

Examples from

OSPI
REVIEWED
CURRICULA

Provided by



SW Washington

Pulling Out (Withdrawal) Fact Sheet

Main points:

- Free and always available.
- More effective than most people think, when used correctly.

More information:

- To use the pull-out method, a person pulls their penis out of their partner's body before ejaculation, making sure not to get semen near the other person's genitals.
- Withdrawal is another word for pulling out.
- Pulling out is very effective for people who can tell when they're about to ejaculate. It takes experience and a lot of self-control to be able to pull out completely in time.
- Pre-cum is the fluid on the tip of the penis before the ejaculation happens. It's also called pre-ejaculate. Studies show that only some pre-cum contains a small amount of sperm.
- Pulling out lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

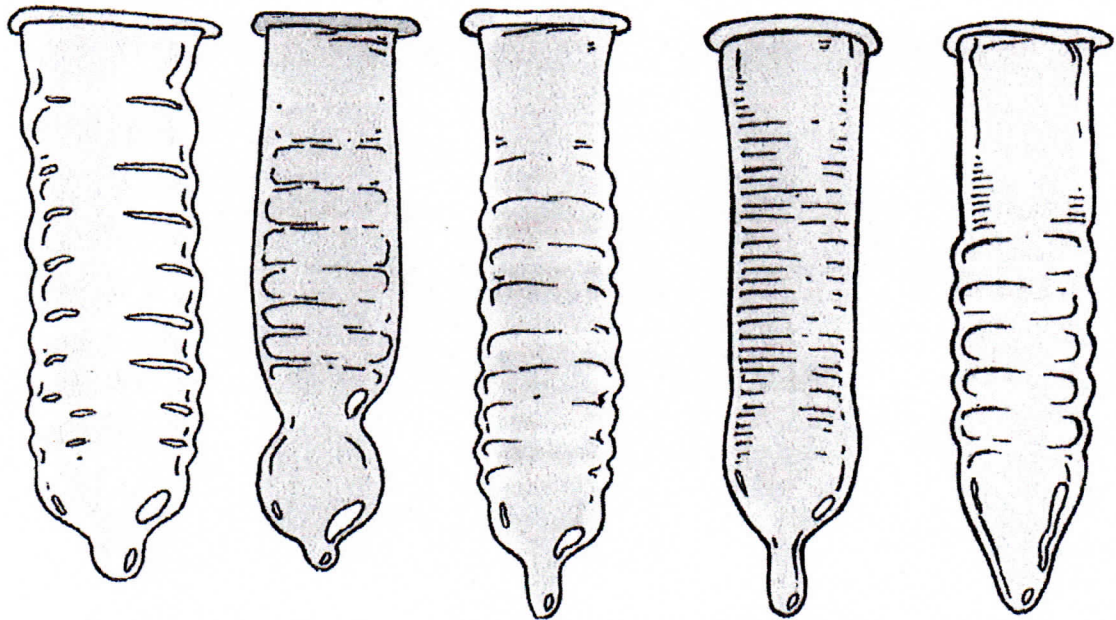
There is no mention of the 22% failure rate, which should be important when telling 14-year-olds about a birth control method that requires experience and a lot of self-control.

Source: *Contraceptive Technology*, 20th revised edition, 2011.

Visual 2

Condom Variety

Condoms come in different sizes, shapes, thicknesses, materials, colors and flavors.



All condoms sold in the United States meet safety standards.

Understanding Our Bodies – The Basics

A Lesson Plan from *Rights, Respect, Responsibility: A K-12 Curriculum*

Fostering respect and responsibility through age-appropriate sexuality education.

NSES ALIGNMENT:

By the end of 2nd grade students will be able to:

AP.2.CC.1 – Use proper names for body parts, including male and female anatomy.

TARGET GRADE: Kindergarten
Lesson 2

TIME: 40 Minutes

MATERIALS NEEDED:

- Teacher's Resource: "Body Parts and Functions"
- 6 Post-Its – one each labeled with vulva, nipples, anus, shoulder, foot, and belly button
- 6 Post-Its – one each labeled with penis, nipples, anus, shoulder, foot, and belly button
- PowerPoint "Our Bodies"
- LCD projector and screen
- Desktop or laptop computer with PowerPoint on it

Proponents of CSE have said that lessons on reproduction for younger students are basically "dogs have puppies, cats have kittens, things like that." Telling 5-year-olds about a "very sensitive area at the top called the clitoris" and giving teachers the discretion to tell them about the sex act goes well beyond talking about puppies and kittens.

