

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of

## ***Promoting Health Among Teens – Abstinence Only Intervention***

### ***School Edition, Second Edition***

### **Based on 15 Harmful Elements Commonly Included in CSE Materials**

### **CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]**

***Promoting Health Among Teens – Abstinence Only Intervention* 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:** This program is marketed as an abstinence curriculum. The publisher’s website states: “This version of *Promoting Health Among Teens!* is an abstinence-only program. The lessons do *not* include information on condoms or other forms of birth control.” Despite this description, *Promoting Health Among Teens – Abstinence Only (PHAT-AO)* includes optional lessons on birth control and condoms. Teachers are encouraged to have a birth control demonstration kit and to demonstrate the various methods. Middle school aged children roleplay sexual scenarios and are encouraged to decide their own limits of acceptable sexual behavior. Abstinence is emphasized as the best way to prevent pregnancy and STDs, but the definition of abstinence is convoluted throughout the program. Anal and oral sex are discussed frequently and in detail throughout the program.

Though this program claims to be evidence-based, no independent evaluation was done. The Facilitator Manual states, “The *Promoting Health Among Teens! Abstinence-Only Intervention* was developed by Dr. Loretta Sweet Jemmott and evaluated by Dr. John Jemmott, III, with the assistance of Dr. Geoffrey T. Fong” (p. vii). Dr. John Jemmott, III is listed as one of the authors of this program. In addition, the manual states, “Through rigorous research methods, the developers have explored whether or not the interventions designed in this curriculum actually result in the desired outcomes” (p. 13). When the program developers also evaluate a program’s effectiveness, a significant conflict of interest occurs.

\*\*Please note: There is both a standard and a school edition of this curriculum. All of these quotes appear in both editions, but the pages numbers are different in the standard edition.

**Target Age Group:** Ages 12-14 (Middle School)

**Planned Parenthood Connections:** *Promoting Health Among Teens, Abstinence Only Intervention* is published and

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

marketed by ETR Associates, the former publishing arm of Planned Parenthood. Planned Parenthood is a recommended resource within the curriculum for students looking for STD testing.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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>Module 1 Learning Objective: “Identify at least two reasons <b>why teens have sex</b>, the <b>consequences of sex</b> and strategies for reducing those consequences.” (p. 33)</p> <p>“Let’s keep in mind that there’s diversity in society and in this group ... Some young people have already had romantic relationships; others aren’t even thinking about it. Some <b>may have had sexual intercourse</b>. Some may have had sex because they chose to; others may have had sex against their will.” (p. 43)</p> <p>Students are to brainstorm <b>why some teens have sex</b>. “The responses should include the following:</p> <ul style="list-style-type: none"> <li>• To keep a boyfriend/girlfriend/partner or because partner expects it</li> <li>• To feel more grown up</li> <li>• To get back at parents</li> <li>• To fit in – peer pressure</li> <li>• To express feelings to a partner</li> <li>• To give support to a partner</li> <li>• To feel loved or needed</li> <li>• See it on TV and in the movies</li> <li>• To brag about it to friends</li> <li>• Low self-esteem</li> <li>• Forced</li> <li>• To have fun</li> <li>• To be popular</li> <li>• To satisfy curiosity</li> <li>• Problems at home/living situation</li> <li>• Loneliness</li> <li>• For <b>pleasure or sexual release</b></li> <li>• To have a baby” (pp. 50-51)</li> </ul> <p>“Participants may also mention <b>positive consequences of having sex</b>, such as feeling closer to a partner or experiencing pleasure. You can relate these to some of the reasons teens <b>choose to have sex</b>, while also emphasizing that abstinence can help them avoid the consequences that could have a negative impact on their future goals.” (p. 52)</p> <p>“In order to understand information about pregnancy, HIV and other STDs, it is important that you know the names and <b>functions of the body parts</b> that we will discuss.” (p. 69)</p> <p><b>Note:</b> <i>Discussion of the function of sexual organs often leads to topics such as arousal, erection, ejaculation, and orgasm.</i></p> <p>“PENIS is the male organ containing three tube-shaped masses of erectile tissue. These tissues fill with blood to <b>cause the penis to become erect/hard</b>.” (p. 72)</p> <p>“The <b>vagina receives the penis</b> during vaginal intercourse.” (p. 73)</p> <p>“CLITORIS is the small structure located above the urethral opening at the point where</p>

the labia meet. Like the penis, it is composed of erectile tissue that fills with blood when **a female is sexually excited.**" (p. 73)

"There are sexual messages all around you that can increase your curiosity. Let's look at some of those messages.' Ask students to brainstorm **all the places they hear or learn about sex.** There is need to record the answers." (p. 77)

"Ask students to think about the movies they see or the music they listen to. Then brainstorm what messages movies and music send about sex ... Answers may include: Sex is worth the risk; Sex is more important than feelings; It's **OK to have multiple partners**; No one else is a virgin; Dress, look, smell, act sexy; People should show their bodies; The more, the better; **Casual sex is fun**; Everyone cheats in relationships. Refer to the above list and **add any messages that the participants did not mention.**" (pp. 78-79)

"Brainstorm reasons why people sext. Answers may include: They think it's **fun and exciting**; It helps them feel attractive; It's a way to **initiate sex**; It's a way to show they're thinking about a partner; They think it will get or help keep a partner interested; A partner asks them to; Their friends do it." (p. 80)

"With all the messages about sex teens are receiving, what are some of the ways people **express their sexual feelings to themselves or other people**? Answers may include: talking; hugging; holding hands; kissing; touching; saying 'I like you'; dancing; massage; masturbation; caressing; cuddling; **grinding; sexual fantasy; touching each other's genitals; oral sex; vaginal sex; anal sex.**" (p. 87)

"Be sure participants understand the definition of vaginal sex, oral sex, anal sex and masturbation:

- Vaginal sex, or vaginal intercourse, means **insertion of a penis** into a sexual partner's vagina.
- Oral sex, or oral intercourse, means a contact of the **mouth or tongue with a sexual partner's genitals.**
- Anal sex, or anal intercourse, means **insertion of a penis** into a sexual partner's anus (rectum or behind).
- Masturbation means massaging, rubbing, stroking or 'playing with' **one's own genitals or the genitals of another person for sexual stimulation.**" (p. 88)

Students are asked to brainstorm the **benefits of sex** and abstinence while the facilitator creates a chart with their answers. "Facilitator's Note: You may have to help the group by prompting them with some of the answers, especially for the benefits of abstinence." (p. 91)

"What I want to know is, **what do teens gain by having sex?**' Write their answers on the newsprint under the 'Sex' column. Answers may include: Expression of love; **Revenge**; Popularity; Having a baby; Sense of maturity; **Trade for favors, money, drugs; Sexual release.**" (p. 92)

