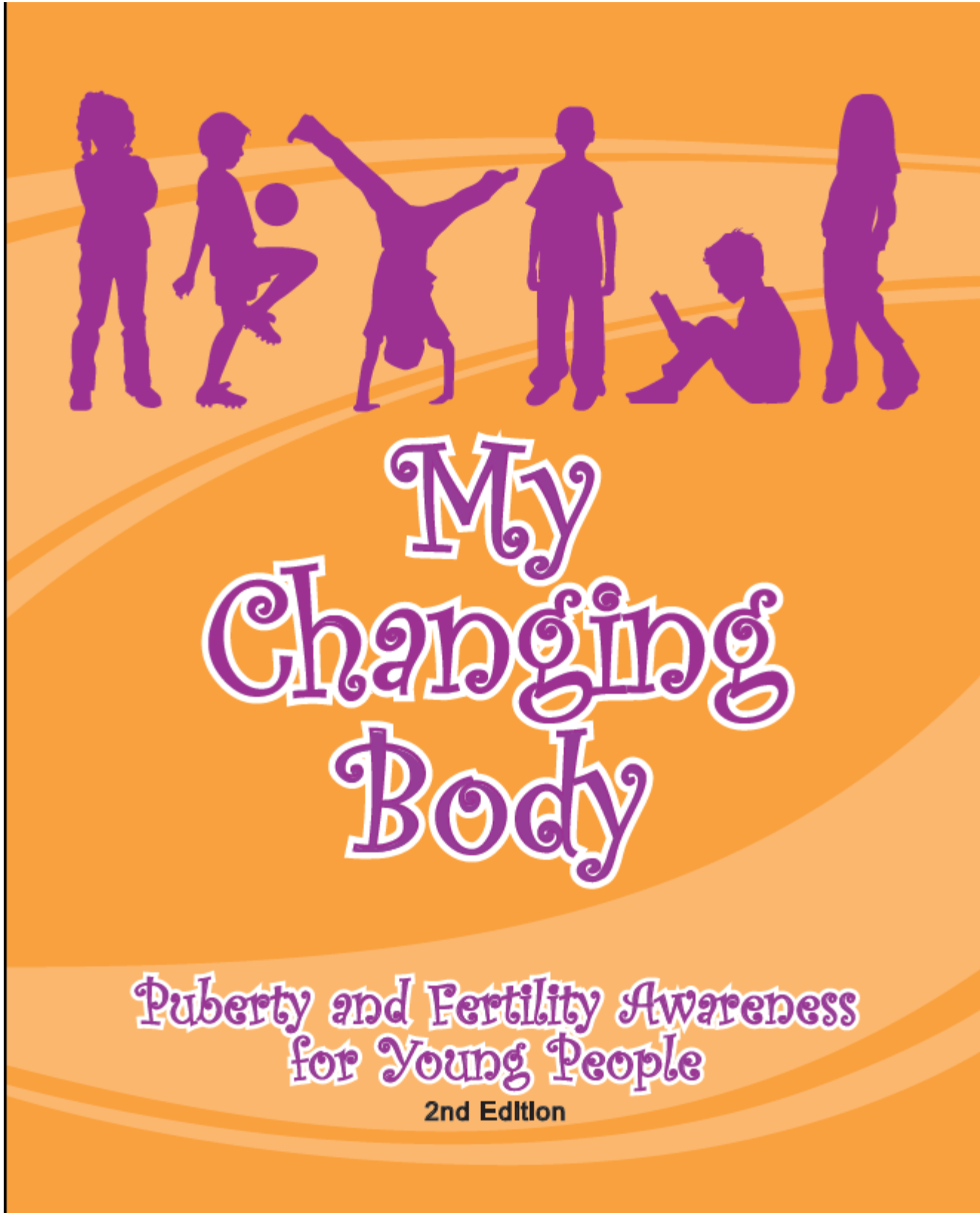


CSE Harmful Elements Analysis of *My Changing Body*

The following analysis by Family Watch International of the sexuality curriculum, *My Changing Body*, shows that this program, intended to be used with children in Africa, and in particular in Rwanda, targets young children, encouraging them to be sexually active and to participate in risky sexual behavior. To learn more about the harmful agenda behind comprehensive sexuality education, see the documentary, "The War on Children" at StopCSE.org.



