

# CSE Harmful Elements Analysis Tool

## Analysis of *Manhood 2.0*

Based on 15 Harmful Elements Commonly Included in CSE Materials

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

*Manhood 2.0* contains [15 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children.** Having several of these elements should disqualify such materials for use with children.

**Program Description:** *Manhood 2.0* is a program tailored for young men. Participants are taught how to negotiate consent for sex to ensure both participants have a fun and pleasurable experience. They learn about a wide variety of birth control methods. Sexual orientation and gender identity are both key features of the program. In addition to teaching all the typical elements of CSE, this curriculum also encourages participants to engage as allies in the so-called “gender and social justice” movement.

**Target Age Group:** Ages 15-24

**International Connections:** University of Pittsburgh, and the Latin American Youth Center of Washington, DC.

| HARMFUL CSE ELEMENTS  | EXCERPTED QUOTES FROM CSE MATERIAL   |
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| <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>“Once the group name has been selected, <b>explain that the group will discuss many topics that are personal and potentially sensitive, such as relationships, sex, condoms, contraception,</b> gender, and violence. To discuss such issues, it is important to create a safe, respectful, and comfortable space in order for members of the group to talk freely about such personal and sensitive subjects.” (p. 34)</p> <p>“Explain that you will read a statement and they should go stand by the ‘Agree’ sign if they agree with the statement or the ‘Disagree’ sign if they disagree. At any time, if they change their minds, they may move to the other side of the room. They also have the option to stand in the middle if they feel neutral about the statement...</p> <ul style="list-style-type: none"><li>• It is OK for a <b>woman to carry condoms.</b></li><li>• <b>Men need to have sex</b> more than women do.” (p. 36)</li></ul> <p>“The Erotic Body. Reflect on how men and women <b>experience sexual desire</b> and the different messages they receive from society about sexuality and eroticism.” (p. 72)</p> <p>“Explain that each participant should <b>produce a collage on what makes men think about sex</b> using pictures, words, and other images cut out from the magazines and newspapers... Distribute a second sheet of paper to each participant and ask them to <b>produce collages about what makes women think about sex.</b>” (p. 74)</p> |

**“What is sexual desire?** How is male sexual desire depicted in these collages? What about female sexual desires?” (p. 75)

“Do both men and women feel sexual desire? Why or why not? Are there any differences in how they **feel sexual desire**? Do all men **feel sexual desire** the same way? How so? Do all women **experience sexual desire** in the same way? How so?” (p. 75)

“How can messages in the media influence young men’s attitudes and behaviors about sex and desire – for example, **having sex without a condom** or not making sure both you and your partner have been tested? Do these messages create unrealistic expectations?” (p. 75)

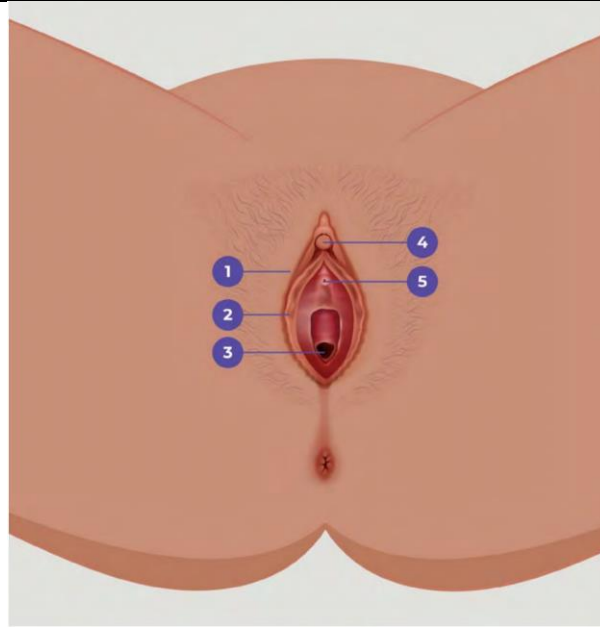
**“Both men and women have sexual desires and can feel sexual excitement.** This excitement depends on biological as well as social and psychological factors.” (p. 75)

“Images in media, such as in movies, social media, YouTube, and **porn websites**, often **show sexual desire** and our bodies in an exaggerated or unrealistic way. Many of these portrayals contribute to constructing the ‘Man Box.’ This can distort the perceptions we have of our own bodies, what to expect in our partners and the ways in which we **think about sex and sexual desire.**” (p. 75)

**“Participants might not feel comfortable asking questions about men and women’s bodies and genitalia.** If this is the case, it might be helpful to invite them to write down their questions on small pieces of paper, which can then be collected and read aloud with the answers at next week’s session.” (p. 76)

“Explain to the group that in this activity, they will discuss different parts of the anatomy. Because the curriculum will focus on preventing unplanned pregnancies, in this activity and the ones that follow ‘sex’ is taken to mean sex in which a **penis enters a vagina. Other sexual acts (such as oral and anal sex)** will be specified as they arise.” (p. 78)

