

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 – Middle School

HIV, STD and Pregnancy Prevention

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [13 OUT OF 15]

HealthSmart Middle School HIV, STD and Pregnancy Prevention contains [13 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program does make regular mention to middle school students that abstinence is the only 100% successful way to avoid pregnancy and STIs. However, at the same time it teaches children the full and explicit details of how to use a condom and where they can find them for free. Children learn how to negotiate sexual encounters and obtain consent for protected sex. Anal and oral sex are explained, and students are encouraged to be advocates for avoiding unplanned pregnancy. Students are also taught about sexual orientation and gender identity as part of one's overall sexual identity.

This program aligns with the National Health Education Standards and the CDC's Health Education Curriculum Analysis Tool, which means it may be a popular selection for schools.

Target Age Group: 12-14 years old

Planned Parenthood Connections: Planned Parenthood is recommended as a sexual health resource for middle schoolers.

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>	Students give a response to the following: "I'm in eighth grade. My boyfriend is a few years older . I've told him I don't want to have sex, but he's been pressuring me. I feel confused. I don't want to have regrets. But sometimes I wonder what's the point of waiting . What should I do?" (Student Workbook, p. 6) Students give a response to the following: "My older sister had sex with her new boyfriend . Now she's got a rash and is worried she might be pregnant."

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.

What should she do?" (Student Workbook, p. 6)

"You overheard a group of girls saying, '**All boys just want sex.**' What could you say or do?" (Student Workbook, p. 8)

"Your older brother told you, '**When girls say No, they really mean Yes!**' What could you say or do?" (Student Workbook, p. 8)

"During sexual intercourse, **the man places his penis inside the woman's vagina.** When he ejaculates, semen is released into the vagina." (Student Workbook, p. 10)

"Taylor and Morgan have been dating each other for 5 months. They've decided they want to be a couple. **They were both sexually active in their last relationships.** But neither one of them has ever been tested for STD." (Student Workbook, p. 17)

"Greg and Cecilia are in college. They've been dating for 7 months and **recently started being sexually active together.** Now Greg has a burning sensation when he urinates." (Student Workbook, p. 17)

"Shawna and Marshall have been in a relationship for 8 months. **They have been sexually active for about half that time.** When Shawna goes for her yearly health exam her doctor tells her she has genital warts (HPV). Shawna didn't know she had this STD. **She had another sexual partner** just before she met Marshall 8 months ago, but she never told Marshall about him because she thought he would be jealous." (Student Workbook, p. 18)

"J.D. and Monica have been together for several months. As they've gotten more serious about each other, **they've talked about having sex.** Monica notices that J.D. seems uncomfortable during these talks, and asks him why. **He tells her that he has herpes.** He's worried about what she will think, and whether she will still want to be with him." (Student Workbook, p. 18)

Students write responses to the following pressure lines: "Harley and Drew have been going out for a long time. They have never had sex. Lately there have been a few times when **Harley has pressured Drew to 'go further' sexually.** Each time Drew has been able to cool things down. This evening Harley's parents are away and Drew has come over to help babysit Harley's little brother. After Harley's little brother has gone to bed, Harley starts kissing Drew. Drew really cares about Harley, but doesn't want to have sex.

- I'm so glad my little brother finally fell asleep. I really like kissing you.
- I want to do more than kiss. What do you say?
- We've gone this far. We can't stop now.
- **Everyone our age is having sex.** What's the big deal?
- I just want to show you how much I love you." (Student Workbook, p. 25)

"*Sexuality* is about more than **the physical aspects of '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 and how well they listen and communicate about sex.” (Facilitator Manual, p. 17)

“*Sexual health* includes the **choices you make about sex** and how you take care of the reproductive or sexual parts of your body. Part of good sexual health is making responsible choices about sexual behaviors.” (Facilitator Manual, p. 17)