My Changing Body:

Puberty and Fertility Awareness for Young People

2nd Edition

The first edition of this publication was developed by the Institute for Reproductive Health of Georgetown University and Family Health International in collaboration with Elisa Knebel.

© 2011 Georgetown University, Institute for Reproductive Health

The FAM Project

Institute for Reproductive Health

Georgetown University

4301 Connecticut Avenue, N.W., Suite 310

Washington, D.C. 20008 USA

Email: irhinfo@georgetown.edu

Website: www.irh.org

The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to improving reproductive health worldwide.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This project aims to increase knowledge, access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches. IRH has also initiated a number of programs on body literacy and fertility awareness for youth and very young adolescents. IRH approaches body literacy and fertility awareness for youth as a way to help young people understand their maturing bodies and how to protect their own reproductive health.



This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. GPO-A-00-07-00003-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

CSE Harmful Elements Analysis Tool

Based on 15 Harmful Elements Commonly Included in CSE Materials

The CSE Harmful Elements Analysis Tool¹ was created as a tool to help governments, policymakers, parents, educators, and 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 My Changing Body (2nd edition)

CSE HARMFUL ELEMENTS SCORE = 15/15

My Changing Body contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of even one of these elements indicates that the analyzed materials are **inappropriate** for children and having several of these elements should disqualify such materials for use with children.

Program Description: *My Changing Body*, intended to be used with children in Africa, and in particular in Rwanda, is a sexuality curriculum that targets young children, encouraging them to be sexually active and to participate in risky sexual behavior. The program tries to obscure the fact that it is targeting very young children with its explicit materials by repeatedly using the acronym—“VYAs” to refer to “Very Young Adolescents,” to indicate materials meant to be used with boys and girls as young as 10 to 14 years old.

In truth, the concepts presented in *My Changing Body* are meant to sexualize very young children by encouraging them to seek sexual pleasure and to explore their “sexuality” and “gender identity.” This is done with little or no regard for protecting children’s mental, emotional and physical health and long-term well-being, which are all at risk with early sexual debut.

My Changing Body is self-defined as a “puberty and fertility awareness manual”—meaning, among other things, that it teaches children as young as 10, using a beaded “Fertility Awareness Chain” about “methods by which couples time sexual intercourse to avoid the woman’s days of fertility in her menstrual cycle.” In other words, this program gives children the sense that by getting the timing right, they can “safely” participate in sexual activity and even intercourse. It should be noted that teaching 10-year-old children that they can have sex without getting pregnant by timing their cycle, puts them at risk for STDs including HIV and other negative consequences associated with early sex.

The program also focuses on “gender roles” and “developing gender identity,” in ways that encourage transgenderism and same-sex relationships, again, all without complete and accurate information about the health risks associated with these practices.

In addition to being widely disseminated in Africa, especially in Rwanda, this dangerous program is also being

¹ While 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.

promoted in Asia and Latin America.

Planned Parenthood Connections: Both International Planned Parenthood Federation (IPPF) and Planned Parenthood Federation of America (PPFA) are listed as resources and the program also refers youth to Teenwire, “Planned Parenthood’s website for adolescents,” which provides information of “body literacy, puberty, sex, masturbation, relationship, and sexuality.”

