

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 ***HealthSmart – Third Edition*** ***HIV, STI & Pregnancy Prevention*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

HealthSmart HIV Prevention, 3rd Ed. contains 14 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: *HealthSmart HIV Prevention, 3rd Edition* has a significant emphasis on gender identity in both the abstinence and CSE editions, using terms such as “person with a penis” and “person with a vagina” instead of “boy” and “girl.” Students are also taught the full details of how to use a condom and where they can find them for free, as well as details of all other types of birth control. They learn how to negotiate sexual encounters and obtain consent for protected sex. Anal and oral sex are explained, and students are strongly encouraged and taught how to be advocates for teaching the principles they learn to fellow students.

HealthSmart boasts of being aligned with the National Sexuality Education Standards and the Health Education Curriculum Analysis Tool, as well as various individual state standards, which means it could be a popular selection for schools.

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</i>	“Sexuality is about more than just ‘having sex.’ It includes the choices people take about sexual activity, how they identify their gender, their feelings of attraction toward others , how they take care of their bodies and how well they listen and communicate about sexual activity.” (HS HIV, Lesson 1, p. 1) “Other people choose to be sexually active. This means they participate in sexual behaviors with another person. Being sexually active can be an important and healthy part of human sexuality , but it carries certain risks and responsibilities. People need to be mature enough to accept those

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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

responsibilities and be prepared to **protect themselves and their partners from unintended pregnancy and STIs** before they participate in sexual activity.” (HS HIV, Lesson 1, p. 1)

“Teens usually know how bodies work and that **vaginal intercourse can lead to pregnancy**. It’s important to talk with your teen about how sex fits into a young adult’s life and how to make responsible choices...Tell your teen that **thinking about sex is normal** but thinking about something isn’t the same as doing it.” (HS HIV, Lesson 3, p. 1)

“Sexually Active:

- Touching another person’s sexual parts
- **Mutual masturbation**
- Kissing sexual parts of the body
- Oral sex
- Sexual intercourse
- **Having multiple sex partners”** (HS HIV, Lesson 3, Sexual Activity Chart Example, p. 1)

“**Consequences and responsibilities of sexual choices:**

- Brainstorm consequences or responsibilities for the category on your assigned chart paper.
- Rotate when the teacher tells you to.
- Read what the previous group wrote and add other ideas to the list.
- When you are back at the station you started at, be ready to report the main ideas.” (HS HIV, Lesson 3, Slide Notes, p. 9)

“Being Sexually Active – **Positive Consequences:** You and your partner feel closer; You enjoy the physical and emotional feelings of the activities; **You like being sexually responsible for yourself**; You feel grown up; You gain experience for future relationships; You make your partner happy.” (HS HIV, Lesson 3, Slide Notes, p. 9)

“Sarah and Jeff met at work and have been dating for a few months. They both had other partners in college. They like each other and **enjoy spending time having sex together**, but neither one of them feels ready to make a commitment right now.” (HS HIV, Student Workbook, p. 22)

“No Risk: **Masturbation**; Monogamy – **having sex with only 1 lifetime partner** who doesn’t have HIV and doesn’t use injection drugs, and who has sex only with you.” (HS HIV, Lesson 7, Risk Continuum, p. 1)

“Low Risk: **Properly using** latex or polyurethane **condoms every time** you have sex.” (HS HIV, Lesson 7, Risk Continuum, p. 1)

“Some Risk: **Oral sex.**” (HS HIV, Lesson 7, Risk Continuum, p. 1)

“High Risk: **Vaginal sex without a condom**; Using the same condom twice; **Anal**

sex.” (HS HIV, Lesson 7, Risk Continuum, p. 1)

“**Having a series of single sexual partners over time is often referred to as serial monogamy.** Many people who do this believe that they’re being monogamous because they’re faithful to their partner while they’re in the relationship.” (HS HIV, Lesson 9, p. 6)

“When both partners work together to **be sexually responsible and protect each other**, they have a much better chance of avoiding STI and having a healthy relationship.” (HS HIV, Lesson 9, p. 10)

“Calvin and Natalie are together and have a **sexual relationship**. Last week, Natalie was away on a school trip. **Calvin hooked up with Marta at a party and they had sex.** Later in the week, he went out with his old girlfriend Bianca **and had sex with her too.** Calvin’s glad Natalie will be home soon, because he likes her best.” (HS HIV, Student Workbook, p. 40)

