

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

Be Proud! Be Responsible!

5th Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Be Proud! Be Responsible! Fifth Edition contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This curriculum’s ostensible emphasis on avoiding HIV infection serves as a smokescreen for a graphic how-to sex manual for children. Replete with messages implying that most young people are sexually active or soon will be, it spends much time instructing young people how to negotiate sexual liaisons and maximize sexual pleasure. Explicit, hands-on instruction in condom use is featured, along with an entire activity entitled “How to Make Condoms Fun and Pleasurable.” Whenever abstinence is acknowledged as the only way to stay completely safe from STDs, it is immediately followed by “but if you decide to have sex, then...” There are some 70 references to “safer sex” and dozens of references to “vaginal, anal and oral sex” as well as “other things people can do” for sexual pleasure.

With nearly 250 references to condoms, this program encourages early and risky sexual behavior through extensive focus on the intricacies of sex and sexual interaction – including role plays and hands-on condom demonstrations. There are graphic discussions of sexual response and the message that using condoms will always protect from the negative consequences of sexual behavior. It repeatedly encourages children to make “proud and responsible sexual decisions.”

Be Proud! Be Responsible! is being implemented with federal grant funds in the following states: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington and Wisconsin.

Target Age Group: 14 – 18 years old (Grades 9 – 12)

Planned Parenthood Connections: One of the authors, Konstance A. McCaffree, is a longtime member and former secretary of the board for the Sexuality Information and Education Council of the United States (SIECUS), which was

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.

founded in 1964 by Planned Parenthood’s medical director. Another author, Loretta Sweet Jemmott, stated the view that sex ed programs promoting abstinence until marriage “[feel] like a moralistic put-down if you want to have sex.” ETR, the publisher of *Be Proud, Be Responsible*, has a member of Planned Parenthood Federation of America on their Board of Directors. Planned Parenthood is recommended in this program as a resource for STD testing.

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>“Some young people have already had romantic relationships; others aren't even thinking about it. Some have had sexual intercourse. Some have had sex because they chose to; others may have had sex against their will.” (p. 36)</p> <p>“...it is recommended that individuals who are HIV-positive avoid deep, open mouth ‘French’ kissing with a non-infected partner, as there is a potential risk of transferring infected blood.” (p. 55)</p> <p>“...the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.” (p. 56)</p> <p><i>Note: This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.</i></p> <p>“Ask participants, ‘Why do people have sex without condoms?’” (p. 63)</p> <p><i>Note: The implication here is that the people in question are teens, just like those in the class.</i></p> <p>“Sexual fantasy - Green Light” (p. 73)</p> <p>“Body rubbing/grinding (with clothes on) - Green Light” (p. 73)</p> <p>“If you are HIV positive, seek medical help right away and alert all the sexual partners you've had who might have been infected.” (p. 84)</p> <p>“She's smart, fun to be around, and has only had sex with two guys her whole life.” (p. 86)</p> <p>“...what could you say to a potential sexual partner who said the following?” (p. 117)</p> <p><i>Note: The following scenarios are role plays in which class members act out the roles assigned to them. These scenarios sexualize children by putting them in explicit sexual situations. Further, they strongly imply that most young people are having sex.</i></p> <p>From Role Play A: “You and your sexual partner (Taylor) are in your partner's living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn't think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself ... Your task is to convince Taylor that sex can be just as pleasurable with condoms/dental dams.” (p. 131)</p> <p>From Role Play B: “You have been drinking at a party and flirting with someone. You can tell the person wants to have sex with you. You really want to have sex too. You don't have condoms with you. Lamont suggests that you wait until you are more clearheaded before you have sex.” (p. 135)</p> <p>From Role Play D: “Keesha: You and your boyfriend, Maurice, have been dating for 3 months. You know that he wants to have sex with you... Maurice: You have a new girlfriend, Keesha, and would like to have sex with her. All of your friends are having sex and they are pressuring you to start.” (p. 137)</p>

From Role Play E: “Clayton: You are going out with Robin and want to **talk about using condoms**. You know **Robin has had other boyfriends** and you want to protect yourself... Robin: **You are on the pill** for birth control, so you think Clayton must think you have an STD if he is afraid to **have sex with you** without a condom. You also wonder if Clayton has been **sleeping with someone else** and is afraid he might give you something.” (p. 138)

From Role Play F: “Lee: **You and your partner, Jayden, have been sexually active** for a while without using condoms ... You've been thinking about **Jayden's past sexual life and your own past sexual life**, and have decided that now you want to use condoms ... Jayden: **You have been having sex with Lee** for a while now and haven't used protection before. You also believe that condoms are not natural and **sex won't feel as good** if you use them.” (p. 139)

From Role Play G: “Alex: You and Marta have been seeing one another for a while. You really **don't feel ready for sex** yet. **You start talking about having sex**. You still don't want to have sex and tell Marta this. Marta: You and Alex have been seeing one another for a while. **You've been fooling around but haven't had intercourse**. **You're ready for sex** and are hoping it works out tonight since the two of you are going to your house to be alone. You bring up the subject of having sex.” (p. 140)

From Role Play H: “Charlie: You know that **many friends your age are having sex**. Shel has been **pressuring you to have sex**. Shel is older and much **more experienced** than you are. You are scared and don't want to have sex. Shel: Charlie has been acting funny every time **you start going further sexually** when you are together. To you **sex is fun**. **Sex would establish the two of you as a real couple**. You are going to be alone with Charlie and want to **convince Charlie to have sex**.” (p. 141)

“It's OK to choose not to be sexually active. All young people are not having sex.” (p. 141)

***Note:** The strong implication is that MOST young people ARE having sex.*

“Choose a time to talk **before that first intimate moment**. Getting things straight **before you make love** means that you will both be prepared and relaxed.” (p. 143)

“The best time to discuss condom use is before you begin to have a sexual relationship. You must discuss it before **engaging in genital stimulation** or touching.” (p. 143)

“Be proud and be responsible; protect yourself and your partner by: Not using alcohol or other drugs to **get in the mood for sex**.” (p. 144)

“**You have slept with Will** three times already, always unprotected.” (p. 158)

“**You and Alonzo have just started being sexually intimate**. You have not used a condom during sex because you think you are too young to get HIV. You think only older guys get HIV; and that young ones are safe. You are not interested in using condoms until you are older.” (p. 158)

Also from Role Play III: “**You and your girlfriend are getting really close to having sex**. You don't want to get her pregnant but you don't like condoms, so you plan to pull out. Mike is coming over to hang out. You can't wait to tell him about your plans to have sex with your girl.” (p. 159)

