

CSE Harmful Elements Analysis Tool

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

Analysis of

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

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15/15

It's All One Curriculum contains 15 of the 15 harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: *It's All One Curriculum* is the premier comprehensive sexuality education (CSE) program promoted by UN agencies as the model for all other CSE programs. In fact, UNESCO partnered with Planned Parenthood to create a CSE analysis tool (called [Inside & Out CSE Assessment Tool](#)) that uses the content of *It's All One* as the standard against which they claim all other CSE programs should be judged. This is very troubling in light of the fact that *It's All One* scored 15 out of 15 on harmful content for children (see below). For example, *It's All One* promotes promiscuity, teaches children about “sexual pleasure” (over 70 references) and promotes abortion (with over 1000 references) and is really just a cleverly disguised abortion rights, sexual rights, sexual pleasure advocacy education program. *It's All One* openly admits to its goal to “develop the capacity of young people to enjoy — and advocate for their rights” related to sexuality.

The *It's All One Curriculum* is a prime example of how multiple manipulative tactics are used to indoctrinate and sexualize children through CSE. As the analysis below reveals, *It's All One*:

- Indoctrinates youth in radical feminist ideologies regarding power, privilege, and equality.
- Aggressively promotes abortion with over 140 references to abortion, manipulating young minds using scare tactics to suggest pregnancy is more dangerous than abortion and stories that seem to prove that abortions are harmless, even desirable, even for young girls.
- Has an obsessive focus on sexual pleasure, with sexual pleasure being mentioned over 70 times.
- Promotes multiple sex acts—with both opposite-sex and same-sex couples.
- Encourages students to become sexually active, telling them that “there is no right age to have sex” and that each person can determine when he or she “feels ready.”
- Undermines parental guidance and societal norms, by encouraging youth to question traditional cultural values, instead of advocating for tolerance and protection of dangerous sexual practices.

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

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

Target Age Group: Intended for use by program developers, *It's All One* includes guidelines and a selection of activities for creating curricula for young people **aged 15 and older**--whether in or out of school. Includes suggestions for adapting the lessons and activities to children **as young as 10 years old**.

Planned Parenthood Connections: *It's All One* is published by the Population Council and promoted by International Planned Parenthood.

For the complete text of *It's All One*, see <http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to>

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p><i>Note: In Volume 1 the word, "sex" is mentioned more than 1,200 times, while "abstinence" is mentioned only 2 times and "wait to have sex," only 3 times. In Volume 2: Activities, "sex" is mentioned more than 700 times, whereas "abstinence" is mentioned only 2 times and "wait" is used 9 times.</i></p> <p>"Sexual behavior ranges widely. Below are descriptions of some common sexual behaviors: • Masturbation (touching oneself) remains a common practice throughout life for most people. ... • Caressing, kissing, sharing erotic fantasies, stimulating a partner's genitals with one's hand, and rubbing against each other are practices that may lead to orgasm and do not involve penetration." (Vol. 1, pg. 99)</p> <p>"The Story of Maya: Maya first had sex at the age of 16. Her two friends sometimes teased her that she had never had a boyfriend, and they encouraged her to ask out a certain boy and to have sex with him. She was curious, but mostly she felt pressured by her friends, so she asked the boy out and they had sex. ...Maya had sex with four other boys... Having sex partners made Maya feel attractive and important." (Vol. 2, pg. 57)</p> <p>"The Story of Rasul: Rasul first had sex at the age of 16. ... He enjoyed having sex. ... Having sex partners made Rasul feel attractive and important." (Vol. 2, pg. 58)</p> <p>"There is no right age to have sex. Each person has to determine when he or she feels ready to have sex." (Vol. 2, Activity 22, p. 69)</p> <p>"People are sexual beings throughout their lives." (Vol. 1, pg. 84)</p> <p>"Sexuality — expressed alone or in a mutually consensual and respectful situation with a partner — can be a source of pleasure and meaning in life." (Vol. 1, pg. 84)</p> <p>Students discuss various case studies about "sexual choice," including: "JULIA and OSCAR: Oscar is not sure if he really wants to have sex with Julia, but Julia suggested it and he is afraid that his friends will find out and tease him if he says no. He goes ahead." (Vol. 1, pg. 75)</p> <p>"Most of the time, Maya was careful about using condoms, but one time she became pregnant and had an abortion. Another time she got a sexually transmitted infection from a partner but was treated for it immediately. Now Maya is engaged to a young man whom her family wants her to marry. she ran into one of her old boyfriends who wanted to have sex with her again, and Maya decided that it wouldn't hurt anyone to have sex this one time before settling down in marriage." (Vol. 2, pg. 57)</p> <p>"Emotional and physical pleasure are important parts of sexual well-being. Public health and rights organizations have issued declarations regarding the rights of all persons to sexual expression. These rights include the right to seek pleasure in the context of safety and of mutual and meaningful consent." (Vol. 1, pg. 99)</p> <p>"Sexual desire is affected by social expectations. If a woman thinks she should not</p>