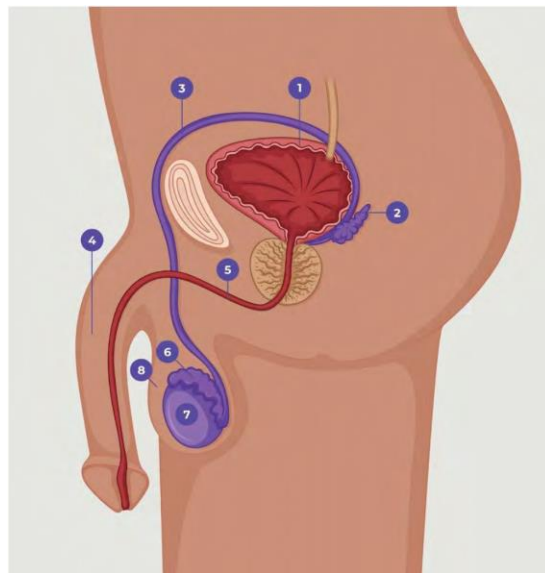
“Understanding your sexual and reproductive systems is important to have a **fulfilling sex life**, which includes the prevention of unplanned pregnancies, STIs, and HIV infections, as well as maintaining good reproductive system health and reproductive planning (whether you choose to have children or not).” (p. 79)



(p. 80)

“Vagina: Canal that forms the passageway from the uterus to the outside of the body. This connects the uterus to the vulva, through which menstrual blood is eliminated. **This is where vaginal sex occurs.**” (p. 84)

“A **woman can get pregnant if she has sex with a man without birth control** and his sperm joins the egg (in a process called fertilization) on its way to the uterus.” (p. 84)



(p. 81)

“Penis: External male organ through which semen and urine leave the body. It is made of the same spongy tissue as the clitoris, filling with blood during stimulation. **During sexual excitation, the penis fills with blood and gets larger and harder, a process called erection. If the penis is stimulated during the erection, this can lead to orgasm,** during which semen is released from the penis through the opening of the urethra in a process called ejaculation. Men

can also release some semen during erection before orgasm. Men can also get excited and ejaculate in their dreams, especially during puberty.” (p. 86)

“**Ejaculation**: The release of semen from the penis.” (p. 87)

“Q. Why should people pee after sex?

A. For young women, peeing after sex helps to prevent urinary tract infections, infection of the urinary system. **Peeing after sex** helps remove any bacteria that may have entered the urethra during sex. It is recommended that **young men also pee after sex.**” (p. 89)

“Q. What is pre-cum?

A. Pre-cum is a **fluid that is released during sex before ejaculation**. This fluid can contain sperm, which could cause pregnancy. If an individual has HIV or another STI, the infection can be transmitted through pre-cum. Therefore, it is best to **always wear a condom** during sex, consistently and correctly.” (p. 89)

“On the second outline **ask for a volunteer to sketch the genitals on the body**. If the participants are too embarrassed to do this, the facilitator can do so.” (p. 91)

“When do men talk about birth control, if at all? In a relationship? When they are **just hooking up?**” (p. 102)

“What are some of the messages we receive or **expectations about sex** that young men and women receive that affect the way they **vocalize their desires or needs?**” (p. 120)

“Write each of the following ‘Relationship Situations’ on a separate piece of letter-sized paper:

- The **most important thing in the relationship is sex...**
- You talk about avoiding pregnancy and STIs.
- You make your partner feel guilty for not wanting to have a baby with you...
- Your partner forces you to have sex when you don’t want to...
- You pressure your partner not to use any form of birth control **when you are having sex...**” (p. 128)

“Tell participants that today’s session is going to focus on the ways they can promote healthy relationships, **promote responsible sexual behavior**, and address men’s abuse and violence against women and other men.” (p. 135)

“Character Statements: Jessica

1. My name is Jessica. I am dating Jordan. Recently, Jordan and I **had unprotected sex**, but I don’t know who to talk to about this and feel scared.