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: Keep in mind while reading the quotes below about, for example, erect penises, orgasms, sexual secretions, ejaculation, etc., that these materials and activities are meant for 10-year-old boys and girls in a mixed classroom setting. And while some of these materials possibly may be appropriate for much older teenagers in single-gender setting, certainly this is way too much information too soon for ten-year-old girls and boys.</i></p> <p>“All people are sexual beings.” (pg. 23)</p> <p>“Sexual Feelings ...In boys, the main sign of sexual feelings is an erection of the penis. In girls, it is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older.” (pg. 37)</p> <p>“During puberty, boys will start to have erections and wet dreams. They will notice other changes as well, such as the lengthening and widening of the penis and the enlargement of the testicles.” (pg. 35)</p> <p>“Explain that the group is going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams ...” (pg. 40)</p> <p>“Take the egg white in the bowl and drip it from your fingers to show them what a secretion can look like. Tell the group that not all secretions are exactly like this—some are thicker or thinner.” (pg. 43)</p> <p>“Q. What is an orgasm? A. When a man has an orgasm, his penis gets larger and hard, and semen comes out. Then his penis gets smaller and soft again. The orgasm takes about five to 20 seconds. When a woman has a vaginal orgasm, her vagina squeezes together. It lasts about the same time as a man’s orgasm, but can last longer. A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse.” (pg. 73)</p> <p>“Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all.” (pg. 53)</p> <p>“Ejaculation is when semen comes out of a boy’s or man’s erect penis due to sexual excitement.” (pg. 52)</p> <p>“Topic 2: Other kinds of sexual touch—Are there other kinds of sexual touch you approve of? If so, why? If not, why not?</p> <p>Topic 3: Sexual Intercourse—When is it right? When is it wrong? What can make it a better or worse experience for both people? What do young people need to think about before getting pregnant? What are the common practices in the local context?” (pg. 70)</p> <p><i>Note: Although children are asked to explore the questions above in Topic 2 and 3 with a parent, these questions still get children thinking about engaging in sexual</i></p>

touching and sexual intercourse at an early age, rather than discouraging early sexual activity. More appropriate questions to explore might be, “What benefits are there for delaying sexual activity until marriage?”

Or, “What decisions can I make now to help me avoid sexual temptations in the future?”

“More reasons to use a sexuality lens in our work include: • Fear about sexuality can negate possibly pleasurable aspects of sex.” (pg. 173)

“Sensuality is awareness and feeling about your own body and other people’s bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. **Sensuality also allows us to enjoy the pleasure our bodies can give us and others.** This part of our sexuality affects our behavior in several ways.” (pg. 174)

“Satisfying skin hunger—The need to be touched and held by others in loving, caring ways is often referred to as skin hunger. ... **Many teens satisfy their skin hunger through close physical contact with peers. Sexual intercourse may sometimes result from a teen’s need to be held,** rather than from sexual desire.” (pg. 174)

“Too many programs focus exclusively on sexual reproduction when providing sexuality education and ignore all the other aspects of human sexuality.” (pg. 178)

“...this second edition ... aims to help trainers and educators working with youth to improve their skills in **participatory methodologies** and facilitation, as well as ... comfort in talking about puberty, gender, **sexuality**, and fertility awareness, so they can better support Very Young Adolescents (VYAs)... (pg. 2)

“This helps **VYAs** become knowledgeable about how their bodies function and **empowers them** to make **appropriate decisions about sexual behavior.** (pg. 4)

“When **VYAs** are better aware of how their bodies work ... they are much better prepared to deal with sexual and reproductive health issues and challenges.” (pg.4)
Note: The use of the acronym VYAs (for very young adolescents) throughout this program is a deceptive technique, meant to defuse the fact that this program targets very young children (10-14 years old) and encourages them to participate in sexual activity.

To Instructors: “It is also very important for you to **be objective in how topics concerning sexuality are approached. Personal biases and attitudes should not interfere with the teaching of this manual.** VYAs have a right to honest, accurate, and appropriate information about their sexuality and reproductive health.” (pg. 5)
Note: This is a typical CSE approach where instructors are trained not to impose any values on sexuality. Instead of encouraging young children to abstain at least until they are adults, or better yet, until marriage, CSE programs demand that the instruction be nonjudgmental, value neutral and respectful of any kind of sexual decisions a child may make.

