

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

Essential Health Skills for High School – Human Development, Relationships, and Sexual Health Companion Text, 3rd Ed.

Published by Goodheart-Wilcox

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 7 OUT OF 15

Essential Health Skills for High School – Human Development, Relationships, and Sexual Health Companion Text, 3rd Ed. contains 7 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 companion text was developed for use with the *Essential Health Skills for High School* textbook and aligns with the National Sex 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.

Target Age Group: Ages 14-18

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <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,</i>	“Erection: Lengthening and hardening of the penis due to sexual stimulation; caused by blood flowing into the erectile tissue of the penis” (p. 4) “During sexual stimulation, blood flows into the erectile tissue of the penis and results in an erection, in which the penis lengthens and hardens. Intense sexual stimulation causes contractions in the epididymis and vas deferens, moving sperm into the urethra. Secretions from the seminal vesicles and prostate mix with the sperm, forming semen. Ejaculation is when muscular contractions forcefully eject semen out the <i>external urethral orifice</i> (opening). <i>Orgasm</i> (muscular contractions that cause a pleasurable feeling) usually accompanies ejaculation in males.” (p. 4)

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.

<i>attractions, fantasies or desires.</i>	“Clitoris: Mass of erectile tissue that swells and enlarges during sexual arousal” (p. 10) “Located above the vaginal opening, the clitoris contains <i>erectile tissue</i>, which is spongy and filled with many small spaces. The clitoris is sensitive to sexual stimulation. Blood flows into these spaces, causing the organ to swell and enlarge. Intense sexual stimulation leads to <i>orgasm</i>. Some people also experience <i>female ejaculation</i>, which is an emission of fluid from the urethra.” (p. 10) “Adolescents start to have <i>erections</i>, in which the penis lengthens and hardens, in response to sexual excitement or for no reason at all.” (p. 39) “Sexual activity: Actions that involve contact with a person’s reproductive organs, such as the penis or vagina; can include sexual intercourse and other activities” (p. 56) “Sexual intercourse: Sexual activity that involves penetration, or sexual insertion of a body part or object into another body part” (p. 56) “Sexuality: Element of identity that includes a person’s biological sex, gender identity and expression, sexual orientation, and sexual experiences and thoughts” (p. 153) “Aspects of Your Sexuality: Biological sex; Gender identity and expression; Sexual orientation; Sexual experiences and thoughts” (p. 153)
2. TEACHES CHILDREN TO CONSENT TO SEX <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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i> <i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i>	No evidence found.

3. PROMOTES ANAL AND ORAL SEX <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>	No evidence found.
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR <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>	“Growing up, Leesa was confused by her sexual orientation. When all her friends started to have crushes on boys, Leesa did not. She did not have crushes on girls either. For a while, Leesa feared something was wrong with her. When she read an article about asexuality, she felt relieved and no longer felt alone. She recently joined a group on social media for people who are asexual and has made a few friends who share her experiences.” (p. 156) Note: Students are asked to write a script scenario in small groups outlining how Leesa can talk to family or friends about her sexuality. “Sexual orientation: Enduring pattern of a person’s romantic and/or sexual attraction to other people” (p. 157) “A person’s sexual orientation is separate from gender identity. People of all gender identities can have any orientation. Sexual orientation describes the enduring pattern of a person’s romantic and/or sexual attraction to other people.” (p. 157) “Sexual attraction involves interest in a person’s physical qualities and a desire for sexual activity with that person. Romantic attraction is a feeling of emotional connection to another person and the desire for an intimate relationship. Some people use the word romantic orientation to describe a person’s romantic attraction. People who are unsure about their orientation are often called questioning.” (p. 157) “Sexual and romantic orientation correlate for many, but not all, people. For example, people who are asexual do not experience sexual attraction, but some experience romantic attraction.” (p. 157) “It is not unusual for some teens to feel unsure or confused about their sexual orientation. At times, some teens who are heterosexual feel romantic or sexual attraction to people of the same gender. Some teens who are gay or lesbian may feel attracted to someone of a different gender. This type of sexual curiosity is common while adolescents are maturing.” (p. 157) “People may describe themselves as... • Heterosexual (or straight): Sexually attracted to men (for women) or women (for men)

