



Protect Ohio Children

Stop OBSCENITY in Classrooms

CURRICULUM REPORT

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COMPREHENSIVE SEXUALITY EDUCATION IS MUCH MORE THAN JUST SEX ED.

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ABOUT THIS REPORT

About Protect Ohio Children

The Protect Ohio Children Coalition is being facilitated by Ohio Value Voters under the guidance of the National Protect Child Health Coalition (PCHC) which is a network of concerned citizens, parents, professionals, leaders and organizations representing the fields of law, academia, mental and physical health, politics, religion, government and more who believe that all children should be protected from harmful materials, especially pornographic, obscene, or erotic materials.

Purpose and Goals

1. FIND EVIDENCE OF OBSCENITY

Find Ohio schools that are using Comprehensive Sexuality Education Curriculum (CSE) produced by Planned Parenthood and their allies.

2. BUILD THE COALITION

Build a coalition in Ohio to monitor materials that could be harmful to minors.

3. STRENGTHEN AND CHANGE OHIO LAW

Influence the Ohio legislature to strengthen and change Ohio law to protect children from CSE.

This Curriculum Report

This report represents our collection of public information and research done since 2017. Public records requests were sent to government agencies and public schools pursuant to the Ohio Public Records Act, R.C. 149.43 and the Freedom of Information Act, 5 U.S.C. § 552, (and/or the Privacy Act, 5 U.S.C. § 552a.) Information was requested about sexuality education grants and specifically we requested information about pregnancy prevention and HIV prevention education with an objective to find harmful curriculum. **This report describes curriculum and materials that have been found in public schools.**

Ohio Revised Code Sec. 3313.6011 "education...shall emphasize that abstinence from sexual activity is the only protection that is one hundred percent effective...."
(1) Stress that students should abstain from sexual activity until after marriage;
(2) Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;"

Ohio Revised Code Sec. 3313.6011

According to (effective 2001; 2008 HB7) Ohio Education Title 33^{iv} (as of July 2, 2018) 3313.6011^v

As used in this section, "sexual activity" means sexual conduct or sexual contact, or both.

Instruction in venereal disease education shall emphasize that abstinence from sexual activity is the only protection that is one hundred percent effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.

The state board of education shall require course material and instruction in venereal disease education courses taught to do all of the following:

- Stress that students should abstain from sexual activity until after marriage;
- Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
- Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- Stress that sexually transmitted diseases are serious possible hazards of sexual activity;
- Advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock;
- Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of sixteen
- Emphasize adoption as an option for unintended pregnancies.

Any model education program for health education the state board of education adopts shall conform to the requirements of this section.

According to the Department of Education - Upon written request of the student's parent or guardian, a student shall be excused from taking instruction in venereal disease education.^{vi}

From Our Program Manager

Thank you for reviewing this report that represents two years of research and investigation by our team. This report proves that Planned Parenthood and their allies, working closely with Ohio universities and through county and federal grants and private donations, have infiltrated Ohio schools by presenting harmful materials to minors. The following page references the "15 Harmful Elements of Comprehensive Sexuality Education." These are the elements of sexuality education that should be immediately removed from Ohio schools and should be used by citizens and the Ohio General Assembly to distinguish between acceptable and unacceptable curriculum. Comprehensive Sexuality Education is out of compliance with Ohio Revised Code 3313.6011.

Diane Stover, Program Manager—Protect Ohio Children—June 1, 2019

15 HARMFUL ELEMENTS OF COMPREHENSIVE SEXUALITY EDUCATION

COMPREHENSIVE SEX EDUCATION: THE HARMFUL EFFECTS ON CHILDREN



1. SEXUALIZES CHILDREN

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.

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.

3. NORMALIZES ANAL & ORAL SEX

Introduces these high-risk sexual behaviors to children and may normalize them. May omit vital medical facts, such as the extremely high STI rates (i.e., HIV and HPV) and oral and anal cancer rates associated with these risky sex acts.

4. PROMOTES HOMOSEXUAL / BISEXUAL BEHAVIOR

Promotes acceptance of and/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.

5. TEACHES CHILDREN SEXUAL PLEASURE

Teaches children about sexual pleasure. May tell them they are entitled to or have a "right" to sexual pleasure or encourage children to seek out sexual pleasure.

6. PROMOTES SOLO OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, making children more vulnerable to pornography use, sexual addictions or sexual exploitation. May describe masturbation or provide instruction on how to masturbate. May encourage children to engage in mutual masturbation.

7. EROTICIZES CONDOM USE

May use sexually explicit methods (i.e., penis and vagina models, seductive role play, 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.

8. PROMOTES EARLY SEXUAL INDEPENDENCE

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.

9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL

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.

10. PROMOTES GENDER CONFUSION

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 gender ideologies. Fails to teach that most gender-confused children resolve it by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that may be helped with therapy.

11. TEACHES ABORTION / CONTRACEPTION

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.

12. PROMOTES PEER-TO-PEER SEX ED / 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 controversial sexual rights (including a right to CSE itself) or to promote abortion.

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

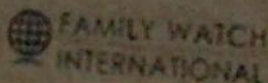
May encourage children to question their parents’ beliefs or their cultural or religious values regarding early sex, sexual orientation or gender identity.

14. VIOLATES OR UNDERMINES PARENTAL RIGHTS

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.

15. REFERS CHILDREN TO HARMFUL RESOURCES

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



**“216Teens.ORG”
Cuyahoga County Schools**

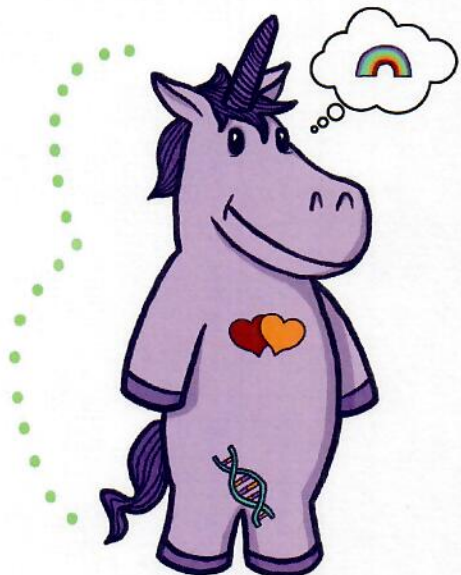
EVIDENCE FOUND IN NE OHIO SCHOOL DISTRICTS

Bedford, Brooklyn, Cleveland Metropolitan, Cleveland Hts./University Hts., East Cleveland, Euclid, Garfield Hts, Richmond Hts., Shaker Hts, South Euclid-Lyndhurst and Warrensville Hts. Public School Districts

216Teens.ORG is using this "Gender Unicorn" tool

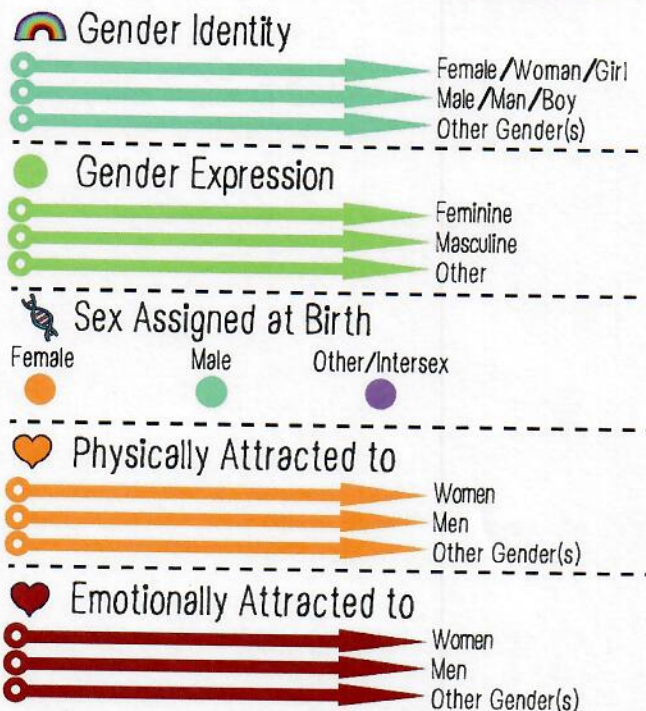
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Protect Ohio Children found these curriculum in Cuyahoga County:

WE KNOW THERE IS MUCH MORE!

- ▶ Reducing the Risk
- ▶ Life Skills
- ▶ FLASH
- ▶ Get Real
- ▶ Draw the Line
- ▶ HealthSmart
- ▶ 216Teens.org

Cleveland Metropolitan School District:
"Responsible Sexual Behavior"

- ▶ All About Life (K-3)
- ▶ FLASH (4-6)
- ▶ Making Proud Choices (7-8)
- ▶ Safer Choices (9-12)

**“Draw the Line”
Cuyahoga County Schools**

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 *Draw the Line/Respect the Line, Grade 8 (2015 Update)* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [11 OUT OF 15]

Draw the Line/Respect the Line, Grade 8 contains [11 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: *Draw the Line/Respect the Line* is a sexual risk reduction program (risk reduction programs are intended to help children reduce risks, usually through contraception rather than eliminate them through abstinence) developed by ETR Associates in collaboration with the University of California, San Francisco, Center for AIDS Prevention Studies. This 8th grade program includes explicit condom demonstrations and has 13- and 14-year-olds using role plays to negotiate sexual scenarios. While claiming to promote abstinence, this program instead teaches middle school students that they decide when they are ready for sex. They are taught in detail about various contraceptive methods and where they can be acquired, including those that need no prescription or parental consent to purchase.

Target Age Group: Teacher's manual for 8th grade students (13-14 years old)

Planned Parenthood Connections: *Draw the Line/Respect the Line* is published by ETR Associates, the publishing arm of Planned Parenthood. *Draw the Line/Respect the Line* was written by Karin K. Coyle and Cynthia Gomez. Gomez was on the board of directors of Planned Parenthood Federation of America from 2001-2004.

For more information on *Draw the Line/Respect the Line*, see <https://www.etr.org/ebi/programs/draw-the-line/>

HARMFUL CSE ELEMENTS	QUOTES AND MATERIAL FROM CSE CURRICULA
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i></p>	<p>Note: <i>The explicit materials throughout the curriculum (ostensibly intended to help children distinguish between safe and unsafe sexual behaviors) introduce children to a myriad of controversial sexual acts and sexual scenarios. When presented to young hormonal teens, this sexual instruction can inadvertently (or intentionally) increase sexual behavior among the students.</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.

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.

“Safe: Kiss on cheek, Hug, Talk on phone, Hold hands, Give/get hickey, **Feel up over clothes, Feel up under clothes**

“Some Risk: French kiss; **Mouth to genitals**, with latex barrier; Penis in vagina, with latex condom; **Mouth to genitals**, no latex barrier

“Risky: Sex with latex condom and baby oil; Sex with someone on the pill, no condom; Sex with someone you love, no condom; **Penis in vagina**, no condom; **Penis in rectum**, with condom; Penis in rectum, no condom” (8th Grade Teacher’s Manual, pp. 155, 157, 159, 161)

“Terry and Jo have been going together for 3 months. Terry is OK with kissing, but doesn’t want to go any further right now. Jo’s limit is different. Jo is **comfortable with kissing and touching, even touching under clothes**. What can Terry say to bring up the subject and when should Terry bring it up?” (8th Grade Teacher’s Manual, p. 63)

Note: Role plays repeatedly depict minors, under the legal age of consent, negotiating sexual activity.

“Chris and J. have been going together for 4 months. Both of them are OK with kissing. **Chris wants to give J. a hickey**, but J. doesn’t want one.” (8th Grade Teacher’s Manual, p. 63)

“Zeke’s friends are trying to get him to cross his line and **go for it with someone he just met.**” (8th Grade Teacher’s Manual, p. 63)

“Respond to the following pressure statement in a respectful way: **‘Having sex will bring us closer together.’**” (8th Grade Teacher’s Manual, p. 63)

“Respond to the following pressure statement in a respectful way: **‘Come on. Everyone else is doin’ it.’**” (8th Grade Teacher’s Manual, p. 63)

“Suppose you are at home with your boyfriend/girlfriend/partner and **things start to go further** than you want. What could you say to get out of this situation?” (8th Grade Teacher’s Manual, p. 63)

“What would have happened if Kashid’s mom hadn’t come home? (Trina and Kashid might have **had sex without a condom**; Trina might have gotten to her limit and stopped.)” (8th Grade Teacher’s Manual, p. 74)

“When Trina came over, they hung out for a while in the living room. Then Kashid put his arms around Trina and they began to kiss. They were both a little nervous at first, but pretty soon, Kashid was **touching Trina through her clothing**. Kashid was thinking, “Wow, this feels great. I can’t wait to tell the guys.” Trina was thinking, “I bet he really loves me—at least somebody does.” She wasn’t sure whether she wanted to **let Kashid keep touching her. But it felt good** and she was

