CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] 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

Comprehensive Health Skills for Middle School, 4th Ed.

Published by Goodheart-Wilcox

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 8 OUT OF 15

Comprehensive Health Skills for Middle School **contains 8 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 textbook aligns with the National Health Education Standards and the National Sexuality Education Standards. The text includes chapters on puberty, development, reproduction, relationships, violence, and sexuality topics such as sexual orientation and gender identity. Students are taught extensively about sexually transmitted infections and contraception. They are also encouraged to advocate to their peers on sexual topics.

Abstinence is taught as the only 100% effective way of preventing pregnancy and STIs, but young teenage students are still asked to role play sexual situations, identify STIs based on symptoms, and make decisions about sexual behavior.

Target Age Group: Ages 12-14

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *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*	"For this activity, imagine that in class, a student beside you **starts to make sexual comments about you**. The comments make you feel uncomfortable. Reflect on how you would respond to protect your health and safety. Then, share your answers with a partner and discuss other ways to respond. After sharing your responses with your classmate, **role-play what you could do** in these situations." (Textbook, p. 463) "**Sexuality**: a person's biological sex, sexual feelings, sexual orientation, gender identity and gender expression" (Textbook, p. 514) "A person's **sexuality is a part of their identity**. You do not have to be sexually

[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.

discussion of sexual experiences, attractions, fantasies or desires.	active or even interested in sex to learn about your sexuality. Sexuality is about more than your sexual anatomy, chromosomes, or body parts. Parts of sexuality include a person's biological sex, sexual feelings, sexual orientation, gender identity and gender expression." (Textbook, p. 515) "**Sexuality involves how a person looks, feels, thinks, and acts**. It affects how other people view and treat a person." (Textbook, p. 515) "Sexual activity is contact that stimulates the external reproductive organs, such as the penis or vagina. Sexual activity can include contact of the external reproductive organs **with the mouth, hands, or anus**." (Textbook, p. 529) "Read the following scenarios and indicate which term each person might use to describe their identity. 1. Saoirse cares for her partner, but she is not sexually attracted. As a young adult, Saoirse tried to be sexually attracted to others, but she does not possess that feeling. **Which term might describe Saoirse's sexual orientation**? a. Lesbian b. Bisexual c. Asexual d. Straight 2. Quinn was raised as a boy but never felt like they identified as one. Quinn also does not identify as a girl. Instead, Quinn's gender identity falls outside of the categories of boy or girl. **Which term might describe Quinn's gender identity**? a. Cisgender b. Nonbinary c. Bigender d. Gender fluid 3. Grier was assigned female at birth and raised as a girl but never felt comfortable in a female body. This past year, Grier has explained to his family and friends that he identifies as a boy. **Which term might describe Grier's gender identity**? a. Transgender b. Nonbinary c. Bigender d. Gender fluid 4. While he is not ready to date yet, Emilio is sexually attracted to girls. **Which term might describe Emilio's sexual orientation**? a. Gay b. Bisexual c. Asexual d. Straight 5. Jalissa has been sexually attracted to girls for the past two years. She recently started dating Sheila three months ago. **Which term might describe Jalissa's sexual orientation**? a. Lesbian b. Bisexual