	• Gay or lesbian: Sexually attracted to someone of the same gender • Bisexual: Sexually attracted to someone of the same gender and other genders • Demisexual: Sexually attracted to someone only with a deep emotional bond • Asexual: Not having sexual attraction for anyone • Aromantic: Not having romantic attraction for anyone” (p. 157) “LGBTQ+ is a common acronym used to identify people of different sexual orientations and gender identities. It stands for lesbian, gay, bisexual, transgender, and queer or questioning. The plus sign symbolizes the inclusion of other sexual orientations and gender identities as well.” (p. 158) “The acronym LGBTQ is sometimes expanded to include I (intersex) and A (asexual). Some people argue that, despite trying to be inclusive, this acronym does not represent every sexual orientation or gender identity. Additionally, not everyone wants to be defined by this acronym. As the LGBTQ+ community evolves, so will the terminology that describes it.” (p. 158) “Homophobia: Hostility, anger, exclusion, and violence directed at people who are LGBTQ+” (p. 158) “Questions About Sexual Orientation: Do not put pressure on yourself. Many people need time to explore their identities throughout their teen years, and even during their whole lives. You do not have to decide on one label, and even if you do, this may change in later years.” (p. 158) “Questions About Sexual Orientation: Remember that dreams or fantasies may not indicate anything about your sexual orientation. They can, however, help you explore your feelings safely and privately without acting on them.” (p. 158) “The American Academy of Pediatrics (AAP) ... reviewed more than 30 years of research about the well-being of children who have same-sex parents. The AAP concluded that having same-sex parents had no effect on children’s emotional or physical health. Also, children did as well having two male parents as they did having two female parents.” (p. 159) “A recent study confirmed that family stability is the most important factor affecting children’s health. This study found that the well-being of children was better if children’s parents were legally married. This applied whether children had same-sex or opposite-sex parents.” (p. 159) <i>Note: This study has since been debunked while data from the New Family Structure Study affirm that the well-being of children from homes with a married mother and father is markedly improved over that of children raised in same-sex homes.</i>
5. PROMOTES SEXUAL PLEASURE	

<i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i>	No evidence found.
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION <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>	No evidence found.
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <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>	“Applying an External Condom 1. Gently tear open the condom package at its edge. Do not use teeth or scissors to do this. If the package is wet or sticky, discard it. Each condom is rolled into a ring within its package. 2. Determine which way the condom unrolls using a finger. 3. Pinch the condom tip to remove air. This will prevent breakage when the condom fills with semen. Leave a small amount of space at the tip to collect semen. 4. Place the condom at the tip of the erect penis. 5. The condom will not roll if it is placed incorrectly. Once the condom is positioned correctly, roll it to the base of the penis. 6. Apply some water-based lubricant if the condom is not lubricated. Never use petroleum-based lotions or lubricants such as Vaseline with a latex condom.” (p. 172) “Removing an External Condom 1. Remove the penis from the partner’s genitals before it softens. Otherwise, the condom can fall off and spill semen. 2. Hold the base of the condom at its ring while withdrawing to keep the condom from coming off the penis. 3. Pull off the condom and dispose of it in the trash. Wash your hands. 4. Never reuse a condom. Use a new condom for each erection.” (p. 172) “It is a good idea to practice applying and removing a condom before engaging

	in sexual activity. People can practice by applying an external condom over an object shaped like a penis." (p. 172) "An internal condom, sometimes called a <i>female condom</i>, is a device similar to a pouch. It is placed inside the vagina. Internal condoms are made of plastic, so they do not cause allergic reactions in people allergic to latex. Each end of the condom has a flexible ring to help a person insert the condom and to hold it in place while the penis is inserted. Internal condoms can be more effective if a person adds spermicide to the inside or withdraws the penis before ejaculation." (p. 172) "An internal condom must be inserted before the penis touches a partner's genitals. It prevents pregnancy by catching semen. It also forms a barrier to STIs (Figure 12.3.3). An internal condom should not be worn with an external condom, since friction between them reduces effectiveness." (p. 172) "Applying an Internal Condom 1. Squeeze the inner ring at the closed end of the condom and push it into the vagina as deep as it will go. The outer ring should rest just outside the vagina. 2. Hold the outer ring against the vaginal or rectal opening while the penis is inserted. The penis should not slide outside the condom." (p. 172) Note: <i>The female condom is not FDA-approved for anal sex.</i> "Removing an Internal Condom 1. Hold the outer ring and twist the end of the condom to trap semen inside and prevent spillage. 2. Pull the condom out and discard it in the trash. An internal condom can only be used once. A new condom must be used each time a person has sexual intercourse." (p. 172)
8. PROMOTES PREMATURE SEXUAL AUTONOMY <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>	No evidence found.
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED	"Although abstinence is the only 100-percent effective method for preventing STIs, a correctly used condom can also reduce the chances of getting some