“Overall Objectives: ... 4. Begin to understand **their own sexual feelings.**
5. Describe the **process of conception** and the definition of female and male fertility. ... 7. Describe the process of fertilization. 8. Become conscious of **their own signs of fertility.**”(pg. 5-6)

Note: Is it appropriate for a male teacher, for example, to help a 10-year-old girl explore her sexual “feelings”? What will that entail? What could it lead to? “Ejaculation means a boy is physically able to get a girl pregnant (if they have intercourse).” (pg. 45)

“... a woman’s “period.” It usually lasts between three and seven days. Menstruation happens for most women about once a month. It is a sign that a woman can possibly become pregnant if she has sexual intercourse.” (pg. 50)

“Beginning with his first ejaculation, a man is fertile every day and has the ability to father a child for the rest of his life.” (pg. 51)

“Fertility Awareness Chain ... Some women use this chain to help them keep track of their menstrual cycle and identify the days on which they may be fertile. It will also help them know when to expect their period. Pose the following questions to the group to confirm comprehension. Ask them to demonstrate on their chains while giving their answers...”

“Mary would like to get pregnant. What color beads represent the days when she is fertile (could get pregnant if she has sexual intercourse)? (*White beads.*) ...Mary does not want to get pregnant. What color beads represent the days when she is infertile (could not get pregnant if she has sexual intercourse)? (*Dark beads.*)” (pg. 67-68)

“What are the things I should think about before getting pregnant?”

A. Having a baby is a very serious issue to consider. A young mother-to-be would have to ask herself the following questions:

- **Am I emotionally ready?** A child needs attention 24 hours a day, seven days a week. It takes a lot of patience and attention.” (pg. 71)

2. TEACHES CHILDREN TO CONSENT TO SEX

May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.

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

“Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass **mutual consent** and respect.” (pg. 176)

Note: This suggests to children they have a right to express their sexuality as long as they have consent. At what ages? In what ways?

“Sexuality is a human right.” (pg. 176)

“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.” (pg. 171)

“Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you.” (pg. 172)

“Sex should be a pleasurable and consensual act between two persons.” (pg. 102)

Note: While this is certainly true, why are 10-year-olds being taught about sexual pleasure?

“... sexuality is central to human existence. Choices available to men and women with regard to sexuality are often related to giving and taking power.” (pg. 172)

<p>3. NORMALIZES ANAL AND ORAL SEX</p> <p><i>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.</i></p>	<p>“Q. Do people ever have sex any way except for the man’s penis to be inserted in the woman’s vagina? A. People express their sexual feelings in many different ways. The most important thing is that you should be comfortable with everything that you do.”</p> <p>Circles of Sexuality exercise includes references to “anal sex.” (pg. 140)</p> <p>“In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate health information about sexual intercourse—vaginal, oral, and anal.” (pg. 177-8)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>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.</i></p>	<p>“More reasons to use a sexuality lens in our work include: • To recognize sexual minorities that are otherwise hidden (such as homosexuals, sex workers, etc).” (pg. 173)</p> <p><i>Note: CSE programs commonly promote LGBT rights and rights for sex workers.</i></p> <p>“Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same gender people are normal for preteens and young teens and are not necessarily related to sexual orientation.” (pg. 177)</p> <p>“Negative social messages and homophobia in the wider culture can mean that young adolescents who are experiencing sexual attraction to and romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality.” (pg. 177)</p> <p>“Whether a person’s primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence. Between three and ten percent of the general population is probably exclusively homosexual in orientation. Perhaps another ten percent of the general population feel attracted to both genders.” (pg. 177)</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>“Ask them to describe the feelings of pleasure they experience. Ask if they have ever heard of getting a feeling of pleasure from touching their own body.” (pg. 102)</p> <p>“Q. What is an orgasm? A. When a man has an orgasm, his penis gets larger and hard, and semen comes out. Then his penis gets smaller and soft again. The orgasm takes about five to 20 seconds. When a woman has a vaginal orgasm, her vagina squeezes together. It lasts about the same time as a man’s orgasm, but can last longer. A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse. A woman can get pregnant even if she does not have an orgasm. (pg. 73)</p> <p>“Ask participants to think about the messages that they have received from parents, teachers and other adults as well as from their peers about the ways in which girls and boys and men and women should behave around sexual pleasure...” (pg. 109)</p>

