

## CSE Harmful Elements Analysis Tool

### Analysis of *Positive Prevention Plus – High School* 2021 Edition

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

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

*Positive Prevention Plus – High School* contains [15 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:** *Positive Prevention Plus – High School* teaches minors how to consent to sexual activity. *PPP* normalizes anal, oral, and digital sex (using fingers to manually stimulate vagina or anus), as well as diverse sexual orientations and gender identities. It blurs the definition of abstinence and teaches the steps to external and internal condom use in graphic detail. *PPP* also teaches students how to access STI testing and birth control and affirms that abortions can be obtained without parental consent.

**Target Age Group:** Ages 14-18

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>“The Sexual Health of Teens. 39.5% The percent of U.S. teens who report ever <b>having sexual intercourse</b>. 28.7% The percent of the U.S. teens who are <b>currently sexually active</b>. 53.8% The percent of U.S. teens who report <b>using a condom during their last episode of sexual intercourse</b>. 29.4% The percent of the U.S. teens who <b>report using no method of birth control at the last episode of sexual intercourse.</b>” (Student Workbook, p. 5)</p> <p>“(T/F) According to national surveys, <b>more than half of all US teens have had sex.</b>” (Student Workbook, p. 6)</p> <p>“(T/F) Intimacy with another person can only be achieved by <b>having sexual intercourse.</b>” (Student Workbook, p. 7)</p> <p>“(T/F) <b>Experiencing an unplanned pregnancy</b> or becoming HIV infected will have no impact on your overall plans and goals.” (Student Workbook, p. 10)</p> <p>“Young people who believe that males should be ‘tough’ and should hold more power than females are <b>less likely to use condoms or contraception and are more likely to have multiple sex partners.</b>” (Teacher’s Manual, p. xviii)</p> <p>“Ask students to define ‘intimacy’ and give examples of how the term is commonly used. Possible responses include: privacy; personal; <b>intimate apparel; sex.</b>” (Teacher’s Manual, p. 61)</p>

“Then display the ‘**couple is having sex**’ card and point out that is not one of the eight forms of intimacy. **Discuss what type(s) of intimacy a sexual relationship may be.** Possible responses include: physical intimacy, emotional intimacy, spiritual intimacy.” (Teacher’s Manual, p. 65)

“Walk the students through the decision tree and emphasize the importance of:

- **involving their sex partner in this decision.**
- being honest in their response to ‘**shall we have sex.**’” (Teacher’s Manual, p. 185)



(Teacher’s Manual, p. 187)

“Ask students to list reasons why so many teens are **experiencing unplanned pregnancies.** Possible responses include:

- **not abstaining from sexual intercourse**
- not communicating/not discussing sex with their partner
- no access to, or cannot afford, birth control
- not using birth control even if they have it
- **not using birth control consistently or correctly**
- sexual assault or date rape.” (Teacher’s Manual, p. 195)

“Explain to students that **non-insertive sexual activity**, like **genital-to-genital rubbing, or digital intercourse** (finger insertion) can also transmit STIs, as can the sharing of injection drug needles.” (Teacher’s Manual, p. 281)

“Distribute Safe Matches Activity cards to students and **ask them to make a body fluid/body opening pair with someone else. Ask students to examine the match they have made between body opening and body fluid and discuss whether this match could transmit HIV.** In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission

could be eliminated or reduced. (Answer: By not engaging in the behaviors and/or by using barrier protection).” (Teacher’s Manual, p. 250)

“Ask students: ‘**When should you get tested or examined for STIs?**’ Possible responses include:

- When you have had **sexual contact** (anal, oral, digital, or vaginal – **including nude genital-to-genital rubbing**) with another person.
- When you are **planning to have sexual contact**.
- When you have symptoms.
- When they have been exposed (e.g., **their partner is diagnosed** with an STI or has symptoms).
- When you are pregnant; remind students that many STIs can affect newborn babies if the mother has an infection during her pregnancy or when the baby is born.” (Teacher’s Manual, p. 287)

### “**STI Game Show: Who’s got what?!**”

1. Seat ten students as panelists at the front of the front the class.
2. Provide each panelist with one colorful STI card (table tent) which they should not show the audience.
3. Provide each classroom student with a handout or brochure summarizing STI information.
4. Explain that classroom **students will take turns asking ‘yes’ and ‘no’ questions in an attempt to identify the STI** which each panelist has been assigned. Example: Q: ‘Contestant #2, is your STI caused by a virus?’ A: ‘Yes’ (or ‘No’).
5. When the STI is correctly identified, the panelist should turn the table tent around to reveal the STI.” (Teacher’s Manual, p. 301)

“Let’s exchange some fluids! This activity will require one plastic cup per student.