	<p>feeling hurt about the fight with her parents. So even though in the back of her mind she was starting to worry, she ignored it.” (8th Grade Teacher’s Manual, p. 81)</p> <p>Home Alone Role play 4.4a: “Kia and Riko really like each other They are talking on the phone. Kia says, “Come over to my house. My parents won’t be home until later.” Riko really wants to go, but is worried that Kia might want to touch and take their clothes off.” (8th Grade Teacher’s Manual, p. 101)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Skyler and Carlile are at a party. Carlile says, “Let’s go outside.” Skyler really wants to go, but knows that going outside means they might end up going further than she wants to.” (8th Grade Teacher’s Manual, p. 102)</p> <p>“Facilitate open conversations... determine when they are ready to engage in safe, consensual sexual activity.” (8th Grade Teacher’s Manual, p. 166)</p> <p>Note: <i>Minors under the legal age of consent to engage in sexual activity should not be participating in role plays to negotiate sex.</i></p>
<p>3. PROMOTES ANAL & ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“HIV can be passed when people have sexual intercourse (vaginal, anal or oral).” (8th Grade Teacher’s Manual, p. 31)</p> <p>“Some STDs are passed through sexual intercourse (vaginal, oral or anal).” (8th Grade Teacher’s Manual, p. 67)</p> <p>“Not having sex: Also called abstinence, choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.” (8th Grade Teacher’s Manual, p. 127)</p> <p>“Some Risk: Mouth to genitals, with latex barrier; Mouth to genitals, no latex barrier Risky: Penis in rectum, with condom; Penis in rectum, no condom” (8th Grade Teacher’s Manual, pp. 155, 157, 159, 161)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes</i></p>	<p>“During the role play practice, students may role-play sexual pressure situations with classmates of a different or the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming...</p>

<p><i>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>Let students know that they may be doing the role plays with a classmate of a different or the same gender... Doing the role play to practice the skill doesn't say anything about the sexual orientation of the people doing the role play or mean that anyone is expressing a real life attraction toward the other person in the role play... Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to draw the line to resist sexual pressure and protect themselves." (8th Grade Teacher's Manual, p. 93)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>"When Trina came over, they hung out for a while in the living room. Then Kashid put his arms around Trina and they began to kiss. They were both a little nervous at first, but pretty soon, Kashid was touching Trina through her clothing. Kashid was thinking, "Wow, this feels great. I can't wait to tell the guys." Trina was thinking, "I bet he really loves me—at least somebody does." She wasn't sure whether she wanted to let Kashid keep touching her. But it felt good and she was feeling hurt about the fight with her parents." (8th Grade Teacher's Manual, p. 81)</p> <p>"Kashid had never touched a girl this way before. He was starting to get a little nervous and thought, "What do I do now? Does she expect me to have sex with her? I don't have a condom." But then he noticed how much he was enjoying it and thought, "She knew we'd be alone. Maybe she wants it. Everybody seems to think it's what we're supposed to do. Maybe just this once won't be a problem.'" (8th Grade Teacher's Manual, p. 81)</p> <p>"Some couples complain that condoms reduce sexual feeling. Others say it makes no difference. Some people complain about having to stop and put on the condom. But if the couple puts it on together, it can become a part of their shared responsibility within the relationship." (8th Grade Teacher's Manual, p. 134)</p> <p>"Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship." (8th Grade Teacher's Manual, p. 134)</p> <p>"Think about yourself in a situation with someone you really like. You are getting close to your limit, feeling very good and wanting to cross your line. Right at that moment, in that situation, you might not be thinking about anything except how good you feel." (8th Grade Teacher's Manual, p. 151)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children</i></p>	<p>No evidence found.</p>

more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children.

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

"The teacher demonstrates the proper use of condoms and reviews important facts about condoms. **Students work in small gender-specific groups to identify 'dos and don'ts' of condom use.**" (8th Grade Teacher's Manual, p. 12)

Training Cards Category, Protection: "Question: Name 3 places people can get latex condoms." (8th Grade Teacher's Manual, p. 51)

"Condom Demonstration Materials:

- Male Latex Condoms (Teacher Background 6.4),
 - **Herman Uses a Condom**—Parts 1 and 2 (Teacher Activity Sheets 6.4a and b)
 - Latex condoms and box with instructions
 - Vaseline
 - Astroglide or other lubricant
 - Female condom
 - Scissors, baby wipe, tissue, plastic bag
 - How to Use a Condom (Worksheet 6.4)
- (8th Grade Teacher's Manual, p. 114)

"Purpose: To demonstrate the proper use of condoms.

What the Teacher Does: Demonstrates the steps for proper condom use.

What Students Do: Observe and identify steps for proper condom use."
(8th Grade Teacher's Manual, p. 120)

"Procedure

1. Explain to students that you are going to read a story about someone who wants to use a condom, but doesn't know how. Tell students that they should listen carefully, because at the end they will be asked to help the person in the story.
2. Read and demonstrate Part 1 of the Herman Uses a Condom story, using Teacher Activity Sheet 6.4a. Teacher Note: Either memorize the story or have a prepared classroom aide or student volunteer read it while you demonstrate. If you use an aide or student helper, be sure this person has a chance to review the story before presenting it in class.
3. After the first part of the demonstration, explain that sometimes condoms can break (2 or 3 out of 100 times) during sexual intercourse, usually because people don't know how to use them correctly.* Emphasize that if students learn the proper way to use condoms, they can increase their protection

against HIV, other STD and pregnancy.

4. Tell students that Herman needs their help and that you'd like them to work in their groups to **create a list of 'dos and don'ts' similar to the instructions Herman might find in the condom box**, so he'll know how to use the last condom.

5. Explain the group assignment:

- Each group will work on a How to Use a Condom worksheet together and should choose a recorder.
- The group should list all the things Herman should do to use a condom properly under the Do column. They should list all the things Herman shouldn't do under the Don't column.
- Groups will have 5 minutes to make their lists. Check for understanding by asking students what they will do with the worksheet. Clarify as needed."

(8th Grade Teacher's Manual, p. 121)

"A male condom is a sheath made of thin latex rubber that **fits over the erect penis and catches semen and sperm when the man ejaculates**. Condoms can be 98% effective in preventing HIV, other STD and pregnancy, but only if they are used correctly and consistently—**every time a person has sex....** Condoms are available at markets, drugstores, family planning and STD clinics, and online. **Anyone can buy condoms, regardless of age or gender.**" (8th Grade Teacher's Manual, p. 128)

"A male latex condom is a sheath made of thin rubber **that fits over an erect penis**. Condoms also are called "rubbers" or "prophylactics." People allergic or sensitive to latex should use a hypoallergenic condom (e.g. polyurethane or polyisoprene)" (8th Grade Teacher's Manual, p. 133)

"How they work: The condom **fits snugly over the erect penis and catches semen and sperm during ejaculation.**" (8th Grade Teacher's Manual, p. 133)

"**How to use them:** The condom is **unrolled onto the erect penis** before the penis is placed anywhere near the other person's body." (8th Grade Teacher's Manual, p. 133)

"Several studies show that condom breakage rates in the United States are less than 2%. **Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.**" (8th Grade Teacher's Manual, p. 134)

"**There are no serious health risks.** Sometimes condoms may irritate the skin, especially if they contain a spermicide. Use of another brand will solve this problem in most cases. People who are allergic to latex can use polyurethane or polyisoprene condoms. Some couples complain that condoms reduce sexual feeling. Others say it makes no difference. Some people complain about having to stop and put on the condom. But **if the couple puts it on together**, it can become a part of their shared responsibility within the relationship." (8th Grade Teacher's

Manual, p. 134)

“Steps for Proper Use of Condoms Before You Have Sex

1. Obtain new latex condom from drugstore, family planning clinic, vending machine or other source.
2. Check to make sure the package is unopened and the expiration date has not passed.” (8th Grade Teacher’s Manual, p. 135)

“As Soon as an Erection Occurs

3. Open the condom package, being careful not to tear the condom.
4. Make sure the condom is right side out. Check by unrolling the condom a little over 2 fingers to see if the tip of the condom naturally sticks out.
5. Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
6. Put the condom against the head of the erect penis before any genital contact.
7. With your other hand, unroll the condom to the base of the erect penis. (Note: During class demonstration and practice, unroll the condom over the index and middle finger of your hand.)” (8th Grade Teacher’s Manual, p. 135)

“After Ejaculation

8. Hold the condom around the base of the penis and gently pull out the penis (with the condom and its contents) from the partner’s body while the penis is still erect.
9. Take the condom off carefully so semen doesn’t spill. Roll it off starting at the base of the penis.
10. Dispose of the condom in the trash. Never use a condom twice.” (8th Grade Teacher’s Manual, p. 135)

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.

Note: The following activity normalizes all sexual behaviors as equal to abstinence, as long as body fluids are not exchanged that could spread STDs or cause pregnancy.

“Tell students they now have a chance to make a promise to themselves about how they will stay safe from HIV, other STD and unintended pregnancy. Read the following questions slowly:

- **What are you going to do now** to prevent HIV, other STD and unintended pregnancy in your life?
- **Will you choose** to kiss, but not go any further?
- **Will you decide** it’s OK to touch above the waist but not below?
- **Will you choose** not to have sex until you are older or married?
- **Will you choose** to use condoms every time if you decide to have sex?” (8th Grade Teacher’s Manual, p. 22)

Note: The following material is for 13-15 year-olds. Disadvantages are given for each type of contraception, but there is no mention of negative consequences of

	<p><i>sexual activity.</i></p> <p>“Condoms are available at markets, drugstores, family planning and STD clinics, and online. Anyone can buy condoms, regardless of age or gender.” (8th Grade Teacher’s Manual, p. 128)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>Note: Draw the Line/Respect the Line <i>fails to set an expected standard for abstinence, emphasizing that students need to “learn how to reduce their risks” rather than how to avoid risks.</i></p> <p>“After students finish writing their promises, ask them to identify ways that people might draw the line to reduce their risk of HIV, other STD and pregnancy. Tell students they don’t have to share their individual responses, just general ideas. (Be sure answers include: choose not to have sex, postpone sex, don’t inject drugs, don’t share needles, use condoms if having sex, have fewer partners.) Point out that each person makes his or her own decision about where to draw the line.” (8th Grade Teacher’s Manual, p. 23)</p> <p>“Question: True or False? And why? If a person tests negative for HIV, that person doesn’t need to use condoms during sex. Answer: False. A negative test doesn’t mean a person can’t get HIV. All people who are having sex should use latex condoms to reduce their risk of getting HIV and other STD.” (8th Grade Teacher’s Manual, p. 57)</p> <p>“Remind students that this information about condoms can be used when they decide they are ready to have sex, which may not be for a long time.” (8th Grade Teacher’s Manual, p. 120)</p> <p>“Not having sex: Also called abstinence, choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.” (8th Grade Teacher’s Manual, p. 127)</p> <p>Note: Draw the Line/Respect the Line <i>makes no mention and gives no attention to “return to abstinence” messages for students that have been sexually active.</i></p>
<p>10. PROMOTES TRANSGENDER</p>	<p>No evidence found.</p>

IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

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.

Note: *The following instruction assumes children will likely be having sex and thus will need contraception. It also fails to inform students that adults, let alone children, often do not use condoms both consistently and correctly which means the failure rates for them will likely be much higher than what the lessons presents.*

“Review the directions for the group activity:

- Students will work in their small groups as assigned at the beginning of the lesson.
- Each group will get a card with a method of protection written on it. (Show students the Protection Cards.)
- **The group must decide whether the method listed on the card protects against all 3 things, protects against pregnancy only, or doesn't protect at all.**

Once the group decides, someone from the group should tape the card on the Protection Chart under the correct category.” (8th Grade Teacher's Manual, p. 119)

“If you are having sex, use condoms every time.” (8th Grade Teacher's Manual, p. 125)

“The IUD is highly effective (more than 99%) at preventing pregnancy. It does this by affecting the way sperm move and preventing sperm from fertilizing an egg.” (8th Grade Teacher's Manual, p. 127)

“The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. It slowly releases a low dose of the hormone progestin into the bloodstream.” (8th Grade Teacher's Manual, p. 127)

“Depro-Provera® (the shot): This is an injectable form of birth control that uses a

synthetic hormone (progestin) to prevent pregnancy. It is **extremely effective at preventing pregnancy** (more than 99%), as long as the injections are done on schedule every 12 weeks." (8th Grade Teacher's Manual, p. 128)

"Birth control pills: This prescription drug contains different amounts of the hormones estrogen and progesterone. It is **more than 99% effective** at preventing pregnancy if the person takes it every day and uses some other method of protection during the first month." (8th Grade Teacher's Manual, p. 128)

"Birth control patch/vaginal ring: The patch is a thin plastic square that can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). The vaginal ring is a soft, flexible ring inserted into the vagina. They are **more than 99% effective** in preventing pregnancy when they are used correctly." (8th Grade Teacher's Manual, p. 128)

"A male condom is a sheath made of thin latex rubber that fits over the erect penis and catches semen and sperm when the man ejaculates. **Condoms can be 98% effective** in preventing HIV, other STD and pregnancy, but only if they are used correctly and consistently—every time a person has sex." (8th Grade Teacher's Manual, p. 128-9)

"When used correctly and consistently, the **female condom can be 95% effective** in preventing pregnancy, and also provides protection from HIV and other STD. Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers." (8th Grade Teacher's Manual, p. 129)

"Withdrawal (pulling out): In this method, when a couple has sex, the man pulls his penis out of his partner's body before he ejaculates to try to keep semen and sperm from entering his partner's body. Since the penis is withdrawn before ejaculation, the number of sperm that enter the partner's body is decreased. Withdrawal is 78% (typical use) to **96% (perfect use) effective in preventing pregnancy**, but it requires a great deal of self-control and needs to be practiced consistently and without fail." (8th Grade Teacher's Manual, p. 129)

"Condoms may help prevent HPV, which is the leading cause of cervical cancer. Research has shown that **condom use is linked to lower cervical cancer rates**. However, HPV can occur in both male and female genital areas that are not covered by condoms. **Vaccines are available** for young men and women to help protect against the types of HPV that cause most cervical cancers." (8th Grade Teacher's Manual, p. 134)

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

No evidence found.