“Role Play IV ... You really like your new boyfriend, Moses. Lately he has been pushing you to have sex. **You'd like to have sex**, but you know that when he isn't with you **he is seeing other people**. You need to tell Moses that he must wear a condom every time

with you. Your role: Convince Moses to use condoms - if not with all his partners, at least with you.” (p. 160)

“Some of you may be sexually active and some of you may not. **Even if you aren't sexually active now, one day you may be**, so this information about sexual response is important for you to learn.” (p. 164)

“**We've been talking a lot about sexual intercourse in this program.** But there's a difference between sexual intercourse and sexuality. Sexual intercourse is behavior that involves genitals; sexuality is a part of who we are as human beings - our gender, our bodies and how they respond, how we feel about our bodies, who we're attracted to, liking and loving other people, and it also includes behaviors such as intercourse.” (p. 201)

***Note:** In an optional activity called “Understanding Messages about Sex,” students are encouraged to say what their friends and peers say about sex. Of twelve potential answers listed, 11 suggest that everyone is doing it or should be.*

“**Being curious about sex at your age is natural and normal.** However, experimenting with sex to satisfy curiosity **can be** an unhealthy way for you to learn about sex.” (p. 208)

***Note:** Experimenting with sex to satisfy curiosity **IS** an unhealthy practice. Using the words “can be” takes advantage of youth’s tendency to feel invincible and subtly encourages the behavior it claims to discourage.*

“The purpose of this activity is to present factual information about birth control. I **don't assume that you're having sex. There may be many different experiences in this group.** Some of you may never have engaged in sexual intercourse and won't any time soon. Others may have had sex, not always by choice.” (p. 209)

“Have a **monogamous relationship with only one partner** who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else. (Note: **This choice isn't realistic for many teens** because they tend to be involved in a series of relatively short-term relationships)” (p. 222)

***Note:** Teachers are instructed to require all students to participate in role plays, even if they feel uncomfortable doing so. See page 263.*

“What sexual activities are safe? **Safer sexual activities** include: No sex - oral, anal or vaginal. Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone. Body rubbing/massaging, mutual masturbation (Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged. Some STDs [herpes, HPV] can be passed by unprotected skin-to-skin contact). Massaging one's own genitals, self-masturbation. Kissing and other activities that do not include touching the penis, vagina or rectum.” (p. 274)

“Is **withdrawal** (pulling the penis out of the vagina before ejaculation) a good way to avoid pregnancy? No. **This is the way many teenage girls get pregnant.** Withdrawal requires a great deal of self-control. Interrupting sexual intercourse can be very difficult for people ‘caught up in the moment.’ Also, sperm sometimes may be present in pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these

	<p>sperm from entering the partner's body.” (p. 279)</p> <p><i>Be Proud, Be Responsible</i> uses the following videos:</p> <p>The Subject is HIV (Safer Sex): This video is set in a high school. Two narrators discuss the myths and facts of HIV. They state that HIV is usually transmitted through unprotected vaginal, anal or oral sex. Abstinence is the best way to prevent transmission. If you have sex, use a condom every time and have only one partner. Provocative sexual images are shown to demonstrate the sexual pressures youth are facing. Teen actors are seen discussing their sexual relationships and how important condoms are to prevent HIV, STDs and pregnancy. One girl points out that she and her boyfriend use protection every time they have sex and she is on the pill just in case. Another couple makes it clear that they also have sex with protection. The focus is on prevention, not abstinence. Other youth share their experiences about how they acquired HIV through drug use and unprotected sex. It’s interesting to note that the narrators say that HIV can be transmitted through sharing needles or works, “so don’t shoot up.” It is a clear risk avoidance message. No advice is given on finding clean needles to avoid HIV. But when they talk about HIV being transmitted through unprotected sex, the message is to choose abstinence OR protected sex.</p> <p>The Hard Way: Wanda Sykes plays the role of Koko, a radio host who discourages unprotected sex and passes out condoms on HIV Testing Day. “The safest sex is no sex at all. But if you’re having it, wrap it up! And don’t give me that ‘they don’t feel right’ or ‘they ruin the mood’ myth. Trust Koko. There are plenty of ways to make them feel good.”</p> <p>Kenrick, a teenage boy, is seen flirting with multiple girls. “I don’t have sex with all of them,” he tells a friend. Knowing of his sexual relationships, his parents leave him a box of condoms and a brochure on STDs. Since he hasn’t always used a condom, he decides to get tested for HIV. Meanwhile, his friend Miguel only has one girlfriend who is on the pill, so they don’t use condoms. When Kenrick decides to get tested, Miguel volunteers to be tested also to be supportive. When the results come back, the supposedly monogamous Miguel is positive for HIV while Kenrick, who sleeps around, is negative.</p> <p>The original story behind this movie was written by a 14-year-old boy and won the 2004 National HIV/AIDS Story-Writing Competition.</p> <p>Nicole’s Choice: The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that she had unprotected sex with Miguel but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that her best friend has also had unprotected sex multiple times with Miguel and is also infected. Nicole chooses abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content.</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p>	<p>“To help young people adopt behaviors that reduce their risks, the following key elements are addressed: 5. Negotiation/refusal skills needed to reduce risk for HIV infection.” (p. 2)</p>

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.

“When working with young people, facilitators need to be sensitive to participants’ fears and to their desires to keep their partners’ interest and avoid conflict. At the same time, they need to practice **responding to partner objections tactfully and effectively**. This curriculum will provide such opportunities, through the use of role plays and other exercises.” (p. 9)

“The **negotiation skills** needed for not having sex without a condom while both partners are sexually aroused are addressed in this curriculum.” (p. 9)

“Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to **learn how to resist sexual pressure and negotiate condom use** to protect themselves.” (p. 20)

Note: This curriculum includes an 18-minute DVD called “The Subject is HIV” (p. 37). ETR’s description says the film “offers teens strategies for negotiating abstinence or condom use as a primary means of HIV prevention.”

“How do you **negotiate condom use** when: You have more than one partner? You have a steady partner? When you have a new partner?” (p. 79)

“The sixth module ... builds **skills to negotiate safer sex**, including condom use and abstinence...” (p. 113)

Note: Module 6 is titled “Building Negotiation and Refusal Skills.” (p. 113)

“Today we are going to continue to focus on the HIV-prevention **skills of negotiating condom use or abstaining from having sex**.” (p. 116)

Note: This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.

