

SPECIAL REPORT

Comprehensive Sexuality Education: Sexual Rights vs. Sexual Health

Family Watch International



**Family Watch International is a nonprofit organization with Special Consultative Status
with the Economic and Social Council of the United Nations**

Comprehensive Sexuality Education Summary

International Planned Parenthood Federation, the World Association of Girl Guides and Girl Scouts (WAGGGS), the World YWCA and other organizations aggressively promote “comprehensive sexuality education” (CSE) as a right for all children.

Common components of comprehensive sexuality education programs:

- Promote masturbation as healthy and normal
- Encourage acceptance and exploration of diverse sexual orientations and gender identities
- Promote condoms as “safe” without disclosing failure rates
- Promote abortion as safe and without consequences
- Encourage youth to advocate for sexual rights
- Teach youth without parental knowledge or consent under the guise of “confidentiality” or “privacy rights”
- Promote sexual pleasure as a right and an important component of sexual health
- Claim access to “comprehensive sexuality education” is a human right
- Teach children and youth they are sexual from birth
- Encourage anal and oral sex
- Encourage “peer to peer” sexuality education

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Comprehensive Sexuality Education: Sexual Rights vs. Sexual Health

I. The Definition of and Philosophy Behind Comprehensive Sexuality Education

While there is not one universal definition of “comprehensive sexuality education” (CSE) and what it includes, CSE is a highly controversial, “rights-based” approach to sex education that encompasses a great deal more than just teaching children and youth about sexual intercourse and human reproduction. Developed in the West, primarily in the United States, CSE is now being implemented in most countries around the world.

Comprehensive sexuality education programs seek to change society by changing sexual and gender norms and teaching youth to advocate for their sexual rights. Most CSE programs promote acceptance of diverse sexual identities and orientations and enlist youth in combatting “homophobia” and “heterosexism.” These CSE programs have an almost obsessive focus on sexual pleasure, instructing children and youth at the earliest ages on how to obtain sexual pleasure in a variety of ways. Some programs even encourage sexual exploration for children as young as age five.

Planned Parenthood, one of the largest purveyors of sexuality education in the United States, explains on their website that sexuality education addresses “values exploration,” “safer sex,” “sexual attitudes and values,” “sexual orientation,” and “sexual pleasure.”¹

The following excerpts are from a presentation at a parallel event given during the UN Commission on the Status of Women in 2010 by Dr. Miriam Grossman, one of the foremost experts in the United States on sexuality education:²

I’ve discovered that the vision of groups such as Planned Parenthood and SIECUS—the groups at the helm of sexuality education in the U.S.—is not sexual health. It is sexual freedom. These large and powerful organizations believe in sexuality that extends from cradle to grave. They tacitly endorse early sexual activity and multiple partners as well as sexual experimentation, which are the very behaviors that fuel the epidemics of sexually transmitted diseases, HIV/AIDS, abortion and emotional distress.

¹ Planned Parenthood website: <http://www.plannedparenthood.org/resources/implementing-sex-education-23516.htm#Accurate>. Accessed on January 19, 2012.

² Dr. Miriam Grossman is the author of *You’re Teaching My Child What?* and *Unprotected: A Campus Psychiatrist Reveals How Political Correctness in Her Profession Endangers Every Student*. For more information see www.MiriamGrossmanMD.com.

Those people who practice the lifestyles endorsed by these groups have more doctors' appointments, not less. . . . I've studied the history of sex education and one of the things you need to understand is that sex education is a social movement. Its goal is to change society. That was true 50 years ago when it began, and it's still true. The objective is to change my society, and now, yours.

Quoting UNESCO's "International Guidelines on Sexuality Education"³ Dr. Grossman stated,

One of the learning objectives [of sexuality education] is to "change social norms."⁴ [Those who advocate for comprehensive sexuality education] envision a world without sexual taboos and restrictions—a world free of Judeo/Christian morality where each individual, regardless of age, should be free to make his or her own sexual choices . . . and no judgment [is] allowed . . . It's an "anything goes as long as you use a condom" philosophy of sex education.

In other words, comprehensive sexuality education is a recipe for sexual anarchy.

II. Origins of Comprehensive Sexuality Education

Dr. Grossman continues:

Who came up with the notion that it's necessary to teach the world's children about high-risk sex acts their parents never heard of? Planned Parenthood and the Sexuality Information and Education Council of the United States (SIECUS). These groups portray themselves as guardians of our children's health and claim to provide students with all the information and skills they need to make smart choices. Their curricula, they declare, are comprehensive, age-appropriate, ideologically neutral, and medically accurate.

The modern sex-ed movement began in the 1960s using American Alfred Kinsey's model of modern sexuality as a foundation. We now know that Kinsey's research upon which he based his crusade for social reform was fraudulent. He was a deeply disturbed individual as evidenced by the research of Dr. Judith Reisman and the official Kinsey biographer James Jones.

In a nutshell, Kinsey was convinced that traditional morality is irrelevant and destructive. For this man it was "anything goes" when it came to sexuality. And I mean *anything*. He believed that pedophiles were misunderstood and that their punishments were unjust. Sexuality is not an appetite to be curbed, Kinsey insisted. He taught it and he lived it.

³ This is from a draft version of UNESCO's *International Guidelines on Sexuality Education*. This version is available at http://www.familywatchinternational.org/fwi/documents/int_guidelines_sexuality_education_original.pdf.

⁴ International Guidelines on Sexuality Education, (Conference Ready Version), p. 26.

Dr. Alfred Kinsey was a depraved human being, and his emotional illness expressed itself through his sexuality. And sadly, this man's personal sexual philosophy has been institutionalized within modern sex education. Today's [sex ed] curricula are based on Kinsey's teachings.

SIECUS was founded by Dr. Mary Calderone, the former medical director of Planned Parenthood, with seed money from Hugh Hefner, the man who founded *Playboy* magazine. Like Kinsey, Mary believed there was an urgent need to break from traditional views of sexuality. Sex-ed had too much negativity—too much focus on unwanted pregnancy and diseases. The real problem, she insisted, was that society is puritanical and repressed. There were too many “no's” in sex-ed.

Her approach in SIECUS would be based on “yeses.” Proper sex-ed would teach children that from the day they are born they are sexual beings and that the expression of their sexuality is positive, natural and healthy. In a book written for parents, the founder of SIECUS said, “Children are sexual and think sexual thoughts and do sexual things.”⁵

Referring to Kinsey's fraudulent research, Calderone stated that professionals who study children have affirmed the strong sexuality of the newborn. Kinsey conducted research with pedophiles and other unseemly characters.

Kinsey's use of sexually deviant research subjects skewed his findings. He claimed to have proven that 10 percent of the population was homosexual and that the majority of Americans were secretly engaging in unconventional sexual practices and infidelity.

There was public outcry after Dr. Judith Reisman, one of the foremost experts on Kinsey, exposed the fact that Kinsey's research relied on the work of sexual deviants who sexually abused and tortured infants and children to induce orgasms, timing their occurrences as part of his sexual “research.”⁶

This twisted research was the foundation of the sex-education revolution that began in the United States and has spread throughout the world. Thus was born the philosophy behind modern sexuality education today, which claims that children are sexual from birth and therefore any restrictions on their sexuality, or withholding of sexual information from them, is a violation of their rights.

Dr. Grossman continues:

⁵ *Talking With Your Child About Sex: Questions and Answers for Children from Birth to Puberty*: Mary Calderone, page XV.

⁶ For more information visit Dr. Judith Reisman's website at www.drjudithreisman.org.

The co-founder of SIECUS [and co-author of the original Kinsey reports on males and females, Wardell Pomeroy,] said that religious taboos were highly restrictive, that our whole belief system needed to be reconsidered. Traditional religion wooed people in and prescribed boundaries for thinking. Boundaries were no good. He said the boundaries needed to be expanded. And, in fact, he said that physical pleasure has worth as a moral value. There were officials within SIECUS who were, in fact, so radical that they argued publicly for relaxing the taboos against adult-child sexuality, even incest.

This was documented in a *Time* magazine article in 1980 called “Attacking the Last Taboo,” in which Pomeroy, Vice President of SIECUS’s Board of Directors stated, “It is time to admit that incest need not be a perversion or a symptom of mental illness,” he says. “Incest between . . . children and adults . . . can sometimes be beneficial.” John Money, also a SIECUS board member said, “Childhood sexual experience such as being the partner of a relative or of an older person need not necessarily affect the child adversely.” *Time* magazine called these people the “pro-incest lobby.”⁷

Please understand that SIECUS doesn’t currently promote pedophilia or incest, but this is what the early officials of SIECUS believed and promoted.

To summarize: In 1947, sexologist Alfred Kinsey founded the Institute for Sex Research at Indiana University now known as the Kinsey Institute for Research in Sex, Gender, and Reproduction. The Kinsey Institute then created SIECUS in 1964 as its educational arm. Its first director was Dr. Mary Calderone, the former medical director of Planned Parenthood. SIECUS has since become the most significant driving force behind sexuality education in the United States, and according to a tax filing with the IRS, “promotion of sexuality education and individual sexual rights,” is the primary purpose of SIECUS.

This brings us to the role of SIECUS in the promotion of CSE internationally today. UNESCO now works in partnership with SIECUS and acknowledges that a former director of SIECUS is one of the principle authors of its International Guidelines on Sexuality Education, first released in 2009 in draft form. After a huge public outcry at the inappropriate and graphic nature of the Guidelines, UNESCO revised them, removing some of the most explicit language and has now published a somewhat less controversial version which will be examined in a subsequent section of this report.

