

CSE Harmful Elements Analysis Tool

Analysis of

Positive Images, 4th Edition

Teaching About Contraception and Sexual Health

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Positive Images contains 14 of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children.** Having several of these elements should disqualify such materials for use with children.

Program Description: *Positive Images* is not a stand-alone curriculum but is intended to supplement existing curricula used in academic and community settings. Participants receive detailed instruction on how to use a condom, as well as information on all contraceptive methods. Role plays and group activities are used to discuss sexual scenarios. A variety of sexual activities are discussed, and the associated risks are analyzed. This program teaches that humans are sexual beings from birth to death and outlines aspects of sexuality at all ages. While the program normalizes a range of sexual orientations, gender ideology is not directly taught.

Target Age Group: Adolescents

Planned Parenthood Connections: This manual is published by The Center for Sex Education, the national educational division of Planned Parenthood of Northern, Central and Southern New Jersey.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</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>“Participants need to hear language they can understand. Sometimes using slang can be a very effective way to clarify information, as in ‘after the male ejaculates or, ‘cums.’” (p. xix)</p> <p>“Negative feelings and attitudes about having sexual intercourse and about the various contraceptive methods can discourage people from engaging in the behaviors needed to prevent unwanted pregnancies and disease. People become confused by the contradictory messages, some which promote abstinence as the only moral choice and others that promote intercourse as essential for popularity, love and happiness. Unable to acknowledge their own sexual activity, they do not plan for protection but let intercourse ‘just happen.’ Embarrassment about getting and talking about contraception adds to the likelihood that people do not use protection if they have intercourse.” (p. 9)</p> <p>“Ask the group to brainstorm a list of responses to the following sentence stems: A VIRGIN IS ... and A NON-VIRGIN IS ... Review the lists for the negative and positive connotations. Identify specific words on the lists that stereotype a person or might make a person feel uncomfortable about being a virgin or a non-virgin.” (p. 9)</p>

“Distribute one index card to each participant. Tell the participants that they should not write their names on the index cards. **Ask them to imagine a person just had intercourse for the first time.** On the card, they are to write down words describing how they think the person might be feeling. Give time for participants to complete. Then, collect the cards, shuffle them and redistribute. Have each participant read the cards s/he now has aloud to the rest of the group. Discussion Questions:

- Were these statements about first intercourse generally positive, negative or both?
- **Why might some people feel positive about having intercourse?**
- Why might some people feel negative about having intercourse?
- **What, in your opinion, does a person gain or lose at first intercourse?**
- How might having intercourse change a couple’s relationship?
- Were there attitudes expressed on the cards that might impact whether or not a **contraceptive would be used the first time a person has intercourse?** If so, what?” (p. 10)

“In terms of the statements about contraception not being ‘natural’ or ‘losing feeling with condoms,’ allow students to consider the feelings and experiences of intercourse that are not interfered by contraceptive use (**e.g., affection, skin contact, erection, lubrication, increased heart rate, orgasm, etc.**) and the increased enjoyment many couples experience when they are relieved of anxiety about a possible pregnancy or risk of infection.” (p. 10)

“Imagine that a person is **talking about having intercourse and planning for contraception.** If one person said any of these statements, how might his or her partner respond? Take into account the fact that the couple cares about each other and also wants to avoid pregnancy and sexually transmitted infections.

1. ‘I’m embarrassed to go to a family planning clinic; someone I know might see me there!’
2. ‘I just finished my period; it’s the safe time of the month.’
3. ‘I don’t need to use a condom with you. You’re not the kind of person who would have an infection, and I’m safe.’
4. **‘I’ll pull out before I come.** You’ll be safe. I’d never do anything to hurt you.’
5. ‘I hate condoms. It’s like sex isn’t real. **I want to feel you, not the condom.**’
6. ‘I don’t believe in using birth control. It’s unnatural.’” (p. 12)

People who are at HIGH RISK for unwanted pregnancy by their sexual behaviors:

- “People who are **undecided about whether to have sexual intercourse** and are unprepared with a method of contraception.
- People who **have intercourse and do not use contraception.**
- People who **use contraception sometimes,** but not always.
- People who use their method of contraception incorrectly.” (p. 14)

People who are at LOW RISK for unwanted pregnancy by their sexual behaviors:

- “People who have sexual intercourse and use a reliable method of contraception correctly **with every act of intercourse.**” (p. 14)

People who are at NO RISK for unwanted pregnancy by their sexual behaviors:

- “People who abstain from intercourse and express their sexuality in other ways.
- **People who have outercourse** (non-penetrative sexual behaviors such as holding hands, kissing, fondling, **masturbation**, etc.)” (p. 14)

“Emphasize that people can usually tell if they will have intercourse soon. Sometimes this is hard to admit to one’s self, but when **people think they might have intercourse and are unprepared with contraception**, they are at high risk for unplanned pregnancy and sexually transmitted infections.” (p. 15)

“Read the following cases that **describe sexual behaviors of students in high school**. In each box, write the person’s risk category for pregnancy, and then their risk for sexually transmitted infection. HI=HIGH RISK; LO=LOW RISK, NO=NO RISK.

- Dana is just beginning to date. She doesn’t like anyone well enough to consider having intercourse. Pregnancy risk__ STI risk__
- Lauren has not had intercourse. She may have intercourse in the future but only if her boyfriend uses condoms. Pregnancy risk__ STI risk__
- Brianna knows she is lesbian, but she goes out with Damitri so people don’t ask about her orientation. **They’ve had sex** – without a condom – a few times. Pregnancy risk__ STI risk__
- **Alexis has intercourse regularly**. She takes ‘the pill’ every day. In the past she had an abortion. Pregnancy risk__ STI risk__
- Sandra has never had intercourse and thinks she would feel guilty about it if she did. Pregnancy risk__ STI risk__
- **Maria and her girlfriend have had sex a few times**, and always use latex squares (a.k.a. ‘dental dams’). Pregnancy risk__ STI risk__
- Melissa has been in a close relationship for two years and **has had intercourse frequently**. She uses the birth control pill and her boyfriend uses condoms. Pregnancy risk__ STI risk__
- Linda has had a boyfriend for one year. She feels they will have intercourse soon but has no plan for contraception. Pregnancy risk__ STI risk__
- Katie has been **having sexual intercourse for eight months** without using contraception. Pregnancy risk__ STI risk__
- Andrew would like to meet a girl but is not sure how to do this. He feels it is important to know a girl before getting sexually involved. He has never had intercourse. Pregnancy risk__ STI risk__
- Darnell’s relationships have **included heavy petting** but not intercourse. He believes in abstinence. Pregnancy risk__ STI risk__
- Eric **had intercourse with a girl who used a female condom**. He is not having intercourse at this time. Pregnancy risk__ STI risk__
- **Tyler has been having intercourse** for the past four months without using contraception. Pregnancy risk__ STI risk__

- Noah is attracted to men and women. He is dating but is not interested in sexual intercourse with anyone yet. Pregnancy risk__ STI risk__
- Ken is more interested in school activities than having a sexual relationship. He has never had intercourse. He knows how to use a condom, just in case. Pregnancy risk__ STI risk__
- Bill has **had intercourse that resulted in an unwanted pregnancy**. The child was placed for adoption. His girlfriend now has the implant. Pregnancy risk__ STI risk__
- **Jack has intercourse once in a while**. He uses withdrawal for contraception. Pregnancy risk__ STI risk__
- Emilio has **had intercourse with many different guys**. He always uses a condom and uses it correctly. Pregnancy risk__ STI risk__” (pp. 17-18)

“Alicia and William have been going together for over a year. **When they began to have intercourse**, Alicia got ‘the pill.’ Then a month ago, they had a fight and decided not to see each other for a while. Alicia stopped taking the pill. But last night they got together, talked things over, and decided to continue with their relationship. Tonight, **they are alone at William’s and really want to start having intercourse again.**” (p. 23)

“For the past two months, David has been **pressuring Lila to have intercourse**. She just knows it will happen soon. But she’d rather wait to start having intercourse, which makes it hard for her to start talking about what kind of contraception to use.” (p. 23)

“Marisa and Carla have been in love for more than a year. They haven’t told anyone yet because they worry that some people may be disrespectful toward them. But someone started a rumor that Marisa was gay, so she went out with Derek to prove everyone wrong. **She had intercourse without a condom, and now she’s worried that she might be pregnant**. She is also worried that Carla may find out about Derek and her.” (p. 24)

“Orlando and Florey have been **having intercourse once or twice a week for six months**. They’ve been using ‘withdrawal,’ and it has seemed to work okay. Then two weeks ago, Florey’s period was late. **They worried that she was pregnant** and vowed that they would never have unprotected intercourse again. Finally, Florey’s period came. She wants to get a reliable method of contraception, but she’s too embarrassed to go to the family planning clinic.” (p. 24)

“Yolanda and Paul have **used a condom every time they have had intercourse** in the last six months, but last night the condom leaked.” (p. 25)

“Jacob and Emma **want to begin having sexual intercourse**. Jacob is totally fine with other people knowing about this, in fact, he can’t wait to tell his friends! Emma, on the other hand, doesn’t want anyone to know about her personal business – **her sexual behavior** or her contraceptive choices. She needs a method that she can keep private.” (p. 25)

Students complete an anonymous survey and rate the following statements from “Strongly Agree” to “Strongly Disagree”:

1. “Good sexuality education can help people grow up sexually happy and healthy.
2. **Women should have the same sexual freedoms as men.**
3. Men in a heterosexual relationship should make the first move.
4. Sexual faithfulness is a part of a successful relationship.
5. A person can trust a partner to be honest about past relationships.
6. Women will always have **primary responsibility for contraception and safer sex.**
7. People should have sexual intercourse only if they are in love.
8. Sexuality education should stress the benefits of abstinence for teens.
9. If a teen woman gets pregnant, it’s mostly her fault.
10. Most teens who become pregnant want to, consciously or unconsciously.
11. It’s best if people younger than 17 do not have intercourse.
12. Having a baby makes a person feel important.
13. **Comprehensive sexuality education can reduce the numbers of unplanned teen pregnancies.**
14. If abortion were illegal, people would be more careful about using a reliable method of contraception.
15. I know the values I would teach my own children about sexuality.” (p. 61)

“Despite ‘conventional wisdom’ that might indicate otherwise, **lesbian, gay, and bisexual (LGB) youth are at even greater risk for unplanned pregnancy** than their heterosexual peers. And since **unprotected sexual behaviors** that may lead to unplanned pregnancy also put people at risk for STIs, LGB youth also face increased STI risks.” (p. 63)

“Lesbian, gay and bisexual (LGB) youth have a **much higher risk of teen pregnancy** – between two and seven times the rate of their heterosexual peers.” (p. 67)

“Some gay and lesbian teens may have **sexual intercourse with different-gender partners as they explore their sexual orientation.** In one study, gay male adolescents reported using condoms less often with female partners than with male sexual partners.” (p. 67)

“LGB youth report an **earlier age at first intercourse, more sexual partners,** and somewhat surprisingly, higher pregnancy rates.” (p. 67)

“Overall, bisexual or lesbian respondents were about **as likely as heterosexual women to have had intercourse,** but they had significantly higher rates of pregnancy.” (p. 67)

“In one study of teen parents in 9th and 12th grade, one in three teen fathers **reported same- or mixed-sex sexual partners** in the past year, as did one in eight teen mothers.” (p. 67)

“Ongoing stigma and harassment may increase distress among LGB youth cause **risky coping behaviors that can lead to pregnancy.**” (p. 67)

“LGB teens report similar **frequency of intercourse** as heterosexual teens.” (p. 67)

“Increased substance use and abuse as a way of coping with stigma can also lead to unplanned, **and often unprotected, sexual behavior** in LGB adolescents.” (p. 68)

“**Risk for teen pregnancy remains higher for LGB teens compared to heterosexual peers.** When teen pregnancy rates decreased overall, they actually increased for LGB teens. This suggests pregnancy prevention efforts aimed primarily at heterosexual teens have not been effective for sexual minority youth, whose reasons for pregnancy involvement may differ.” (p. 68)

“Among those who were sexually active, **LGB youth reported more sexual partners, more alcohol use before last sex,** and more pregnancy than heterosexual youth. However, LGB youth in schools with gay-sensitive instruction reported less of each of these than did LGB youth in other schools.” (p. 68)

“Throughout the United States, abstinence is being promoted as the only 100% effective method for avoiding an unwanted pregnancy and sexually transmitted infections, including HIV. In actual use, however, abstinence often fails, i.e., **people who intended to be abstinent have sexual intercourse** – often without using either a condom or another contraceptive.” (p. 93)

Note: *Abstinence NEVER fails. Teens may fail to keep their commitment to abstinence, but it's not abstinence that fails.*

“Imagine someone has decided to be ABSTINENT. According to your own definition of ‘abstinence,’ circle the following sexual behaviors you believe a person can engage in and still be ABSTINENT.

- Holding hands
- Dry kissing
- **Mutual masturbation**
- Reading erotic literature
- **Cuddling naked**
- Deep kissing
- Vaginal intercourse
- Masturbation
- **Oral intercourse**
- Talking sexy
- Anal intercourse
- **Showering together**
- **Sexting**
- Massage

- Body painting” (p. 97)

Note: Students then complete this activity of defining abstinence again with a partner and then a set of four students who all have to agree.

“Explain that ‘on a lark’ usually means ‘carefree,’ ‘spontaneous,’ and ‘without planning...’ Do you think sex should be ‘on a lark?’ Why or why not? What are some benefits of **sex being carefree, spontaneous and without planning?**” (pp. 111-112)

“Note that while **some people might enjoy spontaneous sex**, one of the drawbacks of sex being ‘on a lark’ is that it doesn’t give time for a person to make plans to prevent pregnancy.” (p. 112)

“Given the facts of life in American society today, **who are the only people who do not need to use condoms?** (People who are abstaining from sexual intercourse and **people who are in a mutually monogamous relationship** with a partner they are certain is not infected with a sexually transmitted infection.) (p. 136)

“Studies have shown that **when condoms are available at schools and clinics**, teen sexual activity does not increase. However, condom use does increase among teens who are already sexually active.” (p. 138)

Down There Bingo: “Move around the room, **find someone and ask, ‘Are you someone who...** (complete the question).’ If the person says yes, ask him/her to sign on the line in that box. No one may sign more than one of your statements. The winner is the person with the most signatures when the exercise ends. Are you someone who...

- ...learned the correct names for the genital organs when you were a small child?
- ...knows someone who feels comfortable using tampons?
- ...has had a pelvic exam?
- ...knows what a vulva is?
- ...has seen a cervical cap?
- ...has heard that the vagina is dirty or smelly?
- ...**wishes you knew more about the clitoris?**
- ...can describe a difference between male and female condoms?
- ...knows **how many openings a woman has ‘down there’?**
- ...knows why a diaphragm can’t get lost in the vagina?
- ...knows how long the average vagina is?
- ...feels a little uncomfortable doing this activity?
- ...knows what must be used with the diaphragm to make it an effective barrier?
- ...knows the body part **inside the vagina that feels like the tip of a nose?**
- ...was **taught when you were little that it’s not okay to touch your genitals?**

- ...believes that if a woman does not bleed the first time she has intercourse, she is not really a virgin?" (p. 145)

"Last night Maria was out with the friend of a friend. It was very exciting, but also a bit scary, because Anthony was six years older than her. Marie did her best to seem sophisticated, and the evening seemed to go quite well. Anthony talked about a lot of interesting things, and she listened. Then, when she thought he was taking her home, he stopped the car and pulled her towards him, **kissing her and touching her breasts**. She wasn't sure what to do or say. She didn't want him to think she was immature, so she didn't ask him to stop. He **held her down and forced her to have intercourse**. When they got to her house, Maria quickly got out of the car without saying a word. What can Maria do? List all possible alternatives." (p. 154)

"Note that while hormones are important in creating the potential for human sexual responses, how people actually **behave sexually is determined largely by the society in which they grow up**. Each society teaches its children and young people how they should act as males and females; how their bodies should look; **who can touch them and under what conditions**; what's okay and not okay in relationships, and many other values regarding their sexuality." (pp. 161-162)

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

1. Describe **how sexuality develops and changes throughout the lifespan**, from birth to death.
2. Explain that sexuality includes all our attitudes, values and behaviors related to being male or female.
3. Understand that **outercourse** (sexual intimacy without intercourse) **is a possible option for expressing sexual feelings** without the risk of pregnancy." (p. 165)

"In today's society, when people use the word sex, **they are usually referring to intercourse**. As young people internalize this message from their environment, they may **feel pressure to experience intercourse as an affirmation of their sexuality**. By examining ways humans express their sexuality throughout the lifespan, participants can **broaden their understanding of their own sexual experiences**." (p. 165)

"Note that **humans are sexual beings from before birth until death**. What questions do young children ask about sex? What play activities do young children create to find out about their sexuality? Can you remember anything you were curious about regarding sexuality when you were a child?" (p. 165)

"How is **sexuality in childhood similar to sexuality in old age**? How is it different? What stage are you in? How does sexuality in the stage you are in compare with sexuality in other stages of the lifespan? **Which stage of the lifespan seems most exciting**? Why?" (p. 166)

“Explain the word **outercourse** is used to describe intimate sexual relations **without intercourse**. Describe some possible forms of outercourse, such as holding hands, kissing, **fondling, and masturbation.**” (p. 166)

Human Sexuality is...	Early Childhood Birth-3 years	Late Childhood 4-8 years	Early Adolescence 9-11 years	Adolescence 12-18 years	Young Adult 19-30 years	Adult 31-45 years	Adult 46-64 years	Adult 65+ years
1. Love								
2. Touch and affection								
3. Sense of being male or female								
4. Curiosity about body differences								
5. Need for friends								
6. Erections								
7. Lubrication of vagina								
8. Possibility of orgasm								
9. Possibility of masturbation								
10. Menstruation								
11. Sperm production								
12. Awareness of attraction to members of same sex, different sex, or both								
13. Possibility of intercourse								
14. Possibility of outercourse (kissing, touching, etc.)								
15. Possibility of pregnancy or impregnating								
16. Possibility of contraception and “safer sex” decisions								

(p. 167)

Sexuality through the Lifespan: “EARLY CHILDHOOD (Birth to 3 years)

- Learns about love and trust through touching and holding
- Sucking (need for oral satisfaction)
- Boys: **erections of penis**
- Girls: **vaginal lubrication**
- **Possibility of masturbation**
- Gender identity develops (child knows ‘I am a boy’ or ‘I am a girl’)
- Sex role conditioning (boys and girls are treated differently)
- Exploration of own body (hands, feet, genitals, etc.)
- Toilet training
- Curiosity about differences between boys’ and girls’ bodies
- Curiosity about parents’ bodies.” (p. 169)

Sexuality through the Lifespan: “LATE CHILDHOOD (4-8 years)

- **Childhood sexual play** (e.g., ‘playing doctor’)
- Sex role learning: how to behave like a boy or girl
- **Learns sex words** (‘bathroom vocabulary’)
- Asks questions about pregnancy and birth
- Begins to distinguish acceptable and not-acceptable behavior
- **Possibility of masturbation**