	<p>want sex, she may suppress or deny her desire.” (Vol. 2, pg. 61)</p> <p>“Identify body parts that play a role in sexual pleasure.” (Vol. 1, pg. 83)</p> <p>Note: <i>It’s All One</i> contains role plays, activities and guided discussions that encourage children to explore and discuss sexual experiences, attractions, fantasies or desires. This familiarizes children with these ideas, makes sexual activity look acceptable and normal for children of their age and gives them the idea that others are being sexually active and that it is safe to do so.</p> <p>A discussion list includes: “... If a girl loves her boyfriend, she should show it by having sex with him;” “I think it’s okay to accept money for having sex, if you need the money;” “Some girls act as if they are just seeking sexual pleasure without emotional involvement, but down deep this is not what they want; they really want an emotional connection;” and “A lot of girls I know have sex because they feel obligated to do so.” (Vol. 2, pg. 70-71)</p> <p>Worksheet on Sexual Desire: What is the Truth? Students are asked to discuss a number of statements about desire, including: “Most women do desire sex. However, if a woman does not get pleasure from sex, she may lose interest,” “Sexual desire does not have to lead to sexual activity. In fact, people can enjoy feeling “turned on” without wanting to have sex,”. “Sexual desire is affected by physical, emotional, and social factors. If a person’s level of desire is causing him or her a problem, the person can talk with a sexual health professional.” “Many people experience some sexual desire throughout their lives.” (Vol. 2, pg. 61)</p> <p>Note: <i>While all the above may be true, is it the role of government to be teaching school-aged children about sexual desire?</i></p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i></p> <p>Note: <i>“Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>Note: <i>While coercion and forced sex are highly inappropriate and should never condoned, these lessons and instruction regarding affirmative consent, go far beyond teaching children how to protect themselves and say “no” to sex. Instead, children are taught—at the young age of 14 and 15—to consider the type of sexual activities they desire and to learn how to ask for those things.</i></p> <p>“Today we will begin looking at what it means to give truly free and informed consent in a situation involving sex.” (Vol. 2, pg. 76)</p> <p>“Plan time to discuss sexual consent in a meaningful way. Many young people feel ambivalent about what they want or confused about their partner’s wishes. Explore ways to ensure mutual consent.” (Vol. 1, pg. 81)</p> <p>“A critical aspect of sexual experience is that it be voluntary and wanted by both partners. ... • Sexual consent involves deciding freely and voluntarily to engage in sexual activity with another person. • ... ensuring consent can be a complicated matter. • As young people mature, their capacity to give meaningful consent evolves.” (Vol. 1, pg. 85)</p> <p>“Students examine the indicators of maturity, self-awareness, self-efficacy, and ability to communicate that are part of what a young person needs to negotiate a safe and comfortable sexual relationship.” (Vol. 2, p. 92-95)</p> <p>Who can remember a time when you were unsure how to express your desires or wishes clearly? <i>[Notice whether girls or boys are more likely to respond to this question.]</i> (Vol. 2, p. 113)</p>