“Practicing what to say if a partner has excuses for not wanting to use a condom better prepares them **if the time comes to negotiate with a partner**.” (p. 117)

“We are going to see **a short video about a couple who are in a negotiation about using condoms**. In this role play, the young woman wants to use condoms and the young man does not. Watch what happens, and take note of how they handle the situation, the things they say and how they say them, and be alert to the strategies she uses to convince him to use condoms.” (p. 126)

Note: This instruction refers to a DVD titled “Wrap it Up” wherein two teenagers are on the couch with no one else around. The girlfriend tries to convince the boyfriend why he needs to wear a condom and insists she will no longer have sex without one. He has had multiple sexual partners in the past. She tells him that there are fun colors and flavors to make it more appealing. After giving him an ultimatum, the boyfriend says, “Wrap me up.” And they start making out on the couch as the video ends. It is implied that sexual intercourse is imminent.

“Did the role play seem realistic to you? (If not, **encourage them to talk about** what would be more realistic and **how they would negotiate safer sex** in that situation.)” (p. 133)

Note: Module 6, Activity E (pp. 142-144) gives participants suggestions for negotiating condom use with a potential partner. These discussions are highly suggestive and sometimes explicit.

“However, it is very important that you **talk with a potential partner** about condoms and safer sex.” (p. 142)

	<p>Note: All role plays in this curriculum suggest that children as young as 14 – the youngest age to which this is targeted – can consent to sex. It explicitly teaches children how to negotiate condom use in a sexual encounter.</p> <p>“Through mutually understandable words and actions’ means the person says, ‘Yes, I want to have sex with you.’ Or touches you in a sexual way or responds enthusiastically. Words that communicate consent include: ‘yes,’ ‘don’t stop,’ ‘that feels good,’ ‘I want to...,’ ‘I’m sure.’” (p. 203)</p> <p>“‘Specific sexual activity’ means that the person has to agree to each sexual act. For example, someone might agree to oral sex but not to vaginal or anal intercourse.” (p. 203)</p> <p>“What’s required for someone to give consent to have sex? The agreement to have sex must be</p> <ul style="list-style-type: none"> • Freely given • In the present • With someone who is sober/capable of giving consent • Stated through mutually understandable words and actions • Related to a specific sexual activity” (p. 204)
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner’s vagina, mouth or anus during sex.” (p. 40)</p> <p>“Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.” (p. 40)</p> <p>“How can you prevent HIV? Don’t have sex. This includes vaginal, anal and oral sex.” (p. 41)</p> <p>“How can you reduce your risk of HIV? Use a latex condom each and every time for vaginal, anal or oral sex.” (p. 41)</p> <p>Note: <i>This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.</i></p> <p>“To protect yourself, avoid sharing needles and either abstain from having sex, or use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STD transmission.” (pp. 44-45)</p> <p>“Use latex or polyurethane/polyisoprene condoms every time you have anal, oral or vaginal sex.” (p. 49)</p> <p>“Unprotected oral sex (mouth on a partner’s penis, vagina or anus) increases a person’s chances of getting HIV.” (p. 56)</p> <p>Note: <i>This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.</i></p> <p>“...protect your future and your health by using protection every time you have vaginal, anal or oral sex.” (p. 65)</p> <p>“U = Unprotected Sex (oral, anal, or vaginal sex without a condom)” (p. 66)</p> <p>Note: <i>This is a card included in a game designed to demonstrate how STDs are spread.</i></p> <p>“People who choose to have sex can lower their risk if they use a latex (or polyurethane/polyisoprene) condom every time they engage in vaginal, anal or oral</p>

	<p>sex.” (p. 70)</p> <p>“The term ‘sex’ on these cards means oral, anal and/or vaginal intercourse.” (p. 72)</p> <p>“So be proud and responsible and always use latex (or polyurethane/polyisoprene) condoms and/or dental dams if you have any kind of sexual intercourse - oral, anal or vaginal.” (p. 72)</p> <p>“Anal sex is a very risky behavior. It is a high risk/red light behavior without a condom. With a condom, it is still more risky than vaginal sex - somewhere between yellow and red. For safety reasons, it's best to avoid anal sex. However, if people are going to engage in anal sex, using a condom can reduce their risk of getting HIV or other STDs.” (p. 73)</p> <p>“Oral stimulation of the penis without a condom - Yellow/Red Light” (p. 73)</p> <p>“Oral stimulation of the vulva (female genitals) with a dental dam (latex barrier) - Yellow Light” (p. 73)</p> <p>“Is oral sex safe? How do we protect ourselves from STDs?” (p. 85)</p> <p>“Anyone who performs oral sex on a man should have the man wear a non-lubricated latex condom every time. When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam or latex barrier, such as a non-lubricated condom cut to make a square, over the vulva...” (p. 85)</p> <p>“What is a condom? A thin latex (rubber) sheath that slips snugly over an erect penis and keeps sperm from entering the vagina, mouth, or anus during ejaculation.” (p. 94)</p> <p>“Condoms help to protect both partners from pregnancy and STDs, including HIV, during vaginal, oral, or anal intercourse. However, you must use them correctly every time you have vaginal, oral, or anal intercourse.” (p. 97)</p> <p>“...if you choose to have vaginal, anal or oral sex, using condoms is the first and most important step in protecting yourself.” (p. 142)</p> <p>“(True) or False. Anal sex increases your chances of getting HIV.” (p. 147)</p> <p>“(True) or False. Oral sex without using a condom or dental dam increases the chance of getting HIV.” (p. 147)</p> <p>“Condoms help to protect both partners from pregnancy and STDs, including HIV, during vaginal, oral, or anal intercourse. However, you must use them correctly every time you have vaginal, oral, or anal intercourse.” (p. 97)</p> <p>“...if you choose to have vaginal, anal or oral sex, using condoms is the first and most important step in protecting yourself.” (p. 142)</p> <p>“(True) or False. Anal sex increases your chances of getting HIV.” (p. 147)</p> <p>“(True) or False. Oral sex without using a condom or dental dam increases the chance of getting HIV.” (p. 147)</p> <p>“Role Play I Theme: Two females; STD/HIV concerns in a lesbian relationship; safer oral sex.” (p. 157)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p>	<p>“In addition, during the role play practice, participants may role play sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who</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>identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.” (p. 20)</p> <p>Note: <i>The facilitator is instructed to make same-sex behavior seem normal. The children placed in these role plays must act them out.</i></p> <p>“Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves.” (p. 20)</p> <p>“Let's keep in mind that there's diversity in society and in this group. Some young people ... may identify as gay, lesbian, bisexual or straight.” (p. 36)</p> <p>“... like anyone else with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.” (p. 55)</p> <p>“It doesn't matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate. And all couples who have decided to have sex must take steps to avoid negative consequences, regardless of their sexual orientation.” (p. 134)</p> <p>Note: <i>Role Play C (p. 136) and Role Play F (p. 139) both use a scenario with homosexual relationships.</i></p> <p>“Appendix A provides additional role plays that integrate safer sex and varying sexual orientations.” (p. 155)</p> <p>“Role Play I Theme: Two females; STD/HIV concerns in a lesbian relationship; safer oral sex.” (p. 157)</p> <p>“Communication is the most important aspect of any relationship no matter what your sexual orientation.” (p. 158)</p> <p>“Role Play II Theme: Two males; HIV, and condom use.” (p. 158)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches 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>“Condoms also might be thought to diminish the pleasure of a sexual experience. When working with young people, facilitators need to be sensitive to participants' fears and to their desires to keep their partners' interest and avoid conflict.” (p. 9)</p> <p>“If sexually active adolescents believe that condoms ruin sexual enjoyment, they are less likely to use condoms during sexual intercourse. In order for a curriculum to effectively reduce adolescent risk of HIV infection, it must dispel beliefs that condoms interfere with sexual pleasure.” (p. 8)</p> <p>Note: <i>This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.</i></p> <p>“They will engage in activities to increase comfort with condom use and to address concerns about negative effects of condoms on sexual enjoyment and spontaneity.” (p. 11)</p> <p>“... you already know there are other things that people can do for physical intimacy, or even sexual orgasm, that will not lead to pregnancy or transmission of disease.” (p. 85)</p> <p>“Other things can lead to intimacy and orgasm without risking getting pregnant, or</p>

