

CSE Harmful Elements Analysis Tool

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

Analysis of **Sex, Etc. Lesson Plans** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]

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

Program Description: The *Sex Etc.* lesson plans are aligned to the National Sexuality Education Standards, the most radical sex ed standards in the United States. The lessons include sexually explicit topics like reaching orgasm and comparing penis sizes. They normalize a variety of sexual orientations and gender identities. Students are taught about all of the birth control methods, as well as how to use a condom on a penis model. Vaginal, oral, and anal sex are all discussed in detail, while abstinence is rarely mentioned. Students are also taught how to advocate for comprehensive sexuality education and where to find sexual health resources. Parents are painted in a negative light throughout this program.

Target Age Group: Ages 13-18

Planned Parenthood Connections: Planned Parenthood is frequently mentioned as a resource for sexual health information and services.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i>	<p>“Lesson Description: In this lesson students will read two teen-written stories about the different ways breasts, vulvas, penises and scrotums can look and why each person’s body is perfect exactly as it is. Students will then create their own anatomy drawings and discuss the experience.” (Am I Normal Lesson Plan, p. 1)</p> <p>“Split the students into small groups of three to four people. Assign one to two groups to draw breasts, one to two groups to draw vulvas and one to two groups to draw penises along with scrota and testicles... When students have finished, give them a piece of tape and have them hang their picture somewhere around the room... Instruct students that they are going to do a gallery walk. The students will walk around the room and look at the different pictures.” (Am I</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

Normal Lesson Plan, p. 2)

“The shaft is the part of the penis between the scrotum and the glans penis. This is the part that **gets longer and harder during an erection**. Just because your penis bends towards one direction when it’s erect does not mean that it is broken. This is actually natural and pretty common.” (Am I Normal Article, p. 1)

“As for the old saying, ‘bigger is better,’ that simply isn’t true. **The size of your penis does not relate in any way to how ‘manly’ you are**. Penis size does not affect a man’s fertility or ability to perform sexually in any way.” (Am I Normal Article, p. 1)

“The clitoris – an organ located near the top of the vulva with more than 8,000 nerve endings – is also something that differs between women. Some girls may have a small clitoris that is hidden by the clitoral hood. **Some girls may have larger clitorises that can resemble a very small penis**. There is no ‘right size’ – everyone is different.” (Am I Normal Article, p. 2)

“Next, ask students to brainstorm some possible concerns that teens might have about these body parts and how they function. Write their responses on the board or flipchart paper. (Facilitator’s Note: **Responses might include penis size, breast size, sexual function, infections, erections, etc.**)” (Is This Normal Lesson Plan, p. 1)

“Is this normal? A guy’s **penis curves a bit to the right or left**. Normal.” (Is This Normal Lesson Plan, p. 3)

“Is this normal? A guy’s penis is an **inch smaller than his younger brother’s penis**. Normal.” (Is This Normal Lesson Plan, p. 3)

“There are **all different kinds of penises**. That’s right, ALL. Nature has made all of our body parts in varying shapes and sizes, so it’s no surprise that **penises come in varying shapes and sizes**, too. And no matter the length or width, penises all work the same.” (Is This Normal Article, p. 1)

“The vulva is the outer part of a girl’s or woman’s genitals. It includes the clitoris, labia, vaginal opening, urethra and anus. The vulva may be a different color than the rest of your body, **especially when you get turned on**. It could be anywhere from purple to brown to pink to red.” (Is This Normal Article, p. 2)

“The Clitoris: ...This sex organ contains about 8,000 nerve endings, which is more than any other organ in the body, and actually has double the amount found in the penis! It’s also the **only organ throughout the entire body whose only purpose is sexual pleasure**.” (Your Amazing Body Lesson Plan, p. 8)

“Prostate Gland: ...**Stimulation of this gland**, which sits between the bladder and the rectum, **causes arousal**.” (Your Amazing Body Lesson Plan, p. 9)

“She came to for a while, and Philip started kissing her. She shook her head from side to side indicating she wanted him to stop, but she wasn’t able to communicate given the amount of alcohol she drank and how sick she felt. Bethany passed out again, and Philip continued to kiss her and removed her shirt and pants. **Philip began to have vaginal sex with Bethany while most of his friends looked on, cheering and laughing...** Jackson started taking pictures with his phone. After Philip was done having sex with Bethany, they drove her back to the party and left her there.” (What Does Consent Look Like Lesson Plan, p. 4)

“Seventeen-year-old Jim from Princeton, NJ, says, ‘When I stopped my friend from hooking up with a drunk girl, he **yelled at me for “cock-blocking” him.**’” (What Does Consent Look Like Article, p. 2)

“Explain that gender role stereotypes in our society dictate that men and boys are expected to act tough, not show feelings, be aggressive, be strong, be athletic, be heterosexual, **want to have sex and be sexually experienced.** If men or boys deviate from these expectations, they often face consequences, such as getting called names, harassment, abuse, fights, developing low self-esteem and feeling pressure to have sex when they don’t want to.” (Three Double Standards Lesson Plan, p. 2)

“Double Standards Case Study: Jasmine has recently started going out with Andre, a guy she’s had a crush on for a long time. They’ve been taking things pretty slow, but she feels ready to take things to the next level and is **thinking about having sex with Andre.** One day when Andre asked Jasmine to grab his phone for him out of his backpack, she noticed that there were no condoms anywhere in his bag. Knowing that Andre didn’t have any condoms with him, she thought it might be a good idea to pick some up just in case, especially since she’s going to his place in 20 minutes and knows no one else will be home. She **goes to a local store and is about to buy a box of condoms** when she notices that the cashier is in her gym class at school. She isn’t sure if she should stay in line or not.” (Three Double Standards Lesson Plan, p. 4)

“Double Standards Case Study: Isaiah has a new girlfriend, Serena. He likes her a lot and thinks he’d like to have sex with her at some point but doesn’t feel ready right now. After basketball practice, his buddies, **who have all said they’ve had sex before, start asking him about his sex life,** assuming he and Serena have already had sex. He’s not sure what to say. It would be pretty easy for him to go along with what his friends already assume, or he could tell them the truth.” (Three Double Standards Lesson Plan, p. 4)

“Start by pointing out the sentence stem on the piece of flip chart paper or whiteboard that reads, ‘Sex and sexuality topics that are important to discuss with a partner are....’ Ask students to **brainstorm as a group some topics related to sex and sexuality** that may come up in a romantic relationship that would be important to discuss with a partner, but might be difficult for one reason or

another.” (Talking With a Partner About Sex Lesson Plan, p. 2)

“Break the students into groups of four or five depending on the size of your class. Tell them they will have about seven minutes to **develop a short, creative skit to explain how pregnancy happens** when sperm are deposited inside of the vagina or onto the vaginal opening. For example, one person might play the sperm and another the ovum then they join and someone else plays the zygote. Encourage them to be creative and draw inspiration from popular culture, including TV, music and movies. **Let the students know they will all be able to present their skits**, which should be about one minute each to the class.” (Busting Myths About How Pregnancy Happens Lesson Plan, pp. 2-3)

***Note:** A skit on this topic could include students acting out an erect penis going into a vagina. It is an inappropriate exercise for students, especially in a mixed-gender classroom.*

Discussion scenario: “Over the weekend, **Erica and her girlfriend Jackie** got into an argument because Jackie is tired of hiding their relationship. To deal with the stress, Erica went to a party and got drunk; **she hooked up with Richard**. They had sex, and now Erica is pregnant. Erica isn’t sure what to do. She knows that she should be honest and tell Jackie about the pregnancy, but she isn’t sure how she will take it. She doesn’t want to lose Jackie and has **debated having an abortion and not telling anyone**.” (Where Do You Stand on Abortion and Parental Permission Lesson Plan, p. 4)

“While it can be easy for adults to separate a fairy tale from reality, the romanticized sexual behaviors seen on television or the over-the-top sex scenes in movies can be very appealing and confusing to young people. In this lesson, students will learn to **analyze the images they see or messages they get from TV and movies and how they align with what students know about sexual behaviors** in the real world.” (A Fairy Tale First Time Lesson Plan, p. 1)

***Note:** In other words, teenagers are expected to watch and analyze sexually explicit media and then discuss how it compares to their knowledge of sexual behaviors. This is a completely inappropriate assignment.*

Students **brainstorm TV shows and movies that show sexual behaviors**. Then they answer the following questions as a group:

- “**What do sex scene in these TV shows and movies look like?** Are they realistic or unrealistic? How so?”
- What do these scenes say about safer sex, including condom use, birth control and getting tested?
- What representations of same-sex couples are there?
- How do these scenes make you feel about sex? How do they make you feel about yourself and your partner?
- Is there extra **emphasis on penile-vaginal sex?** If so, how does that make you view other sexual behaviors such as oral sex? How do the couples

decide what sexual behaviors they are ready for? Do they discuss condoms and birth control? If so, how?" (A Fairy Tale First Time Lesson Plan, pp. 1-2)

"Eighteen-year-old Matt of New Jersey had this to say about the first time. 'Everyone thinks that **sex is the best thing ever or that their first time is the best thing ever**, but it isn't.' Matt goes on to say, 'There is this facade that you will end up loving the first person you have sex with. I haven't talked to him in forever. The whole fairytale of the rainbows and sunshine is all a lie.'" (A Fairy Tale First Time Article, p. 1)

"**Sex can be romantic**, don't get us wrong. But regardless of how much you prepared by discussing safer sex and using condoms and/or using hormonal birth control, **sex can still be weird the first time**, and that's OK. It can take some time and lots of communication to get the romance you may be looking for." (A Fairy Tale First Time Article, p. 1)

"Diego, 17, of New York, **didn't reach orgasm his first time**. 'We were going at it, and I was **starting to get soft**,' he explains. 'Her parents got home after about eight minutes, so I pulled up my pants and ran. **I wasn't going to cum anyway**, but her parents getting home was a great excuse.' Lots of factors, such as nervousness, can keep guys and girls from having an orgasm." (A Fairy Tale First Time Article, p. 2)

"Michael, 17, of New Jersey, enjoyed his first time. 'I didn't want my first time to be purely physical. When I found the right girl, we talked about it for the week leading up. My parents were out of town for the night, and I picked up a few condoms earlier that day. **It only lasted four minutes**, but I've never felt more connected to a person. No regrets whatsoever.'" (A Fairy Tale First Time Article, p. 2)

"Eighteen-year-old Blythe of New Jersey shares what her first time was like. 'I **waited to have sex until I was ready** and made sure my girlfriend was also ready and consenting. We loved each other at the time, so it was a very average experience, **felt amazing**. It wasn't too quick or awkward at all. I think once you know you're ready, you don't have to rush into anything.'" (A Fairy Tale First Time Article, p. 2)

"**Sex isn't a movie scene**. Your parents won't always be out of town and the experience might be awkward. Fireworks aren't what matters. **Enjoying something intimately** with the person you care for is." (A Fairy Tale First Time Article, p. 2)