STANDARD <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> <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>	STIs. A condom acts as a barrier against pathogens during sexual activity. It is also a birth control device. Other birth control methods do not reduce the risk of STIs.” (p. 136) “The only method that is 100-percent effective in preventing pregnancy is <i>sexual abstinence</i>, or the decision to refrain from sexual activity... Contraception can also reduce the risk of pregnancy occurring.” (p. 142)
10. PROMOTES TRANSGENDER IDEOLOGY <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>	“For people with female anatomy, a laboratory test can detect an HPV infection... HPV tests are not available for people with male anatomy.” (p. 120) “Typically, a doctor can observe a baby’s biological sex at birth based on external reproductive organs. According to this observation, the baby is assigned a biological sex. For this reason, biological sex is sometimes called <i>assigned sex</i>. A doctor may assign sex based on the baby’s chromosomes or anatomy.” (p. 154) “The gender binary is the idea that a person’s gender is simply one of two possibilities. The gender binary views gender as either masculine or feminine. Seeing gender this way is unrealistic.” (p. 155) “Gender identity is a person’s deeply held thoughts and feelings about their gender. Gender identity may or may not influence a person’s gender expression, or outward display of gender. Gender expression may include the way a person dresses, acts, and talks. It also includes how a person wants to be treated or described by others.” (p. 155) “Many people identify with the gender associated with their biological sex. These people are called cisgender. Some people realize they are not comfortable with the gender associated with their biological sex. This happens for many reasons.” (p. 155) “People who are transgender identify with a gender that is not associated with their biological sex. For example, a woman who is transgender may be born with male sexual anatomy but identify as a woman. Someone who is transgender may be born with female sexual anatomy but identify as neither a man nor a woman. Some people who are transgender choose to change their appearance, clothing, and name to match the gender with which they identify. When people are gender nonconforming, their appearance and behaviors do not align with the gender associated with their biological sex.” (p. 155)

	“Cisgender: Identifying with the gender associated with one’s biological sex” (p. 155) “Transgender: Identifying with a gender other than the one that is associated with one’s biological sex” (p. 155) “Gender nonconforming: Having an appearance or behaviors that are not associated with one’s biological sex” (p. 155) “Nonbinary: Identifying with a gender that falls outside the categories of man or woman” (p. 156) “Some people describe themselves as nonbinary. This means they have a gender identity that falls outside the categories of man or woman. For example, these people may identify with no gender (agender) or two genders (bigender). Some people may have a fluid, or changing, gender identity.” (p. 156) “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 <i>she/her/hers</i> when speaking about her. A person identifying as a man might prefer to use <i>he/his/him</i>. Sometimes a person chooses to use the nongendered pronouns such as they/them/their. Using people’s preferred pronouns is a way of respecting their identity.” (p. 156) “Bailey took a big risk coming out to their family members as gender nonbinary. Bailey’s family had not talked much about LGBTQ+ people, so they were not sure what to expect. Bailey was relieved when their family expressed support and understanding. Bailey’s family members do occasionally forget to use Bailey’s they/them pronouns, but Bailey can tell they are trying. A gentle reminder is all it takes for Bailey’s family to remember the correct way to address them.” (p. 156) “Conversations about sexuality can be difficult but are important to personal health and healthy relationships. In small groups, create a script scenario in which Bailey ... has a conversation about sexuality. This conversation can be with a family member, friend, or trusted adult. Write the script using effective communication skills. Turn in your script to your teacher to share with the class.” (p. 156) “Transphobia: Hostility and violence directed at people who are transgender” (p. 158)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN <i>Presents abortion as a safe or positive option while omitting</i>	“Condom: Device that acts as a barrier against pathogens during sexual activity; also acts as a barrier method of contraception” (p. 136) “External condom: Device that fits over an erect penis; helps prevent many STIs and can reduce the chance of pregnancy occurring during sexual intercourse” (p. 136)

data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

May encourage the use of contraceptives, while failing to present failure rates or side effects.

“Internal condom: Device that fits inside the vagina; is less effective than an external condom at preventing some STIs; also reduces the chance of pregnancy occurring during sexual intercourse” (p. 136)

“Condoms may be external or internal. An **external condom** fits over an erect penis. An **internal condom** fits inside the vagina. External and internal condoms should not be used together. Using them together reduces their effectiveness in preventing STIs.” (p. 136)

“A condom can be used only once. **A new condom must be used each time a person engages in sexual activity.** Any condom that has expired, has holes or tears, or has dried out will not prevent STIs and should be discarded. In fact, a person should only use unexpired condoms from a reliable source, such as a nurse at a healthcare clinic. Condoms may be damaged if stored in places they could become very cold or hot (for example, in a car) or be crushed (for example, in a wallet).” (p. 136)

“Emergency contraception (such as a copper IUD, *ella*®, or *Plan B One-Step*®) can also help prevent pregnancy after sexual activity or sexual assault. The only contraceptive methods that protect against STIs are condoms.” (p. 142)

