

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 **Guide Book for Teachers – Comprehensive School Health Programme (Bhutan)**

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

Guide Book for Teachers Comprehensive School Health Programme contains **11 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “This ‘*Guidebook for Teachers on Adolescent Health*’ is designed to provide teachers with appropriate material that they can use in the classroom setting to build the information and skills of students. It is a simple, clear, user friendly guide which has been developed after interaction and in-depth understanding of issues with Senior Program Managers, School Health Coordinators, Doctors, Health Workers, Teachers and students to be used under the Comprehensive School Health Program of the Ministry of Health and the Ministry of Education.” (p. v)

Target Age Group: 8-19

International Connections: UNFPA, WHO

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <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</i>	“Now ask the same groups to prepare roleplays on how to deal with sexual harassment. ” (p. 81) “The size of the penis either when it is flaccid (not erect) or when erect is not an indicator of a man’s masculinity or sexual ability.” (p. 158) “Her name was Sonam and she too was 13 years old. She seemed very nice and pleasant and had helped him clean up the carpet when one of his younger cousins accidentally knocked down a plate of food. That night as he was preparing to sleep, Sonam’s face flashed in front of Tenzin. He remembered her

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.

discussion of sexual experiences, attractions, fantasies or desires.

sweet laughter and her warm eyes. Her thoughts made him smile, and he very soon fell asleep. In the morning, **he woke up to find that his under garment was wet and that he had stained the bed-sheet.**" (p. 175)

PHYSICAL CHANGES IN BOYS AT PUBERTY

1. Growth spurt occurs. (height and weight)
2. Overall increase in size of body parts, e.g. hands, face, legs.
3. Skin becomes oily and pimply. Body sweats more and smells.
4. Shoulders and chest broaden.
5. Muscles develop.
6. Larynx (voice box) enlarges, voice deepens.
7. Facial hair appears.
8. Underarm, arm, leg and chest hair appears.
9. Pubic hair appears.
10. Penis and testes enlarge.
11. Sperm production begins.
12. Ejaculation and wet dreams occur.



(p. 33)

PHYSICAL CHANGES IN GIRLS AT PUBERTY

1. Growth spurt occurs (height and weight)
2. Overall increase in all body parts including hands, legs, face.
3. Skin becomes oily and pimply
4. Breasts develop.
5. Hips widen
6. Underarm hair appears
7. Pubic hair appears.
8. External genitals enlarge
9. Uterus and ovaries enlarge
10. Ovulation occurs
11. Menstruation begins.

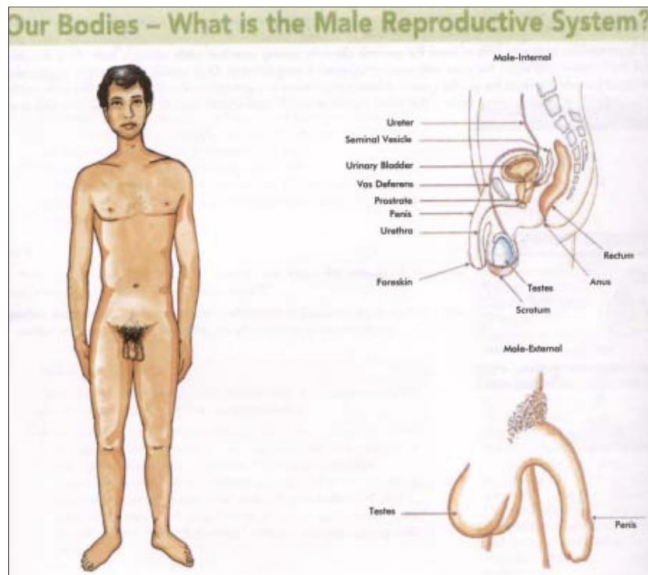


(p. 34)

“Sexuality is a total expression of us as human beings. It includes all the thoughts, feelings and behaviour of being male and female, being attractive, being in love as well as being in relationships that include intimacy and physical sexual activity. Sexuality is shaped by values, attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes. **Many may think that issues of sex and sexuality pertain to sexual intercourse only, when in fact sexuality covers a broad area.** Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and