“You've been learning about protecting your sexuality and the consequences of sexual activity. But **your sexuality has to do with more than just 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, and how well they **listen and communicate about sex**.” (Facilitator Manual, pp. 30-31)

“Sexual identity includes:

- Feelings of sexual attraction toward others
- Feelings about being male or female
- **How people express their sexuality**” (Facilitator Manual, p. 31)

“Sexual activity is defined as any sexual behavior that can result in pregnancy or STD. The type of sexual behavior that can lead to pregnancy is vaginal intercourse between a man and a woman. **This occurs when a man's penis enters a woman's vagina.**” (Facilitator Manual, p. 50)

“Now you're going to work in groups to **think of pressure lines people might use to try to get someone to have sex with them**. Think of as many different ways or techniques someone might use as you can.” (Facilitator Manual, p. 119)

“Kerry and Casey have been going out for over 6 months now. They have a really good relationship. They talk about everything and really trust each other. And they still have lots of fun together. **They kiss and touch a lot**, but haven't had sex. Casey and Kerry want to stay together, but they both also want to go to college or get a good job after high school. Lately they've both been **wondering about becoming sexually active**. Kerry feels really good about the relationship and wonders if **sex would make it even better**. Casey never thought much about sex before this relationship and wants to be sure to make the right decision.” (Facilitator Manual, p. 166)

“Sexuality – All the aspects of human behavior having to do with sex and gender. **Includes sexual function and behavior**, but also includes choices around sex, feelings of being male or female and communication about sex.” (Facilitator Manual, p. 198)

“Vaginal intercourse – Sexual intercourse that involves the **insertion of a man's penis into a woman's vagina.**” (Facilitator Manual, p. 199)

“Withdrawal – **Removing or pulling the penis out of the women's vagina** before

	ejaculation.” (Facilitator Manual, p. 199)
<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 may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Dana and Brett have been going out for about a year. Recently, they started talking about becoming sexually active. Dana wants to be sure they use condoms. What are some talking points that Dana could use when talking to Brett?” (Student Workbook, p. 27)</p> <p>Students are to write responses to the following pressure lines about having sex without a condom:</p> <ul style="list-style-type: none"> • “I can’t feel anything with a condom. • I would never give you an STD. • Condoms don’t work. • I promise we’ll use a condom next time. • What’s the matter, don’t you trust me?” (Student Workbook, p. 28) <p>“Directions: With your partner write a roleplay about resisting pressure to have sex or negotiating condom use. Describe the situation. Who are the characters and where are they? What is happening? Then write the pressure lines for Person A, and write responses to each pressure line for Person B.” (Student Workbook, p. 29)</p> <p>Lesson 14 Overview: “In this skills-based lesson, students learn strategies for planning ahead and negotiating condom use. After discussing steps in planning ahead, they work in pairs to help negotiate condom use with a partner. They review the steps for saying NO to sexual pressure and discuss how to apply these steps to refusing to have sex without a condom. Then they write responses that can be used to counter pressure to have unprotected sex.” (Facilitator Manual, p. 143)</p> <p>“Any person who's decided to become sexually active must also be ready and prepared to negotiate condom use. To negotiate means to come to an agreement. When partners agree to have sex, they must also agree to use condoms correctly every time to protect themselves from pregnancy, HIV and other STD.” (Facilitator Manual, p. 147)</p> <p>“Before you talk to your partner, you need to know what you want to say. It's important to know why you want to use condoms and to think about what you can say to help convince your partner. You're going to practice coming up with some talking points – or things a person could say – for negotiating condom use.” (Facilitator Manual, p. 147)</p> <p>“Review the list of talking points ... Make sure the list of talking points includes statements like the following:</p> <ul style="list-style-type: none"> • Condoms are an effective way to help prevent HIV, other STD and pregnancy. • I plan to stay healthy. • I care about you and I want us to be safe. • I won’t have sex without a condom.