infected with HIV or another STD.” (p. 85)

Note: *This is an example of using the smokescreen of HIV prevention to have explicit discussions about sexual behavior.*

“Increase participants' skills and knowledge on how to use condoms effectively and correctly and **how to make their use fun and pleasurable.**” (p. 89)

“Identify ways to make condoms a **more pleasurable part of the sexual experience.**” (p. 89)

“Water-based lubricant can **increase the pleasure for both partners** and decrease chance of breakage.” (p. 97)

“People often say that sex doesn't feel as good with a condom, but we're going to talk about **ways to make the experience more pleasurable.** Remember, I'm not assuming that you're having sex and I'm not encouraging you to have sex. This is information some of you will use right away and others can tuck it away for future reference.” (p. 98)

“Emphasize **strategies for making condom use more pleasurable.** Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense.” (p. 99)

“As you **discuss strategies to make condom use more pleasurable,** emphasize that you are not endorsing sexual activity among teenagers.” (p. 99)

“Which part of this process **feels the same** whether or not a condom is used? Answers: **Sexual arousal,** erection, withdrawal, **orgasm/ejaculation** and relaxation.” (p. 109)

“Are there any thoughts, feelings, reactions or questions on how to use condoms or **how to make condom use fun and pleasurable?**” (p. 116)

“Condoms don't have to ruin sex. There are **different techniques that can make condom use pleasurable and fun.**” (p. 132)

“Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can **make using condoms pleasurable and fun.**” (p. 139)

“The goal of this role play is for Lee to convince Jayden to use a condom and that **condoms can be fun and pleasurable.**” (p. 139)

“Remember to talk about how **condoms are fun and pleasurable.**” (p. 143)

“Be proud and be responsible; protect yourself and your partner by: Getting used to condoms, so **they are natural and fun.**” (p. 144)

“Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. (Any 3): Hugging; **Masturbation;** Romantic talking; Massage; **Sexual fantasy;** Cuddling; **Touching; Grinding**” (p. 148)

“You hope Taryn doesn't want to use dental dams or any other latex barrier. You don't want to use a latex barrier because you think **it interferes with the feeling.**” (p. 157)

“You think that condoms ruin the mood and interfere with **the pleasure of having sex.**” (p. 158)

“Your participants may not be sexually active. It can sometimes be difficult to apply new skills to an unknown situation. Therefore, you may want to provide them with some

basic factual information **about sexual response** in order to increase their willingness to use condoms and to **encourage the belief that using condoms can be pleasurable and fun.**" (p. 164)

"Facilitator's Note – **This information is sexually explicit.** It can, however, help participants make responsible decisions about their sexual behavior and better discuss using condoms with their partners." (p. 164)

***Note:** An entire lesson plan in this curriculum, the Optional Activity starting on p. 164, is dedicated to sexual pleasure. It is titled "Basics of Sexual Response."*

"However, we have not talked much about what happens during sex. In fact, many young people don't get much information about sex. **I am going to spend the next few minutes discussing sex and sexual response** because this information can help you learn to **enjoy sex with condoms** and make your partner more interested in using condoms." (p. 164)

"Some people focus on how to **make sex feel really good and be fun** for both people. They also need to think about being safe." (p. 165)

"Openly communicating needs and concerns can **increase the enjoyment of the experience.**" (p. 165)

"Many times sex ends up not being **as much fun** as it started out to be. Young men often **reach orgasm faster than they want.** Young women sometimes experience pain if it is their first time having intercourse and/or if they are not feeling aroused. Many young women do not reach orgasm during vaginal intercourse, especially when they and their partners are just learning about sex. **Most women need to have their clitoris (the arousal organ in their vulvas) touched,** directly or indirectly in order to have an orgasm. This sometimes happens during intercourse, but only if a partner rubs it manually or with the pelvis." (p. 165)

"Sexual intercourse is not the only way for couples of any sexual orientation to express love and affection, **to feel good, or to have fun. Touching and stroking each other all over can be very pleasurable.** People who are better lovers know about their own bodies and a partner's body. Many times young people rush their sexual experiences. This makes it difficult to relax and explore each other with various kinds of touch." (p. 165)

"**Touching and stroking can lead to orgasms for both males and females.** It is a safe way to avoid pregnancy, HIV and most STDs. Be aware that some STDs, such as herpes, syphilis and HPV, can be passed by skin-to-skin contact and genital touching." (p. 165)

"Although some males may be uncomfortable with a partner who is assertive, **most get very turned on if their partner touches them, especially touching and stroking the penis.** Applying lubrication directly on the penis can be exciting. Then a partner can roll the condom on with a lot of lubrication inside and out." (p. 166)

"For male-female couples, **this kind of foreplay will often increase arousal levels,** preparing the vagina for a more comfortable penetration by the penis. Lubrication can make intercourse more comfortable for a female and more slippery and exciting for a male. **It can increase sensations** and help both partners feel ready for intercourse." (p. 166)