- Becomes modest about own body
- Media influences understanding of male/female family roles” (p. 169)

Sexuality through the Lifespan: “EARLY ADOLESCENCE (9-11 years)

- Puberty begins (growth of genitals, breast development, etc.).
- **Possibility of masturbation**
- Closeness of same-sex friends
- **Possibility of body exploration with others**
- Possibility of menarche” (p. 169)

Sexuality through the Lifespan: “ADOLESCENCE (12-18 years)

- Pubertal changes occur
- Menstruation or sperm production
- **Possibility of masturbation**
- **Pleasure from kissing and petting**
- Greater awareness of being attracted to people of same sex, opposite or both
- **Possibility of sexual intercourse or outercourse**
- **Possibility of pregnancy or impregnating**
- **Possibility of contraception or ‘safer sex’ decisions**
- Strong need for independence” (p. 169)

“Write a dialogue in which a **mother discovers a condom in her son’s jeans**. Have volunteers read their dialogues to the group.” (p. 179)

Role play character: “Mother, 44 – Your daughter, who is only 17, has been going out with a man, 22 years old, who is a good friend of your son. **You’re worried that they are having intercourse**, though you hope not. You believe that older men often pressure girls to have intercourse before they are really ready. You know you should talk to your daughter about the **possibility of a pregnancy and the importance of using contraception**. However, you really want to encourage her to say ‘no.’ Last night you discussed the matter with your husband, and you agree to bring the subject up at dinner tonight.” (p. 182)

Role play character: “Daughter, 17, High-School Junior – For three months now, you’ve been going out with a man, 22 years old, who is a good friend of your 20-year-old brother. You like him a lot, and you’ve been spending more and more time alone together. **You think he wants to have intercourse**, but you’re nervous about it. You would be happy to keep the relationship just the way it is now, but you don’t think he will be. Last night you overheard your parents talking, and you know they plan to talk with you about your relationship at dinner tonight.” (p. 182)

Role play character: “Son, 20 – For about three months, your sister, a 17-year-old high school junior, has been dating your friend, who is 22 years old. Their relationship seems to be getting serious, and while you haven’t talked to your friend about it, **you suspect he wants them to have intercourse. It’s hard for you to imagine your little sister having intercourse**, but your friend is a great

guy, and you think it's a good relationship. You heard your parents talking about discussing this relationship at dinner tonight." (p. 182)

"Since sexual feelings are present throughout life, learning to **identify one's own sexual responses can help young people manage them** and make decisions to help themselves avoid unplanned pregnancy and sexually transmitted infections. Whether teens' conscious decisions are to be abstinent or to engage in sexual intercourse, understanding and valuing their bodies increases the likelihood that they will implement their decisions in effective and health ways." (p. 183)

"This lesson, in contrast to those sometimes found in abstinence-only programs that promote simplistic slogans (like 'Just Say No' or 'Put a lock on it'), helps **normalize natural sexual responses for young people** and build skills for recognizing and handling sexual responses. Research shows that for young women in particular, **validating experiences of sexual desire and expectations of sexual pleasure** in relationships increases the likelihood that they will delay intercourse for the 'right person' and the 'right time,' and use contraception if they begin to have intercourse." (p. 183)

"Begin saying that today's **lesson focuses on sexual arousal or being 'horny,'** and how these feelings might affect people's sexual decisions. Ask if anybody knows where the word 'horny' comes from? Take guesses. Explain that the term comes for the belief in some cultures that drinking ground-up rhinoceros horn increases a person's sexual desire." (p. 184)

"Why might a person want to use a **substance to make himself/herself horny?**" (p. 184)

"**What feelings might a person have about sexual arousal?** (Note the variety of both positive and negative feelings a person might have about sexual arousal, depending upon their experiences as they go through life.) What thoughts or questions might a person have about sexual arousal?" (p. 185)

"Ask participants to read this handout, which **describes the physical changes of sexual arousal,** on their own. They are to **circle the physical changes of sexual arousal a person could easily notice** and answer the question posted on the board on the back of their handouts." (p. 185)

"How do you think people **might feel talking about having sexual responses?** Why? (Note that the timing of sexual feelings might not always be ideal – privacy may not be available, the person might also feel pressured about their decisions, or feel guilty, or a person's body may not continue to respond sexually.)" (p. 186)

Scenario for Managing Sexual Arousal: "John has decided to abstain from oral, vaginal and anal intercourse. He realizes **he's feeling very turned on** by the scene in the video he and his partner have been watching." (p. 189)

Scenario for Managing Sexual Arousal: “Kim has made a decision to abstain from oral, vaginal, and anal intercourse. She notices **she’s feeling very aroused by the sexy thoughts she’s having while her partner is giving her a sensuous back rub.**” (p. 189)

Scenario for Managing Sexual Arousal: “Carlos has made a decision to abstain from oral, vaginal, and anal intercourse. He is with his new partner. **He’s getting very ‘hot’ listening to the song he and his last partner fooled around to.**” (p. 189)

Scenario for Managing Sexual Arousal: “Amy has made a decision to abstain from oral, vaginal, and anal intercourse. She loves the cologne her partner uses and **the taste of their long kisses.** Tonight, they’ve been **lying together and kissing for ages and she’s feeling very horny.**” (p. 189)

Scenario for Managing Sexual Arousal: “Lisa has made a decision to abstain from oral, vaginal, and anal intercourse. All evening she and her partner have been dancing close every time there’s a slow song on their favorite CD. Hearing and **feeling her partner’s heavy breathing on the back of her neck, Lisa is getting very aroused.**” (p. 189)

“Then, ask them to think about a **sexual relationship in which a high-school sophomore girl is going out with a 22-year-old man.**” (p. 192)

“Mark each statement below T for True or F for False.

1. The majority of teenagers **who have sexual intercourse do so with partners close to their own age.** [T]
2. Many babies born to 15-year-old teens are fathered by males 20 or older. [T]
3. The **younger a girl is when she first has sexual intercourse,** the more likely it is that she does not agree to it and does not want to do it. [T]
4. The ‘age of consent’ to sexual intercourse is the same in every state. [F]
5. The **closer in age a teen girl and her sexual partner** are, the more likely she is to use contraception the first time she has sexual intercourse. [T]
6. A teen girl is less likely to be exposed to a sexually transmitted infection (such as HIV/AIDS) by a partner three or more years older than by a partner closer to her own age. [F]
7. The younger a teen mother is, the greater the age gap is likely to be between her and her baby’s father. [T]
8. Half of **fathers aged 20 or older whose infants are born to 14- to 17-year-old girls** have completed fewer years of school than is expected for their age. [T]
9. In our state, it is against the law for a person under ___ years old to have sexual intercourse.
10. In our state it is against the law for a person ___ years old to have sexual intercourse with a person ___ years old (Or: __, or more years older) even if the younger person consents to it.” (p. 194)

“It’s COMMON for ADOLESCENT MALES TO:

	<ul style="list-style-type: none"> • Have a flaccid (soft) penis length of 1 inch to 5 inches. • Have an erect penis length from 4 inches to 7 inches. • Have a penis that becomes erect at any angle and may curve to the right or left. • Believe (incorrectly) that penis size is crucial to proper sexual functioning. • Have an ache in the testicles after prolonged sexual arousal (which will go away by itself). • Have frequent erections... • Wake up in the morning with an erection. • Have erections without ejaculating. • Sometimes lose an erection. • Masturbate occasionally, frequently or not at all (with no resulting physical harm).” (p. 205) <p>“It’s COMMON for ADOLESCENT FEMALES TO:</p> <ul style="list-style-type: none"> • Have wetness in the vaginal area when sexually aroused. • Masturbate occasionally, frequently or not at all (with no resulting physical harm).” (p. 207) <p>“Jennifer’s period is almost two weeks late. She’s been having sexual intercourse with Tony for three months without using any methods of birth control. – Possible pregnancy. Jennifer could get a pregnancy test at a family planning clinic or private doctor’s office.” (p. 226)</p> <p>“William’s condom broke during intercourse with Denise last night. She does not want a pregnancy. – Possible risk of pregnancy and STI. Denise could call right away to get emergency contraception, or she and William could discuss this at a family planning or STI/HIV clinic or with a teacher or school nurse.” (p. 227)</p> <p>“When Maureen had sexual intercourse with her new partner, Jamal, last night, he said he would pull out in time, but he didn’t. – Possible risk of pregnancy and STI. Maureen could discuss this at a family planning or STI/HIV clinic or with a teacher or school nurse or call immediately about emergency contraception.” (p. 227)</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</i></p>	<p>No evidence found.</p>

<p><i>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>3. PROMOTES ANAL AND ORAL SEX</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>“Although some people might hold inaccurate assumptions about in which specific sexual behaviors lesbian, gay and bisexual people might participate, the reality is that sex among lesbian, gay, and bisexual people does not follow a prescribed set of behaviors. For example, anal sex is often incorrectly called ‘gay sex.’ Heterosexuals and bisexuals can and do have anal sex, too. People of all orientations participate in a wide variety of sexual behaviors regardless of sexual orientation.” (p. 65)</p> <p>“Without lubrication, a women may feel pain or discomfort during vaginal intercourse and the condom is more likely to break, because there is more friction... Extra lubrication will be needed if a couple engages in anal intercourse.” (p. 131)</p> <p>“Ejaculation is on the list. What else is missing? (Orgasm for the other partner. Although the penis should be withdrawn soon after ejaculation, the other partner’s genitals could be stimulated by fingers, mouth, etc. until s/he feels satisfied.)” (p. 131)</p> <p>“Ask what the differences are, if any, in the steps if intercourse...</p> <ul style="list-style-type: none"> • is between two men. • is between two women. • includes oral sex on the male. • includes oral sex on the female. • includes oral sex on the anus.” (p. 132) <p>“Note that the latex squares (‘dental dams’) are available for oral sex on the vulva or the anus.” (p. 132)</p> <p>“Karen had oral sex with her boyfriend several times. He just told Karen he had intercourse with another woman without using a condom.” (p. 228)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about</i></p>	<p>“Research indicates that lesbian and gay youth are at high risk for pregnancy. Why might this be? How would pregnancy prevention options be similar for a same-sex couple? How would they be different?” (p. 11)</p> <p>“People who engage in sexual behaviors with people of the same sex can be at HIGH, LOW or NO RISK of contracting an STI, depending on their behavior.” (p. 15)</p> <p>“Noah is attracted to men and women. He is dating but is not interested in sexual intercourse with anyone yet.” (p. 18)</p>

homosexuality or homosexual sex.