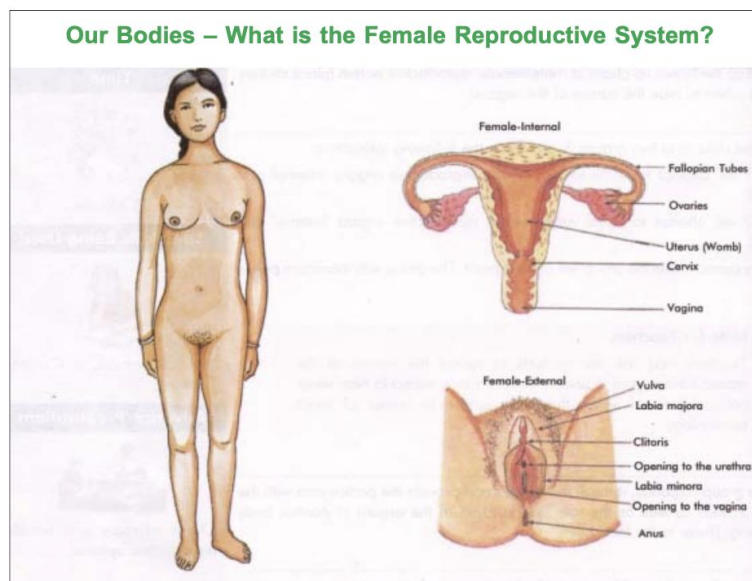
bonding as well as share pleasure in our relationships.” (p. 288)

“To enjoy the important benefits of sexuality, while avoiding negative consequences, some of which may have long term or even life time [sic] implications, it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment – to protect their own sexual health, as well as that of others. **During adolescence, sexual exploration and expression is common and normal.** Sexual relationships may begin in adolescence either within or outside marriage. While sexual activity can be pleasurable, the consequences of unwanted and unprotected sex in adolescents can have life long health and economic consequences.” (p. 289)



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(p. 178)



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(p. 190)

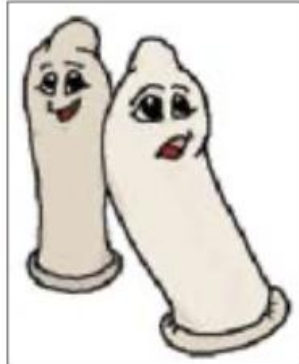
	<p>“Now ask the students the following questions one by one and note the responses on the board. Get multiple responses for each question.</p> <ol style="list-style-type: none"> 1. What do you understand by the term ‘sex’? 2. What is ‘sexuality’? 3. What is ‘sexual intercourse’? 4. How is ‘sexuality’ different from ‘sex’?” (p. 285) <p>“Go through some newspapers and magazines and cut news items about sex and sexuality. Make a list of actions, which denote sexuality, in their daily life.” (p. 288)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“For instance, critical thinking and decision making skills are important in analysing and resisting peer and media influences to use tobacco; interpersonal communication skills are needed to negotiate sexual activity.” (p. 3)</p> <p>“Point out that there could be many reasons why adolescents consent to have sex.” (p. 257)</p> <p>“They also need to possess skills to negotiate any sexual demands that may be put on them or that they may put on others.” (p. 290)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital</i></p>	<p>No evidence found.</p>

<p><i>health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Sexual intercourse is a physical act during which a man’s penis goes inside a woman’s vagina. This is often called having sex or making love. For many people this can be the most important sexual thing they can do with someone. It can be very enjoyable and fulfilling. For some people it can be the way they can most show their love for each other.” (p. 280)</p> <p>“Pregnancy cannot occur by acts related to sex like touching, kissing, petting, etc. These are mainly done to show affection and also increase the pleasure of having sex.” (p. 280)</p> <p>“Sex should be a pleasurable and consensual act between two persons.” (p. 291)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Masturbation is harmful for health. Myth – Masturbation is the manual manipulation of sex organs or other parts of the body for sexual arousal or release of sex drives/tension. Scientifically speaking, masturbation is not harmful for health, provided body parts are neither injured in the process nor exposed to unhygienic objects or conditions. It does not affect sex life/performance in any way.” (p.157)</p> <p>“‘Wet Dreams’ or nocturnal emissions can also be a voluntary act by the individual. This is known as ‘masturbation’ or ‘auto sex’ or ‘self stimulation’. This also is neither bad or immoral or unhealthy.” (p. 177)</p> <p>“Most students have had some experience with masturbation before puberty although many of them maybe unfamiliar with the word ‘Masturbation.’ They have heard it called ‘touching yourself,’ ‘self-abuse,’ or more commonly among the boys, the slang term ‘jacking off.’ Simply stated - self stimulation of the genital organs is called masturbation.” (p. 179)</p> <p>“Authorities tell us that it is an almost universal practice among healthy boys and is also a common behaviour in girls. People learn it by themselves or else from their youthful friends. Masturbation may begin at any age and it has been observed in children under three years of age. It may be started again in the adolescent years and re-occurs in adult life during times of stress or sexual deprivation. At one time, there was a great deal of concern about masturbation. Many people thought it caused serious health and sexual problems, and it was regarded as sin. While some of these attitudes and beliefs have changed today, there is still a lot of misinformation and misunderstanding about masturbation.” (p. 179)</p> <p>“The dire consequences that are commonly believed to follow from masturbation are almost entirely fictitious. Masturbation will not impair the</p>