	c. Asexual d. Straight" (Workbook, p. 218) "Imagine that your friend comes to you for support. Based on the information learned in the lesson of the textbook, respond to their question using accurate information, support words, and empathy. • Your friend confesses to you, 'I sometimes **daydream in class and feel myself becoming aroused**. I try to stop the thoughts, but it is hard to control them. I'm guessing that I'm the only one that this happens to. It is so embarrassing.' • Your best friend says to you, 'This is the first time in my life that I feel sexually attracted to anyone. At times, the feelings are intense. **Most of the time I fantasize about girls**, but sometimes I find myself thinking about boys. My thoughts are hard to control and confusing at times.'" (Workbook, p. 221) "You have been dating your partner for a year now. You tell your friends you want to do something special for your dating partner. Your friends laugh and **immediately start chanting (and cheering for) 'sex.'** While they think it is funny, you are uncomfortable. What would you do? What would you say?" (Workbook, p. 222) "Scenario 1: Rashawn and Nia have been together for eight months **and are sexually active**. They love each other so much and are together so often that they spend little time with friends and family. In addition, Rashawn is less motivated at school. He is not concerned, however, because he believes that love conquers all." (Workbook, p. 223) "Scenario 3: Marcos feels proud and mature to be dating and **having a sexual relationship with someone four years older than him**. Rosie makes him feel special and wanted. At times, she can be controlling and a little manipulative, but Marcos believes it is because she loves him so much and wants to protect him." (Workbook, p. 224) "Scenario 4: Ella **started having sex with Pearson a month ago** when they went to prom together. Everything was going great until she started developing symptoms of a sexually transmitted infection. Ella feels embarrassed and is not sure who to talk to." (Workbook, p. 224) "Scenario 5: Jane and Davante have been together for six months. They both truly enjoy being together and hope to one day go to the same college. Jane wants to be a doctor and Davante wants to be a college professor. Hoping to make their relationship even stronger, **they decide to have sex for the first time**. A few weeks pass, and Jane realizes that she has missed her period." (Workbook, p. 224) Students read the following descriptions and decide which STI is most likely causing the symptoms:

	• "At first, it was just a **painless sore on the outside of my vagina**. It healed after a couple of weeks, so I did not think anything of it. Now, however, I have a red rash on my palms and soles of my feet… • I have a cluster of **three blisters on the tip of my penis**. It is uncomfortable and embarrassing… • Today, I noticed some abnormal growths on my vagina. I looked closer and saw six small, raised bumps on the outside of my vagina… • Ugh! I have an **abnormal discharge coming from my penis**. I can't imagine that is normal. Maybe it is related to puberty, but what explains the burning when I urinate and my swollen testicles? • What is going on down there? I have a mild burning sensation when I urinate. I also have strange feelings of nausea." (Workbook, p. 229) "Maria and Carlos have been in a relationship for eight months. They are both very happy in their relationship. Lately the conversation about sex has come up. Maria has never had sexual intercourse before or engaged in any activity that would put her at risk for HIV. **Carlos has had several previous sexual partners** and admitted to not always using a condom." (Workbook, p. 231) "Let's Talk About Sex: Amelia and Isaac met in college and have been together for almost a year. They are having dinner together tonight to **discuss their relationship and their thoughts and feelings about sex**. Both have already expressed that they are not ready to be parents and want to protect against sexually transmitted infections. With a partner, answer the following questions to help Amelia and Isaac have a productive conversation and make their best decision." (Workbook, p. 239) ***Note:*** *It is wholly inappropriate to have middle school students discussing and giving advice on the sexual decisions of adults.*
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.* *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	"A **key part of a healthy relationship is affirmative consent**. *Affirmative consent* is a direct, verbal, freely given agreement. This agreement occurs when someone clearly says *yes*. Affirmative consent is the difference between sexual activity and sexual harassment or assault. Sexual activity without consent is wrong and illegal." (Textbook, p. 454) "Consent is direct. This means it clearly states agreement. **Consent is saying *yes* without hesitation**. An example of consent is saying 'Yes, I want to do that' while making eye contact and smiling." (Textbook, p. 454) "Consent is verbal. **This means consent is given with words**. Consent is not given with just body language. How a person is dressed has nothing to do with their consent. When a person says *no* or nothing at all, they are not giving consent. People cannot and should not assume a person agrees to a behavior. Consent means *no* unless the person clearly, verbally says *yes*." (Textbook, p. 454) "Consent can be changed at any time… **A person must freely give consent every**