Methods of Contraception		
Contraceptive Method	Use	Typical Use Failure Rate
Sexual abstinence	Refraining from sexual activity	0%
Birth control implant	A small rod implanted into the body by a doctor; releases hormones to prevent ovulation	0.1%
Sterilization	Permanent surgery that alters a male's or female's reproductive system to prevent pregnancy	Female: 0.5%; Male: 0.15%
Intrauterine device (IUD)	A device inserted into the uterus by a doctor; repels sperm; hormonal IUDs also release hormones to thicken cervical mucus and inhibit ovulation	Hormonal: 0.1–0.4%; Copper: 0.8%
Birth control shot	An injection of hormones by a doctor every three months; prevents ovulation	4%
Birth control patch	A patch placed on the skin every three weeks; releases hormones to prevent ovulation	7%
Birth control pill	A pill taken every day; contains hormones that prevent ovulation	7%
Vaginal ring	A flexible ring inserted into the vagina; releases hormones to prevent ovulation	7%
External condom	Fits over an erect penis to block sperm from entering the vagina	13%
Vaginal gel	Gel inserted in the vagina before vaginal intercourse; lowers vaginal pH and stops sperm from swimming	14%
Cervical cap	A silicone cup inserted into the vagina; prevents sperm from entering the uterus	17%
Diaphragm	A flexible cup inserted into the vagina; blocks sperm from entering the uterus	17%
Internal condom	Fits inside the vagina to prevent sperm from entering the uterus	21%
Withdrawal	Pulling the penis out of the vagina before ejaculation	22%
Fertility awareness methods (FAM)	Methods that track the female reproductive system's fertile (unsafe) and infertile (safe) days; include the temperature method, cervical mucus method, and calendar method	2%–23%
Emergency contraceptive pills	A pill taken within five days of sexual intercourse; contains hormones that prevent ovulation	15% (<i>ella</i>); 11%–25% (<i>Plan B</i>)
Contraceptive sponge	A sponge inserted into the vagina; contains <i>spermicide</i> (a chemical that kills sperm) and prevents sperm from entering the uterus	14%–27%
Spermicide	A substance inserted into the vagina that inactivates sperm	28%

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Figure 11.4.1 This chart shows typical use failure rates of various contraceptive methods. The effectiveness of these methods depends on whether they are used consistently and perfectly. Forgetting to use a contraceptive method or using a method imperfectly even once significantly reduces effectiveness and increases the chance of pregnancy.

(p. 143)

“What would you say if a friend asked you how to prevent pregnancy? If you heard someone say pregnancy could be prevented by **urinating or douching after sex**? How would you react if your dating partner told you pregnancy was not possible **the first time you had sex**? There are many myths about how pregnancy occurs and can be prevented... Following are some common myths and facts about pregnancy prevention during vaginal sexual intercourse.” (p. 163)

“**Myth #1:** Urinating after sex prevents pregnancy.

Fact: Urinating after sex does *not* prevent pregnancy.” (p. 163)

“**Myth #2:** *Douching*, or cleaning the inside of the vagina, after sex prevents pregnancy.

Fact: Douching after sex does *not* prevent pregnancy. In fact, douching can increase the likelihood of pregnancy by pushing semen deeper into the vagina. Douching also does not prevent the transmission of sexually transmitted infections (STIs) and HIV.” (p. 163)

“**Myth #3:** Pregnancy cannot happen the first time people have sex.

Fact: Someone *can* become pregnant the first time people have sex. Having sex or using contraception that is not 100 percent effective can lead to pregnancy and STI transmission anytime people have sex, including the first time.” (p. 163)

“**Myth #4:** Someone cannot become pregnant while menstruating.

Fact: People *can* become pregnant during menstruation. It is unlikely, but possible. People with regular menstrual cycles of 28-32 days will typically not become pregnant during menstruation. Many people, however, have irregular periods. Some have shorter cycles (24 days, for example), and some ovulate earlier than the 14th day. These people can become pregnant during menstruation.” (p. 164)

“**Myth #5:** Pregnancy cannot occur if a person withdraws the penis from the vagina, or ‘pulls out,’ before ejaculating.

Fact: Someone *can* become pregnant even if the penis is pulled out of the vagina before ejaculation. Often, the penis releases some fluid containing sperm before ejaculation. Withdrawal is the least effective method of contraception.” (p. 164)

“**Myth #6:** Pregnancy will not happen if someone stands up during or after sex.

Fact: People *can* become pregnant no matter the position during and after sex. Standing up during or after sex will not prevent pregnancy.” (p. 165)

“**Myth #7:** Someone younger than 18 years of age cannot become pregnant.

Fact: People younger than 18 years of age *can* and *do* become pregnant. Someone who has begun menstruating can become pregnant regardless of age.” (p. 165)

“**Myth #8:** People will not get an STI or HIV as long as they use a condom during

sexual activity.

