

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

Making Proud Choices, 5th Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Making Proud Choices, 5th Edition contains [15 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: *Making Proud Choices* is essentially a how-to manual for sexual activity. It implies that many, if not most, teenagers are sexually active and teaches them how to negotiate condom use and obtain consent for sex. This program promotes acceptance of diverse sexual orientations and gender identities and even contains same sex role play scenarios for teens to act out. *Making Proud Choices* encourages detailed condom demonstrations using penis models and suggests ways to make condom use more pleasurable. This curriculum includes DVDs with sexual discussions among teenagers and lessons on reducing the risk of STDs, not on eliminating the risk by practicing abstinence. One video contains animated steps to condom use including animated figures acting out vaginal, anal and oral sex.

This curriculum claims to be “evidence-based.” However, the one and only study cited in the Facilitator’s Manual was done by the authors themselves, presenting an extreme conflict of interest.

Making Proud Choices is being implemented with federal grant funds in the following states: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Vermont, Washington, West Virginia, Wisconsin and Wyoming.

Target Age Group: 12 – 18 years old

Planned Parenthood Connections: One of the authors, Konstance A. McCaffree, is a long-time member and former secretary of the board for the Sexuality Education and Information Council of the United States (SIECUS), which was founded in 1964 by Planned Parenthood’s medical director. ETR, the publisher of this curriculum, has a member of Planned Parenthood on their Board of Directors. Planned Parenthood is a recommended resource throughout this curriculum.

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.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I’m concerned about HIV.” (Student Workbook, p. 4)</p> <p>“Five months ago, I had sex with someone for the first time. We didn’t use condoms.... Now I have a new boyfriend and he wants me to have sex, too.” (Student Workbook, p. 5)</p> <p>“I recently found out that a friend of mine is HIV positive and that she’s had the virus for years. She’s smart, fun to be around, and has only had sex with two guys her whole life.” (Student Workbook, p. 7)</p> <p>“I’m a senior this year and plan to go to college, but I did something the other night that was really stupid. I went to a party. I had a couple of beers and then somebody handed me a joint... The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don’t even know if we used protection, because I was so high that I forgot to ask.” (Student Workbook, p. 8)</p> <p>Role play C: “Your partner dated other people before you and had sex with them. Your partner wasn’t your first either.” (Student Workbook, p. 21)</p> <p>Role play D: “You think about Jadon’s past sexual life and your own past sexual life. And now you begin to worry because you and your partner have been sexually active without using protection.” (Student Workbook, p. 22)</p> <p>Role play E: “You and Chase have had sex a couple of times and never used a condom. You think you might lose Chase if you ask to use a condom.” (Student Workbook, p. 23)</p> <p>Green light sexual behaviors: “Sexual fantasy, Body rubbing/grinding (with clothes on)” (Facilitator’s Manual, p. 61)</p> <p>Yellow light sexual behaviors: “Having protected sex with a person who is having sex with other people; Vaginal sex with a condom; Having protected sex with multiple partners” (Facilitator’s Manual, p. 61)</p> <p>“How do you negotiate condom use when you have more than one partner?” (Facilitator’s Manual, p. 73)</p> <p>Each student is expected to practice saying no by reading aloud one of the following examples:</p> <ul style="list-style-type: none"> • No! I won’t have sex without a condom! • No! I don’t want to touch you there! • No! Stop touching me like that! • No! Stop trying to unbutton my pants! • No! I want to protect myself. We have to use a condom. (Facilitator’s Manual, p. 192)

Role Play I: “You and Taryn have been intimate for 2 weeks. **You have never used a latex barrier with her or any of your partners.**” (Facilitator’s Manual, p. 242)

Role Play II: “You have slept with Will **three times already**, always **unprotected.**” (Facilitator’s Manual, p. 243)

Role Play III: “You and your girlfriend are **getting really close to having sex**. You don’t want to get her pregnant but you don’t like condoms, so you plan to pull out.” (Facilitator’s Manual, p. 244)

“What are some reasons a teen might **send a nude or sexy picture** to someone (or post it on Facebook)?

- To make other people **‘horny’** or turned on
- To make someone jealous
- To **be sexy with a partner** or keep a partner interested” (Facilitator’s Manual, p. 276)

“A person with herpes can infect someone else just by ‘rubbing’ when they have a sore; for example, **rubbing the penis against the vulva** without having clothes on.” (Facilitator’s Manual, p. 303)

“A person with HPV can infect someone else just by ‘rubbing,’ for example, **rubbing the penis against the vulva** without having clothes on.” (Facilitator’s Manual, p. 304)

“A student unwilling to participate is not required to role-play until both the facilitator's live modeling and role-playing by all other students are completed. However, **no student should be excused completely from practicing the skill**. To do so would run counter to the purpose of the group.” (Facilitator’s Manual, p. 335)

***Note:** It is disturbing to think that children with high standards of modesty are not allowed to opt out of participating in sexually explicit role plays with their peers.*

“Can a girl get pregnant if she **has sex standing up**? Yes. Sperm does not care what position you are in.” (Facilitator’s Manual, p. 351)

“Ejaculation: The spontaneous discharge of semen **from the penis during orgasm.**” (Facilitator’s Manual, p. 354)

“Lubricant: Something wet and slippery, used to **reduce friction during sex**. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking.” (Facilitator’s Manual, p. 355)

2. TEACHES CHILDREN TO CONSENT TO SEX

May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

“The role play scenarios are designed to provide students with the confidence and skills necessary to **negotiate condom use.**” (Facilitator’s Manual, p. 5)

“Ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize **affirmative consent**, or ‘yes means yes,’ and are moving away from a ‘no means no’ perspective. This affirmative consent approach encourages partners to **communicate openly** about their wishes and boundaries, **both prior to and during sexual interactions.**” (Facilitator’s Manual, p. 189)

“Instruction on boundaries and respecting another person’s NO – both verbal and nonverbal – regardless of perceived clarity can be included to help young people **understand the two-way nature of consent.**” (Facilitator’s Manual, p. 189)

“We are going to work on a strategy for **getting your partner to agree to use condoms**, without blaming, arguing or getting into a fight.” (Facilitator’s Manual, p. 205)

“**Giving consent is a freely given, sober, present act** of agreeing through mutually understandable words or actions to participate in specific sexual activity. This is a mouthful. Let's break it down:

- ‘Freely given’ means the recipient was not pressured or threatened.
- ‘Sober’ means not high or intoxicated.
- ‘Present’ means the agreement to engage in sex happens today, right now, in the present.
- ‘Through mutually understandable words and actions’ means the person says, ‘Yes, I want to have sex with you.’ Or touches you in a sexual way or responds enthusiastically. **Words that communicate consent** include: ‘yes,’ ‘don’t stop,’ ‘that feels good,’ ‘I want to...,’ ‘I’m sure.’
- ‘Specific sexual activity’ means that the person **has to agree to each sexual act.** For example, someone might agree to oral sex but not to vaginal or anal intercourse.” (Facilitator’s Manual, p. 288)

Family Feud question: “What’s **required for someone to give consent** to have sex? The agreement to have sex must be

- Freely given
- In the present
- With someone who is sober/capable of giving consent
- Stated through mutually understandable words and actions
- Related to a specific sexual activity” (Facilitator’s Manual, p. 289)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.

Anal Sex (also Anal Intercourse): Inserting the penis into the anus of the sexual partner.” (Facilitator’s Manual, p. 353)

“**Oral Sex** (Oral Intercourse): Contact of the mouth or tongue with a partner’s genitals.” (Facilitator’s Manual, p. 356)

“Cunnilingus: **Mouth-to-vagina sex**. See *oral sex*.” (Facilitator’s Manual, p. 354)

“Non-lubricated Condom: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to **put in their mouths during oral sex** to prevent HIV and other STDs. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a barrier to be used **over the anus or vagina during oral sex**.” (Facilitator’s Manual, p. 356)

Note: *Teaching 12-year-old children to make their own barriers in an attempt to prevent STDs during oral sex by cutting up condoms is risky indeed.*

“Pulling Out: **Removing the penis from a partner's vagina, anus or mouth** before ejaculating.” (Facilitator’s Manual, p. 357)

“Sex (Sexual Intercourse): A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) **using the mouth to touch the genitals** of another person (oral sex); or (3) **insertion of a man's penis into the anus** of another person (anal sex).” (Facilitator’s Manual, p. 357)

“**Safer Sex:** Sexual practices that involve no exchange of blood, semen, vaginal secretions or **rectal fluids**.” (Facilitator’s Manual, p. 357)

“I am fifteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including **oral sex**.” (Student Workbook, p. 6)

“Being proud and responsible means that you value yourself and you believe you are worthy!... If you are going to have vaginal, **anal or oral sex**, it means using a latex (or polyurethane/polyisoprene) condom and effective birth control.” (Facilitator’s Manual, p. 41)

“What was the message about condoms in the DVD? Use condoms every time you have **anal, oral or vaginal sex**.” (Facilitator’s Manual, p. 51)

“Fact: **Giving oral sex** to a guy (your mouth on his penis) increases your chances of getting HIV.” (Facilitator’s Manual, p. 55)

“Explain that ‘sex’ in these questions means **oral, anal and/or vaginal** intercourse.” (Facilitator’s Manual, p. 60)

Yellow Light behavior: “**Oral stimulation of the vulva** (female genitals) with a dental dam (latex barrier)” (Facilitator’s Manual, p. 61)

Yellow/Red Light behaviors: “**Oral stimulation of the penis** without a condom;

Anal sex with a condom” (Facilitator’s Manual, p. 61)

Red Light behavior: **“Anal sex without a condom”** (Facilitator’s Manual, p. 61)

“Only you can decide to protect your future and your health. Use a latex condom or dental dam every time you have vaginal, **oral or anal sex.**” (Facilitator’s Manual, p. 98)

“A good way to avoid infection is to use a latex (or polyurethane/ polyisoprene) condom every time you engage in **oral, anal or vaginal sex.**” (Facilitator’s Manual, p. 119)

“A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner’s **vagina, mouth or anus** during sex.” (Facilitator’s Manual, p. 127)

“Explain how a dental dam can be used when having **oral contact with the vulva or anal area.**” (Facilitator’s Manual, p. 136)

“The female condom can also be used for STD protection during **anal sex.**” (Facilitator’s Manual, p. 160)

“Protect yourself and your partner by using a latex or polyurethane/ polyisoprene condom every time you have **vaginal, oral or anal intercourse.**” (Facilitator’s Manual, p. 232)

“Remember, if you are going to have **oral sex**, you need to use a latex barrier.” (Facilitator’s Manual, p. 243)

“The CDC considers **anal sex** a high-risk behavior with or without a condom, but **people who do engage in anal sex** can reduce the risk of HIV and other STDs by using condoms with lots of water-based lubrication.” (Facilitator’s Manual, p. 244)