“Emilio has **had intercourse with many different guys**. He always uses a condom and uses it correctly.” (p. 18)

“**Marisa and Carla have been in love for more than a year**. They haven’t told anyone yet because they worry that some people may be disrespectful toward them. But someone started a rumor that Marisa was gay, so she went out with Derek to prove everyone wrong. She had intercourse without a condom, and now she’s worried that she might be pregnant. She is also worried that Carla may find out about Derek and her.” (p. 24)

“Give groups flip chart paper and markers. Ask half the group to develop a ‘Code of Ethics for Males,’ and half a ‘Code of Ethics for Females,’ or guidelines for taking responsibility for avoiding unplanned pregnancy... **How would the codes be similar/different if the two partners were of the same gender?**” (p. 60)

“Introduce or review the basic concepts of sexual orientation and sexual behavior:

- A heterosexual person is attracted to people of a different sex.
- A **gay or lesbian** person is attracted to people of the same sex.
- A **bisexual** person is attracted to people of different and the same sex.
- **Sexual orientation** is an identity label that describes WHOM a person is attracted to.
- **Sexual behavior** is WHAT a person does.” (p. 64)

“Having a **lesbian, gay, or bisexual identity is not a ‘lifestyle,’** it is an identity that is as varied and diverse as the people in that identity group.” (p. 65)

“What do you think are the most important messages to share with young people – **of all sexual orientations** – about preventing pregnancy and STIs?” (p. 66)

“Assign the following questions for homework or ask in-class after the websites have been visited.

1. **In what ways are people who are LGB similar to people who are heterosexual?** In what way are people who are LGB different from people who are heterosexual?
2. How do people on these websites demonstrate their resilience?
3. What other questions about people who are LGB do you have?
4. What is one thing you can do to help your friends and classmates – of any sexual orientation – find their strengths and build resilience?” (p. 66)

“Some **gay and lesbian teens** may have sexual intercourse with different-gender partners as they **explore their sexual orientation**. In one study, gay male adolescents reported using condoms less often with female partners than with male sexual partners.” (p. 67)

“Overall, **bisexual or lesbian respondents were about as likely as heterosexual women to have had intercourse**, but they had significantly higher rates of pregnancy.” (p. 67)

“**LGB youth** may avoid disclosure, while **simultaneously engaging in heterosexual dating and sexual behaviors as a form of ‘camouflage’** to avoid being identified as lesbian, gay or bisexual, and being targeted for stigma.” (p. 68)

“Risk for **teen pregnancy remains higher for LGB teens** compared to heterosexual peers. When teen pregnancy rates decreased overall, they actually increased for LGB teens. This suggests pregnancy prevention efforts aimed primarily at heterosexual teens have not been effective for sexual minority youth, whose reasons for pregnancy involvement may differ.” (p. 68)

“Ask what the differences are, if any, in the steps if intercourse...

- is **between two men**.
- is **between two women**.
- includes oral sex on the male.
- includes oral sex on the female.
- includes oral sex on the anus.” (p. 132)

5. PROMOTES SEXUAL PLEASURE

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

“A positive approach to sex education is the best approach. This means moving beyond talking about the dangers of sex and **acknowledging in a balanced way the pleasures of sex**. It means associating things open, playful, and humorous with sexuality, not just things that are grave and serious. It means offering a model of **what it is to be sexually healthy** rather than focusing on what is sexually unhealthy.” (p. xiv)

“Note that we need to **talk first a little bit about pleasure in general in order to understand how ‘horny’ happens**. Write the five senses (see, smell, hear, taste, and touch) on the board/flip chart and note that **they can greatly affect sexual arousal**. In fact, the senses are important throughout our lives. For example, research has demonstrated that the way in infant is touched and handled affects how her/his brain develops, including the pleasure centers of the brain. Ask the participants to think of another sense memory – besides touch – from their own childhoods.” (p. 184)

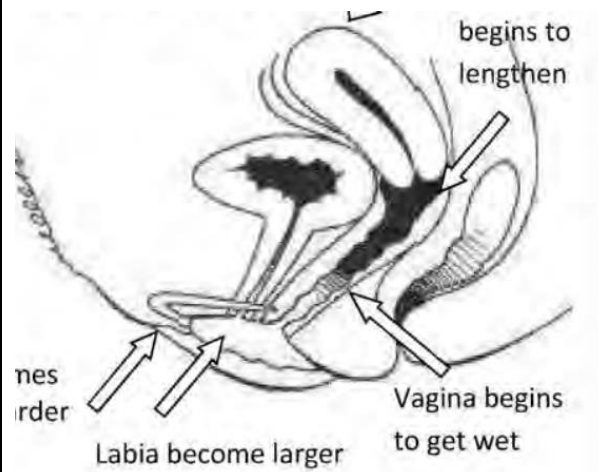
“Mention that now we can move one to looking a little more closely at **sexual pleasure and the physical changes of sexual arousal**, which are important signals for people to be able to identify if they want to understand how their bodies work physically.” (p. 185)

“Continue by asking participants to think about some of the specific things that might be **the very beginnings of sexual arousal or ‘turn ons.’** So, other than rhino horn, **what could make a person feel horny?** (Give an example or two, such as the smell of a certain cologne; a certain type of hair; a romantic song.)

Ask for volunteers to **name something from the senses that could trigger sexual arousal.**" (p. 185)

"EXCITEMENT RESPONSES IN FEMALES:

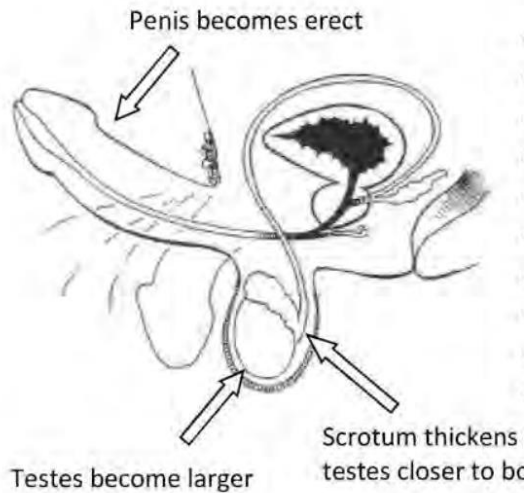
- Increased blood flow causes **clitoris to swell and become larger and harder**
- **Vagina lubricates (becomes wet)** and expands
- Labia becomes darker in color
- Labia majora and labia minora (outer and inner lips) flatten and spread apart slightly
- Breasts increase in size and **nipples become erect**
- Some parts of the body, such as the chest, become red in some females (called '**sex flush**')
- Muscle tension increases
- Heart rate begins to increase
- Blood pressure begins to rise" (p. 188)



(p. 188)

"EXCITEMENT RESPONSE IN MALES:

- Increased blood flow causes **penis to become erect**
- Scrotum thickens and becomes more tense
- Testicles elevate slightly within scrotum
- Scrotum pulls testes closer to the body
- **Nipples become erect in some males**
- Muscle tension increases
- Heart rate begins to increase
- Blood pressure begins to rise
- Some parts of the body, such as the chest, become red in some males (called '**sex flush**')" (p. 188)



(p. 188)

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.

Behaviors with no risk of unintended pregnancy: “**People who have outercourse** (non-penetrative sexual behaviors such as holding hands, kissing, fondling, **masturbation**, etc.)” (p. 14)

“Although the penis should be withdrawn soon after ejaculation, the other partner’s genitals could be **stimulated by fingers**, mouth, etc. until s/he feels satisfied.” (p. 131)

“It’s COMMON for ADOLESCENT MALES TO: **Masturbate occasionally, frequently** or not at all (with no resulting physical harm).” (p. 205)

“It’s COMMON for ADOLESCENT FEMALES TO: **Masturbate occasionally, frequently** or not at all (with no resulting physical harm).” (p. 207)

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

“Twenty signs for ‘condom cards,’ Labeled in the following sequence:

- Decide to have sexual intercourse
- Talk about **safer sex**
- Buy/get condoms
- Check expiration date
- **Arousal (getting turned on)**
- **Erection**
- Open package carefully
- Inspect condom
- **Place a drop of lube on the inside tip of the condom**
- Hold condom at tip to leave space at end
- Put condom on tip of erect penis
- **Roll condom down to the base of the penis**
- Smooth out air bubbles
- **Intercourse (vaginal, anal, or oral)**
- **Ejaculation**

provide complete protection against pregnancy or STIs.

