

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of

HealthSmart – Third Edition

Middle School HIV, STI and Pregnancy Prevention

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

HealthSmart Middle School HIV, STI and Pregnancy Prevention, 3rd Ed. contains **12 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

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

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

Target Age Group: Ages 12-14

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually</i>	"Other people choose to be sexually active . This means they participate in sexual behaviors with another person. Being sexually active can be an important and healthy part of human sexuality , but it carries certain risks and responsibilities. People need to be mature enough to accept those responsibilities and be prepared to protect themselves and their partners from unintended pregnancy and STIs before they participate in sexual activity." (MS HIV, Lesson 1, p. 1)

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.

active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

“Sexuality is about more than the physical aspects of ‘having sex.’ It includes the choices people make about sexual activity, how they identify their gender, their feelings of attraction toward others, how they take care of their bodies and how they listen and communicate about sexual activity.” (MS HIV, Lesson 1, p. 7)

“Today we’re going to talk more about gender identity, different types of sexual attractions and ways people might express their sexuality. **These are all part of a person’s sexual identity.**” (MS HIV, Lesson 2, p. 5)

“A person’s **sexual identity includes:**

- Their feelings of sexual attraction toward others
- How they identify their gender
- How they express their sexuality” (MS HIV, Lesson 2, Slide 2F)

“Explain that for the purpose of this activity, **students will make believe that everyone in the class is having unprotected vaginal sex each month**, even though this isn’t true. Stress that most of the students their age are not having sex. Explain, also, that **even people who are gay or lesbian or who identify as transgender can become pregnant or cause a pregnancy** if they have unprotected penis-in-vagina sex with someone.” (MS HIV, Lesson 5, p. 8)

“For purpose of this demonstration only, **the ‘handshake’ represents any behavior, such as having sex** or sharing needles, that would put you at risk for HIV... The **more sexual partners a person has**, the greater the chance that person will be exposed to HIV...The risk of exposure to HIV can be reduced by **having fewer sexual partners** and never sharing needles.” (MS HIV, Lesson 7, pp. 8-9)

“Sometimes people are monogamous within their relationships but have a series of short-term relationships one after the other. **This is called serial monogamy.** Even though **they have sex only with each other** while they are going out, the fact that the relationship lasts only a few weeks or months means they are still at risk for HIV and other STIs.” (MS HIV, Lesson 7, p. 10)

“If Seth goes over to Tasha’s house to watch a movie: Possible negative outcomes – Seth might feel pressure about sexual activity... Seth and Tasha **might wind up doing a sexual activity** that could put them at risk for pregnancy or STI. Seth might be going against personal or family values.” (MS HIV, Lesson 9, p. 9)

“What are some other situations in which young people might need to make a decision related to sexuality? ...Deciding to date someone. Deciding how to express feelings of attraction for someone. **Deciding to have sex or not to have sex.**” (MS HIV, Lesson 9, Slide Notes, p. 22)

“Students work in small groups to suggest **lines they might hear if someone is pressuring them to have sex.** After learning about effective words and actions for resisting sexual pressure, groups write responses to the pressure lines

another group created. Students then work in pairs to practice resisting pressure to have sex using the refusals their groups created.” (MS HIV, Lesson 10, p. 1)

“If students are having trouble coming up with pressure lines, suggest some of these pressure techniques:

- Using the relationship with the person in some way.
- Suggesting that **everyone has sex so it’s not a big deal**, or that the person who’s refusing is missing out on something.
- Talking about **how sex will feel**.
- Suggesting that there’s something wrong with the person who doesn’t want to have sex.” (MS HIV, Lesson 10, p. 6)

“What are some **pressure lines** people might use to try to convince someone to **have sex without a condom**? Call on students to provide examples... If students are having trouble coming up with pressure lines, add these to the list:

- I don’t have a condom with me.
- I don’t have an STI, so we don’t need a condom.
- Using a condom will spoil the mood.” (MS HIV, Lesson 13, pp. 6-7)

“STI Scenario 2: Greg and Cecil are in college. They’ve been dating for 7 months and recently **started being sexually active together**. Now Greg has a burning sensation when he urinates.” (MS HIV, Student Workbook, p. 37)

“Scenario 3: Shawna and Jess have been in a relationship for 8 months. **They have been sexually active** for about half the time. When Shawna goes for her yearly health exam her doctor tells her she has genital warts (HPV). Shawna didn’t know she had this STI. **She had another sexual partner** just before she met Jess 8 months ago, but she never told Jess about him because she thought Jess would be jealous.” (MS HIV, Student Workbook, p. 38)

Roleplay scenario: “Harley and Drew have been going out for a long time. They have never had sex. Lately there have been a few times when **Harley has pressured Drew to ‘go further’ sexually**. Each time Drew has been able to cool things down. This evening Harley’s parents are away and Drew has come over... After Harley’s little brother has gone to bed, Harley starts kissing Drew. Drew really cares about Harley but doesn’t want to have sex.

Harley: I’m so glad my little brother finally fell asleep. I really like kissing you.

Drew: _____

Harley: I want to do more than kiss. What do you say?

Drew: _____

Harley: We’ve gone this far. We can’t stop now.

Drew: _____

Harley: Everyone our age is having sex. What’s the big deal?

Drew: _____

Harley: I just want to show you how much I love you.