	<p>“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.” (pg. 171)</p> <p>“... often men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation for chastity, and deny that they feel sexual pleasure.” (pg. 172)</p> <p><i>Note: While this may be true in some cultures, is this appropriate for 10-year-olds to be thinking about?</i></p> <p>“Sensuality allows a person to experience pleasure when certain parts of the body are touched. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.” (pg. 174)</p> <p>“Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males.” (pg. 177)</p> <p><i>Note: Again, while this is a perfectly factual statement should 10-year-olds be thinking about orgasms and climaxes? Is it appropriate for their school teacher to be teaching this to them at this age?</i></p> <p>“Fear about sexuality can negate possibly pleasurable aspects of sex” (pg. 173)</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>“A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse. A woman can get pregnant even if she does not have an orgasm.” (pg. 73)</p> <p>“Though there is no medical evidence that masturbation is “bad” in any way, there are many myths that say it is harmful to the mind or body. As a result of such myths, many people feel extremely anxious or guilty about masturbating, and thus worry about the consequences of touching themselves.” (pg. 98)</p> <p><i>Note: This is not medically accurate. While a moderate amount of masturbation may not cause immediate negative health consequences, excessive masturbation can become compulsive and addictive, leading to the development of pornography addiction, -harmful paraphilias or difficulties in performing sexually. For example, erectile dysfunction is a growing problem for males who struggle with compulsive masturbation, often in association with viewing pornography.</i></p> <p>“Masturbation is rubbing, stroking, or otherwise stimulating one’s sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation.” (pg. 103)</p> <p>“Ask them how it feels to be doing, holding, or eating this thing. Ask them to describe the feelings of pleasure they experience. Ask if they have ever heard of getting a feeling of pleasure from their own body. Ask them what the word for this is. If they do mention masturbation, briefly describe what it is and why it happens, stressing that medical professionals say it is completely normal, but some cultures and religions might not support it.” (pg. 108)</p> <p>“Stress the Following • Masturbation is often the first way a person experiences sexual pleasure. • Many boys and girls begin to masturbate for sexual pleasure during puberty.” (pg. 103)</p>

	<p>“Facilitator Note: ...Boys may stroke their penises until they ejaculate. Girls’ vaginas may become wet, moist, or tingly from self stimulation, and they may experience orgasm. Many people, males and females alike, masturbate at some time in their lives.” (pg. 103)</p> <p>Some cultures and religions oppose masturbation. If you have questions about your religion’s position, talk to your religious leader. Thank them for being an enthusiastic group. Tell them that it is hard to talk about one’s body sometimes and that you are proud of them for participating and sharing with each other. (pg. 109)</p>
<p>7. EROTICIZES CONDOM USE</p> <p><i>May use sexually explicit methods (i.e., penis and vagina models, seductive role play, 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><i>Note: In the My Changing Body manual, there is no mention of condom or contraceptive failure rates which are much higher for children due to their immaturity and the lack of the full development of the impulse control center of the brain. It also fails to inform children that the HPV virus which causes cervical cancer is spread from skin to skin contact and that condoms cannot protect against HPV.</i></p> <p>“Q. How do couples prevent pregnancy? A. When a man and a woman want to have sexual intercourse without having a child, they can use a family planning method to prevent pregnancy. There are many types of family planning methods, also called contraceptives. The couple’s choice is based on physical and emotional reasons. A couple can also avoid a pregnancy by abstaining from sex during the woman’s fertile time, if they know when she is fertile. When a couple is using a family planning method correctly, this means they are “protected.” Unprotected sexual intercourse means sex without any contraception.” (pg. 74)</p> <p>“Male Condom. The male condom is a thin rubber tube. It is closed at one end like the finger of a glove so that when a man puts it over his penis, it stops the sperm from entering a woman’s vagina. • Female Condom. The female condom is a rubber sheath that fits inside the vagina and covers the vulva, preventing sperm from entering a woman’s vagina.” (pg. 74)</p> <p>“Q. How would you get your partner to use a condom? A. Sometimes people are reluctant to use condoms, because they think that condoms diminish the experience of sexual intercourse. It is easier for two partners to discuss condom use before engaging in sexual intercourse.” (pg. 78)</p> <p>“Q. How can I protect myself against STIs? A. The only methods for protecting oneself against STIs are using condoms ...” (pg. 177)</p> <p>“This means that youth also need to know how to use latex condoms to prevent STD infection.” (pg. 178)</p> <p>“Teenwire (www.teenwire.com) Teenwire is Planned Parenthood’s Website for adolescents. It provides reliable information on body literacy, puberty, sex, masturbation, relationship, and sexuality.” (pg 191)</p> <p><i>Note: When you go to teenwire.com and search under masturbation you get promoters and companies that sell sex toys!</i></p>

