rarely, if ever, does anyone look for a partner who will be willing to practice safer sex. Given the current high risk rate of contracting a sexually transmitted infection, this lesson advocates an **expansion of the definition of sexual attractiveness to include a person's willingness to communicate about and practice safer sex.**" (p. 69)

"Explain that participants are going to imagine they are creating dating [sic] profile for an app, describing themselves as someone who **takes responsibility for safer sex** and is looking for someone who does the same." (p. 71)

"How would you **bring up safer sex in a conversation** on a dating app? Would you bring it up before meeting? In person? What are the pros and cons of each option?" (p. 71)

"Given the facts of life in American society today, who are the only people who do not need to use condoms? (People who are abstaining from sexual intercourse and **people who are in a mutually monogamous relationship** with a partner they are certain is not infected with a sexually transmitted infection.)" (p. 99)

	<p>“The surest way to prevent STIs is not to have sexual intercourse or any direct contact with body fluids (blood, semen and vaginal fluid) that might be infected or with infected skin. <b>If you choose to have intercourse and want to reduce your risk</b> of getting an STI:</p> <ul style="list-style-type: none"> <li>• <b>Have just one partner</b> who does not have any STIs, has sexual contact only with you, and does not use injection drugs.</li> <li>• <b>Use protection every time you have intercourse</b> or any sexual contact with a person’s penis, vagina, vulva, anus or mouth. The options are: <ul style="list-style-type: none"> <li>○ A latex condom with a <i>water-</i> or <i>silicone</i>-based lubricant, or water/silicone-based hybrid</li> <li>○ An external polyurethane (plastic) or polyisoprene (synthetic latex) condom for people who are allergic to latex</li> <li>○ An internal condom</li> <li>○ A latex glove to protect during hand-genital contact</li> <li>○ A latex square or dental dam to protect during oral sex” (pp. 142-143)</li> </ul> </li> </ul>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><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 adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Distribute one or two of the Educator Resource: Sexual Partners Cards to each group. Instruct the groups to decide where they would ‘draw the line’ in terms of the sexual behavior practices a person should require with each partner and put the card on the appropriate place on the risk continuum...</p> <ul style="list-style-type: none"> <li>• <b>Genderqueer person</b>, has had sex with males...</li> <li>• <b>Nonbinary person</b>, has had sex with females</li> <li>• <b>Trans person</b>, has had sex with males” (pp. 47, 55)</li> </ul>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><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</i></p>	<p>“Note that health care professionals advise couples to use a condom <b>in addition to another method of contraception</b>, such as the IUD, implant, patch, pill, ring or shot. Why?” (p. 99)</p> <p>“If you decide to have intercourse, <b>correct use of a condom will reduce the risk</b> for you and your partner against both STIs and unplanned pregnancy.” (p. 144)</p>

<p><i>abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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>“All people have a <b>fundamental right to sex education</b>. They have a right to know about their own bodies and how they function. They have a right to know about any sexual changes that are occurring now and any others that may occur during their lifetimes. They have the right to have their many questions answered.” (p. 10)</p> <p>“After participating in these lessons, participants will be able to: ...<b>Speak up for actions</b> that help protect the sexual health and well-being of others.” (p. 13)</p> <p>“What steps can a person take to help <b>respect, protect and fulfill sexual rights</b> for themselves and others?” (p. 24)</p> <p>“Most sexuality education focuses on the individual’s responsibility for self and partner. However, by acknowledging the vital role of peers in determining a person’s attitudes and behaviors, many educators now <b>use peer education effectively</b>... This lesson encourages young people to consider whether a true friend needs to take a role in discouraging risky sexual behavior that could lead to a sexually transmitted infection or an unplanned pregnancy.” (p. 127)</p> <p>“<b>Set up the role-play</b>. Ask for two volunteers. Ask which participant wants to role-play as the friend who wants to help, and who will role-play as the friend in danger. Ask questions to help each player get into their roles, such as the following: Ask the friend at risk:</p> <ul style="list-style-type: none"> <li>• What is your name?</li> <li>• Are you worried you may be at risk for STIs?</li> <li>• <b>What can you tell me about your partners?</b></li> <li>• Are you using any precautions?</li> </ul> <p>Ask the helping friend:</p> <ul style="list-style-type: none"> <li>• What is your name?</li> <li>• Exactly why are you concerned about your friend’s behavior?</li> <li>• What do you think you will do?</li> </ul> <p>Let them begin their dialogue. After three or four minutes, or when the scene seems finished, stop the role-play. While the actors stay in their roles, let group members ask questions about the scene.” (pp. 129-130)</p>