3. NORMALIZES ANAL AND ORAL SEX

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

Note: *Anal and oral sex are described and then condoned as just part of a range of sexual activities, with examples being given of girls and boys who engage in these activities. Only limited information is given about the associated health risks.*

“Sexual intercourse often refers to vaginal penetration by the penis. **Oral intercourse involves the mouth at or on a partner’s sex organ. Anal intercourse involves insertion of the penis into a partner’s anus.**” (Vol. 1, pg. 112)

“Grace, who also had a bit to drink, lies down next to him. Feeling uninhibited, **she takes the initiative and has oral sex with him.**” (Vol. 1, pg. 75)

“Oral sex can result in the transmission of various STIs, including HIV. • For some STIs, girls are physiologically more vulnerable to infection than boys. Receptive anal intercourse increases risk of infection (for boys and girls). Social factors also affect the likelihood of transmission ...People who are sexually active can take steps to reduce their risk of acquiring an STI.” (Vol. 1, pg. 189)

“HIV is transmitted not only through vaginal or anal sex between a man and a woman; it can also be transmitted through anal sex between two men. Having a sexually transmitted infection can increase the risk of acquiring or passing HIV during sex.” (Vol. 1, pg. 258)

“Sexually transmitted infections (STIs) are infections passed primarily by sexual contact, including vaginal, oral, and anal intercourse.” (Vol. 1, pg. 277)

“**Oral sex is mouth-to-genital contact. • Intercourse is sexual activity in which the penis enters the vagina or anus. Other forms of penetrative sex may involve using the fingers or an object.**” (Vol. 1, pg. 99)

4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR

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

Note: *While many of the facts regarding sexual orientation may be true, and while students should not mistreat their peers for any reason including their sexual orientation, this curriculum is designed to mainstream and normalize homosexuality and homosexual sex to students. Most parents would agree that it is inappropriate to try to mainstream any kind of sexual activity among teens, whether it be homosexual or heterosexual.*

“Sexuality includes **desires or practices involving someone of the other sex, the same sex, or both.**” (Vol. 1, pg. 84)

“**People who are heterosexual, homosexual, bisexual, or transgender may be found in every kind of family, community, religion, and profession.**” (Vol. 2, pg. 94)

“Homosexuality: sexuality between people of the same sex. In some settings, attraction to the same or the other sex is called sexual orientation, or some other term; **this document uses the terms sexual identity and sexual diversity to refer to the broad range of sexual expression, including attraction to the same or the other sex.**” (Vol. 1, pg. 112)

“**People may experience feelings of love, attraction, and sexual desire for the other sex, the same sex, or both. This variation has always been true throughout history. It is true in all societies, whether or not the society accepts same-sex attraction.**” (Vol. 2, pg. 94)

“People — regardless of their sexual identity, gender, or physical ability — can express and experience their sexuality through a variety of sexual behaviors. **One sexual**