“Morgan and Alex have been together for 2 years. **They have sex**, but only with each other. Morgan has never had sex with anyone else. Alex **had sex in a previous relationship**, but that relationship broke up 8 months before Alex got together with Morgan.” (HS HIV, Student Workbook, p. 41)

“Sam used to be in a **sexual relationship with Luca**. As soon as they broke up, Sam got involved with Carlos and **they started having sex**. Then Sam met Mateo. Sam liked Mateo a lot but wasn’t ready to leave Carlos. **After a few weeks of seeing and having sex with both of them**, Sam broke up with Carlos. Sam’s been **having sex only with Mateo** since then.” (HS HIV, Student Workbook, p. 41)

“Dory and Leslie were **both in monogamous sexual relationships** with other people when they met.” (HS HIV, Student Workbook, p. 42)

“Two people have been together for 6 months and **recently decided they wanted to make sex a part of their relationship**. They’ve both been in sexual relationships before. They understand that there are **risks that come with being sexually active and want to be sexually responsible**. What kinds of things do they need to think about, talk about and do before they have sex together? (HS HIV, Lesson 10, p. 4)

Roleplay scenario: “Your parent is gone for the evening and you’re babysitting your little brother. He’s already in bed and asleep. You call the person you’re dating to come over...You’ve made a promise to **never have sex without a using a condom**. And up until now have **always used one each time you and your partner have had sex**. You begin making out and getting turned on.

Partner: This feels so good, I feel so close to you.

You: This feels good to me too. But maybe we should **use a condom?**

Partner: I don’t have one. But it won’t hurt if we don’t’ use a condom just one time.

You: Well probably not. But we did say we’d try to use them...

	<p>Partner: Let's skip it just this once. You: I don't know... Partner: Don't you think it would be nice just to see what it feels like without a condom? You: Yeah, I wonder about that too. Partner: This is feeling so good. I don't want to stop now. You: I don't either, I guess we can always use a condom next time. Partner: Sure. But let's not worry about it tonight." (HS HIV, Lesson 13, Master 13A)</p> <p>"Suppose that, for the purpose of this activity, signing someone's activity sheet represents having sex with that person. The number of signatures in each part of the activity sheet represents the number of sexual partners a person had." (HS HIV, Lesson 9, p. 5)</p> <p>"Having a healthy sense of sexuality can help people avoid problems and misunderstandings when they get involved in a sexual relationship. When partners feel confident and accepting of aspects of their own sexuality and treat others with respect, they can build an honest, caring and satisfying relationship." (HS HIV, Lesson 1, Slide Notes, p. 23)</p> <p>"You may not make the same choices about sexual activity, understand someone's gender identity, or share the same sexual orientation, but respecting people's differences creates an atmosphere of acceptance and support that can help all people understand sexuality and achieve good sexual health." (HS HIV, Lesson 2, Respecting Sexual Difference, p. 6)</p> <p>"Jess and Julian had been having sex for weeks before the relationship ended. Afterward, Jess began to think that being with Julian hadn't been such a wise thing to do. Jess went to some websites to learn more about HIV and other STIs and even took an online quiz. The quiz showed that some of the things Jess and Julian had done were risky for HIV and other STIs." (HS HIV, Lesson 10, p. 5)</p> <p>"Overlapping – In terms of sexual activity, having more than 1 sexual partner within the same time period." (HS HIV Glossary, p. 4)</p> <p>"Sexuality – All the aspects of human behavior having to do with sex and gender. Includes sexual function and behavior, but also includes choices around sexual activity, gender identity, sexual orientation and communication about sexual activity." (HS HIV Glossary, p. 6)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</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</i></p>	<p>"Affirmative Consent means that both people clearly and freely agree to engage in sexual activity. They have to be awake, aware and able to make decisions. Consent can be given through words or actions, as long as those words or actions clearly communicate willingness and permission. Consent must be ongoing and can be withdrawn at any time." (HS HIV, Lesson 4, p. 8)</p> <p>"Affirmative Consent standards have been put into place to provide better guidance for people who choose to engage in sexual activity. It makes sure that</p>

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.

consent is given – affirmatively – by both people. Affirmative Consent requires a Yes. The absence of a No does not mean Yes. Affirmative Consent involves these steps:

1. People listen to one another’s words and body language. It’s each person’s responsibility to **make sure they have consent from the other person.**
2. They **express what they like and how they feel.** A person always has the right to say No to sexual contact or activity.
3. They respect and observe one another’s boundaries. It’s never Ok to pressure, trick or threaten another person into sexual contact or activity.” (HS HIV, Lesson 4, p. 8)

