

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 – High School
HIV, STD & Pregnancy Prevention, 2nd Edition
Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]

HealthSmart – High School 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: Though this CSE version of *HealthSmart* does make regular mention that abstinence is the only 100% successful way to avoid pregnancy and STIs, a direct definition of abstinence is not provided. It is instead left open to student interpretation. Students are also taught the full and explicit 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. Sexual orientation and gender identity are taught as part of one’s overall sexual identity.

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

Target Age Group: 14-18 years old

Planned Parenthood Connections: Planned Parenthood is promoted as a resource for teens to access sexual health services.

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</i>	“Define these terms. <ul style="list-style-type: none">• What's the definition of sexuality?• What's sexual abstinence?• What does it mean to be sexually active?• What's sexual orientation?• What’s gender identity? ”

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.

many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

- **What does it mean to be transgender?**
- What are gender roles?" (Student Workbook, p. 2)

"Create a profile for A.J. that demonstrates healthy sexuality. A.J. is a junior at your high school. A.J. is a pretty good student who enjoys playing music and spending time with friends. A.J. is also a teen who has a healthy sense of sexuality.

- **A.J.'s gender is:** female, male, transgender female or transgender male.
- **A.J. is sexually attracted to:** males, females, both, or neither.
- Is A.J. currently in a relationship with anyone?
- What's one of A.J.'s values around sexuality?
- **Is A.J. abstinent or sexually active?**
- Why did A.J. make this choice?" (Student Workbook, pp. 2-3)

"Match the STD to the symptoms:

- About a week after having sex with a new partner, Tina's genital area began to itch, and she noticed a smelly yellow-green discharge coming from her vagina.
- Jonah **hasn't had sex with anyone for several months**, but he recently noticed some small, flat bumps on his penis.
- Kyle's genital area started tingling and itching a few days ago, and now there are small blisters there.
- About 3 weeks after **hooking up with this guy at a party**, Ana noticed she was bleeding when it wasn't time for her period, and she started to have a burning feeling when she urinated.
- Just a few days after **having sex with his new girlfriend**, Ty started having pain when he urinated and noticed a thick yellow discharge in his underwear.
- About a month ago, Raymond **noticed a sore on his penis**. It didn't hurt and went away, so he decided not to worry about it. But now he's got a rash on his palms and the bottoms of his feet and feels like he might be getting the flu." (Student Workbook, p. 17)

Students rate and explain the risk of STD for this couple: "**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." (Student Workbook, p. 25)

Students rate and explain the risk of STD for this couple: "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." (Student Workbook, p. 26)

Students rate and explain the risk of STD for this couple: "Samantha used to be in a sexual relationship with Luke. As soon as she broke up with him, she got involved with Carlos and **they started having sex.** Then she met Mateo.

Samantha liked Mateo a lot, but wasn't sure she was ready to leave Carlos. After a few weeks of seeing both guys and **having sex with both of them**, she broke up with Carlos. She's been having sex only with Mateo since then." (Student Workbook, p. 26)

"Lesson 1 Health Terms: **bisexual, gay**, gender, **gender identity**, gender roles, heterosexual, HIV, **homosexual**, hormones, lesbian, ovaries, sexting, sexual abstinence, sexual activity, sexual intercourse, sexual orientation, sexuality, sexually active, STD, straight, testicles, **transgender, transgender man, transgender woman**, withdrawal." (Student Journal, p. 3)

"Journal entry: **Write 5 important things or facts about sex** that you think every teen should know or understand." (Student Journal, p. 3)

"**Sexuality is about more than 'having sex.'** It includes:

- The choices people make about sex
- Their feelings of attraction toward others
- **How they feel about themselves as male or female**
- How they take care of their bodies
- How well they listen and communicate about sex" (Teacher Guide, p. 8)

Abstinent behaviors: "No sexual behaviors at all; Holding hands; Hugging; Flirting or teasing; Kissing on the mouth; Giving/getting a back rub;

Masturbation when alone; Talking sexy or telling sexy stories; **Sexting"** (Teacher Guide, p. 50)

***Note:** The dangers and illegal nature of sexting aren't discussed in this lesson. They need to be addressed any time the subject comes up.*

Sexually Active behaviors: "**Touching another person's sexual parts;** Mutual masturbation; **Kissing sexual parts of the body;** Oral sex; Sexual intercourse; **Having multiple sex partners."** (Teacher Guide, p. 50)

"No Risk of HIV: Massage; Kissing on the lips; Abstinence; **Masturbation;** Hugging; **Monogamy** (Having sex with only 1 lifetime partner who does not have HIV and does not use injection drugs, and who has sex only with you)" (Teacher Guide, p. 93)

"Low Risk of HIV: **Properly using latex condoms every time you have sex;** Wet (French) kissing" (Teacher Guide, p. 93)

"Some Risk of HIV: **Oral Sex"** (Teacher Guide, p. 93)

"High Risk of HIV: **Vaginal sex without a condom;** Using the same condom twice; **Anal sex"** (Teacher Guide, p. 93)

"Think of a movie or TV show you've seen in which at least **some of the characters were in a sexual relationship with each other.** Find a partner

	<p>and discuss these questions:</p> <ul style="list-style-type: none"> • Was any of these characters in a sexual relationship with someone else before getting together with his/her current partner? • Did any of the characters have sex with more than one other person during the timeline of the movie or TV show? • Do you think the characters demonstrated sexual responsibility? Why or why not?" (Teacher Guide, p. 117) <p>"Suppose that, for the purposes 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 ... These are the only 2 people infected with the STD. All the rest of you avoided getting the STD because you limited the number of partners you had to just one. If 2 people have sex only with each other, and neither of them has an STD, they can remain uninfected. Having sex with only one other person who does not have an STD and who has sex only with you is one way sexually active people can help protect themselves from STD." (Teacher Guide, p. 119)</p> <p>Note: <i>Abstinence was not a part of this activity. The safest behavior mentioned was monogamy.</i></p> <p>"With serial monogamy, you are at risk for STD only if you have sex with someone after he or she has been exposed to an STD. But some people have 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. This is called having overlapping sexual partners." (Teacher Guide, p. 122)</p> <p>"If people are serially monogamous, they can be at risk every time they start a relationship with a new partner. This is one reason it's important to get tested for HIV and other STD, and to wait to have sex with a new partner until both people have been tested, know their status and agree to be monogamous or to use latex condoms every time they have sex." (Teacher Guide, p. 186)</p> <p>"Turn to a partner and practice explaining the steps you would take to reduce the risk of pregnancy, HIV and other STD, for yourself and your partner, if you decided to be sexually active. Be sure to clearly state your decision to use birth control and/or condoms, explain why these things are important, and ask for this person's help and support." (Teacher Guide, p. 186)</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 sexual acts with them. While this</i></p>	<p>Negotiating Condom Use Worksheet: "Try to understand the other person's point of view. See where you have common ground. What are possible objections a partner might have, and how might you respond to those objections?" (Student Workbook, p. 35)</p> <p>Negotiating Condom Use Worksheet: "Look for ways to compromise that are acceptable to you. What are areas where you would compromise? What are areas where you wouldn't compromise?" (Student Workbook, p. 35)</p>