Note: *Anal sex is a high-risk behavior with or without protection, as confirmed by the CDC; therefore, no program should lead students to think there are “safer” ways to participate.*

Jeopardy Question: “Name two high-risk behaviors.” Acceptable answers: **“Unprotected anal, oral or vaginal sex, sharing needles”** (Facilitator’s Manual, p. 251)

Note: *Anal sex is classified as a high-risk behavior with or without a condom. This ‘acceptable answer’ is completely misleading to students.*

“Sexually transmitted disease (STD) is a term used to categorize a group of infections typically transmitted through **vaginal, oral or anal sex.**” (Facilitator’s Manual, p. 300)

“Chlamydia: How Transmitted – **Vaginal, anal and oral sex**” (Facilitator’s Manual, p. 300)

“For **oral sex on a woman**, dental dams can be used.” (Facilitator’s Manual, p.

	<p>344)</p> <p>“It is unlikely that you would get HIV if an infected person performed oral sex on you. However, if the person receiving oral sex has HIV or AIDS, the person performing oral sex can get it.” (Facilitator’s Manual, p. 345)</p> <p>“If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.” (Facilitator’s Manual, p. 346)</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>“Let's keep in mind that there's diversity in society and in this group... Some may identify as gay, lesbian, bisexual or straight.” (Facilitator’s Manual, p. 39)</p> <p>“If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. However, a lesbian teen can get pregnant if she has sex with a guy. A gay teen guy can get his partner pregnant if he has sex with a female. For many different reasons gay and lesbian teens sometimes engage in penis-in-vagina intercourse and they have to worry about pregnancy if they do.” (Facilitator’s Manual, p. 148)</p> <p>“All young people regardless of their sexual orientation [who they find themselves attracted to] need to be informed about sexuality, including information about birth control and condoms.” (Facilitator’s Manual, p. 166)</p> <p>“Regardless of a person’s sexual orientation or sexual identity, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs.” (Facilitator’s Manual, p. 166)</p> <p>“During the role play practice, students may role-play sexual pressure situations with someone of a different or the same gender.” (Facilitator’s Manual, p. 210)</p> <p>“It doesn’t matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate.” (Facilitator’s Manual, p. 230)</p> <p>Role Play I: Taryn and Tanya - STD/HIV concerns in a lesbian relationship (Facilitator’s Manual, p. 242)</p> <p>Role Play II: Alonzo and Will – two males negotiating condom use in a sexual relationship (Facilitator’s Manual, p. 243)</p> <p>“Sexual orientation refers to that inner sense of who you're attracted to romantically and sexually. Lesbian and gay (or homosexual) people are attracted to people of their own gender. Straight (or heterosexual) people are attracted to people of a different gender. Bisexual people can be attracted to</p>

	<p>people of more than one gender.” (Facilitator’s Manual, p. 285)</p> <p>“Bisexuality is a real sexual orientation. There are people who do have the potential to be attracted to more than one gender. Many experts believe that the majority of human beings are actually bisexual. Some people have bisexual attractions but don't identify as bisexual. Many bisexuals feel discriminated against because they are not always accepted in the gay or straight community.” (Facilitator’s Manual, p. 286)</p> <p>“Bisexual: Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (Facilitator’s Manual, p. 353)</p> <p>“Gay: A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.” (Facilitator’s Manual, p. 354)</p> <p>“Homosexual: Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.” (Facilitator’s Manual, p. 355)</p> <p>“Lesbian: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (Facilitator’s Manual, p. 355)</p> <p>“Sexual Orientation: Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.” (Facilitator’s Manual, p. 358)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches 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>Scripted role play response: “From what you’ve told me, you already know there are other things that people can do for physical intimacy, or even sexual orgasm, that will not lead to pregnancy or transmission of disease.” (Facilitator’s Manual, p. 83)</p> <p>“Sex can feel very good with condoms. You can buy a brand that feels natural and use extra lubricant.” (Facilitator’s Manual, p. 131)</p> <p>“Using condoms can be fun and pleasurable if you have the skills to make them that way.” (Facilitator’s Manual, p. 166)</p> <p>“People often say that sex doesn’t feel as good with a condom but we’re going to talk about ways to make the experience more pleasurable.” (Facilitator’s Manual, p. 174)</p> <p>“Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you’ll use all of those condoms can be a turn-on.” (Facilitator’s Manual, p. 176)</p> <p>“Excuse: Condoms kill the mood for sex.</p>

