

## 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 *jCuidate!, 2<sup>nd</sup> Edition* Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]**

*jCuidate!, 2<sup>nd</sup> 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:** The word *jCuidate!* means “take care of yourself,” which suggests that this program will help youth make responsible decisions about sexual behavior. Instead, it actively encourages early and risky sexual behavior through extensive focus of the intricacies of sex, including role plays and hands-on condom demonstrations, and through the underlying suggestion throughout that all youth are sexually active.

This program is a Latino-focused version of the Be Proud! Be Responsible! program. Although it claims to be culturally-sensitive, it promotes highly controversial ideas and materials that run counter to the religious and cultural values of many Latino families and faith groups. It also claims to be designed to reduce the risk of HIV, STDs and unplanned pregnancy, but the materials encourage sexual activity and minimize the desirability and benefits of abstinence, which is the only guaranteed way to avoid HIV, STDs and unplanned pregnancy. Further, it teaches children that they have a “right” to engage in sexual behavior.

It claims to help “Latino youth develop the knowledge, attitudes, and skills to reduce their risk for HIV.” But the program is full of sexually-explicit role plays and discussions, including treatments of homosexual behavior as normal. This approach is far more likely to lead to attitudes of acceptance toward promiscuous sexual behavior, which will increase risk for HIV, STDs and unplanned pregnancy.

*Cuidate* is being used through federal grant money in Arizona, Florida, Georgia, Idaho, Illinois, Minnesota, Nevada, Oregon, Texas, Virginia, and Washington.

**Target Age Group:** 13 to 18-year-old Latino youth

**Planned Parenthood Connections:** ETR, the publisher of *Cuidate*, 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.

<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.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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>“Safer sex activities that pose no risk of pregnancy or transferring STDs: Wet kissing, sexual fantasy, <b>body rubbing/grinding, manual sexual stimulation</b> of yourself.” (Facilitator Manual, p. 4.26)</p> <p>“A condom is a soft, tight fitting cover that rolls down over the penis. It should be put on <b>once the penis is erect</b> but before there is any sexual contact. The condom is then <b>removed after ejaculation</b>, away from the partner, to make sure that the semen does not get near the partner.” (Facilitator Manual, p. 1.16)</p> <p>“Myth or Fact? You cannot get pregnant if you have sex standing up. MYTH – <b>Pregnancy can occur from sex in any position.</b>” (Facilitator Manual, p. 2.27)</p> <p>“They haven’t actually had sex but they do <b>kiss and touch each other a lot</b> and have gotten close to having sex.” (Facilitator Manual, p. 3.11)</p> <p>“Facilitator demonstrates pulling condom over hand and up their arm. <b>“Sometimes guys will say that they are too big for a condom.</b> If a condom can fit over my arm, I bet it can fit any guy!”” (Facilitator Manual, p. 5.5)</p> <p>Role-play A: “You and your partner have been seeing each other for two months. In the beginning you kissed a little and touched. Today...<b>you begin kissing and touching and it feels really good.</b>” (Facilitator Manual, p. 6.23)</p> <p>Role-play B: “You are at a party with someone you have gone out with a few times...Some kids are drinking and <b>some couples are leaving together – maybe to have sex.</b>” (Facilitator Manual, p. 6.24)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p><i>*In Module 6, role plays are used to teach students how to <b>negotiate sexual encounters.</b></i></p> <p>Role-play C: “The goal of this role-play is for Elena to stand her ground and <b>convince Alonso</b> that it is still important to use condoms even if she is taking birth control pills.” (Facilitator Manual, p. 6.27)</p> <p>Role-play D: “The goal of the role-play is for Melania to <b>convince Manuel</b> that the risk of HIV and STDs can be reduced by using a condom every time they have sex.” (Facilitator Manual, p. 6.28)</p> <p>Role-play G (same-sex): “The goal of this role-play is for Alex to <b>convince Mark</b> of the many good reasons to use condoms when having sex.” (Facilitator Manual, p. 6.31)</p> <p>Role-play I: “The goal of this role-play is for Arturo to convince Mikaela that because she has been drinking, <b>she can’t make good decisions about sex.</b>” (Facilitator Manual, p. 6.33)</p> <p>Role-play J: “The goal of this role-play is for Yadira to <b>convince Javier to use condoms</b> because he has put himself at risk for HIV and other STDs <b>since he has had unprotected oral sex in the past.</b>” (Facilitator Manual, p. 6.34)</p>

### 3. PROMOTES ANAL AND ORAL SEX

*Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.*

“Abstinence means not having vaginal, **anal or oral sex.**” (Facilitator Manual, p. 1.16)