The facilitator reads the following statements and students have to stand under an Agree or Disagree sign. **They are not allowed to remain neutral.**

- Guys who don't have or have never had sex are "wimpy" or strange.
- People who have never had sex are unpopular and boring.
- It is a male partner's responsibility to set sexual limits.
- It is harder for a male to say no to sex than it is for a female.
- There are other pleasurable sexual behaviors people can engage in besides

sexual intercourse. (pp. 103-104)

“Today Jess and Dylan are hanging out at Dylan’s house. Dylan’s grandparents are out for a few hours. They’re sitting on the couch, kissing and messing around. They’re both breathing hard and **things are getting hot and heavy**. What can Jess do to avoid having sexual intercourse?” (p. 110)

“In romantic relationships, people don’t always agree on what they are willing and not willing to do. One partner may want to **touch below the waist** and the other may be comfortable only with kissing and **touching above the waist**.” (p. 112)

Students role play an effective and ineffective version of the following scenario: “You and your partner have been going out for a while ... you begin **kissing and touching**, and start to feel really good. **Your partner wants to have sex with you**, but you decide to explain that you want a relationship, but you don’t want to have sex.” (p. 113)

“People are at risk for HIV if:

- They have sex with **someone who’s had other partners**.
- They have sex **without using a latex condom** or other protection.
- They share needles or syringes to inject drugs, or have sex with someone who does.” (p. 124)

“Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. Answers may include: Hugging; **Sexual fantasy**; Cuddling; Massage; **Grinding**; **Touching**; Romantic talking” (p. 130)

“T or (F). You cannot get HIV from sex **if you have sex with only one person** during your whole life.” (p. 131)

Myth or (Fact): “There is a greater chance of getting HIV **if you have sex with many people**.” (p. 132)

“If you have an ‘A’ on your card, it means you insisted on abstinence and did not have sex. You **may have done other pleasurable things**, including kissing, talking, massage or fantasy.” (p. 157)

“People don’t have sex with only their partners, but also **with everyone that partner has ever had sex with**.” (p. 158)

“A boy cannot get a girl pregnant **unless he has had a wet dream**. Myth. Even if a boy has never had a wet dream, he may be able to get a girl pregnant. He may have sperm cells in his testicles and be able to ejaculate.” (p. 165)

“You can’t get pregnant **if you have sex standing up**. Myth. Sperm doesn’t care what position you’re in. Any time semen comes in contact with the vagina, you can get pregnant. There are no exceptions to that rule.” (p. 165)

“You can get pregnant/get someone pregnant the **first time you have sexual intercourse**. Fact. This is true. It happens every day.” (p. 165)

“You can get pregnant from **swallowing semen**. Myth. The only way to get pregnant is for sperm cells to enter the vagina, usually during sexual intercourse, and fertilize an egg cell.” (p. 165)

“Douching (cleaning the vagina) **after intercourse** can prevent pregnancy. Myth. Douching will not prevent pregnancy. In fact, it can even help carry sperm up into the uterus and increase the chances. The vagina keeps itself clean naturally, so douching is not recommended.” (p. 165)

“**Withdrawal or pulling the penis out of the vagina before ejaculation** is an effective way to avoid pregnancy. Myth. It does work in theory, but it is very difficult for many people, especially teens and younger men, to actually pull the penis out **before they ejaculate (or come)**. This is the way many teenage girls get pregnant.” (p. 166)

“Pressures to have sex often come from a romantic partner. Sometimes it’s hard to know how to handle this pressure. Pressure can make people **go further sexually than they want to**, have sex when they’re not ready or lie about having sex when they haven’t.” (p. 174)

Role Play Scenario 3: “One of the friends, Sammy, doesn’t want to go because there might be pressure to touch and kiss or start doing things Sammy doesn’t want to do. Kenya says to Sammy, ‘Oh, come on. All the popular kids are coming, and **everybody else is having sex.**’ Sammy says, ‘I don’t care who else is coming, I’m not. Besides, I know a lot of our friends aren’t having sex either.’” (p. 176)

Role Play Scenario 4: “Ari and Drew have been going out for a few weeks. Ari **wants to have sex** with Drew, but Drew does not feel ready to have sex. Ari says, ‘**You really turn me on.** Come on, why don’t we go somewhere where we can be alone and do whatever we want?’” (p. 177)

“Five months ago, **I had sex with someone for the first time.** I didn’t really enjoy it, and he never even called me again. Now I have a new boyfriend and **he wants me to have sex, too.**” (p. 192)

Discussion scenario: “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. Everyone else was smoking too. It was powerful stuff! I had never used drugs before. 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. I heard he does this type of thing a lot.” (p. 195)

“Although they haven’t had sexual intercourse, they do **kiss and touch** each other a lot and have **gotten close to having sex**. Lately, John has been hearing that many of their friends are having sex. John feels a little jealous and is also feeling some pressure. He worries that he will be the only one among his friends who hasn’t had sex yet.” (p. 197)

Students take turns saying the following phrases **aloud in front of the group**:

- “No! I’m not ready to have sex yet!
- No! I don’t want to have sex!
- No! I don’t want to touch you there!
- No! Stop trying to unbutton my pants!
- No! I’m not going to have sex with you!
- No! I do not want you to touch me there!” (pp. 206-207)

Role Play Scenario: “You are at a party with someone you have been dating for a few weeks. It’s a house party and the parents are not home. Some kids are getting high and

some couples are leaving – **maybe to have sex**. You don't want to have sex and you don't want to leave the party.” (p. 214)

Role Play Scenario: “Shawn has been going out with Robin for a while now and wants to talk about not having sex. Shawn knows **Robin has had sex with other partners** and is concerned about STDs, especially HIV, and wants to wait.” (p. 218)

Role Play Scenario: “You are pretty sure that **Mo and Mo's friends have sex with their partners**. At least they talk like they do.” (p. 231)

Role Play Scenario: “Most of the teens you hang out with **are having sex with their partners**. The ones who do sometimes tease the ones who don't. You know that Loretta was with the partner from the old school over the weekend and you're wondering what happened. You think Loretta should be having sex like the rest of your friends are doing, and want to **encourage Loretta to do it**. On Monday as Loretta sits down at the lunch table, you ask, ‘So, did you do it this weekend?’ You try to convince Loretta that just about everyone is having sex and that Loretta should, too.” (pp. 231-232)

“Roleplay B is a conflict where one person, Corey, **wants to have sex**, but the other one, Val, does not want to have sex. Val is the person being pressured, so that's who you should focus on. The goal of this role play exercise is for Val to be proud and responsible and resist the pressure to have sex.” (p. 234)