	<p>“...masturbation is a safe way to feel pleasure and release sexual tension without fear of STDs or pregnancy.” (p. 202)</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>“If you have an ‘O’ on your card, you may sit down because you had outercourse (did different sexual pleasurable things without having intercourse, such as masturbation, massage or body rubbing with clothes on).” (p. 68)</p> <p>“Self-masturbation - Green Light” (p. 73)</p> <p>“Mutual masturbation - Yellow/Green Light (Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)” (p. 73)</p> <p>“...you already know there are other things that people can do for physical intimacy, or even sexual orgasm, that will not lead to pregnancy or transmission of disease.” (p. 85)</p> <p>Note: <i>Masturbation is included in a list of “sexual behaviors that do not involve exposure to body fluids that can carry HIV.”</i> (p. 148)</p> <p>“What are some safer sexual behaviors (that won't transmit HIV)? Cuddling, massage, masturbation, fantasy” (pp. 169 and 176)</p> <p>“Masturbation is actually defined as stimulating one's own genitals for sexual pleasure. You might also hear the term ‘self-stimulation’ or ‘self-pleasuring.’” (p. 202)</p> <p>“... masturbation is a safe way to feel pleasure and release sexual tension without fear of STDs or pregnancy.” (p. 202)</p> <p>“In fact, masturbation has some health benefits such as relieving stress. It's also a way for people to relax, feel pleasure, and learn about their sexual responses.” (p. 202)</p> <p>“... masturbation is a private act. It's not OK to masturbate in public places or in front of other youth or caregivers. However, it's fine in private.” (p. 202)</p> <p>“What is an appropriate place to masturbate? A private place.” (p. 204)</p> <p>“What sexual activities are safe? ... Body rubbing/massaging, mutual masturbation. Massaging one's own genitals, self-masturbation.” (p. 274)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</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</i></p>	<p>“Many adolescents find it difficult to obtain condoms and use them correctly - to put them on gracefully without interrupting sexual activity and to take them off correctly. This curriculum provides necessary skills by letting participants handle condoms and practice working with condoms, using a penis model or their fingers as props.” (p. 9)</p> <p>“They will engage in activities to increase comfort with condom use and to address concerns about negative effects of condoms on sexual enjoyment and spontaneity.” (p. 11)</p> <p>“You can make using condoms fun by ...” (p. 67)</p> <p>“By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants will be more likely to use them consistently and correctly in their personal lives and feel proud and responsible in doing so.” (p. 93)</p> <p>“Ask participants to brainstorm all the types (brands/names) of condoms that they can</p>

*or deemphasize failure rates.
May imply that condoms will
provide complete protection
against pregnancy or STIs.*

think of.” (p. 94)

“We’re going to **practice using condoms** so that you will know what they feel like and how to use them when you are ready.” (p. 94)

“Just as a person might need time to adjust to wearing a new pair of shoes or glasses, using a condom requires **getting used to new sensations.**” (p. 94)

“What is a condom? A thin latex (rubber) sheath that **slips snugly over an erect penis** and keeps sperm from entering the **vagina, mouth, or anus** during ejaculation.” (p. 94)

“Open a package, take the condom out. Put it on over your hand and pull it up your arm, showing them **how it can accommodate any sized penis** ... Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort ... Demonstrate on both your hand **and penis model.**” (p. 95)

“Give each participant (or pair of participants) a condom and lubricant and let them **practice putting condoms on a penis model.**” (p. 96)

“Condoms may break if you use Vaseline®, lotion or grease. **Use only non-oil-based lubrication or water-based lubricants** (e.g., K-Y Jelly or Astroglide).” (p. 96)

“Hold the condom on by the rim at the base after intercourse and **withdraw the penis carefully while it's still erect.**” (p. 97)

“Invite participants to brainstorm ways to **increase spontaneity** and the likelihood that they’ll use condoms.” (p. 98)

“Examples of ways to **increase spontaneity:**

- Make sure you **have condoms before you get romantic.**
- Store condoms under mattress.
- **Eroticize condom use** with partner.
- Have condoms close by to eliminate fumbling.
- Prepare condom in advance.” (p. 99)

“Condoms could **make sex more fun** by ...” and “**Condoms would not ruin the mood** if we ...” (p. 99)

“Though **different colors and textures may be appealing**, glow in the dark condoms should not be used. They are only gag gifts.” (p. 99)

Module 5, Activity B includes a list of 14 “additional ideas” for making condom use fun and pleasurable. The list is too long to include in its entirety. Following are four items on the list:

- “Use condoms as a **method of foreplay.**
- Tell your partner how using a condom can **make a man last longer.**
- **Have fun putting them on your partner**-pretend you are different people or in different situations.
- Use **flavored condoms** for oral play.” (p. 100)

“Once you and a partner agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when you can experiment. **Just talking about how you'll use all of those condoms can be a turn on.**” (p. 101)

“Get used to condoms, so **they are natural and fun.**” (p. 103)

“Condoms can **make an erection last longer.**” (p. 105)

The following list is from “**Condom Line-up**” in “Module 5, Activity F,” in which participants take cards with the numbered items and **try to line them up correctly**.

- “1. Get condoms and check expiration date
2. Sexual arousal (hug, cuddle, kiss, massage)
3. Erection
4. Carefully remove condom from package
5. Dab water-based lubricant on penis or inside condom
6. Squeeze out any air from tip of condom and leave room for ejaculation
7. Roll condom on
8. Intercourse
9. Orgasm (ejaculation)
10. Hold onto the rim of condom and withdraw the penis
11. Remove and discard condom
12. Loss of erection
13. Relaxation” (p. 108)

“If a male loses his erection after putting on a condom and before intercourse, what could the couple do? Answers: This will happen to most males at some point in their lives. Have partner take off condom, **continue playing and stimulating one another**, relax, and **enjoy the fun**. After a while, put a new condom on as **part of the play**.” (p. 105)

“Sometimes people don't know that **condoms can be a pleasant part of the sexual experience** because using them is so new. How can people **make condoms feel good and be fun**? Answers: Have your partner play with you and/or roll a condom on, put lubricant inside the tip and on the outside to increase wetness, try different brands and kinds to find the ones that feel best.” (p. 109)

***Note:** The following “Excuse” and “Response” examples are included in an exercise called “What To Say if My Partner Says...” These are clear examples of using the smokescreen of HIV prevention via condom use to engage in explicit discussions about sexual behavior.*

“Excuse: Condoms **kill the mood** for sex. Response: Only if you let them. With a little imagination, condoms can actually make it better. OR Response: Let me show you that **it doesn't have to kill the mood**.” (p. 118)

“Excuse: Condoms don't feel as good as the real thing. They aren't natural. Response: Today's thin latex condoms **feel really natural**. Putting a drop of lubricant inside the tip of the condom **might give extra feeling**.” (p. 118)

“Excuse: Sex isn't as good. **I can't feel much with a condom on**. Response: There is plenty of feeling left and I would feel unsafe without a condom. If I don't feel safer, I can't enjoy our sex.” (p. 118)

“Excuse: Condoms are messy and smell funny. Response: But with a condom we will be safer. Condoms **aren't any messier or smellier than sex**.” (p. 118)