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.

Negotiating Condom Use Worksheet: "Come to an agreement OR Give a clear NO message. **If you couldn't reach an agreement about using condoms**, what would you say and do?" (Student Workbook, p. 35)

"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." (Student Workbook, p. 36)

"List as many **skills for negotiating condom use** as you can remember, then write a sentence or two about which skills you think would be easiest and which most difficult for you to use in a real-life situation." (Student Journal, p. 20)

Lesson 11 Objective: "Students will be able to **demonstrate negotiation skills to support condom use.**" (Teacher Guide, p. 159)

"**When you become sexually active**, you'll want to be sure you always do everything you can to reduce your risk of pregnancy, HIV and other STDs. But a partner may not always agree about using a condom. This is where **negotiation skills can help.**" (Teacher Guide, p. 165)

"To negotiate successfully you need to:

- Know what you want and describe it. Be very clear about your decision to **use a condom correctly every time you have sex.**
- Communicate what's acceptable and what's not. You need to be clear about your sexual limits and make sure your partner understands what those limits are.
- Present clear and rational ideas that support your position. All the things you've been learning about pregnancy, HIV and other STD can help you **present a clear and compelling case for using condoms.** You can talk about how using condoms consistently and correctly will reduce the risk of pregnancy, HIV and other STD and explain their effectiveness.
- Try to understand the other person's point of view. Your partner probably wants to avoid the risk of pregnancy and STD too. You can use the things you agree on to help build your case for using condoms. Also, if you find out more about why your partner objects to using condoms you'll know more about what information to share to address these concerns. Listening respectfully to the other person's point of view is important, but don't let it convince you to give up your choice to help **protect your sexual health by using condoms.**
- Look for ways to compromise that are acceptable to you. There can be some give and take and meeting in the middle around certain aspects of condom use. **You might decide who'll get them or pay for them, or what kind of condoms to use.**
- Come to an agreement. If the negotiation is successful, your partner will understand why you want to use condoms and agree to use them. Then the two of you can work together to help protect yourselves from pregnancy and STD.
- Be prepared to give a clear NO message if you're unable to negotiate an

agreement that's acceptable to you. Some aspects of condom use can be negotiated – such as who's going to buy them – and **you can use negotiation skills to convince a partner to use a condom**. But a negotiation should never result in not using a condom. If you and your partner can't agree, you need to know how to say NO to having sex without a condom.” (Teacher Guide, pp. 165-166)

“If or when you become sexually active, knowing negotiation skills can be a big help when you're ready to talk about condom use with a partner. Negotiating condom use isn't always easy, and it really helps if you are very clear about what you want ahead of time. **Thinking about how to negotiate condom use before you become sexually active** can help prepare you to safely handle the situation.” (Teacher Guide, p. 166)

Lesson 12 Objectives: “Demonstrate effective refusal skills to **resist having sex without a condom**; Demonstrate negotiation skills to **support condom use**.” (Teacher Guide, p. 169)

“Not everyone understands the **importance of using condoms if a person decides to be sexually active**. One of the biggest challenges to your choice to protect your sexual health by using condoms may come when a current or future partner doesn't want to use them. If you can't **successfully negotiate** condom use with this partner, you'll need to know how to say NO to having unsafe sex.” (Teacher Guide, pp. 172-173)

“Demonstrate examples of various ways to **say NO to pressure to have sex without a condom**.

- No, I don't want to.
- If we don't use a condom, I could get pregnant. So, no, I'm not going to risk it.
- **No, I'm not going to have sex with you without a condom.**
- No, and if you don't stop pressuring me, I'm going to go home.
- I won't have sex without a condom. Let's go get something to eat instead.” (Teacher Guide, pp. 173-174)

“Choose a few of the sample pressure lines, and demonstrate how to say NO to unsafe sex and **negotiate for condom use**.

- 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 drugstore 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 condoms.’” (Teacher Guide, p. 175)

“Now you'll have a chance to practice. **You'll work with a partner to take turns using your negotiation skills** and skills for saying NO to respond to pressure lines.’ ... Pair students or allow them to select partners and allow time for practice. Emphasize that **it doesn't matter if students have a partner of the**