Role Play C Scenario: “At the party, Jaden starts to come on to you. You don't know if Jaden just wants to **kiss and touch** or to actually have sex. Either way, Jaden is coming on much too strong and it's turning you off. You wonder if this is how every first date is for Jaden. For 10 minutes, Jaden has been **trying to get you upstairs**, and is now trying to convince you by saying, ‘You know you want to go up there as much as I do ...’” (p. 237)

Role Play D Scenario: “Last week, Jayce started **pressuring you to be more sexual** ... You like kissing, hugging and touching. But you do not want to have vaginal, oral or anal sex, or do anything else sexually that could pose a risk for STD.” (p. 239)

Role Play E Scenario: “Your friends, especially Alex, always seem to be talking about **having sex with their partners**. You assume what they say is true and it makes you feel like almost everyone but you is having sex. They are always teasing you about never having had sex and keep **daring you to have sex with someone** – anyone.” (p. 241)

Role Play E Scenario: “You wonder what Dion would think if Dion knew that you had **had sex only a couple of times and it wasn't all that good**. But as long as you keep up the act, no one has to know.” (p. 242)

Role Play F Scenario: “You and Pat have been together for a while and you **enjoy having sex together**. You believe that **real couples have sex** with each other and can't imagine not having sex with someone you were in a relationship with. Your friends **all have sex with their partners, too**. You believe that the only way for a relationship to survive is to have sex. You want to convince Pat to continue having a sexual relationship.” (p. 244)

“A person with HPV can infect someone else just by ‘rubbing,’ for example, **rubbing the penis against the vulva without having clothes on**.” (p. 305)

“A participant unwilling to participate is not required to roleplay until both the

facilitator's live modeling and roleplaying by all other participants are completed. However, **no participant should be excused completely from practicing the skill.** To do so would run counter to the purpose of the group." (p. 337)

"If I am HIV positive or am at risk for HIV infection, whom should I tell? Telling someone you have HIV isn't easy. Consider telling your doctors, dentist and dental hygienist, and be sure to **tell your sex partners (past, present and future).**" (p. 347)

"Can a boy get a girl pregnant if he **has not had a wet dream**? Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation." (p. 353)

"Can a girl get pregnant **if she has sex standing up**? Yes. Sperm does not care what position you are in." (p. 354)

"Can a girl get pregnant from **swallowing semen**? No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells." (p. 354)

"Is withdrawal (**pulling the penis out of the vagina before ejaculation**) a good way to avoid pregnancy? No. This is the way many teenage girls get pregnant. Withdrawal requires a great deal of self-control. **Interrupting sexual intercourse can be very difficult** for people 'caught up in the moment.'" (p. 354)

"Ejaculate: To eject semen from the penis **during orgasm.**" (p. 356)

"Ejaculation: The spontaneous discharge of semen from the penis **during orgasm.**" (p. 356)

"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 **penis into the anus** of another person (anal sex)." (p. 357)

"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." (p. 358)

"Pulling Out: **Removing the penis from a partner's vagina, anus or mouth** before ejaculating." (p. 360)

"Safer Sex: Sexual practices that **involve no exchange of blood, semen, vaginal secretions or rectal fluids.**" (p. 360)

"Semen: Whitish fluid **ejaculated from the penis during orgasm** that contains sperm from the testes and fluid secreted from several glands to nourish and protect the sperm." (p. 360)

"Vaginal Fluid: Fluid that provides moistness and **lubrication in the vagina.**" (p. 360)

"Vaginal Sex (also called Vaginal Intercourse): Insertion of a **penis into the vagina.**" (p. 360)

## 2. TEACHES CHILDREN TO

"In this program you will learn what abstinence is, how to use it and **how to negotiate**

<p><b>CONSENT TO SEX</b></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><b>your decision</b> to practice abstinence with your girlfriend, boyfriend or partner.” (p. 53)</p> <p>Facilitator’s Note: “Ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or <b>‘yes means yes,’</b> 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 <b>prior to and during sexual interactions.</b>” (p. 203)</p> <p>“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 <b>two-way nature of consent</b>, and the importance of honest and respectful communication between friends and potential partners. This would be considered a ‘green-light’ adaptation and can help optimize the success of the skill building around refusals.” (p. 204)</p> <p>“The safest option is to practice sexual abstinence. If that’s not your choice, then knowing your partner well enough to <b>communicate openly</b> with each other about diseases and precautions lessens your risk.” (p. 346)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“This curriculum is intended to reduce the incidence of vaginal, <b>anal, and oral sex</b> among young adolescents and help them make a difference in their lives by making proud and responsible choices about their sexual behavior.” (p. 2)</p> <p>“In this program we will talk about <i>abstinence</i>, which is defined as not engaging in <b>oral, vaginal or anal sex</b> or in any other behavior that can transmit sexually transmitted diseases or STDs.” (p. 35)</p> <p>“So, what is abstinence? Answer: Not having vaginal, <b>oral or anal sex</b>; Not participating in any sexual behaviors that could transmit STDs.” (p. 53)</p> <p>“With all the messages about sex teens are receiving, what are some of the ways people express their sexual feelings to themselves or other people? Answers may include: talking; hugging; holding hands; kissing; touching; saying ‘I like you’; dancing; massage; caressing; cuddling; grinding; sexual fantasy; touching each other’s genitals; <b>oral sex</b>; vaginal sex; <b>anal sex.</b>” (p. 87)</p> <p>“Be sure participants understand the definition of vaginal sex, oral sex, anal sex and masturbation:</p> <ul style="list-style-type: none"> <li>• Vaginal sex, or vaginal intercourse, means insertion of a penis into a sexual partner’s vagina.</li> <li>• <b>Oral sex</b>, or oral intercourse, means a contact of the mouth or tongue with a sexual partner’s genitals.</li> <li>• <b>Anal sex</b>, or anal intercourse, means insertion of a penis into a sexual partner’s anus (rectum or behind).” (p. 88)</li> </ul> <p>“You can get HIV/AIDS from <b>oral, vaginal or anal sex</b> with an infected partner.” (p. 122)</p> <p>“Anyone who has unprotected vaginal or <b>anal sex</b> with someone who has HIV can get HIV. There is also some risk of transmission through <b>oral sex</b>, but it is much lower.” (p. 123)</p> <p>“How can you prevent HIV? Don’t have sex. This includes vaginal, <b>anal and oral sex.</b>” (p. 124)</p> <p>“Name three of the body fluids through which HIV is transmitted? Answers: Semen, vaginal secretions, <b>rectal fluids</b>, blood and breast milk” (p. 129)</p> <p>“(T) or F. <b>Anal sex</b> increases your chances of getting HIV.” (p. 129)</p>