	<ul style="list-style-type: none"> • Let’s protect our sexual health by using condoms.” (Facilitator Manual, pp. 147-148) <p>“What are some pressure lines people might use to try to convince someone to have sex without a condom? ... If students are having trouble coming up with pressure lines, add these to the list:</p> <ul style="list-style-type: none"> • I don’t have a condom with me. • I don’t have an STD, so we don’t need a condom. • Using a condom will spoil the mood.” (Facilitator Manual, p. 149) <p>“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.’” (Facilitator Manual, p. 149)</p> <p>“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.’” (Facilitator Manual, p. 149)</p> <p>Lesson 15 Overview: “In this skills-based lesson, students apply what they have learned about refusal and negotiation skills to create and practice original roleplays that demonstrate resisting sexual pressure or negotiating condom use to protect their sexual health.” (Facilitator Manual, p. 153)</p> <p>“On a piece of paper, describe a situation in which a person who wants to be abstinent might be pressured to have sex, or a situation in which a person who's decided to always use condoms might be pressured to have unprotected sex. Write about who the characters are, where they are, and what is happening. Try to make your situation as realistic as possible – something that might really happen to someone your age or a few years older than you. Be sure your situation is one that we could use in class.” (Facilitator Manual, p. 155)</p> <p>“Today you're going to put it all together by creating a roleplay that shows how to say NO to sexual pressure or to pressure to have unprotected sex in real ways that can work in your life.” (Facilitator Manual, p. 155)</p> <p>“How many of you feel confident you could use the skills you've been learning to say NO to sexual pressure, or to negotiate condom use if and when you decide to become sexually active? Why or why not?” (Facilitator Manual, p. 158)</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</i></p>	<p>“<i>Sexual activity</i> is any sexual behavior that can result in pregnancy or STD, including HIV. This includes all kinds of sexual intercourse, oral sex, and any sexual touching that could pass STD.” (Facilitator Manual, pp. 19-20)</p> <p>“Note: 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 sexual contact, such as vaginal, oral or anal intercourse, or genital touching.”</p>

<p><i>oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>(Facilitator Manual, p. 62)</p> <p>“Anal sex – Sexual act in which a man's penis enters his partner's anus; this form of sex is very risky for HIV and other STDs.” (Facilitator Manual, p. 193)</p> <p>“Oral sex – Sexual act in which the mouth is placed on the partner’s genitals.” (Facilitator Manual, p. 196)</p> <p>“Sexual intercourse – A type of contact involving one of the following: (1) insertion of a man's penis into a woman's vagina (vaginal intercourse), (2) placement of the mouth on the genitals of another person (oral intercourse) or (3) insertion of a man's penis into the anus of another person (anal intercourse).” (Facilitator Manual, p. 198)</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>“Part of your sexual identity is understanding and accepting your feelings of sexual attraction for others. This is often called sexual orientation.” (Student Workbook, p. 7)</p> <p>“Some people are sexually attracted to people of the same sex – boys to boys or girls to girls. The term for this type of attraction is homosexual or gay. Gay men are attracted to other men. Lesbians are women who are attracted to other women.” (Student Workbook, p. 7)</p> <p>“Some people are sexually attracted to both sexes. For example, a boy may be attracted to both girls and boys, or a girl may be attracted to both boys and girls. The term for this type of attraction is bisexual.” (Student Workbook, p. 7)</p> <p>Health Terms: “Bisexual, gay, heterosexual, homosexual, lesbian, prejudice, sexual orientation, stereotype.” (Facilitator Manual, p. 28)</p> <p>“Define and clarify terms related to sexual identity, sexual orientation and stereotyping.” (Facilitator Manual, p. 28)</p> <p>“Be aware of individual differences that may affect students' comfort and embarrassment levels. Some students may be questioning their sexual identity. Others may recognize that they are gay, lesbian, bisexual or transgender. Be sensitive to these students and ensure that they are given the same respect by peers as other students.” (Facilitator Manual, p. 28)</p> <p>“Bisexual – A term that describes people who are sexually attracted to both sexes.” (Facilitator Manual, p. 193)</p> <p>“Gay – A term for someone who identifies as homosexual; often refers to men who are sexually attracted to other men.” (Facilitator Manual, p. 194)</p> <p>“Homosexual – A term that describes people who are sexually attracted to people of the same sex.” (Facilitator Manual, p. 195)</p> <p>“Lesbian – A woman who is sexually attracted to other women.” (Facilitator</p>