“Jela and Casey met a few days ago. They started texting about going to a party together over the weekend. At the party, they both drink and get a little high. **Casey asks if Jela wants to have sex,** and Jela agrees. **After they start making out, Jela says, ‘I want to stop.’ Casey doesn’t listen and continues.”** (HS HIV, Lesson 4, Scenario Cards, p. 1)

“Jessie is drunk. Kai is not. Jessie starts making out with Kai. Kai is into this, and they make out until Jessie passes out. After Jessie passes out, **Kai continues to do sexual things with Jessie, thinking,** ‘Jessie started it and was really into it, so this is OK.’” (HS HIV, Lesson 4, Scenario Cards, p. 2)

“Sebastian and Elena have been dating for 6 months. They have made out a few times. Sebastian wants to take things further. One night, He tells Elena about his feelings. He asks what she wants and what she is comfortable with. **She tells him she is ready to do more but doesn’t want to have intercourse yet. They both agree to explore more and let each other know when they want to stop.”** (HS HIV, Lesson 4, Scenario Cards, p. 2)

“Kris and Mateo are going out. **They have made out and had oral sex before.** One night, Mateo wants Kris to **give him oral sex.** Kris says, ‘I don’t want to.’ Mateo says, ‘You’ve done it before, so what’s the big deal?’ Kris says, **‘I just don’t want to tonight.’** Mateo says, ‘You really confused me when you keep changing your mind like this. Let’s do it!’” (HS HIV, Lesson 4, Scenario Cards, p. 3)

“Any time a situation is unclear, **consent is not present.** Partners need to stop and check if things aren’t clear.” (HS HIV, Lesson 4, p. 11)

“Affirmative Consent: **Both people clearly and freely agree to engage in sexual activity.** They have to be awake, aware and able to make decisions. **Consent can be given through words or actions, as long as those words or actions clearly communicate a Yes.** Consent must be ongoing and can be withdrawn at any time.” (HS HIV, Lesson 4, Slide Notes, p. 7)

“In romantic and **sexual relationships, people communicate both verbally and nonverbally about what they want and about their limits or boundaries.** It’s important for both partners to pay attention to both verbal and nonverbal communication. The **language that says consent is or is not present** can be

	<p>simpler than many people think.” (HS HIV, Lesson 4, Slide Notes, p. 9)</p> <p>“What are some ways a person can say No, either nonverbally or verbally? What are some ways a person can say Yes, either nonverbally or verbally? What can someone say to check whether consent is present? What are some of the benefits of using Affirmative Consent?” (HS HIV, Lesson 4, Slide Notes, p. 10)</p> <p>“Affirmative Consent involves these steps:</p> <ol style="list-style-type: none"> 1. People listen to one another’s words and body language. It’s each person’s responsibility to make sure they have consent from the other person. 2. They express what they like and how they feel. A person always has the right to say No to sexual contact or activity. 3. They respect and observe one another’s boundaries. It’s never OK to try and pressure, trick or threaten another person into sexual contact or activity.” (HS HIV, Lesson 4, Slide Notes, p. 11)
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“STIs are passed through having sexual intercourse with someone who has the STI. This includes vaginal, oral or anal sex. Some of them can also be passed by skin-to-skin contact. People with an STI can pass it to other people through sexual intercourse, even if they look and feel healthy. (HS HIV, Lesson 6, Slide Notes, p. 7)</p> <p>“Deka asks Cam for oral sex. Cam says, ‘I’m not sure I want to do that.’ Deka keeps asking, hoping to change Cam’s mind. After a few more attempts, Cam says OK.” (HS HIV, Lesson 4, Scenario Cards, p. 1)</p> <p>Sexual Activity</p> <ul style="list-style-type: none"> • Kissing sexual parts of the body • Oral sex (HS HIV, Lesson 3, Sexual Activity Chart Examples, p. 1) <p>“Sexual intercourse can include vaginal sex (penis in vagina), oral sex (mouth to penis or vulva) and anal sex (penis in anus).” (HS HIV, Lesson 6, Slide Notes, p. 4)</p> <p>“Some Risk: Oral sex” (HS HIV, Lesson 7, Risk Continuum, p. 1)</p> <p>“High Risk: Anal sex” (HS HIV, Lesson 7, Risk Continuum, p. 1)</p> <p>“Anal sex – Sexual act in which a penis enters a partner’s anus; this form of sex is very risky for HIV and other STIs.” (HS HIV, Glossary, p. 1)</p> <p>“Oral sex – Sexual act in which the mouth is placed on a partner’s genitals.” (HS HIV, Glossary, p. 4)</p> <p>“Sexual intercourse – A type of contact involving: (1) insertion of a penis into a vagina (vaginal sex); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a penis into the anus of another person (anal sex).”</p>