	<p>practice is not better (or worse) than another — as long as the partners respect each other, no one is harmed, and both partners fully consent.” (Vol. 2, pg. 101)</p> <p>“People may or may not identify as heterosexual, homosexual (gay or lesbian), or bisexual (attracted to people of both the same and the other sex).” (Vol. 2, pg. 94)</p> <p>Includes a number of case studies about growing up gay, such as, “I am a 22-year-old gay man. When I was growing up, we had neighbors who were gay and my parents had other gay friends. So I was raised knowing that gay people are the same as everyone else — just like my parents, they had children and jobs and pets. When I was 15, I realized that I liked my best friend Benno as more than just a friend.” (Vol. 2, pg. 65)</p> <p>A case study shows one of the partners in a same-sex couple deciding to have sex for the first time: “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.” (Vol. 2, pg.80)</p> <p>“People can experience sexual pleasure by touching themselves or through a shared experience (with someone of the same or the other sex).” (Vol. 1, pg.99)</p> <p>“Individuals can make decisions about if, when, and with whom they will form a romance...Or they can have an intimate relationship with someone of the same sex. “ (Vol. 1, pg. 28)</p> <p>“They can decide if, when, with whom, and under what circumstances to have sex ...They are free to have sex with someone of the same sex.” (Vol. 1, pg. 28)</p>
<p>5. TEACHES CHILDREN ABOUT SEXUAL PLEASURE</p> <p><i>Teaches children about sexual pleasure. May tell them they are entitled to or have a “right” to sexual pleasure or may encourage children to seek out sexual pleasure.</i></p>	<p><i>Note: The curriculum mentions sexual pleasure over 70 times, asserting a right for youth to sexual pleasure. And while many of the facts related to sexual pleasure are true, most parents would probably object to having their teachers talk to their children about sexual pleasure in detail in school.</i></p> <p>“People can experience sexual pleasure by touching themselves or through a shared experience (with someone of the same or the other sex). They can also experience sexual pleasure with no touching at all.” (Vol. 1, pg. 99)</p> <p>Suggested discussion topics include several that focus on pleasure, i.e., “If a man has a big penis, his partner will feel more pleasure” (Vol. 1, pg. 67), and “A large penis does not give a woman more pleasure during intercourse.” (Vol. 1, pg. 69)</p> <p>“Why is it important for a young person to think clearly about the reasons for his or her choice to have or not have sex? [Probe for: sense of comfort, safety, voluntariness, and pleasure, as well as protecting one’s health.]” (Vol. 2, pg. 70)</p> <p>Section on Sexual Expression and Enjoyment makes several points, including: “Emotional and physical pleasure are important parts of sexual well-being. Public health and rights organizations have issued declarations regarding the rights of all persons to sexual expression. These rights include the right to seek pleasure in the context of safety and of mutual and meaningful consent.” (Vol. 1, pg. 99)</p> <p>“What feels sexually pleasurable varies by person.” (Vol. 1, pg. 99)</p> <p>“Sources of sexual pleasure may include fantasies, words, reading, watching a film, caressing, kissing, or genital contact.” (Vol. 1, pg. 99)</p> <p>“For sex to be enjoyable, people must know what feels good to them and to their</p>

	<p>partners.” (Vol. 1, pg. 99)</p>
<p>6. PROMOTES SOLO OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, making children more vulnerable to pornography use, sexual addictions or sexual exploitation. May describe masturbation or provide instruction on how to masturbate. May encourage children to engage in mutual masturbation.</i></p>	<p>“Sexuality may be expressed by oneself or with others.” (Vol. 1, pg. 82)</p> <p>“Touching or stroking oneself (especially one’s own genitals) for sexual pleasure is called masturbation.” (Vol. 1, pg. 99)</p> <p>“Both partners can agree to engage in forms of sex (such as mutual masturbation) that do not carry the risk of infection transmission.” (Vol. 1, pg. 192)</p> <p>“Masturbation is an important way that people learn about their bodies and sexuality. • Most people seek pleasure through masturbation throughout their lives, including periods when they have a sexual partner or are married. • Masturbation is a safe sexual behavior. It is neither physically nor mentally harmful.” (Vol. 1, pg. 99)</p> <p>“Sexual behavior ranges widely. Below are descriptions of some common sexual behaviors: • Masturbation (touching oneself) remains a common practice throughout life for most people. Masturbation is a safe sexual behavior. It is neither physically nor mentally harmful. (Vol. 1, pg. 99)</p> <p>“Masturbation is not harmful; rather it is safe and a good way to learn about one’s own body. However, it is a personal choice. Most people masturbate, but some people choose not to, and some are not comfortable with the idea. (Vol. 2, pg. 68)</p> <p>“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 otherwise causing harm to themselves.” (Vol. 2, pg. 68)</p> <p>“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.” (Vol. 2, pg. 68)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children.</i></p> <p><i>May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“Proper steps in condom use: (Immediately before sex) ...</p> <p>6. Engage in foreplay. Foreplay, including touching the clitoris, may help lubricate the vagina.</p> <p>7. Open the condom gently, being careful not to tear it (don’t use your teeth!).</p> <p>8. When the penis is erect . . . squeeze tip of condom and place condom on the head of the penis.</p> <p>9. Hold the tip of the condom and unroll it until the penis is completely covered.</p> <p>10. If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with a water-based lubricant or with saliva. Never use Vaseline® or other oil-based products, because they can cause a condom to weaken and tear.</p> <p>(During sex) 11 If the condom breaks, the male should pull out immediately. [You may wish to remind students about emergency contraception if ejaculation already occurred.]</p> <p>12. After ejaculation, while penis is still erect . . .</p> <p>13. Grasp the open end of the condom, at the base of the penis. (Vol. 2, pg. 155)</p> <p>Curriculum examples that encourage condom use but, at the same time, normalizes teen sex, include:</p> <p>“Couple A: These two young people have intercourse, using condoms. After the boy ejaculates, he lies still for five minutes. His penis becomes soft and smaller, and when he moves a little, he is shocked to realize that a little bit of his semen is dripping out of</p>