- Before losing erection, hold condom at base of penis and pull out
- Take off condom
- Throw it away
- Enjoy the good feelings
- **Repeat as necessary**" (pp. 129-130)

"Today we will be talking about **condoms for protection during vaginal, oral and anal intercourse.**' Explain that condoms have been used by millions of couples for hundreds of years." (p. 130)

Note: *The FDA has only approved one condom for anal sex, a fact that is not mentioned in this program. Leading adolescents to believe that all condoms are safe for anal sex increases their chance of contracting an STI.*

"How do you 'inspect' the condom, and what should you look for? (**Do NOT unroll the condom before putting it on the penis.** Look at the rolled condom for obvious tears. If the condom sticks to itself, or looks dry or cracked, then don't use it.)" (p. 131)

"Why should a **drop of lube** be placed on the inside tip? (**To make the penis feel more sensitive.** Remember not to use too much lubricant or the condom may slip off the penis, and remember not to use oil-based lubricants, which will damage the condom.)" (p. 131)

"Why should space be left at the end? (**To catch the semen [or 'cum'].** If no space is left, the semen may leak out of the base, or the condom may break.)" (p. 131)

"What is different if the man is uncircumcised (if he has a foreskin)? (**Be sure the foreskin is pulled back before putting the condom on.** If the foreskin isn't pulled back completely before the condom is on, it will stretch the condom at the tip and increase the chance of breaking.)" (p. 131)

"Note that the **latex squares ('dental dams')** are available for oral sex on the vulva or the anus." (p. 132)

"Take about 12 pieces of flip chart paper around the room. Brainstorm reasons why people don't use condoms, writing each reason on a separate piece of flip chart paper.... Give one or two examples of how people could respond if a partner gave one of these reasons. Then ask participants to walk around the room writing down responses to each reason. Have volunteers read responses aloud when group [sic] has finished writing." (pp. 133-134)

Participants now have an opportunity to utilize the responses they have written on the flip chart paper in **role-plays**. Divide the group into pairs. Ask pairs to decide who will be number 1 and who number 2 [sic]. First, tell the people who are number 1 to **convince number 2 to wear a condom**. Person number 2 should use as many excuses as possible **to resist having the condom put on**.

Person number 1 can **use the responses from the brainstorm to overcome the partner's resistance**. When the first person in the couple has succeeded in convincing his/her partner to wear a condom, they switch roles." (p. 134)

"Ask group [sic] to **brainstorm all the ways that condoms improve intercourse**. (possible responses include: take away anxiety; reduce fear of pregnancy and/or sexually transmitted infections; improve communication; can be **part of foreplay**; add variety; **making intercourse last longer**; 'colorful'; help to relax; etc.)" (p. 134)

"Hold up the box and tell participants it contains a really great and thoughtful **gift a person can give a sexual partner**. Open and **show the condom**. Ask why a condom is a great gift." (p. 136)

"Say that to be sure everyone is **familiar with the wide variety of condoms and lubes available**, they're going to have a chance to evaluate some of the products. Divide participants into small groups (five or fewer is best). **Give each group a selection of male condoms, a female condom, and a selection of personal lubricants to evaluate.**" (p. 137)

"Why is it important to be able to **evaluate condoms and lubes**? Why is it important to be aware of differences in condoms and lubes? **What advice would you give** to someone who was choosing condoms or lubes?" (p. 137)

Choosing Condoms, Choosing Lubes Handout: "By yourself, **check all the descriptions that apply to the condom packaging, wrapping and features**, or to the lube packaging, ingredients and features. When finished, discuss your findings with your group.

Condoms, Packaging/Wrapping:

- Appealing to men
- Appealing to women
- Appealing to young people
- Difficult to open
- Difficult-to-read expiration date
- Easy to open
- Easy-to-read expiration date
- Embarrassing
- Eye-catching
- See-through
- Other: _____

Condoms, Features:

- Colored**
- Contour fit
- Extra-thick
- Extra-thin
- Extra-lubricated
- Extra-sensitive
- Flavored**

- Larger tip
- Larger-fitting
- Lubricated with _____
- Odorless
- Non-lubricated
- Ribbed**
- Snugger-fitting
- Studded
- Tipped
- Twisted tip
- Unique shape
- Vibrating ring**
- Other: _____” (p. 139)

“Lubes, Packaging:

- Appealing to men
- Appealing to women
- Appealing to young people**
- Difficult to open
- Easy to open
- Embarrassing
- Flip-top
- Interesting
- Packet
- Pump
- Screw-top
- Tube

Lubes, Features:

- Flavored**
- Long-lasting
- Natural oil-based
- Non-staining
- Numbing/desensitizing
- Odorless
- Petroleum-based
- Safe with latex
- Silicone
- Tasteless
- Thick/heavy
- Thin/light
- Tingling**
- Warming**
- Water-based with glycerin
- Water-based without glycerin” (p. 140)

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.

“Express comfort, knowledge, attitudes and skills needed to use contraception and safer sex **if they decide to have intercourse.**” (p. xvi)

“Begin the lesson by noting the normalcy of a variety of sexual behaviors. State that in any given group of young people, there will be different ways that people express themselves, including **the choice that an individual makes about whether or not to have sexual intercourse.**” (p. 13)

“The first big decision, of course, is **whether or not to have sexual intercourse.** People who decide not to have penile-vaginal intercourse will not have to make a decision about unplanned pregnancy. Next, if a couple **decides to have intercourse, they decide either to use contraception** or they decide not to use contraception.” (p. 20)

“Decide when and **under what circumstances you will stop abstaining.** When you reach a certain age? When you are in a long-term committed relationship? Married?” (p. 96)

“Think about what you will decide **when abstinence is no longer the right choice for you.** You will need to choose another method to protect against an unplanned pregnancy or a sexually transmitted infection.” (p. 96)

“What advice would you give a teen who is **thinking about whether to abstain or to have intercourse?** What advice would you give a teen who has decided to have intercourse?” (p. 103)

“Research shows that for young women, in particular, validating experiences of sexual desire and expectations of sexual pleasure in relationships increases the likelihood that they will **delay intercourse for the ‘right person’ and the ‘right time,’ and use contraception if they begin to have intercourse.**” (p. 183)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.

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.

“Which two methods give the most protection against both pregnancy and STIs? (**Abstinence from any kind of sexual intercourse and condoms.**) Why might this be important to know?” (p. 6)

“In addition, note that people sometimes **choose to use abstinence (not having sexual intercourse) or withdrawal** (pulling out) as behaviors to prevent pregnancy.” (p. 50)

“What options do males have to prevent the possibility of an unplanned pregnancy? (**Abstain from sexual intercourse, use condoms,** and support a partner’s use of contraception.)” (p. 60)

“Describe a romantic scene in which a couple communicates about **how to protect themselves from pregnancy and/or sexually transmitted infections.** Your description should include the following:

- Describe the place where the couple is having their conversation. Try to make it as vivid as possible so the reader can visualize the setting.

	<ul style="list-style-type: none"> • Describe, briefly, each of the partners. Include their names, ages, personal characteristics and interests. • Tell how the couple met; how long they've known each other; and the present status of their relationship. • Tell how each partner feels about having intercourse at this time. • Tell how each partner feels about the possibility of getting and using condoms and/or contraception. • Write a conversation between the couple in which they discuss the possibility of using contraception and/or condoms. There should be at least three quotations from each partner." (pp. 74-75) <p>"Tell participants abstinence can be effective if used perfectly every time, but what if it's not used perfectly every single time? Explain that all contraceptive methods have failure rates, mostly based on human error... Promises or pledges of abstinence can also 'break' if not followed consistently." (p. 95)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>"All sexual orientations and gender identities must be acknowledged. The inclusive nature of these lessons recognizes that there are diverse sexual orientations and gender identities, and some participants may identify as lesbian, gay, bisexual, transgender, intersex or questioning. It is important to create an environment that recognizes the needs of these often isolated and invisible individuals." (p. xv)</p> <p>"Inclusive, gender-neutral terms that do not imply everyone is heterosexual is critical... Heterosexual individuals may not notice the difference, but lesbian, gay, bisexual and transgender people will, and may feel safer than they might have otherwise." (p, xix)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p>	<p>"Show participants the large signs on the wall that mark the continuum of protection from unplanned pregnancy, from excellent protection to some protection to no protection." (p. 5)</p> <p>"Ask participants with one color of cards (e.g., blue) to use the contraceptive options chart to decide where on the pregnancy section of the continuum their methods belong. When they have decided, they should tape their cards in the correct place to show how well that method prevents pregnancy." (p. 5)</p> <p>"Looking at the pregnancy (top) part and the STIs (bottom) part of the continuum, what conclusions do you draw? What questions do you have? (Emphasize that some of the methods that work best at preventing pregnancy,</p>

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

like the Pill, do NOT protect against STIs. Others, like spermicides, could increase the risk of STIs.)” (p. 6)

“If someone had unprotected intercourse, what could she or he do to **prevent unplanned pregnancy afterward?** (Get emergency contraception within 120 hours at a local pharmacy or clinic...)” (p. 6)

“What can **decrease the effectiveness** of a method? (Possible answers: forgetting to take a pill; using an oil-based lubricant with a condom)” (p. 5)

“Ask participants with the color of cards (e.g., yellow) to come forward and tape their method on the bottom part of the chart to show **how well that method prevents sexually transmitted infections (STIs).**” (p. 6)

“Place each method on the continuum below, twice: once for the protection it gives in **preventing pregnancy**, and once for the protection it gives in **preventing STIs.**

- Abstinence
- Diaphragm
- Female Condom
- Implant
- Injection (Shot)
- IUC
- Male Condom
- No Method
- Outercourse
- Patch
- Spermicide
- The Pill
- Vaginal Ring
- Withdrawal” (p. 7)