	<p>Response: Only if you let them. With a little imagination, condoms can actually enhance sexual feeling." (Facilitator's Manual, p. 184)</p> <p>"Excuse: Condoms are unnatural and turn me off. Response: I know how to turn you back on." (Facilitator's Manual, p. 185)</p> <p>"Excuse: When I stop to put it on, I'll lose my erection. Response: Don't worry, I'll help you get it back." (Facilitator's Manual, p. 185)</p> <p>"Excuse: I do not have a condom with me. Response: Let's satisfy each other without having intercourse then." (Facilitator's Manual, p. 186)</p> <p>Statement to suggest an alternative to having sex without a condom: "Let's do something else that will feel good for both of us, since we don't have a condom." (Facilitator's Manual, p. 207)</p> <p>"You really turn me on when you touch me, but I won't have sexual intercourse without a condom." (Facilitator's Manual, p. 208)</p> <p>"You also believe that condoms/dental dams are not natural and sex won't feel as good if you use them." (Facilitator's Manual, p. 226)</p> <p>"Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun." (Facilitator's Manual, p. 227)</p> <p>"Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship." (Facilitator's Manual, p. 316)</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>Green Light behavior: "Self-masturbation" (Facilitator's Manual, p. 61)</p> <p>Yellow/Green Light behavior: "Mutual masturbation (Green for HIV. There are some STDs that can be passed through skin-to-skin contact or genital touching.)" (Facilitator's Manual, p. 61)</p> <p>Jeopardy Question: "What are some safer sexual behaviors (that won't transmit HIV)?" Acceptable answers: "Cuddling, massage, masturbation, fantasy" (Facilitator's Manual, p. 251)</p> <p>"Masturbation is actually defined as stimulating one's own genitals for sexual pleasure. You might also hear the term 'self-stimulation' or 'self-pleasuring:' Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives." (Facilitator's Manual, p. 286)</p> <p>"Masturbation is a safe way to feel pleasure and release sexual tension without fear of STDs or pregnancy." (Facilitator's Manual, p. 286)</p>

	<p>“Masturbation has some health benefits such as relieving stress. It's also a way for people to relax, feel pleasure, and learn about their sexual responses. Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives. Masturbation is something you can choose to do or not do if it goes against your values.” (Facilitator’s Manual, pp. 286-287)</p> <p>“Masturbation is a private act. It's not OK to masturbate in public places or in front of other youth or caregivers. However, it's fine in private.” (Facilitator’s Manual, p. 287)</p> <p>Family Feud question: “What is an appropriate place to masturbate?” Answer: “A private place” (Facilitator’s Manual, p. 289)</p> <p>“Safer sexual activities include: Body rubbing/massaging, mutual masturbation; Massaging one's own genitals, self-masturbation” (Facilitator’s Manual, p. 346)</p> <p>“Masturbation: Massaging one's own genitals for sexual stimulation.” (Facilitator’s Manual, p. 355)</p> <p>“Mutual Masturbation: Massaging each other's genitals for sexual stimulation.” (Facilitator’s Manual, p. 356)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“Major changes (also referred to as ‘red light’ adaptations) are discouraged and may significantly affect and alter program effectiveness. Examples of major changes include dropping entire activities or lessons or altering the key messages of the program.” (Facilitator’s Manual, p. 6)</p> <p>Note: <i>In other words, omitting the graphic condom use modules is highly discouraged by the curriculum developers.</i></p> <p>“Materials needed: Condoms (one per student or pair plus demonstration condoms), water-based lubricant, penis models” (Facilitator’s Manual, p. 24)</p> <p>Students complete the following sentence by discussing it in pairs: “You can make using condoms fun by...” (Facilitator’s Manual, p. 116)</p> <p>“Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each student.” (Facilitator’s Manual, p. 122)</p> <p>“Have the penis models, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.” (Facilitator’s Manual, p. 122)</p> <p>“Ask the group to brainstorm slang terms for condoms... Then ask them to name some of the brands they’ve heard of.” (Facilitator’s Manual, p. 133)</p> <p>“Using a penis model/condom demonstrator, follow the steps listed on the</p>

chart to model what the youth will be doing.” (Facilitator’s Manual, p. 133)

The teacher demonstrates – and students later practice – the following steps **on a penis model**:

- “Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- Open the package carefully to avoid tearing.
- Make sure condom is on the proper side to roll down correctly.
- Pinch the tip of the condom to create space (1/2 inch) for semen.
- Squeeze a few drops of water-based lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
- Check during intercourse to make sure the condom isn’t slipping.
- Immediately after ejaculation, hold the condom firmly at the base of the penis and **pull the penis out before it gets soft**.
- Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.” (Facilitator’s Manual, p. 134)

“Ask students if they’ve ever heard of or seen a dental dam. **Hold up a dental dam** and say, ‘A dental dam is a square of latex that can serve as a barrier between the mouth and a partner’s vulva or anal area to prevent the transmission of STDs. It can be difficult to find dental dams, so **you can cut a non-lubricated condom into a square** and use it as a barrier.’” (Facilitator’s Manual, p. 135)

“Get used to condoms, so they are **natural and fun**.” (Facilitator’s Manual, p. 136)

Detailed steps to using the female condom are given to students. “Reassure students that it will simply **take a few times to practice** and then it will be no problem. Note that the female condom can be inserted well in advance of being with a partner, so that **sexual intercourse can be spontaneous**.” (Facilitator’s Manual, p. 160)

Question: “If a male **loses his erection** after putting on a condom and before intercourse, what could the couple do?” Answer: “This will happen to most males at some point in their lives. Have partner take off condom, **continue playing and stimulating one another**, relax, and enjoy the fun. After a while, put a new condom on as part of the play.” (Facilitator’s Manual, p. 173)

“Give the following examples of ways to make using condoms **more pleasurable**:

- Try different brands to find one that feels most comfortable and natural
- Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness” (Facilitator’s Manual, p. 174)

“Ask students to brainstorm some ways to make using **condoms fun and pleasurable**. Record their responses. Add the following ideas if they don’t get

mentioned:

- Make putting on the condom a **part of foreplay**
- **Act sexy/sensual** while putting on the condom
- Hide a condom on your body and ask your partner to find it
- Use extra lubrication inside and outside the condom
- Experiment with different colors, types and textures of condoms
- Have a sense of humor and make jokes
- Tell your partner that using a condom can **make an erection last longer**" (Facilitator's Manual, pp. 174-175)