Drew: _____” (MS HIV, Student Workbook, p. 46)

	<p>“In the right-hand column, write a response to each pressure line to negotiate condom use. Use a clear talking point in at least 2 of your responses.</p> <ul style="list-style-type: none"> • I can’t feel anything with a condom. • I would never give you an STI. • Condoms don’t work. • I promise we’ll use a condom next time. • What’s the matter, don’t you trust me?” (MS HIV, Student Workbook, p. 52) <p>“Clitoris – A highly sensitive genital organ; the tip of the clitoris can be found at the top of the vulva above the vaginal opening, the internal part of the clitoris is made up of spongy tissue and divides into two parts that extend along both sides of the vagina; the function of the clitoris is to provide sexual pleasure.” (Health Terms Glossary, p. 1)</p> <p>“Sexual identity – A person’s feelings of sexual attraction toward others, how they identify their gender, and how they express their sexuality.” (Health Terms Glossary, p. 6)</p> <p>“Sexuality – All the aspects of human behavior having to do with sex and gender. Includes sexual function and behavior, but also includes choices around sexual activity, gender identity, sexual orientation, and communication about sexual activity.” (Health Terms Glossary, p. 6)</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>“In romantic and sexual relationships, people also communicate both verbally and nonverbally about what they want and about their limits or boundaries. It’s important for both partners to pay attention to both verbal and nonverbal communication to reach agreement. This is called Affirmative Consent.” (MS HIV, Lesson 3, p. 7)</p> <p>“Affirmative Consent involves these steps:</p> <ol style="list-style-type: none"> 1. People listen to one another’s words and body language. It’s each person’s responsibility to make sure that they have consent from the other person. 2. They express what they like and how they feel. A person always has the right to say to No [sic] to sexual contact or activity. 3. They respect and observe one another’s boundaries. It’s never OK to try to pressure, trick or threaten another person into sexual contact or activity.” (MS HIV, Lesson 3, p. 8) <p>“Consent Scenarios: Your group will be given 2 scenario cards to read. Work together to decide whether both people in the story have given Affirmative Consent. Determine which category each of the scenarios fits under:</p> <ul style="list-style-type: none"> • Consent – Both people clearly said Yes. • No consent – One person has said No. • Unclear – It’s hard to tell.” (MS HIV, Lesson 3, Slide Notes, p. 17) <p>“Scenario 1.1: Pat and Jordan have been dating for a few weeks. They just</p>

finished watching a movie together. Pat slowly leans in and **starts kissing Jordan. Jordan kisses back. They make out.**" (MS HIV, Lesson 3, Master 3B)

"Scenario 2.1: Jela and Casey are high school students who met a few days ago. They started texting about going to a party together over the weekend. At the party, they both get a little drunk. **Casey asks if Jela wants to make out. And Jela agrees.** After they start kissing, Jela says, 'I want to stop.' Casey doesn't listen and tries to keep kissing Jela." (MS HIV, Lesson 3, Master 3B)

"Scenario 3.1: Grace wants to wait to have sex until they are older. **Daniel says, 'But I really want to. Won't you change your mind?'** Grace shakes her head. Daniel knows it's important to respect Graces' choice. He says, 'You're right. We should wait,' and smiles." (MS HIV, Lesson 3, Master 3C)

"Scenario 4.2: David is at a party and sees Chloe. He knows she has a crush on him. He goes up to her and they start talking. Then they go outside. Chloe kisses David and **they start to make out. David pulls up Chloe's shirt and starts to remove her bra.** Chloe freezes. She pulls his hand away but keeps kissing him. A few minutes later, David tries again. Chloe moves his hand away again. They continue to kiss, and David keeps his hands outside of Chloe's clothing." (MS HIV, Lesson 3, Master 3C)

"Create a list of pressure lines someone might use to push a person's limits or **convince someone to have sex.** Copy and distribute the list, then review with students. Respond to questions and clarify misconceptions or interpretations of terms and idioms. Ask students questions to prompt discussion of pressure lines: e.g., What are some situations in which you might have to communicate your choice to stay sexually abstinent? **What are some things someone might say to push a person's limits to try and get them to have sex?"** (MS HIV, Lesson 10, p. 2)

"Remember, it's important to listen to and respect another person when they say NO. In an ideal world, people would always respect each other's wishes and not pressure anyone to do something they don't want to do, including sexual activity. But that's not always the case. **There are many different pressure lines someone might use to try to convince another person to have sex.** One example would be to say, 'If you loved me, you would show me.'" (MS HIV, Lesson 10, p. 5)

"Tell students to brainstorm pressure lines that people their age might use to try to get someone else to have sex. **Explain that they are to brainstorm only the pressure lines,** not the responses. Suggest that they think about different ways, angles, or techniques someone might incorporate into a pressure line... If students are having trouble coming up with pressure lines, suggest some of these pressure techniques: Using the relationships with the person in some way. **Suggesting that everyone has sex so it's not a big deal,** or that the person who's refusing is missing out on something. **Talking about how sex will feel.** Suggesting that there's something wrong with the person who doesn't want to have sex... Which of these pressure lines do you think would be the hardest to

resist and why?" (MS HIV, Lesson 10, p. 6)

"On a piece of paper, **write down 3 pressure lines that might be used to pressure someone to have sex.** Then write down 3 ways to resist sexual pressure that you think would work for you. Include both words and actions in each of your responses. Then write 1 thing you could say to show your respect and accept another person's NO." (MS HIV, Lesson 10, p. 11)

"In this skills-based lesson, students learn strategies for planning ahead and negotiating condom use. After discussing steps in planning ahead, they **work in pairs to help negotiate condom use with a partner.** They review the steps for resisting sexual pressure and discuss how to apply these steps to refusing to have sex without a condom. Then they write responses that can be used to counter pressure to have unprotected sex." (MS HIV, Lesson 13, p. 1)

"Any person who's decided to become sexually active in ways that could cause a pregnancy or transmit an STI must also **be ready and prepared to negotiate condom use.** To negotiate means to come to an agreement. When partners agree to have sex, they must also agree to use condoms correctly every time to protect themselves from pregnancy, HIV and other STIs." (MS HIV, Lesson 13, p. 5)

"Dana and Brett are seniors in high school who have been going out for about a year. Recently, they started talking about becoming sexually active. Dana wants to be sure they use condoms. **What are some talking points that Dana could use** when talking to Brett?" (MS HIV, Student Workbook, p. 51)

"In Part 1 of the activity sheet you have a chance to help Dana come up with **talking points for a conversation about condom use.** Pair students or allow them to select partners. Allow time for pairs to come up with talking points... Make sure the list of talking points includes statements like the following:

- Condoms are an effective way to help prevent HIV, other STIs and pregnancy.
- I plan to stay healthy.
- I care about you and I want us to be safe.
- I won't have sex **without a condom.**
- Let's protect our sexual health by using condoms." (MS HIV, Lesson 13, p. 6)

"After all students have had an opportunity to practice, ask for volunteers to demonstrate their pressure and resistance lines. **After each pair demonstrates their lines,** review which techniques and talking points were used to resist the sexual pressure and **negotiate condom use.**" (MS HIV, Lesson 13, p. 7)

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.