A NOTE ON LANGUAGE:

You will notice that this lesson refers to "girls" and "boys" and "male" and "female" when identifying body parts. Lessons in higher grades use more precise language and begin to introduce a broader concept of gender. This lesson does, however, acknowledge that "there are some body parts that mostly just girls have and some parts that mostly just boys have. Being a boy or a girl doesn't have to mean you have those parts, but for most people this is how their bodies are." And, "Most people have a vulva and a vagina or a penis and testicles but some people's bodies can be different. Your body is exactly what is right for you."

A NOTE ON CONTENT:

You will notice that terms and concepts used in this lesson are very simple recognizing that for many, providing more detail might be controversial at this grade level. If you are in a setting where using more detailed anatomical drawings is possible for kindergarten, we recommend using the diagrams found in "It's Not the Stork: A Book About Girls, Boys, Babies, Bodies, Families and Friends" by Robie Harris. A more in-depth version of this same lesson appears in this curriculum for 2nd grade.

ADVANCE PREPARATION FOR LESSON:

It is important to share the diagrams in the PowerPoint with your supervisor prior to teaching this lesson to ensure they are acceptable for your use.

LEARNING OBJECTIVES:

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

1. Correctly identify at least three body parts of the female namely the nipples, vulva and anus. [Knowledge]
2. Correctly identify at least three body parts of the male namely the nipples, penis and anus. [Knowledge]
3. Describe why it is important for them to know the correct names for the genitals. [Knowledge]

PROCEDURE:

STEP 1: Introduce the topic by saying, "Today we are going to talk about bodies, including parts that everyone has in common, parts that we have that are different, and parts that are usually covered when we are in public. Explain that it's also important that everyone with a body knows how their body works and how to take care of it so we can all be healthy. (1 minute)

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STEP 2: Ask the students to name body parts that most people have in common.

Note to the Teacher: Student answers might include most everyone has arms, legs, feet, fingers, head, eyes, mouth, etc. Some students may mention that not everyone has two arms, or all ten fingers, etc. Acknowledge this by saying that it is true that not everyone is exactly the same and everyone's body is fine just the way it is. But most people have two arms, ten fingers, etc.

Next, call out different parts of the body while asking students to point to that body part, such as eyes, nose, arms, legs, etc. Once students point to that body part have them tell you what that body part does, for example, eyes are for seeing, legs are for walking/running, noses are for smelling, etc. Then, ask students, "Even though we all have a nose, do all of our noses look exactly the same? Do all of our eyes or ears look exactly the same? We all have skin. Does all of our skin look exactly the same as each other's? Even though they do the same things, they can look very different. We each have our own special bodies. Just like some people don't have any hair and others have a lot of hair, and some people may have a lot of freckles or no freckles at all, we are all humans with bodies. (3 minutes)

STEP 3: Tell students: "There are some body parts that mostly just girls have and some parts that mostly just boys have. These body parts, which are usually covered by clothing or a bathing suit, are sometimes called private parts or genitals and today we want to make sure everyone knows the correct names for these parts and who has what body part."

Direct students' attention to the PowerPoint where you have displayed the the first slide. Explain that "During the summer, when some people go swimming, people generally wear bathing suits to cover their genitals. Explain that when we wash our bodies and go to the doctor for a check-up, it's important to know what our body parts are and how to keep them healthy. Display the next slide saying, "Our bodies have lots of different parts like the head, chest, belly button, hand and leg. Let's look at some parts we don't often learn as much about." Point out and explain the following. "Most girls have a vulva, which is the name for the area between the legs. The vulva describes the whole area including the small hole where urine or pee comes out called the opening to the urethra, the hole below that, which is a little bigger and is called the vagina that is used when a female has a baby, and the hole below that where a bowel movement, or poop, comes out called the anus. So a person with a vulva has three holes between their legs and a very sensitive little area at the top called the clitoris. Often girls wear a bathing suit that also covers their nipples on their chest. Their chest will develop into breasts when they get older and go through puberty. Breasts and nipples can be how some people feed their babies." (8 minutes)

STEP 4: Advance to the third slide and tell the class that you need their help to review the names of these body parts. Ask for six volunteers and one at a time, give each volunteer one of the six post-it note labels. For each one, read the name on the post-it note out loud and then have the volunteer place the label on the diagram next to the body part that corresponds with it. Tell students they can ask for help from the class. Gently correct any mistakes and review the function of each part again as it is labeled by the student. Continue having volunteers label each part until all six labels are correctly on the diagram. Use the Teacher's Resource as needed to help explain the function of anatomical parts. (6 minutes)

STEP 5: Next, advance to slide 4 and explain the following, "Most boys have a penis between their legs which they use to urinate or 'pee.' Some boys have a foreskin, which is a piece of skin that covers the end of the penis and some boys do not. A boy also has a hole where a bowel movement, or poop, leaves the body called an anus, just like a girl. Boys also have

Teaching 5-year-olds the names of their reproductive organs and sexual body parts is not necessary to keep them safe, and contributes to early sexualization. In order to be safe a child needs mom and dad.