"Now ask students to think of some ways to make using condoms easy - to **keep them from interrupting sex**. Give the following examples:

- You can talk about using condoms/dental dams in advance
- **Always have condoms on you**
- Learn to put the condom on in advance so you can do it more quickly
- Make sure you have condoms (or dental dams) close by to eliminate fumbling
- Have the condom open and ready to use before sex" (Facilitator's Manual, p. 175)

"Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when **you can experiment**. Just talking about how you'll use all of those condoms **can be a turn-on**." (Facilitator's Manual, p. 176)

"Condoms **don't have to ruin sex**. There are different techniques that can make condom use **pleasurable and fun**." (Facilitator's Manual, p. 214)

Jeopardy question: "When do you remove a used male condom?" Acceptable answer: "After ejaculation, but **before the penis gets soft**" (Facilitator's Manual, p. 253)

Jeopardy question: "(True) or False: **The penis should be erect** (hard) when the condom is put on it." (Facilitator's Manual, p. 254)

Jeopardy question: "True or (False): The condom should be completely unrolled **before it is placed on the penis**." (Facilitator's Manual, p. 254)

Jeopardy question: "(True) or False: **When a condom is placed on the penis** some space should be left at the tip of the condom." (Facilitator's Manual, p. 254)

Jeopardy question: "True or (False): **To remove a condom after sex**, grasp the tip and remove it gently but swiftly." (Facilitator's Manual, p. 254)

"Proper use of condoms means:

- Putting the condom on **as soon as erection is achieved**.
- Leaving some room at the tip of the condom when it is put on.

	<ul style="list-style-type: none"> When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®.” (Facilitator’s Manual, p. 344)
<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>“You have been dating Dominique for a few months. You really like Dominique and think this might be serious. You have decided to have sex, but you really want to use condoms.” (Student Workbook, p. 23)</p> <p>“The goal is to increase knowledge and perception of personal vulnerability, develop positive attitudes toward safer sex, and build the skills and confidence needed to abstain successfully or to use safer sex practices willingly and effectively if they choose to be sexually active.” (Facilitator’s Manual, p. 1)</p> <p>“They learn that being responsible and practicing safer sex, if they choose to have sex, can contribute to reaching their goals and dreams.” (Facilitator’s Manual, p. 12)</p> <p>“They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves and their decision to practice safer sex.” (Facilitator’s Manual, p. 12)</p> <p>“If you decide to have sex, you can avoid obstacles such as unplanned pregnancy and STDs by choosing not to do anything risky, and always using latex condoms and other protection.” (Facilitator’s Manual, p. 47)</p> <p>“I want you to make proud and responsible choices, so if you choose to have sex, choose to use a latex (or polyurethane/ polyisoprene) condom.” (Facilitator’s Manual, p. 52)</p> <p>“It’s not a good idea to have sex until you are prepared to have sex with respect and responsibility.” (Facilitator’s Manual, p. 67)</p> <p>“Let’s take a closer look at what can happen when teenagers decide to have sex without using any protection.” (Facilitator’s Manual, p. 145)</p> <p>“Contraceptive methods fall into two different categories: over-the-counter methods that can be purchased by anyone at any stores, clinics, supermarkets, convenience stores or online, and prescribed methods...” (Facilitator’s Manual, p. 155)</p> <p>“The following methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.” Then the facilitator shows the male condom, female condom, sponge, and spermicides. (Facilitator’s Manual, pp. 159-161)</p> <p>“How does a teenager decide whether to use birth control and which method to use? Make sure answers include:</p> <ul style="list-style-type: none"> Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner

	<ul style="list-style-type: none"> • Ask questions • Do lots of thinking” (Facilitator’s Manual, p. 162) <p>“If you’ve decided you’re ready to have sexual intercourse, you need to be ready to purchase condoms.” (Facilitator’s Manual, p. 165)</p> <p>“People who choose to have sex need to use a latex or polyurethane/ polyisoprene condom each time.” (Facilitator’s Manual, p. 308)</p> <p>“Condoms are available at markets, drugstores, family planning and STD clinics and online. They also may be available in vending machines or at schools. Anyone can buy condoms, regardless of age or gender. No prescription is needed.” (Facilitator’s Manual, p. 316)</p> <p>“Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is no age limit for purchasing them.” (Facilitator’s Manual, p. 319)</p> <p>“Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.” (Facilitator’s Manual, p. 338)</p> <p>“The safest option is to practice sexual abstinence. If that's not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk.” (Facilitator’s Manual, p. 344)</p> <p>“The foundation of love and responsible sex is good communication.” (Facilitator’s Manual, p. 344)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Your parents are out late. Your partner comes over, hoping to have sex with you. You want to have sex, but you want to use condoms. Your partner refuses to use condoms. You decide to share how to make condoms feel much better.” (Student Workbook, p. 11)</p> <p>Role play A: “You and your sexual partner (Taylor) are in your partner’s living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn’t think sex will feel as good and does not want to use protection.” (Student Workbook, p. 19)</p> <p>Role play B: “You have been going out with Angel for a while now and you want to talk about using condoms. You know Angel has had sex with other people, and you are concerned about pregnancy and STDs, especially HIV, and want to use a condom.” (Student Workbook, p. 20)</p> <p>Role play C: “Your partner told you that if you want to have sex you have to use condoms.” (Student Workbook, p. 21)</p>