“Sexual activity is any sexual behavior that can result in pregnancy or an STI, including HIV. This includes **all kinds of sexual intercourse – vaginal, oral and anal** – and some kinds of sexual touching.

- Sexually transmitted infections, or STIs, are infections that can be passed from one person to another during sexual contact.
- STIs can be passed during vaginal intercourse – when a penis enters another person’s vagina. STIs can also be passed by **oral sex – putting the mouth on another person’s genitals** – and by **anal sex – when a penis enters another person’s anus**.
- Some STIs can be passed by sexual touching – when people touch each other’s genitals with any part of their bodies.” (MS HIV, Lesson 1, p. 8 and Slide Notes, p. 9)

“**Anal sex** – Sexual intercourse that involves the insertion of a penis into a partner’s anus.” (Health Terms Glossary, p. 1)

“**Oral sex** – Sexual act in which the mouth is placed on a partner’s genitals.” (Health Terms Glossary, p. 4)

“**Sexual intercourse** – A type of contact involving: (1) insertion of a penis into a vagina (vaginal sex); (2) using the mouth to touch the genitals of another person (**oral sex**); (3) insertion of a penis into the anus of another person (**anal sex**).” (Health Terms Glossary, p. 6)

4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR

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.

“Everybody has a sexual identity, but people are different. Some people are clear about their sexual identity when they’re young, others understand it when they’re older. **Some people feel confused about their sexual identity**. Because sexual feelings are new to many young people, there’s a lot for them to notice and think about.” (MS HIV, Lesson 1, p. 6)

“Challenge stereotypes. Say something positive if you hear people talking negatively about someone because of their gender identity or sexual orientation. Point out that the comments aren’t necessarily true. Learn more about gender and sexual identity. **Read stories or biographies of people whose sexual identity may be different from yours**. Ask questions.” (MS HIV, Lesson 2, p. 10)

“**What different sexual orientations are represented?** Examples: Straight (Henry, Shawna, Rafael), **gay/lesbian** (Gabe, Yasmine), **bisexual/pansexual** (Ava), **asexual** (Jordan).” (MS HIV, Lesson 2, p. 6)

“Sometimes **young people may feel confused about their sexual feelings**. Some people may feel pressure to have a boyfriend or girlfriend even though they don’t have romantic feelings for anyone. **Gay, lesbian, bisexual and pansexual teens may feel pressure to hide their sexual orientation** because of prejudice. Some young people are teased or bullied if they don’t conform to the same gender roles as their peers.” (MS HIV, Lesson 2, p. 7)

“Part of a person’s sexuality is their feelings of sexual attraction toward others.

The term **sexual orientation** refers to different types of attractions.” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Many people are sexually attracted to people of a different gender – boys to girls and girls to boys. The term for this type of attraction is **heterosexual or straight.**” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Some people are sexually attracted to people of the same gender – boys to boys or girls to girls. The term for this type of attraction is **gay or lesbian.**” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Some people are sexually attracted to more than one gender. For example, a boy may be attracted to both girls and boys, or a girl may be attracted to both boys and girls. **One term for this type of attraction is bisexual.**” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Some people **use the term pansexual**, which refers to experiencing sexual attraction that is not limited to a particular gender.” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Some people don’t experience sexual attraction to others, or only experience it in a very limited way. **One term for this is asexual.** This is normal and OK.” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Health terms: **asexual, bisexual**, cisgender, **gay**, gender identity, gender roles, heterosexual, **homosexual**, identity, **lesbian, pansexual**, prejudice, respect sexual identity, **sexual orientation**, stereotype, straight, transgender” (MS HIV, Student Workbook, p. 6)

“Part of a person’s sexual identity is their feelings of sexual attraction toward others. **This is often called sexual orientation.** There are different types of attractions.

- Many people are sexually attracted to people of a different gender – boys to girls and girls to boys. The term for this type of attraction is *heterosexual or straight.*
- Some people are sexually attracted to people of the same gender – boys to boys or girls to girls. The term for this type of attraction is **gay or lesbian.**
- Some people are sexually attracted to more than one gender – a boy may be attracted to both girls and boys, or a girl may be attracted to both boys and girls. One term for this is **bisexual.**
- Some people use the term **pansexual**, which refers to sexual attraction that is not limited to a particular gender.
- Some people don’t feel sexually attracted to others. One term for this is **asexual.** This is normal and OK.” (MS HIV, Student Workbook, p. 7)

“Exploring Identity Profile: Yasmine is 16. She thinks she might be in love with her best friend, Alita. She tried to talk to her mom about the feelings. But her

	<p>mom said that two girls couldn't be in love, and that one day Yasmine would meet a man and get married." (MS HIV, Student Workbook, p. 8)</p> <p>"Exploring Identity Profile: Gabe is 16. Last weekend, he was hanging out with a new friend, Brian. They were joking around and started wrestling, and then Brian kissed him. Gabe was surprised at first, then realized that he felt really attracted to Brian." (MS HIV, Student Workbook, p. 8)</p> <p>"Asexual – A term used to describe people who do not experience sexual attraction to others or only experience it in a very limited way." (Health Terms Glossary, p. 1)</p> <p>"Bisexual – A term used to describe people who are sexually attracted to more than one gender." (Health Terms Glossary, p. 1)</p> <p>"Gay – A term used to describe people who identify as having a same-gender sexual orientation; most often refers to men who are sexually attracted to other men." (Health Terms Glossary, p. 3)</p> <p>"Heterosexual – A term that describes people who are sexually attracted to people of a different gender." (Health Terms Glossary, p. 3)</p> <p>"Homosexual – A term that describes people who are sexually attracted to people of the same gender." (Health Terms Glossary, p. 3)</p> <p>"Lesbian – A term that refers to women who are sexually attracted to other women." (Health Terms Glossary, p. 4)</p> <p>"Pansexual – A term used to describe people whose sexual attraction is not limited to a particular gender." (Health Terms Glossary, p. 5)</p> <p>"Sexual orientation – A person's feelings of sexual attraction toward others." (Health Terms Glossary, p. 6)</p> <p>"Straight – A term used to describe people who identify as having a different-gender sexual orientation; heterosexual." (Health Terms Glossary, p. 7)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>No evidence found.</p>

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

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.