The lesson instructs kids (12-years-old) to use a condom for anal sex in order to be at low risk for contracting HIV/STDs. There is NO FDA approved male condom for anal sex and only one FDA approved female condom which is expensive and requires a prescription.

HOW HIGH IS THE RISK FOR STDs? ANSWER KEY

HIGH RISK FOR STDs	LOW RISK FOR STDs	NO RISK FOR STDs
Unprotected vaginal sex	Deep ("tongue") kissing	Bathing together
Unprotected anal sex	Vaginal sex using an external or internal condom correctly	Kissing on the lips
Unprotected oral sex	Anal sex using a condom correctly	Mutual masturbation
	Oral sex using a latex barrier or cut-open condom correctly	Solo masturbation
		Holding hands
		Abstaining from sexual activity

HIGH RISK FOR STDs

Unprotected oral, vaginal and anal intercourse are high risk behaviors for transmitting STDs. "Unprotected" means not using a latex barrier, such as a condom.

LOW RISK FOR STDs

Just as the key to the high risk behaviors was "unprotected," the key word for low risk behaviors is "correctly." These behaviors are only low-risk if condoms or other barriers are used consistently and correctly – which means every time two people are sexual together, from the beginning of the sex act to the end. As soon as body parts come into contact with each other, and/or mouths come into contact with body parts, STD transmission is possible.

The level of risk also depends on the STD. For example, deep or "tongue" kissing is high risk for herpes, but not for HIV.

In addition, although using external and internal condoms and latex barriers significantly reduce the risk of STD transmission, they don't protect partners completely. While semen and vaginal fluids are blocked by the condom, they do not cover bodies completely. When bodies rub against each other, they can also cause microscopic openings in the skin, which are small enough for some viruses to pass through in order to transmit an STD.

NO RISK FOR STDs

Aside from continuous abstinence – meaning, not having oral, anal or vaginal sex with another person for a period of time – very few shared sexual behaviors carry no risk for STDs. The activities here are more related to intimacy – with the exception of masturbation and mutual masturbation. These behaviors are important because they can help people learn about their bodies and build connection between people without any risk of STDs (or pregnancy).

There is no information about the other risks associated with anal sex such as anal tears, incontinence, or an explanation as to why it is so easy to contract HIV or an STD from anal sex.

The curriculum suggests that bathing together and mutual masturbation are not sexual activities. Yet it then suggests that these behaviors are "important because they can help people learn about their bodies and build connection between people..." These sexual activities can very easily lead to sex and are not appropriate for 12-year-old children to be engaging in.

Freeze Frame Role-Play Scenario 3 Graham and Marina

Marina and Graham have been going out for four months. Marina's family immigrated from Russia five years ago. Marina speaks English well, thinks of herself as American, and argues constantly with her parents about many of their beliefs, which she finds old-fashioned. Graham and Marina are crazy about each other. Plan a role-play in which Graham talks with Marina about having sex and they make a decision.

Graham: You feel lucky to have Marina as your girlfriend. She is beautiful and so nice to you. You like the fact that you come from different cultural backgrounds. You love touching Marina and want to have vaginal sex with her. You want to do it right, though. You want to go with her to get birth control and you plan to use a condom too.

Marina: You've in heaven because Graham is such a nice, caring and sensitive guy. He's the first American you've ever dated, but your parents don't like him. They don't want you dating at all. When you and Graham kiss and touch each other, it feels great. You want to have sex, but you've always told yourself and your parents that you would wait until you were married to have sex.

Freeze Frame Role-Play Scenario 4 Andie and Diana

Andie and Diana are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Andie's basement. Plan a role-play in which Diana asks Andie about having sex and they make a decision.

Diana: You think Andie is a lot of fun and really cute. You're not interested in a relationship. You know that you're both really turned on. You decided some time ago that you weren't ready for oral sex, so you know that's off-limits for you. But you can think of a lot of other wonderful things that you and Andie can do to express your feelings for each other. Talk it over with Andie.