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|   | <p>2. My name is Jessica. Jordan and I talk to one another about how to stay safe and make sure we <b>delay pregnancy</b> until we are ready to have kids.” (p. 149)</p> <p>“Character Statements: Jordan</p> <ol style="list-style-type: none"> <li>1. My name is Jordan. I am dating Jessica. We recently <b>had unprotected sex</b>. It doesn’t bother me because she will figure out what to do <b>if she ends up pregnant</b>.</li> <li>2. My name is Jordan. After going to Manhood 2.0 and talking with my group, I believe I have a responsibility to take an active role in preventing pregnancy and protecting ourselves from STIs and HIV. <b>Jessica and I went to the local clinic together to find out our different options for birth control and how to access them</b>. We now have open conversations about this and other health matters.” (p. 149)</li> </ol> <p>“Character Statements: Jessica’s Friend</p> <ol style="list-style-type: none"> <li>1. I am a friend of Jessica. She and I discuss everything together. My relationship is similar to hers – <b>my boyfriend decides whether or not to wear a condom</b>, and that is it.</li> <li>2. I am a friend of Jessica. My boyfriend and I can and should make decisions about birth control together.” (p. 150)</li> </ol>   |
| <p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p> | <p>“Key Messages:</p> <ul style="list-style-type: none"> <li>• Asking and receiving <b>enthusiastic sexual consent</b> is an important aspect of any health relationship.</li> <li>• Both you and your partner should enjoy sex. Checking in to make sure that your partner is also having fun is important and can make having sex more fun.</li> <li>• Harmful ideas about masculinity or what it is to be a man may lead <b>some men to pressure a partner for sex</b>, not accept a person’s decision not to have sex, or put their own sexual needs about their partners’.</li> <li>• Consent is not possible if one or both people are under the influence of drugs or alcohol.</li> <li>• Talk about it! Ongoing conversation is an important vehicle for consent.” (p. 117)</li> </ul> <p>“Exploring Sexual Consent Purpose/Objectives:</p> <ul style="list-style-type: none"> <li>• <b>Define the concept of sexual consent.</b></li> <li>• Apply the definition of consent to real-life situations.</li> <li>• Identify strategies to <b>establish if consent exists</b>.</li> <li>• Understand the gender dynamics that may exist around giving consent and accepting when consent is not given.” (p. 117)</li> </ul> <p>“Write the word ‘<b>sexual consent</b>’ on flip chart paper and ask the group to <b>explain what it means</b> and why they think it is important.” (p. 118)</p> <p>“Key Notes for the Facilitator to Remember:</p> <ul style="list-style-type: none"> <li>• Consent means checking in and making sure your partner is comfortable.</li> </ul> |

- Everyone has a choice in what they do and do not do.
- **Open communication is important in establishing consent.**
- Look at body language – if you aren't sure, just ask.
- Look to **establish an enthusiastic yes** – sex is more enjoyable when both partners are excited about what they are doing and who they are doing it with." (p. 118)

"Clarify that 'sexual consent' simply means **agreeing to participate in a particular sexual behavior**. Both individuals have to agree to do something, and if one person does not want to, they are not giving their consent. This is extremely important because any sexual act without consent is considered sexual assault and is against the law." (p. 118)

"Split the group into pairs. Hand each pair one of the sexual consent scenarios written on the index cards. Ask them to first see if consent is possible (i.e., the partner is conscious and able to say 'yes' or 'no'). If so, **have them write up a skit that shows some ways they can 'check in' on their partner to make sure that they are giving enthusiastic consent.**" (p. 119)

"Why is it important to ask for or confirm consent? How can **confirming or affirming consent** from our partners make sex more fun or enjoyable?" (p. 120)

"Sexual Consent Scenarios

1. Taylor and Alex have been married for two years. Sometimes Taylor gets home late and Alex is already sleeping. **Taylor wakes Alex up to have sex**. Sometimes Alex does not want to, but Taylor insists. – Has consent been established, and if so, what are some check-ins Taylor can use?
2. Tracy and Keith are planning to get married and have a family together after they finish studying. Keith tells Tracy that he loves her and that **they should have sex**. Tracy has said in the past that she wants to wait until they are married. Keith is not very happy, but he agrees to wait. One day, Tracy says to Keith that **she wants to have sex**. While they are hooking up, Keith notices that Tracy isn't as enthusiastic as she has been in that past and seems withdrawn. – Has consent been established, and if so, what are some check-ins Keith can use?
3. Fred asks his girlfriend, Angela, to come to his house to **have sex**, saying his parents are not home. Angela agrees. They get to his house and **start kissing**. However, when Fred starts taking off her clothes, Angela realizes that she is not ready to have sex and **tells Fred to stop**. They keep making out. Angela says, 'We shouldn't do this,' but continues to touch Fred in an intimate way. As they continue to hook up, Angela says, 'This is a bad idea.' – Has consent been established, and if so, what are some check-ins Fred can use?
4. Everyone says that Molly is very promiscuous. She goes around saying that she **has had sex with lots of guys**. She goes to a party at Michael's and drinks a lot of beer. Molly and Michael go up to his room and start making out. **Michael wants to have sex**, but Molly is slurring her words