Fact: If used properly and consistently, latex, polyurethane, and polyisoprene condoms can reduce – but not eliminate – the risk of getting an STI or HIV.” (p. 165)

“Myth #9: Pregnancy is not that common after sex.

Fact: In a given year, 85 out of 100 people who have vaginal sexual intercourse without contraception will become pregnant. If you have sex without contraception, you only have a 15 percent chance of not getting pregnant.” (p. 165)

“Myth #10: Pregnancy will not happen if people use contraception during sex.

Fact: Using contraception reduces, but does *not* eliminate, the risk of pregnancy. The chance of becoming pregnant depends on the contraceptive method used. Some methods are more effective than others. The risk of pregnancy also depends on whether people use contraception consistently and correctly. Abstinence is the only way to avoid pregnancy completely.” (p. 165)

“In these scenarios, each teen needs to get reliable information or share that information with others. Complete one scenario to show how the teen gets factual, reliable information or corrects a myth. Explain how the teen evaluates their sources of information. Then **share the factual information the teen found with the class and cite your sources.**

- Raegan was scrolling through social media when she came across an article **claiming she cannot become pregnant while on her period.** Raegan knows you cannot believe everything you see online and she does not think this sounds right. Raegan also recognizes this article is not a credible source of health information. She is not completely sure, however. Raegan wants to find reliable information about this claim but does not know where to look.
- Sitting at home, Jayden overhears his older brother's conversation on the phone. His older brother says, ‘Condoms and birth control are such a hassle. **Why doesn't he just pull out?** Problem solved.’ Jayden knows his brother is wrong. Pulling out is not that effective and does not protect against STIs. He does not know if it is his place to correct his brother. At the same time, he worries his brother will spread this misinformation if he says nothing.
- One night, Sonja was watching their favorite show with their best friend. During the show, two characters had sex, and one character was worried about becoming pregnant since they did not use a condom. The other character told her, ‘Don't worry. **It was only one time. You won't get pregnant.**’ Sonja’s friend scoffed at this, and Sonja was confused. Was the character wrong?” (p. 164)

“There are many contraceptive methods, and people **choose the method that works best for them.** People can talk with a healthcare professional if they have questions about selecting a method... The main categories of contraceptive

methods are the following:

- **sexual abstinence** – is the only 100-percent effective method of preventing pregnancy
- **barrier methods** – prevent sperm from traveling through the female reproductive system and fertilizing an egg
- **contraceptive gels** – chemically prevent sperm from swimming within the vagina
- **hormonal methods** – alter hormone levels to thicken cervical mucus and inhibit ovulation in the female reproductive system
- **natural methods** – time sexual activity with the menstrual cycle and the sexual response cycle
- **sterilization** – permanently prevents pregnancy by altering the reproductive system, often through surgery” (p. 165)

“If a person forgets to use contraception during sexual intercourse or notices a contraceptive method fails (for example, if a condom breaks), **emergency contraception can help prevent pregnancy**. Emergency contraception does not end a pregnancy that has already begun. Instead, it uses hormones to prevent pregnancy from occurring.” (p. 166)

“Each contraceptive method has advantages and disadvantages (Figure 12.2.2). People should **consider their goals, sexual history, and any STIs when selecting a method**. Is the goal to prevent pregnancy and have protection from STIs and HIV? Certain methods, such as condoms, can reduce the risk of pregnancy, STIs, and HIV. Other methods, such as hormonal contraception, reduce the risk of pregnancy, but do not protect from STIs and HIV.” (p. 166)

“Questions to Consider When Selecting Contraception

- How effective is it in preventing pregnancies?
- Does it also protect against STIs and HIV?
- How easy is it to use? Can you forget to use it or use it incorrectly? Can it break?
- How much does this method cost? What are the up-front costs, and how much will it cost over time?
- Do I need a doctor’s prescription for this method?
- Is this method reversible?” (p. 166)

“People should also consider the cost and availability of contraception. Some methods, such as a condom or spermicide, **are inexpensive and do not require a doctor’s prescription**. Other methods, such as the intrauterine device (IUD), require a doctor’s visit. A person using the birth control shot must visit the doctor regularly.” (p. 167)

“Some people want to **use a reversible method of contraception so they can have children in the future**. Others would prefer a method that is *permanent*. Sterilization is permanent and often irreversible. Ease of use is another important factor. Each method of contraception is effective only when used correctly every time, which may not always be convenient or possible.” (p. 167)

“Pharmacies offer several types of contraception **without a doctor’s prescription**. These include condoms and spermicides. IUDs and many hormonal types require a prescription.” (p. 167)

