

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 ***Promoting Health Among Teens – Comprehensive Abstinence & Safer Sex Intervention*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Promoting Health Among Teens - Comprehensive 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 sexually explicit program is intended for children as young as 12 years old. Middle school students learn to negotiate condom use with a partner and participate in detailed condom demonstrations with a penis model. They role-play sexually suggestive scenarios with their peers. They are taught where to go for STD testing without needing parental consent and are shown videos of older teenagers in sexual situations. These young students are even taught how to make condom use romantic.

This is labeled as an “evidence-based curriculum,” yet the study that was cited on pp. 13-14 is prefaced with this introduction: “Through rigorous research methods, the developers have explored whether or not the interventions designed in this curriculum actually result in the desired outcomes.” Any program evaluation done by the program developers has a significant conflict of interest and cannot be relied upon for an accurate representation of the program’s efficacy.

Target Age Group: Middle school, ages 12-14

Planned Parenthood Connections: One of the writers of this program, Konstance McCaffree, was on the board of SIECUS. Planned Parenthood is mentioned multiple times as a resource for both the students and the teacher.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i>	Students write why they agree or disagree with the following statements: <ul style="list-style-type: none">• “It’s hard to avoid having sex when all your friends are having sex.”• Teens who have sex are more popular than teens who don’t have sex.• It is hard to get someone to use a condom.• If my friends don’t use condoms, then I won’t either.

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.

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.

- My friends **will make fun of me** if I tell them I don't want to have sex yet." (Student Workbook, p. 5)

Case Study: "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?" (Student Workbook, p. 7)

Students provide a response to the following inquiry: "My girlfriend and I have been going out for a year. We really love each other, and **we've been thinking about having sex**, but only with each other. I trust her, but I'm concerned about HIV. My girlfriend and I are **both 14 years old**, neither one of us has tattoos, and we don't use drugs. Do we have to worry about HIV?" (Student Workbook, p. 16)

Students provide a response to the following inquiry: "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**. Is it possible that I might have been exposed to HIV when I did it before?" (Student Workbook, p. 17)

Students provide a response to the following inquiry: "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?" (Student Workbook, p. 18)

Students provide a response to the following inquiry: "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'm afraid that I could have gotten pregnant or gotten infected with an STD like HIV. What should I do?" (Student Workbook, p. 20)

Students decide which of the following characters are acting responsibly:

- "Rich thinks he can get his girlfriend, Nicole, pregnant.
- Nicole doesn't want to have sex with her boyfriend, Rich, **but does anyway because her friends are having sex with their boyfriends**.
- Martin **has unprotected sex with many people** because 'he has the need.'
- Barbara **doesn't stop when a partner says 'no'** because 'they never mean it anyway.'" (Student Workbook, p. 27)

Role play script: "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." (Student Workbook, p. 37)

"**Why do you think some teens have sexual intercourse?** The responses should include the following: To keep a boyfriend/girlfriend/partner or because partner expects it; To feel more grown up; **To get back at parents**; Peer pressure; To express feelings to a partner; To give support to a partner; To feel loved or needed; See it on TV and in the movies; **To brag about it to friends**; Low self-esteem; Forced; To have fun; To be popular; To satisfy curiosity; Problems at home; Loneliness; **For pleasure or sexual release**; To have a baby." (Facilitator Manual, pp. 50-51)

Module 2 Goals: "Identify ways that participants **can express themselves sexually**

without having sex.” (Facilitator Manual, p. 63)

Module 2 Learning Objectives: “Identify **ways to express sexual feelings to a partner** without transmitting a disease or creating a pregnancy.” (Facilitator Manual, p. 63)

“In order to understand information about pregnancy, HIV and other STDs, it is important that you **know the names and functions of the body parts** that we will discuss.” (Facilitator Manual, p. 67)

***Note:** A discussion of the function of sexual organs can lead to a discussion of sexual arousal, as we see with the following glossary terms from this activity.*

“Penis is the male organ containing three tube-shaped masses of erectile tissue. These tissues fill with blood to **cause the penis to become erect/hard.**” (Facilitator Manual, p. 70)

“Vagina is the passageway extending from the uterus to the outside of the body ... **The vagina receives the penis during vaginal intercourse.**” (Facilitator Manual, 71)

“Clitoris ... Like the penis, it is composed of erectile tissue that **fills with blood when a female is sexually excited.**” (Facilitator Manual, p. 71)

“Ask participants to brainstorm what their friends or peers say about sex ... Answers may include: **Everyone is doing it;** Having sex makes you popular; **It feels good;** If you don’t, someone else will; Nobody wants to be a virgin; Having sex makes you a man/woman; **You have to if you’re horny.**” (Facilitator Manual, p. 76)

Students brainstorm what messages movies and music send about sex. “Answers may include: Sex is worth the risk; Sex is more important than feelings; No need to respect relationships; **It’s okay 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.” (Facilitator Manual, p. 77)

Students brainstorm 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.” (Facilitator Manual, p. 81)

“Which behaviors on the list can people express without having sex? Answers may include: dancing; hugging; holding hands; saying ‘I like you’; talking; massage; cuddling; **kissing; sexual fantasy; grinding.**” (Facilitator Manual, p. 84)

“People’s definition of monogamy varies greatly. For instance, some adolescents **may engage in serial monogamy** (short-term monogamous relationships one after another), while **others really only have one partner and have had sex with only one person.** It is important that variations of monogamy are addressed here.” (Facilitator Manual, p. 103)

Green Light Behaviors: “Dry kissing; Romantic conversation; Self-masturbation; Mutual masturbation (for HIV); Practicing abstinence; Massage; Sexual fantasy; Flirting; Body rubbing/grinding (with clothes on); Hugging; **Having sex with only one person who has never had sex before.**” (Facilitator Manual, p. 104)

Yellow Light Behaviors: “Having protected sex with a person who is having sex with

other people; Oral stimulation of the penis without a condom; Anal sex with a condom; Mutual masturbation; Vaginal sex with a condom; Oral stimulation of the vulva with a dental dam; Having protected sex with multiple partners.” (Facilitator Manual, p. 104)

Red Light Behaviors: “Vaginal sex without a condom; Oral stimulation of the penis without a condom; Anal sex without a condom; Having sex with multiple partners without using a condom; Having sex without a condom with a person who injects drugs” (Facilitator Manual, p. 104)

“Myths and Facts About Pregnancy Statements:

- A boy cannot get a girl pregnant unless he has had a wet dream.
- You can’t get pregnant **if you have sex standing up.**
- You can get pregnant **from swallowing semen.**
- **Douching after intercourse** can prevent pregnancy.
- **Withdrawal or pulling the penis out of the vagina** before ejaculation is an effective way to avoid pregnancy.
- Gay and lesbian teens don’t need to know how to avoid pregnancy.” (Facilitator Manual, pp. 160-161)

Students watch a movie and then discuss the messages about sexual partners which include: “You expose yourself not only to your partner, **but also to all of your partner’s partners**; It is important for both individuals to get tested; It is important to use condoms every time you have sex.” (Facilitator Manual, p. 198)

“Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. Answers may include: Hugging, **massage, touching, sexual fantasy, grinding,** romantic talking, cuddling.” (Facilitator Manual, p. 205)

“What do teens gain by having sexual intercourse? **What are the benefits of having sex?** Answers may include: Expression of love; Popularity; Having a baby; Sense of maturity; **Trade for favors, money, drugs;** Sexual release; **Revenge.**” (Facilitator Manual, p. 223)

Note: *Even in a brainstorming situation, it is extremely inappropriate to discuss revenge and trading sex for favors as benefits of sex.*

Students are given the following risky sexual situations then develop a plan to get out of the situation:

- “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...” (Facilitator Manual, p. 261)

“Excuse: Condoms are messy and smell funny.