"Instructions: The teen **isn't a virgin and is nervous about telling** his or her boyfriend or girlfriend. Work with your group to come up with an effective way to start this conversation." (Breaking the Ice Lesson Plan, p. 4)

"My girlfriend and I just had a talk about being intimate and stuff this past week, after months of just doing stuff and figuring it out as we go along. **It's so much**

more passionate now, knowing exactly how far she wants to go and what she likes. And she does more things that I like now, too! Talking is a great thing when it comes to sex, even though it is really hard to start sometimes.” (Breaking the Ice Stories, p.2)

“I had told him earlier in the night that I was not prepared to go beyond kissing, but we got caught up in the moment. **We hadn’t used a condom**, either, which made me feel that much worse, because **he had had many partners before me** and I don’t know if he used protection with all of them. All that night, I felt ashamed and embarrassed about what had happened.” (Breaking the Ice Stories, p.2)

Group conversation starter: “My experience with sex wasn’t what I would’ve expected for myself. My first time was more of an experiment than anything emotional. **I just had sex with this guy because I found it easier than dealing with my emotions.** I also felt I had to make him happy.” (Choosing Abstinence After Sex Lesson Plan, p. 3)

Group conversation starter: “One of my friends and I used to call each other ‘slut’ as a joke, because **we’re both quite experienced sexually.** But the fact is that eventually it got other people calling me a slut too, which made me choose to stop having sex. It’s not bad to be a virgin at all. I wish I was a virgin. Now I’m dating this new person who **expects me to put out** because I have with other people.” (Choosing Abstinence After Sex Lesson Plan, p. 4)

Group conversation starter: “I’m a really paranoid person, who **worries every time after I have sex with my girlfriend**, even with condoms. And she’s taken the morning-after pill, but I’m still freaking out that she could get pregnant.” (Choosing Abstinence After Sex Lesson Plan, p. 5)

Group conversation starter: “I was with my boyfriend for four months before we **lost our virginity to each other.** Initially we only had sex romantically and on special occasions. I wasn’t comfortable with having sex if it wasn’t really meaningful and romantic. As time went by, we **began to make sex a casual thing**, which really bothered me.” (Choosing Abstinence After Sex Lesson Plan, p. 6)

“‘I started talking to a guy who **I was really sexually attracted to**, and on our first date we made out,’ says Meg, 17, of San Diego, CA. ‘I liked it a lot and was looking forward to spending more time with him. But when I asked him what he wanted to do on our next date, and **he said he wanted to have sex**, it left me feeling a little used. Although I’m ready to be sexually active, I didn’t like that he didn’t see sex as a big deal.’” (Intimacy Takes Time Article, p. 2)

“For some teens, being in a relationship can **make it easier to openly communicate about sex.** ‘My partner and I knew we were ready to have sex for the first time when we discussed it beforehand,’ says Libby, 18, of Houston, TX. ‘Having a conversation about it is the best way to know when you are ready.’ As a result, Libby says, ‘I feel like **my relationship has become stronger since**

having sex because it requires a level of trust between you and your partner. Additionally, it feels very intimate to know you both have respect for the other's body.' Absolutely! Respect and intimacy go hand in hand." (Intimacy Takes Time Article, p. 2)

"Rank each of the behaviors below on a scale of 1 to 10 based on your personal values, with **one being the least intimate and 10 being the most intimate**.

- Giving your partner a massage
- **Having oral, anal or vaginal sex**
- Holding hands
- Hugging
- Introducing your partner to your family
- Introducing your partner to your friends
- **Open-mouth kissing**
- Saying, 'I love you'
- Sharing your locker
- Sharing your technology passwords (cell phone and/or social media)" (Intimacy Takes Time Lesson Plan, p. 4)

"Sending or receiving sexually explicit texts or pictures via a cell phone, or **'sexting,' is one way to avoid the risks associated with sex** and can be OK under certain circumstances." (Is Sexting Okay Article, p. 1)

***Note:** All states have some form of a law that prohibits sending explicit or obscene material to or depicting minors. In some states it is a felony. Minors should never be taught that sexting is okay.*

"With all the risks of sexting, why do it? Whether you've decided to remain abstinent or be sexually active, **sending sexy text messages can help you express and explore your sexual desires** in words without the risks of STDs and unplanned pregnancy. **Sexting can be a fun way to flirt with your partner.** It's also an easy way to keep the relationship exciting. As long as both you and your partner are being responsible by not sending nude or seminude photos, **sexting can be a lot of fun.**" (Is Sexting Okay Article, p. 1)

"Write the word **'sexuality'** on the board and ask the class how they would define it. Be sure that they include sexual orientation, gender identity, relationships, **intercourse**, romance, contraception and STDs in their definition. Explain that today we are going to examine where we learn about and get messages regarding sexuality." (Like Mother Like Son Lesson Plan, p. 1)

"Some people believe that **if you've never had vaginal sex, but you have had oral or anal sex, you are still a virgin.** So does that mean only heterosexual people can lose their virginity? And that girls who have sex with girls or guys who have sex with guys are forever virgins?" (The Virginity Question Article, p. 1)

"Then I got to college. I met this girl, and we started fooling around. I remember perfectly when we first slept together – **went down on each other.** She was the

first girl I had ever done anything major with. **She was the one that pulled me out of the closet.** I remember everything – how wonderful it felt and how glad I was to do it with her. In my mind, that’s when I lost my virginity.” (The Virginity Question Article, p. 1)

“Explain that each small group will get a scenario about a teen who is looking for advice from other teens. The group is to read the scenario together and then try to **determine whether they believe this teen is a virgin or not.** The group should all try to agree, if possible, on whether they think this behavior fits their definition of virginity or not.” (The Virginity Question Lesson Plan, p. 2)

“Virginity Scenario A: A girl and guy were getting really hot together, and **they decided to have sexual intercourse.** It was the first time for both of them, and they didn’t really know what they were doing. **The guy put his penis into her vagina just a little bit.** It hurt a lot, so he pulled out, and they stopped. Are they virgins?” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario B: A guy has **only received oral sex.** Is he a virgin?” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario C: A girl was drugged and then raped and doesn’t remember what happened beyond knowing she was forced to have sex. **Is she a virgin?**” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario D: A girl is a lesbian and has **never had sex with someone of the opposite gender** and doesn’t plan to. She has hooked up with a girl. Is she a virgin?” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario E: A couple has **only had anal sex together once** because they heard the girl can’t get pregnant that way. Are they virgins?” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario F: A teen has a physical disability and can’t physically have sexual intercourse. **He is sexual in other ways with his partner.** Are they virgins?” (The Virginity Question Lesson Plan, p. 3)

“Virginity Scenario G: A girl **has only given oral sex.** Is she a virgin?” (The Virginity Question Lesson Plan, p. 3)

Students rate characters in the following story according to who acted most responsibly. “Nina meets this guy Andre on MySpace... They never have sexual intercourse, but **did almost everything else...** Nina gets a cold sore on her upper lip... A couple of months later, Nina finds things have totally cooled off with Andre. But Nina and a good friend of hers, Alex, have been flirting with each other... Nina and Alex end up alone at Alex’s house and start talking about what they’ve done sexually with other people. Nina tells Alex that she’s a virgin. She’s never had sexual intercourse with anyone, and in her mind, **the oral sex she had with Andre doesn’t really count as sex.** Alex is also a virgin, never having had oral, anal or vaginal sex. Things get really hot between them, and they **start**

having sex together. They agree that since they're both virgins they don't need to use a latex barrier. Alex thinks that having sex for the first time with Nina, who is also a virgin, makes the experience that much more special for them both... Then Alex notices a sore on the genitals that's never been there before." (The Virginité Question Lesson Plan, p. 4)

Students **discuss the following values statements** on the timing of sex:

- "I compromise between religion and culture when it comes to decisions about sex. **I believe in doing some types of sexual activity, but not others.**
- I believe that I should not have sex before marriage.
- I believe that having sex as a teenager is not really a smart decision because generally teens aren't aware of the situation they're getting into. Teenage relationships are not concrete generally. Sex should not be had just for the sake of the experience.
- I still don't know what I believe in terms of when people should have sex for the first time.
- I believe that when both partners feel ready, **it is OK for them to have sex.** It is no one's choice but their own.
- I believe that being in a committed relationship with the person you have a sexual relationship with is important, but I don't believe in waiting until marriage.
- I believe that people should wait until they have found someone they love and are in a committed relationship where mutual respect, trust and communication are present. I am a firm believer in waiting until it is 'right for you.'
- I'm scared of what would happen to me if I have sex before I'm out of college." (What I Believe Lesson Plan, p. 4)

"Alex, a senior in high school, has been exclusively dating Taylor, a junior, for six months. **Taylor has engaged in oral sex in a previous relationship,** but Alex has not ever had any kind of sex. Alex has decided to wait to engage in sexual behaviors until Alex is at least out of high school. Alex and Taylor love each other and want to stay together, but Taylor would really like to **take their relationship to the next level.**" (Where Do You Stand on Premarital Sex Lesson Plan, p. 4)

2. TEACHES CHILDREN TO CONSENT TO SEX

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

"Consent should be clear. **The most effective way to know if consent has been given is to ask for it.** Body language can sometimes be difficult to read, so sticking with verbal consent is key. Just because a person does not forcefully say 'no' does not mean they have consented. Listen for a clear yes." (What Does Consent Look Like Lesson Plan, p. 5)

"Consent is not automatic. Just because a person consents to one activity does not automatically indicate that they are willing or consenting to other activities. For example, **if a person has consented to oral sex, it does not indicate that they are also consenting to vaginal sex.** Just because a person engaged in a behavior in the past does not automatically indicate that they are willing or

“consent” to sex.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

consenting to that same behavior now.” (What Does Consent Look Like Lesson Plan, p. 5)

“Consent can change. An individual can **change his or her mind about what he or she consents to** at any time, even if a person is right in the middle of a sexual act.” (What Does Consent Look Like Lesson Plan, p. 5)

“Anyone who discusses boundaries prior to engaging in intimate behavior should be applauded. **It takes a lot of maturity for partners to talk about sexual boundaries, and this is the clearest way to establish consent.** If you and your partner are starting to advance sexually and you sense any discomfort or hesitations, you should stop and talk about how you and your partner feel. Communication is essential for setting clear boundaries and avoiding any misinterpretations that could lead to sexual assault.” (What Does Consent Look Like Article, p. 2)

“Be direct. **When it comes to consent and what you do or don’t want to do, you want to be very clear, so be direct about consent and safer sex.** Say what you mean. ‘If the conversation goes off on a tangent, try to bring it back to a central concern of yours or your partner’s,’ says Sid. When you’re nervous, the conversation may veer off course. This is why writing down the points you want to make can be helpful. Make sure you’ve addressed what’s important to you and ask your partner to do the same.” (Talking With a Partner About Sex Article, p. 2)

“Just as there’s no guarantee your first time will be a fairy tale, there’s no guarantee it won’t be great either. Discussing the first time before it happens can really help to make it a positive experience, even if it isn’t a fairy-tale experience. **Talk about birth control, STD prevention and what you’re comfortable with.** More importantly, make sure you’re ready and understand consent. Sex is a big step, and no one should pressure you into it prematurely.” (A Fairy Tale First Time Article, p. 2)