“This curriculum is intended to reduce the incidence of **unprotected sexual behavior** among adolescents and help them make a difference in their lives by making proud and safer choices about their sexual behavior.” (Facilitator’s Manual, p. 2)

“The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that **abstinence is not the path that many young people will choose**, the curriculum spends a great deal of time encouraging the practice of **safer sex and condom use**.” (Facilitator’s Manual, p. 3)

“At the completion of the *Making Proud Choices!* curriculum, youth will have:

- More positive attitudes/beliefs about **birth control and condom use**.
- Stronger intentions to use birth control and condoms - **if they have sex**.” (Facilitator’s Manual, pp. 3-4)

“The goals and dreams activity encourages the adolescents to consider their goals for the future and to think about how participating in **unsafe sex** might affect the attainment of these goals.” (Facilitator’s Manual, p. 5)

Scripted role play response: “Build a trusting and respectful relationship with someone **before you have sex again**. Always use condoms to prevent STDs and birth control to prevent pregnancy.” (Facilitator’s Manual, p. 85)

“Practicing abstinence **and using latex condoms** can prevent STD transmission.” (Facilitator’s Manual, p. 118)

“**If you are going to have sex**, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV.” (Facilitator’s Manual, p. 163)

“Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to use effective methods of protection **every time you have sex**.” (Facilitator’s Manual, p. 163)

“If you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by using an effective method of birth control *and* condoms **every time you have sex**.” (Facilitator’s Manual, p. 167)

Module 14 Learning Objective: “Demonstrate body language and strategies for effectively **saying no to unprotected sex**.” (Facilitator’s Manual, p. 223)

“The goal of this role play is for Devon to be proud and responsible and resist pressure to **have unsafe sex**.” (Facilitator’s Manual, p. 225)

“Choose a time to talk (about using condoms) **before anything sexual happens**. Getting things clear **before you have sex** means you will both be prepared and relaxed.” (Facilitator’s Manual, p. 231)

	<p>“I have faith that you’re going to make the proud and responsible choice to always practice safer sex whenever you decide to have intercourse with someone. Remember, practicing safer sex is the proud and responsible choice to make and will help you achieve your dreams.” (Facilitator’s Manual, p. 234)</p> <p>Jeopardy question: “What are two ways to prevent HIV transmission?” Acceptable answers: “Abstinence, condoms, not sharing needles” (Facilitator’s Manual, p. 251)</p> <p><i>Note: Only abstinence prevents HIV transmission. Condoms don’t prevent HIV transmission; they can only reduce the risk of HIV transmission. Equating condom use with abstinence is inaccurate and gives youth a false sense of security when practicing “safer sex.”</i></p> <p>Jeopardy question: “What is the only birth control method besides abstinence that also offers protection against HIV?” Acceptable answer: “A latex or polyurethane/ polyisoprene condom (male or female)” (Facilitator’s Manual, p. 251)</p> <p><i>Note: Again, condom use is being equated with abstinence as an effective way to protect against STDs and pregnancy.</i></p> <p>“Responsible sexual precautions include: (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners who have engaged in risky behaviors.” (Facilitator’s Manual, p. 343)</p> <p>“Couples should use a new latex or polyurethane/polyisoprene condom every time they have sex, including oral sex.” (Facilitator’s Manual, p. 344)</p> <p>“Partners can also get tested for STDs, including HIV, before they begin having sex with each other.” (Facilitator’s Manual, p. 344)</p> <p>“Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status.” (Facilitator’s Manual, p. 345)</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</i></p>	<p>“Let’s try the Talking Circle by using it to introduce ourselves. I will speak first and when it is your turn please share your name, your age, the school you attend, your grade, preferred pronouns and something else you’d like us to know about you.” (Facilitator’s Manual, p. 35)</p> <p>As students introduce themselves, they are to say the following: “When referring to me, please use the pronouns _____ or _____.” (Facilitator’s Manual, p. 36)</p> <p>“Let’s keep in mind that there’s diversity in society and in this group... Some may identify as male, female or transgender. All of these differences make us unique.” (Facilitator’s Manual, p. 39)</p>

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.

“This case study has been written to be **gender neutral**. Sean and Morgan might be a boy and a girl, a girl and a boy, **two boys, two girls, or transgender youth.**” (Facilitator’s Manual, p. 89)

“Regardless of a person’s sexual orientation **or sexual identity**, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs.” (Facilitator’s Manual, p. 166)

“**Transgender refers to a person's gender identity**. Gender identity is your inner sense of your gender - Do you feel like a guy? Do you feel like a girl? Do you feel like **something different than a guy or a girl**? Often gender identity matches a person's body - someone with a girl's body feels like a girl on the inside or someone with a boy's body feels like a boy on the inside - but not always. Transgender is when a person's inner feelings about gender don't match the body.” (Facilitator’s Manual, p. 285)

“**Transgender people can have any sexual orientation** - gay, lesbian, bisexual or straight.” (Facilitator’s Manual, p. 286)

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

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

“Always use condoms **AND effective birth control.**” (Facilitator’s Manual, p. 42)

Scripted role play response to a girl who was high and had unprotected sex: “Go right away to your local reproductive health clinic and **get emergency contraception** (EC) to prevent a possible pregnancy. They can also test you for STDs. Make sure you go to the clinic right away. You have up to 5 days after unprotected sex to use EC, but the sooner, the better.” (Facilitator’s Manual, p. 85)