Andie: You think Diana is great and feel that this could be the relationship you've always wanted. You've never felt like this before and don't want to do anything to turn Diana off. You feel open to all kinds of things with Diana, including commitment and sex. You plan to use protection if you and Diana decide to have sex.

This is an example of how CSE teaches "consent" to students. There are many role-plays that normalize underage teenage sex. This exercise is for 9th grade, 14-year-olds, who are legally too young to consent to sex. These girls just met last weekend and are already considering sex. And instead of encouraging students to say "No" they are going to "make a decision." Many of the role-play scenarios have kids whose parents are conservative and/or religious and don't talk to them about sex.

Using Technology Respectfully and Responsibly

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

STEP 2: Show the video and stop it at 4:13 when the narrator starts to talk about having a larger discussion about consent. Process by asking the following questions:

- What do you think about sexting?
- Using both the video and some of your own thoughts, why do you think some people might sext?
- What are some of the potentially negative things about sexting?

Say, "Laws regarding sexting are different in every state – but one thing they have in common is that a naked photo of someone under the age of 18 is considered child pornography, and child pornography is illegal. But what does that mean when someone has taken their own picture and send it to someone else? What happens if the person who sent it consented, and the person who received it consented, and they didn't share it with anyone else? Is it okay then?" (8 minutes)

STEP 3: Go through the PowerPoint, "U.S. Sexting Laws." After you have completed slide 4, "The Law Takes This Really Seriously," say, "Let's take a look at the laws in our state." Put up the U.S. Sexting Laws website at http://mobilemediaguard.com/state_main.html and click on your state. Go through what you find there. Ask students what they think of what you just shared. (8 minutes)

STEP 4: After students share their reactions, say, "Once you reach the age of 18, you are legally considered an adult and can decide for yourself what you think is right for yourself regarding sexting. If you are under 18, sexting is illegal.

Divide the class into groups of three. Distribute the scenarios relating to sexting and ask them to discuss together what they would do and then write their ideas down on the worksheet. Tell them they have about ten minutes in which to work.

Note to the Teacher: If your students would respond to movement, an alternate is to copy two sets of the scenarios so you have six total and post one set on each side of the room. Then divide your class into six groups and have three groups rotate through the scenarios on one side of the room while the other three groups do the same on the opposite side of the room.

(12 minutes)

Even though sexting is illegal for minors, students are instructed to talk about it.

STEP 5: After about 10 minutes, ask students to stop. Have a volunteer read the first scenario aloud, and then ask that group to share what they came up with. Ask other groups whether they had anything different or anything to add. Have a different volunteer read the next scenario and then share from their group what they came up with. Again, ask other groups whether they had anything different or anything to add. Continue in this way until all three scenarios have been discussed. (15 minutes)

STEP 6: Return to the PowerPoint, moving to the last two slides, titled, "What Can You Do?" Read through the points on these slides.

Say, "This isn't easy to talk about, and you may still have questions. Please remember you can always talk with me – or, you may wish to continue this conversation at home with a parent or caregiver or any other trusted adult you feel you could speak with about this topic."

In yet another instance of educators trying to insert themselves between parents and their children, the teacher is instructed to say, "This isn't easy to talk about and you may still have questions. Remember you can always talk with me."

What to Do on a Date

Instructions: Student and parent or other caring adult should set aside some time to discuss this activity together. Pick 5 of the possible dating behaviors listed and brainstorm the pros and cons of each one.

Dating behaviors:

Chatting, emailing or texting

Going out on a date in a group

Dancing

Touching a partner under clothes

Hugging

Going to an unsupervised party

Watching a movie with a romantic or dating partner

Talking

Having sex

Kissing

Tips for Parents

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other's answers.
- Laugh, giggle, blush, and go right on talking.

After brainstorming the pros and cons of these 5 activities, agree on a few boundaries around the issue of dating. Make sure that both the adult and the student are comfortable with the boundaries. (Examples: only going out with groups of friends, having a 9 p.m. curfew.)

These are possible dating behaviors for 12-year-olds?

Parent or Other Caring Adult Signature

Student Signature

Oral Sex, Oral Intercourse

Oral sex, also called *oral intercourse* and *oral-genital sex*, refers to two behaviors: mouth contact with the vulva, which is called *cunnilingus*, and mouth contact with the penis, which is called *fellatio*.

Oral sex given simultaneously by partners to each other is commonly called *sixty-nine* or *69*. This is because the body positions of a couple having mutual oral sex can resemble the number 69. Cunnilingus and fellatio are common sexual behaviors for same-sex couples and for couples of different sexes. While there are various body positions for oral sex, it is the mouth that provides the stimulation in all cases.