III. Fifteen Common Components of Comprehensive Sexuality Education

This section will identify some of the harmful elements found in many CSE programs by examining several excerpts from one of a series of CSE manuals called, *You, Your Life, Your Dreams*. This series was originally created for use in English-speaking Africa and is now being distributed in three languages and four different versions in Sub-Saharan Africa, Latin America,

⁷ “Attacking the Last Taboo,” <http://www.time.com/time/magazine/article/0,9171,923966,00.html#ixzz1LYriUkSk>. Accessed January 19, 2011.

and the Caribbean and was produced by Family Care International (FCI) in conjunction with UNFPA Jamaica, and the Family Planning Association of Trinidad and Tobago.

The *You, Your Life, Your Dreams* manual,⁸ written for adolescents (defined by the World Health Organization as youth from the ages of 10 to 19⁹) in the Caribbean region, reflects the core ideologies of sexual rights activists.

The manual states that its purpose is to ensure the sexual and reproductive health of youth as they transition to adulthood by, among other things, preventing (1) unwanted pregnancy, (2) coercive or abusive sexual activity, and (3) sexually transmitted infections (STIs), including HIV/AIDS.

Unfortunately, while these goals are laudable, the manual is riddled with inaccurate and even dangerous information that ultimately will produce the very consequences it intends to eradicate.

A message in the foreword of the manual from Edwin W. Carrington, Secretary General of CARICOM, recognizes that the sensitive nature of the issues requires the “careful use of the materials by stakeholders within the context of legal frameworks of our societies and also their own cultural and religious environments.” Yet the manual, intended to be read by youth, addresses issues such as homosexuality, masturbation, and abortion in a less than “careful” manner and contains graphic drawings of nude adolescents and male and female genitals, including drawings that instruct youth how to put on a condom.¹⁰ The manual also instructs children on how to engage in a number of extremely high-risk sexual activities in order to obtain sexual pleasure.

Like many CSE programs, this Caribbean Island version has many good elements, such as teaching self-esteem, fostering respect for girls and women and discouraging drug use; however, it also contains a number of “cockroaches in the ice-cream,” which, when pointed out, make it clear that this and similar CSE programs are not only unacceptable, they are inexcusable.

Here are some of the common elements found in most CSE programs illustrated by specific excerpts from *You, Your Life, Your Dreams*:

⁸ The *You, Your Life, Your Dreams* manual is available here: <http://www.familycareintl.org/en/resources/publications/14>.

⁹ WHO defines “adolescents” as individuals in the 10-19 years age group and “youth” as the 15-24 year age group. These two overlapping age groups are combined in the group “young people” covering the age range 10-24 years. See http://www.searo.who.int/EN/Section13/Section1245_4980.htm.

¹⁰ Age-appropriate instruction on condom usage can be an important part of sex education provided it includes 1) parental consent; 2) information on the risks of using condoms; and 3) scientific data regarding failure rates of condoms.

1. CSE Programs Promote Harm Reduction as the Primary Approach Instead of Harm Elimination.

You, Your Life, Your Dreams is typical of most CSE programs in that it primarily takes a “harm-reduction” approach instead of a “harm-elimination” approach. This is a dangerous approach indeed, especially in countries with HIV/AIDS epidemics.

The United Nations has called upon all governments to implement comprehensive sexuality education programs as a means to help achieve the “zero new HIV infections” goal. Yet most of the CSE programs created by or supported by UN agencies take a harm reduction approach rather than seeking to completely eliminate harm (i.e., HIV infections).

Examples of Harm-Reduction vs. Harm-Elimination Approaches:

Harm Reduction	Harm Elimination
Encourage condom use for prostitutes as primary way for prostitutes to protect themselves from HIV and other STD infections.	Establish voluntary rescue/recovery programs to support prostitutes in finding a less dangerous way to making a living.
Encourage youth to use contraceptives when having sex and provide government-funded HIV counseling and treatment as well as abortions if contraception fails.	Encourage youth to abstain from any sexual relations outside of marriage so they can avoid out-of-wedlock pregnancies and STI infections and remain HIV/AIDS free.
Encourage youth to experiment sexually to find out if they are homosexual. If they identify as such, tell them it is genetic and cannot be changed and encourage them to “come out” and be proud, but to use condoms when engaging in anal sex.	Help youth understand that same-sex attraction is not genetic and can sometimes be changed. Provide statistics on the number of people who have changed as well as statistics regarding the much higher risks for contracting HIV when having anal sex. Provide counseling and treatment for those who wish to overcome their same-sex attraction and sexual behavior.
Teach youth to make sure they are emotionally ready and feel mature enough and find a trusted partner before they have sex.	Teach youth that maturity means delaying instant gratification now (sex before marriage) so they can have something much better later (an HIV/AIDS-free, stable marriage and family). Provide youth with statistics on measurable indicators of well-being such as HIV rates, abuse, wealth, education levels, etc., for youth who engage in premarital sex compared to those who wait for marriage.
Change cultural norms and laws regarding sex and gender to destigmatize high-risk sexual behaviors so you can more openly discuss how to make such behaviors “safer.”	Discourage and stigmatize all high-risk sexual behaviors.

Since it is highly unlikely that all youth will decide to abstain from sex outside of marriage, some elements of the harm-reduction approach such as condom education and distribution for those who choose not to abstain may be necessary as a secondary strategy.

However, anything less than establishing “harm elimination” as the primary strategy in African countries with generalized epidemics will cause more AIDS-related deaths. Family Watch has produced two policy briefs¹¹ showing how the rights-based, harm-reduction, destigmatization approach to AIDS prevention that is being promoted through CSE is also being promoted by UN agencies as the primary AIDS prevention strategy.

The harm reduction approach to HIV prevention promoted by UN bureaucrats and developed countries is simply not good enough, as too many lives are at stake. A bold, new harm elimination approach is needed if we are truly serious about eradicating AIDS.

2. CSE Programs Undermine Parental Authority

Excerpts from the *You, Your Life, Your Dreams* manual (Emphasis added):

“Our feelings about our family and our relationships with our parents may also change. Our parents may give us more responsibilities, which is a sign that they trust and rely on us. But they might also become stricter—keeping us from our friends and **trying to make decisions for us about our schooling or our future.**” (Page 2)

“**Often we may feel like questioning our parents’ beliefs and reasons for doing things, and this is very healthy!** We may want to try new things for ourselves, and, at times, to take risks.” (Page 13)

“Even the people we know and love can also mislead us about sex and sexuality. Many parents don’t want to talk about sex with their children, sometimes because they are afraid to see us as sexual beings, and because they lack the information, **and it can be hard to learn much from them.**” (Page 80)

3. CSE Programs Encourage Youth to Take Risks

“**Taking risks is not necessarily bad,** but it is important that we take calculated risks that we can handle. To do this, we must have enough information to evaluate the risk, try to anticipate the consequences of our decisions, and **trust in our own capacities to respond responsibly.**” (Page 3)

¹¹ “The *International Guidelines on HIV/AIDS and Human Rights*: A Troublesome Paradox for Containing the HIV/AIDS Epidemic,” available http://www.familywatchinternational.org/fwi/documents/fwiPolicyBriefonInternationalGuidelinesonHIV_AIDSandHumanRightsFinal.pdf, and “Wrongheaded United Nations HIV/AIDS Prevention Policies vs. Evidence-Based Approaches,” available http://www.familywatchinternational.org/fwi/documents/fwipolicybriefFailedUN_AIDS_Policy.pdf.

It is widely known by neuroscientists and confirmed by published scientific research that the “wiring” of the developing adolescent brain is incomplete and that functions such as self-control, judgment and emotions are undeveloped. This is why it is not uncommon for teens to sometimes make rash decisions or act on impulses. Therefore, it can be difficult for teens to “anticipate the consequences” of their decisions, especially when they are in an emotional situation or they are sexually aroused. To encourage adolescents to “take calculated risks” and “trust in [their] own capacities” with regard to their sexual feelings or behavior is irresponsible.¹²

4. CSE Programs Promote Condoms as “Safe” Without Disclosing Failure Rates

“If used correctly and consistently, latex condoms provide very good protection against pregnancy and STIs, including HIV and AIDS. Latex condoms keep bacteria and viruses in the vagina, anus, or mouth from coming in contact with the penis, and they prevent sperm, bacteria, and viruses in semen from entering the other person’s body.” (Page 104)

“Many people who use latex condoms say they make sex more enjoyable for both partners because both can relax more when they are not worried about the possibility of pregnancy or getting an STI. Some men also say that using a latex condom helps them to avoid ejaculating or ‘coming’ too soon and thus giving more pleasure to their partners.” (Page 107)

“If you are sexually active, make sure to use latex condoms to protect yourself against pregnancy and STIs. You should also seek help from a family planning clinic or a health worker. There are contraceptive methods that adolescents can use to avoid becoming pregnant.” (Page 121)

“[A]nal sex increases risk for anal cancer as a result of infection with human papilloma virus (HPV). Therefore the use of a latex condom during anal intercourse is very important.” (Page 84)

Statements such as these imply that condoms are infallible. Such statements give youth a false sense of security by failing to disclose the fact that condoms have high failure rates, especially when used by adolescents.¹³ Condoms can be effective when they are used correctly and consistently, and if they don’t break or leak, but teens, due to their immaturity, are much less likely than adults to use condoms correctly and consistently. In addition, there is absolutely no mention of the fact that condoms do not protect against HPV, which is transmitted by skin-to-skin contact. A very high percentage of cervical cancer, up to 99 percent with some strains, is caused by HPV. HPV may also play a role in cancers of the anus, vulva, vagina, penis, as well as oropharyngeal cancer.¹⁴

¹² See Adolescent Brain Development <http://www.actforyouth.net/documents/may02factsheetadolbraindev.pdf>.