	<p>mind and it will not interfere with the successful performance of the sexual function in marriage. Many superstitions and unfounded attitudes have been handed down from generation to generation that implied that masturbation would have very dangerous consequences for the boy in his teens and for the man he is going to be. Actually, any harm resulting from masturbation, according to the best medical authorities, is likely to be caused by worry or a sense of guilt due to misinformation. While doctors do not encourage the practice, they treat it as a natural part of growing up.” (pp. 179-180)</p> <p>“Some families and religious organizations believe that masturbation is morally wrong. Each student must consider these beliefs when deciding what behaviour is best for him/her. Most religious and medical counsellors now take a position that masturbation is a normal way-station in the maturation process.” (p. 180)</p> <p>“Some Myths about Wet Dreams and Masturbation:</p> <ul style="list-style-type: none"> • MYTH: Loss of semen during wet dreams leads to weakness of body. FACT: Wet dreams/masturbation are a normal part of growing up. They do not make one tired. • MYTH: Only the young, unmarried and the immature individuals practice masturbation. FACT: Even married and elderly people practice masturbation. There is no research evidence to show that only immature people practice masturbation. • MYTH: Practicing masturbation is bad and harmful. FACT: Masturbation is an outcome of a physiological need. The guilt feelings associated with such an act and the attitudes of the society make the person to think that it is bad or harmful. • MYTH: Only boys practice masturbation. Girls do not practice masturbation. FACT: Masturbation is practiced by both sexes. It is more common among the men. Women are taught culturally to suppress sexual needs. This does not mean they have no sexual needs. A woman masturbates by stimulating the clitoris. • MYTH: Masturbation leads to weakness, impotency and insanity. FACT: There is no connection between masturbation and weakness, impotency and insanity. It does not lead to insanity.” (p. 180) <p>“Masturbation / other means can be used for fulfilling sexual desires.” (p. 230)</p> <p>“Masturbation is one of the safest activities for avoiding HIV infection. It is perfectly normal and causes no side effects.” (p. 334)</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</i></p>	<p>“Some things that people can do are to abstain from sex, be faithful or make sure they use a condom when having sexual intercourse.” (p. 95)</p> <p>“A condom gives protection against STIs – Fact. Yes, a condom, used correctly and consistently, provides protection against STIs.” (p. 203)</p>

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

“Ask the students for the safer choices to prevent oneself from getting infected with HIV/AIDS from each of the above behaviours. Note down the answers of the students on the blackboard. Possible Responses: abstinence, being faithful, **condom**, not using used syringes, not taking drugs, not taking blood transfusion unless absolutely necessary.” (p. 227)



(p. 227)

“These are called ABC OF PREVENTION

- **ABSTINENCE:** Is the best method and the only method which is 100% safe...
- **BE FAITHFUL:** If and when you have sex you should be faithful to your partner. In fact both partners have to be mutually faithful to each other. Multiple partners increase the risk of HIV.
- **CONDOM – Use a condom correctly and consistently in all sexual acts.** A condom gives protection against HIV virus and also acts as a contraceptive device.” (p. 230)



(p. 230)

“Condoms are made of a thin rubber sheath, which is rolled on to the erect penis before sexual intercourse. It prevents the semen (sperms) from being discharged into the vagina of the partner. There is a small pouch at the closed end of condom in which the semen collects when ejaculated. A condom is also used to prevent Sexually Transmitted Diseases (STIs) [sic] like syphilis and HIV as

