

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of ***Health and Family Life Education Teacher Training Manual (Jamaica)***

Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15**

***Health and Family Life Education Teacher Training Manual (Jamaica)*** contains 14 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:** “Training Objective: The Health and family Life Education (HFLE) staff training aims to provide opportunities for training participants; to explore the nature and benefits of incorporating the HFLE curriculum in schools, participate in planning, implementing and assessing HFLE lessons using the Life Skills, participatory methodologies, thus building their knowledge, skills, abilities and attitudes so that they can become effective HFLE teachers in Jamaican schools.” (p. 6)

**Target Age Group:** Grades 1-9

**International Connections:** UNICEF, Global Fund, National Environment and Planning Agency (NEPA), Office of Disaster Preparedness and Emergency Management (ODPEM), Jamaica Information Service (JIS), Peace and Love in Society (PALS), Caribbean Food and Nutrition Institute (CFNI), Jamaica AIDS Support for Life, Ministry of Health, Family Planning Board, Community Relations Office of the Jamaica Constabulary Force, Joint Board of Teacher Education, and the National HIV/STI Control Programme

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <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</i>	<b>“Sexuality is an integral part of personality</b> , and cannot be separated from other aspects of self. The expression of sexuality encompasses physical, emotional, and psychological components, including issues related to gender.” (p. 18)  <b>“Circles of Sexuality</b> <ul style="list-style-type: none"><li>• <b>Sexualization:</b> Rape, incest, sexual harassment, withholding sex, seduction, flirting</li></ul>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

*graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.*

- **Sensuality:** Body image, human sexual response cycle, skin hunger, fantasy
- **Intimacy:** Caring, sharing, loving/liking, risk taking, vulnerability
- **Sexual Health & Reproduction:** Factual information, feelings & attitudes, intercourse, physiology & anatomy of the reproductive organs, sexual reproduction
- **Sexual Identity:** Bias, gender identity, gender role, sexual orientation” (p. 36)

“Demonstrate an understanding of the **ways in which sexuality is learned**. Demonstrate ways to respond appropriately to the key factors influencing sexual choices and experiences.” (p. 38)

“**What did you learn about sexuality growing up?** What did you discover about yourself sexually between ages 0-12 years? What did you want to know about sex between ages 13-19 years? What did you learn about yourself as a sexual person between the ages of 20 and 30 years? What do you think persons between the ages 31 to 45 and 46 to 55, and over 55 years are preoccupied with, with regard to their sexuality? What do you like about yourself now as a sexual person? **Use this activity to have participants reflect and discuss the idea that we are sexual beings from birth to death.**” (p. 155)

“Unit Objectives: By the end of the unit on Human Sexuality, participants should be able to:

1. Demonstrate an understanding of human sexuality
2. Appreciate themselves and their own **sexuality in a positive manner**
3. Use critical and decision-making skills in **managing their sexual feelings and behaviours**” (p. 244)

## **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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.*

*Note: “Consent” is often taught under the banner of sexual abuse prevention.*

“List of Life Skills to be handed to teachers: Interpersonal communication skills, **Negotiation/Refusal skills**” (p. 51)

“**Demonstrate scenarios of negotiated sex** and appropriate responses to social pressures to comply.” (p. 178)

“**Negotiating sex:** One party should seek to persuade the other to have sex and the other should keep refusing (respectfully). This should go on for about five minutes. You may use the negotiating sex worksheet as a guide. See resource material on page 213.” (p. 185)

“Worksheet for negotiating sex – **Persuading a partner to have sex**

1. There is nothing to fear, I’ll be very careful.
2. The fact that **I want to do it with you** means that you are very special to me. I really care about you.
3. If you really loved me you would.
4. I haven’t got AIDS so you’ve no need to worry.
5. I’ve got some condoms now, so here’s [sic] no excuse not to.
6. Everyone else is doing it so what [sic] wrong with you?