1. Fill all but three plastic cups one quarter full with clear water; fill the remaining three cups one quarter full with weak NaOH solution.
2. Cover the clear water cups with clear plastic wrap and secure with a rubber band; mark several of the remaining cups with the letter ‘A’ (abstaining) and mark several cups with the number ‘1’ (**one partner only**).
3. Punch several small holes in the plastic wrap of one cup to **simulate condom breakage**.
4. Hand one cup to each student, cautioning him/her not to drink it.
5. Quietly out of range of other students, instruct students with an ‘A’ to move about the room – just not to mix their fluids with others. Instruct those with a ‘1’ on their cup to only mix with one other person...
6. Instruct all students to circulate around the room, and to mix/exchange their fluids by pouring a small portion into other students’ cup and vice versa.
7. After students return to their seats, comment on the similarity of this activity to a party: music, chatting with friends, **maybe even mixing body fluids**.

8. Arrange the students in a larger circle. Explain that you will now **test their 'fluids' for infection**. Test fluids by placing one drop of phenolphthalein in each cup. A pink reaction indicates the presence of an infection." (Teacher's Manual, pp. 388-389)

"You are being pressured to spend the night with a friend **who wants to have sex with you**. You like that friend, however you do not want to have sex with him/her." (Teacher's Manual, p. 379)

"Are you committed to **protecting your sexual health**, both physically and emotionally?" (Teacher's Manual, p. 402)

"**Clitoris** – A small body of spongy tissue that is **highly sensitive** located between the top of the labia minora and the clitoral hood." (Teacher's Manual, p. 421)

"**Erection** – The stiffening and engorgement with blood of the penis or clitoris **during sexual arousal**." (Teacher's Manual, p. 423)

"**Intercourse** – Any sexual act that can result in pregnancy or disease." (Teacher's Manual, p. 425)

"**Sex (also sexual activity)** – Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male)." (Teacher's Manual, p. 431)

"**Sexual Contact** – The touching of another person's intimate parts, or the intentional touching of the clothing over the immediate area of a person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification." (Teacher's Manual, p. 431)

Video: Aman tells Esther that he wants to take their relationship to the next level stating, "**I want us to do more than just make out.**"

Esther: "Oh. **You mean have sex?**"

Aman: "Well, yeah. Are you ready for that?" (Preventing an Unplanned Pregnancy PowerPoint, Slide 2)

Video: Boy 1: "Yo man, what's up?"

Boy 2: "**You wouldn't believe who I hooked up with last night.**"

Boy 1: "Woah, slow down, man. How long have you been seeing this girl?"

Boy 2: "I met her last night." (Teen Pregnancy: Choices and Responsibilities PowerPoint, Slide 2)

Video: Boy 1: "Hey, still seeing that girl that you told me about the other day?"

Boy 2: "What, her? No, man. I'm seeing this other girl now. **We spent all last weekend together while her parents were out of town.**"

Boy 1: "Oh really, **you using a condom, man? You better be safe, dude.** You never know these days."

Boy 2: "Nah, she hasn't been with anyone else. I don't need to worry about that." (Teen Pregnancy: Choices and Responsibilities PowerPoint, Slide 2)

Video: Boy 1: "What's up Mike? You're not looking too good."  
Boy 2: "Remember that girl I told you about, man? She called me last night. **She's pregnant.**" (Teen Pregnancy: Choices and Responsibilities PowerPoint, Slide 17)

## 2. TEACHES CHILDREN TO CONSENT TO SEX

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

*Note: "Consent" is often taught under the banner of sexual abuse prevention.*

"(T/F) Partners must **agree to the sexual behaviors** they engage in ('yes means yes')." (Student Workbook, p. 8)

**"Affirmative consent must be given by sexual partners during the progression of sexual activity.** The absence of NO can no longer be interpreted as YES. Consent given by an impaired (drunk, high) partner does not qualify as a YES." (Teacher's Manual, p. 119 and Student Workbook, p. 18)

"Ask students to suggest ways they could **communicate their personal boundaries or preferences before or during the progression of sexual activity.** These can include verbal or nonverbal communication. Examples might include:

- saying 'Let's talk about this first.'
- holding up your hands in a STOP position." (Teacher's Manual, p. 119)

"Ask for student volunteers to read aloud the following ways they could **communicate their personal boundaries.**

- Before this goes any further...
- I would rather...
- It is okay with me if you...
- It is NOT okay if you...
- I am not ready for...
- It makes me uncomfortable when you..." (Teacher's Manual, p. 119)