“Excuse: Condoms are unnatural and turn me off. Response: **I know how to turn you back on**.” (p. 119)

“Excuse: When I stop to put it on, I'll lose my erection. Response: Don't worry, **I'll help you get it back**.” (p. 119)

“Excuse: I don't have a condom with me. Response: Then **let's satisfy each other**

without having intercourse.” (p. 120)

“There is no doubt that **using condoms is a good idea because they make sex safer**. Condoms help to protect both partners from unplanned pregnancy and sexually transmitted diseases, including HIV infection.” (p. 142)

Note: *There is no discussion in the curriculum about what “safer” means. There are no statistics presented. Participants in this class may come away feeling “safer” means “safe,” since they are given no statistics to compare to abstinence.*

“Condom failures **usually result from improper use**.” (p. 274)

Note: *This curriculum focuses on teaching children to use condoms “every time.” While it reports an 18% pregnancy prevention failure rate for condoms, the above quote suggests to children that they really don’t need to worry about that as long as they make sure to use it “correctly.”*

“Using a condom can become part of the touching and stroking that happens prior to intercourse. **Putting a condom on won't interrupt or ruin the mood** if the actions are part of playing, touching and stroking.” (p. 166)

“**Using a condom also can make a male's erection last longer**. Most say that the longer they are stimulated without having an orgasm, the better the orgasm feels when they have it. When a male delays orgasm and his penis remains hard, it may help him continue to stimulate a partner and help his partner enjoy sex more.” (p. 166)

“When do you remove a used male **condom**? After ejaculation, but **before the penis gets soft**.” (p. 171)

“**You are now ready to guide your partner's penis into the condom's opening** with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.” (p. 215)

Note: *While the curriculum acknowledges that abstinence is the only way to completely eliminate risk, it doesn’t provide any hard statistics on rates of condom failure.*

“How effective are **condoms** in preventing the transmission of HIV and other STDs? If used properly, latex condoms are highly effective against most STDs, including HIV.” (p. 272)

Note: *This Q&A is highly irresponsible in failing to give hard statistics on failure rates to the student. It leaves the student with the impression that as long as they use a condom, they don’t have anything to worry about.*

“Are **condoms** effective? How safe are they? I've heard they fail 10 percent of the time, is that true? Latex or polyurethane/polyisoprene condoms help protect you from the transmission of HIV and other disease agents. They greatly reduce your risk of infection if used properly. Condom failures **usually result from improper use**.” (p. 274)

Note: *Another case of dismissing any risk involved in using condoms.*

Be Proud, Be Responsible uses the following videos:

Wrapping it Up in 9 Easy Steps: This is an animated video outlining the steps to condom

	<p>use. Students are instructed to use a new condom any time they have oral, anal or vaginal sex while animated shape figures simulate these actions. The following steps are given with animation and narration:</p> <ol style="list-style-type: none"> 1. Check the expiration date 2. Be careful opening the package 3. Make sure the tip points up; pull back penis foreskin 4. Place condom on the penis 5. Leave some space at the top; pinch the air out of the tip 6. Unroll the condom 7. Roll down to the base of the penis 8. Smooth out any air bubbles; add water-based lubricants 9. Hold the condom at the base of the penis while pulling out <p>Wrap it Up: Two teenagers are on the couch with no one else around. Girlfriend tries to convince the boyfriend why he needs to wear a condom and insists she will no longer have sex without one. He has had multiple sexual partners in the past. She tells him that there are fun colors and flavors to make it more appealing. After giving him an ultimatum, the boyfriend says, “Wrap me up.” And they start making out on the couch as the video ends. It is implied that sexual intercourse is imminent.</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</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>“Participants will learn that becoming sexually active is a choice every person makes at some point in his or her life. This choice should be based upon how individuals feel about themselves, their partners and the consequences of active sexual relations, such as STDs, including HIV, or unplanned pregnancy.” (p. 4)</p> <p>“Participants will investigate what constitutes sexual responsibility, such as abstinence or condom use during sexual intercourse, and will learn to make responsible decisions regarding their sexual behavior.” (p. 4)</p> <p>“People who decide to be sexually active can help protect themselves by practicing safer sex.” (p. 44)</p> <p>“Don't have sex before you are ready.” (p. 51)</p> <p>“I want you to make proud and responsible choices, so if you choose to have sex, choose to use a latex (or polyurethane/polyisoprene) condom.” (p. 51)</p> <p>“After completing this module, participants will be able to: ...Identify their responsibility in making safer sex choices.” (p. 59)</p> <p>Note: <i>This curriculum includes the DVD “Nicole’s Choice” (p. 60). The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that she had unprotected sex with Miguel but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that her best friend has also had unprotected sex multiple times with Miguel and is also infected. Nicole chooses</i></p>

abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content.

“Who is responsible for ... **Planning ahead** and buying condoms before intercourse? Making sure condoms are used at each act of intercourse?” (p. 62)

“**If you choose to have sex**, it's important to use condoms correctly and consistently every time.” (p. 79)

“If you do decide to have sex, be proud and responsible and **talk to your boyfriend about condoms. Tell him it is important** that you use condoms if you have sex.” (p. 84)

“**If you decided to have sex**, your best combination strategy is safer sex and time.” (p. 86)

“Take time to get to know a person as a friend before you **decide to have sex.**” (p. 86)

“Some people don't believe in using condoms because it may be against their religion; other people have no beliefs against it. I'm giving you this information because **we want you to be able to make informed decisions** about protecting ourselves.” (p. 93)

In a discussion about condom use: “Having this knowledge and these skills will prepare you to **make proud and responsible decisions if and when the need arises.**” (p. 93)

“We're going to practice using condoms so that you will know what they feel like and how to use them **when you are ready.**” (p. 94)

“Making participants more aware of the various things that get in the way of engaging in safer sex behaviors, particularly the use of alcohol and drugs and **their choice of sexual partner**, will allow them to develop strategies to deal with or avoid obstacles to condom use and engage in proud and responsible sexual behaviors.” (p. 102)

“We are focusing on condoms because condoms help prevent STDs, especially HIV infection. This activity will help you use condoms **if you choose to have sex.**” (p. 104)

“Remember and practice these steps so that you can make the proud choice and use condoms correctly every time **if you've decided to have sex.**” (p. 110)

“And all couples **who have decided to have sex** must take steps to avoid negative consequences, regardless of their sexual orientation.” (p. 134)

Instructions for a character named Mo in Role Play C: “You have just started dating a new guy. You really like him and think this might be serious. **You have decided to have sex with him.** You are afraid to discuss condoms because you think he might dump you if you suggest using them.” (p. 136)

“Decisions about sex are very personal and important, so make **the right choice for you.**” (p. 137)

***Note:** All role plays in this curriculum involve children in the class acting out sexual negotiation situations. This communicates to the children that they can and should behave this way.*

“How would being in a healthy relationship affect your ability to **make proud and responsible choices about sex?**” (p. 189)

“Why do you think teens your age are curious about sex? **Do you think people your age are ready to handle the responsibilities and consequences of sex?** Why or why not?”