Since oral sex can transmit some infections, partners should avoid ingesting any fluid from the penis, including semen. A condom should be placed on the penis before engaging in fellatio. Likewise, because HIV (the virus that causes AIDS) can be transmitted in vaginal secretions, a partner should use an oral barrier (called a dental dam, or just a dam) when engaging in oral stimulation of the vulva or vagina. More information will be given about condoms and dams in Workshop 19, Sexually Transmitted Infections.

Anal Sex, Anal Intercourse

Anal intercourse typically refers to the insertion of a penis into the anus, while *anal sex* includes anal penetration by a penis, finger, dildo, or other object. Individuals of any sex or gender might engage in and enjoy anal sex. The anus is an erogenous zone, meaning that it contains sensory nerve endings. Some people of different sexes and orientations enjoy having the anus caressed, licked, or penetrated. Because the anus is tight and dry, it must be lubricated with a silicone- or water-based lubricant before being entered. (Oil-based lubricants will damage condoms.) The sphincter muscles should be relaxed with finger massage before penetration.

There are many myths and assumptions about anal sex, including the myth that only gay men enjoy it. In fact, many women enjoy anal sex, and many gay men do not. Anal sex is a high-risk sexual behavior because it is easy for tissue to tear, creating an entry point for viruses and bacteria. Because anal intercourse is such a risky behavior, it should be avoided altogether unless both partners know for sure they don't have any STIs, they are monogamous, and they are able to communicate about their concerns and comfort. People who've decided to take the risk of engaging in anal sex should use a condom with additional lubrication, and a male penetrating a partner should withdraw the penis prior to ejaculation.

Outercourse

Outercourse is jargon for sexual activities that exclude vaginal, anal, and oral intercourse and also exclude nonpenetrative oral sex.

There are many ways that two people can express their sexual feelings outside of intercourse and oral sex. Possible behaviors include kissing, hugging, giving each other massages, rubbing bodies together, mutual masturbation, sharing fantasies, and so on. Some of these behaviors can lead to orgasm or a release of sexual tension.

OSPI says they don't teach students how to have sex. The learning objectives for this lesson from *Our Whole Lives, Grades 7-9*, include students being able to list two facts they've learned about sexual behaviors. This is one of the pages teachers are given and told to "...make sure you feel comfortable giving factual information and answering questions about specific sexual behaviors."

Facilitator Resource 41

WORKSHOP 17: LOVEMAKING

QUESTIONS ABOUT SEXUAL BEHAVIOR

Directions: Select questions you believe to be aligned with your participants' interest and gaps in their knowledge. Print the questions on index cards. These questions come from youth in other sexuality programs.

- Does sex hurt girls the first time?
- How old should you be to have sex? When is it acceptable to have sex?
- What is the average age of people having sex for the first time?
- How do two women (or two men) have sex?
- I'm gay and the thought of anal sex disgusts me. Will this be a problem when I have a boyfriend?
- Is sex better with a big penis?
- Why is it called a blow job?
- My girlfriend said she'll never get oral sex done on her because she might smell bad and be embarrassed. What are vaginas supposed to smell like?
- What is 69?
- Can having sex too much make your vagina loose?
- What is foreplay?
- Can other people tell if you've had sex?
- Do women get erections?
- When is the right time to wax or shave down there?
- Do girls think about sex as much as boys do?
- How do girls masturbate?
- How do boys masturbate?
- What is squirting?
- Is porn a good way to learn about sex?
- Is it more OK to have a lot of partners if you're a guy or if you're a girl?
- Are women with bigger breasts sexier?
- Is it perverted to get turned on watching porn?
- Is it harmful to jack off every day, or more than once a day?
- What do girls (or guys) like you to do when you have sex?
- Are dental dams really necessary during oral sex?
- My significant other wants to have sex and I do too. Is this wrong?
- Is it OK to be uncircumcised?
- How does a girl orgasm?
- How do you know when you have an orgasm?
- Is it possible for a condom to get stuck in the anus?
- Do I have to kiss a girl to know for sure I'm bisexual?

These are questions OSPI thinks are perfectly acceptable for teachers to discuss with your 12 and 13-year-old children. To close the activity they ask: "Which questions, if any, made you feel embarrassed or uncomfortable?" and "How comfortable do you think you would be discussing these questions with a parent/guardian?" (One of many examples of teachers inserting themselves between children and their parents.)