	<p>Manual, p. 195)</p> <p>“Sexual orientation – Describes a person’s feelings of sexual attraction toward others, including to which gender a person is sexually attracted.” (Facilitator Manual, p. 198)</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>
<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>No evidence found.</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</i></p>	<p>“Number the 12 steps for using a condom in the correct order.</p> <ul style="list-style-type: none"> • Take the penis out of the partner's body. • Move the penis away from the partner's body. • Check the expiration date on the condom package. • Carefully open the package and take out the condom. • Discuss using condoms with your partner. • Check to see which way the condom unrolls. • Leave ½ inch of room at the tip of the condom. • Throw the used condom away. • After sex, hold the rim of the condom around the base of the penis. • Take the condom off the penis. • Unroll the condom down over the erect penis. • Pinch the tip of the condom to keep air out.” (Student Workbook, p. 26) <p>Lesson 13 Overview: “This lesson teaches about practicing safer sex by using latex or plastic condoms. Students learn how a latex condom helps prevent</p>

provide complete protection against pregnancy or STIs.

pregnancy and STD. They discuss where in their community teens can get condoms and how to overcome potential embarrassment about obtaining and using them. They **watch as the teacher demonstrates condom use**, and then do an activity to review the correct sequence of steps for proper condom use.” (Facilitator Manual, p. 133)

Lesson 13 Learning Objectives – “Students will be able to:

- Identify where they can obtain latex or plastic condoms.
- **Identify steps for proper condom use.**” (Facilitator Manual, p. 133)

“Have a nonlubricated latex or plastic condom. **Practice demonstrating steps for proper use** by unrolling a condom over the index and middle finger of one hand.” (Facilitator Manual, p. 134)

“A condom is a sheath, or covering, **that fits over the man's erect penis during sexual activity** to keep his sperm from entering his partner's body. All kinds of condoms can help prevent pregnancy. But only condoms made of latex or plastic will help prevent STDs, including HIV. Plastic condoms can be used if either partner is allergic to latex.” (Facilitator Manual, 137)

“Condoms aren't always 100% effective, **but they are the best way** for sexually active people to avoid unintended pregnancy and STDs.” (Facilitator Manual, p. 137)

***Note:** This description of condom effectiveness is highly insufficient. With typical use, condoms are approximately 85% effective. And there is no mention of the fact that condoms are completely ineffective in preventing HPV, which is transmitted by skin-to-skin contact and causes 99 percent of all cervical cancer and the vast majority of oropharyngeal cancers, anal cancer, penile cancer, vaginal cancer, and vulvar cancer.*

“**Teach about where to get condoms.** Ask & Discuss: Where are some places teens can buy condoms? What are some options if a person doesn't have money to buy condoms?” (Facilitator Manual, p. 137)

“**Ways to overcome embarrassment** [of buying condoms] include:

- Practicing what you would say ahead of time
- **Going to buy condoms with a friend or your partner**
- Finding a place to get condoms where you feel comfortable
- Remembering that the people at the store probably aren't noticing or paying that much attention to what you buy” (Facilitator Manual, p. 138)

“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. Teeth, fingernails, rings or sharp objects can damage the condom. 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 is 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 latex or plastic condom more than once.” (Facilitator Manual, pp. 139-140)

“Demonstrate the correct sequence of steps by unwrapping a latex or plastic condom and unrolling it onto the middle and index 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 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.” (Facilitator Manual, p. 140)

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

- **Know where and how to get condoms.** You can buy 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.
- **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. The skills you've learned for saying NO to sexual pressure can also help you resist pressure to have unprotected sex.
- **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.” (Facilitator Manual, p. 146)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.