	<p>(p. 208)</p> <p>“It's OK to develop feelings and attitudes about sex. But it's not a good idea to have sex until you are prepared to have sex with respect and responsibility.” (p. 208)</p> <p><i>Note: This standard is far too subjective. Combined with the repeated message that condom use equals responsibility, the message is that once you're ready to use condoms, you are prepared.</i></p> <p>“How does a teenager decide whether to use birth control and which method to use?” (p. 217)</p> <p>“Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.” (p. 266)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</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>“The goal is to increase knowledge and perception of personal vulnerability, develop positive attitudes toward safer sex, and build the skills and confidence needed to abstain successfully or to use safer sex practices willingly and effectively if they choose to be sexually active.” (p. 1)</p> <p>“Many adolescents fail to use condoms. Adolescents' concerns about effects of condoms on sexual enjoyment can be a barrier to condom use. Many adolescents do not know how to use condoms correctly. Many adolescents lack skills in negotiating condom use or abstinence.” (p. 1)</p> <p>“The curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active youth, and to help young people make proud and responsible decisions about their sexual behaviors.” (p. 2)</p> <p>“To help young people adopt behaviors that reduce their risks, the following key elements are addressed: Technical skills to use condoms correctly.” (p. 2)</p> <p>“Proud and responsible behavior includes: protecting yourself by using a condom during sexual intercourse; abstaining from sexual behavior when no condom is available ...” (p. 30)</p> <p>“If people have sex, the proud and responsible thing to do is to use latex condoms.” (p. 31)</p> <p>“People are at risk for HIV if: They have sex without using a latex condom or other protection.” (p. 41)</p> <p>“During the activity, bolster the attitudes supportive of abstinence, condom use and safer sex.” (p. 44)</p> <p>“The more partners a person has, the higher the chances that one of partners will have been exposed and could pass it on. People with multiple partners should use latex or polyurethane/polyisoprene condoms every time with every partner to reduce their risk.” (p. 54)</p> <p>“If people are going to engage in anal sex, using a condom can help reduce their risk of getting HIV or other STDs, but it is still considered a risky behavior.” (p. 56)</p> <p>“The only way to protect yourself from HIV is to practice abstinence or safer sex.” (p.</p>

62)

“Participation in an exercise that highlights how easy it is to get STDs breaks down participants' feelings of invulnerability, and increases their motivation to practice **safer sex.**” (p. 64)

“**If you do decide to have sex**, use a latex barrier such as a condom or a dental dam (a flat, square piece of latex) every time you **engage in a sexual behavior** that involves an exchange of body fluids.” (p. 82)

“...be sure to **choose sexual partners** you feel comfortable communicating with ...” (p. 87)

“Today we are going to focus on how to use condoms correctly and **how to talk to a partner about condoms** or abstaining from sex.” (p. 92)

“What if your partner says no to using condoms? (**Postpone having sex** until you both agree to use them.)” (p. 102)

“**Choose sexual activities** other than intercourse.” (p. 103)

“Remember, regardless of what excuse your partner gives, you need to be prepared to give a response that helps make the proud choice of using a new latex (or polyurethane/polyisoprene) condom (and/or dental dam) **every time you have sex.**” (p. 120)

“I want to protect myself with a condom **every time I have sex.**” (p. 124)

“Negotiation and refusal skills – Chart 3: Provide alternatives.

- Let's go buy some condoms right now.
- If you're willing to use a condom, then **we can have sex.**
- Let's **do something else that will feel good** for both of us, since we don't have a condom.” (p. 125)

“If we choose to be proud and be responsible ... we will abstain from sexual intercourse **or use condoms** every time we have sex.” (p. 144)

“Name two ways to help prevent sexual transmission of HIV: No **unprotected** anal, oral or vaginal sex.” (p. 148)

“What are two ways of reducing your risk of HIV? Abstinence; **Practicing safer sex**; Not sharing needles or works” (p. 148)

Note: *In the context of sex education, abstinence does not reduce the risk of HIV – it eliminates it. It is inaccurate to equate abstinence and practicing safer sex.*

“True or (False). You cannot get HIV from sex **if you have sex with only one person** during your whole life.” (p. 149)

Note: *This curriculum stands out for the measures it takes to minimize the protective value of monogamy.*

Note: *While abstinence is mentioned 18 times (compared to condoms at nearly 250 times), it is presented as being about as safe as condom use for pregnancy and STD prevention.*

“Regardless of your background and experience, **it's important for all teens to receive factual information about birth control.**” (p. 209)

	<p>Note: Abstinence is listed as a form of contraception along with hormonal and barrier methods on page 210. It's one of many equally valued ways to prevent pregnancy and STDs.</p> <p>"It's important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV." (p. 211)</p> <p>"If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV. To avoid these problems, you have to use effective methods to prevent pregnancy and infections... Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to use effective methods of protection every time you have sex." (p. 218)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</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>"Demonstrate acceptance and respect for all participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation or gender identity." (p. 15)</p> <p>"In addition, during the role play practice, participants may role-play sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming." (p. 20)</p> <p>"Let's keep in mind that there's diversity in society and in this group. Some young people ... may identify as male, female or transgender." (p. 36)</p> <p>"Actually transgender is not about being gay, lesbian or bisexual because it's not about sexual orientation. Transgender refers to a person's gender identity. Gender identity is your inner sense of your gender - Do you feel like a guy? Do you feel like a girl? Do you feel like something different than a guy or a girl? Often gender identity matches a person's body - someone with a girl's body feels like a girl on the inside or someone with a boy's body feels like a boy on the inside - but not always. Transgender is when a person's inner feelings about gender don't match the body." (p. 201)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</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 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</i></p>	<p>"Go right away to your local reproductive health clinic and get emergency contraception (EC) to prevent a possible pregnancy." (p. 87)</p> <p>From Role Play E: "You are on the pill for birth control, so you think Clayton must think you have an STD if he is afraid to have sex with you without a condom." (p. 138)</p> <p>"Remember, the pill is effective for preventing pregnancy, but doesn't help protect you from HIV or other STDs. The proud and responsible thing is to use latex (or polyurethane/polyisoprene) condoms if you have sex, even if you are on the pill." (p. 138)</p> <p>"In the case of an unplanned pregnancy, a girl or woman has three options: (1) she can have the baby and raise it (with her partner, alone or with support of caregivers); (2) she can have the baby and place it for adoption; or (3) she can have an abortion. Because the pregnancy is happening in her body, the woman gets to make this decision independently." (p. 203)</p> <p>Note: The Birth Control Demonstration section, on pages 209-218, includes a lengthy</p>