Response: **Condoms aren’t any messier or smellier than sex.**” (Facilitator Manual, p. 267)

“Excuse: I know I am disease free. I have not had sex with anyone in months.

Response: As far as I know, I'm free of disease too. But either of us could **have an infection from a previous relationship** and not know it." (Facilitator Manual, p. 268)

Students practice using a strong "no" by **saying the following out loud in class:**

- "No! I'm not ready to have sex yet!
- No! I won't have sex without a condom!
- 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 really mean 'no'!
- No! I want to protect myself! We have to use a condom.
- No! Not at this point in the relationship!" (Facilitator Manual, p. 275)

Students practice "talking it out" by **saying the following out loud in class:**

- "I'm not ready to have a baby. I would feel better if we use a condom.
- I'm glad you agreed to use condoms. I feel like you really care about me.
- You really turn me on when you touch me, but I won't have sex without a condom." (Facilitator Manual, p. 276)

Students practice "offering explanations" by **saying the following out loud in class:**

- "I want to protect myself with a condom every time I have sex.
- No, I won't risk my future goals by having unprotected sex.
- Reaching my future goals is more important than having sex.
- Condoms help prevent STDs, including HIV infection.
- I'm not ready to be a parent yet." (Facilitator Manual, p. 277)

Students practice "providing alternatives" by **saying the following out loud in class:**

- "Let's go buy some condoms right now.
- Some sexual things are okay, but not sexual intercourse without a condom.
- I would rather do other things than have sex.
- Let's hug, talk and kiss but not have sex." (Facilitator Manual, p. 278)

"You have slept with Will three times already, always unprotected." (Facilitator Manual, p. 341)

Role Play 3 Script: "You and your girlfriend are **getting really close to having sex** ... You can't wait to tell Mike about your **plans to have sex with your girl.**" (Facilitator Manual, p. 342)

"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 Manual, p. 380)

"Safer sexual activities include:

- **Sex between two mutually monogamous, uninfected partners** who do not share needles or syringes with anyone
- Body rubbing/massaging, **mutual masturbation**
- Massaging one's own genitals, **self-masturbation**
- Kissing and other activities that do not include touching the penis, vagina or rectum" (Facilitator Manual, p. 424)

"Ejaculate: To eject semen from the penis during orgasm." (Facilitator Manual, p. 432)

	<p>“Ejaculation: The spontaneous discharge of semen from the penis during orgasm.” (Facilitator Manual, p. 432)</p> <p>“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).” (Facilitator Manual, p. 433)</p> <p>“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 Manual, p. 434)</p> <p>“Safer Sex: Sexual practices that involve no exchange of blood, semen, vaginal secretions or rectal fluids.” (Facilitator Manual, p. 436)</p> <p>“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.” (Facilitator Manual, p. 436)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this 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>“Kerry and Micah have been dating for 3 months ... Kerry wants to avoid pregnancy or contracting an STD and has goals to go to college and have a career. So Kerry has decided to use condoms from now on. Kerry knows it is time to discuss this with Micah, but doesn’t know how Micah will react ... Kerry decides to negotiate condom use with Micah.” (Student Workbook, p. 43)</p> <p>Role play A: “(Yvonne) You and your partner (Carlos) are in your partner’s living room with the lights down low and things are starting to get physical ... Your task is to convince Carlos that sex can be just as pleasurable with condoms. (Carlos) Your task is to convince Yvonne to have sex without condoms.” (Student Workbook, p. 45)</p> <p>Role play B: “(Val) You know Corey has had sex with other people and you are concerned about STDs, especially HIV ... Your task is to resist the temptation to have unsafe sex but still keep the relationship. (Corey) Your task is to try to convince Val not to use condoms.” (Student Workbook, p. 46)</p> <p>Role play D: “(Dana) You and your partner, Jadon, have been sexually active for a while ... And now you begin to worry because you and your partner have been sexually active without using protection. Now you want to use protection ... Your task is to convince Jadon that you want to be proud and responsible and use protection. (Jadon) You have never used a condom or dental dam and don’t want to ... You also believe that condoms/dental dams are not natural and sex won’t feel as good if you use them. Your task is to convince Dana not to use condoms.” (Student Workbook, p. 48)</p> <p>Role play F: “(Pat) You and Devin have been sexually active for a while ... You are concerned about your sexual histories. Now you want to practice abstinence until you finish high school ... Your task is to convince Devin to abstain from sex. (Devin) You and Pat have been together for a while and you enjoy having sex together... Your task is to convince Pat to continue having a sexual relationship.” (Student Workbook, p. 50)</p> <p>Role play H: “(Shia) Last week, Jayce started pressuring you to be more sexual ... Your task is to resist the pressure to have sex. (Jayce) Lately, you’ve been pressuring Shia to be more sexual with you. Shia seems to like all the things you’ve been doing. It’s time that Shia started being a bit more grateful ... Your task is to convince Shia to have sex.” (Student Workbook, p. 52)</p> <p>“[The curriculum] ... gives them the confidence they need to choose and negotiate</p>

safer sex practices.” (Facilitator Manual, p. 3)

Curriculum Objectives: Youth will have: “Increased confidence in their ability to **negotiate safer sex** and to use latex ... condoms correctly; Increased negotiation skills.” (Facilitator Manual, p. 4)

“Activities are designed to help youth feel comfortable practicing abstinence, safer sex and condom use; address their concerns about practicing abstinence and safer sex; and build their condom use skills as well as their **ability to comfortably negotiate abstinence or safer sex practices.**” (Facilitator Manual, p. 5)

“The role play scenarios are designed to provide participants with the confidence and skill necessary to **negotiate abstinence and/or condom use.**” (Facilitator Manual, p. 5)

“In this program, you will learn about ... **how to negotiate your sexual decision with a partner.**” (Facilitator Manual, p. 52)

“Practicing what to say if a partner has excuses for not wanting to use a condom **prepares the participants to negotiate with a partner.**” (Facilitator Manual, p. 265)

“...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 Manual, p. 271)