	(HS HIV, Glossary, p. 5)
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“One of the potential consequences of vaginal intercourse – penis-in-vagina sex – is becoming pregnant or getting someone pregnant. Even teens who are gay or lesbian or who identify as transgender can become pregnant or cause a pregnancy if they have unprotected vaginal sex with someone.” (HS HIV, Lesson 5, p. 5)</p> <p>“Some of these scenarios involve names that are obviously opposite-sex partners, some involve same-sex partners, and many use gender-neutral names. Be sure to check students’ assumptions about gender in the stories. Use their impressions to explore their expectations about gender roles in negotiating sexual consent.” (HS HIV, Lesson 4, p. 8)</p> <p>“Students continue learning about aspects of sexuality, with a focus on diversity challenges and respecting others. After reviewing different ways sexual identity can be expressed, students create and present scenarios about differences in gender identity, sexual orientation and sexual status.” (HS HIV, Lesson 2, p. 1)</p> <p>“Bisexual – A term used to describe people who are sexually attracted to more than one gender.” (HS HIV, Glossary, p. 1)</p> <p>“Gay – A term used to describe people who identify as having a same-gender sexual orientation; most often refers to men who are sexually attracted to other men.” (HS HIV, Glossary, p. 2)</p> <p>“Heterosexual – A term that describes people who are sexually attracted to people of a different gender.” (HS HIV, Glossary, p. 3)</p> <p>“Homosexual – A term that describes people who are sexually attracted to people of the same gender.” (HS HIV, Glossary, p. 3)</p> <p>“Lesbian – A term that refers to women who are sexually attracted to other women.” (HS HIV, Glossary, p. 4)</p> <p>“Pansexual – A term used to describe people whose sexual attraction is not limited to a particular gender.” (HS HIV, Glossary, p. 4)</p> <p>“Sexual orientation – A person’s feelings of sexual attraction toward others.” (HS HIV, Glossary, p. 5)</p> <p>“Straight – A term used to describe people who identify as having a different-gender sexual orientation; heterosexual.” (HS HIV, Glossary, p. 6)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p>	<p>“Clitoris – A highly sensitive genital organ; the tip of the clitoris can be found at the top of the vulva above the vaginal opening, the internal part of the clitoris is</p>

<p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>made up of spongy tissue and divides into two parts that extend along both sides of the vagina; the function of the clitoris is to provide sexual pleasure.” (HS HIV, Glossary, p. 1)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Sexually Abstinent: Masturbation when alone” (HS HIV, Lesson 3, Sexual Activity Chart Examples, p. 1)</p> <p>“Sexually Active: Touching another person’s sexual parts; Mutual masturbation” (HS HIV, Lesson 3, Sexual Activity Chart Examples, p. 1)</p> <p>“No Risk: Masturbation” (HS HIV, Lesson 7, Risk Continuum, p. 1)</p> <p>“Masturbation – Touching one’s own genitals for sexual pleasure.” (HS HIV, Glossary, p. 4)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“Now I’m going to demonstrate the proper way to use a condom, I’ll use two fingers to represent the penis. Then later you’ll have a chance to practice as well.” (HS HIV, Lesson 11, p. 6)</p> <p>“Now you’re going to have a chance to practice the steps using a real condom... One of you will practice putting the condom over your middle and index fingers, while your partner uses the condom checklist to make sure all steps are correctly followed.” (HS HIV, Lesson 11, p. 8)</p> <p>“Review the steps on the slide:</p> <ol style="list-style-type: none"> 1. Discuss using condoms with your partner... If you can’t talk about condoms and safer sex with a partner, you’re not ready to be having sex. 2. Check the expiration date on the package. Don’t use a condom that is past its expiration date. 3. Make sure the penis is erect and both partners are ready for sex. 4. Open the package and take out the condom... 5. When you have the condom out of the package, check to see which way it unrolls. Don’t unroll the condom before putting it on. 6. Place the condom against the head, or end, of the penis. Pinch the tip of the condom between your thumb and first finger to keep air out and leave room for semen. 7. Unroll the condom down over the erect penis all the way to the base. 8. After sex, hold the rim of the condom around the base of the penis. 9. Take the penis out of the partner’s body while it’s still hard. Be careful