No evidence found.

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.

"The glove represents using a condom. A condom is a latex or polyurethane cover that fits over a penis during sex so that no semen can enter a partner's body. Condoms can help reduce the risk of HIV transmission. But condoms don't work 100% of the time." (MS HIV, Lesson 7, p. 10)

"Review the steps on the slide.

- Discuss using condoms with your partner. Condoms work best when both partners agree to use them to protect their sexual health. If you can't talk about condoms and safer sex with a partner, you're not ready to be having sex.
- Check the expiration date on the condom package. Don't use a condom that is past its expiration date. Check to be sure the package doesn't have any tears or holes in it.
- **Make sure the penis is erect** and both partners are ready for sex before putting on the condom.
- Carefully open the package and take out the condom. Teeth, fingernails, rings or sharp objects can damage the condom.
- When you have the condom out of the package, check to see which way it unrolls. Don't unroll the condom before putting it on.
- Pinch the top of the condom between your thumb and first finger to keep air out and allow room for semen.
- Place the condom **against the head, or end, of the erect penis.** Then unroll the condom down over the penis, all the way to the base. This is the part closest to the body.
- After sex, hold the rim of the condom around the base of the penis.
- **Take the penis out of the partner's body while it is still hard.** Be careful not to spill any semen.
- Be sure the penis is no longer near the partner's body.
- Then take the condom off the penis.
- Throw the used condom in the trash. Never use a condom more than once." (MS HIV, Lesson 12, p. 6)

"Demonstrate the correct sequence of steps by unwrapping a latex or

polyurethane condom and unrolling it onto the middle and index fingers of one hand. Be sure to show how to unwrap the condom carefully, how to pinch the end of the condom to leave room at the tip and how to unroll the condom all the way down. **Stress the importance of holding the condom around the base of the penis as the penis is removed from the partner's body**, and removing the penis while it is still hard." (MS HIV, Lesson 12, p. 6)

"Pass out the Condom Use Cards to 12 students. Ask these students to form a line in the correct sequence. Have students without cards **help the others arrange themselves in the correct order**. Then review the steps and correct any misplaced cards. If there is time, let another set of 12 students repeat the activity." (MS HIV, Lesson 12, p. 7)

"What are some ways to **overcome the embarrassment of buying or asking for condoms**? Allow students to respond to the question and discuss their ideas. Be sure the following points are included:

- Practice what you would say ahead of time.
- Go to buy condoms with a friend or your partner.
- Find a place to get condoms where you feel comfortable.
- Remember that the people at the store probably aren't noticing or paying that much attention to what you buy." (MS HIV, Lesson 12, p. 8)

"What would a person **need to know and be able to do to use condoms successfully**? Allow students to respond to the question and discuss their ideas. Be sure the following points are included:

- Know where and how to get condoms.
- Know how to use condoms correctly.
- Talk to your partner about using condoms before you become sexually active.
- Have condoms available whenever you might have sex.
- Have the skills to negotiate condom use and to resist pressure to not use condoms." (MS HIV, Lesson 13, p. 4)

"Number the 12 steps for using a condom in the correct order.

- ___ Take the penis out of the partner's body.
- ___ Be sure the penis is no longer near the partner's body.
- ___ Check the expiration date on the condom package.
- ___ Carefully open the package and take out the condom.
- ___ Discuss using condoms with your partner.
- ___ Check to see which way the condom unrolls.
- ___ Make sure the penis is erect and both partners are ready for sex.
- ___ Throw the used condom in the trash.
- ___ After sex, hold the rim of the condom around the base of the penis.
- ___ Take the condom off the penis.
- ___ Unroll the condom down over the erect penis, all the way to the base.
- ___ Pinch the tip of the condom to keep air out and leave room for semen." (MS HIV, Student Workbook, p. 49)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

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

“Other people **choose to be sexually active**. This means they participate in sexual behaviors with another person. Being sexually active can be an important and healthy part of human sexuality, but it carries certain risks and responsibilities. People need to be mature enough to accept those responsibilities and **be prepared to protect themselves and their partners** from unintended pregnancy and STIs before they participate in sexual activity.” (MS HIV, Aspects of Sexuality Teacher Page, p. 1)

“Having good sexual health means making responsible choices about sexual behaviors. It means understanding the risks and potential consequences of **the choices you make about sexual activity** and taking steps to protect and respect yourself and others based on those choices.” (MS HIV, Lesson 1, p. 7)

“People can express their feelings of attraction in many ways. They may talk, spend time with each other and do things together. They may hold hands, hug, touch, or kiss. Sometimes people respond to these feelings by becoming sexually active. They may have sexual intercourse with each other or engage in other sexual behaviors that could affect their sexual health. **Becoming sexually active is a big decision**. We’re going to look at some of the risks that can affect your sexual health and the consequences young people have to think about **if they choose to become sexually active**.” (MS HIV, Lesson 1, p. 8)

“If you **decide to become sexually active** you need to:

- Know the risks and responsibilities that come with this choice.
- Take steps to prevent pregnancy.
- Take steps to protect yourself and your partner from STIs, including HIV.” (MS HIV, Lesson 1, p. 12)