“There are many ways to be physically close, like holding hands, kissing or **touching with clothes on or off.** But the only way you can let your partner know what you are or aren’t ready for is by **openly sharing your feelings and communicating in an honest manner.** This will lower the chance of hurting a partner because you’ve crossed a boundary that you weren’t even aware of.’ (Draw the Line Article, p. 2)

“While communicating clearly with your partner sounds really nice, having these conversations with your partner about boundaries and what you are or aren’t ready for isn’t easy. I know I would never have been heard talking about sex or sexuality until I realized that it’s something completely normal and healthy, and it has to be discussed to make sure **you and your partner know where you each draw the line when it comes to sex** and being physically close.” (Draw the Line Article, p. 2)

	<p>“Once you start thinking about crossing lines like oral, vaginal or anal sex, discuss sexual histories, getting tested, safer sex and/or birth control with your partner so you’re on the same page.” (Draw the Line Article, p. 2)</p> <p>“Explain that they must now come up with a short role-play based on the worksheet they received. One student in each scenario will want to wait to engage in a specific sexual behavior while the other person will want to engage in that behavior. They will develop a short script of how the conversation will go. Remind students that this should be a respectful conversation but should be realistic. Give them five minutes to come up with a short one minute script and let them know that some of the groups will be asked to perform their skit for the class.” (Where Do You Stand on Premarital Sex Lesson Plan, p. 2)</p>
<p>3. PROMOTES ANAL AND ORAL SEX <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>“In order for a condom to work, it must be put on following the right steps. It also must be used consistently – meaning, each and every time a person has vaginal, oral or anal sex – and correctly.” (All About Condoms Article, p. 2)</p> <p>Note: <i>The FDA has only approved one condom for anal sex, and it is worn on the penis. The chances are miniscule that teenagers will go find that one condom if they choose to engage in anal sex.</i></p> <p>“Condoms are a great way to combine pregnancy prevention with STD protection. If you’re going to use a condom to protect against STDs, it should be worn not only during penile-vaginal sex, but also during oral and anal sex – both of which can transmit STDs. Anyone with a penis can use a male or external condom during sex to reduce the risk of getting an STD. Female or internal condoms can be inserted into the vagina during penile-vaginal sex or the anus during penile-anal sex. The inner ring has to be removed before using an internal condom during anal sex.” (Teen Couples Talk STDs Article, p. 2)</p> <p>Note: <i>Female or internal condoms are not approved by the FDA for anal sex. It is grossly irresponsible to give young people misleading information that will put them at increased risk for STDs.</i></p> <p>“Dental dams are another safer-sex method. These thin squares of latex can reduce the risk of STD transmission during oral sex on someone with a vulva or during oral-anal sex.” (Teen Couples Talk STDs Article, p. 2)</p> <p>“Remind them that because many people who are infected with an STD have no symptoms, STD testing is recommended for anyone who has had unprotected oral, vaginal or anal sex.” (What It’s Like to Get an STD Test Lesson Plan, p. 1)</p> <p>“Condoms also come in a variety of colors and flavors. Bedner says that these specialty condoms should be used with caution. ‘Condoms can be different colors and/or different flavors. Generally, flavored condoms should be used for oral sex. The flavoring may cause infection if the condom is used for other types of intercourse...’” (Journey to the Condom Rack Article, p. 3)</p>

	<p>“You really want to have sex, which could mean vaginal sex, oral sex or anal sex.” (Breaking the Ice Stories, p. 3)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR <i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Sexual orientation – A term to describe the gender or genders of the people to whom one is attracted romantically, emotionally and physically.” (SOGI Label Lesson Plan, p. 2)</p> <p>“Heterosexual: A person who is generally attracted to people of the other gender. A slang word for heterosexual is ‘straight.’” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 1)</p> <p>“Homosexual: Sometimes called ‘gay’ or ‘lesbian,’ a person who is attracted to people of his or her own gender.” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 1)</p> <p>“Bisexual: A person who is attracted to another person regardless of the other person’s gender.” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, pp. 1-2)</p> <p>“I am a girl. I’ve been in love with a guy and dated guys before, but get turned on when I think about kissing a girl. What is my sexual orientation and why?” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 3)</p> <p>“I am a guy and have a girlfriend. My girlfriend is really hot. We kiss and make out, and it feels great. Sometimes, when I look at porn online, I find myself getting aroused by the guys. I feel really guilty about that, since I love my girlfriend. But I can’t help it. What is my sexual orientation and why?” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 3)</p> <p>“I’ve had dreams about kissing and touching other girls, which are really confusing since I’ve only ever had crushes on guys. Is my mind trying to tell me something? What is my sexual orientation and why?” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 3)</p> <p>“I’m a girl and had a serious-bad crush on this one guy who I thought was hot forever. I’m not sure he knew I was alive, until this party where I made out with another girl in front of him. That got his attention! Now people think I’m a lesbian, but I was just doing it so he’d notice me. What is my sexual orientation and why?” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 3)</p> <p>“I’m a guy and think girls are hot. My best friend and I have known each other since we were kids. One time we jerked off in front of each other, but it was when we were like 12 at summer camp. Now I’m worried that because we did that, it means I’m gay. We can’t be the only guys who have ever done that before, right? What is my sexual orientation and why?” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 3)</p>

“Heteroflexible: An expression of sexual identity. For most people, this term means they are typically in a heterosexual romantic relationship but also are open to having sexual experiences or romantic relationships with persons of the same gender.” (Gay, Straight, Bi: Do These Labels Still Apply Article 2, p. 1)

“Pansexual: An expression of sexuality identity. Like bisexuality, but even more fluid. A pansexual person can love not only the traditional male and female genders, but also transgender and androgynous people.” (Gay, Straight, Bi: Do These Labels Still Apply Article 2, p. 1)

“My sexuality is never labeled. I just say I’m open. I’m never emotionally attracted to girls; it’s a purely physical attraction. But I tend to fall emotionally for guys. I don’t choose a label, because the second you want to do what YOU want to do and it doesn’t fit into [a certain category], then you get called a liar or a fake. Does anyone get what I’m saying?” (Gay, Straight, Bi: Do These Labels Still Apply Article 2, p. 1)

“I’m a guy. I like guys and girls, but I could only ever fall in love with a girl. My attraction to guys is physical (though obviously everything is changeable). I also imagine my future with a wife and kids and everything. But when I first told my friends, they were like, ‘You can’t be bi; you’re only physically attracted to guys’ and refused to believe me. So, **now I just say I’m bi** and pretend that I could love a guy.” (Gay, Straight, Bi: Do These Labels Still Apply Article 2, p. 1)

“I’m physically attracted to some girls, but I can’t picture falling in love and settling down with one. I tend to call myself bi, but I’m not really sure that I should. There’s a chance that I could fall in love with a girl, but I think it’s pretty slim. I think that ‘heteroflexible’ is a good word. I also think ‘pansexual’ is good, since it includes people who don’t identify as male/female. But since I don’t feel that I am bisexual, I don’t really feel that I’m pansexual either.” (Gay, Straight, Bi: Do These Labels Still Apply Article 2, p. 1)

“...[B]efore I first came out as bisexual, I really focused on trying to find the best word to convey my feelings to my mom. How could I possibly explain that I fantasized about both Demi Lovato and Nick Jonas? I explored the web, educating myself on lots of different labels. I felt like I needed to know exactly who I was. Finally, after some thought, **the term ‘bisexual’ felt like the best fit for me** and seemed the least confusing for my mom. She understood right away.” (SOGI Label Article, p. 1)

“Unfortunately, asexual and bisexual people are often discriminated against because some believe that they aren’t ‘gay enough’ to be in the LGBTQ community.” (SOGI Label Article, p. 2)

“Being heterosexual, gay or bisexual is not a choice. Neither is being transgender or cisgender. It’s just part of who you are. There might be an

overwhelming number of labels, but only you get to decide which to affiliate with, if any at all.” (SOGI Label Article, p. 2)

“**Bisexual**: A person emotionally, romantically, sexually and relationally attracted to both men and women, though not necessarily simultaneously; a **bisexual person may not be equally attracted to both sexes**, and the degree of attraction may vary as sexual identity develops over time.” (Trans Telling Parents Lesson Plan, p. 3)

“**Coming out**: The process in which a person first acknowledges, accepts and appreciates his or her sexual orientation or gender identity and **begins to share that with others.**” (Trans Telling Parents Lesson Plan, p. 3)

“**Gay**: A word describing a man or a woman who is emotionally, romantically, sexually and relationally attracted to **members of the same sex.**” (Trans Telling Parents Lesson Plan, p. 3)

“**GLBT**: An acronym for ‘gay, lesbian, bisexual and transgender.’” (Trans Telling Parents Lesson Plan, p. 3)

“**Homophobia**: The fear and hatred of or discomfort with people who love and are sexually attracted to members of the same sex.” (Trans Telling Parents Lesson Plan, p. 3)

“**Internalized homophobia**: Self-identification of societal stereotypes by a GLBT person, causing them to dislike and resent their sexual orientation or gender identity.” (Trans Telling Parents Lesson Plan, p. 3)

“**Lesbian**: A woman who is emotionally, romantically, sexually and relationally attracted to other women.” (Trans Telling Parents Lesson Plan, p. 3)

“**Living openly**: A state in which GLBT people are open with others about being GLBT how and when they choose to be.” (Trans Telling Parents Lesson Plan, p. 3)

“**Outing**: Exposing someone’s sexual orientation or gender identity as being gay, lesbian, bisexual or transgender to others, usually without their permission; in essence ‘**outing them from the closet.**’” (Trans Telling Parents Lesson Plan, p. 3)

“**Queer**: A term that is inclusive of **people who are not heterosexual.** For many GLBT people, the word has a negative connotation; however, many younger GLBT people are comfortable using it.” (Trans Telling Parents Lesson Plan, p. 3)

“**Same-gender loving**: A term some prefer to use instead of ‘gay’ or ‘lesbian’ to express attraction to and love of people of the same gender.” (Trans Telling Parents Lesson Plan, p. 4)