¹³ See Ranjit N, Bankole A, Darroch JE, Singh S. *Contraceptive failure in the first two years of use: differences across socioeconomic subgroups*. *Fam Plann Persp* 33(1):19–27. 2001. The two-year condom failure rate resulting in pregnancy for youth under 18 was 25.8 percent.

¹⁴ <http://www.cancer.gov/cancertopics/factsheet/Prevention/HPV-vaccine>.

5. CSE Programs Encourage Youth to Wait Until They “Feel Ready” to Have Sex

“Since only abstinence is 100% effective in preventing unwanted pregnancies and HIV and STI infections, the ABC approach proposes that young people **practice sexual abstinence until they are fully informed and prepared to engage in sexual activity. This means delaying having sex until you are emotionally ready and that you and your partner know the risks and responsibilities involved and how to protect yourselves.**” (Page 91)

While the *You, Your Life, Your Dreams* manual does mention abstinence as an option, the dangerous language is classic of the Planned Parenthood sexual ideology, which appears in many manuals the Planned Parenthood organization has influenced. Anyone who has worked with teenagers knows that teens often believe they are invincible and think they are emotionally ready for sex when nothing could be further from the truth.

6. CSE Programs Promote Masturbation as Healthy and Normal

“Masturbation is the act of touching oneself in a sexually stimulating way, and it is another way that people sometimes express their sexual feelings. . . Both men and women can satisfy their sexual feelings and experience sexual pleasure through masturbation.

Most people masturbate sometime or other during their lives. Some people start masturbating when they are children and continue to do so all their lives. Some start during puberty; others start when they are adults. Other people never masturbate, and others feel that having sexual fantasies and masturbating conflicts with their religious or moral beliefs.” (Page 85)

“Breasts are very sensitive to touch for many women. **Touching and caressing your breasts is very pleasurable and can be sexually exciting. It is important that you learn how and when to obtain pleasure fondling your breasts.**” (Page 26)

[From a section containing myths about the vagina.] “It is obscene to touch the vagina. Not true! **Your vagina is a part of your body, and as such, you are free to touch it in private.**” (Page 27)

“Masturbation is only considered a problem when it is excessive, when a person cannot function or get through daily tasks without masturbating.” (Page 86)

“Experts in human sexuality consider masturbation one normal way for people to get to know their bodies and feelings, and to express their sexuality without risking pregnancy or STIs, including HIV and AIDS. **Nothing bad will happen to your body, even if you masturbate a lot.** Your genitals might get sore from rubbing them too much. On rare occasions, a boy may contract non-specific urethritis (NSU), which is an inflammation of the urethra from excessive rubbing.” (Page 86)

“Safer sex means sexual practices that greatly reduce your chances of getting STIs, including HIV, or getting pregnant. **If you want totally safe sex—100% sure safe sex—then the best choices for you are masturbation, abstaining from rubbing genitals or sexual intercourse, and**

using sex toys. If you read Chapter 9, then you know masturbation is totally safe. . . **Sex toys or sex aids (the most popular ones being vibrators) are devices which are made to enhance sexual pleasure. They are used mainly on the genitals or around the genitals. You can use a sex toy by yourself or as a couple . . .**” (Page 104)

Masturbation is a highly controversial subject, and for educators to be promoting this and the use of sex toys to children (most likely without parental consent) is highly inappropriate. Some experts who treat adolescents with serious sexual addictions believe that encouraging children to masturbate can be considered child abuse because of its addictive nature. Since regular masturbation can and often does lead to other more serious sexual addictions, encouraging children to masturbate is highly irresponsible.

7. CSE Programs Encourage Acceptance and Exploration of Diverse Sexual Orientations and Gender Identities

[From a section entitled “Are you a Sexually Healthy Individual?”] “**YOU ARE if you: . . . Affirm your own sexual orientation and respect the sexual orientation of others.**” (Page 81)

“Adolescence is a time when many people become more aware of their sexual identity and sexual orientation. **Sexual identity is the way in which a person identifies himself or herself as male, female or some combination of the two.**” (Page 82)

“**Some people feel romantically and sexually attracted to people of the same sex. This is called homosexuality.** Some men feel attracted to men and are called ‘gays,’ and some women feel attracted to women and are called ‘lesbians.’ Furthermore some people are attracted to both men and women, and are called bisexuals.” (Page 82)

“**At some point in their lives, most people have sexual feelings, thoughts, dreams, and attractions to someone of the same sex.** Two close friends (either two boys or two girls) might have a crush on each other. They like being together and at times feel physically attracted to each other. Some people find these feelings confusing or upsetting, but they are normal and it is also part of discovering and developing our sexual identity.” (Page 82)

Encouraging children to adopt a sexual orientation at a young age and thereby define themselves by their sexual feelings might cause them to permanently label themselves as homosexuals when, in reality, they might be struggling from unwanted same-sex attraction that can be treated. While some youth may experience sexual attraction to someone of the same sex, this does not mean they will experience same-sex attraction permanently.

The manual encourages youth to explore their sexuality to determine if they are homosexual, but there is no mention of the many well-documented negative physical and emotional consequences of homosexual behavior.¹⁵ If youth are encouraged to explore and adopt a homosexual identity they should also be provided the research showing the many negative outcomes that are associated with the homosexual lifestyle.

¹⁵ What Research Shows: NARTH’s Response to the APA Claims on Homosexuality. Available: <http://www.narth.com/docs/journalsummary.pdf>.

8. CSE Programs Promote Abortion as Safe and Without Consequences

“Many girls faced with an unwanted pregnancy seek illegal abortions, which are dangerous. Each year across the Caribbean, **many girls die or damage their reproductive organs having unsafe, illegal abortions.**” (Page 116)

“Abortion can also be induced (deliberately caused) through a medical procedure. **When performed by trained medical personnel under hygienic conditions, abortion is a very safe medical procedure, one that is even safer than childbirth.** However, in most Caribbean countries, abortion is not legal except under rare circumstances such as rape or incest, when the woman’s life is endangered by the pregnancy, or when the foetus is very abnormal and will not survive after delivery.” (Page 120)

The implication of these excerpts is that only illegal abortions are unsafe. The manual enumerates many, many complications of pregnancy, yet states only that abortions performed by trained medical personnel are “very safe,” without mentioning any of the many potential, even lethal complications of abortion, with the single exception of “strong emotional strain.” Family Watch International has produced a Policy Brief documenting the multiple physical, emotional, mental, and reproductive complications arising from abortion.¹⁶

9. CSE Programs Teach Children and Youth They Are Sexual From Birth

“**We are sexual beings from the time we are born.** . . Every person is a sexual being from birth until death.” (Page 79)

10. CSE Programs Encourage Anal and Oral Sex

“**Anal sex is the stimulation of the anus during sexual activity. It can be done in several ways: manually, orally (anilingus), or by anal intercourse that is the insertion of a man's penis into his partner's rectum.** Anal sex is often thought of as an activity in which men who have sex with men engage, but it is also practiced by heterosexual couples. It can be pleasurable but it can also be a source of discomfort. Some people have strong negative attitudes toward anal sex, whether it takes place between homosexual or heterosexual couples.” (Page 84)

“**Oral sex or oral-genital sex means both mouth contact with the vagina, which is called cunnilingus, and mouth contact with the penis, which is called fellatio.** Either form of oral sex can be done with one partner stimulating the other individually or both partners doing it simultaneously. The latter is called ‘69’ because the position of the couple in simultaneous stimulation resembles this number.” (Page 84)

The Surgeon General under U.S. President Reagan said, “Condoms provide some protection, but anal intercourse is simply too dangerous to practice.” Again, youth have the right to medically accurate information.

¹⁶ Available: http://www.familywatchinternational.org/fwi/policy_brief_abortion.pdf.

11. CSE Programs Promote Sexual Pleasure as a Right and an Important Component of Sexual Health

“Being sexually healthy means that we can express our sexuality in a way that is pleasurable and fulfilling both for ourselves and our partner, without putting either of us at risk.” (Page 95)

There is always a risk when adolescents engage in any kind of sexual activity. To imply otherwise is misleading and inaccurate.

12. CSE Programs Promote a Right to Sexuality Education

“Our sexual and reproductive rights include having access to this information and to appropriate health services...” (Page 95)

13. CSE Programs Encourage “Peer to Peer” Sexuality Education

“Although the main focus of the manual is peer education among youth, it could also serve as an important resource for adults who seek to help youth to grapple with the myriad and often conflicting perspectives relating to their personal development.” (Foreword)

Note: The next two common components to sexuality education were not found in *You, Your Life, Your Dreams*, however, they can be found in many other CSE programs.

14. CSE Programs Encourage Youth to Advocate for Sexual Rights

15. CSE Programs Teach Youth Without Parental Knowledge and Consent under the Guise of Confidentiality or Privacy Rights.