“At some point, you may feel pressure from a partner or friends to become sexually active. It's important to plan ahead so you'll be ready if this happens. Think about what's important to you. Think about your values and your plans for the future. Understanding the consequences of having sex can help you **make decisions that are right for you** and help protect your sexual health.” (Student Workbook, p. 4)

“Becoming sexually active is **a decision two people have to make together** and equally.” (Student Workbook, p. 4)

“Today, we're going to be looking at the consequences and responsibilities young people have to think about **if they choose to have sex**, and how choosing not to become sexually active can help protect your sexual health.” (Facilitator Manual, p. 19)

“Before you become sexually active you need to **be sure you are mature enough** and willing and able to handle the consequences.” (Facilitator Manual, p. 21)

“Having *sexual intercourse* can also put people at risk of STD, including HIV. **One of the responsibilities of becoming sexually active** is learning how to protect yourself and your partner from pregnancy and other negative consequences of sexual intercourse.” (Facilitator Manual, p. 50)

“People who **decide to be sexually active** need to take steps to keep themselves and their partners safe from unplanned pregnancy and STD, including HIV. They need to **protect their own sexual health**, as well as the sexual health of their partners. This means they should be tested for STD before having sex with a new partner, and, if they do get an STD, they need to act responsibly.” (Facilitator Manual, pp. 85-86)

“Situations related to sexuality in which **a decision may need to be made** include:

- Deciding to date someone
- Deciding how to express your feelings of attraction for someone
- Deciding to have sex or not have sex” (Facilitator Manual, p. 101)

“Abstinence is the best way for teens to protect their sexual health and avoid pregnancy and STD. But when people **choose to be sexually active**, they should have safer sex by using condoms correctly every time.” (Facilitator Manual, p. 142)

“When **you are ready to become sexually active**, these strategies for planning ahead will help you have safer sex and protect your sexual health.” (Facilitator Manual, p. 146)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED

“Becoming sexually active carries many responsibilities. **Before you become sexually active** you need to be able to talk about sex with a partner. You need to plan ahead and know how to take steps to prevent pregnancy and protect

STANDARD

Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.

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

yourself from STD. You need to be mature enough to accept the physical and emotional consequences of being sexually active.” (Student Workbook, p. 4)

“What would you say to other young people to **convince them to avoid getting pregnant** or getting someone pregnant? Support your statement with the facts you've learned in class.” (Student Workbook, p. 12)

“The best way to avoid STD is abstinence. If people don't have sex, they can't get an STD. **People who are sexually active need to:**

- Talk to their partners about STD and get tested before having sex.
- Use latex condoms **every time they have sex.**
- Know the signs of STD.
- Get regular STD checkups.” (Student Workbook, p. 14)

Student journal entry: “Describe a situation in which a person who wants to be abstinent might be pressured to have sex, or a situation in which a person who's decided to always use condoms might be **pressured to have unprotected sex.** Write about who the characters are, where they are, and what is happening. Try to make your situation as realistic as possible – **something that might really happen to someone your age** or a few years older than you.” (Student Journal, p. 26)

“Lesson Objectives – Students will be able to:

- Describe the consequences of becoming sexually active.
- Describe **responsibilities that come with being sexually active.**
- Describe ways to protect sexual health.
- Determine the benefits of being sexually abstinent.
- Explain the importance of getting appropriate health care for sexual health issues.” (Facilitator Manual, p. 13)