<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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>"Honest, accurate information and communication about sex is essential. For most of their lives, participants may have received messages suggesting that sex is hidden, mysterious and something not to be talked about in a serious and honest way. Limiting what individuals can talk about and using vague terminology perpetuates the unhealthy 'secrecy' of sex. <b>Sexual information needs to be presented in an honest, accurate way.</b>" (p. 11)</p> <p>"All sexual orientations, gender identities and gender expressions must be included. Comprehensive sex education recognizes that there are diverse audiences, and <b>some participants may identify as lesbian, gay, bisexual, transgender, intersex or questioning.</b> It is important to create an environment that recognizes the needs of these often isolated and invisible individuals. All people have a right to achieve their full human potential." (p. 11)</p> <p>"Interestingly, the <i>written teachings</i> from each of the traditions of Judaism, Christianity, Islam, Buddhism and Hinduism <b>do not hold single unanimous positions about masturbation</b>, although <i>religious leaders</i> of the first four have historically discouraged the behavior. As a result, there has been, and continues to be, much debate about masturbation in some religious groups." (p. 35)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><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><b>No evidence found.</b></p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>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,</i></p>	<p>"Write <b>#GYT</b> on the board or flip chart and ask participants if they have ever seen that hashtag. Ask for a few volunteers to guess what the hashtag might mean. Explain that it means <i>get yourself tested</i>. Note that anyone can find out their STI status by getting tested. Ask for a few more volunteers to <b>share where a person might get tested</b>. (Supplement ideas as needed, including doctor, health center and <b>Planned Parenthood</b>)."</p> <p>In Search of Condoms and Lubes Handout: "<b>Find a place that sells condoms and lubes</b>. Answer the following questions about your journey in search of condoms and lubes.</p>

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](http://www.WaronChildren.org) and [www.InvestigatethePPF.org](http://www.InvestigatethePPF.org))

1. What is the name of the place?
2. In what town/city?
3. Where were the condoms and lubes displayed?  
Behind the counter  
Locked  
On the shelves  
Elsewhere \_\_\_\_\_
4. Were they easy to find?
5. Why/Why not?
6. What brand names and prices of condoms and lubes were available? List two brand names of condoms available, and two brand names of lubes available. Indicate the quantity available per package (i.e., number of condoms or ounces of lube) and price.
7. How would you feel purchasing condoms and lubes here? Check all the words that describe how you think you would feel.  
Options: Afraid, ashamed, awkward, brave, comfortable, confident, eager, embarrassed, excited, frustrated, guilty, independent, indifferent, judged, mature, nervous, overwhelmed, protected, proud, responsible, scared, secretive, self-conscious, smart, worried” (pp. 110-111)

Materials needed for anal sex lesson: “Copies (or projected display) of illustrations of the anatomy of the anus and rectum. The ideal sources are **the illustrations in *Anal Pleasure and Health*** by Jack Morin. Other illustrations can be found from reputable sources online, such as <http://bit.ly/AnalAnatomyPic2>” (p. 114)

### “Thinking More About the Steps to Getting Tested

Identify the need or problem

- What needs might a person have to see a doctor?
- How might you know there is a problem?

Explain your need or problem

- Who would you feel comfortable talking with about the issue before you set up an appointment?

Find out where to get help

- How will you **search for the health center**?

Find out when you can go

- What dates and times are best for YOU?
- When is the health center open? (Weekdays? Weekends? Times?)

Decide how to get there

- **Will you take a bus**? Train? Walk? Ride from a friend? Ride share?
- Do you need directions?

Make an appointment

- How will you reach them? Phone? Online scheduler? App?
- What might you want to ask?
- **Are services confidential**? How do you want to be contacted?



	<ul style="list-style-type: none"> <li>• What is the cost? (How might using insurance affect confidentiality?)</li> <li>• Is the gender of the clinician important to you?</li> <li>• Do they have someone that speaks your language?</li> <li>• Do you need to bring anything to the visit?</li> <li>• What do you need to do if you can't keep your appointment?...</li> </ul> <p>Visit with clinician</p> <ul style="list-style-type: none"> <li>• What could be helpful to do during an exam? (Be sure the staff knows if the exam is your first one, talk about feelings, ask questions, ask for explanations.)</li> </ul> <p><b>Get instructions or treatment plan</b> and ask questions</p> <ul style="list-style-type: none"> <li>• What medications are needed? How will you get them?</li> <li>• How can you find out test results?</li> <li>• Do you need a follow-up appointment?</li> <li>• What things do you need to do, or avoid, to stay healthy?" (pp. 136-137)</li> </ul>
<p>For more information on <i>Teaching Safer Sex, Abridged Edition</i> see <a href="https://www.sexedcenter.org/product-page/teaching-safer-sex-abridged-edition-1">https://www.sexedcenter.org/product-page/teaching-safer-sex-abridged-edition-1</a>.</p>	