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|   | <p>and can't hold herself up. – Has consent been established, and if so, what are some check-ins Michael can use?</p> <p>5. Jordan and Pat have been hooking up for about a year. They are not in a dating relationship and don't really hang out regularly, but <b>they have sex</b> from time to time. It has been a little while since their last hook-up, so Jordan texts Pat to see if Pat is free to come over this Friday and watch a movie. Pat says sure and comes over that Friday. Halfway through the movie, Jordan starts kissing Pat, but Pat is not receptive to it. Jordan keeps going, saying, 'C'mon baby, <b>you know why I invited you're here,</b>' Pat eventually gives in but isn't really participating and at one point just lies there. Jordan is confused because Pat is <b>always down for sex</b>. – Has consent been established, and if so, what are some check-ins Jordan can use?" (p. 121)</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>"Other sexual acts (such as <b>oral or anal sex</b>) will be specified as they arise." (p. 78)</p> <p>"STIs are most often passed via vaginal and <b>anal sex</b>. STIs can also be passed <b>through oral sex</b> and from an infected mother to a newborn during childbirth." (p. 97)</p> <p>"If this is not possible, or if you do not know if your partner is infected or having sex with only you: <b>For vaginal or anal sex</b>, use condoms every time. <b>For oral sex</b>, use a condom over the penis or plastic wrap or a condom cut open to <b>cover the vagina or anus.</b>" (p. 98)</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>"For those using Manhood 2.0, we recommend situating it within broader <b>efforts to engage youth of diverse genders and sexual orientations</b>, parents and other adult caregivers, and <b>adult allies</b>, as well as within broader movements to continue progress towards economic and social justice." (Preface)</p> <p>"Ask participants, '<b>What is sexual orientation?</b>' Do not write anything down. When they are finished, explain the following (after explaining, write it down on the flip chart):</p> <ul style="list-style-type: none"> <li>• Sexual orientation is whom you are romantically, emotionally, and/or sexually attracted to.</li> <li>• People who are attracted to those of the opposite sex are <b>heterosexual</b> – man attracted to women, woman attracted to men.</li> <li>• People who are attracted to those of the same sex are <b>homosexual</b> – man attracted to men, woman attracted to women.</li> <li>• People who are attracted to everyone are known as <b>pansexual</b> – man attracted to women and men, woman attracted to men and women.</li> <li>• People who are not sexually attracted to others (but may be emotionally or romantically) are known as <b>asexual.</b>" (p. 39)</li> </ul> <p>"Explain that people often get 'gender' and 'sexual orientation' confused. Gender has to do with how you express yourself as a man or a woman, while</p> |

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|  | <p><b>sexual orientation has to do with whom you are attracted to.</b> For example, people often make false assumptions that a guy who is considered tough must be straight and that a guy who is considered sensitive must be gay.” (p. 40)</p> <p>“What are some of the messages we receive or expectations about sex that young men and women receive that affect the way they vocalize their desires or needs? This is asked in general, but <b>if they only talk about men or women, or heterosexual couples, try and ask questions that would broaden their answers.</b>” (p. 120)</p>  |
| <p><b>5. PROMOTES SEXUAL PLEASURE</b></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>“<b>Clitoris:</b> Sitting atop the labia, a cylindrical body made up of the same type of tissue as the head of a penis. It is very sensitive, and its only purpose is the woman’s sexual pleasure. Its stimulation can cause most women to <b>feel intense physical pleasure, which is called orgasm.</b>” (p. 85)</p> <p>“Both you and your partner <b>should enjoy sex. Checking in to make sure that your partner is also having fun is important</b> and can make having sex more fun.” (p. 117)</p>   |
| <p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p> | <p>“Q. What is masturbation?</p> <p>A. <b>Masturbation is defined as rubbing, stroking, or otherwise stimulating one’s sexual organs</b> – the penis, clitoris, vagina, and/or breasts – to <b>obtain pleasure or express sexual feelings.</b> Masturbation is a normal part of human sexual development and one of the ways to learn about our own bodies. Many people, <b>men and women alike, masturbate for pleasure</b> and learning. There is no scientific evidence that masturbation causes harm to the body or mind. The decision about whether or not, or how often, to masturbate is a personal one. If you have questions or concerns about masturbation, you should talk to a trusted adult such as a parent, teacher, faith leader, or health provider.” (p. 89)</p> <p>“Engage in other forms of sexual activity, such as <b>using your hand to stimulate your partner.</b>” (p. 98)</p> |
| <p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or “fun” with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on</i></p>                                | <p>“For oral sex, use a condom over the penis or <b>plastic wrap or a condom cut open to cover the vagina or anus.</b>” (p. 98)</p> <p>“Activity 5.7 Materials – <b>Penis models;</b> Male condoms; Paper towels” (p. 107)</p> <p>“Purpose/objective: <b>Demonstrate the correct use of a condom</b> on a model.” (p. 107)</p> <p>“Before they practice, <b>perform a demonstration.</b> During the demonstration, <b>discuss the use of lubricants:</b> Only water-based lubricants should be used with condoms, NOT lubricants that are made with oil (including petroleum jelly, baby oil, or hand or skin creams). Name readily available water-based lubricants that participants are likely to be able to obtain.” (p. 108)</p>   |



*condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*

“Explain that some men like to put a drop or two of lubricant on the inside of the condom **to increase pleasure or sensation**. Lubrication can be used on the outside of the condom as well. One or both partners may prefer the sensation of sex with lubricant applied this way.” (p. 108)