“**Sexual activity** is any sexual behavior **that can result in pregnancy or STD, including HIV.** This includes all kinds of sexual intercourse, oral sex, and any sexual touching **that could pass STD.** The word *abstinence* means doing without something. Sexual abstinence is choosing not to do any sexual behavior **that can result in pregnancy or STD.**” (Facilitator Manual, pp. 19-20)

“Sexual activity – Any sexual behavior **that can result in pregnancy or STD.**” (Facilitator Manual, p. 197)

“The healthiest choice for young people is to be sexually abstinent. Being abstinent doesn't mean you can't have a romantic relationship or express your affection and attraction for someone. But it does mean you choose not to do any kind of sexual activity **that can transmit an STD or cause a pregnancy.**” (Facilitator Manual, p. 20)

Note: *Teaching that abstinence is avoiding sexual activity that can result in pregnancy or STD is confusing for young people as it can imply that protected sex counts as abstinence.*

“Responsibilities of people who are sexually active include:

- Talking with a partner about sex
- Seeing a health care provider regularly
- Expressing sexual feelings in healthy and appropriate ways
- Taking steps to prevent HIV and other STDs
- Taking steps to avoid becoming pregnant or causing a pregnancy”
(Facilitator Manual, pp. 22-23)

“The Pregnancy Risk activity is intended to illustrate the very real risk of a pregnancy within a year **if having unprotected sex.**” (Facilitator Manual, p. 47)

“Monogamy means being in a life-long or very long-term relationship in which **you have sex only with that one person, who has sex only with you.** In a monogamous relationship, both people agree not to have any other sexual partners. As long as neither person has HIV and they remain faithful to each other, monogamy keeps people safe from sexual transmission of HIV. To be completely safe, both partners must never have shared needles with anyone for any reason. Being monogamous is a commitment that can help people avoid HIV and other STD.” (Facilitator Manual, p. 75)

“Sometimes people are monogamous within their relationships, but have a series of short-term relationships one after the other. This is called *serial monogamy*. Even though **they have sex only with each other** while they are going out, the fact that the relationship lasts only a few weeks or months means they are still at risk for HIV and other STDs. Monogamy protects people only if they are in a very long-term, even life-long committed and exclusive relationship.” (Facilitator Manual, p. 76)

“People who **decide to be sexually active** need to take steps to keep themselves and their partners safe from unplanned pregnancy and STD, including HIV. They need to protect their own sexual health, as well as the sexual health of their partners. This means they should be tested for STD **before having sex with a new partner**, and, if they do get an STD, they need to act responsibly.”
(Facilitator Manual, pp. 85-86)

“If you had an STD, you would need to: Protect yourself in the future. Make a plan to be abstinent **or use protection** to help avoid STD in the future.”
(Facilitator Manual, p. 86)

“If you have an STD such as herpes, HPV or HIV that can't be cured, you will have to **practice safer sex from now on.**” (Facilitator Manual, p. 86)

Note: *There is no mention here that condoms are completely ineffective in preventing HPV, which is transmitted by skin-to-skin contact and causes 99 percent of all cervical cancer and the vast majority of oropharyngeal cancers, anal cancer, penile cancer, vaginal cancer, and vulvar cancer. Leaving out this vital information is completely irresponsible.*

“**Anyone who's having sex** should see a health care provider and get tested for STD. People who have been sexually active should abstain from **having sex with a new partner** until both of them have been tested for STD.” (Facilitator Manual, p. 87)

“Thinking and planning ahead can help you make healthy decisions about sexual activity. The best choice for you right now is to be abstinent and not have sex. When you're older, if you decide you want to become sexually active, you'll still want to think and plan ahead to protect your sexual health. **When you decide that you're ready to become sexually active**, the best way to protect yourself from pregnancy, HIV and other STDs is to use a condom. **Using a condom every time** is a way to have safer sex.” (Facilitator Manual, p. 136)

“If people **choose to become sexually active**, it's very important for them to understand how to use a condom correctly. We're going to learn the steps for using a condom, so you'll know how to use one **if or when you decide to become sexually active**.” (Facilitator Manual, p. 139)