“How do you think people get STDs? Be sure their answers include: Vaginal intercourse, **oral sex, anal sex.**” (Facilitator Manual, p. 1.25)

“How can you reduce your risk of getting an STD? Answers should include: Use a condom **every time you have vaginal, oral, or anal sex;** Abstain from vaginal, **oral and anal sex.**” (Facilitator Manual, p. 1.26)

“Remember, you can avoid STDs by using a condom **every time you have vaginal, oral, or anal sex.**” (Facilitator Manual, p. 1.29)

“While lubricated latex condoms are best for vaginal and **anal sex,** non-lubricated condoms are **recommended for oral sex because many people do not like the taste of the lubrication.**” (Facilitator Manual, p. 1.30)

“What three sexual practices put you at risk for HIV? **Unprotected oral sex, anal sex,** and vaginal sex.” (Facilitator Manual, p. 1.31)

“Having **unprotected oral sex (your mouth on your partner’s penis/vagina)** increases your chances of getting STDs like HIV.” (Facilitator Manual, p. 2.28)

“Myth or Fact? Only the **receiver of anal sex (penis in anus)** is at risk for contracting HIV. MYTH – Both the giver and receiver of anal sex are at risk for contracting HIV and other STDs.” (Facilitator Manual, p. 2.28)

Activities in the ‘Caution Zone’ (barrier method against STDs): “**Oral sex on a guy with a condom,** anal sex with a condom.” (Facilitator Manual, p. 4.26)

Activities in the ‘Danger Zone’ (high risk of pregnancy or STDs): “**Oral sex on a guy without a condom,** anal sex without a condom.” (Facilitator Manual, p. 4.26)

“Put the condom on when the penis is erect and before any **contact between the penis and the partner’s genitals, mouth or anus.**” (Facilitator Manual, p. 5.6)

“Some condoms are lubricated already. For those that aren’t, lubricant helps the condom go more smoothly into the **anus** or the vagina.” (Facilitator Manual, p. 5.7)

“**If you choose to have vaginal, anal, or oral sex,** using a latex or polyurethane condom is an important step to staying safe.” (Facilitator Manual, p. 5.9)

“**Use flavored condoms and lubricants if you’re going to have oral sex.**” (Facilitator Manual, p. 5.14)

“Excuse: I don’t want to use condoms for **oral sex.** I don’t like the way latex tastes. Response: **There are all kinds of flavored condoms and lubricants.**” (Facilitator Manual, p. 6.5)

“Even though some people may not consider **oral sex** to be ‘real sex,’ it IS a sexual act which can put you at risk for HIV and other STDs.” (Facilitator Manual, p. 6.34)

“If you’re going to be sexually active, it is important to use condoms every time you have any kind of sex – **oral, anal** or vaginal.” (Facilitator Manual, p. 6.34)

**4. PROMOTES HOMOSEXUAL/  
BISEXUAL BEHAVIOR**

*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.*

**“Myth or Fact? Lesbians don’t have to worry about HIV infection.** MYTH – Anyone participating in risky sexual behaviors is at risk for contracting HIV.” (Facilitator Manual, p. 2.26)

**“Myth or Fact? Only gay men who have anal sex can get HIV.** MYTH – Anal sex is a behavior that places people at very high risk for HIV infection. Anyone who has unprotected anal sex is at risk, not just gay men.” (Facilitator Manual, p. 2.27)

Example given of respectful behavior: **“Ricardo doesn’t want to use a condom when he has sex with his boyfriend,** but does so because his boyfriend asks him to use one.” (Facilitator Manual, p. 4.11)

“Note that these questions are geared toward male-female or heterosexual partners. **Encourage participants to discuss these issues in the context of same-sex partners.**” (Facilitator Manual, p. 5.21)

In Module 6, multiple role plays note that they can be used as **same-sex scenarios.**

**5. PROMOTES SEXUAL PLEASURE**

*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.*

“Describe one reason why Enrique may say he doesn’t want to use condoms: **He won’t be able to feel anything** with a condom on.” (Facilitator Manual, p. 3.12)

“Using a water-based lubricant **increases the pleasure** for both partners.” (Facilitator Manual, p. 5.9)

“Helping participants to see how they can **make condom use fun and pleasurable** for themselves and their partners encourages consistent condom use.” (Facilitator Manual, p. 5.10)

“Q: If a man lost his erection after putting on a condom and before intercourse, what could the couple do? A: **Continue stimulating one another, wait awhile and start foreplay again using the condom as part of the play.**” (Facilitator Manual, p. 5.22)