<p>8. PROMOTES EARLY SEXUAL INDEPENDENCE</p> <p><i>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.</i></p>	<p>“Personal biases and attitudes should not interfere with the teaching of this manual. VYAs have a right to honest, accurate, and appropriate information about their sexuality and reproductive health.” (pg. 5)</p> <p>“Session 4: Concerns about My Fertility, are designed to maximize the participation of boys and girls together” (pg. 12)</p> <p>“Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older. (pg. 37) <i>Note: When is older?</i></p> <p>“Sexuality is a human right. Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you. Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass mutual consent and respect.” (pg. 172)</p> <p>“Q. When is a good age to have sex? A. Having sex for the first time can be an important emotional event. There are many questions that should be considered before actually doing it:</p> <ul style="list-style-type: none"> • Am I really ready to have sex? • How will I feel about myself after I have sex? • How will I feel about my partner afterward? • Am I having sex for the right reasons? • How will my parents and friends feel about me having sex? • What do my religion and culture say about sex and sex before marriage? • How will I protect myself against unintended pregnancy or infection? • If I have sex, will I have to lie about it later? • Will I feel guilty?” (pg. 73)
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>Defines abstinence as “the total avoidance of sexual intercourse between partners.” (pg. 74)</p> <p>“...the surest form of protection from unintended pregnancy and infection can be achieved through abstinence, the avoidance of sexual intercourse.” (pg. 78)</p> <p><i>Note: Abstinence is only mentioned in three instances in this program, and, even in those cases, abstinence is referred to as avoidance of sexual intercourse. As mentioned earlier, My Changing Body is a “fertility awareness” program. The emphasis is not on teaching abstinence as a standard, but instead, the focus is on encouraging sexual activity and then teaching children that they can avoid pregnancy through proper timing of intercourse.</i></p>
<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</i></p>	<p>“My Changing Body introduces ... topics and activities that help youth become more aware of gender roles and other social changes that occur with ... developing gender identity and sexuality.” (pg.</p> <p>“Gender identity—Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a person’s biological gender is not the same as his/her gender identity—this is called being transgender.” (pg. 176)</p>