the condom at the opening of his girlfriend's vagina." (Vol. 2, pg. 152)

"Couple B: **These two young people have decided to have sex and to use condoms.** One partner searches the local market but doesn't find either male or female condoms for sale. The other thinks that condoms might be available at school, but the nurse says no. Each of them hopes that the other found condoms. That weekend, they begin to have sex. They are both embarrassed to say what happened, so they ignore the subject and just go ahead and have sex without using a condom." (Vol. 2, pg. 152)

"Couple C: **These two young people want to have sex.** The girl tells her boyfriend that she brought condoms, but he says, "No way... those feel lousy!" She tries to insist but he becomes angry, tells her she is acting like a baby, and asks if she really loves him or not. Finally, she gives up arguing and they have sex without the condom." (Vol. 2, pg. 152)

"Couple D: These two people want to have sex and have agreed to use condoms. But when the moment comes to use them, the boy starts fumbling with the condom package and loses his erection. This time, they skip intercourse. But the next time they are together, **he becomes anxious about losing his erection again.** He tells his girlfriend that condoms ruin the atmosphere and so they agree to go ahead and have sex without a condom." (Vol. 2, pg. 153)

"Couple E: These two people have decided to have sex. Both of them think it is a good idea to use condoms, but they are afraid that their partner will think they are "dirty" if they suggest using condoms. In the end, neither one knows how to bring it up, so **they have sex without a condom.**" (Vol. 2, pg. 153)

"Couple F: This boy, who is 16, is in a gang. He wants to leave the gang, but doing so is difficult and can be dangerous. However, his gang will allow him to leave if he becomes a father. The boy explains to his girlfriend, who is 15, that if they have a baby, it could save his life, and that he'll be a good father. She feels confused about what to do. She wants to finish school and she does not feel ready to be a mother. But she also thinks she should help her boyfriend. **They have sex without a condom.**" (Vol. 2, pg. 153)

"Couple G: **These two people decide to have sex.** The boy asks if they should use protection, but the girl says that she just had her period so she can't get pregnant." (Vol. 2, pg. 153)

"Couple H: These two people decide to have sex. They discuss whether to use condoms to protect against HIV but agree that they would know if they were sick. **So they go ahead and have sex without using condom.**" (Vol. 2, pg. 153)

"Couple I: **A 17-year-old girl is having sex with a 25-year-old man** who gives her gifts and sometimes gives her money to help with her expenses. Sometimes he uses condoms, but this time he doesn't have a condom with him. She thinks that they should wait and have sex another time, but he promises it will be okay without a condom. She already took money from him this week, so she feels she cannot refuse. They have sex without the condom." (Vol. 2, pg. 153)

8. PROMOTES EARLY SEXUAL INDEPENDENCE

Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut.