“People who **decide to be sexually active** need to take steps to keep themselves and their partners safe from unintended pregnancy and STIs, including HIV.” (MS HIV, Lesson 8, p. 4)

“What are some responsibilities people have if they **choose to be sexually active**?” (MS HIV, Lesson 8, Slide Notes, p. 4)

“Throughout the discussion, remind students that this information about condoms can be used **if and when they decide to become sexually active**, which may not be for a long time.” (MS HIV, Lesson 12, p. 2)

“Today we’re going to be learning about a way people **who decide to become sexually active** can help protect themselves and lower their risk of STIs and pregnancy.” (MS HIV, Lesson 12, p. 4)

“If people **choose to become sexually active**, it’s very important for them to understand how to use a condom correctly. We’re going to learn the steps for using a condom, so you’ll know how to use one **if or when you decide to become sexually active**.” (MS HIV, Lesson 12, p. 5)

	<p>“You’ve learned that using a condom correctly every time can help protect people who choose to become sexually active from pregnancy, HIV and other STIs.” (MS HIV, Lesson 13, p. 4)</p> <p>“What are some responsibilities people have if they choose to be sexually active?” (MS HIV, Student Workbook, p. 34)</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>“People who are abstinent may decide not to participate in any sexual behaviors at all, or to set limits and avoid any sexual behaviors that could put them at risk for pregnancy or for sexually transmitted infections, or STIs, which are illnesses that can be passed during sex.” (MS HIV, Aspects of Sexuality Teacher Page, p. 1)</p> <p>“Being sexually abstinent and never sharing needles for any reason is the only 100% protection from HIV. Monogamy can also protect people, as long as neither of them has HIV or another STI, and they remain in an exclusive relationship. If people are sexually active, they can help protect themselves by using latex or polyurethane condoms correctly every time they have sex.” (MS HIV, Lesson 7, p. 11)</p> <p>“Be sure students understand that sexual abstinence is a 100% effective way to protect themselves from sexual transmission of HIV, and that sexually active people should use latex or polyurethane condoms or other barriers every time they have sex and should get tested for HIV.” (MS HIV, Lesson 7, p. 13)</p> <p>“Make a plan to be abstinent or use protection to help avoid STIs in the future. Talk to your partner about STIs and decide how you will protect yourselves. If you have an STI such as herpes or HIV that can’t be cured, you will have to practice safer sex from now on. Sexually active people should get checkups and be tested for STIs often.” (MS HIV, Lesson 8, p. 5)</p> <p>“Anyone who’s having sex should see a health care provider and get tested for STIs. People who have been sexually active in the past should abstain from having sex with a new partner until both of them have been tested for STIs.” (MS HIV, Lesson 8, p. 6)</p> <p>“Chris and JJ can remain sexually abstinent to avoid STIs in the future. If they do decide to be sexually active again, they should protect themselves by using a latex or polyurethane condom correctly every time. If they are not monogamous, they need to be tested for STIs regularly and make sure any other partners have been tested before they have sex.” (MS HIV, Lesson 8, p. 8)</p> <p>“Seth needs to know that abstinence is the safest choice for teens. Seth needs to know how to protect oneself and a partner from pregnancy and STIs if Seth and Tasha decide to engage in sexual activity.” (MS HIV, Lesson 9, p. 9)</p> <p>“Abstinence is the surest, most effective way for young people to protect their sexual health and avoid pregnancy, HIV and other STIs. But when people choose to be sexually active, they can help protect themselves by using latex or</p>

	<p>polyurethane condoms correctly every time.” (MS HIV, Lesson 12, p. 9)</p> <p>“Even when they plan ahead to always use condoms, sometimes people may find themselves in situations in which they are being pressured to have sex without a condom. You learned steps for resisting sexual pressure and practiced using them to say NO to sex. These same steps can help you say NO to pressure to have sex without a condom.” (MS HIV, Lesson 13, p. 6)</p> <p>“Choose a few of the sample pressure lines and demonstrate how to say NO to unsafe sex and negotiate condom use. For example, if your partner said, ‘I don’t have a condom with me,’ you could say: ‘Well, you need to get one, because I won’t have sex without a condom. I know a drugstore down the street where we can buy some.’ Or if your partner said, ‘Using a condom will spoil the mood,’ you could say, ‘No, not having sex will really spoil the mood. But we’re not going to have sex unless we use condoms.” (MS HIV, Lesson 13, p. 7)</p> <p>“Read each of the pressure lines and write a response that says NO to unsafe sex and sends a strong message about using condoms.” (MS HIV, Lesson 13, p. 8)</p> <p>“When a person makes the choice to become sexually active, avoiding unintended pregnancy is a very important responsibility if they are having vaginal sex.” (MS HIV, Lesson 14, p. 4)</p> <p>“People who choose to become sexually active need to be prepared to protect themselves from the risk of pregnancy by using birth control if they are having vaginal sex.” (MS HIV, Lesson 14, p. 6)</p> <p>“Many teens use abstinence or other forms of protection to avoid unintended pregnancy. But there are some sexually active teens who do become pregnant.” (MS HIV, Supplemental Lesson 1, p. 3)</p> <p>“STI Scenario 1: Taylor and Morgan have been dating each other for 5 months. They’ve decided they want to be a couple. They were both sexually active in their last relationships. But neither one of them has ever been tested for STIs... What do Taylor and Morgan need to do to protect themselves from STIs?” (MS HIV, Student Workbook, p. 37)</p> <p>“Healthy behavior: Being sexually abstinent and preventing STIs and unintended pregnancy.” (MS HIV, Student Workbook, p. 39)</p> <p>“Healthy behavior: Preventing or reducing the risk of pregnancy, HIV and other sexually transmitted infections (STIs).” (MS HIV, Student Workbook, p. 50)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender</i></p>	<p>“Part of a person’s sexual identity is how they identify their gender. How people see themselves in relation to being a man/boy, a woman/girl, a blend of both or neither is called gender identity.” (MS HIV, Aspects of Sexuality Teacher Page, p. 1)</p> <p>“People are assigned a sex at birth by a health care provider based on their</p>