“Explain that each member in the group will take a turn demonstrating how to use a condom. The other members should **observe and assess whether the demonstration is done correctly** by referring to the participant handout 5.7.” (p. 109)

“**Practice using condoms** before you have sex. To use condoms correctly, you need to be comfortable with them.” (p. 109)

“Steps for correctly using a condom:

1. Store the condoms in a cool, dry place.
2. Make sure that it is a latex or polyurethane condom and that the package is not damaged. Also check the expiration date. **Use a new condom for every act of vaginal, anal, or oral sex throughout the entire sex act** (from start to finish).
3. Place the condom nearby and make it easily accessible.
4. Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
5. Unroll the condom slightly to make sure it faces the correct direction over the penis.
6. Pinch the air out of the tip and **roll the condom onto the base of an erect penis**.
7. The man **inserts his penis for intercourse**.
8. If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.
9. After ejaculation, **hold the condom at the base of the penis, then withdraw the penis from your partner**.
10. Take the condom off before your penis gets soft, making sure that semen doesn't spill out.
11. Wrap the condom in a tissue and throw it away. Never use it twice.” (p. 110)

“Explain to the participants that each group will be given 10 minutes to perform a **role-play of condom negotiation** and to discuss amongst the full group. Explain that each group should select one person to represent the group in the role-play. Each individual will have to act out the type of person they were assigned (e.g., a woman who wants to use a condom).” (p. 113)

“What are some **arguments that you could give to encourage your partner to use a condom**? How can you tell your partner that you want to use a condom? Who should suggest condom use? Can a young women suggest condom use? Can she carry condoms?” (p. 113)

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| <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>“If you <b>choose to have sex</b>, there are several methods you can use to prevent the transmission of HIV and other STIs and to prevent unplanned pregnancy.” (p. 76)</p> <p>“As young men, you have the right to know and understand your bodies fully. <b>Understanding your sexual and reproductive systems is important to have a fulfilling sex life</b>, which includes the prevention of unplanned pregnancies, STIs, and HIV infection, as well as maintaining good reproductive system health and reproductive planning (whether you choose to have children or not).” (p. 79)</p> <p>“It is difficult to talk about condom use because people may not think about it until the ‘heat of the moment.’ However, open, <b>honest communication about condom use before you start having sex</b> is an important way of showing someone you care about their health and yours.” (p. 111)</p> <p>“<b>Both individuals in a relationship have a responsibility not only to set their own sexual limits</b> but also to respect the sexual limits of others.” (p. 118)</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>“<b>Ask for the first role-play negotiation</b> to take place: one person from Group 1 (man who want to use a condom) with one from Group 4 (woman who does not want to use a condom). They will have five minutes to role-play the negotiation as their characters, imagining that consent has already been established. After the first negotiation, ask the actors how they felt and what they realized during the negotiation. Ask the other participants what they felt or realized watching it. What were the reasons that the young woman did not want to use condoms?” (p. 113)</p> <p>“If you are sexually active, <b>you can protect yourself by having sex only with an uninfected partner who has sex only with you.</b>” (p. 98)</p> <p>“<b>Fred asks his girlfriend, Angela, to come to his house to have sex</b>, saying his parents are not home. Angela agrees. They get to his house and start kissing. However, when Fred starts taking off her clothes, Angela realizes that she is not ready to have sex and tells Fred to stop. They keep making out. Angela says, ‘We shouldn’t do this,’ but continues to touch Fred in an intimate way.” (p. 121)</p> <p>“Everyone says that Molly is very promiscuous. <b>She goes around saying that she has had sex with lots of guys.</b> She goes to a party at Michael’s and drinks a lot of beer. Molly and Michael go up to his room and start making out.” (p. 121)</p> <p>“<b>Jordan and Pat have been hooking up for about a year.</b> They are not in a dating relationship and don’t really hang out regularly, but they have sex from time to time. It has been a little while since their last hook-up, so Jordan texts Pat to see if Pat is free to come over this Friday and watch a movie. Pat says sure and comes over that Friday. Halfway through the movie, Jordan starts kissing Pat, but Pat is not receptive to it. Jordan keeps going, saying, ‘C’mon baby, you know why I invited you here.’ Pat eventually gives in but isn’t really participating</p> |

and at one point just lies there. Jordan is confused because **Pat is always down for sex.**" (p. 121)

"Scenario 1: **A young man and a young woman have started dating and want to have sex.** The young man does not want to become a father at this time in his life. He knows that he will wear a condom, but he wants to be fully secure and make sure his partner is on some form of birth control. He wants to ask her and talk to her about this, and he plans on having a conversation with her when they meet up later that weekend." (p. 138)