IV. How to Identify Comprehensive Sexuality Education Programs

CSE programs can be disguised under a variety of different names such as sexual and reproductive health counseling, information or services; HIV education; life skills programs; sex-education; sexual education; sexuality education; etc. However, what is important is what the program teaches, not what it is called. Answering the following questions can help you determine if a program is a comprehensive sexuality education program:

1. Is the primary approach harm reduction instead of harm elimination?
2. Does it undermine parental authority?
3. Does it encourage or condone youth taking sexual risks?
4. Does it encourage youth to be sexually promiscuous and present condoms as foolproof and “safe” without providing information about condom failure rates?

5. Does it teach youth that they can decide when they are ready to have sex, or does it discourage any premarital sex?
6. Does it promote masturbation as healthy and normal?
7. Does it encourage youth to determine their sexual orientation and gender identity and promote respect for same-sex relations?
8. Does it promote abortion as perfectly safe with no consequences to the mother if it is done where it is legal and does it claim that abortion is only unsafe when it is illegal?
9. Does it teach youth they are sexual from birth?
10. Does it encourage anal and oral sex and give tips on how to engage in such sex acts “safely?”
11. Does it promote a right for youth to have sexual pleasure?
12. Does it promote a right to sexuality education and information?
13. Does it encourage “peer to peer” programs?
14. Does it encourage youth to advocate for sexual rights?
15. Does it seek to teach youth all the above without parental knowledge and consent under the guise of the right to confidentiality or privacy?

V. Lifesaving Information Glaringly Absent from CSE Programs

One of the central themes of sexuality education is the promotion of “safe” or “safer” sex, which encourages children and youth to experiment sexually as long as they wear a condom. While the curriculum claims to be “comprehensive,” it dismally fails to provide youth with vital information they need in order to make informed decisions and to protect their health.

Dr. Grossman provides the following list¹⁷ of critical information that is never taught through “comprehensive” sexuality education programs:

- Intimate behavior causes the release of a brain chemical that promotes feelings of attachment and trust, even if you are with a stranger.
- A girl’s immature cervix increases her vulnerability to genital infections. HIV aside, girls and women carry 80 percent of the burden of negative consequences from early

¹⁷ Dr. Miriam Grossman, “Teach My Child That, and You’ll Be Sorry.” At: http://www.mercatornet.com/articles/view/teach_my_child_that_and_youll_be_sorry/. Accessed January 20, 2012.

sexual behavior and multiple partners.

- Feces are filled with dangerous pathogens. Oral-anal contact is associated with serious infectious diseases such as salmonella, shigella, and hepatitis A, B and C.
- The physiology and anatomy of the anus is vastly different from the vagina. Regarding HIV transmission, anal intercourse is at least twenty times more dangerous than vaginal intercourse.
- As stated on condom wrappers, breakage is more likely to occur during anal intercourse.

The following facts regarding condoms and condom use also are never taught in “comprehensive” sexuality education programs:

Fact 1: Condoms have failure rates that end in HIV infections and cannot be fully relied upon to prevent AIDS.

- A study by the Allan Guttmacher Institute found that in the prevention of pregnancy, condoms failed 25.8 percent of the time over a two-year period when used by children under the age of 18.¹⁸
- Approximately one in every five teens using condoms becomes pregnant within one year.¹⁹

Please note: The two studies above measured condom failure ending in pregnancy, not a sexually transmitted infection. Pregnancy can only occur during 5 to 7 days of a woman’s 28-day cycle, but an STD/HIV infection can occur at any time during a woman’s cycle. In other words, the rate of condom failures resulting in STDs such as HIV would likely be much higher than the pregnancy rates, but only pregnancy rates were measured in these studies.

- Condoms failed to prevent the transmission of the HIV virus between 15 percent and 31 percent of the time.²⁰

Fact 2: Condom distribution and promotion has been shown to spread AIDS.

- Increased condom use often correlates with greater HIV risk.²¹ A 2002 UNAIDS study in four African cities found that condoms had virtually no measurable effect on HIV

¹⁸ Ranjit, Bankole, Darroch and Singh, “Contraceptive Failure in the First Two Years of Use: Differences Across Socioeconomic Subgroups.” *Family Planning Perspectives* 2001, 33(1);25.

¹⁹ Centers for Disease Control, National Center for Health Statistics, National Survey of Family Growth, 1995.

²⁰ Dr. Susan Weller, “A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV,” *Social Science and Medicine*, Vol. 36, No. 12 (1993).

levels.²²

- More condom use is associated with more casual and commercial sex and often higher—not lower—HIV infection rates. Condoms remained as ineffective in 2010 as they were in 1994 or 2001 or 2007.²³
- Adolescents who received information on condoms were twice as likely to have participated in genital play, oral sex, and vaginal intercourse as those who had not received formal contraceptive education.²⁴
- Condom use has increased over the last 25 years, yet the spread of STDs has risen to epidemic proportions.²⁵

Fact 3: Even with condom education and condom availability, studies show people (especially youth) fail to use condoms consistently and correctly.

Researcher James Shelton with the Bureau for Global Health and USAID stated, “My devotion to condoms spans nearly three decades”; and “I have steadfastly helped my agency provide billions and helped develop new ones, including the female condom. . . . Condoms alone have limited impact in generalised epidemics. Many people dislike using them (especially in regular relationships) . . . use is often irregular, and condoms seem to foster disinhibition, in which people engage in risky sex either with condoms or with the intention of using condoms.”²⁶

For people who choose not to abstain from sex or practice fidelity, condoms have a role in HIV/AIDS prevention. It is possible that individuals who use condoms consistently and correctly 100 percent of the time *might* reduce their chances of contracting HIV. But individuals are entitled to full disclosure of the statistics with regard to the risks and failure rates of condoms.

²¹ Kajubi, P., Kanya, M., Kanya, S., Chen, S., McFarland, W., Hearst, N. Increasing Condom Use without Reducing HIV Risk, *Journal of Acquired Immune Deficiency Syndromes* 40, no. 1 (2005): 77-82.

²² Hearst, N & Chen, S., Condom Promotion for AIDS Prevention in the Developing World: Is It Working? *Studies in Family Planning* 35, no. 1 (2004): 39-47.

²³ Supra note 21.

²⁴ Bersamin, M, et al., Promising to Wait: Virginity Pledges and Adolescent Sexual Behavior, *Journal of Adolescent Health* 36 (2005): 428-436.

²⁵ Centers for Disease Control and Prevention, “Tracking the Hidden Epidemics 2000: Trends in STDs in the United States, 2000,” at <http://www.cdc.gov/nchstp/od/news/RevBrochure1pdfdoc.htm>

²⁶ Shelton, J. D., Confessions of a Condom Lover, *The Lancet* 368 (2006): 1947-1949.

VI. Promotion of Comprehensive Sexuality Education at the United Nations

In 2009, UNESCO, in collaboration with other UN agencies—including UNICEF, the United Nations Population Fund (UNFPA), and the World Health Organization (WHO)—released the *International Guidelines on Sexuality Education*.²⁷

These original Guidelines were intended to drive sex education programs taught to children in schools worldwide. The Guidelines maintained that children have a right to receive instruction in sexual pleasure, masturbation and homosexuality, among other things.

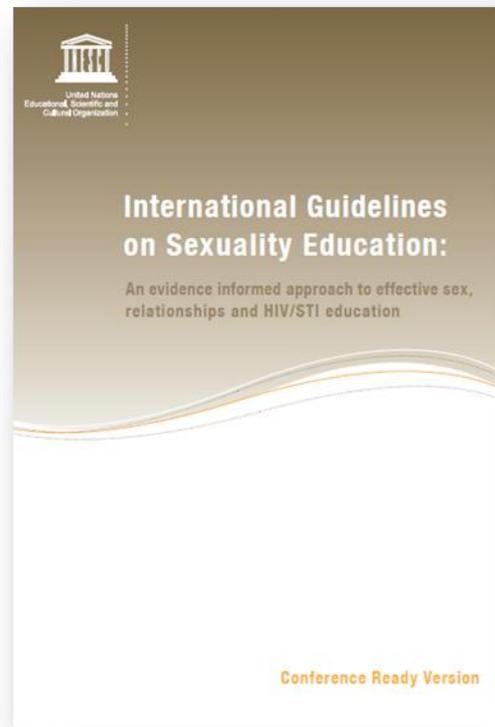
The following are excerpts from some of the “Learning Objectives” from the original Guidelines:

Learning Objectives for Level I (ages 5-8)

- “Girls and boys have private body parts that can feel pleasurable when touched by oneself.” (p. 43)
- “It is natural to explore and touch parts of one’s own body.” (p. 48)
- “Bodies can feel good when touched.” (p. 48)
- “Touching and rubbing one’s genitals is called masturbation.” (p. 48)
- “Masturbation is not harmful, but should be done in private.” (p. 48)
- “People receive messages about sex, gender, and sexuality from their cultures and religions.” (p. 39)

Learning Objectives for Level II (ages 9-12)

- “Both men and women can give and receive sexual pleasure.” (p. 43)
- “Relationship between excitement and vaginal lubrication, penile erection and ejaculation.” (p. 44)
- “Many boys and girls begin to masturbate during puberty.” (p. 44)
- “Steps for proper use of condoms.” (p. 51)
- “Definition and function of orgasm.” (p. 49)



²⁷ International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education, http://www.familywatchinternational.org/fwi/documents/int_guidelines_sexuality_education_original.pdf.