	<p>same or opposite gender. They're simply practicing the skills of resisting pressure and negotiating condom use.” (Teacher Guide, p. 175)</p> <p>Roleplay situation performed for students in which condom use is negotiated: “Your parents are gone for the evening and you’re babysitting your little brother. He’s already in bed and asleep. You call your boyfriend/girlfriend to come over. You’ve been dating for 7 months and really like each other a lot. You’ve made a promise to never have sex without 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.” (Master 15)</p>
<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>Examples of sexually active behaviors: “Oral sex” (Teacher Guide, p. 50)</p> <p>“The terms sexually transmitted disease (STD) and sexually transmitted infection (STI) mean the same thing. They describe illness caused by the transmission of pathogens (germs) from one person to another through intimate sexual contact, such as vaginal, oral or anal intercourse, or genital touching.” (Teacher Guide, p. 68)</p> <p>“Sexual intercourse can include vaginal sex (penis to vagina), oral sex (mouth to penis or vulva) and anal sex (penis to anus).” (Teacher Guide, p. 69)</p> <p>“People who are sexually active can help lower their risk of STD by using condoms every time they have sex. This includes vaginal, anal and oral sex. Many teens think that oral sex does not pose a risk of STD, but this isn't true. Nonlubricated condoms should be used for oral sex with a man. For oral sex with a woman, a latex square or a condom that has been cut to lie flat can be used.” (Teacher Guide, p. 73)</p> <p>“Some Risk of HIV: Oral Sex” (Teacher Guide, p. 93)</p>
<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>“Lesson 1 Health Terms: bisexual, gay, gender, gender identity, gender roles, heterosexual, HIV, homosexual, hormones, lesbian, ovaries, sexting, sexual abstinence, sexual activity, sexual intercourse, sexual orientation, sexuality, sexually active, STD, straight, testicles, transgender, transgender man, transgender woman, withdrawal.” (Student Journal, p. 3)</p> <p>“Lesson 1 Objective: Students will be able to define aspects of sexuality, including sexual abstinence, sexual activity, sexual orientation and gender identity.” (Teacher Guide, p. 1)</p> <p>“Homosexual or gay people are sexually attracted to the same sex – boys to boys or girls to girls. Gay men are attracted to other men. Lesbians are women who are attracted to other women.” (Teacher Guide, p. 9)</p> <p>“Bisexual people are sexually attracted to both sexes. For example, a boy maybe [sic] attracted to both girls and boys, or a girl may be attracted to both boys and girls.” (Teacher Guide, p. 9)</p>

	<p>What Do You Know About Sex Quiz: “A person can be sexually attracted to males, to females or to both. TRUE. There are different types of sexual attractions or orientations. Many people are sexually attracted to people of the other gender – males to females, and females to males. Some people are sexually attracted to people of the same gender – males to other males, and females to other females – or to people of both genders.” (Teacher Guide, p. 15)</p> <p>Aspects of Sexuality Card: “This person is gay/lesbian. He or she is attracted to people of the same gender (a male to males, or a female to females).” (Teacher Guide, p. 25)</p> <p>Aspects of Sexuality Card: “This person is bisexual. He or she is attracted to both males and females.” (Teacher Guide, p. 25)</p> <p>Aspects of Sexuality Card: “This person is questioning. He or she isn’t sure about sexual attractions or is exploring which sexual orientation he or she feels.” (Teacher Guide, p. 25)</p> <p>Aspects of Sexuality Example: “Nate is 17 and loves doing theater. He sings, dances and choreographs, and is a really good actor. He’s known he was gay since he was a kid. Some people think doing theater is a gay stereotype, but it’s what he truly loves. He and his boyfriend Chris have been together since they were both 15 ... Nate’s parents have had a hard time with him being gay. They belong to a church that thinks being gay is wrong. They’re not comfortable with his interest in theater, and they’ve never come to see him in any of his plays. Sometimes Nate gets hassled at school about being gay, but most students are fine with it.” (Teacher Guide, p. 33)</p> <p>Aspects of Sexuality Example: “Jocelyn is 17 and wants to go to medical school. She is a peer health educator at her school and knows a lot about safer sex and staying healthy. She also likes to party and have fun. She has a girlfriend, Maya, whom she thinks of as her main relationship, but she also sometimes sees David, whom she calls her ‘friend plus.’ She is careful to have only safer sex with both of her partners ... Some of Jocelyn’s friends think she’s just experimenting with Maya and is really straight; others think she’s experimenting with David and is really a lesbian. Jocelyn doesn’t care what her friends think- she’s happy being the way she is.” (Teacher Guide, p. 34)</p>
<p>5. PROMOTES SEXUAL PLEASURE</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>No evidence found.</p>

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

“Review the teaching steps, teacher page and activity sheet for any terms or concepts your students may not know and **be prepared to explain them**. Examples: **masturbation**.” (Teacher Guide, p. 36)

Examples of abstinent behaviors: “**Masturbation when alone**” (Teacher Guide, p. 50)

Examples of sexually active behaviors: “**Mutual masturbation**” (Teacher Guide, p. 50)

“**No Risk of HIV: Masturbation**” (Teacher Guide, p. 93)

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“Place an X in the box that best indicates **how well your partner demonstrates the correct way to put on a condom**. Steps:

- Check the expiration date on the condom package.
- Open the package and take out the condom carefully.
- Check to see which way the condom unrolls.
- Pinch the tip of the condom to keep air out.
- Leave ½ inch of room at the tip of the condom.
- Unroll the condom onto the index and middle finger of your hand. Unroll the condom all the way down to the bottom of your fingers.” (Student Workbook, p. 31)

“Directions: In your group, **identify 2 things that may make it difficult for young people to use condoms**. List these in the challenge boxes. Then **think of 1 or more solutions** for dealing with each challenge. List these in the solution boxes.” (Student Workbook, p. 32)

“Present rational, consistent ideas that support your position. **Explain why condoms are effective** and summarize why using them consistently and correctly is important for:

- Reducing the risk of pregnancy.
- Reducing the risk of HIV.
- Reducing the risk of other STD.” (Student Workbook, p. 34)

Students write **how they will plan ahead for condom use** with the following prompts:

- “Know where and how to get condoms.
- Know how to use condoms correctly.
- Talk to your partner about condoms before you become sexually active.
- Have the skills to negotiate condom use and to resist pressure to not use condoms.
- **Have condoms available whenever you might have sex.**” (Student Journal, p. 18)

“People who are sexually active can help lower their risk of STD by **using condoms every time they have sex**. This includes vaginal, anal and oral sex. Many teens think that oral sex does not pose a risk of STD, but this isn't true. **Nonlubricated condoms should be used for oral sex with a man**. For oral sex with a woman, a latex square or a condom that has been cut to lie flat can be used.” (Teacher Guide, p. 73)

“Lesson 10 Materials & Preparation:

- Have latex condoms for practice, **1 for each student and 1 for teacher demonstration**.
- Practice demonstrating steps for proper use by unrolling a condom over the index and middle finger of one hand.
- **Research and prepare a list of places teens can get condoms in your community**. Check for local sources of free condoms. These usually include health departments, Planned Parenthood and some health clinics.” (Teacher Guide, p. 146)

“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. 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.” (Teacher Guide, p. 150)

“Review the steps on the slide.