“Talking about abstinence and safer sex can be difficult sometimes. However, it is very important that you **talk with your partner about your decision to practice abstinence or to use condoms** if you choose to have sex. Having an open, honest talk can help prevent misunderstandings.” (Facilitator Manual, p. 272)

“We are going to work on a strategy for talking to a partner about abstinence or safer sex, **without blaming, arguing or getting into a fight.**” (Facilitator Manual, p. 272)

Module 12 Learning Objective: “Demonstrate the ability to **negotiate condom use with a partner.**” (Facilitator Manual, p. 283)

Two students role play a situation in which **one is supposed to convince the other to consent to sex with a condom** using statements like, “I won’t have sex without a condom. I know how to use it. It will be fun.” (Facilitator Manual, pp. 289-290)

In another role play, **two students read lines that end in practicing safer sex.** “I did get some condoms from my friend. I’m down to try them.” (Facilitator Manual, p. 293)

Students participate in a semi-scripted role play where the first lines are written for them and then they have to create the rest of the lines to **negotiate condom use with a partner.** (Facilitator Manual, p. 300)

“Allowing participants **guided practice in negotiating abstinence and safer sex** in a controlled and safe environment increases their skills and confidence in negotiating...” (Facilitator Manual, p. 303)

Role Play 4 Script: “**Convince Charlie to use condoms when you have sex.**” (Facilitator Manual, p. 343)

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.

“This curriculum is intended to reduce the incidence of **vaginal, anal, and oral sex** among young adolescents...” (Facilitator Manual, p. 2)

“When you hear me say ‘use condoms correctly and consistently,’ I mean use them right and use them every single time you have **vaginal, oral or anal sex.**” (Facilitator Manual, p. 53)

“Abstinence means not having **vaginal, oral or anal sex.**” (Facilitator Manual, p. 54)

Students brainstorm ways people express their sexual feelings to themselves or other people. “Answers may include: **oral sex; vaginal sex; anal sex.**” (Facilitator Manual, p. 81)

“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).” (Facilitator Manual, p. 82)

“Which of these behaviors could result in pregnancy or a sexually transmitted disease? Answers include: **vaginal sex, anal sex, oral sex,** touching each other’s genitals.” (Facilitator Manual, p. 83)

“If you decide to have **vaginal, oral or anal sex,** remember you must use a condom or other protection.” (Facilitator Manual, p. 84)

“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.” (Facilitator Manual, p. 94)

“HIV is found in the blood, semen and vaginal and **rectal fluids** of someone with HIV.” (Facilitator Manual, p. 94)

“How can you prevent HIV? Don’t have sex. This includes **vaginal, anal and oral sex.**” (Facilitator Manual, p. 95)

“Use a latex condom each and every time for **vaginal, anal or oral sex.**” (Facilitator Manual, p. 95)

“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 Manual, p. 97)

“You can get HIV/AIDS from **oral, vaginal or anal sex** with an infected partner.” (Facilitator Manual, p. 99)

“You can get HIV from **oral sex, vaginal sex and anal sex.**” (Facilitator Manual, p. 100)

“Explain that ‘sex’ in these questions means **oral, anal and/or vaginal intercourse.**” (Facilitator Manual, p. 102)

“So be proud and responsible and always use latex ... condoms and/or dental dams if you have any kind of sexual intercourse – **oral, anal or vaginal.**” (Facilitator Manual, p.

103)

“Risk Behaviors: **Oral stimulation of the penis** without a condom – Yellow/Red Light” (Facilitator Manual, p. 104)

“Risk Behaviors: **Oral stimulation of the vulva** with a dental dam – Yellow Light” (Facilitator Manual, p. 104)

“Risk Behaviors: **Anal sex** without a condom – Red Light” (Facilitator Manual, p. 104)

“**Anal sex** is a very risky behavior. It is a high risk/red light behavior without a condom. With a condom, it is still more risky than vaginal sex – somewhere between yellow and red. For safety reasons, it’s best to avoid anal sex. However, if people are going to engage in anal sex, using a condom can reduce their risk of getting HIV or other STDs.” (Facilitator Manual, p. 104)

“Abstinence means choosing not to having [sic] **anal, oral or vaginal sex...**” (Facilitator Manual, p. 118)

“How do people get STDs? Be sure the answers include: **Oral sex** (a person’s mouth on another person’s genitals); **Anal sex** (penis in anus [rectum, behind])” (Facilitator Manual, p. 141)

“The main way people get STDs is through sexual behaviors – **oral, anal and vaginal sex.**” (Facilitator Manual, p. 141)

“If you decide to have sex, using a condom every time you have **vaginal, anal or oral sex** will reduce your risk of getting an STD.” (Facilitator Manual, p. 142)

“You took a chance and had **vaginal, oral or anal sex...**” (Facilitator Manual, p. 150)

“STDs can be spread through unprotected **vaginal, oral and anal sex...**” (Facilitator Manual, p. 151)

“The female condom can also be used for STD protection during **anal sex**. Because people of any gender can use these condoms for anal sex, some educators have begun to call them internal or insertive condoms.” (Facilitator Manual, p. 170)

“...you can be proud and responsible and have the condom already inserted if you know you’re likely to engage in vaginal or **anal intercourse.**” (Facilitator Manual, p. 176)

“Talk it over with your partner and use a latex ... condom if you have **vaginal, oral or anal sex.**” (Facilitator Manual, p. 188)

“Avoid future risk of infection by using a latex condom every time you have **vaginal, oral or anal sex.**” (Facilitator Manual, p. 189)

“**Oral sex** can transmit STDs, including HIV.” (Facilitator Manual, p. 190)

“You and your girlfriend would be proud and responsible if you practiced safer sex by using latex ... condoms and dental dams **when you have oral sex**. In addition, if you choose to have vaginal or **anal sex**, use a condom.” (Facilitator Manual, p. 190)

“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 Manual, p. 198)

“(True) or False: **Anal sex** increases your chances of getting HIV.” (Facilitator Manual, p. 204)

“(True) or False: **Oral sex** without using a condom or dental dam increases the chance of

getting HIV.” (Facilitator Manual, p. 204)

“Name three types of sexual practices in which HIV is passed: **Anal sex, Vaginal sex, Oral sex.**” (Facilitator Manual, p. 205)

“A condom is a thin latex (rubber) sheath that slips snugly over an erect penis and keeps semen from entering the **vagina, mouth or anus** during sex.” (Facilitator Manual, p. 240)

“Explain how a dental dam can be used when having **oral contact with the vulva or anal area.**” (Facilitator Manual, p. 243)

Role Play 1: “The two of you have engaged in **oral sex** and have not used latex barriers.” (Facilitator Manual, p. 340)

“Remember if you are going to have **oral sex**, you need to use a latex barrier.” (Facilitator Manual, p. 341)

STD Jeopardy: “Name two high-risk behaviors. Possible answers: Unprotected **anal, oral or vaginal sex**, sharing needles.” (Facilitator Manual, p. 349)