“Use any remaining time to review individual methods, referring to the Contraceptive Options chart, plus sample methods, pictures or pamphlets. Note that the chart includes all the methods that might be used throughout a person’s life, but focus on the **methods more commonly used by teens, such as abstinence, the Pill, condoms and injection.**” (p. 6)

“In terms of the statements about contraception not being ‘natural’ or ‘losing feeling with condoms,’ allow student [sic] to consider the feelings and experiences of intercourse that are not interfered by contraceptive use (e.g., affection, skin contact, **erection, lubrication, increased heart rate, orgasm,** etc.) and the increased enjoyment many couples experience when they are relieved of anxiety about a possible pregnancy or risk of infection.” (p. 10)

“How might a contraceptive method with high rate of effectiveness **improve a couple’s relationship?** Explain.” (p. 11)

“Alexis has intercourse regularly. She takes ‘the pill’ every day. In the past **she had an abortion**. Pregnancy risk__ STI risk__” (p. 17)

“...[I]f they had intercourse without using contraception, or used a condom that broke, or for any other reason they think they were not protected, the women can decide, within 120 hours (5 days), to **get emergency contraception** – the sooner, the better.” (p. 20)

“If the woman finds out that she is pregnant, then she must decide whether to have a baby and be a parent; or to have a baby and plan for someone else to raise the baby; or to **have an abortion**.” (p. 20)

“What could be done to **encourage more women to use emergency contraception** so they might not have to make a decision about an unplanned pregnancy?” (p. 20)

“Distribute the Handout: Making Decisions about Contraception and the Contraceptive Options chart. Suggest that participants **use the chart in deciding what contraceptive methods they might recommend**.” (p. 21)

“Alicia and William have been going together for over a year. When they began to have intercourse, **Alicia got ‘the pill.’** Then a month ago, they had a fight and decided not to see each other for a while. **Alicia stopped taking the pill.** But last night they got together, talked things over, and decided to continue with their relationship. Tonight, they are alone at William’s and really want to start having intercourse again.” (p. 23)

“Yolanda and Paul have **used a condom every time they have had intercourse** in the last six months, but last night the condom leaked.” (p. 25)

“Jacob and Emma **want to begin having sexual intercourse**. Jacob is totally fine with other people knowing about this, in fact, he can’t wait to tell his friends! Emma, on the other hand, doesn’t want anyone to know about her personal business – her sexual behavior or her contraceptive choices. **She needs a method that she can keep private.**” (p. 25)

“Hold a sample Contraceptive Domino ... for all participants to see. Explain that both sides of each domino will **contain information about contraceptives**. A domino side may contain the name of the contraceptive method, a type of contraceptive method, **an instruction for correct use, a description of how a method works**, or other relevant information about a contraceptive method.” (p. 28)

“Discussion Questions:

- What might someone **consider when choosing a method** to prevent pregnancy (e.g., side effects, cost, availability, personal values, age, etc.)?
- In what way do contraceptive methods reduce the risk of pregnancy?
- Why might it be important to know *how* a method prevents pregnancy?

- What are some **examples of directions to use a contraceptive?**
- Why do you think contraceptive methods are used incorrectly?
- How might a person successfully follow the method's instructions for use?" (pp. 28-29)

"Let participants work in pairs. Give them five minutes to list '**The Ways Life Would Be Different If There Were No Contraceptives.**'" (p. 39)

"Which method of birth control **has been used throughout recorded history** and is still used today? (Answer: Coitus interruptus or withdrawal)" (p. 40)

"Tell participants they will have an opportunity to **examine their attitudes about the availability of contraception** by pretending they live at different times in history. Explain that you will read a situation and give four possible alternatives. One corner of the room will represent each alternative. Participants will move to the corner that represents the option they would most likely select if they were confronted with this situation. Once they are in a corner, they should discuss their choice with others who made the same choice." (p. 40)

"What **obstacles do you think people currently face** when trying to access contraceptives?" (p. 41)

"What right do young people currently have regarding getting and using birth control? List these 'rights' on the board/flip chart. Be sure they include:

1. The right to say 'no' when choosing not to have intercourse.
2. The **right to purchase contraceptives at the drug store.**
3. **The right to receive confidential services at birth control clinics.**" (p. 41)

"How might young people become **more active in accessing reproductive health care?**" (p. 41)

"Today, effective methods of birth control enable people to choose when and if they will have children in ways never before possible. **This is an awesome revolution** in the control that people, particularly women, have in determining how they will live their lives." (p. 42)

"Current efforts at reducing unwanted pregnancies focus on adolescents. Teen pregnancy rates in the United States are at least double those in other developed nations; almost 750,000 American teens become pregnant each year. **Most of these pregnancies are unplanned; about 25% end in abortion.** Since adolescents themselves are the key to ending the tragedy of unwanted pregnancies, teens have begun to join campaigns seeking solutions. Major strategies of these nationwide efforts include:

1. **Improving sexuality education in the schools.**
2. **Making contraceptives more easily available through school-based health clinics.**
3. Encouraging parents to communicate with their children about sexual matters, including contraception.

4. Permitting advertising of contraceptives in the media.
5. Improving teens' hopes and expectations for their own future lives." (p. 45)

"Today, there are more contraceptive options available than ever before. Long Acting Reversible Contraceptives (LARCs) in the form of intrauterine contraceptives (IUCs) and implants lead the way in **offering unprecedented efficacy in preventing pregnancy**. Other new hormonal methods including patches, rings and injections expand options beyond the pill. **Condoms are available in a range of materials, texture and features**. And of course, abstinence remains a choice, just as it was in ancient times." (p. 45)

"Remind participants that there are three main ways that non-magical methods of birth control work to prevent pregnancy:

1. **Hormonal** – alters a female's body to prevent the release of an egg.
2. **Barrier** – prevents sperm from coming in contact with the egg.
3. **Surgical** – medical procedures to permanently prevent pregnancy." (p. 50)

***Note:** This program has students create fictional, "magical" methods of birth control based off traditional or "non-magical" methods.*

"Ask participants to **identify two or three hormonal methods** that are listed on the NON-MAGICAL METHODS OF BIRTH CONTROL flip chart sheet, and again circle these using a different colored marker. **Repeat for barrier and surgical methods, again circling two or three methods** with different color markers." (p. 51)

"Now that we have reviewed non-magical methods of birth control, and how they work, for the rest of class, we will **spend time developing pregnancy prevention methods magicians might make/use**. You will have the opportunity to work in small groups creating your own methods. Here is one example of a magical method some other witches and wizards have created." (p. 51)

"Almost 80% of males worldwide report ever having used a male condom, the only male barrier providing protection from sexually transmitted infections and pregnancy during intercourse. Males also report having used methods such as **oral contraceptives, intrauterine devices and withdrawal with their partners to prevent pregnancy**. Research indicates that a greater percentage of males make the decision to use a contraceptive method with a partner rather than either partner making the decision alone. The male condom and other contraceptive options often require male support for proper application and use. Therefore, communicating about contraceptives can be useful for males and females alike. In the lesson, **participants will explore attitudes males and females may have regarding contraception and safer sex.**" (p. 57)

"Note that people have **many different opinions about** sexual behavior, and about **who is responsible for contraception**. To assess the attitudes of people in

this group, participants will have an opportunity to complete an opinion survey.” (p. 58)

“Note that previous research indicates about 70% of men and women believe that **men need to play a greater role in making contraceptive choices.**” (p. 60)

“Do you think males or females have more power when making a decision about an **unplanned pregnancy**? Why might this be? (Note that legally the woman has the final decision regarding **whether to have an abortion** or carry the pregnancy to term.) What feelings might a young man experience when a partner tells him she’s pregnant?” (p. 60)

“Ask participants to **think of a romantic scene they’ve seen on television**, in a movie, or in a video.

- Did the romantic scene include any discussion about the possibility of a pregnancy or a sexually transmitted infection?
- Do you recall any movie or television show **where a couple makes a decision about using contraception**? If so, what happened?
- What effect do you think the general absence of discussion about contraception in the media has on people?” (pp. 71-72)

“Explain that this lesson will give participants an opportunity to **think about how a couple could discuss contraception**. Let participants divide into male/female pairs.” (p. 72)

“What are some ways advertising companies could **promote the use of condoms**?” (p. 79)

“There has been considerable debate about **advertising contraceptives and safer sex**. What are the pros and cons of having ads for condoms and other contraceptives in the media?” (p. 79)

“A difficult step in becoming an **effective user of contraception** can be ‘going public,’ i.e., risking being seen obtaining a contraceptive and thus risking being identified as a person who is having intercourse.” (p. 81)

“**Contraception may be neglected or discontinued** when life circumstances change. For example, going away to college or breaking up with one’s steady partner are stressful life situations that can increase vulnerability for unplanned pregnancy or sexually transmitted infections (STIs).” (p. 87)

“Which method of contraception seemed **most practical for first intercourse**? Explain.” (p. 88)

“Your group is to make decisions about the contraceptive practices of an imaginary person, who successfully controls his or her fertility and reproductive health throughout life.