	time. Consent can be changed at any time. For example, a person can agree to an activity but then withdraw consent by saying *no* before engaging in the activity." (Textbook, p. 454) "Some people are not legally capable of giving consent to sexual activity. Only someone who **fully understands what the agreement is can give consent**. People cannot give consent to sexual activity if they are any of the following: • being pressured or coerced by someone else • under the influence of drugs or alcohol • affected by certain disabilities or disorders, such as an intellectual disability • asleep or unconscious • younger than the age of consent, which is the age at which a person can legally agree to engage in sexual activity; it is 16, 17, or 18 years of age, depending on the state" (Textbook, p. 454) "Some people believe that all sexual activity in a romantic relationship is consensual, but that is false. Even in a romantic relationship, **partners should not assume consent**. If consent is not directly stated each time, a romantic partner does not have consent." (Textbook, p. 455) "At first, it may feel awkward to ask for or give consent, but **this interaction will feel more natural with practice**. Asking for consent can eliminate sexual harassment and assault." (Textbook, p. 455) "Myth: Consent with one person establishes consent with another person. Fact: Every person engaging in sexual activity **needs to ask for and receive consent**." (Textbook, p. 456) "Myth: Consent given to one sexual activity extends to all types of sexual activity. Face: Consent to one type of sexual activity **only applies to that type of sexual activity**." (Textbook, p. 456) "Myth: One can **assume a person gives consent** if it was given in the past. Fact: Even if a person gave consent before, the person can still say no at any time." (Textbook, p. 456) "To prevent teen pregnancy, it is important to clearly communicate your boundaries in a relationship and to practice continuous abstinence. **Respond to the following pressure lines to have sex**. Clearly communicate 'no' in a respectful and assertive way. Role-play your responses with a partner. • Your partner says to you, 'Come on. It's natural to have the urge. I'm not going to stop thinking about it until you have sex with me.' • Your partner says to you, 'We have been together for months. I love you and would never hurt you. Sex will only make our relationship stronger.' • Your partner says to you, 'You don't want to be a virgin forever, do you? Just get it over with. You can trust me.'

	• Your partner says to you, 'You are making sex way too big of a deal. We will use protection, and everything will be fine.' • Your partner says to you, 'Having sex is a part of a relationship. Since we love each other, you should want to share this with me.' • Your partner says to you, 'We are young. Let's stop talking about the possible consequences and live life.'" (Workbook, p. 235) ***Note:*** *While this lesson has students saying "no" to sexual activity, it requires young teens to role play sexual scenarios together.* "Read the following **pressure lines about having sex without a condom**. In the space provided, indicate how the person can respond to the pressure to have sex without a condom by using respectful, assertive communication and **clearly stating the decision to use one**. • Hayden's partner says, 'I don't like the way a condom feels. Let's not use one today.' • Kali's partner says, 'Using a condom kills the mood. Let's not use one tonight.' • Wolfe's partner says, 'I forgot to buy a condom. Not using one just this once isn't that big of a deal.' • Oona says to her partner, 'Condoms are for people who don't trust each other. We are together and trust each other, so why do we have to use them?' • Tavon says to his partner, 'Condoms are tight and uncomfortable. I don't want to use them because they hurt me.' • Liam says to his partner, 'We did not use a condom last time and you didn't get pregnant. Let's not use one this time.'" (Workbook, p. 241)
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.*	**No evidence found.**
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*	"**Sexual orientation**: lasting pattern of romantic and sexual attraction" (Textbook, p. 514) "**Homophobia**: hostility, anger, exclusion, and violence directed at LGBTQ+ individuals" (Textbook, p. 514) "Sexual orientation is **the lasting pattern of a person's romantic and/or sexual attraction to other people**. Various terms are used to describe sexual orientation. People may or may not identify themselves using these terms."

provide medically inaccurate information about homosexuality or homosexual sex.	(Textbook, p. 521) "Some **know their sexual orientation early in puberty**. Some people may know earlier in childhood, and some later. Social factors affect people's views of sexual orientation. These factors include peers, family, society, culture, and the media they consume." (Textbook, p. 521) "These are just a few examples of terms people may use to describe their sexual orientation. • **Heterosexual or straight**: For men, being sexually attracted to women. For women, being sexually attracted to men. • **Gay or lesbian**: Being sexually attracted to someone of the same gender. • **Bisexual**: Being sexually attracted to someone of the same gender and other genders. • **Asexual**: Not having sexual attraction to anyone." (Textbook, p. 521) "**LGBTQ+ stands for *lesbian, gay, bisexual, transgender,* and *queer or questioning***. The plus sign is used to include people with other sexual orientations and gender identities. The acronym *LGBTQ* is sometimes expanded to include *I* (intersex) and *A* (asexual)." (Textbook, p. 521) "It was a difficult decision for Iyanna to **tell her parents that she was bisexual**. She hoped that by telling them the truth, they would help her sort through her feelings and answer her questions. Unfortunately, this did not happen." (Workbook, p. 220)
5. PROMOTES SEXUAL PLEASURE *May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.*	**No evidence found.**
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct*	"During puberty, **people might begin masturbating in response to sexual arousal**. Masturbation is the self-stimulation or the sex organs. Masturbation is a sexual activity that allows people to safely release sexual tension." (Textbook, p. 528) "Myths about masturbation can make young people feel embarrassed or guilty about masturbating. It is important to know the facts about masturbation. • Myths: Masturbating is wrong, abnormal, and shameful. Masturbating can cause acne or blindness. • Facts: **Masturbation is a normal and common response to sexual excitement**. Masturbation does not cause health conditions like acne or