	<p>not to spill any semen.</p> <p>10. Be sure the penis is no longer near the partner’s body.</p> <p>11. Then take the condom off the penis.</p> <p>12. Throw the used condom in the trash. Never use a condom more than once.” (HS HIV, Lesson 11, p. 6)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“If teens decide to have sex, they need to be responsible using birth control and condoms to protect their sexual health.” (HS HIV, Lesson 3, p. 1)</p> <p>“If a person who makes the choice to become sexually active is having vaginal intercourse, avoiding unintended pregnancy is a very important responsibility.” (HS HIV, Lesson 5, p. 6)</p> <p>“...[S]tress that individuals can set sexual limits based on their personal values and definition of sexual abstinence.” (HS HIV, Lesson 3, Sexual Activity Chart Examples, p. 1)</p> <p>“This may seem embarrassing or awkward. But that’s why we’re practicing now – before you need a condom – so that you’ll know how to use one and feel comfortable using it, if or when you decide to become sexually active.” (HS HIV, lesson 11, p. 6)</p> <p>“Sexual responsibility – The degree to which a person is willing to be accountable for their sexual decisions and behaviors.” (HS HIV, Glossary, p. 5)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Suppose you have a friend who just broke up with a person they’ve been dating and is thinking of starting a new sexual relationship. What advice would you give this friend to help protect them from STIs?” (HS HIV, Lesson 9, Slide Notes, p. 18)</p> <p>“Today’s lesson supports the healthy behavior of using appropriate health services to promote sexual health if a person is pregnant.” (HS HIV, Supplemental Lesson 1, p. 4)</p> <p>“People who are sexually active need to: Talk with a partner about sex. See a health care provider for regular checkups. Express their sexual feelings in healthy and appropriate ways. Get tested for HIV and other STIs. Take steps to avoid HIV and other STIs. Take steps to avoid becoming pregnant or causing a pregnancy if having vaginal sex.” (HS HIV, Unit Assessment 1 Teacher’s Key, p. 2)</p> <p>“Students may disagree about whether certain behaviors can be considered being sexually abstinent [e.g., deep kissing or ‘making out’]. Find some ways to indicate this disagreement; for example, circle the behavior or write it on both sides of the line with a question mark. Use this as an opportunity to explain that people may define sexual abstinences for themselves based on their values and experiences, and to emphasize the importance of setting sexual limits that will help them stick to their particular definition. Reinforce the idea that</p>

knowing yourself and your values is a part of healthy sexuality.” (HS HIV, Lesson 3, Slide Notes, p. 5)

“You’re going to work in groups to examine the potential positive and negative consequences and the responsibilities that come with these different sexual choices... Examples include:

- Positive Consequences of Being Sexually Abstinent: Won’t have regrets if you break up with someone.
- Negative Consequences of Being Sexually Abstinent: Might feel left out.
- Responsibilities if Sexually Abstinent: Practice being able to say No to sexual pressure.
- **Positive Consequences of Being Sexually Active: Feel grown up.**
- Negative Consequences of Being Sexually Active: Might disappoint your parents.
- **Responsibilities if Sexually Active:** Get tested regularly for STIs, including HIV.” (HS HIV, Lesson 3, Slide Notes, p. 7)

“Different definitions of abstinence can affect its effectiveness. A couple who interprets abstinence to mean ‘no sexual touching at all’ definitely won’t get pregnant or transmit an STI. **If they interpret abstinence to mean ‘everything except sexual intercourse,’** STI germs could be passed by skin-to-skin-contact and there is some chance that semen could get near or even into the vagina and result in pregnancy.” (HS HIV, Lesson 5, Master 5A)

“Some people have overlapping or **multiple partners**. This means **they have sex with more than one partner during the same period of time**. For example, they may have sex with one person, then have sex with a second person, then hook up with the first person again.” (HS HIV, Lesson 9, p. 7)

“If a **person chooses to become sexually active**, what are some steps they need to take to reduce their risk for pregnancy, HIV and other STIs? ...Turn to a partner and practice explaining the steps you would take to **reduce the risk of pregnancy, HIV and other STIs, for yourself and your partner, if you decided to become sexually active**. Be sure to clearly state your decision to use condoms and/or other forms of birth control, explain why these things are important, and ask for this person’s help and support.” (HS HIV, Lesson 14, p. 5)

“Now you’ll have a chance to write your own roleplay responses to some pressure lines, using the negotiation skills you’ve learned. Read the situation. Then respond to the first 2 pressure lines using the skills you’ve learned for **saying NO to having sex without a condom**. Then finish the script by using skills for negotiating to write lines for you and your partner that show a successful **negotiation either to use condoms or not have sex**.” (HS HIV, Lesson 13, p. 11)