<p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	
<p>13. UNDERMINES FAMILY VALUES AND RELIGIOUS BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they <u>have rights to confidentiality and privacy from their parents.</u> May teach children about <u>accessing sexual commodities or services, including abortion, without parental consent.</u> May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>"Condoms are available at markets, drugstores, family planning and STD clinics, and online. Anyone can buy condoms, regardless of age or gender." (8th Grade Teacher's Manual, p. 128)</p> <p>"Herman went to buy some condoms and took his older brother along to help him." (8th Grade Teacher's Manual, p. 137)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e.,</i></p>	<p>"Obtain new latex condom from drugstore, family planning clinic, vending machine or other source." (8th Grade Teacher's Manual, p. 135)</p>

sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

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

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)

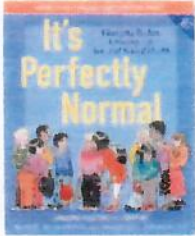
**“FLASH” & “Perfectly Normal”
Cleveland Metro School District &
Cuyahoga County Schools**

IT'S PERFECTLY NORMAL

**PARENTAL
ADVISORY
EXPLICIT CONTENT**

This page contains links to explicit CSE materials. Though intended for children these materials are inappropriate for children and may even be offensive to adults.

It's Perfectly Normal



This illustrated children's book openly normalizes homosexuality and contains graphic illustrations of both male and female children masturbating. The book shows illustrations of entirely nude men and women having sex, and of naked girls and boys in a variety of situations. Although not an official part of any one CSE curriculum, this supplemental tool is being utilized in and out of the classroom and is provided as additional references for children to explore.

TARGET AGE GROUP: 10-14 years

Curriculum Highlights

SEXUAL INTERCOURSE: Page 56

"Sexual intercourse usually begins with two people touching, caressing, kissing, and hugging each other."

"After a bit, the female's vagina becomes moist and slippery, her clitoris becomes hard, and the male's penis becomes erect, stiff, and larger. The female and the male begin to feel excited about each other."

"It is now possible for the male's erect penis to go inside the female's vagina."

"As the male and female move back and forth in rhythm, the movement of the penis inside the vagina soon feels very good. The female and male may hug and even kiss and touch each other even more as all of this is going on and feel more and more excited!"



THE FEMALE SEX ORGANS: Page 22

"The clitoris is a small mound of skin about the size of a pea. When the clitoris is touched and rubbed, a female's body feels good both outside and inside. It feels kind of tingly, kind of warm and nice. It feels sexy."



IT'S PERFECTLY NORMAL (Continued)

THE MALE SEX ORGANS: Page 25

When the penis is touched and rubbed a male's body feels good both outside and inside – kind of tingly, kind of warm and nice. It feels sexy.



MASTURBATION: Page 48

Boys and girls, teenagers, and grown-ups too, experience sexy feelings when they masturbate. Some people think that masturbation is wrong or harmful. And some religions call masturbation a sin. But masturbating cannot hurt you.



MAKING LOVE (HOMOSEXUALITY): Page 17

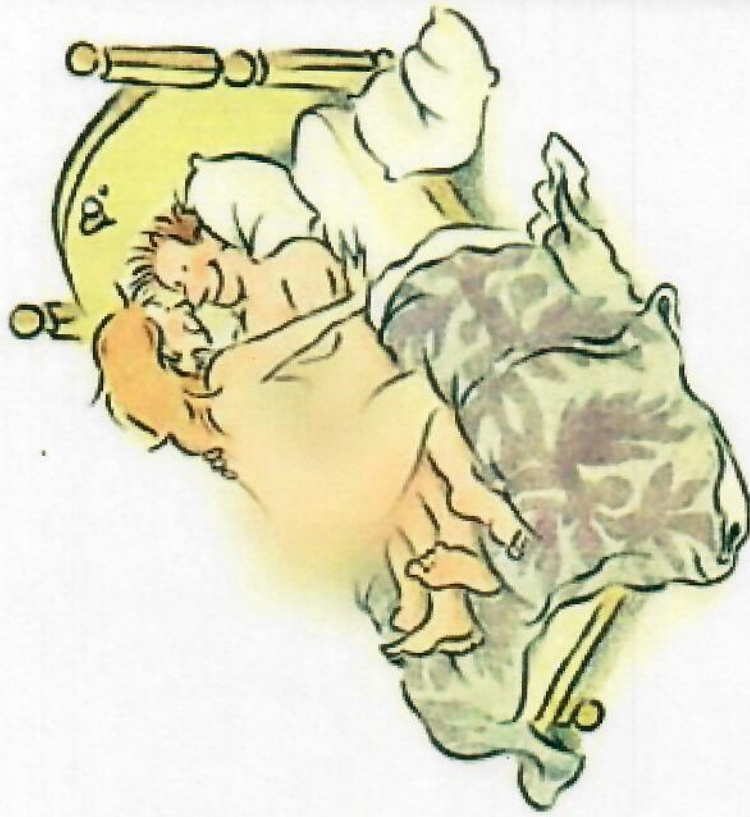
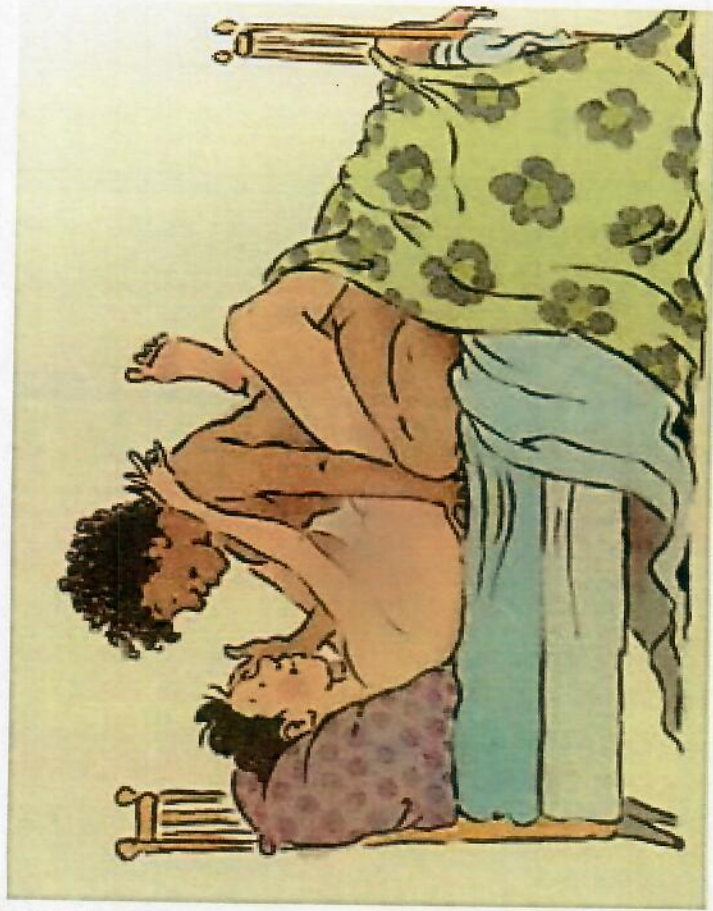


"The ancient Greeks thought that love between two men was the highest form of love. In the ancient Greek city-state of Sparta, in about 1000 B.C. it was hoped that male lovers would be in the same army regiment. People thought that if a warrior was in the same regiment as his lover, he would fight harder in order to impress him. The Spartan army was one of the most powerful and feared armies in ancient Greece."

"Sometimes as kids are growing up, boys become curious about other boys and girls become curious about other girls. They may look at and even touch each other's bodies. This is a normal kind of exploring and does not have anything to do with whether a girl or a boy is or will be heterosexual or homosexual."

"Some people disapprove of gay men and lesbian women. Some even hate homosexuals. People may feel this way toward homosexuals because they think homosexuals are different from them or that gay relationships are wrong. Usually, these people know little or nothing about homosexuals, and their views are often based on fears or misinformation, not on facts."

Flash CSE 4-6th It's Perfectly Normal age 10+



These screen shots are an on-line website referenced in "Perfectly Normal" and "FLASH" CSE curriculum.

sexetc.org

sex, etc.

SEX ED | YOUR SAY | ACTION CENTER | BLOG | FUN | MAGAZINE

SEX, ETC. POLL

SEX, ETC. POLL

Is masturbation a taboo topic among you and your friends?

It's taboo for girls, but not for guys.

Yes, it's taboo...for everyone.

Not at all!

I don't know.

SUBMIT

Have questions? Get answers. **Now.**

chat now

Planned Parenthood

Chat software by RollChat

Spread the Word | In a Crisis? | About Terms of Use | Privacy Statement Parents & Professionals

answer | RUTGERS UNIVERSITY

HOT TOPICS

Birth Control

sexetc.org

abuse, or to help someone who is being abused is to know the signs.

Ending Masturbation Myths

Sexual Assault Awareness Month: Take Back

STD Awareness Month: Talk About It!

MORE

HOT TOPICS

Birth Control

HIV/AIDS & STDs

Pregnancy

Your Body

LGBTQ

Abuse & Violence

Relationships

Sex

SUBSCRIBE TODAY

SEX, ETC. MAGAZINE

LEARN HOW

Make a Difference

Did you know that one in three teens in the U.S. has experienced dating abuse and violence? One way to end dating abuse, or to help someone who is being abused is to know the signs.

READ MORE

JOIN OUR NETWORK

f | Twitter | YouTube | t | g+

Ending Masturbation Myths

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 **High School FLASH** 3rd Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

High School FLASH, 3rd Edition contains [15 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: High School FLASH is a sexuality curriculum designed for high school youth ages 14-18. This curriculum teaches youth where they can go to find protection or have an abortion and frequently refers students to Planned Parenthood resources. It normalizes anal and oral sex and gives detailed instruction on consenting to sexual acts. *FLASH* includes same-gender role play scenarios and heavily emphasizes transgender ideology, going so far as to avoid using the word 'woman' and to instead use the term 'person with a uterus and ovaries'. This curriculum is being used in California, Illinois, Texas and Washington.

Target Age Group: Grades 9-12

Planned Parenthood Connections: The advisory board of these standards includes members from **Planned Parenthood Federation of America, SIECUS, Advocates for Youth, and GLSEN**. This curriculum recommends **Planned Parenthood** as a resource for professional development for teachers.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use</i></p>	<p>"Relatively universal values include things such as: Elementary school-aged children should not have sex." (p. 17)</p> <p>Note: <i>This makes it seem like it might be ok for children past elementary age to have sex.</i></p> <p>"Many teens successfully use birth control and condoms" (Lesson 1, p. 4)</p> <p>"The other night while they were texting things got heated and they sent some</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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

very sexy messages to each other. Joey asked for a picture, and **Jaz sent a picture of herself without a shirt on.**" (Lesson 8 – Online Safety)

"So far Jenna and her boyfriend Trevor have only met online and their communication includes **sexting and sending sexy photos.**" (Lesson 8 – Online Safety)

"They are planning on meeting on Friday for dinner and then **staying over at a motel.**" (Lesson 8 – Online Safety)

"Let's imagine that each person in class represents a couple who has **had vaginal sex several times a month** over the course of a year." (Lesson 10, p. 9)

"What do you think is the best method of birth control for a couple that doesn't want to get pregnant or get an STD and **is having vaginal sex?**" (Lesson 10, p. 10)

"For people who **are having vaginal or anal sex**, the best way to avoid getting or giving an STD is to use a condom every time." (Lesson 11, p. 6)

"I want to start by letting you know that **many teens successfully use condoms.** In fact, teens use condoms more often than adults!" (Lesson 11, p. 8)

"Write a story or skit about a couple who have been dating for a few months and are talking about **taking their relationship to the next level by having oral, anal or vaginal sex.**" (Lesson 11 – Preventing HIV and Other STDs)

"Approximately **half of all teens are sexually active**, making high school an important time to both support abstinence and to teach students condom skills." (Lesson 12, p. 4)

"Remind students that **most teens successfully use condoms**, and that they are easy to get and to use." (Lesson 12, p. 12)

"Lena is 17 years old. **The person Lena used to have sex with** told her she needs to get tested for chlamydia." (Lesson 13 – Testing for HIV and Other STDs)

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.

Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to

Note: *While people who engage in sex should always get consent beforehand, children of school age should be discouraged from engaging in sex at all, not encouraged to get consent for sex.*

"FLASH lessons prepare students to... **confirm consent** before engaging in sexual activity" (p. 10)

"Key Concept: Everyone has a right to **say who touches their body and how.**" (Lesson 5, p. 2)

"Key Concept: **Permission or agreement is required** to engage in all sexual activity." (Lesson 5, p. 2)

"**What is consent?** Permission or agreement to engage in sexual activity. Why should people **always make sure they have consent** before sexual activity? Using force or coercion to make someone have any type of sex, or having any type of sex with someone without that person's consent, is sexual assault."