children on how to masturbate. May also encourage children to engage in mutual masturbation.	blindness." (Textbook, p. 528) "During puberty, young people may begin masturbating in response to sexual arousal. Which statement is true about masturbation? A. It is a normal and common response to sexual excitement. B. It is wrong, abnormal, and shameful. C. It can cause acne and blindness. D. It does not cause any negative health conditions. E. **Both A and D apply**." (Workbook, p. 225)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*	**No evidence found.**
8. PROMOTES PREMATURE SEXUAL AUTONOMY *Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.*	"While at a party, an individual tries to pressure Evelyn to engage in sexual activity. Using assertive communication and your current knowledge on STIs, how could Evelyn respond? • Imagine Evelyn is still being pressured to engage in sexual activity, even after clearly stating 'no.' How could she respond? • If Evelyn's goal is to be abstinent, what are three action steps she can take to help her reach this goal? • **If Evelyn is choosing to be sexually active**, but her goal is to protect against STIs, what are two action steps she can take to help reduce her risk of STIs?" (Workbook, p. 226) "Sasha and Tyrone have been dating for eight months. Sasha told Tyrone early in the relationship that she wanted to wait until marriage to have sexual intercourse. Sasha, however, has never met anyone like Tyrone before… Lately, Tyrone has been bringing up the conversation of sex. Sasha thinks she still wants to wait, but her feelings are so strong for Tyree. She knows that she is not ready to become a teen parent… Make a list of all the options. Do not rule out any ideas until after you have identified all options… Make a decision. Based on the pros and cons for each option, **which decision should Sasha make**? Defend your answer." (Workbook, p. 236)

9. Fails to Establish Abstinence as the Expected Standard *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.* *May teach children that all sexual activity—other than "unprotected" vaginal and oral sex—is acceptable, and even healthy. May present abstinence and "protected" sex as equally good options for children.*	**No evidence found.**
10. Promotes Transgender Ideology *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most 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.*	"Diversity is present in a group of people with different backgrounds, including the following: age, sex, family traditions, race and ethnicity, cultures, **gender identity**, sexual orientation" (Textbook, p. 417) "**Gender identity**: deeply held thoughts and feelings a person has about their gender" (Textbook, p. 514) "**Transgender**: having a gender identity different from one's biological sex" (Textbook, p. 514) "**Transphobia**: discrimination and violence directed at people who are transgender" (Textbook, p. 514) "In the United States, gender is often viewed as *masculine* or *feminine*. The traits people think are masculine and feminine are typically complete opposites. For example, this view may expect men to be aggressive and women to be passive. **This is an example of the *gender binary***, or the idea that the genders of man and woman are entirely opposite." (Textbook, p. 517) "Gender identity is your deeply held thoughts and feelings about your gender. **Children learn their gender identity early in life**. In fact, most three-year-olds easily identify their gender. A child's sense of their gender becomes well-established around five years of age." (Textbook, p. 517) "Some people identify with the gender identity associated with their biological sex. **These people are called *cisgender***. Some people may realize they do not identify with the gender identity assigned to them. This happens for many reasons." (Textbook, p. 518) "When people are ***gender nonconforming***, their appearance and behaviors do