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.

genitals, or external reproductive anatomy. They are usually assigned male or female. Sometimes their sex is not entirely male or not entirely female. The term for this is intersex.” (MS HIV, Aspects of Sexuality Teacher Page, p. 1)

“**Cisgender** is the term used to describe a person whose gender identity is the same as the sex the health care provider assigned them at birth.” (MS HIV, Aspects of Sexuality Teacher Page, p. 1)

“Some people have gender identities that are **different than the sex the health care provider assigned them at birth**. The term for this type of gender identity is transgender.” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)

“Explain that while a **person with a penis** doesn’t get pregnant, they do share equal responsibility for a pregnancy.” (MS HIV, Lesson 5, p. 9)

“After groups have had a chance to read and discuss the profiles and lead a class discussion around their observations. **What different gender identities do these young people have?** Example: **Cisgender male** (Henry, Gabe), **cisgender female** (Yasmine, Shawna), **transgender male** (Rafael), **transgender female** (Paige), **gender fluid** (EJ).” (MS HIV, Lesson 2, p. 6)

“Withdrawal is free and always available. It is a way that a **person with a penis** can share the responsibility for preventing pregnancy.” (MS HIV, Lesson 14, p. 10)

“Health terms: asexual, bisexual, **cisgender**, gay, **gender identity**, gender roles, heterosexual, homosexual, identity, lesbian, pansexual, prejudice, respect sexual identity, sexual orientation, stereotype, straight, **transgender**” (MS HIV, Student Workbook, p. 6)

“Another part of a person’s sexual identity is **how they identify their gender**. How people see themselves in relation to being a man/boy, a woman/girl, a blend of both or neither is called *gender identity*.

- People are usually **assigned a sex at birth** by a health care provider based on their genitals, or external reproductive anatomy. They are usually assigned male or female.
- Many people who are assigned male identify as a boy or man, and many people who are assigned female identify as a girl or woman. **Cisgender** is the term used to describe a person whose gender identity is the same as the sex they were assigned at birth.
- Some people have gender identities that are different than the sex they were assigned at birth. The term for this type of gender identity is **transgender**. A transgender person might identify as a boy/man, girl/woman or have their own unique term for their gender.
- People who identify as **non-binary** don’t define their gender as either man or woman.
- How people present or show their gender to the world through such things as clothes, hairstyle and how they act is called *gender expression*.

	<ul style="list-style-type: none"> • Some people identify as gender fluid. They may choose to express themselves as different genders at different times. Or they may prefer to express themselves as no particular gender at all. • Gender roles are ideas about how boys/men or girls/women should behave. These ideas can be influenced by a person’s family, culture, peers and society. They can change over time. • Sometimes people feel comfortable acting in ways that fit common gender roles. At other times, people can find gender roles limiting or frustrating. They may feel pressured or bullied to act in certain ways or do certain things that don’t feel right to them.” (MS HIV, Student Workbook, p. 7) <p>“Exploring Identity Profile: Rafael is 17. His girlfriend, Liz, goes to another school. Rafael likes hanging out with Liz and her friends because they all think of him as a guy. In his own school, people remember when Rafael started dressing and acting like a guy instead of a girl, and sometimes the students there give him a hard time.” (MS HIV, Student Workbook, p. 8)</p> <p>“Exploring Identity Profile: Paige is 15. She’s known she was a girl since she was 2 years old. But it was only year [sic] ago that everyone else found out when she changed her name and started dressing like a girl instead of a boy.” (MS HIV, Student Workbook, p. 8)</p> <p>“Cisgender – A term used to describe people whose gender identity is the same as the sex a health care provider assigned them at birth.” (Health Terms Glossary, p. 1)</p> <p>“Gender identity – How people see themselves in relation to being a man/boy, a woman/girl, a blend of both or neither.” (Health Terms Glossary, p. 3)</p> <p>“Non-binary – A term used by people who don’t define their gender as either man or woman.” (Health Terms Glossary, p. 4)</p> <p>“Sex assigned at birth – The designation of being male or female made by a health care provider based on a baby’s external reproductive anatomy.” (Health Terms Glossary, p. 6)</p> <p>“Transgender – A term used to describe people whose gender identity is different than the sex a health care provider assigned them at birth.” (Health Terms Glossary, p. 7)</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</i></p>	<p>“It takes only one sperm to reach an egg in the fallopian tube for fertilization to occur. This is why pregnancy can easily happen if people who decide to have vaginal sex don’t use some means of protecting themselves from pregnancy.” (MS HIV, Lesson 5, p. 7)</p> <p>“The glove represents using a condom. A condom is a latex or polyurethane cover that fits over a penis during sex, so that no semen can enter a partner’s</p>

negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

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

body. **Condoms can help reduce the risk of HIV transmission.** But condoms don't work 100% of the time." (MS HIV, Lesson 7, p. 10)

"By the end of this lesson, you will be able to:

1. **Identify where to obtain condoms.**
2. Identify steps for proper condom use.
3. Describe how condoms can reduce the risk of pregnancy, HIV, and other STIs." (MS HIV, Lesson 12, p. 4)

"Why is it important to check the expiration date on a condom package? Why is it important to check the condom package for tears or holes? Allow students to respond to the questions and discuss their ideas. Be sure the following points are included:

- If the expiration date has passed, the condom is old.
- If there is a tear in the package, the condom could be torn, dirty or damaged.
- **Condoms that are old or damaged should not be used because they could break during sex.**" (MS HIV, Lesson 12, p. 7)

"What Is a Condom?