“Barrier methods are some of the most common methods of contraception. As a class, discuss the following question: What have you heard about condoms? **Share what you have heard about condoms** from advertisements, Conversations, and media portrayals. List these messages. Then assess whether you think each message is accurate or not. How do these messages influence teens?” (p. 169)

“The **external condom**, sometimes called the *male condom*, is designed to **fit over the erect penis during sexual activity**. There are several types of external condoms:

- latex condoms – made from a form of natural rubber derived from the sap of rubber trees
- polyurethane condoms – made from various forms of plastic
- polyisoprene condoms – made from synthetic, latex-free rubber
- natural condoms – made from the walls of animal intestines, sometimes called *lambskin* or *sheepskin condoms*; these condoms have small pores through which pathogens can pass, so they do not prevent STIs and HIV” (p. 170)

“External condoms help prevent pregnancy by catching the semen released during ejaculation and preventing sperm from reaching the egg. External condoms can be coated with spermicide, a substance that inactivates sperm. An external condom must be **applied after an erection and before the penis touches a partner’s genitals**. This is important because the penis can release fluids with sperm and possibly pathogens that cause STIs prior to ejaculation. External condoms cannot be reused. A new condom must be used each time intercourse happens.” (p. 170)

Barrier Methods				
Method	Use	Requires a Doctor's Visit	Estimated Cost	Typical Use Failure Rate
External condom	Fits over an erect penis to block sperm from entering the vagina	No	\$2–\$6	13%
Contraceptive gel	Gel inserted in the vagina before vaginal intercourse; lowers vaginal pH and stops sperm from swimming	Yes	\$0–\$270 depending on insurance	14%
Diaphragm	A flexible cup inserted into the vagina; blocks sperm from entering the uterus	Yes	\$0–\$250 (including doctor's visit) depending on insurance	17%
Cervical cap	A silicone cup inserted into the vagina; prevents sperm from entering the uterus	Yes	\$0–\$275 (including doctor's visit) depending on insurance	17%
Internal condom	Fits inside the vagina to prevent sperm from entering the uterus	No	\$2–\$3 each	21%
Contraceptive sponge	A sponge inserted into the vagina; contains spermicide (a chemical that kills sperm) and prevents sperm from entering the uterus	No	\$15 for three	14%–27%
Spermicide	A substance inserted into the vagina that inactivates sperm	No	\$8–\$15 per kit	28%

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Figure 12.3.1 To be effective, each method must be used correctly every time a person has sexual intercourse.

(p. 170)

“External condoms become dry, brittle, and ineffective over time. It is important to check the expiration date and discard expired condoms. People should not store condoms in hot or cold places (like cars) or in wallets, where they can be damaged or punctured. **Petroleum-based lotions or lubricants such as Vaseline® should not be used with a latex condom.** These substances will break down the latex barrier.” (p. 171)

“The **contraceptive sponge** is a barrier method that helps block sperm from entering the uterus. The contraceptive sponge is inserted into the vagina and positioned to cover the cervix. A person can insert it several hours (at least 10 minutes) before sexual intercourse and leave it in place for 30 hours.” (p. 173)

“Unlike condoms, the contraceptive sponge **does not have to be replaced each time people have sexual intercourse.** The same sponge can be used more than once during a 30-hour period. A small loop makes it easier to pull out of the vagina.” (p. 173)

“The **diaphragm** is a flexible, cup-shaped disk that is inserted into the vagina. It covers the cervix and helps block sperm from entering the uterus (Figure 12.3.4). The diaphragm does not protect against STIs and HIV.” (p. 173)

“Unlike with condoms and contraceptive sponges, **getting a diaphragm requires an exam and prescription.** During the exam, the healthcare professional checks the health of the cervix and uterus and prescribes the correctly sized diaphragm. A person can then buy a diaphragm with a prescription at drugstores.” (p. 173)

“A diaphragm costs more than a condom or contraceptive sponge, but a person can **use it multiple times and for much longer than other barrier methods.** While initial costs are relatively high, the diaphragm is inexpensive for long-term contraception.” (p. 173)

"The **cervical cap** is a flexible cup that covers the cervix and helps block sperm from entering the uterus. Like the diaphragm, the cervical cap is made of silicone. The cervical cap cannot protect against STIs and HIV." (p. 173)

"A person must see a doctor or other healthcare professional to get a prescription for a cervical cap. During the exam, a doctor checks the health of the cervix and uterus and prescribes the correct size. The cervical cap works best for people who have never given birth... A person must **cover the cap with spermicide and insert it before intercourse**. Like the diaphragm, the cervical cap is expensive at first but can be used for a long time." (pp. 173-174)

"**Contraceptive gels** are not physical barriers and do not contain hormones. They chemically prevent sperm from swimming within the vagina. For example, the product Phexxi® is a gel **inserted into the vagina before sexual intercourse**. This gel lowers the pH inside the vagina. It increases acidity, which stops sperm from swimming... Contraceptive gels do not protect against STIs and HIV." (p. 174)