1. Decide whether this person is male or female.

2. Write **FIRST INTERCOURSE at the age on the lifeline** below when you decide it will occur.
3. Decide whether there will be **one sexual partner throughout life or more than one**. To indicate this, write NEW RELATIONSHIP on the line each time one occurs.
4. Decide if this person will have children. If so, write BIRTH OCCURS at point(s) on the line.
5. Identify at least two stressful times in this person's life when he or she should be extra careful about contraception. State what these are and place on line [sic].
6. Using the Contraceptive Options chart, **indicate the types of contraception that will be used in this person's life cycle**. Contraception is used when pregnancy is not desired. (Condoms will also protect against sexually transmitted infections.) The contraceptive methods can change as life circumstances change." (p. 89)

"How might acknowledging the possibility of having intercourse impact using contraception? **How might an individual obtain contraceptives?** What are some potential challenges to obtaining contraceptives? How might someone overcome these challenges?" (p. 82)

"Ask the participants **what they have heard about LARCs**. They might have preconceived notions about LARCs, either specifically or generally, and it is important to know what these are in order to address them." (p. 106)

"Discussion Questions:

- What are the **advantages and disadvantages of LARCs compared to other potential contraceptive options** like condoms or the Pill?
- Some have argued that Depo-Provera – an injection to the arm that provides contraceptive protection for three months – is a LARC, too. Do you think it should be included or not? Why or why not?
- Why would it be a **good idea to use a condom along with a LARC?**" (p. 107)

"**Hormonal contraception** uses the hormone progestin or a mix of estrogen and progestin to stop a woman's ovaries from releasing an egg every month. Adding hormones to a woman's reproductive system creates changes, such as stopping her period or making it more regular, potential weight changes, reduced acne, and more. **The hormones used in LARCs can be taken while breastfeeding** and pregnancy can occur immediately after removal." (p. 108)

"**Hormonal LARCs include** implants (Implanon and Nexplanon) and the intrauterine contraceptive Mirena." (p. 108)

"**Non-hormonal contraception** uses means of preventing fertilization of the egg other than altering a woman's hormonal balance so that she does not release an egg. One example of a non-hormonal contraceptive is a condom, which works as a barrier between the sperm and the egg by catching the sperm. Non-hormonal

contraception LARCs change the makeup of uterine fluids resulting in a weakened sperm strength and prevention of fertilization. Non-hormonal contraception **does not affect breastfeeding or future fertility.**" (p. 108)

"The intrauterine contraceptive ParaGard is a non-hormonal LARC. **All LARCs are highly effective**, regardless of which kind they are." (p. 108)

"Explain that **LARC stands for 'long-acting reversible contraceptive.'** Write each word next to the appropriate letter and ask what each part means:

- **Long Acting** – It works for a long time. Several years, in fact.
- **Reversible** – You can stop using it if you want to have a pregnancy, or if you want to be using a different method.
- **Contraceptive** – It works as a contraceptive to prevent pregnancy." (p. 112)

"Remind participants that the other kind of LARC is the implant, which is surgically placed under the skin. Like the IUC, the implant is highly effective in preventing pregnancy. In fact, **LARCs are much more effective than other hormonal methods** – pills, patches and rings – because there is no room for user error. You can forget to take a pill; you can't forget your implant or IUC." (p. 113)

"Distribute the Handout: Pregnancy Prevention and More and ask participants to imagine they are health care providers learning about LARCs for the first time. In their groups, they are to **decide on five non-contraceptive benefits that they would want their patients to know about LARCs.**

- a. Which non-contraceptive benefits did you want your patients to know about?
- b. Which non-contraceptive benefits did you think your patients would think are not important?
- c. As a health care provider, which LARC impressed you the most? Why?
- d. How do you think you would feel asking your doctor or health care provider about LARCs?" (p. 113)

"Amy and Jordan have been dating for over a year, and recently began talking about having sexual intercourse. Both want to protect against pregnancy, and **Amy wants to decide on a method before they get busy.** She wants a method that is easy to use, doesn't come in the form of a pill (because she doesn't like swallowing pills), and is highly effective." (p. 120)

"Latisha and William had their first child about two months ago. They want to start having intercourse again but **need to decide on the method of birth control.** They want to have their next child in three years. They would like a method that is effective, very easy to use, and with little to remember, since caring for an infant is time consuming." (p. 120)

"Maria is 18 and about to leave for college. She hasn't had sexual intercourse yet but is thinking that she might do so while she is at college, or maybe later when she goes to law school. Since she will be away, **she wants a method that**

lasts at least through college and does not require frequent visits to the pharmacy, since there isn't one on campus." (p. 120)

"Adrianna wants to use a method of birth control that is effective and easy to use. Most importantly, **she wants a method that is highly discreet** – one that her friends, family and even boyfriend won't know about; so, the method can't be found at her home. She has no problems getting to the local clinic or doctor." (p. 120)

Objectives: "Examine knowledge and attitudes that could affect a person's ability to use contraceptives that **require inserting something into a vagina**. Explain the anatomy of the vagina and **how insertive methods fit and work** inside the vagina." (p. 143)

"Explain that some people don't use the methods of contraception that require the insertion of a device or a cream into the vagina because they have negative feelings about the area of the body and about touching it. **The group is going to participate in an activity that will examine some of their own attitudes about the female genitals, often named only 'down there.'**" (pp. 143-144)

"How might a woman's negative attitudes about her genitals **affect her ability to use contraceptives**, such as the NuvaRing, Diaphragm, or vaginal film?" (p. 144)

"Janine and James have been going together for over a year. **They've been having intercourse for six months now**, and they've used a condom every time. They choose condoms because condoms protect against both pregnancy and sexually transmitted infections. At first, they experimented with different types of condoms and finally selected the type they liked best. They have never had a problem until last night. **They were out of their usual brand and found an old one** in the glove compartment of the car. **It broke just after ejaculation**. Both Janine and James want to finish school; neither wants to have a baby at this time in their lives. What can Janine and James do? List all their alternatives." (p. 152)

"Kisha and Tyrone have been going together for over a year. They've been having intercourse for six months now, **and they have used a condom every time**. They chose condoms because they're good protection against both pregnancy and sexually transmitted infections. At first, they **experimented with different types of condoms** and finally selected the type they liked best. They have never had a problem until last night when they'd had a couple of beers – well, more than a couple. And, they didn't have a condom with them. So, **they had intercourse without a condom** for the first time... What can Kisha and Tyrone do? List all their alternatives." (p. 153)

"Emergency Contraception (EC): **EC is a woman's second chance to PREVENT pregnancy**. It is used when the prevention of pregnancy by use of ongoing contraception or **abstinence doesn't 'pan out'** either because the method was not used or there was a contraceptive accident or mishap. Examples of contraceptive accidents or mishaps include a broken condom, wrong pills taken,

IUD expulsion, **failure to withdraw before ejaculation**, or forgetting to pack birth control methods for a trip.” (p. 155)

“The copper IUC (intrauterine contraception) is the most effective EC method – it reduces the risk of pregnancy by more than 99 percent if it is placed in the uterus by a trained health care provider **within five days of unprotected sex.**” (p. 155)

“Ulipristal acetate (UPA), a pill prescribed for EC, reduces the risk of pregnancy by up to 85% and works just as well on any day **if taken up to five days after unprotected sex.** But in very overweight women, it may not work at all.” (p. 155)

“Progestin EC, one or two pills depending on brand, **can be bought over the counter depending on the purchaser’s age.** It reduces the risk of pregnancy by 75% - 89% if taken within the first three days after unprotected sex. It is less effective the more time passes and may not work four or five days after sex. Also, in overweight women, it may not work as well. In very overweight women, it won’t work at all.” (p. 155)

“**Emergency contraception pills prevent ovulation** (no egg is released from the ovary), delay ovulation, or thicken the cervical mucus so sperm cannot reach the egg, if the egg is released. The copper IUC causes inflammation that affects sperm movement and is toxic to sperm, thereby preventing fertilization.” (p. 155)

“What choices does a person have for **dealing with an unintended pregnancy?** Adoption; **Abortion**; Single parenthood; Married parenthood” (p. 210)

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

May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.

“What **right do young people currently have** regarding getting and using birth control? List these ‘rights’ on the board/flip chart. Be sure they include:

1. The right to say ‘no’ when choosing not to have intercourse.
2. **The right to purchase contraceptives at the drug store.**
3. The right to receive confidential services at birth control clinics.

How might young people become more active in accessing reproductive health care?” (p. 41)

“You live in the present day and know that teens in the United States are at double the risk of pregnancy and abortion compared with teens in other developed countries. Would you:

1. **Go to a Board of Education meeting advocating better contraception education in school?**
2. Join a committee requesting the PTA to sponsor a workshop for parents on ‘Talking to Your Teenagers about Sex and Contraception?’
3. Join a committee advocating programs that encourage students to ‘Say No’ to sex?
4. Do nothing?” (p. 47)

“Explain that participants will work in small groups to create a magazine ad for a particular contraceptive method... Let participants create ads. Leave 15 minutes

at the end of the session for participants to display and discuss the ads and strategize **how these ads could be used as part of an ongoing campaign to encourage contraception and safer sex practices.**" (p. 78)

"Divide participants into groups of three to five and have each group select a card labeled with a contraceptive method... Each group is to create an ad for the method listed on the card. The ad should be as attractive and convincing as possible, but it must be accurate. It cannot make any false claims for the method. The group should promote using condoms in addition to their birth control method (except for the 'abstinence' and 'condom' group). In addition, somewhere on the ad they must describe the possible disadvantages of the method... **A successful ad will make people feel positive about the possibility of using a particular method,** providing that the disadvantages are not unacceptable to them." (p. 78)

"Explain that they will have five minutes to write the first two lines of an 'opening conversation' this couple could use **to begin talking about safer sex or about using a condom...** When the pairs of participants are ready, have them stand, one pair at a time, holding up their card. Ask them to say to each other the dialogue they have written." (p. 132)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.