"Remind students that healthy relationships – **both sexual and non-sexual** – revolve round [sic] mutual respect, open communication, and **consent.**" (Teacher's Manual, p. 127)

"Ask students to brainstorm a list of acceptable friendship and/ or dating behaviors. Possible responses include: ...Respecting each other's boundaries; Asking whether your partner is okay with various expressions of affection; **Asking for consent prior to (and during) any sexual activity.**" (Teacher's Manual, p. 139)

"Steps in Condom Negotiation. Before any insertive sexual contact, let your partner see that you have a condom. Hold it up. Look your partner in the eye. Use their name. State, 'I want us to be responsible and use a condom.' Don't argue or get side-tracked. Just firmly repeat, **'I want us to be responsible and us a condom, or else no sex!'**" (Teacher's Manual, p. 343)

"Assertiveness and Negotiation Skills: Communicate clearly. Know your limits. Make eye contact. **State your limits and expectations.** Explore and agree upon a less risky alternative behavior." (Teacher's Manual, p. 375)

	<p>“Yes Means Yes – Requires sexual participants to obtain a <b>verbal declaration of consent, yes, to each sexual act.</b>” (Teacher’s Manual, p. 434)</p> <p>“Why is consent important? Shared activities should be negotiated and agreed upon. No person should be forced to do anything without <b>providing active consent.</b>” (Relationship Abuse PowerPoint, Slide 5)</p> <p>“Yes Means Yes! <b>Verbal consent must be given by both partners before and during the progression of sexual activity.</b> The absence of ‘NO’ does not mean ‘YES.’ Impaired (drunk, high or developmentally delayed) partners cannot give consent.” (Relationship Abuse PowerPoint, Slide 6)</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>“Sexually: related to having sexual contact (<b>oral, anal, vaginal, digital.</b>)” (Teacher’s Manual, p. 280)</p> <p>“Anal Intercourse – Sexual intercourse in which the <b>penis enters the rectum.</b>” (Teacher’s Manual, p. 419)</p> <p>“Oral Sex – Sexual activity that involves using the <b>mouth to stimulate a partner’s genitals.</b>” (Teacher’s Manual, p. 428)</p> <p>“Penetrative Sex – Vaginal or <b>anal intercourse.</b>” (Teacher’s Manual, p. 429)</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>“Sexual Orientation: A person’s romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: <b>heterosexual, lesbian, gay, bisexual, pansexual, and queer.</b>” (Student Workbook, p. 11)</p> <p>“How positive are you that you can be <b>non-judgmental regarding other people’s sexual orientation</b> and gender roles?” (Student Workbook, p. 14)</p> <p>“Gay. Being sexually attracted to <b>persons of the same sex.</b> Lesbian. A woman who is <b>sexually attracted to other women.</b> Bisexual. Being sexually attracted to <b>persons of the same sex and persons of the opposite sex.</b>” (Teacher’s Manual p. 38)</p> <p>“<b>Pansexual.</b> Being sexually attracted to others regardless of their biological sex, sexual orientation, or gender identity.” (Teacher’s Manual, p. 38)</p> <p>“<b>Queer.</b> An umbrella term that describes the sexual orientation and gender identities of <b>persons who do not identify as straight</b> or cisgender.” (Teacher’s Manual, p. 38)</p> <p>“Can you imagine a different gender? Direct students to silently select a term which DOES NOT APPLY TO THEM at this point in their life. Select just one term from the list (and if needed write it down): male, female, intersex, straight, <b>gay, bisexual,</b> masculine, feminine, <b>pansexual,</b> gender non-conforming. Ask students</p>

to silently think about how their lives would be different if this term really did apply to their life. **What harmful biases or stereotypes might they encounter?** What social or professional opportunities might now become available to them? Which opportunities might they now lose? How would they wish others would treat them?" (Teacher's Manual, p. 47)

**"Encourage the discussion of LGBTQ+ student bias** as part of your school's annual sexual harassment awareness training." (Teacher's Manual, p. 48)

**"Ask students to indicate how positive they are that they can be non-judgmental regarding other people's sexual orientations** and gender roles?" (Teacher's Manual, p. 52)

Intimacy Activity Cards include:

- **"The two boys are dating**
- **The two women went on a date"** (Teacher's Manual, p. 91, 111)

**"What is family? Possible responses include:**

- **...a same-sex couple raising their child/ren.**
- **any combination of adults or child/ren who live together in a caring, supportive relationship"** (Teacher's Manual, p. 170)

**"Lesbian – A woman who is sexually attracted to other women.** However, many women who are attracted to other women may choose to use the terms 'gay' or 'queer' to call themselves." (Teacher's Manual, p. 426)