STD Jeopardy: “Name two body fluids that can transmit HIV. Possible answers: Blood, semen, vaginal secretions, **rectal fluids**, breast milk.” (Facilitator Manual, p. 350)

STD Jeopardy: “What should you put on a condom during vaginal or **anal intercourse**? Water-based lubricant, such as K-Y Jelly or Astroglide.” (Facilitator Manual, p. 351)

“To reduce the risk of HIV: Use a latex condom each and every time for **vaginal, anal or oral sex.**” (Facilitator Manual, p. 370)

“To reduce the risk of HIV: 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.” (Facilitator Manual, p. 371)

How is chlamydia transmitted? “**Vaginal, anal and oral sex.**” (Facilitator Manual, p. 376)

How is syphilis transmitted? “Direct contact with sores through **vaginal, anal or oral sex** or touching.” (Facilitator Manual, p. 377)

How is gonorrhea transmitted? “Direct contact with infected person through **vaginal, anal or oral sex.**” (Facilitator Manual, p. 378)

How is herpes transmitted? “Direct contact with infected person through **vaginal, anal or oral sex**, kissing, or skin-to-skin contact.” (Facilitator Manual, p. 379)

How is HPV transmitted? “Direct contact with infected person through **vaginal, anal or oral sex**, or skin-to-skin contact” (Facilitator Manual, p. 380)

How is HIV transmitted? “HIV is primarily spread by **unprotected anal or vaginal sex.**” (Facilitator Manual, p. 384)

“Can HIV be transmitted **during oral sex**? Absolutely. Whenever there is **vaginal, anal or oral sex** between two people and one is HIV positive, the virus may be transmitted to the uninfected person.” (Facilitator Manual, p. 421)

“Can I get infected with HIV by someone who **performs oral sex** 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.” (Facilitator Manual, p. 423)

	<p>“Can I get HIV from anal sex? Yes. 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 Manual, p. 424)</p> <p>“Can I get an STD from oral sex? 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.” (Facilitator Manual, p. 427)</p> <p>“Anal Sex (also Anal Intercourse): Inserting the penis into the anus of the sexual partner.” (Facilitator Manual, p. 431)</p> <p>“Cunnilingus: Mouth-to-vagina sex. See oral sex.” (Facilitator Manual, p. 432)</p> <p>“Fellatio: Mouth-to-penis sex. See oral sex.” (Facilitator Manual, p. 433)</p> <p>“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 Manual, p. 434)</p> <p>“Oral Sex (Oral Intercourse): Contact of the mouth or tongue with a partner's genitals.” (Facilitator Manual, p. 434)</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>“Respect diversity: Let’s keep in mind that there’s diversity in society and in this group ... Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique.” (Facilitator Manual, 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, two boys, two girls, or transgender youth.” (Facilitator Manual, p. 112)</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 Manual, p. 161)</p> <p>“All young people regardless of their sexual orientation need to be informed about sexuality, including information about birth control and condoms. If youth engage in sexual activity with a partner of the same sex, they should use condoms or dental dams to help prevent the spread of HIV and other STDs.” (Facilitator Manual, p. 176)</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 ... condoms or other protection to reduce the risk of STDs.” (Facilitator Manual, p. 176)</p> <p>“During the role play practice, participants may role-play sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens</p>

	<p>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.” (Facilitator Manual, p. 303)</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. And all couples can make a decision to practice abstinence regardless of their sexual orientation.” (Facilitator Manual, p. 325)</p> <p>Role Play 1 Theme: “Two females; STD/HIV concerns in a lesbian relationship” (Facilitator Manual, p. 340)</p> <p>Role Play 2 Theme: “Two males; HIV and condom use” (Facilitator Manual, p. 341)</p> <p>Role Play 2 is between two males, one of whom is bisexual. “You (Will) and Alonzo have just started being sexually intimate ... You also know that Alonzo has a serious girlfriend.” (Facilitator Manual, p. 341)</p> <p>“Bisexual: Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (Facilitator Manual, p. 431)</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 Manual, p. 433)</p> <p>“Homosexual: Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.” (Facilitator Manual, p. 433)</p> <p>“Lesbian: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (Facilitator Manual, p. 433)</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 Manual, p. 436)</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>“Why do you think some teens have sexual intercourse? The responses should include the following: For pleasure or sexual release.” (Facilitator Manual, pp. 50-51)</p> <p>“Facilitator’s Note: Participants may also mention positive consequences of having sex, such as feeling closer to a partner or experiencing pleasure.” (Facilitator Manual, p. 51)</p> <p>“Note that the female condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous.” (Facilitator Manual, p. 171)</p> <p>“The sponge can be inserted up to 24 hours before intercourse and must be left in place at least 6 hours after intercourse. This allows for more flexibility and spontaneity with sex.” (Facilitator Manual, p. 171)</p> <p>“Using condoms can be fun and pleasurable if you have the skills to make them that way.” (Facilitator Manual, p. 176)</p> <p>“Other things can lead to intimacy and orgasm without risking getting pregnant or infected with HIV or another STD.” (Facilitator Manual, p. 190)</p>

“Sex can feel very good with condoms. You can buy a brand that feels natural and use extra lubricant.” (Facilitator Manual, p. 201)

“There are **other pleasurable sexual behaviors people can engage in** besides sexual intercourse.” (Facilitator Manual, p. 231)

Module 10 Learning Objective: “Identify ways to **make condoms a more pleasurable part** of the sexual experience.” (Facilitator Manual, p. 237)

“If a male loses his erection after putting on a condom and before intercourse, what could the couple do? 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 Manual, p. 246)

“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 Manual, p. 251)

“Ask participants to brainstorm some **ways to make using condoms fun and pleasurable.** Record their responses.” (Facilitator Manual, p. 252)

The facilitator is to mention the following **ways to make condoms more pleasurable** if students don't mention them:

- “Make putting on the condom **a part of foreplay.**
- Think up a **sexual fantasy** using condoms.
- **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 Manual, p. 252)

“Facilitator’s Note: Emphasize **strategies for making condom use more pleasurable.** Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense.” (Facilitator Manual, p. 253)

“Excuse: I don't like the way condoms feel.

Response: **I can show you how to make them feel much better.**” (Facilitator Manual, p. 266)

“Excuse: Condoms kill the mood for sex.

Response: Let me show you that **it doesn't have to kill the mood.**” (Facilitator Manual, p. 266)

“Excuse: Condoms are unnatural and turn me off.