	<p>“Sexual orientation: An enduring emotional, romantic, sexual and relational attraction to another person; may be a same-sex orientation, opposite-sex orientation or bisexual orientation.” (Trans Telling Parents Lesson Plan, p. 4)</p> <p>“Straight supporter: A person who supports and honors sexual diversity, acts accordingly to challenge homophobic remarks and behaviors and explores and understands these forms of bias within him- or herself.” (Trans Telling Parents Lesson Plan, p. 4)</p> <p>“Sexual identity is a personal topic that you may want to share with a partner because it will help them understand you more. Often, telling people about your sexual identity – your sexual orientation or gender identity – is difficult because of harmful myths or misconceptions about people who may not identify as heterosexual or cisgender.” (Talking With a Partner About Sex Article, p. 2)</p> <p>“Instructions: The teen is gay, lesbian or bisexual and is nervous about telling his or her parent or guardian. Work with your group to come up with an effective way to start this conversation.” (Breaking the Ice Lesson Plan, p. 9)</p> <p>“Everyone assumes you’re straight, but maybe you know you’re attracted to people of the same gender. Recognizing that you’re gay, lesbian or bisexual (GLB) is a big step, and letting other people – like your parents – know is even bigger.” (Breaking the Ice Stories, p. 5)</p> <p>“While comprehensive sexuality education could create safer, more inclusive environments for LGBTQ students, there are certain local and state education laws nicknamed ‘no promo homo’ laws that further stigmatize LGBTQ students.” (Sex Ed Censored Article, p. 2)</p> <p>Students discuss the following values statements on sexual orientation:</p> <ul style="list-style-type: none"> • “I believe that people who are lesbian, gay and bisexual are confused. • I believe that people who identify as lesbian, gay or bisexual have a right to express themselves as who they are. • I believe that lesbian, gay and bisexual orientations are unnatural and are not the way people are supposed to be. • I don’t think anybody in the lesbian, gay and bisexual community is asking for special treatment. They’re asking to be treated the same as everyone else.” (What I Believe Lesson Plan, p. 5)
<p>5. PROMOTES SEXUAL PLEASURE <i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative</i></p>	<p>“Condoms also come in a variety of sizes and textures, such as ribbed. Ribbings, located at the base of many condoms, can enhance sensation for the partner.” (Journey to the Condom Rack Article, p. 3)</p> <p>“Lots of guys boast about lasting forever, but do they really? A 2005 <i>Journal of Sexual Medicine</i> study surveyed 500 adult heterosexual couples and found that the median length of time it takes men to ejaculate during sexual intercourse</p>

<p><i>potential outcomes for sexually active children.</i></p>	<p>to be about five minutes. This means there were as many men who lasted more than five minutes as there were men who lasted fewer than five minutes.” (A Fairy Tale First Time Article, p. 2)</p> <p>“Michael, 16, of Ohio, spoke with us about expectations for how long sex will last. ‘I told my girlfriend I’d last 20 minutes our first time,’ he explains. ‘I ended up cumming after three minutes and got a little embarrassed.’ Michael’s experience isn’t unusual. Matt had a similar experience with his partner. ‘It hurt! And it also didn’t help that he only lasted 10 seconds.’” (A Fairy Tale First Time Article, p. 2)</p> <p>“Reaching climax within minutes is nothing to be ashamed about, especially if it’s your first time. You don’t automatically know how to parallel park the first time you get behind the wheel, do you? Sex is more than intercourse, and you have to take your time to figure out what feels right for each person. Sex can include lots of different behaviors and isn’t only over when the guy ejaculates.” (A Fairy Tale First Time Article, p. 2)</p> <p>“Not only is it unlikely that you and your partner will orgasm simultaneously, but many people don’t orgasm from penile-vaginal sex, especially the first time. A survey of 4,000 women in the United Kingdom found that 32 percent of the women never or seldom orgasmed through sexual intercourse. Guys seem to have an easier time reaching orgasm, but they can also sometimes have a difficult time orgasming during intercourse.” (A Fairy Tale First Time Article, p. 2)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION <i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>No evidence found.</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays,</i></p>	<p>“Inform students that they will now play the Condom Game at Sexetc.org to see if they can remember the proper steps for using a condom.” (All About Condoms Lesson Plan, p. 2)</p> <p>“...[I]nform the class that during the review of the different steps, you will demonstrate how to use a condom utilizing a penis model. Ask a volunteer to read each step aloud while you demonstrate those steps using a condom and a penis model.” (All About Condoms Lesson Plan, p. 2)</p>

etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“Inform the class that they will now each get a chance to **practice putting a condom on and taking a condom off a penis model**. Divide the class into groups of eight using a dividing technique. Explain that each group will be given a penis model, condom and set of cards with the steps on them. The cards should be placed face down. Each person will then pick a card and be responsible for completing the step on their card. The **group must work together** to ensure that each person completes their step in the correct order and the condom is properly placed on the penis model and removed. **Hand out penis models, condoms and card sets.**” (All About Condoms Lesson Plan, p. 2)

“Steps for condom use:

- Check the expiration date.
- Open the package carefully and remove the condom.
- Make sure the condom tip is pointing up so that it can **easily roll down the penis**.
- Pinch the tip of the condom to squeeze the air out.
- **Place the condom on an erect penis** and roll it down all the way.
- **Orgasm, ejaculation, and partner’s orgasm**. Hold the base and pull out.
- Carefully remove the condom from the penis making sure none of the semen drips out by tying a knot.
- Throw it away. (Never reuse a condom.)” (All About Condoms Lesson Plan, p. 5)

“For oral sex on a vulva or anus, cut off the elastic ring at the base of the condom, then cut the condom open with scissors. The condom will now look more like a sheet of latex. **Place it on your partner’s vulva or anus with the flavored side up**. There are also latex sheets available, called ‘latex dams’ or ‘dental dams,’ which can also be **used for oral sex on a partner.**” (All About Condoms Article, p. 2)

“In order for a condom to work, it must be put on following the right steps:

- Check the expiration date. This should be clearly printed on the box and on the condom wrapper. If the condoms have expired, even by only a few days, do not use them. The material that they are made of and the lubricants they might have on them can break down over time, which means they’re more likely to fail if they’re past expiration.
- Open the package carefully (don’t use your fingernails—and don’t use your teeth!) and remove the condom from the wrapper.
- Hold the condom so it looks like a hat, with the thick, rolled-up part on the outside. As you look at it, you’ll be able to see **how you would roll it easily over an erect penis**.
- Pinch the tip of the condom to squeeze the air out of the condom. This will allow semen to collect in the tip at the top. The condom could break if the tip is not squeezed and air bubbles are let in, so keep pinching it the whole time.
- Place the condom **on the head of the erect penis** (keep pinching the tip).
- **Roll the condom all the way down to the base of the penis** with one hand (keep pinching the tip with the other hand).

- After sex, **grasp the condom at the base of the penis** and remove the penis (with the condom still on it) from your partner’s body.
- Turn away from your partner’s vagina or anus and carefully remove the condom from the penis. You can tie a knot at the end once it’s off so no semen drips out.
- Wrap the condom in a tissue and throw it away. Do not flush it down the toilet.” (All About Condoms Article, p. 2)

“Ask for fourteen volunteers and distribute a card with a step to correct condom use to each volunteer. Instruct them to **arrange themselves in the proper sequential order for correct condom use**, with the beginning steps at one end and the last steps at the other end... Once the students have arranged themselves, review the steps in the order they selected and correct any that are out of order. When finished, the steps should be in the following order:

1. Talk to your partner about protection.
2. Go to a grocery store, drugstore, or health clinic and buy condoms.
3. Check the expiration date.
4. Store the condoms in a cool, dry place not in your wallet.
5. **Before having sex (oral, vaginal, or anal)**, open the package carefully and remove the condom.
6. Check to see which way the condom unrolls.
7. **Get an erection.**
8. Pull back the foreskin of the penis if uncircumcised.
9. Squeeze the air out of the tip of the condom.
10. Place the condom on the tip of the erect penis and roll it all the way down.
11. Have sex.
12. **After orgasm and ejaculation**, hold the condom at the base of the penis and withdraw.
13. Carefully remove the condom from the penis.
14. Tie the condom in a knot, wrap it in tissue, and throw it away.” (Journey to the Condom Rack Lesson Plan, pp. 2-3)

“At this point, it is ideal for the students to **practice a condom demonstration**, if allowed.” (Journey to the Condom Rack Lesson Plan, p. 3)

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.

“Knowing the facts makes it so much easier to figure out what you need to do to prevent a pregnancy – if you **decide to have penile-vaginal sex.**” (Busting Myths About How Pregnancy Happens Article, p. 2)

“Imagine this scenario: Jim and Stacey are high school seniors who've been dating for a year. After talking it over, they **decide they are mature and careful enough to have sex.** Since they know that having unprotected sex can lead to unplanned pregnancy and sexually transmitted diseases (STDs), they plan to use protection. So, they go to their local drugstore and head to the condom section.” (Journey to the Condom Rack Article, p. 1)

“Remind students that it’s important for all teens that **choose to have sexual intercourse** with someone of another gender to think about how a pregnancy

could affect their lives and what they can do to avoid an unplanned pregnancy. Make sure students understand that abstinence is the most effective way to prevent pregnancy, but **if they choose to be sexually active**, they should use a reliable birth control method. They should **know which local clinics or health care centers can provide birth control or emergency contraception** if needed.” (Where Do You Stand on Abortion and Parental Permission Lesson Plan, p. 2)

“Write a letter to your future self who has **decided to engage in sexual behaviors** with a (new) partner. First, tell yourself about what you think sex will be like based on what you’ve seen on TV or in movies. Then, thinking about your own possible previous experiences and our conversation today about how real life doesn’t always look like what you see on TV, give your future self **advice on safer sex and/ or birth control and tips for communicating** about engaging in sexual behaviors and boundaries.” (A Fairy Tale First Time Lesson Plan, p. 2)

“Now I make sure that my partner knows exactly what I am ready or not ready for. **When I’m ready to engage in something more sexual than just kissing**, I remind my partner that we need to use condoms. I also let my partner know that the relationship isn’t going to work out if he doesn’t respect me and my wishes to protect myself from sexually transmitted diseases (STDs) and pregnancy.” (Breaking the Ice Stories, p. 2)

“Discuss which specific methods you will use to protect yourself and your partner from STDs or an unintended pregnancy **if you decide to engage in vaginal, oral or anal sex.**” (Breaking the Ice Stories, p. 2)

“Explain that boundaries are something that are very personal and will differ from person to person. Also explain that a big part of being a sexually healthy person is **creating personal boundaries for intimate behaviors** and being able to communicate those boundaries to a partner. Explain that setting boundaries is important to sexual health, because it allows us to have a clear sense of what we’re comfortable with or not and why.” (Draw the Line Lesson Plan, pp. 1-2)

“Close the lesson by reminding students that boundaries are very personal and (as we may have seen) can differ from person to person. This is why it is **important to know what our own personal boundaries are and to be able to communicate those boundaries** effectively to a partner.” (Draw the Line Lesson Plan, p. 3)

“Now inform students that they are going to work individually on their own action plan to support them in talking with a health care provider about their sexual health. Explain to students that this action plan will assist them in **deciding how and what to talk with their health care provider about related to sexual health.** It will also help them to be prepared and feel more comfortable when talking with their health care provider.” (How to Talk to Your HCP Lesson Plan, p. 2)

“Lesson Description: In this lesson, students will **explore their personal values related to intimate and sexual behaviors** and brainstorm a list of statements

they can use to communicate their boundaries around these behaviors.”
(Intimacy Takes Time Lesson Plan, p. 1)

“You and your partner need to talk about your sexual histories, birth control methods, testing for sexually transmitted diseases (STDs) and most importantly, **whether or not the both of you feel ready for this next step.**” (Shame Shuts Teens Down Article, p. 1)