“(T) or F. Performing **oral sex** increases the chance of getting HIV.” (p. 129)

“Name three types of sexual practices in which HIV is passed. Answers: **Anal sex**, vaginal sex, **oral sex**” (p. 130)

How Do People Get STDs? “Be sure the answers include: Vaginal sex (penis in vagina); **Oral sex** (a person’s mouth on another person’s genitals); **Anal sex** (penis in anus [rectum, behind])” (p. 150)

“The main way people get STDs is through sexual behaviors – **oral, anal** and vaginal sex.” (p. 150)

“The best way to avoid STDs is to abstain from **oral, anal and vaginal sex**, and from any kind of skin-to-skin genital contact that can transmit them.” (p. 152)

“You took a chance and had vaginal, **oral or anal sex**, or engaged in genital contact that could transmit STDs, and now you are possibly infected with the STD.” (p. 157)

“STDs can be spread through unprotected vaginal, **oral and anal sex** and sometimes through skin-to-skin genital contact.” (p. 158)

“There are other sexual things people can do besides vaginal, **oral and anal sex** to show they care about each other.” (p. 158)

“What does abstinence mean again? Answer: Choosing not to engage in vaginal, **oral or anal sex**, and to avoid skin-to-skin genital touching.” (p. 159)

“Avoid any sexual behavior that involves the exchange of blood, semen, vaginal secretions or **rectal fluids**.” (p. 190)

“If you and your girlfriend have never had vaginal, **oral or anal sex** with anyone else... the chances are that neither of you has HIV. However, to avoid any possibility of future infection, I would suggest that you avoid vaginal, **oral and anal sex** and practice abstinence.” (p. 191)

“I am sixteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including **oral sex** ... **Is oral sex safe?** How do we protect ourselves from STDs?” (p. 193)

“ALL STDs, including HIV, can be transmitted during **oral sex**, whether it’s performed on a man or a woman.” (p. 193)

STD/HIV Jeopardy Question: “Name two high-risk behaviors.” Answer: “Unprotected **anal, oral** or vaginal sex, sharing needles” (p. 266)

STD/HIV Jeopardy Question: “Name two body fluids that can transmit HIV.” Answer: “Blood, semen, vaginal secretions, **rectal fluids**, breast milk” (p. 267)

“Abstinence means not having **anal, vaginal or oral sex**.” (p. 268)

“The female condom can also be used for STD protection during **anal sex**.” (p. 287)

“Anyone who has unprotected vaginal or **anal sex** with someone who has HIV can get HIV. There is also some risk of transmission through **oral sex**, but it is much lower.” (p. 293)

“Have safer sex that doesn’t put you in contact with a partner’s blood, semen or vaginal or **rectal fluids**. This means using condoms during vaginal or **anal intercourse**, using condoms or other barriers during **oral sex**, or having sex play without intercourse.” (p. 295)

	<p>“Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, <b>oral and anal sex</b>, as well as skin-to-skin genital contact that can transmit certain STDs.” (p. 311)</p> <p>“Can HIV be transmitted <b>during oral sex</b>? Absolutely. Whenever there is vaginal, <b>anal or oral sex</b> between two people and one is HIV positive, the virus may be transmitted to the uninfected person.” (p. 345)</p> <p>“For <b>oral sex on a woman</b>, dental dams can be used.” (p. 346)</p> <p>“Can I get infected with HIV by someone who <b>performs oral sex</b> on me? 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.” (p. 347)</p> <p>“Can I get HIV from <b>anal sex</b>? Yes. If either partner is infected with HIV, the other partner can be infected during anal sex.” (p. 348)</p> <p>“Either a woman or a man can become infected during <b>oral, vaginal or anal sex</b> if the partner is HIV positive.” (p. 349)</p> <p>“Can I get an STD from <b>oral sex</b>? Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use barrier methods such as unlubricated condoms or dental dams to protect you during oral sex.” (p. 351)</p> <p>“<b>Anal Sex</b> (also Anal Intercourse): Inserting the penis into the anus of the sexual partner.” (p. 355)</p> <p>“<b>Cunnilingus</b>: Mouth-to-vagina sex. See oral sex.” (p. 356)</p> <p>“<b>Fellatio</b>: Mouth-to-penis sex. See oral sex.” (p. 357)</p> <p>“<b>Oral Sex</b> (Oral Intercourse): Contact of the mouth or tongue with a partner’s genitals.” (p. 358)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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 <b>gay, lesbian, bisexual or straight</b>.” (p. 43)</p> <p>“Facilitator’s Note: The case study has been written to be gender neutral. Jess and Dylan might be a boy and a girl, a girl and a boy, <b>two boys, two girls</b>, or transgender youth.” (p. 109)</p> <p>“Gay and lesbian teens don’t need to know how to avoid pregnancy. Myth. <b>If gay and lesbian teens engage only in same-sex behaviors, they don’t have to worry about pregnancy</b>. 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 <b>gay and lesbian teens sometimes engage in penis-in-vagina intercourse</b> and they have to worry about pregnancy if they do.” (p. 166)</p> <p>“Facilitator’s Note: During the role play practice, participants may role-play sexual pressure situations with someone of a different <b>or the same gender</b>. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It’s important to address this situation directly and proactively.” (p. 227)</p> <p>“It doesn’t matter if a relationship is between a man and a woman, <b>two women or two</b></p>

	<p><b>men.</b> All couples have to communicate and negotiate. And all couples can make a decision to practice abstinence regardless of their sexual orientation.” (p. 246)</p> <p>Role Play 1 Theme: “Two females; STD/HIV concerns <b>in a lesbian relationship.</b>” (p. 258)</p> <p>Role Play 1 Scenario: “You have just started your first sexual relationship with Tanya. You are not sure if <b>two women involved in a sexual relationship</b> have to worry about STDs, including HIV. You do not want to have sex. You would rather hold hands, kiss and body rub.” (p. 258)</p> <p>Role Play 2 Theme: “<b>Two males;</b> HIV and abstinence” (p. 259)</p> <p>Role Play 2 Scenario (Two males): “You and Alonzo have just started dating. You have <b>never protected yourself during sex</b> because you think you are too young to get HIV. You think only older guys get HIV and that young ones are safe. You really like Alonzo and want to have sex with him.” (p. 259)</p> <p>Role Play 3 Scenario: “You have been sexually active with guys; <b>sometimes you had unprotected sex.</b> Lauren is your first female partner. You care for Lauren a lot. You feel no one understands you like she does. Lauren excites you and you want to have sex with her.” (p. 260)</p> <p>“People are at risk for HIV infection regardless of whether they are straight, <b>gay or bisexual,</b> young or old.” (p. 259)</p> <p>Role Play 3 Theme: “Concerns about HIV and STDs when <b>one partner is bisexual;</b> abstinence” (p. 260)</p> <p>“Can lesbians get HIV? Yes, but cases of <b>woman-to-woman transmission</b> of HIV where unprotected sex was the only risk factor are extremely rare. Like anyone else infected with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.” (p. 349)</p> <p>“<b>Bisexual:</b> Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (p. 355)</p> <p>“<b>Gay:</b> 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.” (p. 357)</p> <p>“<b>Homosexual:</b> Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one’s own gender.” (p. 357)</p> <p>“<b>Lesbian:</b> A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (p. 357)</p> <p>“<b>Sexual Orientation:</b> 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.” (p. 360)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b> <i>Teaches children they are</i></p>	<p>Students are to brainstorm why some teens have sex. “The responses should include the following: <b>For pleasure or sexual release.</b>” (pp. 50-51)</p>