**"Mutually Monogamous Relationship – A sexual relationship between two individuals** who are committed to a long-term relationship with each other and have no other sexual partners." (Teacher's Manual, p. 427)

Video: Ryan asks a female classmate if she was **hanging out with her girlfriend later.** (Getting Started PowerPoint, Slide 2)

**5. PROMOTES SEXUAL PLEASURE**

*May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.*

**"Why would sexuality and HIV/STI education emphasize human rights? To enjoy safe and satisfying sexual lives,** young people must be able to exercise their basic human rights." (Teacher's Manual, p. xix)

**6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION**

**"Masturbation – Rubbing or massaging genitals for sexual pleasure."** (Teacher's Manual, p. 427)

*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.*

## **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.*

“Demonstrate how to carefully **unroll the latex condom down over the shaft of an erect penis** (use your two fingers), being sure to leave an airless space at the tip of the condom for the semen.” (Teacher’s Manual, p. 329)

“Explain that the condom may slip off during intercourse, **especially as the penis becomes soft**, so it is important to **hold on to the base of the condom when withdrawing the penis** from the body opening.” (Teacher’s Manual, p. 329)

“Carefully pinch the end of the condom to expel air, **unroll the condom over the erect penis, hold the condom at the base of the penis to avoid slipping off**, carefully take the condom off the penis to avoid spilling semen.” (Teacher’s Manual, p. 330)

### **“Steps in External Condom Use:**

- Talk with your partner.
- Purchase (or access) latex condoms.
- Examine the wrapper for wear and tear.
- Read the label.
- Check the expiration date.
- Open wrapper carefully.
- Carefully pinch the end of the condom to expel air.
- **Unroll condom over erect penis.**
- Use water-based lubricants only.
- Hold the condom at the base of penis to prevent slipping off.
- Carefully slide condom off penis to avoid spilling semen.
- Wrap condom in tissue and dispose of properly.
- Do not use condoms twice.
- Wash hands and body openings.” (Teacher’s Manual, p. 335)

“Sometimes it may be necessary to insist that a condom is used. This may require **condom negotiation**. Review the steps in condom negotiation listed on the slide. Ask students to break into pairs. Distribute one ‘condom token’ to each student. **Ask students to practice ‘condom negotiation’ with their partner**, following the steps on the slide.” (Teacher’s Manual, p. 342)

**“Steps in Condom Negotiation.** Before any insertive sexual contact:



	<ul style="list-style-type: none"> <li>• Let your partner see that you have a condom</li> <li>• Hold it up</li> <li>• Look your partner in the eye</li> <li>• Use their name</li> <li>• State, ‘I want us to be responsible and use a condom.’</li> <li>• Don’t argue or get side-tracked.</li> <li>• Just firmly repeat, <b>‘I want us to be responsible and use a condom, or else no sex!’</b> (Teacher’s Manual, p. 343)</li> </ul>
<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>“This lesson will help prepare you to <b>become sexually healthy when you are ready.</b>” (Getting Started PowerPoint, Slide 5)</p> <p>“In all states, <b>people at any age can purchase some type of emergency contraceptive pills</b> over-the-counter without parental consent and without a prescription.” (Student Workbook, p. 26)</p> <p>“Also point out to the students which forms of birth control are available with a prescription from clinics and which can be <b>purchased over-the-counter without a prescription.</b>” (Teacher’s Manual, p. 172)</p> <p>“Direct students to indicate how confident they are that they could <b>use condoms consistently and correctly</b> if they were sexually active.” (Teacher’s Manual, p. 349)</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>“(T/F) To avoid unplanned pregnancy, it is important to abstain from sexual activity <b>or to use birth control consistently and correctly.</b>” (Student Workbook, p. 8)</p> <p>“Remind students that naked genital-to-genital contact, <b>while technically abstaining</b> from insertive anal/oral/digital/vaginal sex, can still transmit STIs!” (Teacher’s Manual, p. 171)</p> <p>“In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission could be eliminated or reduced. (Answer: By not engaging in the behaviors <b>and/or by using barrier protection</b>).” (Teacher’s Manual, p. 250)</p> <p>“Remind students that sexual abstinence, long term <b>mutually monogamous</b> (one partner) relationships, and consistent and <b>correct condom use</b> are the best ways to avoid an STI infection.” (Teacher’s Manual, p. 281)</p> <p>“Many sexually transmitted infections go undetected. A <b>person who is sexually active</b> should...</p> <ul style="list-style-type: none"> <li>• They should get a check-up for STIs (sexually transmitted infections.)</li> <li>• If they are infected, get treated.</li> </ul>