- “Legal abortion performed under sterile conditions by medically trained personnel is safe.” (p. 51)

Learning Objectives for Level III (ages 12-15)

- “Respect for the different sexual orientations and gender identity.” (p. 48)
- “Both men and women can give and receive sexual pleasure with a partner of the same or opposite sex.” (p. 50)
- “Everyone is responsible for their own and their partner’s sexual pleasure and can learn to communicate their likes and dislikes.” (p. 50)
- “Access to safe abortion and post-abortion care.” (p. 52)
- Description of the physical changes and stages of male and female human sexual response including orgasm. (p. 50)

According to the Guidelines, by age 15, adolescents should be exposed to “advocacy to promote the right to and access to safe abortion.” The concept of abstinence is mentioned as “only one of a range of choices available to young people,” and the Guidelines described abstinence-only programs as “fear-based” and “designed to control young people’s sexual behavior by instilling fear, shame, and guilt.”

One of the most dangerous concepts promoted by the Guidelines is that sexual behaviors can be pleasurable and without risk of unintended pregnancy and sexually transmitted infections. Statements such as, “Contraceptives and condoms give people the opportunity to enjoy their sexuality without unintended consequences,” give youth a false sense of security by failing to disclose the fact that condoms have high failure rates especially when used by youth.

Much of the document promotes “respect” for “sexual and gender diversity” and “people with diverse sexual expressions,” and it encourages ministries of education to “consult with lesbian, gay, bisexual and transgender groups” as programs are developed. Under the definition for “sexual orientation” this example is listed: “a man who becomes a woman and is attracted to other women would be identified as a lesbian.”

The Guidelines undermine parental rights and state that “teachers are likely to be the most skilled and trusted source of information” and “have a responsibility to act in the place of parents.” These Guidelines ultimately would increase in youth the very negative consequences of sexual behavior that they claim to prevent.

So, as defined by UNESCO, comprehensive sexuality education is very dangerous indeed.

UNESCO’s Latest Version

UNESCO’s most recent version of their comprehensive sexuality education guidelines that was produced after the huge public outcry regarding their first version also includes a title change: *International Technical Guidance on Sexuality Education*. Although the most offensive parts of the original publication have been toned down, there is still some disturbing material.

By its own description the “companion document (Volume II) presents a ‘basic minimum package’ of topics and learning objectives for a sexuality education programme for children and young people from 5 to 18+ years of age and includes a bibliography of useful resources.” (Vol. II p. 3) This latest UNESCO publication openly states that some of the learning objectives “will attempt to change social norms,” and are designed to “remove social and attitudinal barriers to sexuality education.” (Vol. II p. 3)

The resources and references listed are disturbing in and of themselves, listing material from the International Planned Parenthood Federation, SIECUS (including a publication called “Right from the Start: Guidelines for Sexuality Issues (birth to five years)”²⁸), and a listing for a directory of information from “The Pleasure Project” entitled “Global Mapping of Pleasure: A directory of organizations, programmes, media and people who eroticize safer sex.”²⁹ (Vol. II p. 36)

In this new version, parents are still considered an obstacle to sexuality education: “Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed.” (Vol. II p. 2)

Cultural and religious values also are still viewed as an impediment: “Effective sexuality education is important because of the impact of cultural values and religious beliefs on all individuals, and especially on young people, in their understanding of this issue and in managing relationships with their parents, teachers, other adults and their communities. (Vol. II p. 2)

In addition, the UNESCO publication calls for “students to assume responsibility for their own behaviour as well as their behaviour towards other people through respect; acceptance; tolerance and empathy for all people regardless of their health status or sexual orientation.” (Vol. II p. 5)

Students often do not understand the difference between acceptance and tolerance for an *individual* as opposed to acceptance and tolerance for a *behavior*.

The most offensive learning objectives and key concepts are below:

Learning Objectives for Level I (ages 5-8)

- Describe the meaning of “body rights.” (Vol. II p. 26)
- Everyone has the right to decide who can touch their body, where, and in what way. (Vol. II p. 25)
- It is natural to explore parts of one’s own body, including the private parts. (Vol. II p. 26)

²⁸ Available at [www.siecus.org/ data/global/images/RightFromTheStart.pdf](http://www.siecus.org/data/global/images/RightFromTheStart.pdf).

²⁹ Available at http://www.thepleasureproject.org/content/File/Global%20Mapping%20of%20Pleasure_2nd%20Ed_Nov09.pdf.

Learning Objectives for Level II (ages 9-12)

- It is disrespectful, hurtful and a violation of human rights to harass or bully anyone on the basis of health status, colour, origin, sexual orientation or other differences. (Vol. II p. 10)
- Concepts such as sperm production, erection and ejaculation. (Vol. II p. 21)
- Human beings are born with the capacity to enjoy their sexuality throughout life. (Vol. II p. 26)
- Many boys and girls begin to masturbate during puberty or sometimes earlier. (Vol. II p. 26)
- Masturbation does not cause physical or emotional harm but should be done in private³⁰ (Vol. II p. 26)

Learning Objectives for Level III (ages 12-15)

- Everyone has a responsibility to speak out against bias and intolerance. (Vol. II p. 10)
- Support mechanisms typically exist to assist people experiencing stigma and discrimination (e.g., homophobia). (Vol. II p. 10)
- Non-penetrative sexual behaviours are without risk of unintended pregnancy, and offer reduced risk of STIs, including HIV. (Vol. II p. 28)
- STIs such as chlamydia, gonorrhoea, syphilis, HIV and HPV (genital human papilloma virus) can be prevented. [HPV is transmitted by skin-to-skin contact and is only prevented by abstinence.] (Vol. II p. 32)

Learning Objective for Level IV (ages 15-18)

- Discuss how sexual and relationship issues can impact on the family—e.g., disclosing an HIV-positive status, an unintended pregnancy, being in a same-sex relationship. (Vol. II p. 8)
- Respect for human rights requires us to accept people of differing sexual orientation and gender identity. (Vol. II p. 17)

While this latest UNESCO publication is less offensive, it still has a number of inappropriate elements, and it is important to note that the original version with all the offensive material is what the Guidelines would have featured if UNESCO had not been caught in the act.

Subsequently, since UNESCO could not get away with putting what it really wanted in the Guidelines, they sidestepped the issue by listing a number of CSE programs that readers are referred to that have some of the same harmful elements as the original Guidelines. For example the Catholic Family and Human Rights Institute reported that one program referred to in the new version of the Guidelines states:

³⁰ The two key concepts regarding masturbation now contain a footnote citing McCary, J.L. 1978. *McCary's Human Sexuality*. Third Edition. New York: D. Van Nostrand and Company, pp. 150 & 262. Strong, B., DeVault, C. 1988. *Understanding Our Sexuality*. Second Edition. Eagan MN: West Publishing Company, pp. 179-80. Haas, A., and Haas, K. 1990. *Understanding Sexuality*. Times Mirror/Mosby College Publishing: St. Louis. p. 207. Francoeur, R.T., Noonan, R.J. (Editors). 2004. *The International Encyclopaedia of Sexuality*. Volume 5. New York: Continuum Intl Pub Group.

“Confusion about these issues and fear of homosexuality (homophobia) has caused many parents and other adults to limit how girls and boys express themselves”; and another model curriculum referred to in the UNESCO Guidelines tells instructors they should avoid moralization, as there are no rights or wrongs when discussing values. Yet another curriculum examines early sexual development, noting that children may “experience genital pleasure” from birth to age two, and by age three may engage in ‘sex play.’”³¹

UN Special Rapporteur Promotes Right to Comprehensive Sexuality Education.

The *Report of the United Nations Special Rapporteur on the Right to Education*³² was submitted to the General Assembly on July 23, 2010. In it, the Special Rapporteur on the Right to Education, Vernon Muñoz, rather than focus on the legitimate educational needs of the world’s children, centered entirely on what he called the “issue of the human right to comprehensive sexual education” for children,³³ which he incorrectly asserts is “grounded in human dignity and in international human rights law.”

The promotion of sexual rights is prominent in the Special Rapporteur’s report; however, his positions are supported primarily by citing the comments and recommendations of human rights treaty bodies, the works of nongovernmental organizations, and on personal interpretation, rather than the global consensus of binding human rights instruments. The misuse of such documents in his official capacity and, in fact, much of the report itself, constitutes a violation of the *Code of Conduct for Special Procedures Mandate-holders of the Human Rights Council* articles 3(a), 6(a), 6(c), 7, and 8(c).³⁴

³¹ Terrence McKeegan, J.D., “UN Agency Promotes Sex Ed From Birth,” Friday Fax, Volume 13, Number 47, November 4, 2010, Available: <http://www.c-fam.org/fridayfax/volume-13/un-agency-promotes-sex-ed-from-birth.html>.

³² Available: <http://www.right-to-education.org/sites/r2e.gn.apc.org/files/SR%20Education%20Report-Human%20Right%20to%20Sexual%20Education.pdf>;

³³ The report states, “In Burkina Faso the challenge is greater, since more than half of 15-19-year-olds have never attended school.” Yet rather than seeking solutions to challenges such as this, Muñoz focuses exclusively on sexual education in his report.