<p><i>"consent" to sex.</i></p>	<p>(Lesson 7, p. 9)</p> <p>"There is consent for the kiss. There is no consent to do anything further at this point, therefore Tyra should ask. She could say, "Do you want to go further?" or "What do you want to do next?" or "Can I take your shirt off?" (Lesson 7, p. 11)</p> <p>"Prompt: List 1 or 2 things someone can do to ensure there is consent for a kiss." (Lesson 7, p. 12)</p> <p>Bottom Line Statements: "It's important to have permission or agreement before having sex with someone." (Lesson 14 – Communication and Decision Making)</p> <p>"It's important to only have sex with people who are sober and awake, so they can give consent to have sex." (Lesson 14 – Communication and Decision Making)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>"Sexual behavior describes what someone does sexually – oral, anal or vaginal sex, making out, etc." (Lesson 4, p. 7)</p> <p>"Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs." (Lesson 9, p. 2)</p> <p>"There is very little risk of getting or transmitting HIV from oral sex." (Lesson 11, p. 4)</p> <p>"Benefits of Using Condoms: Variety – colors, flavors, sizes" (Lesson 12, p. 8)</p> <p>"Once the condom is on, the couple has vaginal or anal sex." (Lesson 12, p. 10)</p> <p>The vagina condom "can also be used during anal sex with the inner ring removed." (Lesson 12, pp. 11-12)</p> <p>"Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex." (Lesson 14, p. 2)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>"Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types." (p. 11)</p> <p>"Key Concepts: A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with." (Lesson 4, p. 2)</p> <p>"Sometimes sexual behavior matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender." (Lesson 4, p. 7)</p> <p>"In our society, how are people given the message that being straight is the 'right' or 'normal' way to be? How can these messages harm or limit people? Then lead a class discussion about the ways society places expectations on people to be heterosexual and gender conforming." (Lesson 4, p. 8)</p> <p>Scenario set-up: "On Saturday night, Aleesha had sex with her girlfriend even</p>

	<p>though she wasn't in the mood because she didn't want to hurt her girlfriend's feelings." (Lesson 5 – Undoing Gender Stereotypes)</p> <p>Scenario set-up: "Tony and Andre have also been dating for about 6 months." (Lesson 6 – Healthy Relationships)</p> <p>"Tyra gave a hug. Monica gave a quick kiss, Tyra asked if they could kiss again, Monica laughed and they kissed again." (Lesson 7, p. 11)</p> <p>Refusal Skills Scenario E: "Grace has been with her girlfriend, Brooklyn, for 3 months and is in love." (Lesson 9 – Abstinence)</p> <p>"Jorge and Luis want to stay abstinent, but things have been getting heated." (Lesson 14 – Communication and Decision Making)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>"For most women, arousal often includes the clitoris becoming erect, the vagina getting wetter, and the labia swelling." (Lesson 2, p. 10)</p> <p>"For most men, arousal often includes the penis becoming erect, the scrotum moving closer to the body, and a small amount of fluid being released from the penis." (Lesson 2, p. 10)</p> <p>"For all, arousal often includes heartbeat and breathing getting faster, nipples getting erect, and skin becoming more sensitive." (Lesson 2, p. 10)</p> <p>"An orgasm is the release of sexual tension that results in muscle contractions in the pelvic area and a physical feeling of sexual pleasure." (Lesson 2, p. 10)</p> <p>Solution to not liking how condoms feel: "Try to focus on the pleasurable sensation of having sex with a condom." (Lesson 12, p. 8)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>"Arousal can result from ... sexual activity with another person or during masturbation." (Lesson 2, p. 10)</p> <p>"Orgasm is a physical response that sometimes happens during sexual activity with another person or during masturbation." (Lesson 2, p. 10)</p> <p>Solution to the problem of not having a condom with you: "Engage in a different sexual activity that doesn't require a condom (i.e. manual stimulation)." (Lesson 12, p. 8)</p>
<p>7. PROMOTES CONDOM USE IN</p>	<p>"A penis model is ideal for demonstrating condoms, if you can obtain one." (Lesson 11, p. 8)</p>

INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

"Steps in Condom Demonstration:

- First, the person looks at the package to check the expiration date and make sure there aren't any holes.
- Then they carefully open the package.
- Before having sex, the condom is placed on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.
- Then the person pinches the tip of the condom and unrolls the rest of the condom all the way down to the base of the penis. Pinching the tip makes a space to catch the semen when the ejaculation happens.
- Once the condom is on, the couple has sex.
- After sex, before the penis gets soft, the condom is held in place while the penis is pulled out.
- The condom is taken off and thrown away. Condoms can only be used once." (Lesson 11, pp. 8-9)

"Tomorrow we will review the steps for using a condom and **everyone will have a chance to practice.**" (Lesson 11, p. 9)

"Give each student a condom and **have the students...practice putting the condom on a penis model or their own fingers.**" (Lesson 12, p. 11)

"Show the class a condom that is worn in the vagina or anus and **demonstrate how a person would insert it**, by squeezing the inner ring and inserting it in a tube formed by your other hand." (Lesson 12, p. 11)

Visual 3: Vagina Condom Script: "The most important step for using this condom is to make sure the penis goes into the condom, instead of to the side of it (**demonstrate with your fingers**)." (Lesson 12, p. 12)

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.

"Be sure that in Grace's responses to Stacia, she does not put Stacia down or call her any names for having made the decision to have sex." (Lesson 9 – Abstinence)

Condom Fact Sheet: "There is **no age requirement** to buy condoms." (Lesson 10 – Birth Control Methods)

Emergency Contraception Fact Sheet: "All brands of EC, except Ella, can be bought by men or women **of any age** at the drug store **without a doctor's prescription.**" (Lesson 10 – Birth Control Methods)

"Condoms are **easy to get** at the health clinic or at many stores, and they are very **easy to use.**" (Lesson 11, p. 8)

"Let partner know that you always use condoms **every time you have sex**, no matter what." (Lesson 12, p. 8)

"Explain that students will be researching local clinics that offer **testing for HIV**

	<p>and other STDs and then will share their findings.” (Lesson 13, p. 7)</p> <p>Where to Get Tested Worksheet: “Write driving directions from the high school to the clinic. Is there a bus or train a person could take from school to the clinic?” (Lesson 13 – Testing for HIV and Other STDs)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.” (Lesson 1, p. 2)</p> <p>Emergency Contraception Fact Sheet: “The only way to prevent pregnancy after unprotected vaginal sex! Good to have on hand, just in case.” (Lesson 10 – Birth Control Methods)</p> <p>“People can prevent getting HIV and other STDs by not having vaginal or anal sex and by not sharing needles. They can also prevent HIV and other STDs by using a condom if they do have vaginal or anal sex.” (Lesson 12, p. 7)</p> <p>“Friends can reassure them that carrying condoms is an important way to take care of your health and your partner.” (Lesson 12, p. 8)</p> <p>Solution to the barrier of condoms being too expensive: “List locations where teens can get condoms for free; Buy condoms at drugstores instead of convenience stores” (Lesson 12, p. 8)</p> <p>Lesson 12 Assessment: “Name one benefit and one drawback to using condoms, and one benefit and one drawback to choosing abstinence.” (Lesson 12 – Condoms)</p> <p>Lesson 12 Assessment: “Explain why it is better to use condoms every time a couple has vaginal or anal sex, instead of just some of the time.” (Lesson 12 – Condoms)</p> <p>Lesson 12 Assessment: “Thinking of our class discussion about condoms, name one reason why someone might not use a condom, and list at least one solution to that problem.” (Lesson 12 – Condoms)</p> <p>“Write a 5-paragraph persuasive essay about why a person should use condoms.” (Lesson 12 – Condoms)</p> <p>“Throughout all the lessons we’ve learned important facts that can help people make healthy decisions – things such as how safe birth control is, and the importance of using condoms when people have vaginal or anal sex.” (Lesson</p>

	<p>14, p. 6)</p> <p>“Jocelyn wants to get an IUD. Her boyfriend Chris doesn’t know much about birth control, and thinks they should just keep using condoms.” (Lesson 14 – Communication and Decision Making)</p> <p>Deon thinks he and his new girlfriend Mariah should go to the clinic and get STD tests before they start having sex.” (Lesson 14 – Communication and Decision Making)</p> <p>“Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.” (Lesson 15, p. 6)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.” (p. 11)</p> <p>“Teaching sexual health education in co-ed classrooms has many advantages.... It does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.” (p. 11)</p> <p>Students are shown Visual 1 which has three drawings of a penis and scrotum. The teacher is instructed to say, “This is a picture of the reproductive organs that are outside of someone’s body. These parts are usually on a man’s body.” (Lesson 2, p. 5) This is repeated with the worksheet on internal reproductive organs.</p> <p>Students are shown Visual 2 which has drawings of external female reproductive organs. The teacher is instructed to say, “This is a picture of the reproductive organs that are outside of someone’s body. These parts are usually on a woman’s body.” (Lesson 2, p. 6) This is repeated with the worksheet on internal reproductive organs.</p> <p>“When an egg joins a sperm with a Y chromosome, the newly formed cell usually has XY chromosomes and will have a male assigned sex.” (Lesson 3, p. 5)</p> <p>“When an egg joins a sperm with an X chromosome, the newly formed cell usually has XX chromosomes and will have a female assigned sex.” (Lesson 3, p. 5)</p> <p>“Lesson 4 Learning Objectives:</p> <ul style="list-style-type: none"> • Differentiate between assigned sex, sexual orientation and gender identity. • Summarize ways that society places expectations on people to be heterosexual, cisgender, and to conform to gender norms.” (Lesson 4, p. 1) <p>“Key Concepts: A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body</p>

	<p>parts.” (Lesson 4, p. 2)</p> <p>“When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby’s genitals. This is the baby’s assigned sex.” (Lesson 4, p. 6)</p> <p>“When a person’s gender identity is the same as their assigned sex, it is usually called cisgender.” (Lesson 4, p. 7)</p> <p>“When a person’s gender identity is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other gender identity.” (Lesson 4, p. 7)</p> <p>“Sexual orientation describes who a person is attracted to – the same gender, another gender, or all genders.” (Lesson 4, p. 7)</p> <p>Refusal Skills Scenario C: “Amara is trans, and recently started attending the GSA at school, where she met Son.” (Lesson 9 – Abstinence)</p> <p>“This lesson purposefully avoids labeling condoms as ‘male condoms’ or ‘female condoms,’ in order to be more inclusive of transgender and intersex individuals.” (Lesson 12, p. 4)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“FLASH promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.” (p. 12)</p> <p>“Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them.” (p. 12)</p> <p>“FLASH Key Concepts: Many teens successfully use birth control and condoms.” (Lesson 1, p. 2)</p> <p>“FLASH Key Concepts: Condoms are easy to get and easy to use.” (Lesson 1, p. 2)</p> <p>“Birth control and condoms are excellent at preventing pregnancy” (Lesson 1, p. 4)</p> <p>“Some clinics advertise as full-service pregnancy centers, even though they are staffed by lay people rather than licensed medical providers. Their purpose is often to dissuade clients from using birth control or accessing abortion services.” (Lesson 3, p. 3)</p> <p>“How can people know they are getting a pregnancy test at a reliable clinic? Staff will provide information about places that will help them if they choose to become a parent, have an abortion....” (Lesson 3, p. 6)</p> <p>“The first trimester is also when most abortions take place. Abortion is ending a pregnancy with the help of a doctor. It is the most common medical procedure</p>

	<p>in the United States.” (Lesson 3, p. 6)</p> <p>“FLASH Key Concepts: Birth control is very safe.” (Lesson 10, p. 2)</p> <p>“IUDs are now known to be safe and appropriate birth control for teens.” (Lesson 10, p. 4)</p> <p>Teachers are encouraged to have samples of contraceptive methods including birth control pills, Depo shot, emergency contraception, implant, penis condom, hormonal or copper IUD, patch, vaginal ring, diaphragm, vagina condom, Cycle Beads and spermicide (gel, foam, film, sponge). (Lesson 10, p. 6)</p> <p>Birth Control Pill Fact Sheet: “Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne.” (Lesson 10 – Birth Control Methods)</p> <p>Withdrawal Fact Sheet: “Free and always available; More effective than most people think, when used correctly” (Lesson 10 – Birth Control Methods)</p> <p>Homework Assignment: “Obtain a condom and bring it to class to show that you obtained it.” (Lesson 12 – Condoms)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>Students work in small groups doing role-play scenarios where they practice refusal skills with each other. (Lesson 9, p. 8)</p> <p>“In this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information.” (Lesson 10, p. 4)</p> <p>“Thank the class for their creativity in teaching each other about birth control...” (Lesson 10, p. 11)</p> <p>“Write an imaginary text message or email, encouraging a friend, brother or sister to use condoms.” (Lesson 12 – Condoms)</p> <p>Lesson 13 Student Learning Objective: “The student will be able to...advocate for sexually active youth to get testing and treatment for STDs including HIV.” (Lesson 13, p. 1)</p> <p>Homework assignment: “Write an ad encouraging people to get tested for HIV.” (Lesson 13 – Testing for HIV and Other STDs)</p> <p>“This final lesson asks students to create a social norms campaign in order to impact the larger school environment.” (Lesson 15, p. 1)</p> <p>“The posters are placed in public locations in the school, influencing all students in the school to shift their beliefs toward the new norm.” (Lesson 15, p. 3)</p> <p>“By making sure that everyone in this school knows the truth, we can help support everyone to make the decisions they really want to make.” (Lesson 15, p. 6)</p>

<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>"FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms" (p.10)</p> <p>"Key Concepts: Rigid ideas about how men and women should act are harmful and limit how people can express themselves." (Lesson 5, p. 2)</p> <p>"Point out that other people's judgments...put a lot of pressure on both guys and girls to stay in their gender boxes and act the way society thinks they should." (Lesson 5, p. 10)</p> <p>Note: <i>While gender stereotypes that promote inferior roles for women are harmful, these kind of concepts in CSE programs often are interpreted to promote transgenderism.</i></p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May <u>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.</u> May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>"Call your local family planning clinic to acquire brochures and learn if pregnancy testing is confidential for minors in your state." (Lesson 3, p. 3)</p> <p>"Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption." (Lesson 3 – Pregnancy)</p> <p>"Give information about where teens can get birth control in your community, including whether it is confidential and free." (Lesson 10, p. 8)</p> <p>Where to Get Tested worksheet: "Is the appointment confidential? For example, does a teen need a parent's permission to get tested?" (Lesson 13 – Testing for HIV and Other STDs)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in</i></p>	<p>"When sharing clinic resources with students, only include clinics that can answer 'yes' to the following questions:</p> <ul style="list-style-type: none"> • Does the clinic offer clinical services with a licensed health care provider? • Does the clinic provide or refer for all FDA-approved contraceptive methods? • Does the clinic provide or refer for prenatal care, adoption and abortion?" (Lesson 3, p. 3) <p>Planned Parenthood is listed on the Sexual Health Resources handout. (Lesson 3 – Pregnancy)</p> <p>Links are provided on a handout for students to find an abortion clinic in their local area. (Lesson 3 – Pregnancy)</p> <p>Students are referred to a website, sexetc.org/state, to find information on minors' reproductive rights. (Lesson 3 – Pregnancy)</p>

creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see

www.WaronChildren.org and www.InvestigateIPPF.org)

For more information on *High School FLASH*, see <https://www.etr.org/flash/flash-curriculum/>.