Response: **I know how to turn you back on.**” (Facilitator Manual, p. 267)

“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 Manual, p. 267)

	<p>“Excuse: I do not have a condom with me. Response: Let’s satisfy each other without having intercourse then.” (Facilitator Manual, p. 269)</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 Manual, p. 316)</p> <p>“If you value your friends and care about them as people, you should help them make safe decisions. You can even teach a friend how to make condoms fun and pleasurable.” (Facilitator Manual, p. 318)</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>Students brainstorm ways people express their sexual feelings to themselves or other people. “Answers may include: masturbation; touching each other’s genitals.” (Facilitator Manual, p. 81)</p> <p>“Be sure participants understand the definition of vaginal sex, oral sex, anal sex and masturbation:</p> <ul style="list-style-type: none"> • Masturbation means massaging, rubbing, stroking or ‘playing with’ one’s own genitals or the genitals of another person for sexual stimulation.” (Facilitator Manual, p. 82) <p>“Which of these behaviors could result in pregnancy or a sexually transmitted disease? Answers include: vaginal sex, anal sex, oral sex, touching each other’s genitals.” (Facilitator Manual, p. 83)</p> <p>“Risk Behaviors: Self-masturbation – Green Light” (Facilitator Manual, p. 104)</p> <p>“Risk Behaviors: Mutual masturbation – Yellow/Green Light” (Facilitator Manual, p. 104)</p> <p>STD Jeopardy: “What are some safer sexual behaviors that won’t transmit HIV? Possible answers: Cuddling, massage, masturbation, fantasy.” (Facilitator Manual, p. 349)</p> <p>“Safer sexual activities include:</p> <ul style="list-style-type: none"> • Body rubbing/massaging, mutual masturbation • Massaging one’s own genitals, self-masturbation” (Facilitator Manual, p. 424) <p>“Masturbation: Massaging one’s own genitals for sexual stimulation.” (Facilitator Manual, p. 434)</p> <p>“Mutual Masturbation: Massaging each other’s genitals for sexual stimulation. See masturbation.” (Facilitator Manual, p. 434)</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</i></p>	<p>Material Needed: “Condoms (one per participant or pair, plus demonstration condoms); Penis models; Water-based lubricant; Roll of paper towels” (Facilitator Manual, pp. 24-25)</p> <p>“People are at risk for HIV if: They have sex without using a latex condom or other protection.” (Facilitator Manual, p. 95)</p> <p>“Who can get an STD? Answer: Anyone who has unprotected sexual intercourse.”</p>

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.

(Facilitator Manual, p. 141)

“Anyone who engages in **unprotected sexual intercourse** can get an STD.” (Facilitator Manual, p. 141)

“Now we will continue to talk about how having **unprotected sex** can put someone in danger of getting an STD.” (Facilitator Manual, p. 147)

“This activity illustrates how easy it is to transmit an STD if people have **unprotected intercourse.**” (Facilitator Manual, p. 147)

Note: *In these examples, there is no mention of condom failure rates.*

Students finish this sentence in pairs: “**You can make condoms fun by...**” (Facilitator Manual, p. 149)

The steps to using the female condom are described in detail and include the following: “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. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.” (Facilitator Manual, p. 170)

“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 participants 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 Manual, p. 171)

“Knowing your sexual partner very well does not mean you are safe. You need to use condoms; **then you do not have to worry.**” (Facilitator Manual, p. 201)

Note: *Again, no reference to condom failure rates.*

“Facilitator’s Note: The **ideal way** to demonstrate proper condom use is to use a **plastic or wooden model of a penis**. If a model is not available, demonstrate by using your fingers.” (Facilitator Manual, p. 241)

Condom demonstration steps:

- “Check the expiration date.
- 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 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 Manual, p. 241)

“**Can condoms fit any size penis?** Yes. Though condom sizes vary slightly from brand to brand, most can fit any size penis comfortably.” (Facilitator Manual, p. 242)

“Ask participants 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 Manual, p. 243)

“To protect yourself and your partner from sexually transmitted diseases, including HIV, remember to:

- Use a latex ... condom every time you have sex.
- Use a dental dam when having oral contact with the vulva or anal area.
- **Keep a supply of condoms on hand.**
- **Get used to condoms, so they are natural and fun.**” (Facilitator Manual, p. 243)

Students are to put the following condom use cards in the proper order:

- “Get condoms and check expiration date
- Sexual arousal (hug, cuddle, kiss, massage)
- Erection
- Carefully remove condom from package
- Dab water-based lubricant on penis or inside condom
- Squeeze out any air from tip of condom and leave room for ejaculation
- Roll condom on
- Intercourse
- Orgasm (ejaculation)
- Hold onto the rim of condom and withdraw the penis
- Remove and discard condom
- Loss of erection
- Relaxation” (Facilitator Manual, pp. 245-246)

Which steps in the condom process can involve a partner? “Answers: **Sexual arousal**, rolling condom on, **intercourse**, **orgasm**, holding onto rim, removing condom, and relaxation. A partner (of any gender) can also get or buy condoms and have them ready.” (Facilitator Manual, p. 246)

“Ask participants 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 Manual, p. 252)

“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 Manual, p. 253)

STD Jeopardy: “What are two ways to **prevent** HIV transmission? Possible answers: Abstinence, **condoms**, not sharing needles.” (Facilitator Manual, p. 349)

***Note:** Here abstinence and condoms are presented as equally effective ways to prevent HIV.*

STD Jeopardy: “When do you remove a used condom? **After ejaculation, but before the penis gets soft.**” (Facilitator Manual, p. 351)

	<p>STD Jeopardy: “(True) or False: The penis should be erect (hard) when the condom is put on it.” (Facilitator Manual, p. 352)</p> <p>STD Jeopardy: “(True) or False: When a condom is placed on the penis some space should be left at the tip of the condom.” (Facilitator Manual, p. 352)</p> <p>STD Jeopardy: “True or (False): To remove a condom after sex, grasp the tip and remove it gently but swiftly.” (Facilitator Manual, p. 352)</p> <p>“Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.” (Facilitator Manual, p. 393)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“You will learn how to reduce your risk, if you choose to have sex, by practicing safer sex and using a latex ... condom every time.” (Facilitator Manual, p. 37)</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 that could cause pregnancy or spread diseases. If you choose to have sex, it means using a latex condom every time to reduce the risk of pregnancy or STDs.” (Facilitator Manual, p. 46)</p> <p>“If you decide to have sex, the best thing to do is to use a latex ... condom every time.” (Facilitator Manual, p. 52)</p> <p>“Being curious about sex at your age is natural and normal ... But it’s not a good idea to have sex until you are prepared to have sex with respect and responsibility.” (Facilitator Manual, p. 80)</p> <p>“If you decide to have vaginal, oral or anal sex, remember you must use a condom or other protection.” (Facilitator Manual, p. 84)</p> <p>“If you decide to have sex, then using latex ... condoms will reduce your risk.” (Facilitator Manual, p. 88)</p> <p>“We are going to learn some problem-solving steps to strengthen your choice to abstain from sex or practice safer sex and to help you think about making decisions under pressure.” (Facilitator Manual, p. 109)</p> <p>“We can also use STOP, THINK and ACT to help Jess talk to Dylan about practicing abstinence or using condoms if Jess decides to have sex in the future.” (Facilitator Manual, p. 113)</p> <p>“Using STOP, THINK and ACT can help you quickly make healthy sexual decisions like abstaining from sex or practicing safer sex to keep you on the path to your goals.” (Facilitator Manual, p. 114)</p> <p>“If you decide to have sex, using a condom every time you have vaginal, anal or oral sex will reduce your risk of getting an STD.” (Facilitator Manual, p. 142)</p> <p>“If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex ... condom.” (Facilitator Manual, p. 144)</p>