“Individuals can make decisions about if, when, and with whom they will form a romance, a long-term relationship, or a marriage. They can avoid being married too young or against their will. Or they can have an intimate relationship with someone of the same sex.” (Vol. 1, pg. 28)

“They can decide if, when, with whom, and under what circumstances to have sex (free from sexual abuse and coercion). They can negotiate condom use to prevent infection. They are free to have sex with someone of the same sex.” (Vol. 1, pg. 28)

“They can decide whether or when to become pregnant or have children. They can obtain contraceptive information and services. They can have a safe abortion. They can adopt a child regardless of their marital status or sexual identity.” (Vol. 1, pg. 28)

“Determining whether you are ready for sexual activity is difficult for many young people. This activity will help you to think about the roles that maturity, self-awareness, and communication skills play **in becoming ready for sexual activity.**” (Vol. 2, pg. 92)

Students participate in an exercise called, “Feeling ‘Ready’ to Have Sex.” The instructions say: “For this exercise, a young person your age is trying to decide whether to become sexually active. That young person wants to make the right decision and is asking a question: “In deciding if I am ready to have sex, what are the two most important feelings or conditions I should consider?” The list of things students should consider include whether they are “Feeling close to the other person,” if both of you want to have sex” if they are “feeling sexually attracted to the other person” or “Feeling confident that you know what makes you feel good sexually.” (Vol. 2, pg. 95)

9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL

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

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

In Volume 2, “abstinence” is mentioned only once, and then only as part of a list of “Natural methods” of contraception (Vol. 2, pg. 165) Also, in Volume 1, abstinence is mentioned only once, with this discussion question, **“What messages do abstinence only education, child marriage, and female genital mutilation send about sexual pleasure?”** (Vol. 1, pg. 100)

Note: *In the question above, the program puts abstinence in the same category as female genital mutilation. This is a subtle way of shedding a bad light on abstinence, making it appear as something negative and even harmful.*

In *It’s All One*, various case studies are used to downplay the importance of abstinence until marriage, and in most cases, show young people compromising and deciding to have sex. For example, this case study shows one of the partners in a same-sex couple deciding to have sex for the first time: **“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.” (Vol. 2, pg. 80)

Another case study says: “I knew we were going to have sex. I didn’t really want to. I just wanted to talk with him and kiss and nothing else, but he wanted to, and I had gone with him so we ended up having sex.” (Vol. 1, pg. 88)

“Young people use different criteria to decide whether and when to become sexually active.” (Vol. 2, pg. 92)

While abstinence is glossed over, an entire section is devoted to helping students “examine the indicators ... to negotiate a safe and comfortable sexual relationship.” (Vol. 2, pg. 92)

<p>10. PROMOTES GENDER CONFUSION</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate gender ideologies. Fails to teach that most gender-confused children resolve it by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that may be helped with therapy.</i></p>	<p>Note: <i>While It’s All One” does not devote as much time to promoting gender/transgender ideology as most CSE programs, it does touch on transgender issues and lays some groundwork for the acceptance of transgender ideology.</i></p> <p>“This unit defines gender and explores how gender norms affect the lives and health of both boys and girls. It suggests ways to enable adolescents to imagine the kind of people they want to be, the kinds of relationships they hope to form, and the type of society they view as fair and happy.” (Vol. 1, pg. 54)</p> <p>“Variation in people’s sexual desires, behaviors, and identities is referred to as sexual diversity.” (Vol. 1, pg. 94)</p> <p>“Despite social taboos, many young people refuse to be isolated. Where they can, they create safe spaces to meet each other. Just a few examples of people who have formed such safe spaces include married girls; female domestic workers; people attracted to others of the same sex; transgender youth; girls who want an opportunity to play sports; and sex workers.” (Vol. 1, pg. 57)</p> <p>“Young people who are perceived as homosexual or as transgender also face harassment in many school settings. Increasingly, adolescents are forming support groups. In some settings such groups call themselves “gay-straight” alliances.” (Vol. 1, pg. 86)</p>
<p>11. TEACHES ABORTION/ CONTRACEPTION</p> <p><i>Presents abortion as a safe or positive option, while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers. May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Note: <i>The It’s All One Curriculum aggressively promotes abortion with over 140 references to abortion, manipulating young minds using scare tactics, telling girls every minute of every hour a pregnant girl is dying so we need to legalize abortion. Students are also required to read several case studies of girls or who have had abortions so they can learn to “walk in her shoes” in the decision to have an abortion. It also includes a case study of a boy who decides with his girlfriend should have an abortion as follows: “I am a 17-year-old boy. When I found out that my girlfriend was pregnant I thought “What? Wow! Oh no!” My feelings were a mix of shock, fear, worry, and amazement. A small part of me even felt a little bit proud to know I was fertile. ... My girlfriend and I are both in school, and we know we are too young to be good parents. We decided that the best decision for us was an abortion.” (Vol. 2, pg. 175)</i></p> <p>“They can decide whether or when to become pregnant or have children. They can obtain contraceptive information and services. They can have a safe abortion. They can adopt a child regardless of their marital status or sexual identity.” (Vol. 1, pg. 28)</p> <p>Several case studies refer to abortion clinics, such as, “I went to a family planning clinic and was counselled by a nurse who strongly urged me to get married and have the baby. Lu agrees with the nurse because he assumes I will eventually want to be a mother, so why not now? I’m upset because I feel as if I am being pressured to have a child whom I do not want. I have decided to go to a place where I have heard there is a doctor who performs abortions without asking many questions.” (Vol. 2, pg. 168)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-</i></p>	<p><i>It’s All One</i> teaches children that “human rights” encompass “sexual rights” including alleged rights to all person to “sexual expression” and the right to seek sexual pleasure, and that tells children that “...laws related to sexuality can promote — or undermine — everyone’s feelings of self worth, dignity, health, and sense of belonging and well-being.” (Vol. 1, pg. 86)</p> <p>Students are also given a list of problems they can work on or advocate for such as: “Adolescents do not have access to sexual and reproductive health services that are youth-friendly” (Vol. 2, pg. 176) and</p>