“Abstinence is the best way for teens to protect their sexual health and avoid pregnancy and STD. But when people choose to be sexually active, they should **have safer sex by using condoms correctly every time**.” (Facilitator Manual, p. 142)

“Unprotected sex – sex without a latex or plastic condom – is risky. Sexually active people can help protect themselves from pregnancy, HIV and other STDs by **using condoms every time they have sex**. Condoms aren't 100% effective, but they greatly reduce the risk.” (Facilitator Manual, p. 145)

“You learned these steps for saying NO to sexual pressure and practiced using them to say NO to sex. These same steps can help you **say NO to pressure to have sex without a condom**.” (Facilitator Manual, p. 148)

“Read each of the pressure lines and write a response that **says NO to unsafe sex** and sends a strong message about using condoms.” (Facilitator Manual, p. 150)

“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.
- Take steps to avoid HIV and other STDs.
- Take steps to avoid becoming pregnant or causing a pregnancy.”

(Facilitator Manual, p. 166)

Low risk activity: “**Using latex condoms every time they have sex**.” (Facilitator Manual, p. 169)

	<p>Overview: “In this culminating activity, students view a popular movie featuring teen relationships and analyze the depiction of relationships and sexual health issues. They draw conclusions about whether the movie showed healthy or unhealthy relationships, provided accurate information about sexual health and the consequences of sexual activity, and supported an abstinence or safer sex message.” (Facilitator Manual, p. 171)</p> <p>“Monogamy – Having only one sexual partner.” (Facilitator Manual, p. 196)</p> <p>“Safer sex – Sexual activity in which various measures are taken to prevent pregnancy and STD.” (Facilitator Manual, p. 197)</p> <p>“Serial monogamy – Having a series of short-term relationships one after the other.” (Facilitator Manual, p. 197)</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>“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.” (Student Workbook, p. 7)</p> <p>Health Terms: “Gender identity, gender roles, prejudice, sexual identity, stereotype, transgender” (Facilitator Manual, p. 28)</p> <p>“Define and clarify terms related to sexual identity, sexual orientation and stereotyping.” (Facilitator Manual, p. 28)</p> <p>“Be aware of individual differences that may affect students' comfort and embarrassment levels. Some students may be questioning their sexual identity. Others may recognize that they are gay, lesbian, bisexual or transgender. Be sensitive to these students and ensure that they are given the same respect by peers as other students.” (Facilitator Manual, p. 28)</p> <p>“Gender identity – The way people see themselves in relation to being male or female.” (Facilitator Manual, p. 194)</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</i></p>	<p>“Having <i>sexual intercourse</i> can also put people at risk of STD, including HIV. One of the responsibilities of becoming sexually active is learning how to protect yourself and your partner from pregnancy and other negative consequences of sexual intercourse.” (Facilitator Manual, p. 50)</p> <p>“It takes only one sperm to reach an egg in the fallopian tube for fertilization to occur. This is why pregnancy can easily happen if the couple doesn't use some means of protecting themselves from pregnancy.” (Facilitator Manual, p. 52)</p> <p>“Every time a person has unprotected vaginal intercourse, she or he risks getting pregnant or causing a pregnancy.” (Facilitator Manual, p. 53)</p>