	not align with the gender associated with their biological sex. A person with a gender identity different from their biological sex is **transgender**. For example, a person may be born with female sexual anatomy but identify as a boy. Someone who is born with male sexual anatomy may identify as neither a man or a woman." (Textbook, p. 518) "Some people view themselves as ***nonbinary***. This means their gender identity may fall outside of the categories of man or woman. For example, people may identify with no gender (***agender***) or two genders (***bigender***). Some people may have a ***fluid***, or changing, gender identity." (Textbook, p. 518) "Many social factors affect the relationship a person has with gender identity. Pressures can come from a person's friends and peers. Family and culture also impact a person's view of gender identity. As a result, some people who are transgender **may be confused about their gender identity for many years**." (Textbook, p. 518) "Some people prefer to **use pronouns that match their gender identity**. For example, a person who identifies as a woman might ask others to use *she/her* when speaking about her. A person identifying as a man might prefer to use *he/him*. Sometimes a person chooses to **use nongendered pronouns such as *they/them***. Using people's preferred pronouns is a way of respecting their identity." (Textbook, p. 518) "***Gender expression*** is the way you outwardly display gender… Some people feel comfortable expressing their gender identity through their appearance and behaviors. Other people, however, may not feel comfortable or safe expressing their gender identity. People may choose to change their appearance, clothing, and name **to match their gender identity**." (Textbook, p. 520) "**Max is nonbinary**. While Max's parents are very supportive of **their** decision, **they** have always had a tough time at school." (Workbook, p. 220)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.* *May encourage the use of contraceptives, while failing to*	"While not 100 percent effective, **a correctly used condom can reduce the risk of contracting STIs**. A condom is a device that provides a barrier to pathogens that cause STIs. Condoms may be external or internal. An *external condom* fits over an erect penis. An *internal condom* fits inside the vagina or rectum." (Textbook, p. 542) ***Note:*** *The wrong anatomical term is used here. They are speaking of the anus, not the rectum. In addition, the internal condom is not FDA-approved for anal sex.* "In other cases, people are not ready to be pregnant, give birth, and raise a child. They may choose to **end the pregnancy with a procedure called *abortion***. A person who decides to have an abortion should do so at the earliest possible date. Early procedures reduce potential health risks." (Textbook, p. 556) ***Note:*** *Abortion "ends the pregnancy" by ending the life of an unborn child. This*

present failure rates or side effects.	*fact is not discussed, leaving young people uninformed about the consequences of this action.* "The **external condom, or *male condom***, is worn over the penis during sexual activity. The condom catches the semen released during ejaculation. An external condom fails in preventing pregnancy 13 percent of the time." (Textbook, p. 569) "**Condoms made of latex (rubber) or plastic** materials also protect against STIs. Condoms made of natural materials such as sheepskin do not protect against STIs." (Textbook, p. 569) "An external condom **fits over the erect penis**. It must be applied before the penis touches the sexual partner's genitals in sexual activity. It is important to apply the condom before any contact with the genitals because the penis can release fluids containing sperm prior to ejaculation. The condom must be used throughout sexual activity. A new condom must be used each time intercourse occurs." (Textbook, p. 569) "Do not use teeth or scissors to open the package, as this can damage the condom. If the package is wet or sticky, throw it out. **Do not use petroleum-based lubricants** with a latex condom. These substances will break down the latex." (Textbook, p. 569) "Each condom package states an expiration date. Damaged or expired condoms should be thrown away. Condoms can become dry, brittle, and ineffective over time. They will not prevent pregnancy or STIs. External condoms can be purchased without a doctor's prescription. **Some condoms are coated with *spermicide***, a substance that stops sperm from swimming and reaching the egg." (Textbook, p. 569) "The internal condom, or *female condom*, is a plastic device similar to a pouch. **The internal condom is placed inside the vagina or rectum**. The internal condom catches semen during ejaculation. An internal condom fails in preventing pregnancy 21 percent of the time. The effectiveness of internal condoms can be improved by using spermicide. Internal condoms also reduce the risk for STIs." (Textbook, p. 569) ***Note:*** *The wrong anatomical term is used here. They are speaking of the anus, not the rectum. In addition, the internal condom is not FDA-approved for anal sex.* "The **internal condom must be worn throughout sexual activity**. It must be applied before the penis touches a partner's genitals. A new condom must be used each time intercourse occurs. It should not be worn when the partner is also wearing an external condom. The condoms could tear or move out of position, which reduces effectiveness." (Textbook, p. 570) "Each condom package states an expiration date. Damaged or expired condoms