	<p>it prevents contact between vaginal secretions and the penile secretion. A condom is the only contraceptive that gives protection against STIs for the both the partners [sic]. It is also an effective birth control method.” (p. 309)</p> <p>“Using a Condom</p> <ul style="list-style-type: none"> • Remove rolled condom from the packet. • Place the condom on the erect penis and unroll it over the penis. • After the sexual activity remove it carefully without spilling. • Knot the open end of the condom. • Wrap the condom in a paper and throw it in a dustbin.” (p. 309)
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</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. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Being an adolescent is not always easy. In fact, teenagers are often faced with very complicated and important decisions. One such decision is whether or not to have sex.” (p. 102)</p> <p>“I am a 16 year old girl and in love with a boy. I want to have sex with him. Is there a right age at which people can start having sex? Just as there exists the well-known concept of readiness for love, many sexologists talk about readiness for sex. ‘Unless a person has thought about sex and found a place for it his [sic] or her personal system of values and ethics, there is the risk of conflict, guilt, jealousy, and other negative feelings that may outweigh the benefits of sex’, says Dr. June Reinisch in the book ‘The Kinsey Institute’s New Report on Sex.’ Chronological age alone cannot define readiness for sex. Sensitivity, maturity, mastery over life skills, emotional readiness, responsibility and ability to deal with the various consequences – both pleasurable and not so pleasurable, of sex are a must for leading a joyful and healthy sex life.” (p. 262)</p> <p>“What factors other than age should ideally determine the timing of sexual initiation?” Ask a volunteer to record the responses on the blackboard. Possible responses: Self-awareness, self esteem, maturity, personal values, economic independence and ability to decide, level of information on sex, detailed knowledge about the partner’s reproductive health, contraception and safe sex, understanding the consequences of sex, ability to deal with these consequences, possessing life skills and negotiating ability etc.” (p. 258)</p> <p>“Emphasize that initiation of sex is not dependent on chronological age alone, but on many more factors such as self-awareness, emotional and intellectual maturity, and information level regarding sexuality and level of social support and economic independence available.” (p. 258)</p> <p>“Read out the annexure ‘What’s the right age to have sex?’ and carry out a discussion. Tell them that many adolescents of your age ask such questions very frequently and need to think about such matters in advance.” (p. 258)</p> <p>“Making decisions regarding sex should not be dependent on chronological age or on being attracted or aroused by a person. Many more factors like self esteem, self awareness, emotional and intellectual maturity, information level regarding sexuality should be taken into account. Maturity, commitment,</p>

sensitivity, wisdom, companionship, clarity and **ability to tackle or deflect the consequences of sex are necessary ingredients.**" (p. 261)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

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

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

“Give each group a chart paper and marker pen. Request one group to give a list of reasons **why some young people choose to have early sex** and the other group to give a list of reasons why some young people choose NOT to have early sex. Give the groups ten minutes for the group work. Invite reporters of both groups in turn to display their charts and represent the listed reasons.” (p. 181)

“Further reiterate that in the light of the above discussion, **the decision to have or not to have sex is an important one.** It has bearing on the person’s future including his/her career, personal and married lives and possibly his/her yet unborn children. Thus, ‘when to have sex?’ becomes an important question. Tell them that in addition to age other factors too are important. Such decisions should be critically thought of, be lawful, in line with the personal values and **should ultimately enhance and enrich a person’s life.**” (p. 182)

FACT SHEET

Possible reasons (list is not complete...) expressed by young people:

Sl. No.	To Have Sex	Not To Have Sex
1.	Express love	Don't want to do it
2.	Receive love	Value of self & family don't allow
3.	Retain friends	May be painful
4.	Experiment	Risk of Pregnancy
5.	Curiosity	Risk of infections / diseases
6.	Rebellion	Danger of Blackmail
7.	Forced into sex	Want to gift virginity to spouse
8.	Peer pressure-everybody else is doing it	Can't afford to bring up a baby
9.	Effect of films, TV and print media	Don't want to interrupt studies and career because of pregnancy
10.	To prove that one has 'grown up'	Because they know that no contraceptive is 100% effective

(p. 184)

“Sex is one of the most intimate acts. Anyone can have sex, but wisdom demands that we exercise our informed and critical choices regarding the person and timing **before we say yes to sex.** Most adolescents are unable to exercise informed choice as they lack information regarding not only reproductive health (contraception, STI) but also about consequences of sex.” (p. 185)