<p>effects.</p>	<p>and detailed usage description of a wide variety of contraceptives.</p> <p>“Using the following information, teach and demonstrate the various contraceptive methods. If you have a birth control kit, show the various methods as you discuss them. Don't pass the methods around while you're educating as it gets the group distracted. Allow participants to handle the methods at the end when you've finished the demonstration.” (p. 210)</p> <p>“Research shows that when teens use long-acting methods like the implant and the IUD, the rate of teen pregnancy goes down dramatically.” (p. 213)</p> <p>“Hormonal methods (the pill, patch and ring) are safe, very effective methods of birth control. Most young women who use them have minimal side effects.” (p. 216)</p> <p>In the discussion of the symptoms of STDs (pages 228-237), it suggests that most STDs are “easily treatable” with antibiotics or other drugs, or preventable with a vaccine. The discussion wraps up with the cure-all reminder: “Always use a latex or polyurethane/polyisoprene condom.” (p. 237)</p> <p>“Adolescents can obtain two types of contraceptive methods: prescribed methods that must be obtained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription.” (p. 238)</p> <p>Note: <i>There is a lengthy discussion of contraception on pages 238-248.</i></p> <p>“Emergency Contraception. What it is: Emergency contraception (EC) is a method that reduces the risk of pregnancy after unprotected sex. How it works: Emergency contraception prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.” (p. 247)</p> <p>“A copper IUD, inserted by a health care provider up to 5 days after unprotected sex, can also act as emergency contraception.” (p. 247)</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>“Peer influence encourages safer sex behaviors and peaceful resolution of conflict.” (p. 22)</p> <p>“Proud and responsible behavior includes ... talking with friends, partners and family members about risk behaviors and encouraging them to protect themselves.” (p. 30)</p> <p>“Now let's talk about friendship and conversations people have with their friends about being safe and using condoms. Do you think that Kenrick and Miguel had talked about using condoms enough? What else could they have said to each other? What would you say to your friends? What would you want your friends to say to you?” (p. 79)</p> <p>“... you can do both, give proud and responsible advice and follow it to help protect yourself from HIV and other STDs.” (p. 81)</p> <p>“The goal of this role play is for Lamont to persuade Reggie not to have sex or to wait until sober before getting involved in a sexual relationship. You are at a party with your best friend, Reggie. You see that Reggie is high or drunk and is getting ready to have risky sex. You know that Reggie doesn't have any condoms. You know Reggie's had too much to drink to ask if a partner has a condom. Your task is to persuade Reggie to wait and be sober before getting involved in a sexual relationship.” (p. 135)</p>

	<p>“The goal of this role play is for Loretta to encourage Mo not to have sex without a condom ... If you value and care about your close friend, you should help Mo make safer decisions. You could even teach your friend how to make condoms pleasurable.” (p. 136)</p> <p><i>Note: Much of the curriculum involves teaching children how to negotiate condom use or encourage their friends to use condoms.</i></p> <p>“Role Play III ... You know Geoff and his girl are about to have sex. You also know Geoff does not use condoms. You know it is important to use condoms every time you have sex in order to reduce your risk of getting infected with an STD, like HIV, and reducing the chance of an unplanned pregnancy. You want your friend to use condoms every time he has sex. Your role: Convince Geoff of the importance of condoms.” (p. 159)</p> <p>“It is important that you teach your friends information about HIV and other STDs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safe. Show your friends that protecting yourself is important and that they should do the same.” (p. 159)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</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>“Some religions and/or individuals do not believe in condom use. Therefore, it is important to acknowledge that and make sure that participants are aware that discussing condoms and condom use skills are the focus of this activity. The purpose is to teach the facts about condom use, not to determine whether or not a specific individual should use them.” (p. 93)</p> <p><i>Note: The very inclusion of this activity (Activity B in Module 5) could serve to desensitize a child to condom use and question his family’s opposition to it.</i></p> <p>“Some people don't believe in using condoms because it may be against their religion; other people have no beliefs against it. I'm giving you this information because we want you to be able to make informed decisions about protecting ourselves.” (p. 93)</p> <p>“For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives. Masturbation is something you can choose to do or not do if it goes against your values.” (p. 202)</p> <p><i>Note: While this statement acknowledges that masturbation may be against a child’s religion, it then encourages the child to dismiss any religious constraints because everyone does it anyway.</i></p> <p>“It's OK to develop feelings and attitudes about sex.” (p. 208)</p> <p>“I also understand that personal values about birth control vary. For example, some people don't believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV.” (p. 209)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May</i></p>	<p>“Ask participants to brainstorm all of the reasons people don't use condoms - Cons or barriers to condom use - and list their answers on the newsprint. Make sure the list includes: Parents might find them.” (p. 105)</p> <p>“What messages do your parents or other trusted adults give you about sex? Answers may include: Don't have sex. Wait until you are married to have sex. Sex is not worth the consequences.” (p. 207)</p>

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.

Note: This brief discussion is followed by another in which the children are encouraged to question what their parents have told them. See the following.

“Can teens be tested without parent permission? Yes, teens can consent to HIV testing **without parent permission**. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (p. 224)

“Who will know the results? Most testing sites offer **confidential testing**. This means that the result is told only to the **person taking the test**, and it is also put in his or her medical file.” (p. 224)

“**Do my parents have to find out** if I get tested for STDs and HIV? This varies from state to state. In some states, clinics will see you without your parents' permission and in others they will not. If you are concerned about this, call the clinic before you go.” (p. 277)

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.InvestigatethePPF.org)

“**Go right away to your local reproductive health clinic** and get emergency contraception (EC) to prevent a possible pregnancy. They can also test you for STDs. Make sure you **go to the clinic right away**. You have up to 5 days after unprotected sex to use EC, but the sooner, the better.” (p. 87)

This curriculum refers children to: stayteen.org, sexetc.org, amplifyyourvoice.org and scarleteen.com. All of these websites **contain graphic sexual discussions** and other material many parents would find objectionable. (p. 200)

“Sexuality is a key part of who you are and it's a topic you need to be able to discuss openly and honestly. Please continue to educate yourselves by **going to credible websites like the ones we've recommended**.” (p. 199)

“Where do I go to get tested? Your local health department, community clinic, private doctor or **Planned Parenthood** are all good locations to check out for STD testing. The CDC National HIV STD Testing website lets you look up free or low-cost clinics in your area that do STD testing: gettested.cdc.gov” (p. 277)