**“Get Real”
Cuyahoga County Schools**

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 ***Get Real: Comprehensive Sex Education That Works*** 8th Grade Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

***Get Real, Grade 8* contains [15 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of even one of these elements indicates that the analyzed materials are inappropriate for children. Having several of these elements should disqualify such materials for use with children.**

Program Description: Get Real is a middle school curriculum produced by Education, Training and Research (ETR) and Planned Parenthood League of Massachusetts (PPLM). It is targeted at children in Grades 6, 7 and 8, or 11-14 year olds. Children are encouraged to think about and discuss sex and sexuality in a number of ways. Lessons include a lot of open discussion of a variety of sexual behaviors. Children are taught about condoms and, optionally, how to use them. Masturbation is encouraged through extensive discussion of the practice and frequent assurance that "it's okay."

While a number of activities are ostensibly designed to prompt family discussion and include parents, the very same activities encourage students to form their own values, emphasizing that those values may be different from their parents'. The teacher also provides information about "other resources" to answer their questions. Resources listed in the curriculum include Planned Parenthood and similar graphic resources.

Target Age Group: 8th grade (generally 13-14 year olds)

Planned Parenthood Connections: This curriculum refers students to Planned Parenthood as a valuable resource. The curriculum uses worksheets copyrighted by Planned Parenthood League of Massachusetts (PPLM). ETR Associates, the publisher of this curriculum, has a member of Planned Parenthood Federation of America on their Board of Directors. According to an endorsement on getrealeducation.org, PPLM provides teacher training for the implementation of this curriculum.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or</i>	"What were some of the things you listed under "Fun things to do on a date (nonsexual)?" (8 th Grade Teacher's Manual, p. 8-14)

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.

<p><i>desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Sexual expression doesn't have to include sexual intercourse. There are other lower risk activities that people may choose to engage in to explore sexual feelings, by themselves or with others.” (8th Grade Teacher's Manual, p. 8-23)</p> <p>Family Letter 8.4: “Sexuality is a normal, healthy, natural part of being human at every stage of life.” (8th Grade Teacher's Manual, p. 8-41)</p> <p>“Note that having fewer sexual partners and longer periods of time between different sexual partners can reduce the chances of contracting HIV or other STIs.” (8th Grade Teacher's Manual, p. 8-48)</p> <p>Role Play Scenario: “Anton has never had sex. But his friends say they've had several sexual experiences already, and Anton is sick of being the only one who hasn't. One day, Maria sends him a text with a sexy picture and invites him over.” (8th Grade Teacher's Manual, p. 8-71)</p> <p>Role Play Scenario: “Veronica and Isaac just started dating. Isaac knows that Veronica has had sexual relationships before, and assumes that she will want to have sex with him too.” (8th Grade Teacher's Manual, p. 8-71)</p> <p>Scenario: “You are a girl who decides to have vaginal intercourse with your partner.” (8th Grade Teacher's Manual, p. 8-79)</p> <p>Scenario: “You got pretty buzzed at a party and were having lots of fun. You'd heard a lot about oral sex but had never had it before. When the opportunity presented itself at the party, you decided you were having so much fun...why not? You figured that it wasn't really sex, and everyone was wasted and hooking up.” (8th Grade Teacher's Manual, p. 8-79)</p> <p>“True or False: There are many low-risk sexual activities people can engage in. (True)” (8th Grade Teacher's Manual, p. 8-99)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>“Stress that any sexual behavior (talking, touching, sex) should be mutually consensual.” (8th Grade Teacher's Manual, p. 8-13)</p> <p>“After Leanna and her partner agreed they were ready for sex, Leanna told her partner she would stop by the clinic and get them condoms so they could be safe.” (8th Grade Teacher's Manual, p. 8-16)</p> <p>Teacher's Guide: “Q: What's the right age to have sex? A: People have sexual intercourse for different reasons and at different times in their lives. There is no “right” age to have sex. It's important that the two people involved have agreed and given their mutual consent to engage in sexual intercourse.” (8th Grade Teacher's Manual, p. 8-109)</p> <p>Teacher's Guide: “Facts to Know: The acronym HERRC, standing for “honesty, equality, respect, responsibility, consent,” may be useful here.” (8th Grade Teacher's Manual, p. 8-111)</p> <p>Teacher's Guide: “The following are some talking points on consent:</p> <ul style="list-style-type: none"> • Any sexual behavior (talking, kissing, touching, intercourse) should be mutually consensual. This means both people have agreed to engage in

the behavior.

- Sexual consent requires a sober and enthusiastic "yes" from both partners.
- Consent is an active decision, which means that people cannot give consent if they are drunk, asleep or high.
- "Yes" means yes. "No" means no. If a person has not clearly said yes to something, then their answer should be considered "no." Silence should be considered a "no."
- People can change their minds and stop consenting at any time. Partners should check in with each other. Language such as, "Is this OK?" or "Does this feel good?" or "Tell me what you want" or "I like... but I don't like..." can be used to communicate comfort and boundaries. Consent should be given each and every time. Just because people say OK to something once, doesn't mean they're consenting for the future.
- Consent can be sexy and caring.
- Consent means doing something because a person wants to, not because a person feels pressured or manipulated. Consent should never be hesitant or coerced. If both partners are not enthusiastically on the same page, they should slow down and check in with each other." (8th Grade Teacher's Manual, p. 8-112)

Teacher's Guide: "A healthy relationship is one that is **mutually consensual**, honest, equal, respectful and responsible." (8th Grade Teacher's Manual, p. 8-137)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.

"There are many activities outside of sexual intercourse (**define if needed as oral, vaginal and anal**) where teens can explore these feelings with much lower risk to themselves and their partners." (8th Grade Teacher's Manual, p. 8-26)

"What questions should people ask themselves before they decide to have vaginal, **anal or oral sexual intercourse**?" (8th Grade Teacher's Manual, p. 8-32)

"What is a method [of protection] **used for oral sex only**? (Dental dam)" (8th Grade Teacher's Manual, p. 8-33)

Family Letter 8.4: "Sexual behavior includes many different ways of touching. It can range from holding hands or massage to masturbation or intercourse (**vaginal/oral/ anal**)." (8th Grade Teacher's Manual, p. 8-41)

Family Activity 8.4: "Dental dams **used during oral sex** reduce the risk of STIs." (8th Grade Teacher's Manual, p. 8-42)

"The use of dental dams and latex condoms can reduce the risk of STI transmission **during oral sex**." (8th Grade Teacher's Manual, p. 8-48)

Teacher's Guide: "Many students are already aware that **vaginal and anal** intercourse are high-risk activities. A lot of students have questions about STI risk associated with **oral sex**." (8th Grade Teacher's Manual, p. 8-123)

Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org

Teacher's Guide: "Use the Frequently Asked Student Questions section of www.getrealeducation.org for hundreds of **vett**ed answers to student questions." (*8th Grade Teacher's Manual*, p. 8-108)

Teacher's Guide: "Lesson 8.1 Resources - **Planned Parenthood Teen Talk**: www.plannedparenthood.org/teen-talk" (*8th Grade Teacher's Manual*, p. 8-110)

For more information on *Get Real* see <https://www.etr.org/ebi/programs/get-real/>.

“Making Proud Choices”
Cleveland Metro School District

GROOMING YOUNG KIDS FOR SEX

Comprehensive Sex Education is not about teaching our children about healthy family formation. It is about sexualizing them at an early age through lessons that encourage high-risk sexual behavior.

Example of Current Curriculum

ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE

PROCEDURE

1. Unfold the newsprint entitled, *Sex is More Fun When Condoms Are Used Because...*
2. Introduce this activity by saying,

How would you complete this unfinished sentence?
Sex is more fun when condoms are used because...
3. Record their responses.
4. Add the following ideas to the list if they were not already mentioned by the participants.

Sex is more fun when condoms are used because...

- You can **use condoms as a method of foreplay.**
- You can **think up a sexual fantasy** using condoms.
- You can **act sexy/sensual** when putting condoms on.
- You can **tease each other sexually while putting on the condom.**
- You can **have fun putting one on your partner**, while pretending you are different people or in different situations.
- You **feel more relaxed and can really enjoy yourself.**
- Condoms make erections last longer.**

ACTIVITY B

PREPARING FOR THE ACTIVITY

RATIONALE
Helping participants see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent use and a sense of pride and responsibility.

MATERIALS

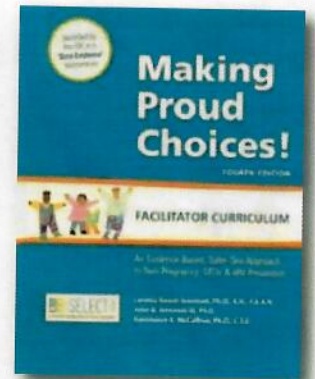
- Pre-labeled Newsprint:
 - Sex is More Fun...
 - Condoms Won't Ruin...
- Markers

TIME
10 minutes

150 Making Proud Choices! Curriculum

MAKING PROUD CHOICES!

Federally funded under the Teen Pregnancy Prevention (TPP) program (pages 148,150)



12. Next, use the following discussion questions to stimulate positive attitudes toward condom use. Say,

Which steps in this process can involve the female?

Answers

Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom, and relaxation. She can also buy condoms and have them ready.

If male loses his erection after putting on a condom and before intercourse, what could the couple do?

Answer

This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

Order of Condom Line-Up cards

- Buy condoms and check expiration date
- **Sexual arousal (hug, cuddle, kiss, massage)**
- **Erection**
- Carefully remove condom from package
- Squeeze out any air from tip of condom and **leave room for ejaculation**
- **Dab only water-based lubricant on penis** or inside condom (lubricants that are not water-based can degrade the condom)
- Roll condom on
- **Intercourse**
- **Orgasm (ejaculation)**
- Hold onto the rim of condom and **withdraw the penis**
- Remove and discard condom
- Loss of erection
- Relaxation

These lessons are taught to middle school students, ages 12-14.

ACTIVITY

B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE

PREPARING FOR THE ACTIVITY

RATIONALE

Helping students see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent use and a sense of pride and responsibility.

MATERIALS

- Pre-labeled newsprint:
- *Ways to Make Condom Use Easy and More Fun*
- Markers

TIME

10 minutes

PROCEDURE

1. Introduce this activity by saying,

People often say that sex doesn't feel as good with a condom but we're going to talk about ways to make the experience more pleasurable.

Remember, I'm not assuming that you're having sex and I'm not encouraging you to have sex. This is information some of you will use right away and others can tuck it away for future reference.

2. Give the following examples of ways to make using condoms more pleasurable:

- Try different brands to find one that feels most comfortable and natural.
- Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness.

3. Unfold the pre-labeled newsprint titled *Ways to Make Condom Use Easy and More Fun*.
4. Ask students to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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 ***Making Proud Choices, 5th Edition*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Making Proud Choices, 5th Edition contains [15 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: *Making Proud Choices* is essentially a how-to manual for sexual activity. It implies that many, if not most, teenagers are sexually active and teaches them how to negotiate condom use and obtain consent for sex. This program promotes acceptance of diverse sexual orientations and gender identities and even contains same sex role play scenarios for teens to act out. *Making Proud Choices* encourages detailed condom demonstrations using penis models and suggests ways to make condom use more pleasurable. This curriculum includes DVDs with sexual discussions among teenagers and lessons on reducing the risk of STDs, not on eliminating the risk by practicing abstinence. One video contains animated steps to condom use including animated figures acting out vaginal, anal and oral sex.

This curriculum claims to be “evidence-based.” However, the one and only study cited in the Facilitator’s Manual was done by the authors themselves, presenting an extreme conflict of interest.

Making Proud Choices is being implemented with federal grant funds in the following states: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Vermont, Washington, West Virginia, Wisconsin and Wyoming.

Target Age Group: 12 – 18 years old

Planned Parenthood Connections: One of the authors, Konstance A. McCaffree, is a long-time member and former secretary of the board for the Sexuality Education and Information Council of the United States (SIECUS), which was founded in 1964 by Planned Parenthood’s medical director. ETR, the publisher of this curriculum, has a member of Planned Parenthood on their Board of Directors. Planned Parenthood is a recommended resource throughout this curriculum.