"**Choose two barrier methods and compare them** in terms of effectiveness, ease of use, and cost. What factors might affect which method people choose?" (p. 174)

"What do you already know about hormonal contraceptive methods? For each hormonal method in this lesson, indicate whether you have never heard of it, have heard of it, or know how it works. **List what you know and then use a reliable resource to verify two facts** you think you know. Were your facts correct? Verify the other facts you listed as you read this lesson." (p. 175)

"**Hormonal methods** of contraception **prevent pregnancy using hormones**, or chemical substances that control many body functions, including reproduction. Hormonal methods use the hormones *estrogen* and *progestin* (synthetic progesterone). These hormones thicken cervical mucus, thin the endometrial lining of the uterus, and stop ovulation (the release of an egg)." (p. 175)

Hormonal Methods				
Method	Use	Requires Prescription	Estimated Cost	Typical Use Failure Rate
Birth control implant	A small rod implanted into the body by a doctor; releases hormones to prevent ovulation and must be replaced after five years	Yes	\$0–\$1,300 (including doctor's visit), depending on insurance	0.1%
Intrauterine device (IUD)	A device inserted into the uterus by a doctor; repels sperm; hormonal IUDs also release hormones to thicken cervical mucus and inhibit ovulation; is effective for 3–12 years	Yes	\$0–\$1,300 (including doctor's visit), depending on insurance	Hormonal: 0.1–0.4%; Copper: 0.8%
Birth control shot	An injection of hormones by a doctor every three months; prevents ovulation	Yes	\$0–\$250 (including doctor's visit), depending on insurance	4%
Birth control patch	A patch placed on the skin every week for three weeks; releases hormones to prevent ovulation	Yes	\$0–\$150 per month, depending on insurance	7%
Birth control pill	A pill taken every day; contains hormones that prevent ovulation	Most	\$0–\$50 per month, depending on insurance	7%
Vaginal ring	A flexible ring inserted into the vagina; releases hormones to prevent ovulation and must be replaced monthly	Yes	\$0–\$200 per month, depending on insurance	7%
Emergency contraceptive pill	A pill taken within five days of sexual intercourse; contains hormones that prevent ovulation	Yes (ella®); No (Plan B One-Step®)	\$50–\$67 (ella®); \$40–\$50 (Plan B One-Step®)	15% (ella®); 11–25% (Plan B One-Step®)

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Figure 12.4.1 Most hormonal methods require a doctor's visit, but each type will vary in cost, effectiveness, and how long it will last. *Which two hormones are used in hormonal methods of contraception?*

(p. 176)

“**Oral contraceptives** are medications with hormones that reduce the likelihood of pregnancy. These medications are taken orally (by mouth) at the same time each day. The hormones in birth control pills prevent ovulation, or the release of an egg, and thicken cervical mucus to slow sperm down. If ovulation does not occur, there is no egg for a sperm to fertilize. Birth control pills do not prevent STIs or HIV.” (p. 177)

“The **birth control patch** (often called the *patch*) is a thin, 2- to 3-inch, plastic patch applied to the skin like a bandage. The patch works like the birth control pill, except that hormones are absorbed from the patch through the skin into the blood. The birth control patch prevents ovulation and thickens cervical mucus, slowing down sperm.” (p. 178)

“The **vaginal ring** is a small, flexible ring that contains estrogen and progestin. The ring releases hormones that prevent ovulation and thicken cervical mucus to slow sperm movement. The vaginal ring is inserted into the vagina for three consecutive weeks. Exactly three weeks after insertion, a person should remove the ring, ideally at the same time it was inserted, and discard it. No ring is used during the fourth week (during withdrawal bleeding).” (p. 179)

“The **birth control shot**, often called *Depo-Provera*, is an injection of progestin. The progestin in the shot helps prevent pregnancy by preventing ovulation and thickening cervical mucus. Someone who uses this method must see a healthcare professional to receive the shot every three months. Depending on the type of shot, it can be given in the arm or buttocks. The birth control shot is highly effective in preventing pregnancy if a person gets injections according to

schedule.” (p. 179)

“The **birth control implant** is a flexible, toothpick-sized rod with the hormone progesterin. The implant releases progesterin, which prevents ovulation and thickens cervical mucus. The implant can be left in place for three or four years. During this time, it gradually releases doses of progesterin.” (p. 179)

“**With a partner, discuss why it is important to have female and male hormonal contraceptive methods.** What advantages would hormonal contraceptives have over other forms of male contraception? What advantages would male hormonal contraceptives have for people with female anatomy? During your discussion, compare the advantages and disadvantages of different methods of male contraception. Research any method with which you are not familiar. If a male hormonal contraceptive were approved, do you think people would use it? Why or why not?” (p. 180)