- **Discuss using condoms with your partner**. Condoms work best when both partners agree to use them to protect their sexual health. If you can't talk about condoms and safer sex with a partner, you're not ready to be having sex.
- **Check the expiration date on the package**. Don't use a condom that is past its expiration date. Check to be sure the package doesn't have any tears or holes in it.
- **Open the package and take out the condom**. Be sure to do this carefully. 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.
- **Put the condom on as soon as the penis is hard**. Place the condom against the head, or end, of the penis. Pinch the top of the condom between your thumb and first finger to keep air out. Unroll the condom down over the erect penis, all the way to the base, leaving ½ inch of room at the tip.
- **After sex, hold the rim of the condom around the base of the penis**. Take the penis out of the partner's body while it's still hard. Be careful not to spill any semen.
- **Be sure the penis is no longer near the partner's body**. Then take the condom off the penis.
- **Throw the used condom in the trash**. Never use a condom more than once.” (Teacher Guide, pp. 150-151)

“Demonstrate the correct sequence of steps by unwrapping a condom and unrolling it onto the index and middle fingers of one hand. Be sure to show how to unwrap the condom carefully, how to hold the end of the condom to leave room at the top and how to unroll and then remove the condom. Stress the importance of holding the condom around the base of the penis as the penis is removed from the partner's body.” (Teacher Guide, p. 151)

“Pass out the Condom Use Cards to 12 students. Ask these students to form a line in the correct sequence. Have students without cards help the others arrange themselves in the correct order. Then review the steps and correct any misplaced cards. If there is time, allow another set of 12 students to repeat the activity. Correct any misplaced cards.” (Teacher Guide, p. 151)

“Alternate option: Pass out 2 sets of cards to 24 students. **Have the groups line up on opposite sides of the room and race to see who can put the steps in the correct order first.** Repeat the game until every student has had a chance to have a card. Correct sequence:

1. Discuss using condoms with your partner.
2. Check the expiration date on the condom package.
3. Carefully open the package and take out the condom.
4. Check to see which way the condom unrolls.
5. Pinch the tip of the condom to keep air out.
6. Leave ½ inch of room at the tip of the condom.
7. Unroll the condom down over the erect penis.
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.
10. Be sure the penis is no longer near the partner’s body.
11. Take the condom off the penis.
12. Throw the used condom in the trash. Never reuse a condom.” (Teacher Guide, p. 152)

“You’re now going to have a chance to practice the steps using a real condom.’ Pair students or allow them to select partners. Direct students to turn to the Condom Checklist on page 31 of the Student Workbook. Distribute 2 condoms to each pair. **‘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. Then switch so that you both have a chance to practice.” (Teacher Guide, p. 153)

“One of the reasons **to practice this ahead of time** is to feel comfortable and become more skilled, so that you'll be able to use a condom correctly if or when you need to. **If you decide to have sex,** it's very important to use a condom correctly every time.” (Teacher Guide, p. 153)

“If someone is ‘embarrassed to buy condoms,’ what might be some solutions? ... Some solutions include **going with a friend,** asking your partner to buy them or **getting them from a place where you don't know anyone.** If a person is too embarrassed to buy or ask for condoms, he or she is probably not ready to accept the responsibilities that come with being sexually active.” (Teacher

Guide, pp. 154-155)

“Clearly there can be challenges to getting and using condoms, but **there are also many creative solutions**. With some thought and planning, you can find solutions to most challenges.” (Teacher Guide, p. 155)

“What are some solutions if a person doesn’t have money to buy condoms? ... **Some places provide free condoms.**” (Teacher Guide, p. 156)

“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 at 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**. You'll have a chance to report your findings in the next class.” (Teacher Guide, p. 156)

“Over the next few classes, arrange time for students to report on the places they called or visited. You might wish to **have student volunteers compile a list of places to obtain condoms.**” (Teacher Guide, p. 157)

“Exit Ticket: On a piece of paper, describe at least **2 challenges to using condoms and suggest a realistic and specific solution** that would work to overcome each challenge. Be sure to **put your name on your paper** and hand it in before you leave class.” (Teacher Guide, p. 157)

“Condoms are **the best way to avoid pregnancy, STD and HIV** if a person is sexually active.” (Teacher Guide, p. 157)

Note: *No discussion of condom failure rates is included in this lesson.*

“Condoms are a **very effective method** of protection when they are used consistently and correctly every time. They can **greatly reduce** the risk of pregnancy, HIV and most other STDs.” (Teacher Guide, p. 162)

Note: *This is the most information given on condom effectiveness.*

“Like any important goal, using condoms every time to protect your sexual health requires thinking about ways to make your goal a habit. You also need to **find ways to overcome any barriers** that could get in the way of reaching it.” (Teacher Guide, p. 163)

“These are some **strategies that will help a person use condoms successfully:**

- **Know where and how to get condoms.** You can buy latex or plastic condoms at drug or grocery stores. Many clinics, health departments and health care agencies provide condoms free or at low cost. Remember, if you aren't able to buy or ask for condoms, you're not ready to be having sex.

	<ul style="list-style-type: none"> • Know how to use condoms correctly. It's very important to follow the steps for proper condom use every time you have sex. People can practice on their own to be sure they know how. Always check the package and never use an expired or damaged condom. • Talk to your partner about condoms before you become sexually active. In a healthy relationship, partners respect and want to protect each other. Make sure your partner knows that you intend to always use condoms to protect your sexual health. If a partner refuses to use condoms, think carefully about whether you should stay in the relationship. • Have the skills to negotiate condom use and to resist pressure to not use condoms. You'll practice some negotiation skills today. • Have condoms available whenever you might have sex. Being prepared is a big part of planning ahead. If you don't have a condom, you don't have sex." (Teacher Guide, p. 163)
<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>"I know that if I decide to be sexually active, these are at least 4 ways I can reduce the risk of pregnancy, HIV and other STD: [students then list their answers]." (Student Workbook, p. 38)</p> <p>"Imagine that you've decided to always use condoms when and if you are sexually active. Write about some of the things you might have to consider and do to put your decision into action." (Student Journal, p. 18)</p> <p>"Describe how you'll use what you've been learning to reduce your risk of pregnancy, HIV and other STD. What choices will you keep making? What choices will you make in the future? Will you change any behaviors as a result of these classes?" (Student Journal, p. 22)</p> <p>"What do people who choose to have sex need to think about?" (Teacher Guide, p. 8)</p> <p>"People who choose to have sex need to know how to protect their bodies from sexually transmitted diseases (STDs), including HIV (human immunodeficiency virus)." (Teacher Guide, p. 10)</p> <p>"In this lesson, students examine the concept of sexual responsibility and how it applies to the choices people make about sex. They work in small groups to categorize a range of behaviors to help define abstinence and sexual activity, and discuss reasons teens might choose to be abstinent or sexually active." (Teacher Guide, p. 35)</p> <p>"It's probably not news to you that one of the most serious consequences of being sexually active is the risk of pregnancy or getting an STD, including HIV. Either of these consequences could change your life, and a partner's life, in many ways. This is why people who decide to be sexually active also need to understand and practice sexual responsibility." (Teacher Guide, p. 44)</p>