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.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I’m concerned about HIV.” (Student Workbook, p. 4)</p> <p>“Five months ago, I had sex with someone for the first time. We didn’t use condoms.... Now I have a new boyfriend and he wants me to have sex, too.” (Student Workbook, p. 5)</p> <p>“I recently found out that a friend of mine is HIV positive and that she’s had the virus for years. She’s smart, fun to be around, and has only had sex with two guys her whole life.” (Student Workbook, p. 7)</p> <p>“I’m a senior this year and plan to go to college, but I did something the other night that was really stupid. I went to a party. I had a couple of beers and then somebody handed me a joint... The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don’t even know if we used protection, because I was so high that I forgot to ask.” (Student Workbook, p. 8)</p> <p>Role play C: “Your partner dated other people before you and had sex with them. Your partner wasn’t your first either.” (Student Workbook, p. 21)</p> <p>Role play D: “You think about Jadon’s past sexual life and your own past sexual life. And now you begin to worry because you and your partner have been sexually active without using protection.” (Student Workbook, p. 22)</p> <p>Role play E: “You and Chase have had sex a couple of times and never used a condom. You think you might lose Chase if you ask to use a condom.” (Student Workbook, p. 23)</p> <p>Green light sexual behaviors: “Sexual fantasy, Body rubbing/grinding (with clothes on)” (Facilitator’s Manual, p. 61)</p> <p>Yellow light sexual behaviors: “Having protected sex with a person who is having sex with other people; Vaginal sex with a condom; Having protected sex with multiple partners” (Facilitator’s Manual, p. 61)</p> <p>“How do you negotiate condom use when you have more than one partner?” (Facilitator’s Manual, p. 73)</p> <p>Each student is expected to practice saying no by reading aloud one of the following examples:</p> <ul style="list-style-type: none"> • No! I won’t have sex without a condom! • No! I don’t want to touch you there! • No! Stop touching me like that! • No! Stop trying to unbutton my pants! • No! I want to protect myself. We have to use a condom. (Facilitator’s Manual, p. 192)

Role Play I: "You and Taryn have been intimate for 2 weeks. **You have never used a latex barrier with her or any of your partners.**" (Facilitator's Manual, p. 242)

Role Play II: "You have slept with Will **three times already**, always **unprotected.**" (Facilitator's Manual, p. 243)

Role Play III: "You and your girlfriend are **getting really close to having sex**. You don't want to get her pregnant but you don't like condoms, so you plan to pull out." (Facilitator's Manual, p. 244)

"What are some reasons a teen might **send a nude or sexy picture** to someone (or post it on Facebook)?

- To make other people '**horny**' or turned on
- To make someone jealous
- To **be sexy with a partner** or keep a partner interested" (Facilitator's Manual, p. 276)

"A person with herpes can infect someone else just by 'rubbing' when they have a sore; for example, **rubbing the penis against the vulva** without having clothes on." (Facilitator's Manual, p. 303)

"A person with HPV can infect someone else just by 'rubbing,' for example, **rubbing the penis against the vulva** without having clothes on." (Facilitator's Manual, p. 304)

"A student unwilling to participate is not required to role-play until both the facilitator's live modeling and role-playing by all other students are completed. However, **no student should be excused completely from practicing the skill**. To do so would run counter to the purpose of the group." (Facilitator's Manual, p. 335)

***Note:** It is disturbing to think that children with high standards of modesty are not allowed to opt out of participating in sexually explicit role plays with their peers.*

"Can a girl get pregnant if she **has sex standing up**? Yes. Sperm does not care what position you are in." (Facilitator's Manual, p. 351)

"Ejaculation: The spontaneous discharge of semen **from the penis during orgasm.**" (Facilitator's Manual, p. 354)

"Lubricant: Something wet and slippery, used to **reduce friction during sex**. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking." (Facilitator's Manual, p. 355)

2. TEACHES CHILDREN TO CONSENT TO SEX

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

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

"The role play scenarios are designed to provide students with the confidence and skills necessary to **negotiate condom use.**" (Facilitator's Manual, p. 5)

"Ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize **affirmative consent**, or 'yes means yes,' and are moving away from a 'no means no' perspective. This affirmative consent approach encourages partners to **communicate openly** about their wishes and boundaries, **both prior to and during sexual interactions.**" (Facilitator's Manual, p. 189)

"Instruction on boundaries and respecting another person's NO – both verbal and nonverbal – regardless of perceived clarity can be included to help young people **understand the two-way nature of consent.**" (Facilitator's Manual, p. 189)

"We are going to work on a strategy for **getting your partner to agree to use condoms**, without blaming, arguing or getting into a fight." (Facilitator's Manual, p. 205)

"**Giving consent is a freely given, sober, present act** of agreeing through mutually understandable words or actions to participate in specific sexual activity. This is a mouthful. Let's break it down:

- 'Freely given' means the recipient was not pressured or threatened.
- 'Sober' means not high or intoxicated.
- 'Present' means the agreement to engage in sex happens today, right now, in the present.
- 'Through mutually understandable words and actions' means the person says, 'Yes, I want to have sex with you.' Or touches you in a sexual way or responds enthusiastically. **Words that communicate consent** include: "yes,' 'don't stop,' 'that feels good,' 'I want to...,' 'I'm sure.'
- 'Specific sexual activity' means that the person **has to agree to each sexual act**. For example, someone might agree to oral sex but not to vaginal or anal intercourse." (Facilitator's Manual, p. 288)

Family Feud question: "What's **required for someone to give consent** to have sex? The agreement to have sex must be

- Freely given
- In the present
- With someone who is sober/capable of giving consent
- Stated through mutually understandable words and actions
- Related to a specific sexual activity" (Facilitator's Manual, p. 289)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.

Anal Sex (also Anal Intercourse): Inserting the penis into the anus of the sexual partner." (Facilitator's Manual, p. 353)

Oral Sex (Oral Intercourse): Contact of the mouth or tongue with a partner's genitals." (Facilitator's Manual, p. 356)

"Cunnilingus: **Mouth-to-vagina sex**. See *oral sex*." (Facilitator's Manual, p. 354)

"Non-lubricated Condom: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to **put in their mouths during oral sex** to prevent HIV and other STDs. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a barrier to be used **over the anus or vagina during oral sex**." (Facilitator's Manual, p. 356)

Note: Teaching 12-year-old children to make their own barriers in an attempt to prevent STDs during oral sex by cutting up condoms is risky indeed.

"Pulling Out: **Removing the penis from a partner's vagina, anus or mouth** before ejaculating." (Facilitator's Manual, p. 357)

"Sex (Sexual Intercourse): A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) **using the mouth to touch the genitals** of another person (oral sex); or (3) **insertion of a man's penis into the anus** of another person (anal sex)." (Facilitator's Manual, p. 357)

"**Safer Sex:** Sexual practices that involve no exchange of blood, semen, vaginal secretions or **rectal fluids**." (Facilitator's Manual, p. 357)

"I am fifteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including **oral sex**." (Student Workbook, p. 6)

"Being proud and responsible means that you value yourself and you believe you are worthy!... If you are going to have vaginal, **anal or oral sex**, it means using a latex (or polyurethane/polyisoprene) condom and effective birth control." (Facilitator's Manual, p. 41)

"What was the message about condoms in the DVD? Use condoms every time you have **anal, oral or vaginal sex**." (Facilitator's Manual, p. 51)

"Fact: **Giving oral sex** to a guy (your mouth on his penis) increases your chances of getting HIV." (Facilitator's Manual, p. 55)

"Explain that 'sex' in these questions means **oral, anal and/or vaginal** intercourse." (Facilitator's Manual, p. 60)

Yellow Light behavior: "**Oral stimulation of the vulva** (female genitals) with a dental dam (latex barrier)" (Facilitator's Manual, p. 61)

Yellow/Red Light behaviors: "**Oral stimulation of the penis** without a condom;

Anal sex with a condom" (Facilitator's Manual, p. 61)

Red Light behavior: "**Anal sex** without a condom" (Facilitator's Manual, p. 61)

"Only you can decide to protect your future and your health. Use a latex condom or dental dam every time you have vaginal, **oral or anal sex.**" (Facilitator's Manual, p. 98)

"A good way to avoid infection is to use a latex (or polyurethane/ polyisoprene) condom every time you engage in **oral, anal or vaginal sex.**" (Facilitator's Manual, p. 119)

"A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner's **vagina, mouth or anus** during sex." (Facilitator's Manual, p. 127)

"Explain how a dental dam can be used when having **oral contact with the vulva or anal area.**" (Facilitator's Manual, p. 136)

"The female condom can also be used for STD protection during **anal sex.**" (Facilitator's Manual, p. 160)

"Protect yourself and your partner by using a latex or polyurethane/ polyisoprene condom every time you have **vaginal, oral or anal intercourse.**" (Facilitator's Manual, p. 232)

"Remember, if you are going to have **oral sex**, you need to use a latex barrier." (Facilitator's Manual, p. 243)

"The CDC considers **anal sex** a high-risk behavior with or without a condom, but **people who do engage in anal sex** can reduce the risk of HIV and other STDs by using condoms with lots of water-based lubrication." (Facilitator's Manual, p. 244)

***Note:** Anal sex is a high-risk behavior with or without protection, as confirmed by the CDC; therefore, no program should lead students to think there are "safer" ways to participate.*

Jeopardy Question: "Name two high-risk behaviors." Acceptable answers: "**Unprotected anal, oral or vaginal sex, sharing needles**" (Facilitator's Manual, p. 251)

***Note:** Anal sex is classified as a high-risk behavior with or without a condom. This 'acceptable answer' is completely misleading to students.*

"Sexually transmitted disease (STD) is a term used to categorize a group of infections typically transmitted through **vaginal, oral or anal sex.**" (Facilitator's Manual, p. 300)

"Chlamydia: How Transmitted – **Vaginal, anal and oral sex**" (Facilitator's Manual, p. 300)

"For **oral sex on a woman**, dental dams can be used." (Facilitator's Manual, p.

344)

"It is unlikely that you would get HIV if an infected person **performed oral sex** on you. However, if the person **receiving oral sex** has HIV or AIDS, the person performing oral sex can get it." (Facilitator's Manual, p. 345)

"If either partner is infected with HIV, the other partner can be infected during **anal sex**. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis." (Facilitator's Manual, p. 346)

4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR

Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.

"Let's keep in mind that there's diversity in society and in this group... Some may identify as **gay, lesbian, bisexual or straight**." (Facilitator's Manual, p. 39)

"If **gay and lesbian teens** engage only in **same-sex behaviors**, they don't have to worry about pregnancy. However, a lesbian teen can get pregnant if she has sex with a guy. A gay teen guy can get his partner pregnant if he has sex with a female. For many different reasons **gay and lesbian teens sometimes engage in penis-in-vagina intercourse** and they have to worry about pregnancy if they do." (Facilitator's Manual, p. 148)

"All young people **regardless of their sexual orientation** [who they find themselves attracted to] need to be informed about sexuality, including information about birth control and condoms." (Facilitator's Manual, p. 166)

"**Regardless of a person's sexual orientation or sexual identity**, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs." (Facilitator's Manual, p. 166)

"During the role play practice, students may role-play sexual pressure situations with **someone of a different or the same gender**." (Facilitator's Manual, p. 210)

"It doesn't matter if a relationship is between a man and a woman, **two women or two men**. All couples have to communicate and negotiate." (Facilitator's Manual, p. 230)

Role Play I: Taryn and Tanya - STD/HIV concerns in a **lesbian relationship** (Facilitator's Manual, p. 242)

Role Play II: Alonzo and Will – **two males negotiating condom use** in a sexual relationship (Facilitator's Manual, p. 243)

"**Sexual orientation refers to that inner sense of who you're attracted to romantically and sexually**. Lesbian and gay (or homosexual) people are attracted to people of their own gender. Straight (or heterosexual) people are attracted to people of a different gender. **Bisexual people** can be attracted to

people of more than one gender.” (Facilitator’s Manual, p. 285)

“**Bisexuality is a real sexual orientation.** There are people who do have the potential to be attracted to more than one gender. Many experts believe that the majority of human beings are actually bisexual. Some people have bisexual attractions but don't identify as bisexual. Many bisexuals feel discriminated against because they are not always accepted in the gay or straight community.” (Facilitator’s Manual, p. 286)

“**Bisexual:** Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (Facilitator’s Manual, p. 353)

“**Gay:** A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.” (Facilitator’s Manual, p. 354)

“**Homosexual:** Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.” (Facilitator’s Manual, p. 355)

“**Lesbian:** A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (Facilitator’s Manual, p. 355)

“**Sexual Orientation:** Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.” (Facilitator’s Manual, p. 358)

5. PROMOTES SEXUAL PLEASURE

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

Scripted role play response: “From what you’ve told me, you already know there are other **things that people can do** for physical intimacy, or even **sexual orgasm**, that will not lead to pregnancy or transmission of disease.” (Facilitator’s Manual, p. 83)

“**Sex can feel very good with condoms.** You can buy a brand that **feels natural** and use extra lubricant.” (Facilitator’s Manual, p. 131)

“Using condoms can be **fun and pleasurable** if you have the skills to make them that way.” (Facilitator’s Manual, p. 166)

“People often say that **sex doesn’t feel as good with a condom** but we’re going to talk about ways to make the experience **more pleasurable.**” (Facilitator’s Manual, p. 174)

“Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day **when you can experiment.** Just talking about how you’ll use all of those condoms **can be a turn-on.**” (Facilitator’s Manual, p. 176)

“Excuse: Condoms kill the mood for sex.

Response: Only if you let them. With a little imagination, condoms can actually **enhance sexual feeling.**" (Facilitator's Manual, p. 184)

"Excuse: Condoms are unnatural and turn me off.

Response: **I know how to turn you back on.**" (Facilitator's Manual, p. 185)

"Excuse: When I stop to put it on, I'll lose my erection.