“If you’re going to engage in sexual activity, make sure you **use effective birth control** and a latex (or polyurethane/polyisoprene) condom every time!” (Facilitator’s Manual, p. 150)

The facilitator **presents information on the following birth control methods** and stresses that a condom needs to be concurrently used to protect against STDs:

- IUD
- Implant
- Depo-Provera
- Birth control pills
- Birth control patch
- Vaginal ring (Facilitator’s Manual, pp. 156-158)

The following **over-the-counter birth control methods are taught to students**, emphasizing that anyone can easily purchase them without a prescription:

- Male (external) condom
- Female (internal) condom
- Sponge
- Spermicides (Facilitator’s Manual, pp. 159-161)

	<p>“If you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by using an effective method of birth control and condoms every time you have sex.” (Facilitator’s Manual, p. 167)</p> <p>“In the case of an unplanned pregnancy, a girl or woman has three options: (1) she can have the baby and raise it (with her partner, alone or with support of caregivers); (2) she can have the baby and place it for adoption; or (3) or she can have an abortion. Because the pregnancy is happening in her body, the woman gets to make this decision independently.” (Facilitator’s Manual, p. 288)</p> <p>“Condoms are only one of many birth control methods that exist. However, they are the only method besides abstinence that can effectively prevent the transmission of sexually transmitted infections, including HIV.” (Facilitator’s Manual, p. 310)</p> <p><i>Note: Again, condoms are equated with abstinence in the ability to prevent pregnancy and STDs. This gives students a false sense of security when practicing “safer sex.”</i></p> <p>“Implants must be inserted by a health care provider. After insertion, no further action for pregnancy prevention is required until the 3-year period expires. The implant is an approved method for young women, including teens.” (Facilitator’s Manual, p. 312)</p> <p>“Emergency contraception prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.” (Facilitator’s Manual, p. 320)</p> <p>“Some kinds of pills are available from a pharmacist or at drugstores without a prescription.” (Facilitator’s Manual, p. 320)</p> <p>“Emergency contraception makes sense if a couple does not want to become pregnant and their regular birth control method was damaged, slipped out of place, or wasn't used correctly.” (Facilitator’s Manual, p. 320)</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</i></p>	<p>“It's recommended that facilitators work with a small group of youth to review the role plays and other activities and suggest minor changes to increase relevance before implementation.” (Facilitator’s Manual, p. 6)</p> <p>“The adult and peer facilitators were equally effective. There were no differences in intervention effects on behavior with adult facilitators as compared with peer co-facilitators.” (Facilitator’s Manual, p. 14)</p> <p>“I am going to read more excuses (for not using condoms). Your job is to convince me to use a condom.” (Facilitator’s Manual, p. 184)</p> <p>“Summarize Role Play C by saying, ‘Once you make the decision to protect yourself, convince a friend to do the same. That way, you can both be protected and have some answers for the next friend who needs to know how to stay</p>

<p><i>abortion.</i></p>	<p>safer.” (Facilitator’s Manual, p. 219)</p> <p>Note: <i>Some of these role plays teach kids how to advocate safer sex techniques to their friends.</i></p> <p>“Summarize Role Play E by saying: ‘If you value and care about your best friend, you should help your friend make safer decisions. You can even teach your friend how to make condoms pleasurable.’” (Facilitator’s Manual, p. 229)</p> <p>“It is important that you teach your friends information about HIV and other STDs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safer. Show your friends that protecting yourself is important and that they should do the same.” (Facilitator’s Manual, p. 245)</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 people don’t believe in using condoms because it may be against their religion; other people have no beliefs against it. I’m giving you this information because we want you to be able to make informed decisions about protecting yourselves.” (Facilitator’s Manual, p. 132)</p> <p>Note: <i>This statement implies that people with religious beliefs against condom use have not been fully informed.</i></p> <p>“I also understand that personal values about birth control vary. For example, some people don’t believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we’re going to learn about all of the options.” (Facilitator’s Manual, p. 154)</p> <p>Note: <i>If a family passes on their religious beliefs regarding birth control or abstinence to their children, is it the job of the school to override those beliefs and teach students about “all of the options”? Again, this suggests that decisions based on religious beliefs are not fully informed.</i></p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Attitudes and beliefs often get in the way of using birth control, especially condoms, even when people know a lot about it. This activity is designed to help you look more closely at your attitudes and beliefs about birth control.” (Facilitator’s Manual, p. 164)</p> <p>Students are given statements about birth control and are supposed to indicate whether they agree or disagree. The facilitator is given the following instruction: “Promote attitudes that are supportive of birth control use. Remind the group that certain attitudes and beliefs can get in the way of correct use of birth control and condoms.” (Facilitator’s Manual, p. 165)</p> <p>“Can teens be tested without parent permission? Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will</p>