	<p>“When you take responsibility for your sexual choices, you're more likely to express your sexuality in healthy ways and to create and develop the kind of sexual life and healthy relationships that you desire.” (Teacher Guide, p. 46)</p> <p>“How will being able to analyze the influences on your sexual choices help you practice sexual responsibility and avoid the risks of sexual activity?” (Teacher Guide, p. 105)</p> <p>“If a person does choose to become sexually active, what are some ways to help reduce his or her risk of STD, including HIV?” (Teacher Guide, p. 124)</p> <p>“All of these are ways sexually active people can be responsible and help protect themselves and their partners.” (Teacher Guide, p. 124)</p> <p>“You've been learning about the responsibilities and risks of sexual activity. On a piece of paper, describe 3 things you'd tell a friend to think about before choosing to be sexually active.” (Teacher Guide, p. 148)</p> <p>“Once a person decides to become sexually active, what are some ways to reduce the risk of pregnancy or getting an STD?” (Teacher Guide, p. 148)</p> <p>“If you decide to have sex, it's very important to use a condom correctly every time.” (Teacher Guide, p. 153)</p> <p>“Using condoms is a way of being sexually responsible and reducing the risk for oneself and one's partner.” (Teacher Guide, p. 162)</p> <p>“When you are ready to become sexually active, these strategies for planning ahead will help you have safer sex and protect your sexual health.” (Teacher Guide, p. 164)</p> <p>“In this lesson, students consider their own personal commitment to healthy behaviors that will help protect their sexual health ... Then they decide what their own commitment will be, and how they'll either protect a choice to be abstinent or take steps to reduce the risk for themselves and their partners if they are or decide to become sexually active.” (Teacher Guide, p. 181)</p> <p>“If a person chooses to be sexually active, he or she needs to be sexually responsible and take steps to reduce the risk of pregnancy, HIV and other STD.” (Teacher Guide, p. 184)</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</i></p>	<p>“True or False: There are ways to have safer sex and reduce the risk of HIV.” (Student Workbook, p. 18)</p> <p>“Here are things you can do to help keep from getting HIV: Don't have sex; Practice monogamy; Use latex or plastic condoms; Talk with your partner.” (Student Workbook, p. 20)</p> <p>“Talk with your partner. Talking may seem hard to do. But if two people decide</p>

age children. May mention abstinence only in passing.

May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

together to not have sex, **to use condoms and/or to have sex only with each other**, the plan is more likely to work.” (Student Workbook, p. 20)

“Fact: After abstinence, **condoms are the next best way** to reduce the risk of HIV and other STD.” (Student Workbook, p. 35)

“You and your partner are at your partner's house late at night after a party. No one else is home. You begin kissing and touching. Your partner is pressuring you to have sex. You've made a promise to yourself **never to have sex without using a condom** and have told your partner this.” (Student Workbook, p. 36)

“Some people choose not to have sex at this time in their lives. This is called sexual abstinence. People who are abstinent may decide not to participate in any sexual behaviors at all, **or to set limits and avoid any sexual behaviors that could put them at risk for pregnancy or for sexually transmitted diseases**, or STDs, which are illnesses that can be passed during sex. Abstinence is the best choice for teens.” (Teacher Guide, pp. 9 and 39)

“Other people **choose to be sexually active**. This means they participate in sexual behaviors with another person. **Having sex 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 responsibilities and be prepared to protect themselves and their partners from unintended pregnancy and STD before they become sexually active.” (Teacher Guide, pp. 9 and 39)

“Being able to effectively communicate your sexual choices often includes setting sexual limits to protect sexual health ... **For people who choose to be sexually active**, it includes discussing ways to prevent pregnancy and STD with a partner and the use of condoms to help protect against unintended pregnancy and STD.” (Teacher Guide, p. 11)

Aspects of Sexuality Example: “**Jocelyn is 17** and wants to go to medical school. She is a peer health educator at her school and knows a lot about safer sex and staying healthy. She also likes to party and have fun. She has a girlfriend, Maya, whom she thinks of as her main relationship, but she also sometimes sees David, whom she calls her ‘friend plus.’ **She is careful to have only safer sex with both of her partners.**” (Teacher Guide, p. 34)

“Positive Consequences of Being Sexually Active:

- 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.” (Teacher Guide, p. 44)

“People who are sexually active need to:

- Talk about preventing pregnancy, STD and HIV with potential partners.
- Take steps to reduce the risk of pregnancy. This means choosing a birth

control method, obtaining that method and using it correctly and consistently every time they have sex. You'll be learning more about birth control in the next lesson.