	will not prevent pregnancy or STIs. They should be thrown away. **Internal condoms can be purchased without a doctor's prescription**." (Textbook, p. 570) "The ***contraceptive sponge*** is made of plastic foam and is about 2 inches in diameter. The sponge is inserted into the vagina and covers the cervix. It helps block sperm from entering the uterus. The sponge contains ***spermicide***, which stops sperm from swimming. A contraceptive sponge fails in preventing pregnancy 14-27 percent of the time. It does not protect against STIs. Therefore, a contraceptive sponge should be used in addition to a condom… Contraceptive sponges can be purchased without a doctor's prescription." (Textbook, p. 570) "The ***diaphragm*** is a flexible, cup-shaped disk that covers the cervix. The diaphragm helps block sperm from entering the uterus. A diaphragm fails in preventing pregnancy 17 percent of the time. It does not protect against STIs, however… A diaphragm requires a doctor's exam and prescription." (Textbook, p. 570) "The ***cervical cap*** is a flexible cup that covers the cervix. Like the diaphragm, the cervical cap helps block sperm from entering the uterus. A cervical cap fails in preventing pregnancy 17 percent of the time… The cervical cap requires a prescription from a healthcare professional." (Textbook, p. 570) "Oral contraceptives, **also called *birth control pills* or *the pill***, contain hormones that reduce the risk of pregnancy by preventing ovulation. The pill is taken by mouth, or orally, at about the same time every day. The pill fails in preventing pregnancy 7 percent of the time… A prescription from a healthcare professional is needed to purchase the pill." (Textbook, p. 571) "The **birth control patch** (often called the *patch)* is a thin, two- to three-inch, plastic patch applied to the skin like a bandage. The patch contains the same hormones as the birth control pill, but hormones in the patch are absorbed through the skin… The patch fails in preventing pregnancy 7 percent of the time." (Textbook, p. 571) "The **vaginal ring** is a small, flexible ring inserted into the vagina. The ring contains the same hormones as the birth control pill, but hormones are absorbed inside the vagina… The vaginal ring fails in preventing pregnancy 7 percent of the time." (Textbook, p. 571) "The ***birth control shot*** is an injection of a female hormone to stop ovulation. The birth control shot fails in preventing pregnancy 4 percent of the time. A healthcare professional must give the shot every three months." (Textbook, p. 571) "The ***birth control implant*** is a flexible, toothpick-sized rod that holds a female hormone that stops ovulation. A doctor inserts the implant under the skin of the upper arm. It can be left in place for three years. The birth control implant fails in preventing pregnancy 0.1 percent of the time." (Textbook, p. 572)