“And at the end of the day, **the choice to have or not have sex is yours.** My only advice to you, whether you’re a guy or a girl, is to **wait until you are 100-percent ready** – that way, you’ll have no regrets later.” (The Virginitly Question Article, p. 2)

“These are perfectly good reasons to wait, but **if you choose not to wait**, getting tested for STDs, as well as always using condoms, dental dams or birth control, drastically lowers the risk of an unintended pregnancy or contracting an STD.” (Where Do You Stand on Premarital Sex Article, p. 1)

“In reality, it’s totally unfair to judge people by their number of partners or whether they want to wait until marriage to have sex. **Deciding when to have sex and who to have it with is a personal choice.** And as long as it is consensual, then I believe it is unacceptable to say people are immature or have low self-esteem for choosing to have sex before they’re married.” (Where Do You Stand on Premarital Sex Article, p. 1)

“**I personally do not believe in waiting until marriage.** I don’t see anything wrong with having sex outside of marriage, because sex outside of marriage is sex, and sex within a marriage is sex. I wouldn’t want to get married to someone not knowing if this person is sexually compatible with me.” (Where Do You Stand on Premarital Sex Article, p. 1)

“At the completion of this lesson, students will be able to:

1. List three reasons why someone might decide to wait until marriage or a lifelong commitment to engage in sexual behaviors.
2. List three reasons why someone **might decide not to wait** until marriage or a lifelong commitment to engage in sexual behaviors.
3. **Identify at least two personal reasons why they might or might not wait until marriage** or a lifelong commitment to engage in sexual behaviors.
4. Demonstrate through role-playing with a partner the ability to communicate and discuss reasons why someone might decide to wait or not wait.” (Where Do You Stand on Premarital Sex Lesson Plan, p. 1)

“Some people may decide to wait to have sex until they are out of high school or college or in a lifelong commitment. Others may choose to engage in sexual behaviors before they are married, but only in a long-term committed relationship. Some may choose to engage in sexual behaviors outside of any type of relationship. Also explain that **deciding when to engage in sexual behaviors is a personal choice.** It is also important to be able to communicate with a partner about whether someone wants to wait to engage in sexual

	<p>behaviors or not, and what behaviors they feel comfortable engaging in now.” (Where Do You Stand on Premarital Sex Lesson Plan, pp. 1-2)</p> <p>“Close the lesson by reminding students that the decision whether to engage in sexual behaviors before marriage or a long-term partnership is a personal one. It is important to know what our own personal choice is and to be able to communicate this effectively to a partner.” (Where Do You Stand on Premarital Sex Lesson Plan, p. 3)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing. May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Condoms have long been a hot topic at Sex, Etc., as teens often have questions about what kind to get, how effective they are and how to use them correctly. This is pretty cool, actually, because it means that a lot of you are interested in safer sex and doing something about it!” (All About Condoms Article, p. 1)</p> <p>“The fear that can accompany talking about sex and sexuality with your partner is super real. However, it’s important to have these open conversations. Maybe you feel the need to establish clearer boundaries related to sexual behavior and consent? Or perhaps you want to talk with your partner about sexually transmitted diseases (STDs), birth control and safer sex?” (Talking With a Partner About Sex Article, p. 1)</p> <p>“At the completion of this lesson, students will be able to:</p> <ul style="list-style-type: none"> • Discuss three benefits of talking with a partner about STD risk reduction. • List at least three things that you would consider before talking with a partner about STD risk reduction and identify methods for overcoming potential barriers to having these conversations.” (Teen Couples Talk STDs Lesson Plan, p. 1) <p>“A partner who you can openly discuss safer sex with is ideal. Before you have sex with someone, you should feel able to ask them about their sexual history, like whether they’ve been tested for STDs or have ever contracted one. You shouldn’t put your health at risk in order to please a partner or avoid an awkward conversation.” (Teen Couples Talk STDs Article, p. 1)</p> <p>“It’s also important to note that sexual orientation does not dictate behavior. Different types of couples – heterosexual and same-sex – can engage in different behaviors. And people who identify as gay or lesbian may engage in sexual behaviors with a different sex partner. People who identify as heterosexual may engage in behaviors with a same-sex partner. How you practice safer sex should be based on the behaviors you’re engaged in, not your orientation. Studies show that teens who identify as lesbian, gay or bisexual who have sex with a partner of a different sex actually have higher rates of pregnancy than those who identify as heterosexual.” (Teen Couples Talk STDs Article, p. 2)</p> <p>“Getting tested is the only sure way to know you’re STD-free before engaging in sex again. ‘Once the test came back negative, my sex life went back to normal, except with more condoms and protection,’ Jake tells me.” (Teen Couples Talk</p>

STDs Article, p. 2)

“There are a lot of myths about pregnancy – and some are completely ridiculous. So it is really important to differentiate between what’s true and what’s false. You don’t want to assume you won’t get pregnant when you’re taking a risk and **not practicing safer sex.**” (Busting Myths About How Pregnancy Happens Article, p. 2)

“Whether you are in a bed, underwater or in space, it is still possible to get pregnant **if you are having unprotected sex.** It would be best to use some form of protection when in a pool or hot tub, such as a condom. There is some concern that the chemicals in a pool or hot tub could weaken a condom, but **it is better to use one anyway.** A ‘female’ or receptive condom would be a better option since it’s less likely to slip out of the body, and it’s made of polyurethane, which is very durable.” (Busting Myths About How Pregnancy Happens Article, p. 2)

“If you want to prevent a pregnancy, you need to **use a condom during sexual intercourse** or be on some kind of hormonal birth control.” (Busting Myths About How Pregnancy Happens Article, p. 2)

“Close by reminding students that not having sexual intercourse is the most effective way to prevent pregnancy and **if someone does decide to have intercourse,** using two methods of birth control is more effective than just one.” (Should a Guy Have a Say Lesson Plan, p. 2)

“Learning Objective: Make a plan to **practice safer sex** and communicate about boundaries.” (A Fairy Tale First Time Lesson Plan, p. 1)

“Facilitator’s Note: Let students know they can write this letter about engaging in **sexual behaviors with a new partner if they’ve already engaged in sexual behaviors** or they can write this letter about engaging in sexual behaviors with their first partner if they haven’t yet. Make sure students know that both are totally OK and no one will be judged either way.” (A Fairy Tale First Time Lesson Plan, p. 2)

“Have some students share with the larger group what general tips they gave their future self, including how they **recommend practicing safer sex** and steps they should take before engaging in sexual behaviors with a (new) partner.” (A Fairy Tale First Time Lesson Plan, p. 2)

“Instructions: The teen is **ready to have sex** and is nervous about telling his or her boyfriend or girlfriend. Work with your group to come up with an effective way to start this conversation.” (Breaking the Ice Lesson Plan, p. 6)

“Really be clear with yourself about what you’re ready for **before engaging in any type of sexual play.** If you don’t know how you feel about touching, oral

	<p>sex, vaginal sex or anal sex, how are you going to let your partner know how you feel and what you're willing or not willing to do?" (Breaking the Ice Stories, p. 2)</p> <p>"Explain clearly what you are and are not ready for. So, if you want to have oral sex, but not vaginal sex or anal sex, make sure you say that." (Breaking the Ice Stories, p. 2)</p> <p>"Explain that there are no right or wrong answers, as boundaries are based on personal values. For example, some people may have the boundary of not having sex until after they are married, that may be a boundary some people may have and others do not. It does not make that boundary right or wrong; it is a boundary created based on someone's personal values." (Draw the Line Lesson Plan, p. 2)</p> <p>"What topic will you discuss with your health care provider?"</p> <ul style="list-style-type: none"> • Preventing STD transmission • Preventing unplanned pregnancy" (How to Talk to Your HCP Lesson Plan, p. 5) <p>"Sex comes with a lot of possible consequences. Pregnancy and STDs are only two of the possible risks of having sex. I'm not trying to scare you or anything. I only want to make it clear that more than anything, it's best to talk everything out before unzipping those jeans – no matter how nervous you are." (Shame Shuts Teens Down Article, p. 2)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY <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>"Biological sex – A person's biological makeup of sex organs and chromosomes. Labels such as male, female and intersex are usually assigned at birth based on one's external genitalia." (SOGI Label Lesson Plan, p. 2)</p> <p>"Gender – This refers to the social and cultural norms related to what it means to be masculine or feminine." (SOGI Label Lesson Plan, p. 2)</p> <p>"Gender identity – A person's inner feelings and understanding about their gender. When a person's feelings about their gender match their sex organs, that person identifies as cisgender. Or a person may be transgender, meaning their inner sense and understanding of their gender does not match their sex organs." (SOGI Label Lesson Plan, p. 2)</p> <p>"Gender expression: How a person behaves, appears or presents him- or herself with regard to societal expectations of gender." (Trans Telling Parents Lesson Plan, p. 3)</p> <p>"Gender identity: The gender role that a person claims for his or her self [sic] – which may or may not align with his or her physical gender." (Trans Telling Parents Lesson Plan, p. 3)</p>

	<p>“Genderqueer: A word people use to describe their own nonstandard gender identity, or by those who do not conform to traditional gender norms.” (Trans Telling Parents Lesson Plan, p. 3)</p> <p>“Transgender: A term describing a broad range of people who experience and/or express their gender differently from what most people expect. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming.” (Trans Telling Parents Lesson Plan, p. 4)</p> <p>“Transphobia: The fear and hatred of, or discomfort with, people whose gender identity or gender expression do not conform to cultural gender norms.” (Trans Telling Parents Lesson Plan, p. 4)</p> <p>“Transsexual: A medical term describing people whose gender and sex do not line up, and who often seek medical treatment to bring their body and gender identity into alignment.” (Trans Telling Parents Lesson Plan, p. 4)</p> <p>“Sexual identity is a personal topic that you may want to share with a partner because it will help them understand you more. Often, telling people about your sexual identity – your sexual orientation or gender identity – is difficult because of harmful myths or misconceptions about people who may not identify as heterosexual or cisgender.” (Talking With a Partner About Sex Article, p. 2)</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. May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Most important to know: condoms work really well. When used correctly and consistently each time you have oral, anal or vaginal sex, you are greatly lowering the risk of sexually transmitted diseases (STDs). With vaginal sex, correct and consistent condom use lowers the chance of pregnancy. It’s important to use them correctly. Condoms prevent pregnancies about 98 percent of the time when used perfectly but typical usage effectiveness rates hover around 82 percent.” (All About Condoms Article, p. 1)</p> <p>“What most people don’t realize is that condoms stretch. A lot. Very few truly need the gargantuan, magnum-sized condoms. Though those who need them find them more comfortable, it’s a bad idea for people with a regular-sized penis to use these larger condoms because a condom that is too big can easily slip off.” (All About Condoms Article, p. 2)</p> <p>“Condoms can’t be kept just anywhere. Don’t keep condoms in your pocket or wallet or a car, as the condom could be damaged. The best places to store them are in cool, dry spaces that are at or below room temperature.” (All About Condoms Article, p. 2)</p> <p>“Interested in safer oral sex? You can use a flavored latex condom. There are many varieties of flavored condoms. For oral sex on a penis, follow the instructions above. When finished, remove the penis from your partner’s mouth, then remove and discard the condom in the same way as described above.” (All</p>