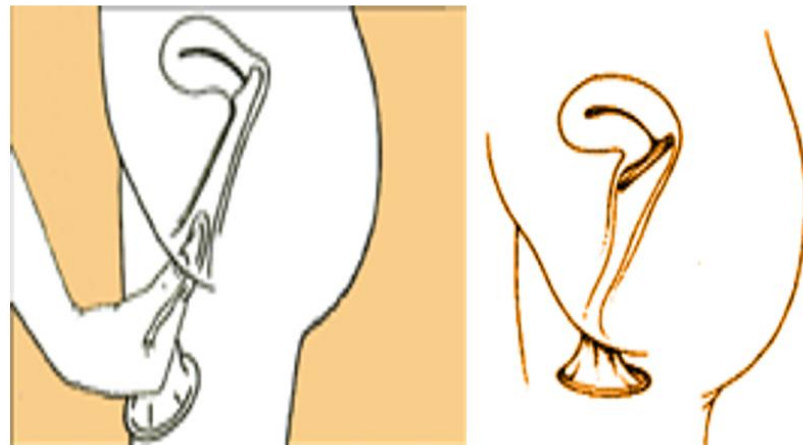
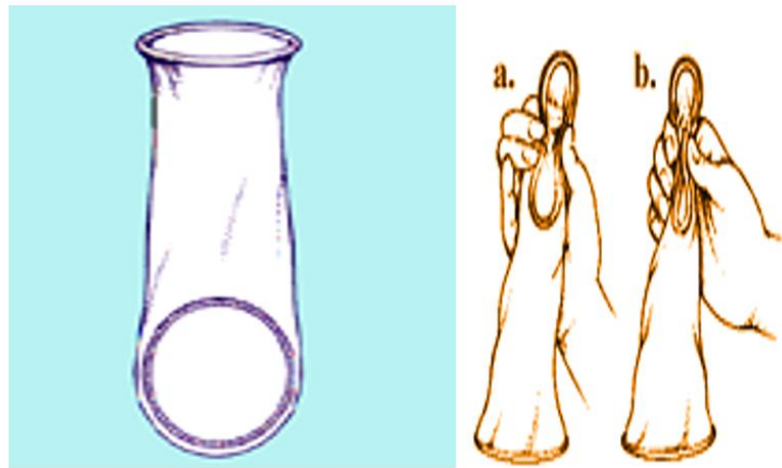
	<p>7. I'll buy you something nice if you let me do it.</p> <p>8. <b>I'm really turned on now</b> – if we don't go the whole way I'll be in agony.</p> <p>9. You can't blame me if I find someone else. <b>A man must have his wood cooled.</b></p> <p>10. There are names for people like you who lead others on then leave them high and dry." (p. 213)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>"Girls are usually older when they begin having vaginal intercourse. However, it is not uncommon for <b>young teens</b> to practice sexual behaviours other than vaginal intercourse, like <b>petting to orgasm and oral intercourse.</b>" (pp. 164-165)</p> <p>"Explain that the handshake signified sexual intercourse (<b>vaginal, anal or oral</b>)."</p> <p>(p. 180)</p> <p>"How is HIV contracted? Through unprotected sexual contact (<b>anal, oral, or vaginal</b> intercourse) with an infected person." (p. 198)</p> <p>"Even though <b>oral sex is less risky than anal and vaginal sex</b>, it is advisable to use a condom or dental dam. A dental dam is a rectangular sheet or latex used in dentistry or during sexual activities as a safe sex technique." (p. 199)</p> <p>"Some will be dating; others may not yet be interested in romantic relationships, some teenagers will have had <b>vaginal, oral, and anal intercourse</b>; some teens will have had same-sex experiences." (p. 205)</p> <p>"When what we mean to discuss is intercourse, say – <b>vaginal, oral and anal intercourse.</b>" (p. 206)</p> <p>"Avoid using the term, 'intercourse' alone, without modifying it accurately with the terms <b>vaginal, oral and anal</b>. Make it clear that these behaviours by themselves do not create the risk of HIV infection, but engaging in these behaviours with a partner who is infected does." (p. 206)</p>
<p><b>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</b></p> <p><i>Normalizes or promotes acceptance 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>"Explores accurate information on <b>differences in sexual preferences.</b>" (p. 77)</p> <p>"Takes opportunities to understand <b>all forms of sexual preference</b>; establishes own sexual preference" (p. 81)</p> <p>"<b>Sexual Orientation</b> refers to a preference for sharing sexual expression with members of the opposite sex, members of our own sex or members of both sexes." (p. 161)</p> <p>"Heterosexual – preferring emotional/sexual partners of the opposite sex." (p. 161)</p> <p>"<b>Homosexual</b> – preferring emotional/sexual partners of the same sex." (p. 161)</p> <p>"<b>Bisexual</b> – preferring emotional/sexual partners of both sexes." (p. 161)</p>