<p><i>to-peer initiatives. May encourage children to advocate for controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Abortion is legally restricted — and as a result, dangerous — in many places.” (Vol. 2, pg. 176)</p> <p>“Is reproduction always a private matter, of interest only to the individuals directly involved? Or are some aspects of reproduction of interest at a public level, for example to health officials, communities, and others? [Probe for examples, such as funding for health services, laws about abortion, regulations at hospitals, and the like.] (Vol. 2, pg. 138)</p> <p>“Activity 17—Sex Education Debate: Students debate whether young people should learn about sexuality, gender, and sexual health — or should learn only to abstain from sex until marriage. OBJECTIVES: To enable students to describe policy perspectives about sex education and to consider their own views; to strengthen their analytic and public speaking skills.” (Vol. 2, pg. 54)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding early sex, sexual orientation or gender identity.</i></p>	<p>“Does everyone agree with the dominant cultural attitudes about sexuality? Do some people choose to live according to a different attitude or belief? Are attitudes about sexuality the same everywhere or do they vary? Do attitudes stay the same forever, or do they change?” (Vol. 2, p. 54-55)</p> <p>“Discuss social norms regarding diverse forms of sexual expression and how such standards have changed or are changing.” (Vol. 1, pg. 97)</p> <p>“Discuss how institutions (marriage, family, media, religion, schools) reinforce gender norms.” (Vol. 1, pg. 43)</p> <p>“A person’s ability to develop a safe and satisfying sex life depends on the family, community, and society in which he or she grows up.” (Vol. 1, pg. 86)</p> <p>For the teacher: “It’s All One Curriculum supports values of equality, respect, and human rights. 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” (Vol. 1, pg. 4)</p> <p>What kind of training will enable teachers to examine their own personal and religious beliefs about sexuality and gender so that they are better prepared to teach these topics in a way that corresponds with international human rights principles? What will allow teachers to work most effectively in highly conservative settings? (Vol. 2, pg. 13)</p>
<p>14. VIOLATES OR UNDERMINES PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“improved access to ... confidential testing, counseling, and treatment for HIV.” (Vol. 1, pg. 111)</p> <p>“...establish sexual and reproductive health services that are especially welcoming to young people, and include counseling, informed consent, and respect for confidentiality.” (Vol. 1, pg. 187)</p> <p>“Adolescents often have real or perceived fears that family or friends will find out about their health care visit.” (Vol. 1, pg. 187)</p> <p>“Societies and governments have responsibilities to provide health services, respect confidentiality, and protect all people against stigma and discrimination that result from their health status” (Vol. 1, pg. 200)</p> <p>This is one of the things on a list of decisions children should be able to make: “whether</p>