About Condoms Article, p. 2)

“Be sure to inform the class that the purpose of this activity is to briefly **assess the values that people hold about abortion** and to allow them to hear the range of values in the class. Also, be sure to tell the class that this is not a time to spark discussion or debate, but simply to listen and reflect.” (Abortion: An Option Lesson Plan, p. 2)

“‘Abortion.’ The word may seem daunting and clinical, but the reality is, **abortion is a safe and legal option when it comes to an unplanned pregnancy.** Some people may have mixed feelings about abortion for many reasons, including the stigma associated with it, but in places across the world where abortion is not legal, many women suffer from severe complications or even death as a result of unsafe abortion. We’re exposed to so many messages about abortion, but it’s important to set the record straight and destigmatize this option for teens.” (Abortion: An Option Article, p. 1)

“Teenagers have many misconceptions about what abortion really is: **a medical procedure that ends a pregnancy.**” (Abortion: An Option Article, p. 1)

“There are **two types of abortion: medical and surgical.** Medical abortions can be done during the first ten weeks of a pregnancy. During a medical abortion the woman is given two medications, the first to stop producing a hormone called progesterone. This stops her body’s ability to sustain the pregnancy. The second medicine causes the uterine muscles to contract and empty the uterus.” (Abortion: An Option Article, p. 1)

“Surgical abortions are also called ‘in-clinic abortions.’ To be clear, **while ‘surgical’ sounds invasive, surgical abortions are nothing like a C-section** or procedures that people think of as surgery. There is no ‘cutting open’ the patient. The woman’s cervix is dilated, and the contents of the uterus are removed via suction. The actual procedure takes five to fifteen minutes. (This doesn’t include time for paperwork, an exam and spending up to an hour in the recovery room.) **It’s important that abortion stays legal and accessible.** It’s also important to understand that making abortion illegal will not decrease the number of abortions; it will only increase the number of *unsafe* abortions.” (Abortion: An Option Article, p. 1)

“Finally, I ask Roxanne why she thinks access to abortion is important. ‘Comprehensive health care is a human right and **abortion care is health care,**’ she says. ‘I believe that people deserve to choose when, where and with whom they will have children and to exercise their autonomy safely and with dignity.’ I am glad we have people like Roxanne working in positions to help. It’s important to know that you’re not alone and that **there are ways to manage a tough situation** and make a choice that’s good for you.” (Abortion: An Option Article, p. 1)

“Sadly, not all teens do have a choice, at least not one without complications. Recently, due to new laws in many states, **a lot of public clinics that provided**

abortion and counseling services have been closed, and teens seeking help are unable to find it.” (Abortion: An Option Article, p. 1)

“Directions: Use Sexetc.org to **learn more about your state laws related to abortion** and pregnancy. Go to Sexetc.org. Click on the Action Center icon, and then choose ‘Sex in the States’ from the drop-down menu. Click on your state and scroll down to learn more.

- Where can someone get a pregnancy test?
- What types of clinics provide confidential services for teens and adults?
- What can someone do to make sure their visit is confidential?
- What kind of clinics should someone be aware of when seeking pregnancy **or abortion services**?
- Can a person access abortion if they are under 18 without parental consent?
- If no, what do they need to do **to access abortion services**?
- Is there a waiting period to get an abortion?
- Does the state’s Medicaid program cover abortion services?
- What organizations can someone contact **if they need help paying for an abortion?**” (Abortion: An Option Lesson Plan, p. 4)

“Begin the lesson by **brainstorming two lists with students – one with all of the birth control methods and the other with all of the STDs they can think of...**

Make sure the lists include the following:

- Birth control methods: birth control pills, withdrawal, spermicide, the ring, the patch, abstinence, female condom, emergency contraception, IUD, condom, dental dam
- STDs: gonorrhea, crabs, HIV, herpes, hepatitis B, genital warts, syphilis, chlamydia, AIDS” (Birth Control & Safer Sex Crossword Lesson Plan, pp. 1-2)

“Were there **any methods of birth control you were not familiar with?** (Clarify any questions students have about these methods.) Were there any STDs you were not familiar with? (Clarify any questions students have about these STDs.) Which birth control methods protect against pregnancy and diseases? **Which birth control method is most effective?** Where could teens go in our area if they wanted get birth control or STD testing?” (Birth Control & Safer Sex Crossword Lesson Plan, p. 2)

“**Birth Control and Safer Sex Crossword Puzzle** clues:

- If taken by mouth once daily at the same time of day by a female, this is 99.7 percent effective at preventing pregnancy.
- This bandage-like birth control method – also known by its brand name Ortho Evra – is worn by a female and releases synthetic hormones that prevent ovulation.
- Before vaginal sex, a female can insert this birth control device into the vagina – the ringed, closed end covers the cervix and the other end sits outside of the vaginal opening.
- Also **known as ‘the morning after pill,’** this is used to prevent pregnancy

up to 120 hours after unprotected sex.

- This is the only method that is 100-percent effective with perfect use at preventing pregnancy and STDs.
- Latex or polyurethane versions of this sheath-like **covering that fits over a male's penis** are 98-percent effective at preventing pregnancy and protect against most STDs when used correctly and consistently.
- This thin piece of latex is placed over the vulva, mouth or anus and used as a **barrier method during oral sex**.
- This comes in gels, foams, creams and other forms and is used to kill or prevent sperm from moving.
- This hormonal ring is placed in the vagina near the cervix, causes the cervical mucus to thicken and prevents ovulation.
- This small T-shaped object that a health care provider inserts into the uterus can be hormonal or made out of copper.
- This method – **also known as 'pulling out'** – is typically 73-percent effective at preventing pregnancy but does not protect against STDs.” (Birth Control & Safer Sex Crossword Lesson Plan, pp. 3-4)

Detailed resource information is given about the following methods of birth control: male condom, female condom, diaphragm, spermicide, abstinence, withdrawal, birth control pill, the shot, the patch, the ring, Implanon, emergency contraception. (Birth Control & Safer Sex Crossword Lesson Plan, p. 5)

“True or False: The pill, the patch, the ring and the shot **are all hormonal birth control methods**. True.” (Birth Control & Safer Sex Superheroes Lesson Plan, p. 4)

“True or False: You need a **prescription for all types of emergency contraception**. False.” (Birth Control & Safer Sex Superheroes Lesson Plan, p. 4)

“True or False: The implant is the **least effective method of birth control**. False.” (Birth Control & Safer Sex Superheroes Lesson Plan, p. 4)

“True or False: Condoms are the only method – besides abstinence – that **prevent unplanned pregnancy and the transmission of STDs**. True.” (Birth Control & Safer Sex Superheroes Lesson Plan, p. 4)

“True or False: **All IUDs are hormonal methods**. False.” (Birth Control & Safer Sex Superheroes Lesson Plan, p. 4)

“It can also be **harder for teens to control their ejaculation and pull out in time**, which increases the risk of ejaculating in the vagina or getting it on the vaginal opening. ‘Pulling out’ should not be the only form of birth control that you and your partner use, especially when there are **other methods that are more effective** at preventing pregnancy. Also, it is important to remember that pulling out does not protect you from sexually transmitted diseases (STDs).” (Busting Myths About How Pregnancy Happens Article, p. 1)

“Many of my female friends say they’re scared to use birth control pills (the Pill). They hear myths like ‘the Pill causes breast cancer’ and decide to risk unplanned pregnancy rather than use this **95- to 99-percent effective method of birth control**. Like many other teens, they just aren’t educated enough about the Pill.” (Getting Smart About the Pill Article, p. 1)

“The Pill Quiz: Protection One Day at a Time

- Birth control pills are now available over the counter. (False)
- Birth control pills protect against certain sexually transmitted infections, like chlamydia and gonorrhea. (False)
- A teenage girl can **get birth control pills without her parents’ permission**. (True)
- Birth control pills do not cause weight gain. (True)
- If a girl has been taking the Pill for a long time, it’s important for her to stop, to give her body a break. (False)
- Birth control pills do not interfere with a girl’s chance of becoming pregnant later in life. (True)
- Birth control pills cause certain types of cancer. (False)
- Birth control pills are **very effective at preventing pregnancy**. (True)” (Getting Smart About the Pill Lesson Plan, p. 2)

“Pill Facts:

- What is the Pill? **The birth control pill (a.k.a., ‘the Pill’) is an oral contraceptive** made of synthetic hormones that a female takes once a day to prevent pregnancy.
- How does it work? The Pill stops the ovaries from releasing an egg (ovulation); it also thickens the cervical mucus, which stops sperm from joining an egg. The Pill also prevents a fertilized egg from implanting in the uterus and starting a pregnancy.
- What are the pros? The Pill can make your period more regular and less painful, reduce acne, and lower the risk of ovarian or uterine cancer.
- What are the cons? You have to remember to take it once a day. The Pill does not protect you from sexually transmitted infections. (You need to use a latex or polyurethane condom plus the Pill.)
- How can you get the Pill? You need a prescription. You can get one at a private doctor or a public health clinic. To find a clinic, check the yellow pages under ‘clinics’ or ‘family planning.’
- How much does it cost? A 28-day pack of pills costs between \$20 and \$35, and you’ll also have to pay for a doctor or clinic visit, which can range from \$35-\$125. But you can **pay what you can afford at clinics** that offer sliding-scale fees. Call the clinic first and ask if they have reduced-fee services.” (Getting Smart About the Pill Article, p. 2)

“Tell the students they need to **create a visual representation** of 1) how to use the method correctly and 2) the effectiveness rates—perfect and typical... After the posters have been completed, inform the students that they will also have to come up with a **creative jingle, song, rap, role play, slogan or dance that tells the class how to access this particular method**, how long it lasts and how to use

it correctly.” (Hormonal Birth Control Lesson Plan, p. 2)

“The Pill

- Effectiveness: 99.7% (Perfect Use); 91% (Typical Use)
- How to use it: A girl or woman takes one pill every day at the same time.
- How to get it: This method requires a prescription from a doctor or health care provider and can be purchased at a pharmacy or from a local clinic.” (Hormonal Birth Control Lesson Plan, p. 3)

“The Patch

- Effectiveness: 99.7% (Perfect Use); 91% (Typical Use)
- How to use it: A girl or woman places the Patch on her lower abdomen, buttocks, upper back or shoulder. Each patch is replaced once a week on the same day each week for three weeks. During the fourth week, no patch is worn to allow for a menstrual period.
- How to get it: This method requires a prescription from a doctor or health care provider and can be purchased at a pharmacy or from a local clinic.” (Hormonal Birth Control Lesson Plan, p. 3)

“The Ring

- Effectiveness: 99.7% (Perfect Use); 91% (Typical Use)
- How to use it: NuvaRing is a flexible plastic vaginal ring that a girl or woman inserts into her vagina once per month. It’s inserted for three weeks and taken out during the fourth week to have a period.
- How to get it: This method requires a prescription from a doctor or health care provider and can be purchased at a pharmacy or from a local clinic.” (Hormonal Birth Control Lesson Plan, p. 4)

“IUD

- Effectiveness: 99.8% for three to five years depending on the brand
- How to use it: An intrauterine device (IUD) is a small T-shaped device that is inserted in the uterus by a doctor. The hormonal IUD releases progestin.
- How to get it: An IUD must be inserted by a health care provider.” (Hormonal Birth Control Lesson Plan, p. 4)

“The Shot

- Effectiveness: 99.8% (Perfect Use); 94% (Typical Use)
- How to use it: Depo-Provera is injected into a girl or woman’s buttocks or upper arm once every three months by a doctor or health care provider.
- How to get it: You need a prescription from a health care provider and will also have to visit to them to receive the shot.” (Hormonal Birth Control Lesson Plan, p. 4)

“The Implant

- Effectiveness: 99.95% for three years
- How to use it: The implant is a single, thin rod that is inserted under the skin on the inner side of a woman’s upper arm by a medical professional.