	<ul style="list-style-type: none"> <li>• They should <b>notify their sex partner(s)</b> who may be unaware of their infection.</li> <li>• Reduce the risk of further infection.” (Teacher’s Manual, p. 291)</li> </ul> <p>“Remind students that sexual abstinence is the best way to avoid both an unplanned pregnancy and an STI. <b>Latex condoms (not natural skin condoms) are the next best method</b> to prevent both an unplanned pregnancy and an STI.” (Teacher’s Manual, p. 330)</p> <p>“Safer Sex – Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by <b>correct and consistent condom use.</b>” (Teacher’s Manual, p. 431)</p> <p><b>“How can teens improve their sexual health?</b></p> <ul style="list-style-type: none"> <li>• Increase their sexual health knowledge.</li> <li>• Have more discussions with their parents or trusted adults about sex.</li> <li>• Access sexual health and counseling services.</li> <li>• Resist sexual pressures from peers and in the media.</li> <li>• Develop personal attitudes and skills that <b>support healthy sexual behaviors.</b></li> <li>• Examine gender roles that lead to sexual assault and promiscuity.” (Getting Started PowerPoint, Slide 9)</li> </ul> <p>“Sexual abstinence, <b>mutually monogamous relationships and consistent correct condom use</b> are the best ways to avoid an STI.” (Preventing Sexually Transmitted Infections PowerPoint, Slide 6)</p> <p>“This lesson will help you make a commitment to use condoms correctly and consistently, <b>if sexually active.</b>” (Protection and Communication PowerPoint, Slide 4)</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 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</i></p>	<p>“Gender: Attitudes, feelings, characteristics, and behaviors <b>that a given culture associates with being male or female</b> and that are often labeled as ‘masculine’ or ‘feminine.’ Related terms include: gender role, gender non-conformity, gender identity, cisgender, transgender, gender expression, gender binary, gender expansive.” (Student Workbook, p. 11)</p> <p>“Biological Sex: A term used to denote whether an individual is male or female, <b>as determined by a physician or other medical professional at the time of birth.</b> This designation is often made solely based upon an examination of an infant’s genitals but may involve chromosomes and gonads (ovaries or testicles). Related term: intersex.” (Student Workbook, p. 11)</p> <p><b>“Gender Non-Conformity.</b> Behavior or appearance that doesn’t conform to an expected gender role.” (Teacher’s Manual, p. 37)</p>

<p><i>dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Gender Binary. This term refers to a <b>belief system that represents gender as two distinct and opposite categories</b> – male or female” (Teacher’s Manual, p. 38)</p> <p>“<b>Gender Expansive</b>. This term refers to wider, more flexible range of gender identities and expressions than those instead of the binary gender system.” (Teacher’s Manual, p. 38)</p> <p>“<b>Queer</b>. An umbrella term that describes the sexual orientation and gender identities of persons who do not identify as straight or cisgender.” (Teacher’s Manual, p. 38)</p> <p>“Don’t Judge! Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society <b>because of not fitting the stereotypic ‘gender binary’</b> (boy-girl, masculine-feminine) system. <b>Biological sex, gender, and sexual orientation vary with EVERY individual</b>. Each of us differs in some way(s) from everyone else. It is important to respect difference and to celebrate diversity.” (Teacher’s Manual, p. 51)</p> <p>“<b>Androgynous</b> – Partly male and partly female in appearance; of indeterminate sex.” (Teacher’s Manual, p. 419)</p> <p>“<b>Questioning</b> – the questioning of one’s sexual orientation, sexual identity, gender, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons.” (Teacher’s Manual, p. 430)</p> <p>“<b>Transgender</b> – Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.” (Teacher’s Manual, p. 433)</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</i></p>	<p>“53.8% The percent of U.S. teens <b>who report using a condom during their last episode of sexual intercourse</b>. 29.4% The percent of the U.S. teens who report using no method of birth control at the last episode of sexual intercourse.” (Student Workbook, p. 5)</p> <p>“What are the Types of Birth Control?</p> <ul style="list-style-type: none"> <li>• Barrier methods prevent sperm from reaching the egg and include <b>external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide</b>.</li> <li>• Hormonal methods prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg <b>and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC) and vaginal ring (NuvaRing)</b>.</li> <li>• Over-the-counter methods can be purchased without a prescription. (Condoms, sponges, spermicidal foam or gel, emergency contraception)</li> </ul>

*present failure rates or side effects.*

- Prescription contraceptive methods require a doctor's prescription." (Student Workbook, p. 26)

"What is Emergency Contraception? Just like regular birth control pills, **emergency contraception can prevent pregnancy** by preventing the release of an egg." (Student Workbook, p. 26)