<p><i>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>“Step 7 Talking about Puberty Pair Exercise (20 minutes) If culturally appropriate, encourage them to be creative and encourage girls to act out male roles or boys to act out female roles” (pg. 26/Session 1) <i>NOTE: Gender role switching is suggested throughout.</i></p> <p>“Promote gender-sensitive language, images and examples.”</p> <p>“Avoid using the male pronoun (he/his/him) to connote a general reference and instead use gender-neutral terms (anyone, their, those).” (pg. 8- 9)</p> <p>“When participants use biased or sexist language or make gender stereotypic assumptions, gently call their attention to the assumption, question whether that is always true for all girls/ boys or women/men and then move on. Avoid shaming the participant while encouraging a shift in peer norms related to gender role assumptions. Over time participants will correct themselves and each other.” (pg. 9)</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><i>Note: While there is not a direct emphasis in My Changing Body on abortion, it refers children to multiple abortion rights advocacy groups including Planned Parenthood, the largest abortion provider in the world.</i></p> <p>“Feelings and attitudes—Are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STD infection, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.” (pg. 177)</p> <p>“...ensure that all VYAs have access to appropriate sexual and reproductive health information.” (pg. 10)</p> <p><i>NOTE: Sexual and reproductive health” is often used as a euphemism for abortion so perhaps most telling are the references to “reproductive health services” and information and resources this program points to including:</i></p> <ul style="list-style-type: none"> ● International Planned Parenthood Federation (IPPF) IPPF and its member associations are committed to promoting the rights of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. ● International Women’s Health Coalition The International Women’s Health Coalition’s (IWHC) mission is to secure every woman’s right to a just and healthy life. IWHC empowers leaders, women and young people and advocates for women’s rights and health [i.e. abortion and LGBT rights] all over the world. <p>Youth Coalition for Sexual and Reproductive Rights The Youth Coalition is an international organization of young people between the ages of 15 and 29 committed to advocating for sexual and reproductive health and rights [i.e., abortion and LGBT rights] at the national, regional, and international levels.</p> <p><i>Note: My Changing Body provides information on the following “family planning methods” some of which is not medically accurate:</i></p>

“A couple can also avoid a pregnancy by abstaining from sex during the woman’s fertile time, if they know when she is fertile. **When a couple is using a family planning method correctly, this means they are “protected.”** Unprotected sexual intercourse means sex without any contraception.” (pg. 74)

“...teens need information about all the effective methods of contraception currently available, how they work, where to obtain them, **their effectiveness, and their side effects.** This means that youth also need to know how to use latex condoms to prevent STD infection.” (pg. 178)

Note: It says children need information about side effects and effectiveness of contraception methods, but it does not provide this information.

Note: My Changing Body provides information on the following contraceptives without providing failure rates.

- “If ... samples of family planning methods are available, show them while offering an explanation of the methods . . .
- Male Condom. The male condom is a thin rubber tube. It is closed at one end like the finger of a glove so that when a man puts it over his penis, it stops the sperm from entering a woman’s vagina.
- Female Condom. The female condom is a rubber sheath that fits inside the vagina and covers the vulva, preventing sperm from entering a woman’s vagina.
- Intrauterine Device (IUD) or Intrauterine Copper Device (IUCD). IUDs are small plastic or metal devices of varying shapes and sizes that are placed in the uterus to prevent pregnancy.
- Diaphragm. The diaphragm is a shallow, dome-shaped rubber cup with a flexible rim. It fits into the vagina and over the cervix, keeping sperm from joining the egg. It is most effective when used with spermicidal cream, jelly, or foam.
- Lactational Amenorrhea Method (LAM). Women who are exclusively using breastfeeding as the baby’s nutrition can use LAM. LAM suppresses ovulation because breastfeeding changes the body’s physiology so that ovulation does not occur.
- Natural Family Planning and Fertility Awareness Methods. These are methods by which couples time sexual intercourse to avoid the woman’s days of fertility in her menstrual cycle. Women with regular menstrual cycles can use the chain as a family planning method to identify when a woman is fertile. Other women may want to use other ways to know which are their fertile days. They can check each day to see whether or not they have secretions. If they do, they will know that they are fertile on those days. They can also take their temperatures to determine when they are ...”