³⁴ 6 3(a) Act in an independent capacity, and exercise their functions in accordance with their mandate, through a professional, impartial assessment of facts based on internationally recognized human rights standards...
6(a) Without prejudice to prerogatives for which provision is made as part of their mandate, the mandate-holders shall: Always seek to establish the facts, based on objective, reliable information emanating from relevant credible sources, that they have duly cross-checked to the best extent possible.
6(c) Evaluate all information in the light of internationally recognized human rights standards relevant to their mandate, and of international conventions to which the State concerned is a party.
7 It is incumbent on the mandate-holders to exercise their functions in strict observance of their mandate and in particular to ensure that their recommendations do not exceed their mandate of the mandate of the Council itself.
8(c) Rely on objective and dependable facts based on evidentiary standards that are appropriate to the non-judicial character of the reports and conclusions they are called upon to draw up. See http://www2.ohchr.org/english/bodies/chr/special/docs/CodeofConduct_EN.pdf.

The Special Rapporteur Regarding Parental Rights

The Rapporteur states that parents who are allowed to exempt their children from sexual education are considered a “barrier”³⁵ and concedes that “fathers and mothers are free to choose the type of education that their sons and daughters will have,” but then states “this authority may never run counter to the rights of children and adolescents, in accordance with the primacy of the principle of the best interests of the child,” suggesting that policymakers, rather than parents, should be the ones to determine the best interests of children.

The Special Rapporteur Regarding Religion

“Sexual education has been obstructed in the name of religious ideas.” (Para. 6) The report states that individuals must be aware of their sexual rights (a term not found in any consensus document) including the right to “pleasurable” sexual experiences in order to achieve the highest attainable standard of physical and mental health. He asserts that this can only be achieved through “comprehensive sexual education from the outset of our schooling” and that schools should “foster pupils’ critical thinking about the various expressions of human sexuality and interpersonal relations, without reducing the topic to a biological approach (reproduction).” (Para. 12)

The Special Rapporteur further states that he “considers that pleasure in and enjoyment of sexuality, in the context of respect for others, should be one of the goals of comprehensive sexual education, abolishing guilt feelings about eroticism that restrict sexuality to the mere reproductive function.” (Para. 16)

With regard to HIV/AIDS prevention, the report suggests that “restricting sexual education to the issue of sexually transmitted diseases gives a limited view of sexuality. ...[R]educing sexual education to these aspects may create an erroneous association between sexuality and disease, which is as harmful as associating it with sin.” (Para. 15)

The Special Rapporteur Regarding Diversity and Sexual Orientation

Language in the Special Rapporteur’s report with regard to “diversity” cites the very controversial Yogyakarta Principles, a non-negotiated, radical sexual rights document and suggests that homosexual education should be a component of sexual education for children. (Para. 67)

Citing the European Committee of Social Rights as an international standard, the Special Rapporteur apparently agrees with its recommendation that requires States to “ensure that sexual education programmes did not reinforce stereotypes or perpetuate prejudices regarding sexual orientation.” (Para. 39)

³⁵ Para 27, See document CRC/C/IRL/CO/2, para. 52, Committee on the Rights of the Child.

There is also a troubling reference in the report to the UNESCO *International Guidelines on Sexuality Education*. As mentioned previously, the UNESCO Guidelines were toned down after public outcry.

The Special Rapporteur Regarding Abstinence

The Special Rapporteur's report expresses a strong personal opinion with regard to abstinence-only programs for youth, stating that these programs "marginalize millions of young people who are already having sexual relationships" and they also "do not foster informed and responsible decision-making." In addition, the report states that these types of abstinence programs "normalize stereotypes" and "are discriminatory because they are based on heteronormativity by denying the existence of the lesbian, gay, transsexual, transgender and bisexual population, they expose these groups to risky and discriminatory practices." (Para. 69)

CSE Promoted as the Solution to Everything

According to the report of the UN Special Rapporteur on the Right to Education, comprehensive sexual education for children is the answer to virtually every complex problem facing countries, including eliminating stereotyped roles for men and women (Para. 33), ensuring the health and wellbeing of families (Para. 33), promoting gender equality, empowering women, reducing child mortality, combating HIV/AIDS (Para. 38), maternal mortality, abortion, and adolescent pregnancy rates (Para. 24), eradicating violence against women (Para. 32), ensuring a democratic and pluralistic environment (Para. 6), and achieving the highest attainable standard of physical and mental health. (Para. 12)

As egregious and overreaching as this Special Rapporteur's report is, an even more serious abuse of the UN system is perpetrated by a number of treaty body monitoring committees. This abuse occurs as supposedly unbiased committee members are blatantly misinterpreting existing treaties to include sexual rights that are not found in the original treaties. In addition, in many cases, these included rights were previously soundly rejected by UN Member States when the treaties were initially negotiated. In his report on the right to education, Mr. Muñoz cites many of these erroneous misinterpretations by UN committees to try to support his invention of a new right to sexuality education.

VII. Specific CSE Programs Distributed Through or Funded by the United Nations

"Healthy, Happy and Hot," IPPF's Sexuality Education for Youth Infected with HIV

In March 2010 at the UN Commission on the Status of Women (CSW), a booklet titled, "Healthy, Happy and Hot," produced by the International Planned Parenthood Federation (IPPF), was distributed to youth and adults at several parallel events. This booklet, which was also distributed at the UN-sponsored conference on youth held in Mexico in July 2010, claims to teach youth about their "sexual and reproductive rights."

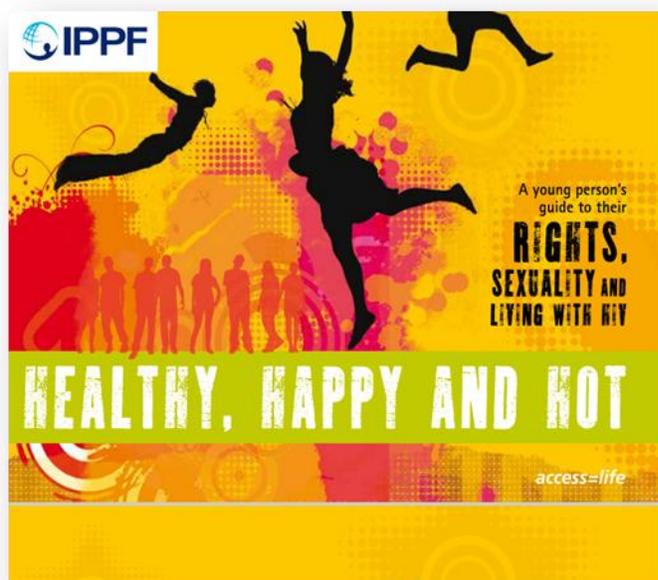
The booklet states that these “rights” are recognized by the world as “human rights” and professes that the booklet is “here to support your sexual pleasure.” It tells youth they can have sex in numerous ways. It is all about obtaining sexual pleasure through masturbation, with people of the same sex and even while intoxicated with alcohol. But, even worse, this booklet actually tells HIV-infected youth that laws requiring them to disclose their status with their sexual partners violate their human rights.

Here are some of the most offensive excerpts from the booklet, which is easily accessed online:³⁶ (Emphasis added)

Warning: Explicit and graphic content follows

“Healthy, Happy and Hot is a guide for young people living with HIV to help them understand their sexual rights, and live healthy, fun, happy and sexually fulfilling lives. **The guide aims to give information on how young people living with HIV can increase sexual pleasure,** take

care of their health, practice safer sex, have children, develop strong intimate relationships and access support.” (Back cover)



“You have the right to decide if, when, and how to disclose your HIV status.” (Page 2)

“Sexual and reproductive rights are recognized around the world as human rights. **Sexual rights relate to a person’s sexuality, sexual orientation, gender identity and sexual health.**” (Page 2)

“Some countries have laws that say people living with HIV must tell their sexual partner(s) about their status before having sex, even if they

use condoms . . . **These laws violate the rights of people living with HIV. . .**” (Page 6)

“Get involved in advocacy to change laws that violate your rights.” (Page 6)

“Play with yourself! Masturbation is a great way to find out more about your body and what you find sexually stimulating. Don’t stop there: Find out how your partner’s body works, what makes them feel good and what gives them pleasure.” (Page 8)

³⁶ <http://www.ippf.org/NR/rdonlyres/B4462DDE-487D-4194-B0E0-193A04095819/0/HappyHealthyHot.pdf>.

“Caress and lick your partner’s skin. Explore your partner’s body with your hands and mouth. Mix things up by using different kinds of touch from very soft to hard. Talk about or act out your fantasies. **Talk dirty to them.** Tickle, tease and make them feel good.” (Page 8)

“Young people living with HIV have the right to sexual pleasure.” (Page 9)

“Sex can feel great and can be really fun! Many people think sex is just about vaginal or anal intercourse... But, there are lots of different ways to have sex and lots of different types of sex. **Sex can include kissing, touching, licking, tickling, sucking, and cuddling.** Some people like to have aggressive sex, while others like to have soft and slow sex with their partners. There is no right or wrong way to have sex. Just have fun!” (Page 9)

The United Nations is Funding this Graphic Sexuality Education

According to International Planned Parenthood’s (IPPF) financial records from 2009, the organization received \$1,359,000 from UNFPA, \$156,000 from UNAIDS, \$15,000 from WHO, and \$75,000 from the UN Foundation. IPPF is also featured prominently at UN conferences, such as the Commission on the Status of Women, and the Commission on Population and Development. Multiple UN agencies such as UNAIDS, UNFPA, UNESCO and UNICEF partner with IPPF in a number of ways, and IPPF has clinics and programs in UN Member States throughout the world.