“**Safer sex** – Sexual activity in which various measures are taken to prevent pregnancy and STIs.” (HS HIV, Glossary, p. 5)

“**Sexual abstinence** – Choosing not to do any sexual activity that can result in

	<p>pregnancy or an STI.” (HS HIV, Glossary, p. 5)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“People who can get pregnant should get tested if their period is late or they have missed a period.” (HS HIV, Lesson 10, Master 10C)</p> <p>Note: <i>The wording implies that any gender can become pregnant.</i></p> <p>“People who are transgender have gender identities that are different than the sex they were assigned by a health care provider at birth.” (HS HIV, Lesson 1, Slide Notes, p. 22)</p> <p>“People come to understand their gender identity and attraction for others in different ways. Some people recognize their gender identity and sexual orientation from an early age. For many people, these things become clearer as they go through puberty and their bodies begin to mature sexually. Other people may continue to have questions about these aspects of their sexuality throughout their teen years and into adulthood.” (HS HIV, Lesson 2, p. 6)</p> <p>“Cisgender – A term used to describe people whose gender identity is the same as the sex a health care provider assigned them at birth.” (HS HIV, Glossary, p. 1)</p> <p>“Gender identity – How people see themselves in relation to being a man/boy, a woman/girl, a blend of both or neither.” (HS HIV, Glossary, p. 2)</p> <p>“Transgender – A term used to describe people whose gender identity is different than the sex a health care provider assigned them at birth.” (HS HIV, Glossary, p. 6)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Roland and Keisha are each other’s ‘first love.’ They’ve been together since high school and have recently decided they’re ready to start having sexual intercourse. They both want their first time to be special, but they also know they have to use birth control because they’re not ready to be parents yet. Keisha feels uncomfortable about inserting something into her body, but she also thinks she should be the one in charge of the birth control because she’s always been very organized and good at remembering things.” (HS HIV, Student Workbook, p. 22)</p> <p>“Grace wants to use a condom to have sex. Daniel says, ‘But it feels better without a condom. Don’t you think we’ll be safe without one?’ Grace shakes her head. Daniel realizes Grace has a good point. He says, ‘You’re right. We should use a condom.’ He pulls out a condom and smiles.” (HS HIV, Lesson 4, Scenario Cards, p. 2)</p> <p>“Withdrawal is included in the birth control methods because it can be effective when performed correctly, and the typical-use failure rate (20%) is comparable to that of spermicides (21%). *Like spermicides, withdrawal also can be used in conjunction with other methods for increased effectiveness.” (HS HIV, Lesson 5, p. 1)</p>

“Even teens who are not currently sexually active need to understand different methods of preventing pregnancy and consider their birth control options **so they’ll be ready to prevent pregnancy in the future.**” (HS HIV, Lesson 5, p. 6)

“**When a person is ready to decide on a birth control method**, they will want to ask these questions about facts: How does this method work? How effective is it? Where do you get it? Will it help protect from HIV and other STIs as well as pregnancy? Can partners use it together? Can a person use it alone if a partner won’t help?” (HS HIV, Lesson 5, p. 7)

“People have different reasons for **preferring one type of birth control over another**. For best results, people should choose a method they like, can get and feel comfortable using, and one that fits with their personal values and beliefs. That way, they’ll be more likely to use it correctly every single time – and that’s the best way to prevent pregnancy. Even highly effective methods don’t work if people don’t use them correctly all the time... Remember that some birth control methods require a prescription or have to be inserted by a health care provider. **Getting professional counseling around birth control and services to obtain birth control** is one important responsible action people who choose to be sexually active can take. Going to a doctor or clinic can help ensure that people find the birth control method that will work best for them.” (HS HIV, Lesson 5, p. 8)

“**IUD stands for intrauterine device**. It’s a small piece of plastic, often shaped like a T, that is inserted into the uterus. Some IUDs are wrapped with copper wire, others release hormones. The IUD remains in the uterus all the time, whether the person is having sex or not... The IUD is more than 99% effective in preventing pregnancy. Because it’s always in place, the person doesn’t need to remember to take a pill, change a patch or a ring, or make an appointment with a health care provider to get a shot. The IUD is a long-term method of birth control. It can stay in the uterus for 3 to 10 years depending on what type it is.” (HS HIV, Lesson 5, Master 5B)