- How to get it: The Implant must be inserted by a health care provider.” (Hormonal Birth Control Lesson Plan, p. 5)

“**No method** effectiveness: During one year, couples who do not use any method of birth control have an 85 percent chance of experiencing a pregnancy.” (Hormonal Birth Control Lesson Plan, p. 5)

“**Condoms**

- Effectiveness: 98% (Perfect Use); 85% (Typical Use)
- How to use it: Condoms are a latex or polyurethane sheath worn over the penis to prevent sperm from entering the vagina.
- How to get it: Condoms can be purchased over the counter at a local pharmacy or at a local clinic. You do not need a prescription.” (Hormonal Birth Control Lesson Plan, p. 5)

“There are **lots of birth control options that are safe, accessible, affordable and reversible**. We could spend pages talking about different birth control options, but in this issue, we want to make sure you’re clear about several hormonal birth control methods and how they work. Hormonal birth control methods come in pills, patches, shots, rings and implants.” (Hormonal Birth Control Article, p. 1)

“Introduce the topic by sharing some of the trends in adolescent sexual behavior such as rates of condom use at last intercourse, etc. and then point out why it’s **important for all teens to learn about correct condom use**.” (Journey to the Condom Rack Lesson Plan, p. 1)

Students are asked the following questions and **decide in a group which type of condom fits the description**:

- “Which type of condom is most effective at preventing pregnancy? (Answer: latex)
- Which type of condom **comes in a box of three for less than \$2**? (Answer: latex)
- Which type of condom has naturally occurring pores that allow viruses, such as HIV, to pass through? (Answer: animal skin)
- Which type of condom should only be used with water-based lubrication such as K-Y Jelly or AstroGlide? (Answer: latex)
- Which type of condom can be used if someone is allergic to latex? (Answer: polyurethane and animal skin)
- Which type of condom **comes in flavors for use during oral sex**? (Answer: latex)
- Which type of condom can a **person of any age buy in a drugstore or grocery store**? (Answer: all)
- Which type of condom comes in different sizes and textures? (Answer: latex)
- Which type of condom will NOT protect against a sexually transmitted infection that is on part of a guy’s genitals not covered by the condom? (Answer: all)

- Which type of condom **can be used with lubrication** inside the tip to help the guy feel more sensation? (Answer: all)” (Journey to the Condom Rack Lesson Plan, p. 2)

“First, **what’s a condom?** It’s a sheath of thin rubber, plastic, or animal tissue that a male **wears on his penis during oral, vaginal, or anal intercourse**. A ‘reservoir-tip’ at the end of the condom collects the male’s semen from ejaculation. A condom also prevents transmission of other bodily fluids, like blood or vaginal fluids.” (Journey to the Condom Rack Article, p. 1)

“Anyone can buy condoms at a drugstore or supermarket **or get them at low cost or for free at a local health clinic**. (You don’t have to be a certain age.)” (Journey to the Condom Rack Article, p. 1)

“Condoms are made of three different materials. The first type of material is latex, which is a kind of rubber... The second type of material is polyurethane, which is a type of plastic... But beware! **Polyurethane is not as flexible as latex, so a polyurethane condom can slip off more easily during intercourse**. The third and least effective type of material is natural skin (or lambskin). These condoms are **effective at preventing pregnancy, but not STD transmission**. Why? Natural skin condoms contain natural pores that are larger than many STDs, such as HIV, and smaller viruses can pass through the pores of the condom.” (Journey to the Condom Rack Article, p. 2)

“Some condoms come with lubrication. Lubricated condoms are known as ‘wet’ condoms. Non-lubricated condoms are known as ‘dry’ condoms. **Lubricated condoms can help prevent condom breakage**.” (Journey to the Condom Rack Article, p. 2)

Students read an article debating whether a guy should have a say regarding unplanned pregnancy and abortion. “Allowing men to consent to their partner’s abortion would **prevent many women from having access to their right to an abortion**. What if the woman couldn’t locate the guy who got her pregnant, wasn’t sure which guy it was or was raped? Would she be **forced to continue a pregnancy** if she could not get his consent or didn’t know who he was?” (Should a Guy Have a Say Article, p. 1)

“Set up today’s lesson by asking students what are the three options teens have when they find out they are pregnant. Make sure the list of options includes **abortion, adoption and parenting**.” (The Adoption Option Lesson Plan, p. 2)

“Abortion is legal in the U.S., but there is a lot of stigma attached to it. I believe **it should be a woman’s decision, and only her decision, whether to have an abortion** or not. But there have been a lot of laws passed recently that make accessing abortion harder.” (Where Do You Stand on Abortion and Parental Permission Article, p. 1)

“Discuss which specific methods you will use to protect yourself and your partner from STDs or an unintended pregnancy, if you decide to engage in

vaginal, oral or anal sex. This means **discuss condoms, Sheer Glyde Dams and the Pill or other birth control methods.**" (Breaking the Ice Stories, p. 2)

"Condoms protect against most STDs, so if either of you has an STD, **be sure to always use condoms during vaginal and anal sex and Sheer Glyde Dams during oral sex.** Condoms are also a great form of birth control. There are lots of other birth control methods to prevent pregnancy, like the Pill, the NuvaRing and the patch. Just remember that only condoms and Sheer Glyde Dams reduce the risk of STDs, so **they would have to be used in addition to another birth control method.**" (Breaking the Ice Stories, p. 3)

Students **discuss the following values statements on abortion:**

- "I believe that abortion should be restricted, so it can only happen if someone has been raped or is underage.
- I believe that women should **have freedom of choice when it comes to abortion.** It is not my job, the government's job or anyone else's job to tell a woman what she can or cannot do with her body.
- I believe that abortion should not be an option unless the mother's life is at risk. Every human being has a right to live, and there are other options that can be used other than abortion, such as adoption.
- I believe that abortion is a very personal, private decision. Within legal limits, **I think it's fine to get an abortion, regardless of the reason.**" (What I Believe Lesson Plan, p. 6)

Students **discuss the following values statements on birth control:**

- "I believe that birth control should be used when necessary, because many people simply do not have the financial means to support a child.
- I believe that life is given to the baby upon conception. Humans should not interfere with this process in any way.
- I believe that **using birth control is fine as long as you don't have to pay for it.** Teens don't have the money for that.
- I believe that using birth control is wrong. If people have sex, then they should welcome a child if it happens." (What I Believe Lesson Plan, p. 7)

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.

"Ultimately, it is up to the person who is pregnant to decide what happens. Roxanne shares that teens who don't have supportive families **or access to financial resources or comprehensive sex education** are in particular need of support for either continuing or terminating a pregnancy." (Abortion: An Option Article, p. 1)

"...[W]hy is it so hard for many schools **to teach us the things that we absolutely need to know when it comes to sexuality education?** We could blame it on a few parents who make a fuss because they don't want their children learning about sexuality. Or we could blame it on those teachers who aren't trained to teach sex ed... These issues can keep us from getting great sex ed, but another issue is that **so many states don't require that sex ed be taught** or limit what can be taught." (Sex Ed Censored Article, p. 1)

“Students should **be given accurate information through comprehensive sexuality education** that teaches them not only about abstinence, but birth control, safer sex, healthy relationships and sexual orientation.” (Sex Ed Censored Article, p. 1)

“**Comprehensive sexuality education could be educating teens across the country about sexual orientation and sexual identity.** A better education about these issues could help reduce transphobia and homophobia ... in schools and help reduce bullying related to someone’s actual or perceived sexual orientation or gender expression.” (Sex Ed Censored Article, p. 2)

“Learning about birth control and safer sex are **important aspects of comprehensive sex ed.** But one in three teens who have had sex say they did not get any formal education about birth control before they first had sex. Condoms are the most commonly used form of birth control by teens, but 41 percent of teens aged 18 to 19 say they know little or nothing about condoms.” (Sex Ed Censored Article, p. 2)

“Study after study have shown that improved use of birth control has contributed to the reduced rates of teen pregnancies, but think of how much lower the rates of teen pregnancy might be **if state laws required that teens be taught about not only abstinence but birth control and safer sex.**” (Sex Ed Censored Article, p. 2)

“State laws that **limit what teens can learn in the classroom or misinform them** about birth control, safer sex and sexual orientation can do much more harm and cause confusion... We need to **make our leaders aware of these problems** in schools and try to get them to do something about it. It’s important to remember that your voice and contribution can have a big impact – you just have to **make sure that you’re heard loudly and clearly.**” (Sex Ed Censored Article, p. 2)

“The following is a list of topics for a high school sexuality education class. **Design your own sex ed class by putting a check mark next to the topics that you think should be included in a high school sex ed program.** At the end of the list, fill in suggestions for other sexuality topics that are not included on the list that you think should get special attention.

Abstinence – Most commonly used to describe not engaging in sexual behaviors.

Birth Control – Methods that are used to prevent pregnancy.

Body Image – The internal image that someone has of his or her own body, as well as the feelings one has about how other people react to one’s body.

Bullying, Harassment – Any unwelcome or offensive behavior by one person to another.