IPPF is also one of the promoters of the “It’s All One” sexuality education curriculum reviewed later in this report. IPPF, in cooperation with other UN-accredited NGOs and UN agencies, is creating and promoting sexuality curricula and information such as the “Healthy, Happy and Hot” booklet that not only sexualizes youth and puts them at risk for contracting HIV and AIDS, but which also violated binding UN documents, for example, when they promote abortion as a method of “family planning” throughout the world.³⁷ IPPF and other NGOs that promote comprehensive sexuality education stand to benefit financially from the consequences of the promiscuous sexual behavior they promote to youth, since their clinics provide contraception (which they tell youth they need if they are going to be sexually active), abortions, counseling (which encourages more sexual activity), and treatment for STIs.

It is not uncommon for UNFPA and UN-funded IPPF to bring in their employees and supporters from around the world to participate in UN conferences, either as government delegates (if they can get them appointed to a delegation) or as NGO representatives. At the 2011 CPD session there was a large group of youth sponsored by both UNFPA and IPPF that put on a side event promoting sexual rights and sexuality education and who were heavily lobbying UN delegates on these issues as they entered the negotiation rooms.

It is within the realm of possibility that UN Member States that have accepted sponsorships from IPPF or UNFPA for their delegates flying in from the capital are unaware that their sponsored delegate who volunteered or requested to represent their country at the UN did so to be able to

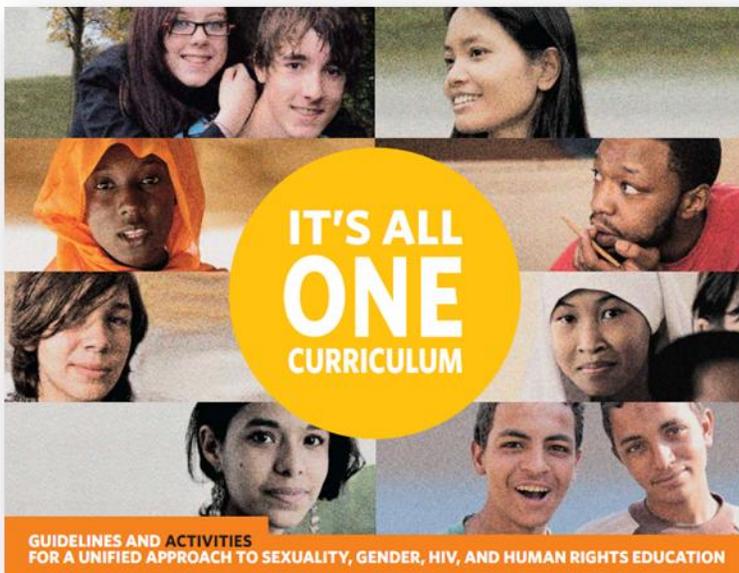
³⁷ ICPD, 8.25: “Governments should take appropriate steps to help women avoid abortion, *which in no case should be promoted as a method of family planning.*” (Emphasis added)

promote the sexual rights agenda of IPPF and/or other UN agencies, rather than the priorities of their countries, and may be promoting policies that run counter to their own nation's religious and cultural values behind closed doors at the UN. And since most negotiations are closed to outside observers, they get away with it.

It certainly seemed that this was the case at the 2011 CPD negotiations. One African delegate refused to accept any reference to the family or to encouraging marriage, even though the country is very pro-family. This also may have been the situation with another African representative who verbally supported a number of the proposals seeking to advance sexual rights. It might be instructive for some governments to know what their delegates are actually saying and doing in closed UN negotiations.

“It’s All One” Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights

“It’s All One Curriculum” is a comprehensive sexuality education program that was presented to youth and adults in attendance at an invitation-only breakfast in the UN Cafeteria during the 2011 session of the Commission on the Status of Women.



Funded in part by the United Nations Population Fund (UNFPA), the It’s All One Curriculum “provides information on developing gender literate sexuality education designed for policymakers, curriculum developers, and educators in order to develop sexuality/HIV education materials that also teach critical thinking about gender norms and roles.”

The program was developed by an international working group comprised of representatives from a number of organizations, including International Planned Parenthood Federation (IPPF) and the Population Council. The program claims to respond to international policy mandates including the Millennium Development Goals, with a focus on the “real world in which young people live their lives.”

The seven key features of the curriculum are based on “strategies and priorities established by a number of global health and education agencies, including the United Nations General Assembly, UNAIDS, the World Health Organization, UNESCO, and the World Association for

Sexual Health.” In other words, they are claiming that this kind of curriculum has been mandated by the UN.

As is typical of comprehensive sexuality education, the “ultimate goal” of the curriculum is not to discourage youth from engaging in high-risk sexual behavior, but rather, “to enable young people to enjoy—and advocate for their rights to— dignity, equality, and healthy, responsible, and satisfying sexual lives.”

In other words, the guide teaches youth they have sexual rights which include a right to all sexual knowledge to enable them to maximize their sexual pleasure.

The guidelines also claim to be “comprehensive,” “based on core values and human rights,” “gender sensitive,” and “culturally appropriate.” The guidelines say they provide “a basis for extending sexuality and HIV education into civics, social studies, and language-arts classrooms.” In other words, the program seeks to integrate sexuality issues into all realms of the child’s education and life.

Although there is much that is appropriate in the curriculum, there is also a great deal that is not. Carefully woven throughout the curriculum are a number of issues that would run counter to the majority of the world’s cultural and religious values. Unbelievably, the guidelines even ask instructors to “**reflect on your own personal or religious values to be sure you are comfortable with honoring the values of the curriculum as they apply to gender and sexuality.**” There is also a brief mention of the possibility of encountering “resistance” to the topics, counseling teachers to know who key allies are and to “be aware of those who may oppose your efforts.”

Some of the assignments and activities that many parents may consider inappropriate include:

- Preparing a short skit involving an intimate relationship—married, male–female unmarried, or same-sex couple;
- A worksheet on sexual desire that includes questions on erection, vaginal lubrication, sexual fantasies;
- Discussion on how sexual minorities are treated in society and how their rights are violated;
- Real case studies and discussion on homosexuality with the objective of “empathiz[ing] with them”;
- Discussion on whether attitudes and ideas about sexual diversity in society are changing;
- A true/false test on sexual behavior that includes questions and answers on masturbation,³⁸ orgasm,³⁹ ejaculation, oral sex, sexually pleasing a partner,⁴⁰ penis size,⁴¹

³⁸ “There is no problem with masturbating frequently. The only time masturbation can be considered a problem is if it gets in the way of other things the person should be doing or if the person is disturbing other people or

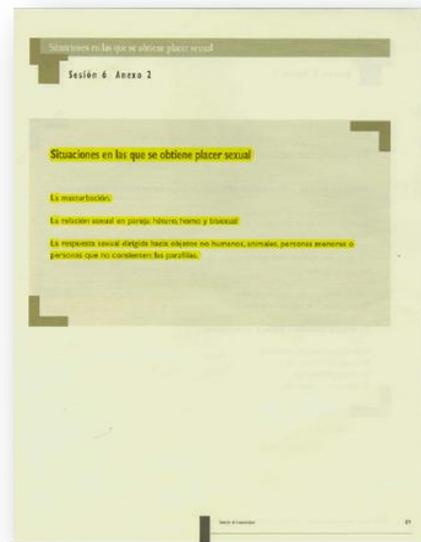
- A case study on informed consent gives this example: “Isaac has had several partners but lets Ivan, his new boyfriend, believe that he is still a virgin, as Ivan is. When they have sex, Ivan agrees not to use a condom, thinking there is no risk of infection. Can Ivan give free and informed consent?”;
- An activity on making difficult decisions requires students to create a comic strip based on ideas from a list of suggested difficult decisions including: “You have decided to tell your partner that you are not experiencing pleasure (or orgasm) during sex.”

UNICEF-Published Sexuality Education Manuals Distributed in Mexico Promote Homosexuality and Bestiality

Excerpts translated from: *Taller de salud sexual y reproductiva para madres y embarazadas adolescentes: Propuesta Metodologica* [Workshop on Sexual and Reproductive Health for Mothers and Pregnant Teens] (Mexico: DIF/UNICEF, 1999), p. 89 [translation from Spanish].

(Page 89) “Situations in which one can obtain sexual pleasure:”

- Masturbation
- Sexual relations with a partner—whether heterosexual, homosexual or bisexual
- A sexual response that is directed toward inanimate objects, animals, minors, non-consenting persons.



(Page 94) Sexual relations with a partner

- “Here we must insist there is no ideal or perfect relationship between two or several people except the one that gives us the most satisfaction and that which is adapted to our way of being and the lifestyle we choose.

otherwise causing harm to themselves.” And “Masturbation is one of the best ways to learn about and understand how one’s body responds to sexual stimulation. It can help women and girls learn how to reach orgasm.”

³⁹ “Vaginal intercourse does not lead to orgasm for many women, regardless of how long the man continues; more often, women reach orgasm as the result of direct stimulation to the clitoris.”

⁴⁰ “To minimize discomfort or pain, partners should take time to explore each other’s bodies and become fully aroused before penetration, so that the woman’s vagina is well lubricated.”