"Worried you might be pregnant? If you've had unprotected sex within the last 5 days, it's not too late. You can do something NOW to prevent pregnancy. **Emergency contraception is often called the 'morning after pill.'** It works best when started right away, and no later than 3-5 days after sex." (Student Workbook, p. 26)

**Detailed information is given on the following birth control methods:**

- Sterilization Surgery for Women
- Sterilization Implant for Women
- Sterilization Surgery for Men
- IUD Copper (LARC)
- IUD with Progestin (LARC)
- Implantable Rod (LARC)
- Shot/Injection (LARC)
- Oral Contraceptives 'The Pill' (Combined Pill)
- Oral Contraceptives 'The Pill' (Extended/Continuous Use Combined Pill)
- Oral Contraceptives 'The Mini Pill' (Progestin Only)
- Patch
- Vaginal Contraceptive Ring
- Diaphragm with Spermicide
- Sponge with Spermicide
- Cervical Cap with Spermicide
- External Condom (on a penis)
- Internal Condom (in a vagina)
- Spermicide alone
- Emergency Contraception

(Teacher's Manual, pp. 179-183 and Student Workbook, pp. 27-29)

"Steps in Condom Negotiation. Before any insertive sexual contact: Let your partner see that you have a condom, hold it up, look your partner in the eye, use their name. State '**I want us to be responsible and use a condom.**' Don't argue or get side-tracked, just firmly repeat, '**I want us to be responsible and use a condom, or else no sex!**'" (Student Workbook, p. 42)

"What does 'family planning' mean? Possible responses include:

- deciding when to have a child(ren).
- deciding how many children to have.
- **using birth control methods** (contraception)." (Teacher's Manual, p. 171)

"Explain that contraception is the use of artificial methods and techniques to prevent pregnancy. Ask students what kinds of contraception (birth control)

they can name... If students suggest 'abortion' explain that this is not considered a birth control method. The term 'birth control method' implies advanced planning! **However, an abortion is an option some women may consider.**" (Teacher's Manual, p. 172)

"Methods of birth control usually not recommended for teens include:

- Sterilization is a medical procedure that is typically unavailable to minors and may not be reversible later in life when a person may choose to have children.
- **Withdrawal ('pulling out') may be difficult for a sexually aroused male to ensure;** also, pre-ejaculate ('pre-cum' which contains sperm) will most likely be deposited in the vagina prior to an ejaculation.
- The fertility awareness method (rhythm method), more recently called natural family planning (NFP), has a failure rate of 4% (in perfect use) to 33% (typical use), and relies upon a woman's understanding and monitoring the times each month when she is fertile and when she is non-fertile." (Teacher's Manual, p. 173)

"What is Plan B? ...Emergency contraception is often called the 'morning after pill.' Emergency contraception prevents **pregnancy by stopping the egg from being released.** It works best when started right away, and no later than 3-5 days after unprotected sex. The **Copper IUD may also be used for emergency contraception** when placed no later than 5 days after unprotected sex." (Teacher's Manual, p. 173)

"If a young teen is experiencing an **unplanned pregnancy**, there are several options which include: ...**getting an abortion (terminating the pregnancy).**" (Teacher's Manual, p. 195)

"People who are faced with an **unplanned pregnancy** and who feel they are not emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender, adoption, and **abortion.**" (Teacher's Manual, p. 207)

"Terminating a pregnancy. As with any other medical care, it is every patient's right to receive accurate information so she can provide informed consent prior to an abortion. Key points regarding terminating a pregnancy include:

- A pregnant person, **including minors, can access abortion legally for any reason until 24 weeks** after their last menstrual period. After that, if the pregnancy puts the person's health or life at risk, the person still can legally access abortion.
- A pregnancy can be terminated through medication or through a procedure to **empty the uterus** early in pregnancy.
- Two-thirds of abortions take place during 8 weeks of pregnancy. 89% of abortions take place in the first 12 weeks of pregnancy.
- **Abortion is a very safe procedure** when done under medical supervision, with a major complication occurring less than one-quarter of 1% of the time." (Teacher's Manual, p. 209)

“Remind students that **using a condom is important to prevent HIV** transmission. None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.” (Teacher’s Manual, p. 254)

“Hold up a wrapped latex condom. Explain that latex and polyurethane condoms have traditionally been **used as a ‘barrier method’ to prevent pregnancy** by preventing semen from entering the vagina and eventually fertilizing the egg. They have also been used to prevent the spread of STIs from one sex partner to another.” (Teacher’s Manual, p. 329)

“**Natural skin condoms are good for preventing pregnancy**, but they should not be used for protection against diseases. Natural skin material has tiny pores, not large enough to allow the passage of sperm, but large enough to allow the passage of certain STIs, particularly viruses like HIV and herpes.” (Teacher’s Manual, p. 329)

“Is abortion an option? Two **important things to know before making a decision about an abortion**:

- How far along is the pregnancy?
- Has the mother been tested for an STI?” (Teen Pregnancy: Choices and Responsibilities PowerPoint, Slide 14)

“Terminating a pregnancy?”