<p><i>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>“Participants may also mention positive consequences of having sex, such as feeling closer to a partner or <b>experiencing pleasure.</b>” (p. 52)</p> <p>“CLITORIS is the small structure located above the urethral opening at the point where the labia meet. Like the penis, it is composed of erectile tissue that fills with blood when a <b>female is sexually excited.</b>” (p. 73)</p> <p>“When a couple doesn’t have sex, what other <b>fun and pleasurable things</b> can they do?” (p. 157)</p> <p>“Other things can lead to <b>intimacy and orgasm</b> without the risk of getting pregnant, or infected with HIV or another STD.” (p. 193)</p> <p>Role Play 4 Scenario: “You have been dating Court for 6 months. You are in love and want to have sex to show how you feel. You are tired of <b>foreplay, getting excited</b> and then nothing. Court wants to talk to you after school. You are ready to have sex and you are going to tell Court what you want.” (p. 261)</p> <p>“Condoms are relatively easy to use. With practice, they can become a regular, <b>pleasurable part of a sexual relationship.</b>” (p. 317)</p> <p>Advantages of female condom: “If it is inserted early, it does not interrupt sex. The nitrile used in the condom is stronger than latex, has good heat-transfer characteristics that can <b>increase pleasure ...</b>” (p. 318)</p> <p>Advantages of vaginal barriers: “If they are inserted early, use does not require an <b>interruption in lovemaking.</b>” (p. 320)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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>“Be sure participants understand the definition of vaginal sex, oral sex, anal sex and masturbation:</p> <ul style="list-style-type: none"> <li>• Vaginal sex, or vaginal intercourse, means insertion of a penis into a sexual partner’s vagina.</li> <li>• Oral sex, or oral intercourse, means a contact of the mouth or tongue with a sexual partner’s genitals.</li> <li>• Anal sex, or anal intercourse, means insertion of a penis into a sexual partner’s anus (rectum or behind).</li> <li>• <b>Masturbation means massaging, rubbing, stroking or ‘playing with’ one’s own genitals or the genitals of another person for sexual stimulation.</b>” (p. 88)</li> </ul> <p>STD/HIV Jeopardy Question: “What are some safe sexual behaviors that won’t transmit HIV or other STDs?” Answer: “Kissing, massage (with clothes on), <b>masturbation, fantasy</b>” (p. 266)</p> <p>“Safer sexual activities include:</p> <ul style="list-style-type: none"> <li>• Body rubbing/massaging, <b>mutual masturbation</b> (Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged ...)</li> <li>• Massaging one’s own genitals, <b>self-masturbation</b>” (p. 348)</li> </ul> <p>“<b>Masturbation:</b> Massaging one’s own genitals for sexual stimulation.” (p. 358)</p> <p>“<b>Mutual masturbation:</b> Massaging each other’s genitals for sexual stimulation. See masturbation.” (p. 358)</p>

## 7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

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

"Some participants may correctly assert that condoms can be used to reduce the risk of sexually transmitted diseases, including HIV. Acknowledge the accuracy of this assertion, but emphasize the fact that abstinence is the surest and most effective way to eliminate the possibility of sexually transmitted diseases, including HIV. However, don't discourage condom use **or provide exaggerated information on failure rates.**" (p. 124)

"Who can get an STD? Answer: Anyone who has **unprotected** sexual intercourse. Let the participants answer, and then say, 'That's right. Anyone who engages in **unprotected** sexual intercourse can get an STD.'" (p. 150)

**Note:** *This gives a false sense of security when using condoms and says nothing about the failure rates.*

"Using the following information, teach **and demonstrate** the various contraceptive methods. If you have a birth control kit, show the various methods as you discuss them ... Allow participants to handle the methods at the end when you've finished the demonstration." (p. 282)

The male condom "**should be put on the penis as soon as the penis is erect**, and removed after ejaculation, away from the partner." (p. 286)

"These are the **steps for using the female condom**:

- Rub the outside of the package to spread the lubricant onto the condom.
- Note that there are two rings. The thinner outer ring covers the area around the opening of the vagina. The thicker inner ring is used for insertion and to hold the sheath in place during intercourse ...
- Insert the inner ring into your vagina and use your index finger to push it up into your vagina as far as it will go ...
- You are now ready to **guide your partner's penis** into the condom's opening with your hand to make sure that it enters properly." (pp. 286-287)

"Take care to present the female condom in a nonjudgmental fashion. It is a **great option** for people who choose to have sexual intercourse and don't want to depend on a partner to use a male condom. Although the female condom may not look as familiar as the male condom, it's **not too complicated to use**. Reassure students that it will simply take a **few times to practice** and then it will be no problem." (p. 287)

"Note that the female condom can be inserted well in advance of being with a partner, so that **sexual intercourse can be spontaneous.**" (p. 287)

"The condom is **unrolled onto the erect penis** before the penis is placed anywhere near the partner's body." (p. 316)

"For oral sex on a woman, dental dams can be used. These are available in many drug stores or **can be made by cutting a non-lubricated condom** lengthwise and opening it up to cover the vulva." (p. 346)

"**Proper use of condoms** means:

- Handling the condoms carefully, avoiding damage from rings and fingernails and keeping them rolled up or in the package until you are ready to use them.
- Putting the condom on **as soon as erection is achieved**.
- Leaving some room at the tip of the condom when it is put on.
- When a lubricant is desired, using only water-based lubricants such as K-Y Jelly."