- Take steps to reduce the risk of STD, including HIV. You'll be learning more about how to do this. One important step people can take is **using condoms correctly and consistently every time they have sex.**
- Get tested regularly for STD, including HIV.
- Don't use alcohol or other drugs if they're going to need to make decisions about sexual activities.
- Know how to set sexual limits.
- Respect a partner's sexual limits." (Teacher Guide, pp. 45-46)

"If no semen enters the vagina, abstinence is 100% effective in preventing pregnancy. **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. If they **interpret abstinence** to mean 'everything except sexual intercourse,' there is some chance that semen could get near or even into the vagina." (Teacher Guide, p. 57)

"A person can prevent all these STDs by being abstinent or choosing not to have sex. **Having a sexual relationship with only 1 person** (who is not infected with any STD and is not having sex with anyone else) is also a way of reducing the risk." (Teacher Guide, p. 72)

"The best way to avoid sexual transmission of HIV is to be abstinent, or not have sex. **People who do choose to have sex can stay safer** if they have sex only with one lifetime partner who doesn't have HIV or share needles and who has sex only with them. **People can also practice safer sex** to reduce their risk by using latex or plastic condoms every time." (Teacher Guide, p. 87)

"You've learned about the risks of pregnancy and becoming a teen parent and **how important it is for sexually active people to use birth control.** You've also learned about STD, including HIV, and how important it is for sexually active people to protect themselves from getting infected." (Teacher Guide, p. 102)

"These factors are protective factors when they support a person in making sexually responsible choices, such as choosing to be abstinent **or to always use condoms if sexually active.**" (Teacher Guide, p. 105)

"Explain the increased risks associated with **having multiple sexual partners,** including serial monogamy." (Teacher Guide, p. 115)

"Explain the importance of partners sharing the responsibility for avoiding sexual activity **and/or preventing sexual risk behaviors.**" (Teacher Guide, p. 115)

"Not having sex, or being abstinent, is always a choice. For teens, it's the best option ... **Monogamy,** or having only one sexual partner who does not have an STD and who has sex only with you, **is also a way to avoid STD.** But most teens

are not ready to commit to a single relationship for the rest of their lives.” (Teacher Guide, p. 124)

“If a person does **choose to become sexually active**, what are some ways to help reduce his or her risk of STD, including HIV? Allow students to respond to the question and discuss their ideas. Make a list of strategies on the board. Be sure the following ideas are included:

- Get tested for STD/HIV **before having sex with a new partner**.
- Be sure your partner also gets tested.
- Be monogamous within your relationship.
- **Use condoms correctly** every time you have sex.
- Choose sexually responsible **partners**.
- Get checked regularly for STD if you are sexually active.” (Teacher Guide, p. 124)

“When people are sexually active, **responsible sexual partners** share the responsibility for avoiding STD. They're willing to talk about current and past STD risk and get tested. They're honest with each other and decide together to make a commitment to be monogamous and/or take steps to protect themselves and any partners from STD by **using condoms every time they have sex.**” (Teacher Guide, p. 125)

“Lesson Objective: Students will be able to explain **why it's sexually responsible** to know the STD/HIV status of oneself and of a potential sexual partner.” (Teacher Guide, 131)

“Part of being responsible is getting tested for HIV and other STD **before having sex with a new partner.**” (Teacher Guide, p. 134)

“**The best thing**, of course, would have been for both Jess and Julian to be tested for HIV and other STD **before having sex with each other.**” (Teacher Guide, p. 135)

***Note:** Would not the best thing for Jess and Julian be to not have had sex in the first place? What message does this send to students?*

“If the test results are negative, meaning Jess doesn't have HIV or another STD, then Jess will have the opportunity to make safer choices in the future. These might include setting sexual limits, talking with a partner about sexual risks, and **always using condoms if sexually active.**” (Teacher Guide, p. 136)

“Getting tested **any time you might have been at risk** or be putting someone else at risk is always the sexually responsible thing to do.” (Teacher Guide, p. 137)

“Condoms are the only birth control method besides abstinence that can help **protect people from both pregnancy and STD.**” (Teacher Guide, pp. 149 and 162)

Lesson 11 Objectives: “Describe the effectiveness of condoms in reducing the risk of pregnancy, HIV and other STD; **Summarize the importance of using condoms** consistently and correctly to reduce the risk of pregnancy, HIV and other STD.” (Teacher Guide, p. 159)

“Abstinence – defined as avoiding any sexual activity **that carries a risk of pregnancy or STD** – is the only 100% sure way to prevent pregnancy and STD.” (Teacher Guide, p. 162)

“The only 100% sure way to prevent pregnancy, STD and HIV is to be sexually abstinent. This means not participating in any sexual behaviors **that could cause a pregnancy or transmit an STD.**” (Teacher Guide, p. 184)

***Note:** This is a confusing message to students. Condom use is so highly promoted in this program (and failure rates not taught) that students may believe that condoms completely protect against pregnancy and STD and therefore meet this definition of abstinence.*

“Demonstrate examples of various ways to say NO to pressure to **have sex without a condom.**

- No, I don’t want to.
- **If we don’t use a condom**, I could get pregnant. So, no, I’m not going to risk it.
- No, I’m not going to have sex with you **without a condom.**
- No, and if you don’t stop pressuring me, I’m going to go home.
- I won’t have sex **without a condom.** Let’s go get something to eat instead.” (Teacher Guide, pp. 173-174)

“What body language can you use to say NO to pressure to **have unsafe sex?**” (Teacher Guide, p. 174)

“Sometimes it takes a while to feel comfortable using the refusal and negotiation skills you’ve been learning. But knowing how to apply these skills will help you make sure you never **engage in unprotected sex.**” (Teacher Guide, p. 179)

“In this lesson, students consider their own personal commitment to healthy behaviors that will help protect their sexual health. They review what they know about avoiding sexual health risks, including being abstinent **or taking steps to help prevent pregnancy, HIV and other STD**, if sexually active.” (Teacher Guide, p. 181)

“These are some things people need to do **if they’re sexually active:**

- Discuss birth control with a partner.
- **Decide on a birth control method**, get it, and use it correctly and consistently.
- Discuss STD with a partner.