“Adolescents and teenagers are adventurous and like to experiment and experience new things. **This may apply to sex also.** The aim of human sexuality education is to provide accurate and correct knowledge about human sexuality and the hidden dangers involved in reckless experimentation and build skills for responsible behaviour.” (p. 201)

“**Indulging in a sexual act is a major decision.** Careful analysis of the associated responsibilities and the capability of entering into commitments are necessary

before undertaking such a step.” (pp. 255, 290)

“**They may indulge in sexual intercourse on the spur of the moment.** They need to be careful and realize the immediate and long-term consequences of their acts. Among adolescents there is a tendency to satisfy curiosity by sexual experimentation, disregarding the risks and rebelling against the social norms. Substance abuse (alcohol) and peer pressure are additional facilitating factors in risk taking. Adolescents need to be convinced that certain social norms have innate protective qualities. Staying faithful to one partner, social acceptance for sex within marriage are some of these. **Knowledge of safe sex** (safe in terms of preventing HIV/ STI and unwanted pregnancy) **and contraception is an absolute must.** Unprotected sex, especially with a stranger or paid sex worker is highly dangerous in terms of risks of acquiring sexually transmitted diseases (STIs) and HIV infection.” (p. 255)

“Choden is 18 years old and friendly with Dorji, a handsome boy of 19 years. She and Dorji are close and Dorji had asked her to have sex many times, but she has refused. **Choden loves him a lot and recently agreed to have sex with him.** She said to herself, ‘Why not? I am an adult’, ‘I have my rights and I can decide independently, and do as I want. This age is meant to have fun and experiment with life. Many other girls are doing it and I do not want to miss out on a good life. Moreover I am in love with Dorji and would like to marry him. She felt she was very lucky to have a friend like Dorji and did not want to lose him.’” (p. 256)

“Ask the students:

- What factors should ideally determine the timing of sexual initiation?
- **What according to them is the right age to have sex?**
- What could be the consequences of having unprotected sexual intercourse?” (p. 260)

“**Sex fulfills many functions.** A sense of intimacy, sharing and expression of love are some of them. Power play, machismo and experimentation are some other reasons people have sex.” (p. 263)

“Safe sex requires adjusting one’s feelings and desires according to the circumstances. Safe sex is a sexual relationship in which there is minimal risk of acquiring STI’s [sic] and HIV/AIDS and also pregnancy. Abstinence, **being faithful to one trustworthy, faithful, and healthy sexual partner** and **regular use of condoms** during penetrative sex are well known safe sex practices (commonly called ABC). All adolescents need to know the details of safe sex.” (p. 287)

“Every adolescent should understand the concept of ‘**safe sex.**’ It is important to have a healthy sexual life style [sic].” (p. 287)

“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:**

1. Am I really ready to have sex?

2. How will I feel about myself after I have sex?
3. How will I feel about my partner afterward?
4. Am I having sex for the right reasons?
5. How will my parents and friends feel about me having sex?
6. What do my religion and culture say about sex and sex before marriage?
7. How will I protect myself against unintended pregnancy or infection?
8. If I have sex, will I have to lie about it later?
9. Will I feel guilty?" (p. 291)

"Deciding to initiate sexual acts is a major decision in life and needs to be carefully thought through. **The knowledge of safe sex and contraception is helpful in mitigating consequences of sex.** The ABC of prevention of STI/HIV/AIDS must be followed (A-Abstinence, B-Be faithful, C-Consistent condom use)." (p. 321)

"Sonam is 15 years old and is friendly with Rinzin, a good-looking boy in her own class... However, Rinzin has asked her to have sex many times and Sonam has refused. There are other couples in school who have had physical relations with each other, and though Sonam loves Rinzin a lot, she is very confused about what to do. Finally, after a lot of thought **she decides that she is an adult and sex is beautiful and fun.** Also, she reasons that they have already decided to marry each other so there can not be any harm. Right? Therefore, Sonam agrees to have sex with him!" (p. 323)

"Nima is 15 years old, and this is her third date with Dorji. During the date, Dorji gives her a small gift and wants to take Nima to his house. However, as his parents are not at home, Nima does not want to go alone to his house but feels obliged to go because of the gift. **Once at home, Dorji insists that they have sex.** Though Nima hesitates a bit, she finally gives in and agrees." (p. 324)