	<p>“Having a same-sex experience does not mean a person is a homosexual. In the USA, almost half of all men and one fourth of all women report having had same-sex experience at least once in their life time, mainly during childhood or adolescence. <b>Many young people have a sexual experience with a close friend or peer of the same sex, as a way of exploring their sexuality.</b> What determines that someone is gay, lesbian or bisexual is their feelings not a one-off sexual encounter. Gay men and lesbians feel primarily attracted to, and become romantically involved with, people of their same sex, bisexuals feel strongly attracted to people of both sexes (although they may prefer one over the other).” (p. 170)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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>“Sensuality is an awareness, acceptance of and comfort with one’s own body; physiological and psychological enjoyment of one’s own body and the body of others. These include body image, human sexual response cycle, skin hunger (the need to be touched), <b>fantasy, attraction/desire and pleasure.</b>” (p. 160)</p> <p>“Children are sexual even before birth. Males can have erections while still in the uterus and some boys are born with an erection. <b>Infants touch and rub their genitals because it provides pleasure.</b> Boys and girls can <b>experience orgasm</b> from masturbation, but boys do not ejaculate until puberty. By about age two, children know their gender. They are aware of differences between genitals and in how boys and girls urinate.” (p. 164)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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>“After puberty, pregnancy can occur. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent. <b>Masturbation continues and increases during these years.</b> Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They have usually heard about intercourse, petting, oral and anal sex, homosexuality, rape and incest, and they want to know more about these things. The idea of actually having intercourse, however, is unpleasant for most preadolescent girls and boys. Same-sex sexual encounters at this age tend to happen. Boys and girls tend to play with friends of the same sex and may explore sexually with them. <b>Masturbating together and looking at or caressing each other’s genitals also occurs among some boys and girls.</b> Such same-sex behaviour is usually unrelated to a child’s sexual orientation.” (p. 164)</p> <p>“<b>Masturbation, or touching and stimulating the genitals,</b> is a normal sexual behaviour that occurs in males and females of all ages. Masturbation is a common means of achieving sexual pleasure and release of pent up sexual feelings. Masturbation is not physically harmful and it is a <b>safe way to express sexuality</b> without risking pregnancy or disease. People whose family, religion or culture teaches that masturbation is wrong may feel guilty if they masturbate.” (p. 170)</p> <p>“<b>Masturbation – A normal healthy way to relieve sexual tension</b>” (p. 175)</p> <p>“Help teens understand that there are many ways to express sexual feelings – ways that do not risk unplanned pregnancy or sexually transmitted infection.</p>

	<p>These include touching, fantasizing, caressing, massaging and <b>masturbating.</b>" (p. 206)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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. 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>"Activity 9G: Discuss and <b>demonstrate the correct use of the condom</b> and the Femidom." (p. 178)</p> <p>"Before this session begins ensure there are adequate numbers of condoms (male and female) as well as at least <b>one model of the penis</b>. The female condom is called femidom.</p> <ul style="list-style-type: none"> <li>• Explain that this session is about providing <b>demonstration and practice</b> as well as producing instructional materials on how to use the male and female condoms correctly.</li> <li>• The trainer does a careful demonstration on the use of the male and female condoms all the while explaining what is being done at each step of the way.</li> <li>• Have trainees explain why each step is important.</li> <li>• Allow trainees at each table to demonstrate the use of the male and female condoms to each other and discuss any relevant issues as they arise.</li> <li>• Each group can give one important point that came out of the exercise.</li> <li>• Have each table prepare the following: <ul style="list-style-type: none"> <li>○ A set of instructions in bullet form on how to use the male and female condoms.</li> <li>○ <b>A poster with graphics and labeling on the correct use of the male and female condoms.</b></li> <li>○ A handout to be distributed to students on the importance of using the male and female condoms." (p. 185)</li> </ul> </li> </ul> <p>"Condoms can sometimes break or slip off, so it is very important to use them correctly, every time you have sexual intercourse. Correct condom use means:</p> <ul style="list-style-type: none"> <li>• <b>Using a new condom every time you have sex.</b> Never use a condom more than once. Condoms are more likely to break if they are old or have not been stored in a cool place, so check the expiration date and do not use discoloured or damaged condoms.</li> <li>• Opening the package carefully – teeth and fingernails can tear the condom.</li> <li>• Putting on the condom as soon as <b>the man has an erection</b> and before there is any contact between the man's and woman's sex organs. Hold the very tip of the condom as you unroll it down the shaft of the penis, leaving space (but no air) at the tip of the condom.</li> <li>• Avoiding the use of 'vaseline' and oil-based lubricants because they can weaken the condom.</li> <li>• <b>Withdrawing the penis</b> (with the condom still on) immediately after ejaculation. Hold on to the condom firmly to keep it from slipping off." (p. 216)</li> </ul> <p>"Some people think that condoms imply lack of trust, but actually they show trust, respect and caring since either person could have an STI or even be</p>