"Scenario 2: **A young man and his partner have been dating a little while and have decided to have sex.** The young man has been tested and does not have HIV or any other STIs. He mentioned this to his partner, who responded that they didn't care and that was stupid anyway. The young man would like for his partner to get tested and has decided to have another conversation about it." (p. 138)

"Scenario 3: **A young man and his partner have been dating for a while. During that time, they have been having sex without a condom.** The young man has attended the Manhood 2.0 program and now wants to wear a condom when having sex. He wants to talk to his partner about it but is afraid that his partner will think he has been cheating. He decides to have this conversation with his partner the following day after school." (p. 138)

"I am Jordan's classmate. We sit next to each other in class and talk from time to time. He says that using a condom is stupid, but I say nothing. It isn't my business.  
I am Jordan's classmate. **I tell him that wearing a condom is very important to protect both himself and a partner** and encourage him find out more information about how to protect himself." (p. 150)

**10. PROMOTES TRANSGENDER IDEOLOGY**

*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*

"Purpose/objective: **Understand the difference between sex and gender.**" (p. 38)

"Biological sex refers to the physical characteristics you are born with. It is **assigned based upon a person's anatomy** and physical attributes (such as external sex organs, sex chromosomes, and internal reproductive structures). When these classifications don't line up with what is typically considered a male or female body, the individual is usually referred to as 'intersex.'" (p. 39)

"Gender: ...This is typically associated with or matches one's biological sex; individuals who feel that their gender and sex 'match,' or are associated, are **referred to as 'cisgender.'**" (p. 39)

"Some individuals' gender identity does not conform to those behaviors that are typically associated with their sex; these individuals can refer to themselves as **transgender or non-binary**, for example." (p. 39)

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| <p><i>dysphoria) that can be helped with mental health intervention.</i></p>   | <p>“Explain that people often get ‘gender’ and ‘sexual orientation’ confused. <b>Gender has to do with how you express yourself as a man or a woman</b>, while sexual orientation has to do with whom you are attracted to. For example, people often make false assumptions that a guy who is considered tough must be straight and that a guy who is considered sensitive must be gay.” (p. 40)</p>   |
| <p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p> | <p>“It is very important to get and <b>use condoms or another form of birth control</b> every time you have sex or engage in sexual activity.” (p. 92)</p> <p>“Contraception is not just a woman’s responsibility. It is important for young men to <b>know the most common methods of birth control</b> and which methods best protect against both STIs (including HIV) and unplanned pregnancy.” (p. 100)</p> <p>“It is <b>best to always use dual protection</b> – that is, male condoms and one female-controlled method of birth control to delay unplanned pregnancies and protect against STIs, including HIV.” (p. 100)</p> <p>“<b>Distribute the birth control samples</b> or drawings of birth control methods according to the following list:</p> <ul style="list-style-type: none"> <li>• Group 1: Abstinence</li> <li>• Group 2: Hormonal contraceptives (includes pills, patches, and shots)</li> <li>• Group 3: Barrier methods (includes male and female condoms and diaphragms)</li> <li>• Group 4: Intrauterine contraception and implants (rods) (includes intrauterine devices)” (p. 101)</li> </ul> <p>“Group discussion questions:</p> <ul style="list-style-type: none"> <li>• Where do young people get <b>information about sex and birth control</b>? Is this information usually reliable? Are there any other sources of information?</li> <li>• When do men talk about birth control, if at all? In a relationship? When they are just hooking up?</li> <li>• Which methods do young people have the most access to? The least access? What are the most commonly used methods among young men in your community?</li> <li>• <b>Knowing about different forms of birth control can show your partner you really care about them.</b> Why do you think that is?</li> <li>• Why is it important for men to be informed and supportive of the choices young women make when it comes to their own birth control?</li> <li>• How can men take on shared responsibility, with the consent of their partner, when it comes to birth control?” (p. 102)</li> </ul> <p>“<b>Combined oral contraceptive pill</b>: Also called ‘the pill,’ oral contraception is a hormonal method of birth control that is taken every day. It uses two hormones – estrogen and progestin – to keep the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg.</p> |

Oral contraception does not protect against HIV/ STIs. Chances of getting pregnant while on this form of birth control: 9%” (p. 103)

“**Contraceptive patch:** The patch uses the hormones in the birth control pill but sends them through your skin into your blood. It works to stop the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg. The patch does not protect against HIV/STIs. The patch works on a four-week cycle. A new patch is put on each week for three weeks (being thrown out after that week). During the fourth week, no patch is worn, during which a woman has her period. Chances of getting pregnant while on this form of birth control: 9%” (p. 103)

“**Injection:** The shot (taken every three months) uses the hormone progestin to stop an egg from being released. It also causes changes in the cervix to stop sperm from joining with the egg. The shot does not protect against HIV/STIs. Chances of getting pregnant while on this form of birth control: 6%” (p. 103)