“Q: It is often said that condoms lessen sexual pleasure. Which part of the process feels the same whether or not a condom is used? A: **Sexual arousal, erection, withdrawal, orgasm,** and relaxation.” (Facilitator Manual, p. 5.22)

“Q: **How can people make condoms feel good and be fun?** A: Have your partner stimulate you and/or roll a condom on, put lubricant inside to make them feel wet, use colored or decorated latex condoms.” (Facilitator Manual, p. 5.22)

“Excuse: Condoms kill the mood for sex. Response: Only if you let them. **Let me show you that it doesn’t have to kill the mood.**” (Facilitator Manual, p. 6.5)

“Excuse: Condoms are unnatural and turn me off. Response: **I know how to turn you back on.**” (Facilitator Manual, p. 6.5)

“Excuse: When I stop to put it on, I’ll lose my erection. Response: **Don’t worry; I’ll help you get it back.**” (Facilitator Manual, p. 6.5)

“Excuse: I don’t have a condom with me. Response: **We can satisfy each other without having sex.**” (Facilitator Manual, p. 6.6)

	<p>Safer Sex Jeopardy: “What substance can be used with condoms to <b>make them feel more pleasurable</b>? Water-based lubricant.” (Facilitator Manual, p. 6.39)</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 addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“<b>Manual sexual stimulation of yourself</b>” is listed as a safe behavior on the Safety Zone activity. (Facilitator Manual, p. 4.26)</p> <p>Ways condoms can make sex more fun: “<b>Tease each other manually</b> while putting on the latex condom; Men can put them on and practice <b>manual sexual stimulation</b> with the condom on.” (Facilitator Manual, p. 5.15)</p> <p>Safer Sex Jeopardy: “What are safer sex behaviors (that won’t transmit STD/HIV or cause pregnancy? Kissing, massage, <b>manual sexual stimulation</b>, fantasy.” (Facilitator Manual, p. 6.38)</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>“Materials Needed: <b>Penis models</b>” (Facilitator Manual, p. xvii)</p> <p>“Learning Objectives: Identify ways to <b>make condoms a more pleasurable part of the sexual experience.</b>” (Facilitator Manual, p. 5.1)</p> <p>Facilitator <b>uses a penis model</b> to demonstrate each step of condom use. (Facilitator Manual, p. 5.6)</p> <p>“Put the condom on <b>when the penis is erect</b> and before any contact between the penis and the partner’s genitals, mouth or anus.” (Facilitator Manual, p. 5.6)</p> <p>“Unroll the condom <b>down the shaft to the base of the penis</b>. Smooth out any extra air. Apply lubricant on the outside of the condom, if desired.” (Facilitator Manual, p. 5.7)</p> <p>“Withdraw (pull out the penis) slowly after climax (ejaculation). Hold the condom firmly by the rim at the base. <b>Withdraw while penis is still erect.</b>” (Facilitator Manual, p. 5.7)</p> <p>“Some condoms are lubricated already. For those that aren’t, <b>lubricant helps the condom go more smoothly</b> into the anus or the vagina.” (Facilitator Manual, p. 5.7)</p> <p>“Each participant should practice putting latex condoms <b>on the penis model.</b>” (Facilitator Manual, p. 5.8)</p> <p>“A man who is not circumcised should <b>pull back his foreskin</b> before putting on the condom.” (Facilitator Manual, p. 5.8)</p> <p>“Put a latex condom on <b>after a man is erect</b> and before any contact.” (Facilitator Manual, p. 5.9)</p> <p>“Hold the condom on by the rim at the base after intercourse and then <b>withdraw carefully while still erect.</b>” (Facilitator Manual, p. 5.9)</p>

“For condom use, spontaneity means having condoms available so **when there is a sudden urge to have sex**, there is a latex condom nearby.” (Facilitator Manual, p. 5.10)

“**Make condom use sexy and romantic.**” (Facilitator Manual, p. 5.11)

List of pros to using condoms should include “**makes erection last longer.**” (Facilitator Manual, p. 5.12)

Facilitator uses the statement, “**Condoms can make sex more fun by ...**” to fill in a list of ways condoms can make sex fun and pleasurable. (Facilitator Manual, p. 5.14)

Answers to the above statement could include: “Condoms can make sex more fun by using latex condoms as a method of **foreplay**; using different colors and textures (some are ribbed); telling your partner how using a condom can make a man’s **erection last longer**; having your partner put the condom on; **hiding them on your body** and asking your partner to find them; using **flavored condoms** and lubricants if you’re going to have oral sex.” (Facilitator Manual, p. 5.14)