	(p. 346)
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></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>“The <i>Promoting Health Among Teens! Abstinence-Only Intervention</i> curriculum teaches participants to <b>make responsible decisions</b> regarding their sexual behavior, urges them to respect themselves and others, and stresses the importance of developing a positive self-image.” (p. 13)</p> <p>“The people who designed this program care about the lives of young people. They want you to have the <b>knowledge and skills to protect yourselves</b> and others against unplanned pregnancy, HIV and other STDs.” (p. 36)</p> <p>“At your age, these are some proud and responsible things to remember: it’s OK to THINK about sex, it’s OK to TALK about sex, it’s OK to DEVELOP feelings and attitudes about sex, but it’s <i>not</i> a good idea to have sex <b>until you are prepared to have sex with respect and responsibility</b>. This is why abstinence is a good choice for you right now.” (p. 82)</p> <p>Activity A Rationale: “Understanding that there are many behaviors that express sexual feelings <b>helps participants choose those</b> that do not result in pregnancy or sexually transmitted disease.” (p. 87)</p> <p>Module 5 Learning Objective: “Apply problem-solving steps to <b>sexual decision making</b>.” (p. 101)</p> <p>“How would you feel if you got an STD? How would you feel if you got pregnant or got someone pregnant? Why is it a good idea for young people to <b>wait to have sex</b>?” (p. 156)</p> <p><b>Note:</b> <i>The program consistently uses an ambiguous “wait to have sex” standard. What that means is not specified, leaving students to come to their own conclusions.</i></p> <p>“Let’s take a closer look at what can happen when teens <b>decide to have vaginal intercourse</b>.” (p. 163)</p> <p>“It’s important to <b>make safe and responsible choices</b> that are right for you, no matter what others are doing or want you to do.” (p. 174)</p> <p>Module 10 Goal: “Help students <b>identify personal limitations and boundaries</b> regarding sexual physical contact.” (p. 183)</p> <p>Module 9 Learning Objective: “Identify the specific types of sexual physical contact that fit <b>within their personal comfort zone</b>.” (p. 169)</p> <p>Activity C Rationale: “This activity is designed to help participants <b>determine their limits</b> for expressing physical affection and explore ways of showing affection that stop short of having vaginal, oral or anal sex, or any genital touching that could transmit STD.” (p. 179)</p> <p>Expressing Physical Affection signs include the following terms and are placed around the room:</p> <ol style="list-style-type: none"> <li>1. Give friendly looks and smiles</li> <li>2. Talk to each other</li> <li>3. Hold hands</li> </ol>

4. Put arms around each other
5. Hug and kiss
6. Touch above the waist
7. Touch below the waist
8. Have sexual intercourse

Students are then instructed to **decide how far people their age should go** when expressing physical affection and stand under that sign. (pp. 179-180)

Students are put in pairs and given a card with a risky sexual situation. They are to discuss **how they would handle the situation**. The situations include the following:

- “Going to your partner’s house when no one else is home.
- Being pressured by your friends to just do it because you don’t know what you’re missing.
- Kissing and getting hot with your friend’s sibling when you two are the only ones in the house.
- Bumping and grinding with the cutest person in school, who then begins to unbutton your pants.
- While you are waiting after school, your best friend’s older cousin begins to ‘push up’ on you. You already have a crush on this person so you’re into it but ...” (p. 186)

“Relationships can be complex. **Making healthy sexual decisions** in a relationship takes a lot of hard work, but it is the proud and responsible thing to do.” (p. 198)

“Your sexuality is special and you have the right to share it only with a carefully selected person **once you’re old enough** to handle the consequences of sex.” (p. 241)

“Over-the-Counter Methods: These methods of birth control can be **purchased by anyone of any age**, at drug stores, clinics, supermarkets, convenience stores and online without a prescription.” (p. 286)

“**How does a young person decide** whether to use birth control and which method to use?” (p. 289)

“Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to abstain from sex, or – **if you decide to have sex** – to use effective methods of protection every time.” (p. 290)

“People who **choose to have sex** need to use a latex or polyurethane/polyisoprene condom each time.” (p. 309)

“**Adolescents can obtain two types of contraceptive methods**: prescribed methods that must be attained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription.” (p. 311)

“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.” (p. 317)

“Female condoms **may be purchased at drugstores or online without a prescription** and are sometimes available at family planning or STD health centers. **Anyone can buy condoms**, regardless of age or gender.” (p. 318)

	<p>“Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. <b>There is no age limit for purchasing them.</b>” (p. 320)</p> <p>“Some kinds of [emergency contraception] pills are available from a pharmacist or at drugstores <b>without a prescription.</b>” (p. 321)</p> <p>“The safest option is to practice sexual abstinence. If that’s <b>not your choice</b>, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk.” (p. 346)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>“In this program we will talk about <i>abstinence</i>, which is defined as not engaging in oral, vaginal or anal sex or in any other behavior <b>that can transmit sexually transmitted diseases or STDs.</b>” (p. 35)</p> <p><b>Note:</b> <i>This definition implies that engaging in protected sex falls under the category of abstinence because it prevents pregnancy and the transmission of STDs.</i></p> <p>“Although STDs can be prevented, many young people don’t take precautions because they don’t believe they are at risk of getting an STD. Anyone can get an STD, including HIV, from having <b>unprotected</b> sexual intercourse with a partner who is infected.” (p. 36)</p> <p>“Proud and responsible behavior also extends into the area of sex. It means you understand that the surest way to protect yourself from unplanned pregnancy and STDs, including HIV, is to be abstinent, which means choosing not to do any sexual behaviors <b>that could cause pregnancy or spread diseases.</b>” (p. 46)</p> <p>“Instead, the aim is to present abstinence as <b>one</b> proud and responsible choice for young people, and the surest way to protect themselves from pregnancy, HIV and other STDs.” (p. 48)</p> <p>“<b>One</b> proud and responsible thing young people can do is to abstain from any sexual behavior that could cause pregnancy or diseases.” (p. 48)</p> <p>“So, what is abstinence? Answer: Not having vaginal, oral or anal sex; Not participating in any sexual behaviors <b>that could transmit STDs.</b> Continue by saying, ‘This is the definition of abstinence that we are going to use in this program.’” (p. 53)</p> <p>“Practicing abstinence <b>can reduce your risk</b> of getting HIV or other STDs or having an unplanned pregnancy. There are many consequences of having sex. Yet, there are some proud and responsible strategies for preventing those consequences. Now, let’s examine our goals and dreams and see how the consequences of having <b>unprotected</b> sex can have an impact on them.” (p. 54)</p> <p>Module 4 Learning Objective: “Identify the <b>sexual behaviors to avoid</b> when practicing abstinence.” (p. 85)</p> <p>“Being curious about sex at your age is natural and normal. However, experimenting with sex as a way to satisfy curiosity <b>can be</b> an unhealthy way for you to learn about sex.” (p. 82)</p> <p>Activity C Rationale: “Understanding that there are many behaviors that express sexual feelings helps participants choose those that <b>do not result in pregnancy or sexually transmitted disease.</b>” (p. 87)</p> <p>“For many young people, the best decision <b>may be to abstain</b> from sex to avoid getting</p>



an STD, such as HIV, or having an unplanned pregnancy.” (p. 105)