- A condom is a covering that fits over an erect penis during sex.
- It keeps sperm from entering the partner's body.
- **Only condoms made of latex or polyurethane help protect a person from both pregnancy and STIs,** including HIV.
- For condoms to work, they have to be used correctly." (MS HIV, Lesson 12, Slide 12F)

"What would a person need to know and be able to do **to use condoms successfully?** ...Know where and how to get condoms. Know how to use condoms correctly. Talk to your partner about using condoms before you become sexually active. **Have condoms available whenever you might have sex.** Have the skills to negotiate condom use and to resist pressure to not use condoms. Planning ahead and being prepared for something makes it easier to carry out your intentions or goals. When you are ready to become sexually active, these strategies for planning ahead will help you have safer sex and protect your sexual health." (MS HIV, Lesson 13, pp. 4-5)

"In this lesson, students **learn about some commonly used birth control methods.** Students brainstorm a list of contraceptive methods they may have heard about. They learn about how different types of methods work and their effectiveness, including which methods protect from pregnancy only and which help protect from HIV and other STIs as well as pregnancy." (MS HIV, Lesson 14, p. 1)

"Most teens aren't currently sexually active. But they need to understand different methods of preventing a pregnancy and **consider their birth control options** so they will be ready to prevent pregnancy in the future if they choose to have vaginal sex. Today, you're going to learn about some common birth

control methods and look at how well they work.” (MS HIV, Lesson 14, pp. 4-5)

“An **IUD or intrauterine device** is a small piece of plastic, often shaped like a ‘T,’ that’s inserted into the uterus. It is a form of long-acting reversible contraception... The IUD is a very effective, long-term method of birth control. It can stay in the uterus for 3 to 10 years depending on what type it is. IUDs must be inserted and removed by a health care provider.” (MS HIV, Lesson 14, p. 7)

“**The implant is a thin rod of flexible plastic** that is put under the skin of the upper arm by a health care provider. Like the IUD, it is a long-lasting form of birth control and will continue to release hormones into the body to prevent pregnancy for up to 4 years. Like other hormonal methods, it is very effective and has the advantage that the person doesn’t have to remember to take a pill, change a patch or ring, or make an appointment with a health care provider to get a shot.” (MS HIV, Lesson 14, p. 7)

“**Depo-Provera or the shot** is another very effective birth control method. It lasts for 3 months at a time. The person receives a shot of artificial hormones from a health care provider every 3 months... It is very effective as long as the person goes to a health care provider to get the shot every 3 months.” (MS HIV, Lesson 14, p. 7)

“**Birth control pills** contain artificial hormones and prevent pregnancy by stopping the ovaries from releasing an egg each month, and/or by thickening the mucus in the cervix so sperm can’t easily enter. Birth control pills must be prescribed by a health care provider and be taken daily. They are very effective and simple to use as long as the person remembers to take the pill each day at the same time and doesn’t skip any days.” (MS HIV, Lesson 14, p. 8)

“**The birth control patch** is a thin plastic square worn on the skin that slowly releases artificial hormones into the body. It prevents pregnancy in the same way as the pill. A new patch is applied each week. Like the pill, the patch must be prescribed by a health care provider. It is also very effective and simple to use, as long as the person remembers to wear it and change it each week.” (MS HIV, Lesson 14, p. 8)

“**The birth control ring** is a soft, flexible ring that is inserted into the vagina. It releases artificial hormones to prevent pregnancy in the same way as the pill and the patch. The ring must be prescribed by a health care provider and changed once a month. It is very effective as long as the person remembers to change it each month.” (MS HIV, Lesson 14, p. 8)

“Hormonal methods of birth control and IUDs are very effective at preventing pregnancy, but they do not prevent sexually transmitted infections. Therefore, if people use one of these methods for pregnancy prevention, **they should also use latex or polyurethane condoms** to help protect themselves against HIV and other STIs.” (MS HIV, Lesson 14, p. 8)

“Condoms are one of the most popular barrier methods of birth control. An

external condom is a covering that fits over the erect penis during sexual activity to keep semen from entering a partner's body. The condom acts as a barrier to prevent sperm from entering the vagina and other reproductive organs so the sperm can't fertilize an egg. **This kind of condom is put on right before having sex once the penis is erect.**

- The internal or insertive condom is a soft, loose-fitting polyurethane or nitrile sheath that fits inside and lines the vagina... **This kind of condom can be inserted right before sex, or up to 8 hours ahead of time.** It is a good option for people who choose to have vaginal intercourse and don't want to depend on a partner to use an external condom.
- Condoms made of latex, polyurethane or nitrile will also help keep STI germs from passing between sex partners. In fact, condoms are the only method of birth control – other than abstinence – that helps protect people from STI, including HIV, in addition to preventing pregnancy. When condoms are used correctly every time a person has sex they are a very effective method of both birth control and STI prevention. Condoms can be purchased at drug stores and some grocery stores or online, or obtained from a clinic. Anyone, of any age, can buy them without a prescription.” (MS HIV, Lesson 14, p. 9)

“**The sponge** is a method that works as a barrier and a spermicide (chemical that kills sperm). With clean hands, a person wets the sponge with clean water, gently squeezes the sponge until it foams up, folds the sides and inserts the sponge into the vagina, similar to inserting a tampon... The sponge does not protect people from HIV or other STIs, so they should also use a condom.” (MS HIV, Lesson 14, p. 9)

“**Spermicides** are another barrier method of birth control that use chemicals that kill sperm to prevent pregnancy... While a condom forms a physical barrier that keeps the sperm from entering the vagina, spermicides create a chemical barrier that kills sperm before they can reach and fertilize the egg.” (MS HIV, Lesson 14, p. 9)

“**Emergency contraception** is a method of birth control that can be used to help prevent a pregnancy after a person has had unprotected sex. It works best when used right away and must be used within 3 to 5 days after having sex.” (MS HIV, Lesson 14, p. 11)

“Note: If **natural family planning or the ‘rhythm’ method** is mentioned, be sure to explain that while some adult couples use this method for philosophical or religious reasons, it's not recommended for teens because it requires a great deal of focus, attention and time. Dispel any myths students may hold about there being ‘safe times of the month.’” (MS HIV, Lesson 14, p. 11)

“One of the **most important things to remember about birth control** is that it needs to be used correctly and consistently. This means it needs to be used or in place every time people have vaginal intercourse.” (MS HIV, Lesson 14, p. 12)