Additional ways condoms can make sex more fun: “**Giftwrap them** and give them to your partner; Put the lubricant on the tip of the penis to **increase sensitivity for men**; Have fun putting them on your partner – **pretend you are different people** or in different situations.” (Facilitator Manual, p. 5.15)

“Get used to using condoms, so they are **natural and fun.**” (Facilitator Manual, p. 5.18)

Students are shown a DVD entitled **Condom Use Animation** which reviews how to correctly put on a condom. (Facilitator Manual, p. 5.19)

Students work as a team to put cards with the following steps to condom use in order: “Decide to engage in **intercourse**; Talk about safer sex; Buy condoms and check expiration date; **Sexual arousal**; **Erection**; Carefully remove condom from package; Dab lubricant on penis or inside condom; Squeeze any air out of condom; Roll condom on; Leave a half inch of space at the end of the condom if there is not a special tip; Intercourse; Orgasm (ejaculation); Hold onto the rim of condom at base of penis and withdraw the penis immediately after ejaculation; Remove and discard condom; Loss of erection; Relaxation; Washing up.” (Facilitator Manual, p. 5.19)

Safer Sex Jeopardy: “What three things can you do to **make condoms more fun and pleasurable**? Extra lubricant, use them as **foreplay**, put them on for your partner, make up **sexual fantasies** when using them.” (Facilitator Manual, p. 6.39)

Safer Sex Jeopardy: “**Why should the penis be erect (hard)** when the condom is put on it? Because it cannot be completely rolled down a soft (or flaccid) penis.” (Facilitator Manual, p. 6.40)

Safer Sex Jeopardy: “Why should some **space be left at the tip** of the condom when a condom is placed on the penis? It helps prevent the condom from breaking by **creating a reservoir** for the semen/ejaculate.” (Facilitator Manual, p. 6.40)

	<p>“Advantages to Condoms: <b>Can be used in foreplay</b>” (Facilitator Manual, p. B.20)</p>
<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>“...making <b>careful and informed decisions</b> about having sex at your age helps you live a longer, healthier and happier life. So the purpose of our program is to help young Latinos make responsible choices and protect themselves from pregnancy and STDs, like HIV.” (Facilitator Manual, p. 1.5)</p> <p>“Be careful <b>if you decide to have sex</b>; talk to your partner before you have sex...” (Facilitator Manual, p. 2.16)</p> <p>“What are some of the things you should consider to help you <b>decide if you are ‘ready’ for sex?</b>... Being ready for sex means there is a lot to know and think about before deciding if and when to have sex. You shouldn’t have sex <b>until you are ready</b> – and <b>until you decide.</b>” (Facilitator Manual, p. 2.20)</p> <p>“Deciding <b>if, when, and with whom</b> to have sex are important decisions.” (Facilitator Manual, p. 2.21)</p> <p>“Remember, pregnancy isn’t a disease, but you want to make sure you only get pregnant <b>when you are ready.</b>” (Facilitator Manual, p. 3.4)</p> <p>“Each partner is ultimately responsible for his or her own safety and protection and <b>has the right to make personal choices</b> about their own sexual health.” (Facilitator Manual, p. 3.6)</p> <p>“<b>If you decide to have sex</b>, then use condoms every time.” (Facilitator Manual, p. 4.14)</p> <p>“Learning Objectives: Explain the importance of caring about <b>careful sexual decision-making</b>” (Facilitator Manual, p. 5.1)</p>
<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>“Based on what we know about pregnancy, there are <b>two ways to prevent a pregnancy</b>. One is to keep the sperm from reaching the egg. All methods of birth control that do that are called barrier methods. The other way is to keep the egg from releasing. We can do this by changing the amount of hormones that cause the egg to release. These methods are called hormonal methods.” (Facilitator Manual, p. 1.15)</p> <p><b>Note:</b> <i>Abstinence is classified as a barrier method.</i></p> <p>“How can you reduce your risk of getting an STD? Answers should include: <b>Use a condom</b> every time you have vaginal, oral, or anal sex; Abstain from vaginal, oral and anal sex.” (Facilitator Manual, p. 1.26)</p> <p>“How can you reduce your risk of HIV? Abstinence, <b>being faithful</b> to only one partner and your partner being faithful to you, not sharing needles, and <b>using latex condoms</b> every time you have oral, anal or vaginal sex.” (Facilitator Manual, 1.31)</p> <p>“<b>Safer sex is using a latex or polyurethane condom correctly</b> every time you have sex. By sex we mean vaginal (penis and vagina), oral sex (penis and mouth; vagina and mouth), and anal sex (penis and anus).” (Facilitator Manual, p. 1.31)</p> <p>“What could you do to reduce your risk of HIV? Not have sex; <b>Be faithful</b> with one uninfected partner who is also faithful to you; <b>Use latex condoms</b> every time you have sex.” (Facilitator Manual, p. 1.33)</p>