“**Male condom:** Male latex condoms (or polyurethane condoms, for those allergic to latex) decrease the risk of HIV/STI transmission. They are designed to keep semen from joining with the egg. Condoms can also be made of animal membranes, but these are not recommended for preventing HIV/STIs... Chances of getting pregnant while on this form of birth control: 18%” (p. 104)

“**Female condom:** The female condom is a thin pouch that goes inside the vagina. Worn by the woman, the female condom forms a barrier to keep sperm from joining the egg. It also helps protect against HIV/STIs. The female condom is packaged with a lubricant and is available at drug stores. It can be inserted up to eight hours before sexual intercourse. Chances of getting pregnant while on this form of birth control: 21%” (p. 104)

“**Diaphragm:** A diaphragm is a round latex or silicone cup that goes inside the vagina. It prevents sperm from joining the egg by covering the cervix (the opening to the uterus). To be most effective, the diaphragm should be inserted every time someone have [sic] sex and used with a spermicide, a gel or cream that kills sperm. Diaphragms do not prevent HIV/STIs. Chances of getting pregnant while on this form of birth control: 12%” (p. 104)

“**Intrauterine device (IUD):** The intrauterine device (IUD) is a small, T-shaped device that is put into and left inside the uterus. Depending on the type of IUD, it can last many years. There are two types of IUDs. One type uses the hormone progestin to prevent pregnancy; it can also be called by its brand names, the Skyla (lasts three years), the Liletta (lasts three years), and the Mirena (lasts five years). The second type, called ParaGard, has copper in it (which sperm don't like) and lasts 10 years. Both methods work to stop sperm from reaching the egg. The ParaGard can also act as a form of emergency contraception. IUDs do not protect against HIV/STIs. Chances of getting pregnant while on this form of birth control: Less than 1%” (p. 104)

**“Implantable rod:** The implant is a small plastic rod about the size of a matchstick that is placed under the skin of the upper arm. It is also called by its brand name, Nexplanon. It uses the hormone progestin to cause changes in the cervix that can stop sperm from joining with the egg. It may also stop the ovaries from releasing eggs. The implant is a long-acting form of birth control because it can be left in the body for up to three years. The implant does not protect against HIV/STIs. Chances of getting pregnant while on this form of birth control: Less than 1%” (p. 104)

**“Spermicide:** Spermicide is a contraceptive substance that destroys sperm, inserted vaginally prior to intercourse to prevent pregnancy. Usually, spermicides are combined with contraceptive barrier methods such as diaphragms and condoms. Chances of getting pregnant while on this form of birth control: 28%” (p. 104)

Common misconception: “It doesn’t matter if a woman uses birth control. It doesn’t affect me. – Even if you are using condoms, condoms are not always effective at preventing unplanned pregnancies. If your partner **also chooses to use a female-controlled method of birth control** (that is, birth control other than condoms), this helps avoid unplanned pregnancies.” (p. 106)

“It is difficult to talk about condom use because people may not think about it until the ‘heat of the moment.’ However, open, **honest communication about condom use before you start having sex is an important** way of showing someone you care about their health and yours.” (p. 111)

**“Talking about contraception with your partner is an important** part of preventing pregnancy until you and your partner are ready for parenthood.” (p. 136)

“The purpose of this activity is to help young men practice communicating with their partner about contraception. **Young men should learn to feel comfortable asking their partner about contraception and expressing that they would like their partner to use methods of contraception outside of only condoms.** However, it is important to remember that this does not mean that young men should ‘take control of’ or decide on their partners’ contraception – they ultimately need to support their partners’ decisions regarding their own body. Remember that you can always choose not to have vaginal sex if you are not comfortable with your partner’s decision on pregnancy prevention methods.” (p. 136)

“I am Jordan’s coach. **I encourage him to have conversations with his girlfriend about birth control.** And going to the clinic to make sure they are both healthy. It is important to his future to delay pregnancy until he is ready, and I am here to support him if he has questions.” (p. 152)

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

“To what extent is it possible to do a **youth-led campaign in schools?** In the larger community? Are leadership camps a possibility for program participants to further support growth?” (p. 14)