- A pregnant person, including minors, may be able to access abortion services for any reason depending on your state’s guidelines and laws.
- Pregnancy may be terminated with medication or **through a procedure to empty the uterus** early in pregnancy.
- Abortion is a safe procedure when done under medical supervision.” (Teen Pregnancy: Choices and Responsibilities PowerPoint, Slide 15)

“Latex condoms **help prevent the spread of STIs and unplanned pregnancies.**” (Protection and Communication PowerPoint, Slide 5)

**12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY**

*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*

This program is based on the following principle: “Youth have a **right to access** sexual and reproductive health services.” (Facilitator Manual, p. xii)

“Why would sexuality and HIV/STI education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. **Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need.** Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. (ref *It’s All One*, p. 18)” (Teacher’s Manual, p. xix)

<p><i>CSE itself) or to promote abortion.</i></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>“It is important for us to clearly label what we are saying as either fact, opinion or belief. It is important to state our own belief or value because teens and children need to know that values are important to us; but we also need to acknowledge that other people may have different values. <b>There is very little consensus in this culture about many controversial issues in sexuality</b> – and the more controversial the issue, the more uncomfortable we are and the more likely we are to state our opinions as though they were fact. Talk about the <b>range of values and basing safe and healthy decisions on these values.</b>” (Student Workbook, p. 2)</p> <p>“Discuss/review with your parent(s) or trusted adult your Lesson Wrap-Up worksheet from this lesson and <b>ask them how society’s views have changed regarding LGBTQ+ people since they were younger.</b>” (Student Workbook, p. 14)</p> <p>“Explain that when someone is making an important decision with many options or alternatives, it can be very confusing. Some people may not even consider some of the ‘options’ acceptable, based on their family, cultural, or religious beliefs. Should someone seek advice from others, and <b>whose opinion should they listen to?</b>” (Teacher’s Manual, p. 210)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></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>“Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at <b>any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent</b> and without a prescription.” (Student Workbook, p. 26)</p> <p>“In many states people 12 years of age or older can purchase some type of emergency contraception pills over-the-counter <b>without parental consent and without a prescription.</b>” (Teacher’s Manual, p. 173)</p> <p>“Inform students that in regard to sexual and reproductive health care, many states permit all or some people younger than 18 to obtain contraceptive, prenatal, and STI services <b>without parental involvement.</b>” (Teacher’s Manual, p. 195)</p> <p>“Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor’s offices, the tests are usually confidential and may have a cost. HIV/STI testing at public health clinics is typically free. Confidential means that the doctor will write down your name in their files, <b>but not share the information with others, or with parent or guardians.</b>” (Teacher’s Manual, p. 287)</p> <p>“What Does Confidentiality Mean? Confidentiality means privacy. It means that you, as a minor, can talk to your health care provider about ANYTHING and <b>they will not tell your parents or guardians what you talk about unless YOU give them YOUR permission.</b>” (Gender and Sexual Orientation PowerPoint, Slide 11, Know Your Rights Template, p. 1)</p>

“Students **have a right to receive various confidential health services without consent from your parents! These include** medical services such as HIV/STD testing and treatment, pregnancy testing, **abortion, and contraceptives...** Let us show you how to get them!” (Gender and Sexual Orientation PowerPoint, Slide 11, Know your Rights Template, p. 2)

**15. REFERS CHILDREN TO HARMFUL RESOURCES**

*Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)*

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

*(For more information on how Planned Parenthood sexualizes children for profit see [www.WaronChildren.org](http://www.WaronChildren.org) and [www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))*

“Biological sex, gender, and sexual orientation vary with each individual. It is important to respect difference and appreciate diversity. For **more information on gender**, see: <https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth>” (Student Workbook, p. 11 and Teachers Manual p. 38)

“**Resources of LGBT youth** and their friends and supporters can be found at: <https://gsanetwork.org>, and <https://www.cdc.gov/lgvthealth/youth-resources.htm>” (Student Workbook, p. 13)

“**Visit your pharmacy or public health clinic to get emergency contraception.** In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.” (Student Workbook, p. 26)

“(T/F) Young adults throughout the US can **find testing sites near them** by visiting [gesttested.cdc.gov](http://gesttested.cdc.gov), or [www.teensource.org/find-a-clinic](http://www.teensource.org/find-a-clinic).” (Student Workbook, p. 39)