“An **intrauterine device (IUD)** is a small, T-shaped device a doctor inserts into the uterus. IUDs can also be removed by a doctor, making IUDs a reversible method of contraception. Two types of IUDs exist: *copper IUDs* (Para Gard®) and *hormonal IUDs* (Mirena®, Liletta®, Skyla®, or Kyleena®).” (p. 180)

“These IUDs work in different ways to prevent pregnancy:

- **Copper IUD:** The copper ParaGard® IUD is thought to interfere with sperm movement, fertilization, and implantation. It can be left in place for 12 years and does not affect a person's hormone levels. The ParaGard® IUD can also be used as a form of emergency contraception.
- **Hormonal IUDs:** Hormonal IUDs release hormones that stop ovulation and cause mucus in the cervix to thicken, making it difficult for sperm to reach the uterus. Hormonal IUDs last for years and can reduce menstrual cramps and significantly lighten or even stop menstruation.

Both copper and hormonal IUDs can be removed if someone wants to become pregnant.” (p. 181)

“Even when partners agree to use contraception and try to use it correctly, **mistakes can happen...** In these cases, **emergency contraception** can help prevent pregnancy. Emergency contraception can also help prevent pregnancy after sexual assault.” (p. 181)

“Several **emergency contraceptive pills** can also prevent pregnancy. These pills, such as ella® and Plan B One-Step®, have hormones that prevent ovulation and thicken cervical mucus. Emergency contraception is similar to other hormonal methods but has a **greater amount of the same hormones**. Emergency contraception prevents fertilization. It does not stop or interrupt a pregnancy that has already occurred. It also does not reduce the risk of STIs and HIV.” (p. 181)

“Most emergency contraceptive pills are **available at drugstores without a prescription**. Anyone can buy them, regardless of age. The emergency

	contraceptive pill ella® requires a doctor’s prescription and is the most effective. Emergency contraceptive pills can reduce the chance of pregnancy by up to 89 percent when used within five days of sexual intercourse. The earlier emergency contraception is taken, the more effective it will be.” (p. 181) “A fertility awareness method (FAM) is a contraceptive method that takes advantage of the natural rhythm of fertility in the female reproductive system. People who use FAM track when ovulation occurs and which days an egg can be fertilized.” (p. 184) “Withdrawal, or <i>pulling out</i>, is one of the least effective contraceptive methods. When people use withdrawal, they pull the penis out of the vagina before ejaculation. This may keep sperm out of the vagina and reduce the risk of pregnancy.” (p. 186) “Male sterilization involves a surgery called a vasectomy. A doctor performs this surgery. During a vasectomy, the vas deferens (two tubes that carry sperm from the testes to the penis) are cut or blocked. This prevents sperm from leaving the testes and entering semen. Vasectomy is nearly 100 percent effective.” (p. 187) “The surgical procedure for female sterilization is tubal ligation. This surgery makes it impossible for sperm to reach an egg. This means that tubal ligation is nearly 100 percent effective in preventing pregnancy.” (p. 188)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY <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>	“In these same groups, assess how well your school promotes acceptance and tolerance among people of all sexual orientations and gender identities. Examine what your school community does well and what it could do better. Together, brainstorm ways your school community can foster an environment that promotes respect for other people. Select a specific target audience for your information and choose the most effective method of communicating these strategies.” (p. 159) “Research places you could go to get credible, reliable, and valid information about topics related to sex and sexual orientation. These places may be online or in your community. Create an infographic or one-page handout listing the resources you found and describing what makes them credible, reliable, and valid.” (p. 161) “Advocate for Health: Create a social media campaign to outline the potential outcomes of unprotected sexual activity during the teen years. In your campaign, be sure to include risks related to pregnancy and STI transmission. Explain why sexual abstinence is a positive choice and compare options for avoiding STI transmission and pregnancy.” (p. 174) “Using reliable resources, research male and female sterilization options. For each sterilization procedure, list what the procedure does, how and where it is performed, how much it costs, advantages and disadvantages, and how effective it is. Are there any barriers that might get in the way of people choosing this procedure? After gathering your information, create an informative pamphlet

	or brochure with this information. Present your final product to the class.” (p. 189)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS <i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i>	No evidence found.
14. UNDERMINES PARENTS OR PARENTAL RIGHTS <i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i>	No evidence found.
15. REFERS CHILDREN TO HARMFUL RESOURCES <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> <i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex</i>	No evidence found.

education programs.

*(For more information on how
Planned Parenthood sexualizes
children for profit see
www.WaronChildren.org and
www.InvestigatePPF.org)*