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| <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>“Encourage young men to <b>create their own community action teams or clubs</b> to mobilize other young men in the community, or join and participate in existing community health committees or other relevant bodies in which they can continue to effect change in their community.” (p. 18)</p> <p>“<b>Provide young men with the tools and guidance to lead campaigns</b> and be advocates during and after their implementation of Manhood 2.0.” (p. 156)</p> <p>“<b>Young men can use what they have learned in Manhood 2.0 to be change-makers and influencers in their peer groups</b> and communities. Putting into practice what’s been learned and sharing that information with others are invaluable to making sure that knowledge is never forgotten.” (p. 156)</p> <p><b>“Building a campaign:</b></p> <ol style="list-style-type: none"> <li>1. <b>Conduct a</b> needs assessment...</li> <li>2. Develop a profile of a ‘typical’ young man for each campaign target area or population.</li> <li>3. Define sub-themes for the campaign.</li> <li>4. Develop basic messages for the campaign sub-themes.</li> <li>5. Map sources of influence and information.</li> <li>6. Define strategic media and social channels.</li> <li>7. Pre-test with target and secondary audiences.” (pp. 156-157)</li> </ol> <p>“Alternative ways to community mobilization: Given that not all participants may be interested in developing their own full campaign, the following are some alternative ways that young men can apply Manhood 2.0 in their everyday life:</p> <ul style="list-style-type: none"> <li>• Create a formal peer group in your community or school in which young men can talk about some of the subjects in Manhood 2.0.</li> <li>• Present on these topics when applicable in school projects.</li> <li>• Share lessons and information learned with your partners, siblings, and friends.</li> <li>• Mobilize your circles of influence around Manhood 2.0 themes.” (p. 158)</li> </ul> |
| <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>“Rehearse <b>attitude and behavior changes</b>, and new skills in safe environments of group education sessions.” (p. 6)</p> <p>“<b>Internalize new gender attitudes</b> and norms.” (p. 6)</p> <p>“In addition, Manhood 2.0 draws upon concepts from social cognitive theory, which enables youth to learn within their social context; the theory of gender and power (including intersectional feminist theory), which <b>examines how rigid constructions of masculinity and femininity in the context of other forms of oppression and marginalization</b> create power imbalances in relationships and drive poor health outcomes; and social norm theory, which examines perceived negative social norms about gender and health and well-being outcomes and works to question whether perceptions reflect reality.” (p. 7)</p>  |

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|   | <p><b>“Attitude and behavior changes</b> at the individual and community levels that lead to transformed gender norms within specific objectives.” (p. 7)</p> <p>“It is important to respect other people’s views about sexuality and gender, but also to <b>challenge attitudes and values that are harmful</b> to themselves and to others.” (p. 35)</p> <p>“Young men can and should work to <b>redefine more positive and more inclusive forms of masculinity.</b>” (p. 41)</p> <p><b>“Men are privileged by patriarchy</b> – a system in which men on the whole have power over women. But there are limits to these privileges. For example, the privilege of the white male congressman is far greater than that of the physically disabled male veteran.” (p. 49)</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><b>“Maintain confidentiality.</b> What is said in the group stays in the group. (Make sure this is included in the final agreement.)” (p. 34)</p> <p>“You can obtain condoms and other forms of birth control at your local clinic <b>without your parents’ consent.</b>” (p. 92 and p. 95)</p> <p>“Questions for Clinic Phone Call: ...Do I <b>need parent permission?</b>” (p. 94)</p> <p>Role play – “John: Do I <b>need my parent’s permission?</b> Clinic: No, you don’t. At our teen clinic, you can get STI services without parent permission. Anything else?” (p. 99)</p>   |
| <p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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</i></p> | <p>“You can <b>obtain condoms and other forms of birth control at your local clinic</b> without your parents’ consent.” (p. 92 and p. 95)</p> <p>“Ask participants whether they know the names of any <b>local family planning clinics</b> (e.g., <b>Planned Parenthood</b>). Ask whether they have ever visited one or know someone who has. Ask young men to share what it was like and what they know about the clinic or its services. If not mentioned, be sure to include birth control and HIV/STI testing as a service provided by clinics.” (p. 94)</p> <p>“Explain that if they have never called a clinic before, they will be practicing today. Participants will carry out role-plays in which they <b>call the clinic to inquire about STI testing and make an appointment.</b> Tell the participants that before making the calls, they will need to generate a list of questions.” (p. 94)</p> <p><b>“Questions for Clinic Phone Call:</b></p> <ul style="list-style-type: none"> <li>• What services do you provide?</li> <li>• What STI services do you offer?</li> <li>• How much do they cost?</li> </ul> |



*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.InvestigatethePPF.org](http://www.InvestigatethePPF.org))*

- What is involved in a visit?
- How long will it take?
- Do I need an appointment?
- Do I need parent permission?
- Is it confidential?
- Can I bring a friend?
- What do I need to bring?
- Can I have a female/male doctor?
- How do I get there?
- What are your hours?" (p. 94)

"Ask for a volunteer, and invite him to come and sit at the phone station. Give him the following instructions: 'You will be **calling the clinic to inquire about obtaining an STI test**. You will need to request an appointment to come in and get tested. Be sure to cover as many questions from the list as possible and come up with your own questions too.'" (p. 95)

"Additional web-based resources:

- Bedsider – <https://www.bedsider.org>
- It's your sex life – <http://www.itsyoursexlife.com/pregnancy/comparison/birth-control-methods>
- Advocates for Youth – <http://www.advocatesforyouth.org/topics-issues/contraceptive/1278?task=view>
- Planned Parenthood – <http://www.plannedparenthood.org/learn/birth-control>
- Teen Source – <http://www.teensource.org/birth-control>" (p. 105)