“You may be tempted to give in to the pressure because you are afraid of losing the relationship. But saying yes to sexual intercourse **when you are not ready** is never a good idea and could even end a relationship. Giving in to pressure to have **unprotected** sex can put you at risk of pregnancy, HIV and other STDs. The proud and responsible thing to do is to abstain from sex **if you are not ready.**” (p. 115)

***Note:** This is another example of a dangerous mixed message. Are minors supposed to abstain from sexual intercourse or from unprotected sexual intercourse? This curriculum also continues to tell students that they can decide when they are ready for sex.*

“Now we will continue to talk about how having **unprotected** sex can put someone in danger of getting an STD.” (p. 155)

“Facilitator’s Note: This activity illustrates how easy it is to transmit an STD if people have **unprotected** intercourse.” (p. 155)

An activity is conducted to show how easy it is to transmit an STD through **unprotected** intercourse. Students are given cards that represent behaviors they can choose. The cards include “Abstinence,” “**Unprotected Sex** (oral, anal or vaginal sex),” and “Disease.” (p. 156)

***Note:** Again, it is implied that abstinence is the same as protected sex since protected sex is not an option in this activity.*

“If you have a ‘U’ on your card, you must remain standing because you had **unprotected** sex. You took a chance and had vaginal, oral or anal sex, or engaged in genital contact **that could transmit STDs**, and now you are possibly infected with the STD.” (p. 157)

“STDs can be spread through **unprotected** vaginal, oral and anal sex and sometimes through skin-to-skin genital contact.” (p. 158)

“Making healthy sexual decisions, **including deciding to be abstinent**, is a proud and responsible choice.” (p. 168)

“The proud and responsible thing to do is **reduce your risk** of getting an STD by practicing abstinence.” (p. 187)

***Note:** This is another mixed message about abstinence. True abstinence does not reduce your risk of getting an STD, it eliminates the risk.*

“Avoid any sexual behavior **that involves the exchange** of blood, semen, vaginal secretions or rectal fluids.” (p. 190)

“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.” (p. 195)

Module 12 Learning Objective: “Express pride in sticking to their decision to abstain from **risky** sexual behaviors.” (p. 225)

“Abstinence requires skills – you have to know why you want to say no to **risky sex** and be able to communicate that assertively to a partner.” (p. 283)

“It’s important to have a backup method **in case you decide to stop using abstinence** in order to be able to protect yourself from pregnancy and STDs, including HIV.” (p. 283)

“The sponge can be inserted up to 24 hours before intercourse... This allows for more

	<p><b>flexibility and spontaneity with sex.”</b> (p. 287)</p> <p>“Abstinence is the only 100 percent effective way to prevent pregnancy, HIV and other STDs. But, <b>if you are going to have sex</b>, you have to take steps to help protect yourself by using effective methods to help prevent pregnancy and infections.” (p. 290)</p> <p>“To reduce the risk of HIV: <b>Use a latex condom each and every time</b> for vaginal, anal or oral sex. Condoms must be used consistently and correctly to ensure protection.” (p. 294)</p> <p>“To reduce the risk of HIV: <b>Have a monogamous relationship</b> with only one partner who doesn’t have HIV ...” (p. 294)</p> <p>“<b>Have safer sex</b> that doesn’t put you in contact with a partner’s blood, semen or vaginal or rectal fluids. This means <b>using condoms</b> during vaginal or anal intercourse, using condoms or other barriers during oral sex, or <b>having sex play</b> without intercourse.” (p. 295)</p> <p>“If you or your partner(s) have unusual discharge, sores or rashes on or near the vagina, penis or anal area, <b>STOP having sex</b>, get tested and get treated if needed.” (p. 309)</p> <p>“Tell your partner(s) that you have an STD and that they should be tested and treated. If your partner(s) do not get treated and you <b>continue to have sex</b>, you may be reinfected. BE RESPONSIBLE!” (p. 310)</p> <p>“Emergency contraception should be viewed as a contingency measure. It is important for <b>sexually active couples</b> to practice a regular form of birth control.” (p. 322)</p> <p>“People can reduce their risk of contracting HIV by practicing responsible behavior around sexual expression and drug use. Responsible sexual precautions include (1) sexual abstinence, (2) <b>sexual fidelity</b>, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners <b>who have engaged in risky behaviors.</b>” (p. 345)</p> <p>“Couples should use a new latex or polyurethane/polyisoprene condom <b>every time they have sex</b>, including oral sex.” (p. 346)</p> <p>“Partners can also get tested for STDs, including HIV, <b>before they begin having sex</b> with each other.” (p. 346)</p> <p>“The foundation of love and <b>responsible sex</b> is good communication.” (p. 346)</p> <p>“Couples should use condoms <b>every time they have sex</b> if either partner is infected or unsure of his or her HIV status.” (p. 348)</p> <p>“Safer sexual activities include: <b>Sex between two mutually monogamous</b>, uninfected partners who do not share needles or syringes with anyone” (p. 348)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></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</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, <b>preferred pronouns</b> and something else you’d like us to know about you.” (p. 39)</p> <p>“When referring to me, please <b>use the pronouns</b> _____ or _____.” (p. 39)</p> <p>“Asking participants to tell you their preferred pronouns is a way of creating a safe space for any transgender or gender nonconforming youth. Model what you want participants to say by giving your own preferred pronouns. Some transgender youth</p>