“**The implant is a thin rod of flexible plastic that is inserted under the skin** on the inside of a person’s upper arm. The rod and the scar from its insertion are nearly invisible... The implant is more than 99% effective in preventing pregnancy. Because it’s always in place, the person doesn’t need to remember to take a pill, change a patch or ring, or make an appointment with a health care provider to get a shot. The implant is a long-term method of birth control. It lasts for 3 years.” (HS HIV, Lesson 5, Master 5C)

“**Depo-Provera is a shot of artificial hormones** that must be injected by a health care provider... Depo-Provera is more than 99% effective in preventing pregnancy if a person is careful about getting the shots on time. **If a person doesn’t get the shot on time each month**, effectiveness drops to 96%.” (HS HIV, Lesson 5, Master 5D)

“**Birth control pills** are small tablets made of artificial hormones that must be

taken every day. Birth control pills are more than 99% effective in preventing pregnancy if they are used correctly. This means the person has to remember to take a pill at the same time every day and not miss any days. If the pills are forgotten or not used correctly, effectiveness drops to 93%. **A person needs to be on the pill for about a month before protected.**" (HS HIV, Lesson 5, Master 5E)

"The birth control patch is a thin plastic square that slowly releases artificial hormones into the body. The patch can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). A new patch is applied each week for 3 weeks. No patch is worn during the fourth week when the person will have a period. Then the person starts the cycle again and applies a new patch." (HS HIV, Lesson 5, Master 5F)

"The vaginal ring is a soft, flexible ring inserted into the vagina that slowly releases artificial hormones into the body. **The ring remains in the vagina for 3 weeks at a time.** The ring is removed for the fourth week when the person will have a period. Then the person starts the cycle again and inserts a new ring." (HS HIV, Lesson 5, Master 5G)

"An external condom is a thin latex or polyurethane sheath that **fits over an erect penis during sex to catch the semen when the person ejaculates.** Couples need to use a new condom every time they have sex... Condoms can be bought in drug stores and online. Sometimes people can **get them for free** at family planning clinics. Anyone can buy them. They're easy to use and carry, so they can be readily available when needed." (HS HIV, Lesson 5, Master 5H)

"An internal condom is a soft, loose-fitting polyurethane or nitrile sheath that lines the vagina. This kind of condom **can be inserted right before sex, or up to 8 hours ahead of time.** Couples need to use a new condom every time they have sex." (HS HIV, Lesson 5, Master 5I)

"The sponge is made of soft, squishy plastic and contains spermicide (chemicals that kill sperm). A person wets the sponge with clean water, gently squeezes the sponge until it foams up, folds the insides and inserts the sponge into the vagina, similar to inserting a tampon. The sponge must be left in place at least 6 hours after intercourse. It should never stay in the vagina for more than 30 hours." (HS HIV, Lesson 5, Master 5J)

"Spermicides contain chemicals that kill sperm. They come in different forms, such as gel, foam, film or suppositories that are put into the vagina before having sex. If too much time goes by before the couple has sex, more spermicides will have to be inserted." (HS HIV, Lesson 5, Master 5K)

"Withdrawal is when a person **removes or pulls the penis out of a partner's body before ejaculation...** Withdrawal is a way that **a person with a penis** can share the responsibility for preventing pregnancy. Withdrawal is easier if both partners agree to use it correctly and consistently." (HS HIV, Lesson 5, Master 5L)

“Emergency contraception (EC) methods can be **used to help prevent a pregnancy after unprotected sex**. EC works best when it’s used right away and not later than 3 to 5 days after sex. Emergency contraception is not a regular method of birth control. It should be used only in an emergency, when a regular method of birth control has failed, or in cases of rape.” (HS HIV, Lesson 5, Master 5M)

“Low Risk: Properly **using latex or polyurethane condoms** every time you have sex.” (HS HIV, Lesson 7, Risk Continuum, p. 1)



(HS HIV, Lesson 11, Slide Notes, p. 10)

“Like any important goal, **using condoms every time to protect your sexual health** requires thinking about ways to make your goal a habit.” (HS HIV, Lesson 12, p. 4)

“We can kiss and hug, but **I’m not going to have sex without a condom.**” (HS HIV, Lesson 13, p. 6)

“For example, if your partner said, ‘I don’t have a condom with me,’ you could say, ‘Well, you need to get one, **because I won’t have sex without a condom**. I know a drug store down the street where we can buy some.’ Or if your partner said, ‘Using a condom will spoil the mood,’ you could say, ‘No, **not having sex will really spoil the mood**. But we’re not going to have sex unless we use a condom.’” (HS HIV, Lesson 13, p. 7)