"Parents, teachers, clergy, sex educators and everyone who is around adolescents as well as adolescents themselves can benefit from having actual facts. Sometimes we tend to rely on 'beliefs' without the knowledge that facts provide. **Beliefs are fine, but they do not replace factual information in the education of all our society.**" (p. vi)

"Negative feelings and attitudes about having sexual intercourse and about the various contraceptive methods **can discourage people from engaging in the behaviors needed to prevent unwanted pregnancies and disease.** People become confused by the contradictory messages, some which [sic] promote abstinence as the only moral choice and others that promote intercourse as essential for popularity, love and happiness." (p. 9)

"Youth growing up in contemporary society are confronted with a variety of contradictory and confusing messages about how they should act as sexual persons. This lesson is designed to help participants realize that people must **examine the messages they are receiving and then make conscious decisions regarding their own beliefs** and behaviors." (p. 161)

"Tell participants they will now **have an opportunity to learn about sex from society's different sources.** Ask source representatives to ... make sure that all participants hear their source's messages. Tell them to be creative and persuasive in delivering their messages...

- How did your group decide what sex meant?
- How did it feel to listen to all these messages? To give the messages?
- Which messages did you hear most clearly? **Which were most influential?"** (p. 162)

<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>“What right do young people currently have regarding getting and using birth control? List these ‘rights’ on the board/flip chart. Be sure they include:</p> <ol style="list-style-type: none"> 4. The right to say ‘no’ when choosing not to have intercourse. 5. The right to purchase contraceptives at the drug store. 6. The right to receive confidential services at birth control clinics.” (p. 41) <p>“What does it mean when medical information is ‘confidential’? Unless there is an emergency, no one other than medical staff will see or talk about information in a person’s medical file without the person’s permission.” (p. 210)</p> <p>“Pregnant teens can get prenatal care without parent/guardian approval.” (p. 220)</p> <p>“Name two factors to consider when choosing a reproductive health care provider. – Confidentiality, cost, location, type of services.” (p. 249)</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.InvestigatelPPF.org)</i></p>	<p>“If someone had unprotected intercourse, what could she or he do to prevent unplanned pregnancy afterward? (Get emergency contraception within 120 hours at a local pharmacy or clinic, by calling 1-800-230-PLAN or 1-888-NOT-2-LATE, or by visiting The Emergency Contraception Website at www.not-2-late.com.)” (p. 6)</p> <p>“Explain that although the focus of this lesson has been about how stress and stigma might negatively affect some LBG youth and their safer sex decisions and behaviors, LBG youth may also develop unique strengths. Challenges (such as living in a mostly heterosexual world) can give people opportunities to practice their coping, creativity and community-building skills... Resilience is the ability to overcome or be strengthened by experiences of challenge or diversity. As time permits, visit one of the following websites, or assign participants homework to visit:</p> <ul style="list-style-type: none"> • www.familydiv.org/lovmakesafamily.php • www.glbhistorymonth.com • www.itgetsbetter.org” (p. 66) <p>“This lesson gives participants the responsibility for obtaining information about contraception and, in doing so, demystifies looking for contraceptives in a pharmacy or calling a family planning clinic or physician’s office. This experience should help people feel more comfortable and competent should they need to obtain contraceptives themselves.” (p. 81)</p> <p>“Explain that in order to obtain contraceptives, one needs to know where to find them. Distribute the Handout: Consumer Skills for Contraception. Review the instructions on the sheet. Note that participants will work in small groups to</p>

learn about important details associated with obtaining contraceptives.” (p. 82)

“Before people can become effective users of contraception, they must **obtain contraceptives at a pharmacy, family planning center, or physician’s office**. As you research the answers to the following questions, you will develop some of the consumer skills required to obtain contraceptives.

1. Pharmacy

- a. Name of pharmacy visited
- b. Location
- c. List five varieties of condoms available, along with some characteristics and the price for each
- d. List one brand name for each of the following, along with the number of items in a package or number of ounces. Include the price for each: Female Condom; Contraceptive film, jelly, cream or foam; Personal Lubricant
- e. Does this pharmacy fill prescriptions for emergency contraception?

2. Planned Parenthood/Other Family Planning Center

- a. Name of center nearest your home
- b. Address
- c. Phone number
- d. Website
- e. Directions to the center by car
- f. Direction to the center by public transportation
- g. Days and hours the center is open
- h. Average length of time of first visit
- i. Is a visit confidential?
- j. Cost of first visit to the center to obtain contraceptives
- k. Cost at the center for: Birth control pills (one-month supply); 12 condoms; A female condom; Depo-Provera injection; Birth control patch (one-month supply), Birth control ring (one-month supply), Birth control implant; IUC
- l. Is emergency contraception available at this center?

3. Private physician

- a. Name of physician contacted
- b. Address
- c. Phone number
- d. Website
- e. Directions to the office by car
- f. Directions to the office by public transportation
- g. Days and hours when appointments are available
- h. Is a visit confidential?
- i. Cost of initial visit to obtain contraceptives
- j. Cost at the physician’s office for: Birth control pills (one-month supply); 12 condoms; Female condom; Depo-Provera injection; Birth Control patch (one-month supply); Birth control ring (one-month supply), Birth control implant; IUC

k. Is emergency contraception available at this physician's office?"
(p. 84-86)

"Find a place that sells condoms and lubes. Answer the following questions about **your journey in search of condoms and lubes**.

1. What was the name of the place?
2. Where were the condoms and lubes displayed?
3. If in a store, were they easy to find?
4. Why/Why not?
5. Brand names and prices of condoms and lubes available. List two brand names of condoms available, and two brand names of lubes available. Indicate the quantity available per package (i.e., number of condoms or ounces of lube) and price.
6. **How would you feel purchasing condoms and lubes from this place?"**
(p. 141)

"For further information or **to locate a provider near you**, access www.plannedparenthood.org or <http://ec.princeton.edu> or call: 1-888-NOT-2-LATE or 1-800-230-PLAN" (p. 157)

"Write the name of three sexual information websites on the board/flip chart:

- www.plannedparenthood.org/info-for-teens/
- www.scarleteen.org
- www.sexetc.org

If working with Spanish-speaking participants, use these websites:

- www.plannedparenthood.org/esp/
- www.ambientejuven.org
- www.quierosaber.org

Ask participants if anyone knows these internet websites. **Explain that these three sites were designed specifically to address teens' concerns about sexuality.** They are going to compare the three sites by searching for answers to questions they think are of particular interest to young people." (p. 172)

"Savvy Sexual Health Information Websites for Teens – Websites in English

- www.plannedparenthood.org – A website by Planned Parenthood Federation of America
- www.scarleteen.com – A website for teens and twenties
- www.goaskalice.columbia.edu – A question-and-answer website by Columbia University's Health Education Program
- www.pamf.org/teen/sex/ – A website by the Palo Alto Medical Foundation, provides information about sexual health
- www.sexetc.org – Sex ed by teens for teens, published by Answer
- www.guttmacher.org – The Alan Guttmacher Institute, providing translated up-to-date research on reproductive health issues
- www.cdc.gov – The Centers for Disease Control and Prevention, providing the latest information and research sexual [sic] health and wellness in the United States

- www.teenshealth.org – A website for teens by the Nemours Center for Children’s Health Media
- <http://ec.princeton.edu> – The Emergency Contraception Website, operated by the Office of Population Research at Princeton University and the Association of Reproductive Health Professionals
- <http://amplifyyourvoice.org/youthresource/health-topics> – YouthResource is a project of Advocates for Youth and is for lesbian, gay, bisexual and transgender youth.” (p. 175)

“Savvy Sexual Health Information Websites for Teens – Websites in Spanish

- www.plannedparenthood.org/esp/ – A website by Planned Parenthood Federation of America
- www.ambientejuven.org – A website for lesbian, gay bisexual and transgender youth by Advocates for Youth
- www.quierosaber.org – A website by the American Sexual Health Association
- www.nlm.nih.gov/medlineplus/spanish/birthcontrol.html – A website by the National Institutes of Health, MedLine provides information about sexual health and other health-related topics.
- www.positive.org/DiQueSi/index.html – A website by the Coalition for Positive Sexuality
- www.cdc.gov/spanish – A website by The Center for Disease Control and Prevention, providing the latest information and research sexual [sic] health and wellness in the United States
- www.teenshealth.org/teen/centers/spanish_center_esp.html – A website for teens by the Nemours Center for Children’s Health Media
- http://ec.princeton.edu/es_index.html – The Emergency Contraception Website, operated by the Office of Population Research at Princeton University and the Association of Reproductive Health Professionals.” (p. 176)

“What should I do if I think I might have an STI? **Call Planned Parenthood**, or your doctor, local STI clinic or health department.” (p. 257)

Resource List: “Sexual Orientation

- **LGBTQ Hotline:** 1-800-850-8078
- www.thetrevorproject.org
- www.itgetsbetter.org” (p. 264)

Resource List: “Sexually Transmitted infections

- **Planned Parenthood:** 1-800-230-PLAN, www.plannedparenthood.org
- American Social Health Association: 1-919-361-8488, www.ashastd.org” (p. 264)

Resource List: “Unprotected Sexual Intercourse

- **Planned Parenthood or EC Hotline** (Within 120 hours of intercourse!)
- 1-800-230-PLAN
- 1-888-NOT-2-LATE

- <http://ec.princeton.edu>
- www.plannedparenthood.org” (p. 264)

Note: This program was published in 2013. Not all URLs are still available online.

“**For LOCAL hotlines and helpful agencies**, search with an online browser such as Google by entering keywords for the issue you need help with, combined with the name of your town or county (e.g., ‘HIV/AIDS Morristown NJ’ or ‘Sexual Assault Morris County NJ’). You can also search locally at www.yellowpages.com.” (p. 264)