	<p>to tell one’s parents about having romantic or sexual feelings toward someone of the same sex.” (Vol. 1, pg. 151)</p> <p>“Ask students to respect other people’s privacy, and remind them not to disclose information to others that they feel should be kept private. ... Assure your students that you, as their teacher, will keep all discussions confidential. In this way, you serve as a role model for respecting others’ privacy.” (Vol. 2, pg. 5)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</p>	<p>Several case studies refer to abortion clinics, such as, “I went to a family planning clinic and was counselled by a nurse who strongly urged me to get married and have the baby. Lu agrees with the nurse because he assumes I will eventually want to be a mother, so why not now? I’m upset because I feel as if I am being pressured to have a child whom I do not want. I have decided to go to a place where I have heard there is a doctor who performs abortions without asking many questions.” (Vol. 2, pg. 168)</p> <p>Teachers are asked to consider: “How will you reach students who have few links with community institutions? What community resources and referrals are they most likely to need? (Vol. 2, pg. 13)</p> <p>Note: Listed at the end of Volume 2, in an eight-page section called “Additional Resources,” It’s All One refers to the most aggressive abortion and sexual rights and CSE advocacy groups in the world:</p> <p>“International Planned Parenthood Federation (IPPF) is a global network of member associations that provide and campaign for sexual and reproductive health care and rights for all.” (Vol. 2, pg. 186) Note: Largest abortion providers in the U.S. and worldwide.</p> <p>“Advocates for Youth advocates for policies that enable young people to make informed, responsible decisions about their reproductive and sexual health in the United States and globally.” (Vol. 2, pg. 186) Note: Planned Parent’s youth partner that advocates for abortion, sexual rights and CSE worldwide.</p> <p>“Ipas works globally to increase women’s ability to exercise their sexual and reproductive rights ...” (Vol. 2, pg. 186) Note: Manufacturer and distributor of the handheld abortion suction device.</p> <p>“Center for Reproductive Rights is a legal advocacy organization working worldwide. For publications on adolescent sexual and reproductive rights, see: . . .” (Vol. 2, pg. 186) Note: One of the top abortion advocacy organizations in the world.</p> <p>“International Centre for Reproductive Health and Sexual Rights (INCREASE) in Nigeria works to expand access to sexual health and rights information and services.” (Vol. 2, pg. 180)</p> <p>“Action Canada for Population and Development (ACPD) promotes global development focused on sexual and reproductive rights and health.” (Vol. 2, pg. 186)</p> <p>“Center for Health and Gender Equity (CHANGE) works to ensure that United States international policies and programs promote sexual and reproductive rights and health.” (Vol. 2, pg. 186)</p> <p>“Center for Reproductive Rights is a legal advocacy organization working worldwide. For publications on adolescent sexual and reproductive rights, see: . . .” (Vol. 2, pg. 186)</p>

“Human Rights Watch works to protect the human rights of people around the world, including women’s rights; lesbian, gay, bisexual and transgender rights; and rights related to health, including HIV.” (Vol. 2, pg. 186)

“International Lesbian and Gay Association (ILGA) is a global network of organizations committed to achieving equal rights for lesbian, gay, bisexual, transgender, and intersexual (LGBTI) people.” (Vol. 2, pg. 186)

“Sexuality Information and Education Council of the United States (SIECUS) works for sexuality education and sexual health and rights.” (Vol. 2, pg. 186)

“Women’s Global Network for Reproductive Rights (WGNRR) brings together groups and individuals committed to advocating for women’s reproductive rights. “(Vol. 2, pg. 186)

“Youth Coalition, an international organization of young people, works to promote young people’s sexual and reproductive rights at national, regional, and international levels and to secure the meaningful participation of young people in decisionmaking that affects them.” (Vol. 2, pg. 186).