Dating Violence – How to gauge if a relationship is healthy; how to get help or

	<p>get help for a friend who is in an abusive relationship.</p> <p>Gender Identity – A person’s inner feelings about their sense of who they are as a man, woman both or neither.</p> <p>Gender Roles – Examines social and cultural views of masculinity and femininity.</p> <p>Health [sic] Relationships – How to successfully navigate romantic and sexual relationships.</p> <p>Pregnancy – How a female becomes pregnant and how to maintain a healthy pregnancy.</p> <p>Pregnancy Options – Information about abortion, adoption and teen parenting.</p> <p>Puberty – The changes that occur as children grow and develop into young adults.</p> <p>Reproductive Systems – Information about male and female body parts and how they work to create a pregnancy.</p> <p>Sexual Media – An examination of how music, movies, TV and other media reflect and shape views about sexuality.</p> <p>Sexual and Reproductive Anatomy – Body parts, how they work and how to take care of them.</p> <p>Sexual Decision-Making – Helping teens make healthy decisions about relationships and sexual behaviors.</p> <p>Sexual Orientation – The gender or genders of the people to whom one is attracted romantically and physically.</p> <p>Sexual Response Cycle – The process that occurs in people during sexual arousal.</p> <p>Sexual Violence Prevention – Sexual abuse, sexual assault, incest and rape prevention.</p> <p>STDs and HIV – How sexually transmitted diseases, including HIV, are transmitted, as well as their symptoms, testing and treatment.” (Sex Ed Censored Worksheet, pp. 1-2)</p> <p>“Close with a reminder that if students want to do more to advocate for comprehensive sexuality education, they can go to Sexetc.org’s Action Center to find some specific ways they can make a difference in their communities. If time allows and you have Internet access in the classroom, go to Sexetc.org’s Action Center and explore the options listed online with students.” (Sex Ed Censored Lesson Plan, p. 3)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS <i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Abstinence-only-until-marriage programs are meant to encourage students to abstain from any sexual behavior until they are married. And if sex is meant to be saved for marriage, does this mean gay and lesbian teens who live in states where they can’t marry should never have sex? These programs that focus on saving sex for marriage assume everyone is heterosexual and that everyone wants to get married, and that’s just not the case.” (Sex Ed Censored Article, p. 1)</p> <p>“Sending or receiving sexually explicit texts or pictures via a cell phone, or</p>

	<p>‘sexting,’ is one way to avoid the risks associated with sex and can be OK under certain circumstances.” (Is Sexting Okay Article, p. 1)</p> <p>“With all the risks of sexting, why do it? Whether you’ve decided to remain abstinent or be sexually active, sending sexy text messages can help you express and explore your sexual desires in <i>words</i> without the risks of STDs and unplanned pregnancy. Sexting can be a fun way to flirt with your partner. It’s also an easy way to keep the relationship exciting. As long as both you and your partner are being responsible by not sending nude or seminude photos, sexting can be a lot of fun.” (Is Sexting Okay Article, p. 1)</p> <p>“Sexual identity is a personal topic that you may want to share with a partner because it will help them understand you more. Often, telling people about your sexual identity – your sexual orientation or gender identity – is difficult because of harmful myths or misconceptions about people who may not identify as heterosexual or cisgender.” (Talking With a Partner About Sex Article, p. 2)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS <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>“Be sure to tell them that it is very important for them to ask questions about confidentiality when they call to make an appointment. They should specifically ask, ‘If I make an appointment and receive any kind of services at your clinic, will you tell my parents or anyone else?’ This applies to all services, including testing for pregnancy and STDs, including HIV.” (What It’s Like to Get an STD Test Lesson Plan, p. 3)</p> <p>“The Law:</p> <ul style="list-style-type: none"> • Go to www.sexetc.org. • Click on ‘Action Center’ and then ‘Sex in the States.’ • Find your state on the map and click on it. • Scroll down and click on ‘HIV/AIDS Testing.’ • Scroll down the page to answer the following questions: <ul style="list-style-type: none"> ○ Do you need permission from your parent or guardian to get tested for sexually transmitted diseases (STDs) and HIV? ○ What is the difference between confidential and anonymous testing?” (What It’s Like to Get an STD Test Lesson Plan, p. 4) <p>“...Texas is one of many states that require parental consent or notification prior to having an abortion. Thirty-seven states require some type of parental involvement when it comes to teens’ decisions about abortion. Parental consent laws, along with inaccessibility, can lead to teens feeling trapped when faced with an unplanned pregnancy.” (Abortion: An Option Article, p. 1)</p> <p>“Does a girl need her parent’s permission to get the Pill? A girl doesn’t need her parent’s permission, no matter what state she lives in. But if she’s concerned about confidentiality – whether or not a doctor or health care provider will tell her parents that she’s on the Pill – it depends on where she gets her prescription. If she goes to a public health clinic, her confidentiality is protected.</p>

But if she goes to a private doctor, it depends on that doctor's confidentiality policy. A teen should always call first to find out about a clinic's or doctor's policy." (Getting Smart About the Pill Article, p. 2)

"The Affordable Care Act requires that all health insurance providers cover FDA-approved hormonal birth control, when filled at a network drugstore, without charging the person who is insured a co-payment. Keep in mind that **if you're on your parents' health insurance, their insurance will report** what prescriptions have been covered." (Hormonal Birth Control Article, p. 2)

"Ask for any initial thoughts or reactions to the article. Take a quick poll of students' opinions on parental consent by asking students to **raise their hands if they think it's a good idea to require parental permission for an abortion**. Have a few students share why they think requiring parent permission for an abortion is or isn't a good idea." (Where Do You Stand on Abortion and Parental Permission Lesson Plan, p. 1)

Discussion scenario: "Trisha just found out that she's pregnant as a result of rape and that she will need her parents' permission if she decides to get an abortion. Trisha has **never been able to have a real conversation with her parents about sex because of their strict religious views**; she never told them about the rape, fearing they would blame her. When Trisha's cousin got pregnant at an early age her parents told her that a baby is a gift from God no matter what. She knows that having a baby right now is not what she wants, but she doesn't know how to talk to her parents and ask for help." (Where Do You Stand on Abortion and Parental Permission Lesson Plan, p. 5)

Discussion scenario: "At 14 Helen found out she was pregnant; she had only had sex with her boyfriend one time and didn't think it could happen that fast. The counselor at the clinic where she took the pregnancy test recommended that she talk to her parents before deciding what to do, but **she's afraid her parents are going to force her to do what they want** her to do instead of listening to how she feels." (Where Do You Stand on Abortion and Parental Permission Lesson Plan, p. 8)

"When you're a teen, should you get to **make decisions about your body without your parents' or guardians' involvement**? Having parents involved seems like a good idea, but, then again, what if involving the parents doesn't help? **What if it makes the situation worse?**" (Where Do You Stand on Abortion and Parental Permission Article, p. 1)

"I can see where requiring parental involvement on some level could be a good thing, but I can also see how it could make things worse for a teen in a terrible situation. In an ideal world, teens would be able to go to their parents or guardians when they are pregnant and get the help they need regardless of what they choose to do about the pregnancy. **We won't all agree about whether or how involved parents should be when it comes to teens and**

	<p>abortion, but we can agree than teens need support from adults they can trust so they can make decisions that are right for them.” (Where Do You Stand on Abortion and Parental Permission Article, p. 1)</p> <p>“...[W]hy is it so hard for many schools to teach us the things that we absolutely need to know when it comes to sexuality education? We could blame it on a few parents who make a fuss because they don’t want their children learning about sexuality.” (Sex Ed Censored Article, p. 1)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES <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> <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> <i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“Ask each group to write five places where a teen could go to get more information about reproductive and sexual health in their community.” (Is This Normal Lesson Plan, p. 2)</p> <p>“Need a doctor? Call 1-800-230-PLAN (7526) for the nearest Planned Parenthood Health Center.” (Is This Normal Article, p. 2)</p> <p>“Resources about sexual orientation:</p> <ul style="list-style-type: none"> • Sex, Etc. – www.sexetc.org • Teenwire from Planned Parenthood Federation of America – www.teenwire.com • Youth Resource – www.youthresource.com • Gay, Lesbian & Straight Education Network (GLSEN) – www.glsen.org • National Coalition for Gay, Lesbian, Bisexual, and Transgender Youth – www.outproud.org • National Youth Advocacy Coalition – www.nyacyouth.org • SexTalk from Planned Parenthood of Tompkins County – www.sextalk.org/queer/queer.html” (Gay, Straight, Bi: Do These Labels Still Apply Lesson Plan, p. 4) <p>“You can find condoms in lots of places: drugstores, supermarkets, health centers, like Planned Parenthood, and online.” (All About Condoms Article, p. 2)</p> <p>“It’s true that while condoms can be readily bought at many convenience stores and drug stores, dental dams may be harder to find. It’s possible their lack of availability leads to lesbian and other couples simply not thinking about the risk. Dental dams may be available at Planned Parenthood clinics, or they can be made by cutting off the rim and the tip of an unused condom. You can then cut down the length of the condom so it forms a rectangle or square shape, which can be laid over the vulva or anus.” (Teen Couples Talk STDs Article, p. 2)</p> <p>“Resources for further information [on STD testing]:</p> <ul style="list-style-type: none"> • www.sexetc.org • www.cdc.gov • www.mayoclinic.org • www.ashastd.org • www.sexetc.org/videos/josh-goes-for-his-first-hiv-test/” (What It’s Like

to Get an STD Test Lesson Plan, p. 3)

“Find a Clinic:

- Go to www.sexetc.org.
- Click on ‘Action Center’ and then ‘Clinic Finder.’
- Type in your zip code and hit enter. What happened?
- Now slide the bar under the statement ‘Search for clinics within (miles)’ to adjust the search area from 1 mile to 25 miles. What happened this time?
- Write the name and address of the two closest clinics below.” (What It’s Like to Get an STD Test Lesson Plan, p. 4)

“How can you get the Pill? You need a prescription. **You can get one at a private doctor or a public health clinic.** To find a clinic, check the yellow pages under ‘clinics’ or ‘family planning.’” (Getting Smart About the Pill Article, p. 2)

“Keep in mind that hormonal birth control methods require a prescription that can be obtained by a **visit to your health care provider, clinic or local Planned Parenthood** health center.” (Hormonal Birth Control Article, p. 1)

“...[F]or those methods and/or brands that are not covered by health insurance, many **Planned Parenthood locations and local clinics** allow women to pay for their birth control **at a reduced rate.**” (Hormonal Birth Control Article, p. 2)

“Close the activity by asking students to **brainstorm all the places a person can get condoms in their community.** Make sure to include online resources in addition to local stores and clinics.” (Journey to the Condom Rack Lesson Plan, p. 3)

“You can **get tested at a local health department,** your doctor’s office, a hospital or even a family planning clinic, like **Planned Parenthood.** It doesn’t cost very much or sometimes it is free, depending on where you get tested.” (Breaking the Ice Stories, p. 3)

“If your doctor is unwilling to provide you with the care you need or the confidentiality you desire, **Planned Parenthood or other Title X clinics are great alternatives** to your family doctor or pediatrician. (Title X clinics are government-funded clinics anyone can go to for reproductive health services.) Seeing a different doctor than your pediatrician can also be a great option for teens who **feel uncomfortable discussing their sexual health needs with a family doctor.**” (How to Talk to Your HCP Article, p. 2)

“Lesson Description: In this lesson, students will discuss the importance of talking with their health care providers about their sexual health and **where to access sexual health services.**” (How to Talk to Your HCP Lesson Plan, p. 1)

“Prepare a handout for students with a list of resources in your local community **where young people can access sexual health services.**” (How to Talk to Your

HCP Lesson Plan, p. 1)

“List the following Web sites on the board and tell them that these are also great **sources of information regarding sexuality**:

- Sexetc.org
- **PlannedParenthood.org**” (Like Mother Like Son Lesson Plan, p. 3)

For more information on *Sex Etc. Lesson Plans*, see https://answer.rutgers.edu/page/lesson_plans/.