	"An ***intrauterine device (IUD)*** is a small, T-shaped device that is inserted into the uterus by a doctor… IUDs last for years. Hormonal IUDs fail in preventing pregnancy 0.1-0.4 percent of the time and copper IUDs fail 0.8 percent of the time." (Textbook, p. 572) "Even when partners agree to use birth control, **mistakes can happen**. A barrier method might break or move out of place, for example. Sometimes, a person uses a method incorrectly or even forgets to use it. In these cases, a person might use **emergency contraception** to help prevent pregnancy. This method of birth control can only be used for a few days after sex, however... Emergency contraception pills can be purchased without a prescription." (Textbook, pp. 572-573) "The ***fertility awareness method*** *(FAM)* relies on knowing when an egg can be fertilized. Intercourse is avoided in the three to five days before ovulation, and on the first and second day after ovulation… FAM is only somewhat helpful for preventing pregnancy." (Textbook, p. 573) "**Withdrawal, or *pulling out,*** is one of the least effective birth control methods when used alone. A person using this method pulls the penis out of the vagina before ejaculating. This may keep sperm out of the vagina and reduce the risk of pregnancy. Withdrawal is not an effective method of birth control." (Textbook, p. 573) "**Sterilization** is the only permanent birth control method. It is a surgery performed by a doctor that prevents the sperm and egg from uniting. Sterilization prevents pregnancy, but not STIs." (Textbook, p. 574) "Sterilization can be done in both male and female reproductive systems. Male sterilization involves a surgery called a ***vasectomy*****.** In a vasectomy, the vas deferens are closed. This prevents sperm from leaving the testes. Vasectomies fail in preventing pregnancy 0.15 percent of the time." (Textbook, p. 574) "**Female sterilization involves *tubal ligation***. In this procedure, the fallopian tubes are cut or sealed. This surgery makes it impossible for sperm to reach an egg. Tubal ligation fails in preventing pregnancy 0.5 percent of the time." (Textbook, p. 574) "The best way to learn about the various methods of birth control is to talk to a healthcare professional. When using other sources of information, such as a website, always assess the source's credibility. It is so important to have accurate birth control information. **Research online to find a valid and reliable source of information on birth control methods**. Use the following checklist to evaluate the validity and reliability of a resource." (Workbook, p. 238) "Thea has decided to have sex with her partner. Thea does not want to get pregnant. She wants to get on a hormonal form of birth control. She is very forgetful, so she does not need a form of birth control that requires her to remember daily or weekly. **Which of the following forms of birth control do you**

	suggest for Thea? A. Condom B. Oral contraceptives (the pill) C. Diaphragm D. Birth control shot E. Contraceptive sponge" (Workbook, p. 242) "Skyler and Ash have been dating for several months. Today, they talked about their feelings for each other and have decided to have sex tonight. Neither one has been to the doctor to discuss any forms of birth control. Both Ash and Skyler want to protect against pregnancy and STIs. They plan on going to a grocery store or convenience store prior to tonight. **Which of the following forms of birth control do you suggest for Skyler and Ash**? A. Condom B. Diaphragm C. Birth control patch D. Birth control shot E. Birth control implant" (Workbook, p. 242) "**Jenny had unprotected sex with Cooper last night**. She is worried about pregnancy. Which of the following forms of birth control could Jenny take to prevent pregnancy? A. Condom B. Oral contraceptive (the pill) C. Emergency contraception D. Birth control shot E. Spermicide" (Workbook, p. 242) "Skye and Garrett have been married for 10 years and have four children. They are interested in decreasing their likelihood of having any more children. They do not want to use hormones to prevent pregnancy, but they do want a long-term method. **Which of the following forms of birth control do you suggest for this couple**? A. Sterilization B. Oral contraceptives (the pill) C. Withdrawal D. Birth control implant" (Workbook, p. 242) "Jamie and Kit have been dating for several months. Jamie has expressed the desire to have sex, but Kit does not feel ready. Tonight, Jamie has arranged a special date and is coming on strong with romantic words. Based on the options below, **what form of birth control do you suggest for this couple**? A. Vaginal ring B. Oral contraceptives (the pill) C. Abstinence D. Birth control implant E. Withdrawal" (Workbook, p. 242)

12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY *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.*	"Advocate for Health: In a small group, discuss scenarios involving consent. Brainstorm how you could **raise awareness at your school of the importance of consent** and empower students to reinforce their boundaries. Create a message that empowers middle school students. Share your message with the class. With teacher permission, share your message with others." (Textbook, p. 455) "Advocate for Health: With a partner, **choose one topic related to sexuality that was discussed** in this lesson. Educate others about your chosen topic. Create a poster, flyer, social media post, or other creative product about your topic. In your product, include a slogan about acceptance and information on your chosen topic. Also include a valid community resource that can provide support on sexuality. Be prepared to share your message with the class." (Textbook, p. 525) "Access Information. Research websites and local resources that provide information about sexuality. **Choose one local resource or website to present to the class**. Create a digital presentation about your resource and explain why you do or do not consider it a valid source and if you would recommend it to your peers. Then, present this information in small groups or to the class." (Textbook, p. 525)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	**No evidence found.**
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.*	**No evidence found.**
15. REFERS CHILDREN TO HARMFUL RESOURCES	**No evidence found.**

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