"**Sherub is a 15 year old boy and is planning to visit a sex worker** with some friends, as they have been watching a lot of blue movies and feel the need to experiment with sex. A few days after visiting a sex worker, Sherub feels pain while urinating and also observes some boils around his genitals. He gets very scared and visits a doctor, as he is unable to bear the pain. After a medical examination, the doctor tells him that he has contracted an infection by having sex with someone who is infected." (p. 326)

"Rangdrol and Yangki are 17 year old teenagers who like each other immensely and have been going around for the last two years. Rangdrol's friends always tease him and ask him whether he has had sex with Yangki. Rangdrol does not like his friends questioning him and ridiculing him in such a way. But gradually, he begins to think that if his friends are having sex, perhaps he can also try it. **He tries reading some pornographic books and also watches blue films to understand everything about sex** and then asks Yangki whether she is ready. She says no. One day, all his friends including Yangki are having a stay over. The boys are enjoying themselves and drinking. Rangdrol and Yangki also drink a lot that night and have sex." (p. 326)

	<p>“Spend some time alone thinking about your values and ask yourself, ‘Does my sexual behaviour reflect my values?’ Whenever you are with peers or friends who try to influence you to make a sexual decision which goes against your own values, trust yourself. Remember the potential consequences of your decision to have sex. It is too late think [sic] about pregnancy, STDs and HIV/AIDS after you have put yourself, and another person, at risk of these diseases. Anticipate situations where you may have to make a decision regarding your sexual conduct. You already know what times and places you may find yourself needing to make a sexual decision keeping in mind your thoughts and values.” (p. 329)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Contraceptives such as I.U.D. and pill protect women from getting pregnant by either preventing the fertilized egg from embedding in the uterus or by preventing the release of an ovum.” (p. 202)</p> <p>“Before becoming sexually active, a person should have accurate information about reproduction and contraception, STIs including HIV and how to prevent their spread.” (p. 262)</p> <p>“Advanced Preparations: Pencils, pens, sheets of paper, a box/basket, pictures of various types of contraceptives [sic] devices – condom, contraceptive pills, diaphragm, intrauterine copper T, loop, vasectomy, tubectomy, etc, and also the samples of some of them – condom, loop, copper T, pill pack...” (p. 303)</p> <p>“State that students may not need the contraceptives in the near future. But there is a need to know about them and be aware of them. Point out that there are other uses for the ‘contraceptive’ items – pills e.g. in controlling excessive bleeding and irregular bleeding.” (p. 304)</p> <p>“Applaud the answers. State that a responsible adult – a man or a woman needs</p>

to understand the advantages of a small family, decide to plan childbirth, know all types of contraception and **choose the appropriate method depending upon the need**. He/she needs to effectively communicate with the partner to convince him/her to use contraception between them.” (p. 204)

“**Introduce the word ‘Contraception’** which means control of conception. Now ask all the students in the class to write on a piece of paper another name for contraception if she/he knows and also example of 2 contraceptive methods he/she knows or has seen in magazines/ T.V./Movies.” (p. 205)

“State that **all methods of contraception are the shared responsibility and decision of both partners**. All contraceptive methods are user dependent. If a method is not strictly adhered to pregnancy may occur. The aim is to emphasize that **only abstinence and condoms** can prevent HIV and STIs as well as pregnancy.” (p. 306)

“Mention ‘**Emergency Contraception**’ – that works for sometime AFTER Sexual intercourse. A doctor’s advise [sic] is required.” (p. 306)

“**Birth control methods are very safe and effective**, depending on the method used.” (p. 306)

“Ask the students:

1. What do they understand by the term Contraception?
2. Why should one use birth control?
3. **Name the different birth control methods.**
4. What is Emergency Contraception?” (p. 307)

“The contraceptive methods are different and can be used by any woman or man, married or unmarried, who engages in sex. The partners should have proper knowledge of how different methods work, discuss between themselves and **take the decision to adopt a method suitable to both of them.**” (p. 308)

“**Temporary Methods:**

- Condoms
- Diaphragm
- Intra Uterine Devices (IUD, Loops like Copper T)” (p. 308)

“**Permanent Methods:**

- Vasectomy for the male
- Tubectomy for the female” (p. 308)

“**Emergency Contraception:** Pill 72, Morning after Pill” (p. 309)

“**Intra Uterine Devices (IUDs):** A small flexible plastic device (Loop) usually with a copper covering (copper-T), which is inserted into the womb by a doctor. It prevents the fertilized egg from getting implanted in the womb. Copper-T or IUDs are effective for 2 or 5 years. It can be removed whenever the couple