“But, **if you do decide to have sex**, using condoms will reduce your risk of HIV and other STDs.” (Facilitator Manual, p. 152)

“Let’s take a closer look at what can happens **when teens decide to have vaginal intercourse.**” (Facilitator Manual, p. 158)

“Teens who do **decide to have sex** need to know how to use condoms and other birth control or contraceptive methods to help prevent unplanned pregnancy.” (Facilitator Manual, p. 163)

“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.” (Facilitator Manual, p. 166)

“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.” (Facilitator Manual, p. 171)

“**How does a teenager decide** whether to use birth control and which method to use?” (Facilitator Manual, p. 172)

“**If you’ve decided you’re ready to have sexual intercourse**, you need to be ready to purchase condoms.” (Facilitator Manual, p. 175)

“Or, **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 Manual, p. 177)

“If you and your girlfriend do **decide to start having sex**, you should practice safer sex to prevent any future possibility of infection.” (Facilitator Manual, p. 188)

“People who **decide to have sex** need to be sure to practice safer sex and use a latex ... condom every time.” (Facilitator Manual, p. 224)

Module 10 Goals: “Increase participants’ understanding of their responsibility to use condoms **if they choose to have sex.**” (Facilitator Manual, p. 237)

Module 11 Goals: “Help participants identify **personal limitations** regarding physical and sexual contact.” (Facilitator Manual, p. 255)

Module 11 Learning Objectives: “Identify the specific types of sexual physical contact that **fit within their personal comfort zone.**” (Facilitator Manual, p. 255)

Activity A Rationale: “This activity is designed to help participants **determine their limits** 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.” (Facilitator Manual, p. 257)

Students are to **choose where they draw their physical limit** from the following: “Give friendly looks and smiles; Talk to each other; Hold hands; Put arms around each other; Hug and kiss; Touch above the waist; Touch below the waist; Have sexual intercourse.” (Facilitator Manual, p. 257)

	<p>“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.” (Facilitator Manual, p. 325)</p> <p>“If you choose to have sex, practicing safer sex by correctly using a latex ... condom every time, will reduce your risk.” (Facilitator Manual, p. 330)</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 Manual, p. 393)</p> <p>“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.” (Facilitator Manual, p. 394)</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 Manual, p. 422)</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>“How do you think that practicing abstinence or safer sex will make me proud and responsible?” (Student Workbook, p. 23)</p> <p>Role play script: “You and your partner have been going out for a while. From the beginning you touched and kissed a lot. On your partner’s birthday, you are alone and feel very close. After you have had something to celebrate the birthday, 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 won’t have sex without a condom.” (Student Workbook, p. 29)</p> <p>Role play script: “You and your partner have been going out for a while. The two of you have had sexual intercourse twice before. You didn’t use condoms or any of the other methods of protection that you learned about in school because you didn’t have any at the time ... Your partner wants to have sex with you again, but you don’t want to unless you are going to use condoms.” (Student Workbook, p. 33)</p> <p>Role play B: “(Val) You know Corey has had sex with other people and you are concerned about STDs, especially HIV ... Your task is to resist the temptation to have unsafe sex but still keep the relationship.” (Student Workbook, p. 46)</p> <p>“In order to encourage young people to adopt less risky behaviors, they must be provided with the following crucial tools...” (Facilitator Manual, p. 1)</p> <p>“This curriculum advocates postponing sexual activity and emphasizes that abstinence is the only way to completely eliminate the risk for unplanned pregnancy, HIV and other STDs. However, realizing that abstinence is not the path that many young people choose, the curriculum also encourages the practice of safer sex and condom use.” (Facilitator Manual, p. 3)</p> <p>Curriculum Objectives: Youth will have: “More positive attitudes/beliefs about abstinence; More positive attitudes/beliefs about condom use; Stronger intentions to abstain from sex, or to use condoms if they have sex.” (Facilitator Manual, p. 4)</p>

“Activities are designed to help youth feel comfortable practicing abstinence, **safer sex and condom use**; address their concerns about practicing abstinence **and safer sex**; and **build their condom use skills** as well as their ability to comfortably negotiate abstinence **or safer sex** practices.” (Facilitator Manual, p. 5)

“You will learn how to reduce your risk, if you choose to have sex, by **practicing safer sex and using a latex ... condom** every time.” (Facilitator Manual, p. 37)

“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 that could cause pregnancy or spread diseases. **If you choose to have sex**, it means using a latex condom every time to reduce the risk of pregnancy or STDs.” (Facilitator Manual, p. 46)

“I believe that you can make proud and responsible choices. The proud and responsible thing to do is to abstain from any sexual behavior that could cause pregnancy or diseases **or to use condoms**.” (Facilitator Manual, p. 48)

“You can relate these to some of the reasons teens choose to have sex, while also emphasizing that abstinence and/**or condom use** can help them avoid the consequences that could have a negative impact on their future goals.” (Facilitator Manual, p. 51)

“Practicing abstinence **or safer sex** can reduce your risk of getting HIV or other STDs or having an unplanned pregnancy.” (Facilitator Manual, p. 55)

“No, let’s examine our goals and dreams and see how the consequences of **having unprotected sex** can have an impact on them.” (Facilitator Manual, p. 55)

“Proud and responsible choices that can help you reach your goals include practicing abstinence **or using condoms** if you decide to have sex.” (Facilitator Manual, p. 60)

Module 2 Goals: “Use information about peer pressure to help participants begin to understand the need to practice abstinence **or safer sex**.” (Facilitator Manual, p. 63)

“...the proud and responsible choice is to abstain from sex, **or to have safer sex** and correctly use a latex or polyurethane/polyisoprene condom every time.” (Facilitator Manual, p. 80)

“How can you reduce your risk of HIV? **Avoid multiple or overlapping partners**.” (Facilitator Manual, p. 95)

“Be sure **any sex partner** has been tested before having sex.” (Facilitator Manual, p. 96)

“We have talked about some of the ways teens can show they care about someone, while practicing abstinence **and safer sex**.” (Facilitator Manual, p. 109)

“We are going to learn some problem-solving steps to strengthen your choice to abstain from sex **or practice safer sex** and to help you think about making decisions under pressure.” (Facilitator Manual, p. 109)

“Using STOP, THINK and ACT can help you quickly make healthy sexual decisions like abstaining from sex **or practicing safer sex** to keep you on the path to your goals.” (Facilitator Manual, p. 114)

“The best ways to avoid infection are to practice abstinence **or to use condoms** every time if you choose to have sex.” (Facilitator Manual, p. 151)

“STD infections among young people are real. It’s important to understand how practicing abstinence **or safer sex** in your relationships can help eliminate or reduce your risk.” (Facilitator Manual, p. 152)