	<ul style="list-style-type: none"> • Get tested for STD/HIV and know their status. • Use a condom every time they have sex. • Go to the doctor for regular checkups.” (Teacher Guide, p. 185)
<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>“Lesson 1 Health Terms: bisexual, gay, gender, gender identity, gender roles, heterosexual, HIV, homosexual, hormones, lesbian, ovaries, sexting, sexual abstinence, sexual activity, sexual intercourse, sexual orientation, sexuality, sexually active, STD, straight, testicles, transgender, transgender man, transgender woman, withdrawal.” (Student Journal, p. 3)</p> <p>“Lesson 1 Objective: Students will be able to define aspects of sexuality, including sexual abstinence, sexual activity, sexual orientation and gender identity.” (Teacher Guide, p. 1)</p> <p>“How people see themselves in relation to being male or female is called gender identity. Most of the time, a boy feels comfortable with his male body, and a girl feels comfortable with her female body.” (Teacher Guide, p. 10)</p> <p>“Some people are transgender. They are born as one sex but feel more like the other. It's as if they were born into the wrong body. For example, a transgender woman is someone born as a male who feels more like a female. A transgender man is someone born as a female who feels more like a male. Transgender people can have any sexual orientation.” (Teacher Guide, p. 10)</p> <p>Aspects of Sexuality Card: “This person is a transgender female. She identifies as (or feels herself to be) female and is biologically male.” (Teacher Guide, p. 25)</p> <p>Aspects of Sexuality Card: “This person is a transgender male. He identifies as (or feels herself to be) male and is biologically female.” (Teacher Guide, p. 25)</p> <p>Aspects of Sexuality Example: “Rafael is 17. He likes doing artwork for graphic novels written by a couple of his friends. He's looking forward to graduating next year and going to art school. He has a girlfriend, Liz, who goes to another school. He likes hanging out with Liz because she knows his history but accepts him for who he is right now, and because her friends all think of him as a guy. In his own school, kids remember when he started dressing and acting as a guy instead of a girl. People don't usually say anything to him about it, but he knows they find the whole transgender thing confusing.” (Teacher Guide, p. 34)</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</i></p>	<p>“Fill out the first section for the birth control method your small group is learning about. Then, use the remaining sections to record the key information about each of the other methods as they are presented.” Students note how the method works, the effectiveness rates for perfect use and realistic use, where to get it, advantages and disadvantages, what it protects from, and who uses it. (Student Workbook, pp. 9-12)</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</p>

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.

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. **What birth control method would you recommend** for this couple?" (Student Workbook, p. 13)

"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 and having sex together, but neither one of them feels ready to make a commitment right now. **What birth control method would you recommend for this couple?**" (Student Workbook, p. 13)

"Mei and Jason are in their early 20s. They've both been in other relationships before, so they got tested for HIV and other STD when they started dating. Once they knew that neither of them had HIV or another STD, they felt ready to start a sexual relationship with each other. They both like being able to be spontaneous. Mei **doesn't want to have to worry about taking a pill** every day, and Jason told Mei he **doesn't really like using a condom**. What birth control method would you recommend for this couple?" (Student Workbook, p. 14)

"What would you say to convince all these couples of the **importance of using birth control** correctly and consistently (every time)?" (Student Workbook, p. 14)

"Lesson 4 Health Terms: abstinence, **birth control**, cervix, **condom**, consistent, contraception, **Depo-Provera**, ejaculate, endometrial cancer, HIV, hormone, **Implanon, IUD**, ovaries, over-the-counter, **pelvic inflammatory disease**, prescription, semen, sexual intercourse, sperm, **spermicide**, STD, suppository, torso, uterus, vagina." (Student Journal, p. 7)

Note: *There are numerous well-documented harmful side effects to women who use contraceptive shots or implants that are not disclosed in this lesson, including an increased risk of breast cancer and cervical cancer.*

Lesson 4 Objective: "Students will be able to **explain the importance of using contraceptives** correctly and consistently to reduce risk of pregnancy." (Teacher Guide, p. 51)

"To ensure student success with comprehending concepts, teach a mini-lesson **using visual aids of male and female anatomy** to discuss anatomy and birth control methods." (Teacher Guide, p. 53)

"When a person makes the choice to become sexually active, **avoiding unintended pregnancy** is a very important responsibility. Even teens who are not currently sexually active need to understand different methods of preventing a pregnancy and **consider their birth control options** so they'll be ready to prevent pregnancy in the future." (Teacher Guide, p. 56)

	<p>“When a person is ready to decide on a birth control method, he or she will want to ask these questions:</p> <ul style="list-style-type: none"> • How does this method work? • How effective is it? • Where do you get it? • Will it help protect from HIV and other STDs as well as pregnancy? • Can partners use it together? • Can a person use it alone if the partner won’t help? • How easy will this method be for me to get? • How easy will this method be for me to use? • Does this method fit with my personal or family’s values? • Does this method fit with my religious and moral beliefs?” (Teacher Guide, p. 57) <p>Students learn about the effectiveness, advantages, and disadvantages of the following birth control methods: “Abstinence; IUD; implant; Depo-Provera; the pill; the patch; the ring; external (male) condom; internal (female) condom; sponge; foam, suppositories and film; emergency contraception.” (Teacher Guide, p. 57, Masters 5A-5L)</p> <p>“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 a pregnancy. Even highly effective methods don't work if people don't use them correctly all the time.” (Teacher Guide, p. 58)</p> <p>“Today we're going to be talking about one important way people can reduce their risk of HIV other STD and pregnancy by using a condom.” (Teacher Guide, p. 148)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Work with your group to design a communication strategy or tool that can be used to encourage incoming freshmen and new students to show respect for the different aspects of sexuality expressed by their fellow students. Fill out the points below to help you plan your campaign. Be sure to take a clear stand and design a strategy or tool that will appeal and make sense to your audience.” (Student Workbook, p. 5)</p> <p>“These are the 3 talking points we could use to convince the school administration to support our campaign. (Note: Be sure to include benefits of respecting different aspects of sexuality and negative consequences of not doing so.)” (Student Workbook, p. 6)</p> <p>“Work with your group to come up with one clear and convincing message you want to share with your friends and other teens. Be sure to shape the message and present it in a form that will appeal to your target audience. Then plan what each person in your group will do and how you'll work together to help create or share the message.</p> <ul style="list-style-type: none"> • What is your message to teens?