Response: Don't worry, **I'll help you get it back.**" (Facilitator's Manual, p. 185)

"Excuse: I do not have a condom with me.

Response: Let's **satisfy each other** without having intercourse then."
(Facilitator's Manual, p. 186)

Statement to suggest an alternative to having sex without a condom: "Let's do something else **that will feel good for both of us**, since we don't have a condom." (Facilitator's Manual, p. 207)

"You **really turn me on when you touch me**, but I won't have sexual intercourse without a condom." (Facilitator's Manual, p. 208)

"You also believe that condoms/dental dams are not natural and **sex won't feel as good** if you use them." (Facilitator's Manual, p. 226)

"Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can **make condom use pleasurable and fun.**"
(Facilitator's Manual, p. 227)

"Condoms are relatively easy to use. With practice, they can become a regular, **pleasurable part** of a sexual relationship." (Facilitator's Manual, p. 316)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

Green Light behavior: "**Self-masturbation**" (Facilitator's Manual, p. 61)

Yellow/Green Light behavior: "**Mutual masturbation** (Green for HIV. There are some STDs that can be passed through skin-to-skin contact or genital touching.)"
(Facilitator's Manual, p. 61)

Jeopardy Question: "What are some safer sexual behaviors (that won't transmit HIV)?" Acceptable answers: "Cuddling, massage, **masturbation**, fantasy"
(Facilitator's Manual, p. 251)

"**Masturbation** is actually defined as stimulating one's own genitals for sexual pleasure. You might also hear the term 'self-stimulation' or 'self-pleasuring.' Personal values about masturbation vary. For some people, **masturbation** may be against their religion; other people have no beliefs against it. The bottom line is that **most people masturbate** at some point in their lives." (Facilitator's Manual, p. 286)

"**Masturbation is a safe way to feel pleasure** and release sexual tension without fear of STDs or pregnancy." (Facilitator's Manual, p. 286)

"Masturbation has some health benefits such as relieving stress. It's also a way for people to relax, feel pleasure, and learn about their sexual responses. Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that **most people masturbate** at some point in their lives. Masturbation is something you can choose to do or not do if it goes against your values."
(Facilitator's Manual, pp. 286-287)

"Masturbation is a private act. It's not OK to masturbate in public places or in front of other youth or caregivers. **However, it's fine in private.**" (Facilitator's Manual, p. 287)

Family Feud question: "What is an **appropriate place to masturbate?**" Answer: "A private place" (Facilitator's Manual, p. 289)

"Safer sexual activities include: Body rubbing/massaging, **mutual masturbation**; Massaging one's own genitals, **self-masturbation**" (Facilitator's Manual, p. 346)

"Masturbation: Massaging one's own genitals for sexual stimulation."
(Facilitator's Manual, p. 355)

"Mutual Masturbation: Massaging each other's genitals for sexual stimulation."
(Facilitator's Manual, p. 356)

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

"Major changes (also referred to as 'red light' adaptations) are discouraged and may significantly affect and alter program effectiveness. Examples of major changes include **dropping entire activities or lessons** or altering the key messages of the program." (Facilitator's Manual, p. 6)

Note: *In other words, omitting the graphic condom use modules is highly discouraged by the curriculum developers.*

"Materials needed: Condoms (one per student or pair plus demonstration condoms), water-based lubricant, **penis models**" (Facilitator's Manual, p. 24)

Students complete the following sentence by discussing it in pairs: "You can **make using condoms fun by...**" (Facilitator's Manual, p. 116)

"Obtain **penis models/condom demonstrators** to use in the Condom Use Skills activity. If possible, **get a model for each student.**" (Facilitator's Manual, p. 122)

"Have the **penis models**, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute." (Facilitator's Manual, p. 122)

"Ask the group to brainstorm slang terms for condoms... Then ask them to **name some of the brands they've heard of.**" (Facilitator's Manual, p. 133)

"Using a penis model/condom demonstrator, follow the steps listed on the

chart to model what the youth will be doing.” (Facilitator’s Manual, p. 133)

The teacher demonstrates – and students later practice – the following steps **on a penis model**:

- “Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- Open the package carefully to avoid tearing.
- Make sure condom is on the proper side to roll down correctly.
- Pinch the tip of the condom to create space (1/2 inch) for semen.
- Squeeze a few drops of water-based lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
- Check during intercourse to make sure the condom isn’t slipping.
- Immediately after ejaculation, hold the condom firmly at the base of the penis and **pull the penis out before it gets soft**.
- Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.” (Facilitator’s Manual, p. 134)

“Ask students if they’ve ever heard of or seen a dental dam. **Hold up a dental dam** and say, ‘A dental dam is a square of latex that can serve as a barrier between the mouth and a partner’s vulva or anal area to prevent the transmission of STDs. It can be difficult to find dental dams, so **you can cut a non-lubricated condom into a square** and use it as a barrier.’” (Facilitator’s Manual, p. 135)

“Get used to condoms, so they are **natural and fun**.” (Facilitator’s Manual, p. 136)

Detailed steps to using the female condom are given to students. “Reassure students that it will simply **take a few times to practice** and then it will be no problem. Note that the female condom can be inserted well in advance of being with a partner, so that **sexual intercourse can be spontaneous**.” (Facilitator’s Manual, p. 160)

Question: “If a male **loses his erection** after putting on a condom and before intercourse, what could the couple do?” Answer: “This will happen to most males at some point in their lives. Have partner take off condom, **continue playing and stimulating one another**, relax, and enjoy the fun. After a while, put a new condom on as part of the play.” (Facilitator’s Manual, p. 173)

“Give the following examples of ways to make using condoms **more pleasurable**:

- Try different brands to find one that feels most comfortable and natural
- Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness” (Facilitator’s Manual, p. 174)

“Ask students to brainstorm some ways to make using **condoms fun and pleasurable**. Record their responses. Add the following ideas if they don’t get

mentioned:

- Make putting on the condom a **part of foreplay**
- **Act sexy/sensual** while putting on the condom
- Hide a condom on your body and ask your partner to find it
- Use extra lubrication inside and outside the condom
- Experiment with different colors, types and textures of condoms
- Have a sense of humor and make jokes
- Tell your partner that using a condom can **make an erection last longer**" (Facilitator's Manual, pp. 174-175)

"Now ask students to think of some ways to make using condoms easy - to **keep them from interrupting sex**. Give the following examples:

- You can talk about using condoms/dental dams in advance
- **Always have condoms on you**
- Learn to put the condom on in advance so you can do it more quickly
- Make sure you have condoms (or dental dams) close by to eliminate fumbling
- Have the condom open and ready to use before sex" (Facilitator's Manual, p. 175)

"Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when **you can experiment**. Just talking about how you'll use all of those condoms **can be a turn-on**." (Facilitator's Manual, p. 176)

"Condoms **don't have to ruin sex**. There are different techniques that can make condom use **pleasurable and fun**." (Facilitator's Manual, p. 214)

Jeopardy question: "When do you remove a used male condom?" Acceptable answer: "After ejaculation, but **before the penis gets soft**" (Facilitator's Manual, p. 253)

Jeopardy question: "(True) or False: **The penis should be erect** (hard) when the condom is put on it." (Facilitator's Manual, p. 254)

Jeopardy question: "True or (False): The condom should be completely unrolled **before it is placed on the penis**." (Facilitator's Manual, p. 254)

Jeopardy question: "(True) or False: **When a condom is placed on the penis** some space should be left at the tip of the condom." (Facilitator's Manual, p. 254)

Jeopardy question: "True or (False): **To remove a condom after sex**, grasp the tip and remove it gently but swiftly." (Facilitator's Manual, p. 254)

"Proper use of condoms means:

- Putting the condom on **as soon as erection is achieved**.
- Leaving some room at the tip of the condom when it is put on.

- When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®." (Facilitator's Manual, p. 344)

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.

"You have been dating Dominique for a few months. You really like Dominique and think this might be serious. **You have decided to have sex**, but you really want to use condoms." (Student Workbook, p. 23)

"The goal is to increase knowledge and perception of personal vulnerability, develop positive attitudes toward safer sex, and build the skills and confidence needed to abstain successfully or to use safer sex practices willingly and effectively **if they choose to be sexually active.**" (Facilitator's Manual, p. 1)

"They learn that being responsible and practicing safer sex, **if they choose to have sex**, can contribute to reaching their goals and dreams." (Facilitator's Manual, p. 12)

"They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves and **their decision to practice safer sex.**" (Facilitator's Manual, p. 12)

"**If you decide to have sex**, you can avoid obstacles such as unplanned pregnancy and STDs by choosing not to do anything risky, and always using latex condoms and other protection." (Facilitator's Manual, p. 47)

"I want you to make proud and responsible choices, so **if you choose to have sex**, choose to use a latex (or polyurethane/ polyisoprene) condom." (Facilitator's Manual, p. 52)

"It's not a good idea to have sex **until you are prepared to have sex with respect and responsibility.**" (Facilitator's Manual, p. 67)

"Let's take a closer look at what can happen when teenagers **decide to have sex** without using any protection." (Facilitator's Manual, p. 145)

"Contraceptive methods fall into two different categories: over-the-counter methods that **can be purchased by anyone** at any stores, clinics, supermarkets, convenience stores or online, and prescribed methods..." (Facilitator's Manual, p. 155)

"The following methods of birth control **can be purchased by anyone of any age**, at drugstores, clinics, supermarkets, convenience stores and online without a prescription." Then the facilitator shows the male condom, female condom, sponge, and spermicides. (Facilitator's Manual, pp. 159-161)

"**How does a teenager decide** whether to use birth control and which method to use? Make sure answers include:

- Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner

- Ask questions
- Do lots of thinking” (Facilitator’s Manual, p. 162)

“If **you’ve decided you’re ready to have sexual intercourse**, you need to be ready to purchase condoms.” (Facilitator’s Manual, p. 165)

“People **who choose to have sex** need to use a latex or polyurethane/ polyisoprene condom each time.” (Facilitator’s Manual, p. 308)

“Condoms are available at markets, drugstores, family planning and STD clinics and online. They also may be **available in vending machines or at schools**. **Anyone can buy condoms, regardless of age** or gender. No prescription is needed.” (Facilitator’s Manual, p. 316)

“Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is **no age limit for purchasing them**.” (Facilitator’s Manual, p. 319)

“Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and **determine when they are ready** to engage in safe, consensual sexual activity.” (Facilitator’s Manual, p. 338)

“The safest option is to practice sexual abstinence. **If that's not your choice**, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk.” (Facilitator’s Manual, p. 344)

“The foundation of love and **responsible sex** is good communication.” (Facilitator’s Manual, p. 344)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

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

May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

“Your parents are out late. Your partner comes over, hoping to have sex with you. **You want to have sex**, but you want to use condoms. Your partner refuses to use condoms. You decide to share how to make condoms feel much better.” (Student Workbook, p. 11)

Role play A: “You and **your sexual partner** (Taylor) are in your partner’s living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that **you want to use protection**, and Taylor is beginning to get angry. Taylor doesn’t think sex will feel as good and does not want to use protection.” (Student Workbook, p. 19)

Role play B: “You have been going out with Angel for a while now and you want to talk about using condoms. You know **Angel has had sex with other people**, and you are concerned about pregnancy and STDs, especially HIV, and **want to use a condom**.” (Student Workbook, p. 20)

Role play C: “Your partner told you that **if you want to have sex** you have to use condoms.” (Student Workbook, p. 21)

"This curriculum is intended to reduce the incidence of **unprotected sexual behavior** among adolescents and help them make a difference in their lives by making proud and safer choices about their sexual behavior." (Facilitator's Manual, p. 2)

"The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that **abstinence is not the path that many young people will choose**, the curriculum spends a great deal of time encouraging the practice of **safer sex and condom use.**" (Facilitator's Manual, p. 3)

"At the completion of the *Making Proud Choices!* curriculum, youth will have:

- More positive attitudes/beliefs about **birth control and condom use.**
- Stronger intentions to use birth control and condoms - **if they have sex.**" (Facilitator's Manual, pp. 3-4)

"The goals and dreams activity encourages the adolescents to consider their goals for the future and to think about how participating in **unsafe sex** might affect the attainment of these goals." (Facilitator's Manual, p. 5)

Scripted role play response: "Build a trusting and respectful relationship with someone **before you have sex again.** Always use condoms to prevent STDs and birth control to prevent pregnancy." (Facilitator's Manual, p. 85)

"Practicing abstinence **and using latex condoms** can prevent STD transmission." (Facilitator's Manual, p. 118)

"**If you are going to have sex**, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV." (Facilitator's Manual, p. 163)

"Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to use effective methods of protection **every time you have sex.**" (Facilitator's Manual, p. 163)

"If you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by using an effective method of birth control **and condoms every time you have sex.**" (Facilitator's Manual, p. 167)

Module 14 Learning Objective: "Demonstrate body language and strategies for effectively **saying no to unprotected sex.**" (Facilitator's Manual, p. 223)

"The goal of this role play is for Devon to be proud and responsible and resist pressure to **have unsafe sex.**" (Facilitator's Manual, p. 225)

"Choose a time to talk (about using condoms) **before anything sexual happens.** Getting things clear **before you have sex** means you will both be prepared and relaxed." (Facilitator's Manual, p. 231)

"I have faith that you're going to make the proud and responsible choice to always practice safer sex whenever you decide to have intercourse with someone. Remember, **practicing safer sex is the proud and responsible choice** to make and will help you achieve your dreams." (Facilitator's Manual, p. 234)

Jeopardy question: "What are two ways to prevent HIV transmission?"
Acceptable answers: "**Abstinence, condoms**, not sharing needles" (Facilitator's Manual, p. 251)

Note: *Only abstinence prevents HIV transmission. Condoms don't prevent HIV transmission; they can only reduce the risk of HIV transmission. Equating condom use with abstinence is inaccurate and gives youth a false sense of security when practicing "safer sex."*

Jeopardy question: "What is the **only birth control method besides abstinence** that also offers protection against HIV?" Acceptable answer: "A latex or polyurethane/ polyisoprene condom (male or female)" (Facilitator's Manual, p. 251)

Note: *Again, condom use is being equated with abstinence as an effective way to protect against STDs and pregnancy.*

"**Responsible sexual precautions** include: (1) sexual abstinence, (2) **sexual fidelity**, (3) avoiding exchange of body fluids by **using a condom**, and (4) avoiding sexual partners who have engaged in risky behaviors." (Facilitator's Manual, p. 343)

"Couples should use a new latex or polyurethane/polyisoprene condom **every time they have sex, including oral sex.**" (Facilitator's Manual, p. 344)

"Partners can also get tested for STDs, including HIV, **before they begin having sex** with each other." (Facilitator's Manual, p. 344)

"Couples should use condoms **every time they have sex** if either partner is infected or unsure of his or her HIV status." (Facilitator's Manual, p. 345)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders or may present other unscientific and medically inaccurate theories. Fails to teach that most

"Let's try the Talking Circle by using it to introduce ourselves. I will speak first and when it is your turn please share your name, your age, the school you attend, your grade, **preferred pronouns** and something else you'd like us to know about you." (Facilitator's Manual, p. 35)

As students introduce themselves, they are to say the following: "When referring to me, **please use the pronouns** _____ or _____." (Facilitator's Manual, p. 36)

"Let's keep in mind that there's diversity in society and in this group... **Some may identify as male, female or transgender.** All of these differences make us unique." (Facilitator's Manual, p. 39)

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.