Note: My Changing Bodies also gives information on spermicides, Emergency Contraception, sterilization and more. (See pages 74-76)

<p>12. PROMOTES PEER-TO-PEER SEX ED/SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p><i>Note: While the “My Changing Bodies” manual does not directly advocate for peer-to-peer sex-ed and sexual rights advocacy, it does encourage children to engage in sex discussions and to become comfortable using graphic sexual language with each other and it refers to children to other entities that train youth to engage peer-to-peer sex ed and sexual rights advocacy. The curriculum suggests having children participate in discussions during which they are encouraged and required to use explicit sexual vocabulary and slang terms.</i></p> <p>Listed below are several sexual rights advocacy groups and materials that <i>My Changing Body</i> refers young children to:</p> <p>Voices of Youth (www.unicef.org/voy/) VYA aims to offer all children and adolescents, including the hard-to-reach, a safe and supportive global cyberspace within which they can explore, discuss and partner on issues related to human rights and social change, as well as develop their awareness, leadership, community building, and critical thinking skills through active and substantive participation with their peers and with decision makers globally.</p> <p>It’s Your Sex Life (www.itsyoursexlife.com) It’s Your Sex Life is an interactive website maintained by Music Television (MTV). It provides young people with information about sexual and reproductive health and provides a forum for youth to ask questions and share their stories.</p> <p>X-press (www.ippf.org/en/Resources/Newsletters/) X-Press is IPPF’s newsletter by and for young people.</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>UNICEF’s “Voices of Youth (www.unicef.org/voy/)--VYA aims to offer all children and adolescents, including the hard-to-reach, a safe and supportive global cyberspace within which they can explore, discuss and partner on issues related to human rights and social change...” (pg. 188)</p> <p>“All cultures have traditional roles assigned to women and men. These are based on social expectations, not on the natural abilities of women and men. As our world changes, the social expectations change as well. For girls and boys to grow into healthy women and men, we must look at these traditional roles and expectations, and change some of them so that we can work together as equals in improving our lives and the lives of our communities. Many traditional female and male roles exist regarding sex and sexuality, and we will continue to explore these ideas as we work together in this program.” (pg. 26)</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>“Things shared will be kept strictly confidential. They will not be discussed outside the group.” (pg. 17)</p> <p>“To make this course a success, fears or discomforts about discussing sexuality and the human body must be overcome.” (pg. 8)</p>

15. REFERS CHILDREN TO HARMFUL RESOURCES

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

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

The following are listed in *My Changing Body* as resources to be used with children:

“International Planned Parenthood Federation (IPPF) -- IPPF and its member associations are committed to promoting the rights of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. IPPF links with autonomous national Family Planning Associations (FPAs) in over 180 countries worldwide.” (pg. 187)

Note: See InvestigateIPPF.org to understand the radical sexual concepts IPPF seeks to teach children. My Changing Body is based on Planned Parenthood sexual ideology.

“Planned Parenthood Federation of America (PPFA)—PPFA is the world’s largest and most trusted voluntary reproductive health care organization. PPFA believes in the fundamental **right of individuals to manage their own fertility regardless of** income, marital status, race, **age, sexual orientation, and national origin.**” (pg. 188)

Note: See PlannedParenthoodExposed.com.

“Teenwire (www.teenwire.com) –Teenwire is Planned Parenthood’s Website for adolescents.” (pg. 188)

Note: Teenwire at one point promoted pornography viewing for children as a healthy choice. See at www.cnsnews.com/news/article/porn-maker-praises-planned-parenthoods-teenwire-web-site.

UNICEF’s “Voices of Youth (www.unicef.org/voy/)--VYA aims to offer all children and adolescents, including the hard-to-reach, a safe and supportive global cyberspace within which they can explore, discuss and partner on issues related to human rights and social change...”

Note: See StopCSE.org/unicef to see how UNICEF is also promoting the sexualization of children through CSE. While UNICEF is careful on their Voices of Youth website not to show all of their agenda, they do have an article posted there, entitled “What should I do?” which states, “when it comes to such questions related to “coming out” about your sexual orientation, before going to our parents and relatives, we should accept and embrace that we are who we are.”