- Why will this message appeal to your target audience?
- How will you share your message to influence and support others? (For example, poster, letter, poem, song, rap, video, etc.)
- How will your group work together to deliver your message?" (Student Workbook, p. 40)

"Your group will work as a team to **design a communication strategy** or tool that can be used to inform incoming freshmen and other new students that they'll be expected to demonstrate respect for the different aspects of sexuality expressed by their fellow students. You might design a bookmark or button that can be given to incoming students or **write a brochure or leaflet to include in a freshmen orientation package**. You could plan a series of daily announcements to be made over the school PA system or through text messages or a Twitter feed, write an article for the school newspaper, design a page for the school website, or make a banner that would promote your goal of a respectful school environment. Your group may think of other strategies as well." (Teacher Guide, p. 30)

"You're going to work in small groups to learn important information about some common STDs and **make a poster to present what you've learned** to others." (Teacher Guide, p. 70)

"Now you'll have a chance to **help other teens recognize some of the influences on their sexual choices** and support them in avoiding negative consequences of being sexually active, such as unintended pregnancy and STD." (Teacher Guide, p. 106)

"**You'll be writing one section of a teen-friendly article** that will promote sexual responsibility and influence choices about sexual risks." (Teacher Guide, p. 106)

"Help the class decide **how to best share their article with other teens**. They may wish to:

- Share it with other high school health classes.
- Offer it to middle school health teachers to use with their students.
- **Place a copy in the school library.**
- Get permission to **print the article in the school newspaper or post it on the school website.**
- Post a copy of the article on a personal web page to share with their friends." (Teacher Guide, p. 107)

"Lesson 14 Overview: In this lesson students learn about **advocating for teens** to make healthy choices to protect themselves from unintended pregnancy, HIV and other STD. After learning about advocacy skills, they brainstorm ideas for advocacy messages ... Then they work in groups to create advocacy messages and present them to the class." (Teacher Guide, p. 189)

"When people go beyond taking a personal stand on an issue and work to convince and encourage others to take the same position, it's called advocacy.

	<p>You've learned a lot about protecting yourself from pregnancy, HIV and other STD. Advocacy is a way to share what you know to help other teens make healthy choices too. Just as there are skills you can learn to help you say NO to sexual pressure or negotiate condom use, there are skills that will help you be an effective advocate.” (Teacher Guide, p. 191)</p> <p>“Advocacy Skills:</p> <ul style="list-style-type: none"> • Take a stand for making healthy choices. • Support your view with accurate information. • Decide what your health-enhancing message will be. • Shape your message to appeal to your target audience. • Share your message to influence and support others. • Work together to deliver your message.” (Slide 12) <p>“Have each group present their advocacy messages to the class. You might also want to arrange for them to share their messages with the entire school, other high schools or local teen programs.” (Teacher Guide, p. 194)</p> <p>“In this culminating activity, students work in pairs or small groups to create a pamphlet that gives teens the facts about preventing pregnancy, HIV or other STD. After choosing which topic they'll address, students write and design their pamphlets to include consequences of unintended pregnancy, HIV or other STD; how pregnancy or HIV/STD infection occurs; ways to reduce the risk; the importance of testing, counseling and services; and local resources for testing.” (Teacher Guide, p. 207)</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>“Know what you want and describe it. In your own words, what are your views about using condoms?” (Student Workbook, p. 34)</p> <p>“Demonstrating sexual responsibility means owning the consequences of your choices and taking actions that are aligned with your personal values, even if nobody else knows about them.” (Teacher Guide, p. 39)</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</i></p>	<p>Students research multiple STD tests and answer questions including: “Are teens’ parents told about the test or the results?” (Student Workbook, p. 28)</p> <p>Aspects of Sexuality Example: “Nate is 17 and loves doing theater. He sings, dances and choreographs, and is a really good actor. He's known he was gay since he was a kid. Some people think doing theater is a gay stereotype, but it's what he truly loves. He and his boyfriend Chris have been together since they were both 15 ... Nate's parents have had a hard time with him being gay. They belong to a church that thinks being gay is wrong. They're not comfortable with his interest in theater, and they've never come to see him in any of his plays. Sometimes Nate gets hassled at school about being gay, but most students are fine with it.” (Teacher Guide, p. 33)</p>

<p><i>about sex in school.</i></p>	
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>“Call or go to a clinic, or visit the clinic website, to gather the information. Then evaluate your experience.</p> <ul style="list-style-type: none"> • What are the clinic’s hours? • What services are available at this clinic? • How much does a routine exam or consultation cost? • What’s the clinic policy about confidentiality? • How comfortable did you feel visiting or calling this clinic? • Would you recommend this clinic to a friend who needed information or services?” (Student Workbook, p. 29) <p>“Where are at least 2 places teens in our community can go to be tested for HIV, other STD and pregnancy?” (Student Workbook, p. 30)</p> <p>“Your assignment is to research the availability of condoms from a local store or other resource. Complete the form and answer the questions for your report.</p> <ul style="list-style-type: none"> • Describe where the condoms are located. • What kinds of condoms are sold here? [Brand Name, Price, Lubricated? Contains Spermicide? Expiration Date] • How comfortable would you feel getting condoms here? • Would you recommend that a friend get condoms here?” (Student Workbook, p. 33) <p>“Where are some places in our community where a person could go to be tested for STD? Have students suggest health centers or clinics where they might get tested and treated for STD. Make a list of local resources on the board, adding any locations they've missed. Leave this information on the board or have a student volunteer copy it onto a poster to display in the classroom.” (Teacher Guide, p. 75)</p> <p>“Lesson Objectives: Students will be able to identify local resources where teens can get tested for STD, HIV and pregnancy.” (Teacher Guide, p. 131)</p> <p>“Lesson Objectives: Students will be able to access valid and reliable sexual health services.” (Teacher Guide, p. 131)</p> <p>“Gather a list of local resources where teens can be tested for STD/HIV and pregnancy, and prepare a list of these to distribute to students.” (Teacher Guide, p. 132)</p> <p>Students brainstorm possible resources for information about HIV, other STD, and pregnancy, including where to be tested. “Allow students to share their ideas, and list their responses on the board. Examples might include hotlines, websites, the library, a school nurse or counselor, a family friend who's in the medical field, a health department clinic, a community clinic, Planned Parenthood, a local hospital clinic, or a school-based clinic.” (Teacher Guide, p.</p>

139)

“Research and prepare a list of places teens can get condoms in your community. **Check for local sources of free condoms.** These usually include health departments, **Planned Parenthood** and some health clinics.” (Teacher Guide, p. 146)

For more information on *HealthSmart*, see <https://www.etr.org/healthsmart/about-healthsmart/>.