“**If you are going to have sex**, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV.” (Facilitator Manual, p. 173)

“...the proud and responsible thing to do is to use effective methods of protection **every time you have sex.**” (Facilitator Manual, p. 173)

“How do you negotiate condom use **when you have more than one partner?** You have a **steady partner?** You have a **new partner?**” (Facilitator Manual, p. 183)

Module 8 Goals: “Increase participants’ understanding of their responsibility for practicing abstinence **or safer sex.**” (Facilitator Manual, p. 195)

“Facilitator’s Note: During the activity, bolster the attitudes supportive of abstinence **or condom use...**” (Facilitator Manual, p. 200)

“**Whenever you have sex**, you must use a latex... condom to reduce the chance of HIV and other STD transmission.” (Facilitator Manual, p. 200)

“The proud and responsible thing to do is reduce your risk of getting an STD by practicing abstinence. **If you choose to have sex**, the proud and responsible thing to do is to **practice safer sex** by always using latex... condoms.” (Facilitator Manual, p. 262)

Module 12 Learning Objective: “Express pride in sticking to their decision to abstain from **risky sexual behaviors.**” (Facilitator Manual, p. 283)

“This scripted role play activity helps participants practice the skills to clearly say ‘no’ to a **risky sexual situation.**” (Facilitator Manual, p. 285)

“Remember, it’s a proud and responsible decision to abstain from sex **or to always use a latex... condom** if you choose to have sex.” (Facilitator Manual, p. 325)

Students write themselves letters wherein they complete the following statement: “I choose to [abstain from sex **or practice safer sex**] because... (provide reasons).” (Facilitator Manual, p. 327)

“Remember that abstaining from sex **or using condoms correctly every time** if you choose to have sex will help you avoid pregnancy and STDs, including HIV.” (Facilitator Manual, p. 328)

“You know it is important to **use condoms every time you have sex...**” (Facilitator Manual, p. 342)

“To reduce the risk of HIV: **Have a monogamous relationship with only one partner** who doesn’t have HIV, who doesn’t use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else.” (Facilitator Manual, p. 370)

	<p>“To reduce the risk of HIV: 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.” (Facilitator Manual, p. 371)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>Students introduce themselves in the Talking Circle. They are asked to use the following line: “When referring to me, please use the pronouns ____ or ____.” (Facilitator Manual, p. 39)</p> <p>“Facilitator’s Note: Asking participants to tell you their preferred personal pronouns is a way of creating a safe space for any transgender or gender nonconforming youth... Some transgender youth might prefer typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir.” (Facilitator Manual, p. 40)</p> <p>“Respect diversity: Let’s keep in mind that there’s diversity in society and in this group... Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique.” (Facilitator Manual, 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, two boys, two girls, or transgender youth.” (Facilitator Manual, p. 112)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“What are two benefits of using a condom?” (Student Workbook, p. 23)</p> <p>“Safer sex means knowing how to use latex condoms and using them every time you have sex.” (Facilitator Manual, p. 53)</p> <p>“...the proud and responsible choice is to abstain from sex, or to have safer sex and correctly use a latex or polyurethane/polyisoprene condom every time.” (Facilitator Manual, p. 80)</p> <p>“Use a latex condom each and every time for vaginal, anal or oral sex.” (Facilitator Manual, p. 95)</p> <p>“Module 6 Goals: Increase participants’ knowledge of various types of contraceptive methods” (Facilitator Manual, p. 155)</p> <p>“Module 6 Learning Objectives: Identify specific birth control methods that may be used to prevent pregnancy; Express positive feelings toward pregnancy prevention” (Facilitator Manual, p. 155)</p> <p>“Gather materials to help teach the birth control information effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models and a birth control kit.” (Facilitator Manual, p. 156)</p> <p>“Tanisha’s mom says Tanisha owes it to herself to explore all her options [regarding pregnancy]. What are Tanisha’s options? Note: Be sure to understand current federal and state laws regarding adoption, abortion and safe surrender in order to provide accurate information to participants.” (Facilitator Manual, p. 163)</p> <p>“Teens who do decide to have sex need to know how to use condoms and other birth</p>

control or contraceptive methods to help prevent unplanned pregnancy.” (Facilitator Manual, p. 163)

“Reviewing and discussing the various forms of birth control methods will enhance participants’ knowledge and empower them to **make informed choices about the most suitable method to use.**” (Facilitator Manual, p. 164)

Students are asked to **brainstorm methods of contraception.** “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” (Facilitator Manual, p. 165)

The **facilitator discusses the following birth control methods:** abstinence; IUD; implant; the shot; birth control pills; birth control patch; vaginal ring; male condom; female condom; sponge; spermicides. (Facilitator Manual, pp. 166-171)

“You must use a latex ... condom in addition to any other form of contraceptive you choose to use. The condom is the only birth control method that prevents sexually transmitted diseases, including HIV.” (Facilitator Manual, p. 173)

“What are some ways **males can participate in the process of using birth control?**

Make sure answers include:

- Help pay for it
- Go to doctor/clinic with partner
- Wear a latex condom
- Ask questions
- Remind partner to use the method correctly
- Help decide which method to use in addition to condoms
- Be supportive” (Facilitator Manual, p. 173)

Students examine various statements about birth control. The facilitator is given the following instruction: **“Promote attitudes that are supportive of birth control use.”** (Facilitator Manual, p. 175)

“Birth control methods are safe and effective. But an unplanned pregnancy can often make life messy. Teens who learn about birth control can use it correctly and safely.” (Facilitator Manual, p. 175)

“Girls who carry condoms are actually smart, responsible, proud and safer ... Girls can take control of condom use by **using female condoms.**” (Facilitator Manual, p. 176)

In response to an unprotected sex scenario: “Go right away to your local reproductive health clinic and **get emergency contraception (EC)** to prevent a possible pregnancy.” (Facilitator Manual, p. 192)

“Always use condoms to prevent STDs and birth control to prevent pregnancy.” (Facilitator Manual, p. 192)

“Condoms make sense. Condoms help to protect both partners from pregnancy and STDs, including HIV.” (Facilitator Manual, p. 243)

“Condoms (both internal and external) are the **only birth control method besides abstinence that also helps protect you from HIV and other STDs.**” (Facilitator Manual, p. 270)