“Jen is 18 years old, Jen is a good student, works part time, has a steady romantic partner and a few months ago got a scholarship to go to a four-year college. For the past two years, Jen has been **using the shot to prevent pregnancy**. Because of being so busy with school and work, Jen missed last month’s appointment to get the shot. When Jen’s period was really late Jen started feeling nervous and **went to the drug store to buy a home pregnancy test**. When the test was positive, Jen felt scared, overwhelmed and worried... Jen and Jen’s partner discussed all the different options, from continuing the pregnancy and becoming parents to **ending the pregnancy**. Jen’s partner feels that this just isn’t the right time to become parents but agreed to support whatever Jen decided to do... Finally, Jen decides that what feels the most right at this time is to **end the pregnancy**.” (HS HIV, Supplemental Lesson: Pregnancy Scenarios, p. 2)

<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Ask students to work in teams to create a poster supporting essential messages about Affirmative Consent. Post the completed posters in the classroom or in common areas of the school.” (HS HIV, Lesson 4, p. 11)</p> <p>“You’ve learned a lot about protecting yourself from pregnancy, HIV and other STIs. An advocacy campaign is a way to share what you know to encourage other teens to practice safe and healthy behaviors... What are some ways you might share a message about protecting sexual health with other teens?... There are lots of possible messages, one idea would be to support your friends and peers in the goal of graduating from high school without getting pregnant, causing a pregnancy or being infected with HIV or any other STI... You’ll work with your group to develop one clear message that will help teens protect themselves from pregnancy, HIV and other STIs, and come up with a way to share it with your friends and other teens.” (HS HIV, Lesson 15, pp. 4 - 6)</p> <p>“One of the ways health educators teach people about different topics is through written materials, such as a pamphlet or brochures. Today you’re going to have a chance to show what you’ve learned and educate others about reducing the risk of pregnancy, HIV or other STIs. When you create a pamphlet, you need to figure out how to provide the information people need to make healthy choices about your topic in a clear and concise way.” (HS HIV, Unit Assessment 2, p. 2)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Most testing sites offer confidential testing... Some test sites offer anonymous testing... When selecting a testing site, a person may wish to find out whether the test is anonymous or confidential. In almost every state, teens can be tested for HIV without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (HS HIV, Lesson 10, Master 10A, pp. 1-2)</p>
<p>15. REFERS CHILDREN TO</p>	<p>“On the board, write the phone number(s) and/or website(s) or several</p>

HARMFUL RESOURCES

Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

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

national and/or local resources that support LGBTQ+ students and their families. Leave these resources on the board or post in the classroom for students to refer to.” (HS HIV, Lesson 2, p. 11)

“The methods most commonly used by teens are presented in order of effectiveness. This helps place an emphasis on abstinence **and on long-acting reversible contraception (LARC) methods**, which are safe and effective choices for young people. If state or district mandates require inclusion of all FDA-approved methods, **additional information to supplement this lesson can be found** on the FDA website at <https://www.fda.gov/consumers/free-publications-women/birth-control>.” (HS HIV, Lesson 5, p. 1)

“Distribute pamphlets or display a poster that **provides facts about different birth control methods**. Some supplemental materials can be found on the ETR store: www.etr.org/store/categories/topics/birth-control-pregnancy-prevention/” (HS HIV, Lesson 5, p. 2)

“Where can you get tested and treated for STIs? **People can be tested for STIs at doctor’s offices or health clinics**. If a person has any symptoms of an STI, they should see a doctor or go to a health clinic right away.” (HS HIV, Lesson 6, Slide Notes, p. 7)

“PrEP is a treatment of daily HIV medicine. **It can help protect people who are in a relationship with someone who is living with HIV** or people who are at risk for HIV before they are exposed to the virus. There is also treatment called PEP that can help someone who has been exposed to HIV avoiding infection.” (HS HIV, Lesson 7, p. 7)

“Can you think of any **local resources where teens could get tested** for HIV, other STIs or pregnancy?... As homework, you’re going to have the chance to **find out more about the services offered at some of these resources**. You can call the clinic and speak to someone, go to the clinic in person, or visit the clinic website to gather this information.” (HS HIV, Lesson 10, p. 8)

“You’re going to have a chance to **research different places where teens can get condoms**. **Your assignment is to go to at least 1 store or other place that carries condoms to gather information about the products available there**. You’ll be looking for what kinds of condoms are sold or distributed, noting how much they cost, whether they are lubricated or contain spermicide, and what the expiration date is. Then you’ll evaluate **how easy it would be for teens to get condoms** at this place.” (HS HIV, Lesson 11, p. 11)