<p><i>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>might prefer typical pronouns (he/she/his/her/their) or they might <b>request more creative pronouns</b> such as hir or zir. Preferred pronouns don't always line up with what observers might expect based on a person's perceived biological sex." (p. 40)</p> <p>"Let's keep in mind that there's diversity in society and in this group ... Some may identify as male, female or <b>transgender</b>." (p. 43)</p> <p>"Facilitator's Note: The case study has been written to be <b>gender neutral</b>. Jess and Dylan might be a boy and a girl, a girl and a boy, two boys, two girls, or <b>transgender youth</b>." (p. 109)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Facilitator questions after showing the movie <i>Tanisha and Shay</i>: "Why do you think Tanisha and Shay didn't <b>use birth control</b>?" (p. 167)</p> <p>Facilitator questions after showing the movie <i>Tanisha and Shay</i>: "Tanisha's mom says Tanisha owes it to herself to <b>explore all her options</b>. What are Tanisha's options? Note: Be sure to understand current federal and state laws regarding adoption, <b>abortion</b> and safe surrender in order to provide accurate information to participants." (p. 168)</p> <p>Facilitator questions after showing the movie <i>Tanisha and Shay</i>: "What <b>precautions will you take</b> to keep from getting pregnant or getting somebody pregnant?" (p. 168)</p> <p>A girl is looking for advice after having sex (and potentially unprotected sex) when she was drunk and high. Part of the advice says, "Go right away to your local reproductive health clinic and <b>get emergency contraception (EC)</b> 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." (p. 195)</p> <p>"<b>Always use condoms</b> to prevent STDs and birth control to prevent pregnancy." (p. 195)</p> <p>Optional Activity - Birth Control Methods Demonstration Rationale: "Reviewing and discussing the various forms of birth control methods will enhance participants' knowledge and empower them to <b>make informed choices about the most suitable method to use</b>." (p. 281)</p> <p>"Regardless of your background and experience, it's important for you to <b>receive factual information about birth control</b>. Being informed about birth control puts you in the driver's seat so you can be in control of when you have children in the future and how close together you have them." (p. 281)</p> <p>Students are asked to <b>brainstorm all the methods of birth control or contraception</b> that they can think of. "Answers should include: Abstinence; IUD; Implant; Depo-Provera (the shot); Birth control pills, patch and ring; Male condom (external condom); Female condom (internal condom); Sponge; Spermicides" (p. 282)</p> <p>"IUDs do not protect you from STDs, so you should also <b>use a condom</b>." (p. 284)</p> <p>"The implant does not protect you from STDs, so you should also <b>use a condom</b>." (p. 284)</p> <p>"The shot does not protect you from STDs, so you should also <b>use a condom</b>." (p. 284)</p> <p>"The pill does not protect you from STDs, so you should also <b>use a condom</b>." (p. 285)</p>

	<p>“The patch does not protect you from STDs, so you should also <b>use a condom.</b>” (p. 285)</p> <p>“Research shows that when <b>teens use long-acting methods</b> like the implant and the IUD, the rate of teen pregnancy goes down dramatically.” (p. 285)</p> <p>“Spermicides are somewhat less effective than condoms and many of the prescribed methods. However, they are <b>good protection</b> if they’re used correctly and consistently, and very good if <b>used along with a condom</b> (which also prevents STDs).” (p. 288)</p> <p>“The implant is <b>highly effective</b> (more than 99%) at preventing pregnancy, and it provides protection for 3 years. Some people prefer to use it because it is very private and always in place and they don’t have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.” (p. 313)</p> <p>“Depo-Provera is <b>extremely effective</b> at preventing pregnancy (more than 99%), as long as the injections are done on schedule ... Some people prefer to use Depo-Provera because it is very private and they don’t have to remember to take a pill each day.” (p. 314)</p> <p>“<b>Emergency contraception</b> (EC) is a method that reduces the risk of pregnancy after unprotected sex.” (p. 321)</p> <p>“<b>Emergency contraception makes sense</b> 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.” (p. 321)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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>“It’s recommended that facilitators <b>work with a small group of youth</b> to review the role plays and other activities and suggest minor changes to increase relevance before implementation.” (p. 7)</p> <p>“Another proud and responsible behavior is to talk with friends, partners and family members about risky behaviors and <b>encourage them to protect themselves.</b>” (p. 46)</p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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>“Why is it important for young people to <b>develop their own beliefs</b> and stick to them?” (p. 176)</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 decide to have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to <b>make informed decisions</b> about protecting yourselves, so we’re going to <b>learn about all of the options.</b>” (p. 281)</p>
<p><b>14. UNDERMINES PARENTS OR</b></p>	<p>“When people share private information in this group, it should <b>be kept private.</b> If, for example, someone shares about crying because of hurt feelings, it would be a violation</p>

**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.*

of the group agreements to discuss or joke about this with **someone outside the group**. We will not talk about any personal information we hear in this group with people outside this group.” (p. 42)

**Note:** *This instruction implies that students should not speak with their parents about what is discussed in class.*

Students are to brainstorm why some teens have sex. “The responses should include the following: To get back at parents.” (p. 50)

Expressing Physical Affection signs include the following terms and are placed around the room:

1. Give friendly looks and smiles
2. Talk to each other
3. Hold hands
4. Put arms around each other
5. Hug and kiss
6. Touch above the waist
7. Touch below the waist
8. Have sexual intercourse

Students are then instructed to decide how far people their age should go when expressing physical affection and stand under that sign. They are then instructed to move to the sign under which their parents would want them to stand. “**Was there a difference between where your parent or guardian thinks you should stand and where you stand?** ... Be proud and responsible and **know what your limits are** when it comes to sex.” (pp. 179-181)

“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 share information with parents.**” (p. 296)

“**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. This way you know what to expect ahead of time.” (p. 352)

**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*

“General Tips for Preparing to Implement the Curriculum:

- Review the supplemental background information provided in Appendix B about HIV, other STDs, contraceptive methods and effects of alcohol and other drugs.
- Learn about **local resources** such as health departments and **family planning clinics.**” (p. 24)

A girl is looking for advice after having sex (and potentially unprotected sex) when she was drunk and high. Part of the advice says, “**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.” (p. 195)

“Don’t try to communicate every fact about the various birth control methods in this

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](http://www.WaronChildren.org) and [www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))

presentation. This is an overview. Let participants know they will get a more thorough education whenever they **go to a health center to obtain contraception.**" (p. 282)

"Over-the-Counter Methods: These methods of birth control **can be purchased by anyone of any age, at drug stores, clinics, supermarkets, convenience stores and online** without a prescription." (p. 286)

"**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." (p. 317)

"**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." (p. 320)

"Where do I go to get tested? Your local health department, community clinic, private doctor or **Planned Parenthood** are all good locations to check out for STD testing." (p. 352)

This curriculum uses the following videos:

**Tanisha and Shay:** 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 STDs (Abstinence):** 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 three 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." 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.

**The Subject is Puberty (Abstinence):** This video begins with a scientific definition of puberty and hormones. Illustrations are drawn of naked boys/men and girls/women which include breasts and penises. Erections and orgasm are described along with a discussion on wet dreams, ejaculation, and menstruation. Detailed drawings are given of the vulva and clitoris on females and the erect penis and scrotum on males.

**The Subject is HIV (Abstinence):** 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 noted as the best way to prevent transmission. 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. Other youth share their experiences about how they acquired HIV through drug use and unprotected sex. Abstinence is reiterated at the end to be the best choice for avoiding HIV.
--	---

For more information on <i>Promoting Health Among Teens – Abstinence Only Intervention</i> see <a href="https://www.etr.org/ebi/programs/promoting-health-among-teens-abstinence-only/">https://www.etr.org/ebi/programs/promoting-health-among-teens-abstinence-only/</a> .
--