“For **further information on It's All One Curriculum:** Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education (Population Council, 2009), [https://www.popcouncil.org/uploads/pdfs/2011PGY\\_ItsA110neGuidelines\\_en.pdf](https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsA110neGuidelines_en.pdf).” (Teacher’s Manual, p. xix)

**Note:** *International Planned Parenthood Federation is one of the authors of the It’s All One curriculum.*

“For those parents who contend that limited, abstinence-only materials should be presented, refer them to the citations regarding research on the **scientific and ethical shortcomings of the abstinence-only-until-marriage approach.** Please see <https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure>.” (Teacher’s Manual, p. xx)

**Note:** *Studies debunking this claim can be found at [www.sexedreport.org](http://www.sexedreport.org).*

“Explain that there are many web-based resources for teens that **safely and accurately discuss reproductive health**, including sorting fact from fiction:

- The Centers for Disease Control: [www.cdc.gov/sexualhealth/](http://www.cdc.gov/sexualhealth/)
- The National Sexual Assault Online Hotline: [www.rainn.org](http://www.rainn.org)



- Media Wise for Gen Z: [www.poynter.org/mediawise-for-gen-z](http://www.poynter.org/mediawise-for-gen-z) (Teacher’s Manual, p. 11)

“Discuss **how and where to access contraception** and family planning products and services in your community.

- Students can locate a reproductive health clinic by visiting <https://gettested.cdc.gov>.
- They can also go to Teen Source ([www.teensource.org](http://www.teensource.org)), click on Find a Clinic, and enter their zip code.
- **Most local drug stores** provide non-prescription birth control (internal or external condoms, sponge, foam) and pregnancy test kits.” (Teacher’s Manual, p. 173)

“What are the treatments for HIV/AIDS? There is no cure for this disease, but with consistent and correct use of medication, it can be managed as a chronic illness and the infected person has a normal life expectancy. HIV is a type of virus called a retrovirus. The treatment for HIV/AIDS infection is called Antiretroviral Therapy (ART). **Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called post-exposure prophylaxis (PEP).** ART reduces the amount of virus (or viral load) in the blood and body fluids, thus prolonging the life of an infected person.” (Teacher’s Manual, p. 253)

“Identify the **location of a nearby testing center**: Clinic name? Address? Telephone number? STI clinic hours?” (Teacher’s Manual, p. 283)

“Display the steps for HIV/STI testing. In most public clinics, the **experience of getting tested for HIV/STI is as follows**:

- Before you go...
  - You can call your local public health department or AIDS service organization for the location and hours of a nearby clinic.
  - You may or may not need to make an appointment – check with the clinic.
- When you arrive...
  - Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are there at the clinic.
  - Check in and tell them you are there for an HIV/STI test. They will probably give you a number and ask you to be seated.
  - Someone will call you and take you to a small private room.
  - **A counselor will talk to you about why you think you are at risk for HIV/STIs and give you information on protecting yourself from HIV/STIs.**
  - If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe to test for HIV. The counselor may also request a urine sample, make a visual examination of your genitals and/or take a

sample of cells from the lining of your mouth or genitals to test for other STIs.” (Teacher’s Manual, p. 393)

**“Medical Resources:**

- [PlannedParenthood.org](http://PlannedParenthood.org) – Provides information and resources for teens, parents, and educators.
- [TeensHealth.org](http://TeensHealth.org) – Provides general health information, including information about diseases and infections, sexual health, the consequences of drug and alcohol use, and mental health.
- [TeenSource.org](http://TeenSource.org) – Provides California teens sexual health information and includes a clinic finder to help teens locate clinics in their area within California.
- [Bedsider.org](http://Bedsider.org) – Provides an online birth control support network.
- [FamilyPact.org](http://FamilyPact.org) – Family PACT (Planning, Access, Care, & Treatment) is a California state program that provides free family planning services to low income residents.” (Gender and Sexual Orientation PowerPoint, Slide 11, Know your Rights Template, p. 1)

**“LGBT Resources:**

- [ItGetsBetter.org](http://ItGetsBetter.org) – The It Gets Better Project’s mission is to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth around the globe.
- [Eqca.org](http://Eqca.org) – Equality California is the nation’s largest statewide lesbian, gay, bisexual, and transgender civil rights organization dedicated to creating a fair and just society.
- [Glsen.org](http://Glsen.org) – The Gay, Lesbian, and Straight Education Network works to make K-12 school communities safe and accepting of all members.” (Gender and Sexual Orientation PowerPoint, Slide 11, Know your Rights Template, p. 1)