“There is no single method of birth control that will be right for everyone. It’s important for sexually active people who are having vaginal sex to **get the facts about birth control so they can make an informed choice** and find a method they will use correctly and consistently to protect themselves from unintended pregnancy.” (MS HIV, Lesson 14, p. 12)

“Many teens use abstinence **or other forms of protection to avoid unintended pregnancy**. But there are some sexually active teens who do become pregnant.” (MS HIV, Supplemental Lesson 1, p. 3)

“**If a person elects to end the pregnancy through abortion**, a health care provider can help determine the most suitable method. The methods for ending a pregnancy depend on how many weeks the person has been pregnant, and the sort of experience they want. **Options include a quick procedure done in the health care facility or taking a set of prescribed medicines**. Legal access to these types of health care services can vary by state. In California, for example, a person may legally end a pregnancy up until the 23rd week of the pregnancy.” (MS HIV, Supplemental Lesson 1, p. 6)

“Sometimes a person **chooses to end the pregnancy**. This is called abortion. There are different ways this can be done.

- **Medical abortion** is done by having the pregnant person **take two different types of medicines to end the pregnancy**. The first medicine blocks the hormone needed to sustain a pregnancy. The second medicine causes cramping and bleeding that will empty the uterus, similar to what happens when a person has a miscarriage. In the most states, this form of abortion can only be used up to 10 weeks after the first day of the person’s last period. A health care provider will give the first type of pill at the clinic or doctor’s office. The person takes the second pill at home several hours or up to 4 days after the pill. Cramping and bleeding starts after taking the second type of medicine.
- **Surgical abortion** is available after 10 weeks. When done within the first 12 weeks (first trimester) this medical procedure uses suction to empty the uterus. If it is done later than 12 weeks into the pregnancy, the doctor may also use surgical instruments **to gently remove tissue from the uterus**.” (MS HIV, Supplemental Lesson 1, Information About Pregnancy Options, p. 2)

***Note:** There is no such thing as a surgical abortion that “gently remove[s] tissue from the uterus.” Surgical abortion is also known as dismemberment abortion because the baby’s body is removed from the mother in a highly gruesome procedure.*

“Negotiating Condom Use: When partners agree to have sex, **they must also agree to use condoms correctly every time**. Sometimes one partner wants to use condoms but the other doesn’t. To negotiate condom use, you need to: Know why you want to use condoms. Think about what you can say to convince your partner. Be prepared to **refuse to have sex without a condom**.” (MS HIV,

	<p>Lesson 13, Slide 13F)</p> <p>“Withdrawal is when a person removes or pulls the penis out of a partner’s vagina before ejaculation or ‘coming.’ It is very important to make sure that no semen gets in or near the vagina. There are pros and cons to using this practice as a method of birth control. Withdrawal is free and always available. It is a way that a person with a penis can share the responsibility for preventing pregnancy. It can be fairly effective if it is used correctly every time.” (MS HIV, Lesson 14, p. 10)</p> <p>“Where are 2 places in our community where a person could get condoms? Be specific.” (MS HIV, Student Workbook, p. 49)</p> <p>“Describe how condoms can reduce the risk of pregnancy and STIs.” (MS HIV, Student Workbook, p. 49)</p> <p>“Your older sister is a senior in high school. She just told you that she and her boyfriend have started having sex. When you asked her what she was using for birth control she said, ‘We don’t use any. I haven’t gotten pregnant yet, so we don’t have to worry about it...’ What birth control method could your sister and her boyfriend use to reduce their risk of STIs as well as pregnancy? Describe at least 3 other methods of birth control that your sister and her boyfriend could use and explain how each one works.” (MS HIV, Student Workbook, p. 56)</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>“In just a little while, you’re going to have a chance to advocate to help motivate your peers to take steps to avoid becoming a teen parent. The target audience is other young people your age. The way you’ll share this message is to make a poster. You can use what you’ve learned about the consequences and responsibilities of becoming a teen parent to share some good reasons for teens to avoid getting pregnant or causing a pregnancy. To advocate successfully, you’ll want to design your poster to appeal to your target audience, get their attention and share a message about avoiding teen pregnancy that will make sense to them... You’ve examined the ways becoming a teen parent could change your life. Now work with a partner to create a poster with your top 3 reasons for teens to avoid pregnancy. Be sure your reasons are based on facts... After evaluating the posters, you may want to display them in the classroom or throughout the school.” (MS HIV, Lesson 5, pp. 12-13)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Some young people may feel limited or frustrated by the expectations their families, peers and others have of them because of their gender. They might feel pressure to act or dress in certain ways, or to make certain choices.” (MS HIV, Lesson 2, p. 6)</p> <p>“Some people identify as gender fluid. They may feel like and choose to express themselves as different genders at different times. Or they may prefer to express themselves as no particular gender at all and use the term agender.” (MS HIV, Aspects of Sexuality Teacher Page, p. 2)</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>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>“On the board, write the name, phone number (s) and/or website (s) of several national and/or local resources that support LGBTQ+ students and their families. Leave these resources on the board or post in the classroom for students to refer to.” (MS HIV, Lesson 2, p. 10)</p> <p>“Research and have a list of places teens can get latex and polyurethane condoms in your community.” (MS HIV, Lesson 12, p. 2)</p> <p>“What are some places people can buy condoms? What are some options if a person doesn’t have money to buy condoms? Allow students to respond to the first two questions and discuss their ideas... Review the list of places students named, such as drug stores, pharmacies and grocery stores, and add any community resources in your area that students may not have identified. Discuss sources of free condoms in your community. These usually include health departments and some community health clinics.” (MS HIV, Lesson 12, p. 8)</p> <p>“Optional: Share information about local resources for contraceptive services and how to access them, as well as the laws around students’ rights to confidential medical services that apply in your state. List resources on the board or post in the classroom for students to refer to.” (MS HIV, Lesson 14, p. 10)</p>