	<p>share information with parents.” (Facilitator’s Manual, p. 296)</p> <p>“Do my parents have to find out if I get tested for STDs and HIV? No. Clinics will see you without your parents' permission. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them.” (Facilitator’s Manual, p. 350)</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.InvestigateIPPF.org)</i></p>	<p>“Many local health departments and Planned Parenthood affiliates will loan or sell (birth control) demonstration kits.” (Facilitator’s Manual, p. 152)</p> <p>“For the chart listing credible websites for teens, include the following websites and any others you would recommend:</p> <ul style="list-style-type: none"> • stayteen.org • sexetc.org • amplifyyourvoice.org” (Facilitator’s Manual, p. 281) <p>“Scarleteen.com is also a helpful and credible website.” (Facilitator’s Manual, p. 285)</p> <p>Note: <i>All of these websites contain graphic sexual discussions and other material many parents would find objectionable.</i></p> <p>“People who use injection drugs should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.” (Facilitator’s Manual, p. 294)</p> <p>“Telling someone you have HIV isn't easy... If you share needles and syringes, also tell these partners.” (Facilitator’s Manual, p. 345)</p> <p>“Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing.” (Facilitator’s Manual, p. 350)</p> <p>Note: <i>The following DVDs are included with the Making Proud Choices curriculum.</i></p> <p>Wrap it Up: Two teenagers are on the couch with no one else around. Girlfriend tries to convince the boyfriend why he needs to wear a condom and insists she will no longer have sex without one. He has had multiple sexual partners in the past. She tells him that there are fun colors and flavors to make it more appealing. After giving him an ultimatum, the boyfriend says, “Wrap me up.” And they start making out on the couch as the video ends. It is implied that sexual intercourse is imminent.</p> <p>Wrapping it Up in 9 Easy Steps: This is an animated video outlining the steps to condom use. Students are instructed to use a new condom any time they have oral, anal or vaginal sex while animated shape figures simulate these actions. The following steps are given with animation and narration:</p> <ol style="list-style-type: none"> 1. Check the expiration date

2. Be careful opening the package
3. Make sure the tip points up; pull back penis foreskin
4. Place condom on the penis
5. Leave some space at the top; pinch the air out of the tip
6. Unroll the condom
7. Roll down to the base of the penis
8. Smooth out any air bubbles; add water-based lubricants
9. Hold the condom at the base of the penis while pulling out

Nicole's Choice: The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that she had unprotected sex with Miguel but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that her best friend has also had unprotected sex multiple times with Miguel and is also infected. Nicole chooses abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content.

Tanisha and Shay: Tanisha and Shay are a heterosexual couple. Both are on the high school track team. Shay has a track scholarship to college. Tanisha has been feeling run down and wonders if she could be pregnant. She faints after a track meet and a doctor confirms that she is pregnant. The next scene shows Tanisha's mom expressing her disappointment with Tanisha while they are still in the clinic, but then they hug and return home to think about Tanisha's options. At the end of the video, Tanisha's mom (who is a single mother who also got pregnant as a teenager) states: "Raising a baby wouldn't be my choice, but it's your life and it's your choice. But you owe it to yourself to explore all your options."

The Subject is HIV: This video is set in a high school. Two narrators discuss the myths and facts of HIV. They state that HIV is usually transmitted through unprotected vaginal, anal or oral sex. Abstinence is the best way to prevent transmission. If you have sex, use a condom every time and have only one partner. Provocative sexual images are shown to demonstrate the sexual pressures youth are facing. Teen actors are seen discussing their sexual relationships and how important condoms are to prevent HIV, STDs and pregnancy. One girl points out that she and her boyfriend use protection every time they have sex and she is on the pill just in case. Another couple makes it clear that they also have sex with protection. The focus is on prevention, not abstinence. Other youth share their experiences about how they acquired HIV through drug use and unprotected sex. It's interesting to note that the narrators say that HIV can be transmitted through sharing needles or works, "so don't shoot up." It is a clear risk avoidance message where drugs are concerned. No advice is given on finding clean needles to avoid HIV. But when they talk about HIV being transmitted through unprotected sex, the message is to choose abstinence OR protected sex.

The Hard Way: Wanda Sykes plays the role of Koko, a radio host who discourages

unprotected sex and passes out condoms on HIV Testing Day. “The safest sex is no sex at all. But if you’re having it, wrap it up! And don’t give me that ‘they don’t feel right’ or ‘they ruin the mood’ myth. Trust Koko. There are plenty of ways to make them feel good.”

Kenrick, a teenage boy, is seen flirting with multiple girls. “I don’t have sex with all of them,” he tells a friend. Knowing of his sexual relationships, his parents leave him a box of condoms and a brochure on STDs. Since he hasn’t always used a condom, he decides to get tested for HIV. Meanwhile, his friend Miguel only has one girlfriend who is on the pill, so they don’t use condoms. When Kenrick decides to get tested, Miguel volunteers to be tested also to be supportive. When the results come back, the supposedly monogamous Miguel is positive for HIV while Kenrick, who sleeps around, is negative.

The original story behind this movie was written by a 14-year-old boy and won the 2004 National HIV/AIDS Story-Writing Competition.

The Subject is STDs: This movie begins on a high school basketball court. One of the players says that a past girlfriend, Sasha, called him and told him she has chlamydia. They had unprotected sex during their relationship and he is now with someone new. His doctor said he could have picked up from a past partner and passed it to Sasha without knowing it. Now he has to contact “all of my exes” and tell them. Some of them are now dating his friends. The message is that he has had at least four sexual partners, and that they are all now in sexual relationships.

The narrator states, “We always hear about how great sex is, but we rarely hear about the consequences that can come with sex, like STDs.” According to the CDC, 1 in 4 teenagers in the U.S. has an STD. The usual message is presented – abstinence is the best way to prevent STDs. But if you have vaginal, anal or oral sex, use a condom every time. Limiting your number of partners is also recommended. The actors portraying students make it seem that everyone is having unprotected sex with everyone else as they date, break up and move to a new partner.

For more information on *Making Proud Choices, 5th Edition*, see <https://www.etr.org/ebi/programs/making-proud-choices/>.