	<p>“At the beginning, they decided they wouldn’t have sex <b>without using condoms.</b>” (Facilitator Manual, p. 3.11)</p> <p>“We can <b>enjoy sex more</b> if we don’t have to worry about STDs, HIV and pregnancy.” (Facilitator Manual, p. 3.12)</p> <p>“How can we change your statement into a message that could prevent <b>unsafe sex</b> in your community?” (Facilitator Manual, p. 3.14)</p> <p>Example of responsible behavior: “Mara doesn’t drink a lot at parties and <b>always carries a condom</b> with her.” (Facilitator Manual, p. 4.8)</p> <p>Activities in the ‘Caution Zone’ (barrier method against STDs): “Vaginal sex with a <b>condom</b>, having sex with multiple partners and consistently <b>using a condom</b>, having sex with a person who shoots IV drugs and <b>using a condom.</b>” (Facilitator Manual, p. 4.26)</p> <p>Activities in the ‘Danger Zone’ (high risk of pregnancy or STDs): “<b>Vaginal sex</b> without a condom, having sex with <b>multiple partners</b> and not using condoms, having sex with a person who shoots IV drugs without using a condom, withdrawal before ejaculation, having sex with a person who is having unprotected sex with other people.” (Facilitator Manual, p. 4.26)</p> <p>“What can an individual do to keep from getting HIV? Responsible sexual precautions include 1) sexual abstinence, 2) sexual <b>fidelity</b>, 3) avoiding exchange of body fluids by <b>using a condom</b>, 4) avoiding sexual partners who are engaged in risky behaviors, and 5) getting tested.” (Facilitator Manual, p. D.3)</p>
<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>“<b>Bisexual:</b> A person who is sexually attracted to people of the same sex and of the opposite sex (both-sex orientation).” (Facilitator Manual, p. D.17)</p> <p>“<b>Sexual Orientation:</b> The attraction people feel for, or the erotic relationship they develop, with other people of the same sex, the opposite sex, or of both sexes.” (Facilitator Manual, p. D.21)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO</b></p>	<p>The following birth control methods are discussed in detail: male condoms; female condoms; birth control pills, patch and ring; IUD; Depo-Provera; Diaphragm; Cervical Cap; Implanon; Abstinence (Facilitator Manual, p. 1.15-1.23)</p>



<p><b>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 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>Youth are <b>given an unopened condom package</b> and practice opening it and applying it over their fingers or forearm. (Facilitator Manual, p. 5.5)</p> <p>“Practice <b>safer sex and use condoms.</b>” (Facilitator Manual, p. 5.18)</p> <p>“<b>Keep a supply of condoms</b> on hand.” (Facilitator Manual, p. 5.18)</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>“Learning about safer sex and HIV <b>from peer role-models</b> can encourage teens to believe that HIV is a serious problem for them and that they need to protect themselves.” (Facilitator Manual, p. 2.16)</p> <p><i>*Student participants <b>often work in groups</b> to answer questions and do activities related to condom use.</i></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>Facilitator is encouraged to have all students practice applying a condom on a penis model, <b>regardless of the student’s religious or personal beliefs</b> about condom use. (Facilitator Manual, p. 5.6)</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</i></p>	<p>“All medical care you receive should be confidential. This means that the information you discuss with your health care providers must stay in your files at the clinic and <b>not be released to anyone without your permission.</b>” (Facilitator Manual, p. D.14)</p> <p>“In some states, clinics will see you <b>without your parents’ permission</b> and in others they will not. If you are concerned about this, call the clinic before you go. Ask if <b>you need to bring your parent along</b> for permission and what information the clinic will share with them.” (Facilitator Manual, p. D.14)</p>

<p><i>parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></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, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigateIPPF.org">www.InvestigateIPPF.org</a>)</i></p>	<p>“Where can you get tested (for HIV)? Local health department, free screening clinics, doctor’s office, <b>other agencies in your local community</b> [name a couple], home HIV tests.” (Facilitator Manual, p. 2.18)</p> <p>“Your local health department, community clinic, private doctor or <b>Planned Parenthood</b> are all good locations to check out for STD testing.” (Facilitator Manual, p. D.13)</p> <p><b>Note:</b> <i>Planned Parenthood is one of the top abortion advocacy organizations in the world.</i></p>
<p>For more information on <i>Cuidate</i> see <a href="https://www.etr.org/ebi/programs/cuidate/">https://www.etr.org/ebi/programs/cuidate/</a>.</p>	