	<p>“The IUD is highly effective (more than 99%) at preventing pregnancy ... Some people prefer to use an IUD because it is very private and always in place and they don't have to remember to take a pill each day.” (Facilitator Manual, p. 388)</p> <p>“The implant is highly effective (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.” (Facilitator Manual, p. 389)</p> <p>“Depo-Provera is extremely effective at preventing pregnancy (more than 99%), as long as the injections are done on schedule.” (Facilitator Manual, p. 390)</p> <p>“The birth control pill is more than 99% effective at preventing pregnancy if the person takes it every day, uses some other method of protection during the first month and doesn't use another person's pills. The pill is convenient and does not affect the spontaneity of a sexual relationship.” (Facilitator Manual, p. 391)</p> <p>“The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly... For many, these methods are convenient and don't interfere with the spontaneity of a sexual relationship.” (Facilitator Manual, p. 392)</p> <p>“When used correctly and consistently, the female condom can be 95% effective in preventing pregnancy, and also provides protection from HIV and other STDs ... If it is inserted early, it does not interrupt sex.” (Facilitator Manual, p. 394)</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 Manual, p. 397)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“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 increases relevance before implementation.” (Facilitator Manual, p. 6)</p> <p>Module 7 Learning Objective: “Advocate and give advice regarding safer sex strategies.” (Facilitator Manual, p. 179)</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 Manual, p. 343)</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</i></p>	<p>“In order to encourage young people to adopt less risky behaviors, they must be provided with the following crucial tools: The cognitive skills that will allow them to examine their beliefs about personal risks and their consequences...” (Facilitator Manual, p. 1)</p> <p>“Reviewing and discussing the various forms of birth control methods will enhance participants' knowledge and empower them to make informed choices about the most suitable method to use.” (Facilitator Manual, p. 164)</p>

<p><i>or gender identity.</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 Manual, p. 164)</p> <p>“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 Manual, p. 175)</p> <p>“People have a lot of ideas and opinions about birth control. Sometimes these ideas and opinions are based on what they’ve heard from others. Sometimes they are based on myths and misinformation.” (Facilitator Manual, p. 177)</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 Manual, p. 240)</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>“Group Agreements and Guideline Suggestions – Confidentiality: When people share private information in this group, it should be kept private... We will not talk about any personal information we hear in this group with people outside this group.” (Facilitator Manual, p. 42)</p> <p>Note: <i>This implies that students should not talk about personal information they hear in class even with their parents. Students should never be discouraged from talking to parents.</i></p> <p>Students determine their personal physical limits and then they are asked, “Was there a difference between where your parent or guardian thinks you should stand and where you stand?” (Facilitator Manual, p. 259)</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 share information with parents.” (Facilitator Manual, p. 372)</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. This way you know what to expect ahead of time.” (Facilitator Manual, p. 428)</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</i></p>	<p>“Gather materials to help teach the birth control information effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models and a birth control kit. Many local health departments and Planned Parenthood affiliates will loan or sell demonstration kits.” (Facilitator Manual, p. 156)</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 Manual, p. 165)</p>

Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

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

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

Where can a person go to get tested for HIV? “Tests are available at public health clinics, hospitals, state and local health departments, community events, mobile testing vans and other locations. Many places offer free or low-cost testing.” (Facilitator Manual, p. 372)

“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 Manual, p. 393)

“Where do I go to get tested [for STDs]? Your local health department, community clinic, private doctor **or Planned Parenthood** are all good locations to check out for STD testing.” (Facilitator Manual, p. 428)

The following DVDs are used as part of this curriculum and contain material that parents may find objectionable and inappropriate for minors:

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.

Wrapping it Up in 9 Easy Steps (Condom Use Animation):

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:

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.

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.

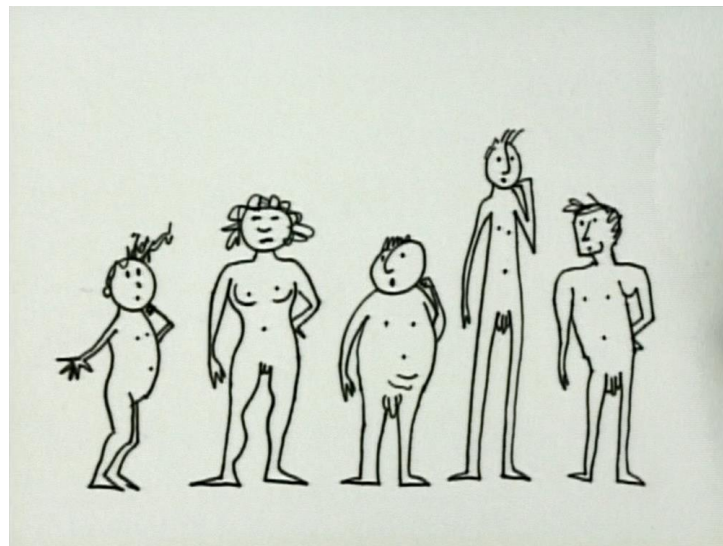
The Subject is HIV: This video is set in a high school. Two narrators discuss the myths and facts of HIV. They state that HIV is usually transmitted through unprotected vaginal, anal or oral sex. Abstinence is the best way to prevent transmission. If you have sex, use a condom every time and have only 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. No advice is given on finding clean needles to avoid HIV. But when they talk about HIV

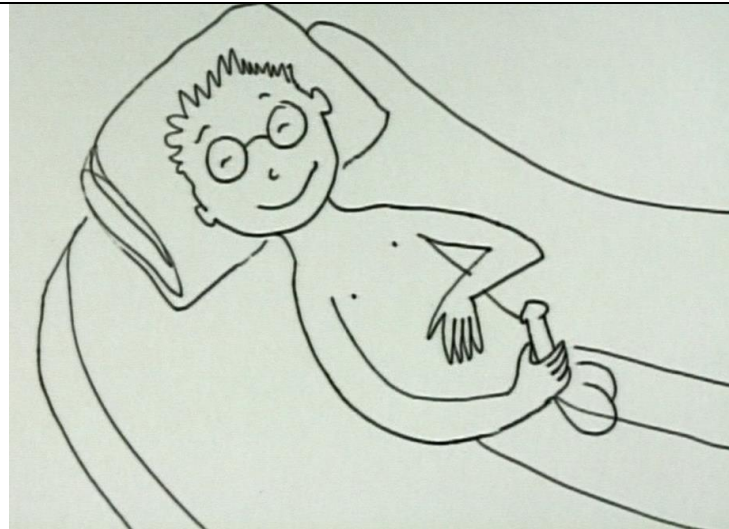
being transmitted through unprotected sex, the message is to choose abstinence OR protected sex.

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 Puberty (Comprehensive): This video begins with a scientific definition of puberty and hormones. Illustrations are drawn of naked boys/men and girls/women which include breasts, penises and pubic hair. Erections and orgasm are described, and an illustration is drawn of a naked male masturbating. Then female anatomy is discussed, including the clitoris with an illustration of a female masturbating.

Sexual attraction is discussed, and students are advised to wait to have sex until both partners have the maturity to deal with the consequences of sexual activity. The detailed process of sexual intercourse is described, complete with illustrations of a man and woman in bed, the man's erect penis about to penetrate the woman's moist vagina. Condom use is presented as the way to avoid pregnancy and STDs, with no information given about condom failure rates. The following screen shots are from this curriculum:





For more information on *Promoting Health Among Teens – Comprehensive* see <https://www.etr.org/ebi/programs/promoting-health-among-teens-comprehensive/>.