	<p>wants a child and a doctor does the removal.” (p. 310)</p> <p>“The Pill: A Pill contains estrogen and progesterone. The pill needs to be taken regularly every day by the woman. It prevents the release of egg [sic] from the ovary every month. Different brands of pills are available in the market. It should be taken only after consulting a doctor. Whenever the woman wants to have a child, she can stop taking the pills. This is the most effective method if the pill is taken regularly. Pills are also used for irregular periods and other conditions e.g. excessive bleeding, in women.” (p. 310)</p> <p>“Emergency Contraception: This method can be used if there has been unprotected sexual activity or in case of failure of the contraceptive e.g. broken condom, missed pills. This is effective for a maximum of 72 hours after the activity but it is best taken as soon as possible. It is often called the ‘morning after’ pill... It should be used ONLY as an emergency and not as a usual practice. It is reasonably effective but one should not indulge in unprotected sex.” (p. 311)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Let the group link the game, the ‘One Legged Race’ to sexual rights and responsible behaviour. Explain to the group that sexual drive and libido are present in all animals including humans. Libido and its expression – ‘right to have sex,’ and ‘responsible behaviour’ are like two legs. Making use of one leg, i.e ‘right to have sex’ is like running the race of life on one leg – it leads to being [sic] disadvantaged, and causes more falls, blames and delays. Those who run this race on two legs, i.e sexual rights along with sexual responsibility, are likely to do better, and have fewer accidents and problems. That’s why ‘sexual rights’ must go along with responsible sexual behaviour. The full potential of life is realized only when it is led responsibly. Taking responsible decisions helps us remain healthy and safe. We need to keep today’s discussion in mind before taking any decision that can affect our present or future health.” (p. 251)</p> <p>“Sexual and reproductive rights are rights and freedoms pertaining individuals as well as to couples. The right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved.” (p. 253)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Therefore, during adolescence the individual is neither a child nor an adult.” (p. 31)</p> <p>“State that lack of age and sex appropriate information is one of the main reasons for prevalence of various myths. The students may not be able to access any one [sic] who can answer their various questions and anxieties.” (p. 155)</p> <p>“Sexuality education along with skill building helps students to take [sic] healthy and safe decisions.” (p. 204)</p>

	<p>“Studies have shown increasing incidences of premarital sexual relations among adolescents. It is therefore necessary to impart the information on sexuality to develop healthy attitudes towards sex. It is also necessary to build skills that can assist adolescents in taking [sic] responsible decisions including delaying sexual debut. The increasing incidence of sex crimes warrants the need for urgent educational intervention, so that young people are made aware of healthy sexual behaviour and the need to safeguard themselves against sexual abuse.” (p. 205)</p> <p>“The incidence of premarital pregnancy, HIV/AIDS is increasing among adolescents. Research also indicates that education about reproductive and sexual health does not encourage students to experiment with their newly acquired knowledge. Rather, it encourages them to have positive [sic] attitude towards sex and encourages responsible behaviour.” (p. 205)</p> <p>“Greet the class & tell them that we have some beliefs dear to us. Today’s session will examine whether those beliefs are rational or not, and how to analyse and then give up those beliefs that are not rational.” (p. 221)</p> <p>“Ensure that the following points are discussed:</p> <ul style="list-style-type: none"> • Delay marriage... • If someone gets married at younger [sic] age: The first pregnancy should be delayed by using suitable family planning methods till at least 20 years of age. • The minimum gap between two pregnancies should be three years. • Since it is difficult to bear too many children, people should have 1 or 2 babies (boy or girl).” (p. 266)
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“In any of the approaches adopted, boys and girls can be enabled to make sound decisions about relationships and sexual interactions and stand up to those decisions.” (p. 2)</p> <p>“You are old enough to make your own decisions. Make them but be sure: (1) that they are clear, sensible judgments based on all the facts you can command; and (2) that they are your own. What the crowd does, wears, says and thinks mean a great deal to many young people.” (p. 125)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful</i></p>	<p>No evidence found.</p>

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

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

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

For the complete text of *Guide Book [sic] for Teachers – Comprehensive School Health Programme* see: https://drive.google.com/file/d/1IJOZ67udOZKz7r9TVyIAs-xmArd4wT-y/view?usp=drive_link