⁴¹ “A large penis does not give a woman more pleasure during intercourse. Although women differ, most women say that it is what the man does, not his size, that matters. In fact, a very large penis may be uncomfortable or even painful for a woman.”

This is why we encounter many differences among women.”

- “Some women like to have relationships with men. And others with another woman.”
- “Some women like to have gentle relationships with much tenderness and affection while others like rougher, harder stimulation in order to enjoy sexual pleasure.”

Excerpts from UNFPA/UNAIDS Sexuality Education Manuals Distributed in Nicaragua, Honduras, and El Salvador

- **Homosexuality** – “It is common for boys to have frequent sexual intercourse with other boys, and to look at each other to compare the size of different parts of the body.”⁴²
- **Bisexuality** – “Women and men with a full sexual identity have erotic preferences for people of the opposite sex, of their own sex and of both sexes.”⁴³
- **Pornography** – “While masturbating, we think of something pleasurable or of something that sexually stimulates us, or of a special person. Sometimes we can be sexually stimulated while watching erotic pictures or movies . . . People of all ages masturbate from childhood through adolescence. . . .”⁴⁴
- **Instruction on Masturbation** – Masturbation (sexual fantasies) and bisexual feelings are listed under normal characteristics in early adolescence and the manual provides instruction on how to masturbate – “One can discover upon experimenting pleasurable sensations when one manipulates or rubs the penis or the clitoris.”⁴⁵
- **Children’s Sexual Rights** – “Every person has reproductive and sexual rights irregardless of sex, age, race, ethnicity, nationality or economic and social condition.”⁴⁶ In a UNFPA manual directed at children ages 10 through 19, it states: “Youth can use IUDs without any danger. . . .”⁴⁷

⁴² *Manual de Consejería Para Adolescentes*, Copyright Fondo de Poblacion de las Naciones Unidas (FNUAP) [English Translation: *Manual for Counseling Adolescents*, Copyright UNFPA], Managua, Nicaragua (December 2000), at page 33.

⁴³ *Ibid.* at page 59.

⁴⁴ *De Adolescentes Para Adolescentes: Manual de Salud Sexual y Reproductiva*, Ministerio de Salud Publica y Asistencia Social, apoyado por el Fondo de Poblacion de las Naciones Unidas (FNUAP) [English Translation: *From Adolescents to Adolescents: Manual of Sexual and Reproductive Health*, Ministry of Public Health and Social Assistance, supported by UNFPA], San Salvador, El Salvador (December 1999), at page 78.

⁴⁵ *Supra* note 37, at page 74.

⁴⁶ *Derechos sexuales y reproductivos, un enfoque para adolescentes*, Copyright Fondo de Poblacion de las Naciones Unidas (FNUAP), [English Translation: *Manual for Counseling Adolescents*, Copyright UNFPA], Managua, Nicaragua (November 2000), page 3.

⁴⁷ *Manual Tecnico de Salud Reproductiva*, Ministerio de Salud Publica y Asistencia Social, apoyado por el Fondo de Poblacion de las Naciones Unidas (FNUAP) [English Translation: *Technical Manual on Reproductive Health*, Ministry of Public Health and Social Assistance, supported by UNFPA], El Salvador (December 1999), page 271.

- **Sexualizing Children** – In activity number eight in the “Rainbow Workbook,” youth ages 10 through 14 are presented with an outline drawing of a male and female body titled “*Qualities of the Ideal Boyfriend and Girlfriend.*” Children are instructed to draw in the physical qualities of their ideal boyfriend or girlfriend. In another part of the workbook, there are a series of graphic drawings of a man with an erect penis putting on a condom.⁴⁸
- **Promoting Controversial Gender Theories** – “Gender consists of beliefs, attitudes, values, behaviors, etc. that a society assigns to a person because they are male or female. It is a social construct of what is masculine or feminine in a certain culture, time, or specific society. Gender is determined apart from one’s sex, as each culture recognizes sexual characteristics to which they have assigned a determined value.”⁴⁹

UNFPA Promotes Homosexuality, Bisexuality, Masturbation, Pornography and Graphic Sexuality Education Throughout Latin America

As is evidenced throughout this report, the promotion of the sexual rights agenda through comprehensive sexuality education by the UN and through the UN is not a recent occurrence although it has become more open and blatant in recent years.

The following letter, written in 2002 to the former president of United Families International at the request of Nicaragua’s Minister of Families, illustrates the crux of the problem—that UN agencies have been promoting and implementing graphic sexuality education programs in developing countries without the knowledge or consent of the general public and which assault the religious and cultural values of those nations and destroys the innocence of their children.

Memorandum

TO: **Sharon Slater, President of United Families International**

FROM: **Evangelina Guiroia, Nicaragua**

Dear Sharon,

Elida Solorzano, (Aesorero del Ministro), Minister of the Family in Nicaragua requested I send to you UNFPA publications in our country which are against our laws.

I am sending to you a copy of a manual published by UNFPA for the Ministry of Health. It is a guide for counselors and is directed to adolescents. It includes promotion of homosexuality (which is penalized by

⁴⁸ *El Arco Iris, Cuaderno de trabajo para adolescentes de 10 a 14 años*, Fondo de Poblacion de las Naciones Unidas (FNUAP) [English Translation: *Rainbow, Workbook for Adolescents from 10 to 14 Years Old*, supported by UNFPA], San Salvador, El Salvador (December 1999), at pages 82, 100.

⁴⁹ Supra note 42, at page 21.

Nicaraguan law), the promotion of masturbation, and the promotion of risky sexual conduct teaching them that responsibility is wearing a condom or using contraceptives.

I am also sending you a copy of a booklet on “sexual and reproductive rights” for adolescents which has recently been published by UNFPA and Procuraduria de Derechos Humanos, and which is being distributed to teenagers throughout the country. The booklet tells teenagers that they have the right to engage in whatever sexual conduct they choose freely and “responsibly” without confidentiality.

UNFPA has also funded a soap opera, with other organizations including USAID that promotes homosexuality, abortion, sexual freedom for adolescents, and has a strong antifamily propaganda. Its name is “Sexto Sentido”. It is an expensive production and is aired in Nicaragua’s most popular TV channel, Canal 2. At the end of every episode you can see the USAID logo and in some episodes, the UNFPA logo. They are currently preparing the second season of this soap opera.

I will do my best to mail you the manual and the booklet today.

Yours truly,

Evangelina Guirola, Asociacion Nicaraguense de la Mujer

VIII. Conclusions and Recommendations

The comprehensive sexuality education programs promoted by UN agencies and UN-accredited NGOs such as IPPF, SIECUS, the Population Council and others are sexualizing children throughout the world, fueling the very outcomes they claim to prevent.

Increasingly, these UN entities have been slipping wording into official UN documents such as CPD resolutions calling on governments to implement and fund “comprehensive education on human sexuality” in order to ensure the flow of funding to these programs. This must stop and be reversed.

For example, paragraph 6 of the 2011 outcome document for the Commission on Population and Development has a reference calling upon governments to provide “young people with comprehensive education on human sexuality,” and paragraph 12 has a reference calling for “information, education and counselling, as appropriate, on human sexuality.”

References calling for CSE were also inserted into the 2009 and 2010 CPD document, but this was only because the majority of Member States were unaware of what CSE entails and how it differs from traditional sex education, and because the few delegations that were aware and opposed the term, insisting it be replaced with “sex-education” were pressured into accepting the chairman’s text with a number of references they opposed during the final hours of negotiations. This same scenario has now happened at CPD three years in a row.

African countries in particular must be extra vigilant as they run the greatest risk of being exploited by sexual rights activists through comprehensive sexuality education implemented

under the banner of “HIV prevention.” This quote from Dr. Judith Reisman’s book, *Sexual Sabotage* is quite revealing:

The former executive director of SIECUS, Ann Welbourne-Moglia, PhD, stated that AIDS was a time of “rare opportunity.” Why? To “educate about AIDS,” we must teach “about sexuality in general.” SIECUS and Planned Parenthood never sought to teach chaste health to schoolchildren. No. Welbourne-Moglia and her cult used AIDS to *institutionalize* “outcourse”: mutual masturbation, oral and anal sodomy, and, of course, pornography. The idea that children *should* have sex before marriage, in order to be healthy, was long Kinsey’s mission, and Planned Parenthood’s mission, as well.

It is clear from the evidence presented throughout this report that SIECUS and International Planned Parenthood (see page 25-27 of this report on IPPF’s “Healthy, Happy and Hot” booklet) and other sexual rights activists entrenched throughout the UN system have already exploited the AIDS pandemic to spread their dangerous ideologies to children.

In an attempt to neutralize language calling for “comprehensive sexuality education,” “information,” “counseling,” or “services,” etc., sometimes well-intentioned delegations will propose modifying these terms with “as appropriate” or “age appropriate” or “as appropriate according to the evolving capacities of the child” or “with appropriate guidance from parents.” However, you will notice those who are pushing CSE are happy to accept these terms because, as evidenced in the programs cited in this report, they consider practically all sexual information, regardless of how explicit it is, to be “appropriate” from birth. Therefore, any references to “comprehensive sexuality education” should be deleted, and if this isn’t possible there should be language included that defines this type of sexuality education as information that will discourage sexual behavior among youth.

UN Member States should not be pressured to sign onto documents that conflict with their religious and cultural values and that promote the high-risk sexual behaviors that spread HIV and destroy the innocence of their children.