<p><i>abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Note: <i>The above statements imply to young students that condoms are a failsafe way to prevent pregnancy and STIs.</i></p> <p>“A condom is a latex or plastic cover that fits over a man's penis during sex, so that no semen can enter his partner's body. Condoms can help reduce the risk of HIV transmission. But condoms may not work 100% of the time.” (Facilitator Manual, p. 76)</p> <p>Note: <i>In reality, the condom effectiveness rate with typical use is around 85%.</i></p> <p>“If your glove doesn't have a hole in it, you can sit down. You avoided HIV by using a condom correctly and consistently.” (Facilitator Manual, p. 77)</p> <p>“If people are sexually active, they can help protect themselves by using latex condoms correctly every time they have sex.” (Facilitator Manual, p. 77)</p> <p>Teacher’s Note: “Condoms are the only contraceptive method taught in HealthSmart Middle School. If you wish to provide instruction on other methods of birth control, use Lesson 4 in the HealthSmart High School unit on HIV, STD and Pregnancy Prevention.” (Facilitator Manual, p. 133)</p> <p>“On a piece of paper, write what you would say to convince a sexually active person to always use condoms. Be sure to explain how using condoms can help protect a person's sexual health. Be sure to put your name on your paper and hand it in before you leave class.” (Facilitator Manual, p. 151)</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>Lesson Objective: “Use advocacy skills to encourage others to avoid unplanned pregnancy.” (Facilitator Manual, p. 45)</p> <p>“You are now going to have the chance to put your new knowledge into practice. Work with a partner to create a poster with your top 3 reasons teens should avoid pregnancy. Be sure your reasons are based on facts and use words that will appeal to and convince teens. After evaluating the posters, you may want to display them in the classroom or throughout the school.” (Facilitator Manual, p. 56)</p> <p>“Tech Connection: Allow students to create posters on the computer that incorporate digital images and graphics. Posters can be displayed on the school website as well as printed and displayed at school.” (Facilitator Manual, p. 56)</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>“Some teens may be confused about their sexual feelings. Some teens may feel pressure to have a boyfriend or girlfriend even though they don't have romantic feelings for anyone. Gay, lesbian and bisexual teens may feel pressure to hide their sexual orientation because of prejudice. Sometimes family or cultural values may put pressure on a teen to hide his or her sexual identity.” (Facilitator Manual, pp. 31-32)</p>

14. UNDERMINES PARENTS OR PARENTAL RIGHTS

May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.

“Your friends and family may be a great source of support. They can help you stick to a decision to be sexually abstinent. They can also help support you in protecting yourself if and when you decide to become sexually active. **But friends and family may not always be the most reliable sources of health information.** Be sure to **look for information about sexual health from informed sources** such as your health teacher, family doctor, school nurse, clinic staff and other health professionals.” (Facilitator Manual, p. 108)

15. REFERS CHILDREN TO 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)

“If you think you might have an STD, see a doctor right away. Don't wait or let embarrassment stop you. **Most local health departments have free STD clinics** where you can be tested and treated. They will keep your information private and teach you how to avoid STD in the future.” (Student Workbook, p. 14)

“Where are **2 places in our community** where a person could get condoms? Be specific.” (Student Workbook, p. 26)

When deciding whether a website offers trustworthy sexual health information, students are given the following criteria. “Who created the website? This question can help you decide **if you trust the source of the information.** As part of this question, you'll want to ask: What does the website address, or URL, tell me? Was the website created by an individual or commercial company (.com), a government agency (.gov), a university or other school (.edu), or a nonprofit organization (.org)? **Websites that end in .gov, .org or .edu are likely to be more reliable than commercial or private websites.**” (Facilitator Manual, p. 110)

Note: *Planned Parenthood is an example of a website that ends in .org. Students are referred to them later in the program as a place to get free condoms.*

“Research and **have a list of places teens can get latex or plastic condoms** in your community.” (Facilitator Manual, p. 134)

“What are some options if a person doesn't have money to buy condoms? Allow students to respond to the questions and discuss their ideas. List their responses on the board. Review the list of places students named, such as drug stores, pharmacies and grocery stores, and add any community resources in your area that students may not have identified. **Discuss sources of free condoms in your community. These usually include health departments, Planned Parenthood and some health clinics.**” (Facilitator Manual, pp. 137-138)

For more information on *HealthSmart*, see <https://www.etr.org/ebi/programs/healthsmart-sexual-health-units/>.