“This case study has been written to be **gender neutral**. Sean and Morgan might be a boy and a girl, a girl and a boy, **two boys, two girls, or transgender youth.**” (Facilitator’s Manual, p. 89)

“Regardless of a person’s sexual orientation **or sexual identity**, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs.” (Facilitator’s Manual, p. 166)

“**Transgender refers to a person's gender identity.** Gender identity is your inner sense of your gender - Do you feel like a guy? Do you feel like a girl? Do you feel like **something different than a guy or a girl?** Often gender identity matches a person's body - someone with a girl's body feels like a girl on the inside or someone with a boy's body feels like a boy on the inside - but not always. Transgender is when a person's inner feelings about gender don't match the body.” (Facilitator’s Manual, p. 285)

“**Transgender people can have any sexual orientation** - gay, lesbian, bisexual or straight.” (Facilitator’s Manual, p. 286)

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

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.

“Always use condoms **AND effective birth control.**” (Facilitator’s Manual, p. 42)

Scripted role play response to a girl who was high and had unprotected sex: “Go right away to your local reproductive health clinic and **get emergency contraception** (EC) to prevent a possible pregnancy. They can also test you for STDs. Make sure you go to the clinic right away. You have up to 5 days after unprotected sex to use EC, but the sooner, the better.” (Facilitator’s Manual, p. 85)

“If you’re going to engage in sexual activity, make sure you **use effective birth control** and a latex (or polyurethane/polyisoprene) condom every time!” (Facilitator’s Manual, p. 150)

The facilitator **presents information on the following birth control methods** and stresses that a condom needs to be concurrently used to protect against STDs:

- IUD
- Implant
- Depo-Provera
- Birth control pills
- Birth control patch
- Vaginal ring (Facilitator’s Manual, pp. 156-158)

The following **over-the-counter birth control methods are taught to students**, emphasizing that anyone can easily purchase them without a prescription:

- Male (external) condom
- Female (internal) condom
- Sponge
- Spermicides (Facilitator’s Manual, pp. 159-161)

"If you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by **using an effective method of birth control and** condoms every time you have sex." (Facilitator's Manual, p. 167)

"In the case of an unplanned pregnancy, a girl or woman has three options: (1) she can have the baby and raise it (with her partner, alone or with support of caregivers); (2) she can have the baby and place it for adoption; or (3) or she can **have an abortion**. Because the pregnancy is happening in her body, the woman gets to make this decision independently." (Facilitator's Manual, p. 288)

"Condoms are **only one of many birth control methods** that exist. However, they are the only method besides abstinence that can effectively prevent the transmission of sexually transmitted infections, including HIV." (Facilitator's Manual, p. 310)

***Note:** Again, condoms are equated with abstinence in the ability to prevent pregnancy and STDs. This gives students a false sense of security when practicing "safer sex."*

"Implants must be inserted by a health care provider. After insertion, no further action for pregnancy prevention is required until the 3-year period expires. The implant is **an approved method for young women, including teens.**" (Facilitator's Manual, p. 312)

"**Emergency contraception** prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it." (Facilitator's Manual, p. 320)

"Some kinds of pills are **available from a pharmacist or at drugstores without a prescription.**" (Facilitator's Manual, p. 320)

"**Emergency contraception** makes sense if a couple does not want to become pregnant and their **regular birth control method** was damaged, slipped out of place, or wasn't used correctly." (Facilitator's Manual, p. 320)

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

"It's recommended that facilitators **work with a small group of youth** to review the role plays and other activities and **suggest minor changes to increase relevance** before implementation." (Facilitator's Manual, p. 6)

"The adult and **peer facilitators** were equally effective. There were no differences in intervention effects on behavior with adult facilitators as compared with peer co-facilitators." (Facilitator's Manual, p. 14)

"I am going to read more excuses (for not using condoms). Your job is to **convince me to use a condom.**" (Facilitator's Manual, p. 184)

"Summarize Role Play C by saying, 'Once you make the decision to protect yourself, **convince a friend to do the same**. That way, you can both be protected and **have some answers for the next friend** who needs to know how to stay

<p>abortion.</p>	<p>safer.” (Facilitator’s Manual, p. 219)</p> <p>Note: <i>Some of these role plays teach kids how to advocate safer sex techniques to their friends.</i></p> <p>“Summarize Role Play E by saying: ‘If you value and care about your best friend, you should help your friend make safer decisions. You can even teach your friend how to make condoms pleasurable.” (Facilitator’s Manual, p. 229)</p> <p>“It is important that you teach your friends information about HIV and other STDs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safer. Show your friends that protecting yourself is important and that they should do the same.” (Facilitator’s Manual, p. 245)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Some people don’t believe in using condoms because it may be against their religion; other people have no beliefs against it. I’m giving you this information because we want you to be able to make informed decisions about protecting yourselves.” (Facilitator’s Manual, p. 132)</p> <p>Note: <i>This statement implies that people with religious beliefs against condom use have not been fully informed.</i></p> <p>“I also understand that personal values about birth control vary. For example, some people don’t believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we’re going to learn about all of the options.” (Facilitator’s Manual, p. 154)</p> <p>Note: <i>If a family passes on their religious beliefs regarding birth control or abstinence to their children, is it the job of the school to override those beliefs and teach students about “all of the options”? Again, this suggests that decisions based on religious beliefs are not fully informed.</i></p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Attitudes and beliefs often get in the way of using birth control, especially condoms, even when people know a lot about it. This activity is designed to help you look more closely at your attitudes and beliefs about birth control.” (Facilitator’s Manual, p. 164)</p> <p>Students are given statements about birth control and are supposed to indicate whether they agree or disagree. The facilitator is given the following instruction: “Promote attitudes that are supportive of birth control use. Remind the group that certain attitudes and beliefs can get in the way of correct use of birth control and condoms.” (Facilitator’s Manual, p. 165)</p> <p>“Can teens be tested without parent permission? Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will</p>

share information with parents.” (Facilitator’s Manual, p. 296)

“Do my parents have to find out if I get tested for STDs and HIV? **No.** Clinics will see you without your parents' permission. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them.” (Facilitator’s Manual, p. 350)

“Many local health departments and **Planned Parenthood affiliates** will loan or sell (birth control) demonstration kits.” (Facilitator’s Manual, p. 152)

“For the chart listing credible websites for teens, include the following websites and any others you would recommend:

- stayteen.org
- sexetc.org
- amplifyyourvoice.org” (Facilitator’s Manual, p. 281)

“Scarleteen.com is also a helpful and credible website.” (Facilitator’s Manual, p. 285)

Note: All of these websites contain graphic sexual discussions and other material many parents would find objectionable.

“**People who use injection drugs** should never share needles. **If needles or works are shared** or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.” (Facilitator’s Manual, p. 294)

“Telling someone you have HIV isn't easy... **If you share needles and syringes,** also tell these partners.” (Facilitator’s Manual, p. 345)

“Your local health department, community clinic, private doctor or **Planned Parenthood** are all good locations to check out for STD testing.” (Facilitator’s Manual, p. 350)

Note: The following DVDs are included with the Making Proud Choices curriculum.

Wrap it Up: Two teenagers are on the couch with no one else around. Girlfriend tries to convince the boyfriend why he needs to wear a condom and insists she will no longer have sex without one. He has had multiple sexual partners in the past. She tells him that there are fun colors and flavors to make it more appealing. After giving him an ultimatum, the boyfriend says, “Wrap me up.” And they start making out on the couch as the video ends. It is implied that sexual intercourse is imminent.

Wrapping it Up in 9 Easy Steps: This is an animated video outlining the steps to condom use. Students are instructed to use a new condom any time they have oral, anal or vaginal sex while animated shape figures simulate these actions. The following steps are given with animation and narration:

1. Check the expiration date

15. REFERS CHILDREN TO HARMFUL RESOURCES

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

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

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)

2. Be careful opening the package
3. Make sure the tip points up; pull back penis foreskin
4. Place condom on the penis
5. Leave some space at the top; pinch the air out of the tip
6. Unroll the condom
7. Roll down to the base of the penis
8. Smooth out any air bubbles; add water-based lubricants
9. Hold the condom at the base of the penis while pulling out

Nicole's Choice: The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that she had unprotected sex with Miguel but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that her best friend has also had unprotected sex multiple times with Miguel and is also infected. Nicole chooses abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content.

Tanisha and Shay: Tanisha and Shay are a heterosexual couple. Both are on the high school track team. Shay has a track scholarship to college. Tanisha has been feeling run down and wonders if she could be pregnant. She faints after a track meet and a doctor confirms that she is pregnant. The next scene shows Tanisha's mom expressing her disappointment with Tanisha while they are still in the clinic, but then they hug and return home to think about Tanisha's options. At the end of the video, Tanisha's mom (who is a single mother who also got pregnant as a teenager) states: "Raising a baby wouldn't be my choice, but it's your life and it's your choice. But you owe it to yourself to explore all your options."

The Subject is HIV: This video is set in a high school. Two narrators discuss the myths and facts of HIV. They state that HIV is usually transmitted through unprotected vaginal, anal or oral sex. Abstinence is the best way to prevent transmission. If you have sex, use a condom every time and have only one partner. Provocative sexual images are shown to demonstrate the sexual pressures youth are facing. Teen actors are seen discussing their sexual relationships and how important condoms are to prevent HIV, STDs and pregnancy. One girl points out that she and her boyfriend use protection every time they have sex and she is on the pill just in case. Another couple makes it clear that they also have sex with protection. The focus is on prevention, not abstinence. Other youth share their experiences about how they acquired HIV through drug use and unprotected sex. It's interesting to note that the narrators say that HIV can be transmitted through sharing needles or works, "so don't shoot up." It is a clear risk avoidance message where drugs are concerned. No advice is given on finding clean needles to avoid HIV. But when they talk about HIV being transmitted through unprotected sex, the message is to choose abstinence OR protected sex.

The Hard Way: Wanda Sykes plays the role of Koko, a radio host who discourages

unprotected sex and passes out condoms on HIV Testing Day. "The safest sex is no sex at all. But if you're having it, wrap it up! And don't give me that 'they don't feel right' or 'they ruin the mood' myth. Trust Koko. There are plenty of ways to make them feel good."

Kenrick, a teenage boy, is seen flirting with multiple girls. "I don't have sex with all of them," he tells a friend. Knowing of his sexual relationships, his parents leave him a box of condoms and a brochure on STDs. Since he hasn't always used a condom, he decides to get tested for HIV. Meanwhile, his friend Miguel only has one girlfriend who is on the pill, so they don't use condoms. When Kenrick decides to get tested, Miguel volunteers to be tested also to be supportive. When the results come back, the supposedly monogamous Miguel is positive for HIV while Kenrick, who sleeps around, is negative.

The original story behind this movie was written by a 14-year-old boy and won the 2004 National HIV/AIDS Story-Writing Competition.

The Subject is STDs: This movie begins on a high school basketball court. One of the players says that a past girlfriend, Sasha, called him and told him she has chlamydia. They had unprotected sex during their relationship and he is now with someone new. His doctor said he could have picked up from a past partner and passed it to Sasha without knowing it. Now he has to contact "all of my exes" and tell them. Some of them are now dating his friends. The message is that he has had at least four sexual partners, and that they are all now in sexual relationships.

The narrator states, "We always hear about how great sex is, but we rarely hear about the consequences that can come with sex, like STDs." According to the CDC, 1 in 4 teenagers in the U.S. has an STD. The usual message is presented – abstinence is the best way to prevent STDs. But if you have vaginal, anal or oral sex, use a condom every time. Limiting your number of partners is also recommended. The actors portraying students make it seem that everyone is having unprotected sex with everyone else as they date, break up and move to a new partner.

For more information on *Making Proud Choices, 5th Edition*, see <https://www.etr.org/ebi/programs/making-proud-choices/>.