infected with HIV from a previous relationship without noticing any symptoms. **It is in everyone's interest to use condoms** as they offer protection to both partners.” (p. 216)

“The **female condom** is a disposable sheath made from polyurethane that is specially designed to protect from pregnancy and STIs by lining the inside of the woman's vagina. It comes **pre-lubricated and is soft and comfortable to use**. There is an inner ring inside the sheath which helps you to insert the female condom as quickly and easily as a tampon. When you insert it, the outer ring which is the open end of the sheath will remain outside the body. During sexual intercourse the outer ring should always remain outside the vagina but will be pushed flat against the labia (lip area) so neither you nor your partner should be aware of it. Used according to these instructions, each time you have intercourse, **a female condom is extremely effective**. Research shows that the female condom is an effective barrier to sperm and sexually transmitted diseases, including HIV.” (p. 217)



(p. 217)

<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></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>“Core Outcomes, Age Level 13-14: Assess the <b>capacity to enter into intimate sexual relationships.</b>” (p. 37)</p> <p>“It is critical to provide students with knowledge and skills that will <b>assist them in understanding their own sexuality</b> and realizing their potential as effective and caring human beings.” (p. 38)</p> <p>“Ages 14 to 18: Relates life goals and values to sexual activity; <b>knows ways to prevent conception if involved in sexual activity</b> until one is able to meet a child’s physical, emotional, and social needs.” (p. 81)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>“Critically examine abstinence, fidelity, and <b>condom use</b> (if permitted) as <b>preventive methods</b> in transmission of HIV and STIs.” (p. 40)</p> <p>Lesson purpose: “Engaging in <b>behaviors with fewer sexual risks</b> (refusal skills, decision-making skills)” (p. 53)</p> <p>“How can AIDS and HIV infection be prevented? The way for adults to prevent HIV infection and AIDS is to avoid high-risk behaviours.</p> <ol style="list-style-type: none"> <li>Abstinence is the only way to be absolutely sure of not being sexually infected with HIV, if you are not already infected.</li> <li>Have <b>only one faithful sexual partner</b> and remain faithful to her or him...</li> <li><b>Use latex condoms</b> because they are the most effective way of preventing transmission during sexual intercourse. Unless one or either of the following applies: <ul style="list-style-type: none"> <li>- You have been in a mutually faithful relationship for many years.</li> <li>- You or your partner has been tested for HIV at least six months after the last possible exposure...” (pp. 200-201)</li> </ul> </li> </ol> <p>“<b>Any type of sex</b> between two uninfected partners is safe.” (p. 206)</p> <p>“Who Can Get HIV?</p> <ul style="list-style-type: none"> <li>• Anybody <b>having sex without a condom</b></li> <li>• People with more than 1 partner who don’t use a condom during sex</li> <li>• People whose sex partner <b>has sex with other partners</b> without using a condom</li> <li>• People who share IV drug needles that are not sterilized</li> <li>• People with 1 sex partner can also get HIV” (p. 203)</li> </ul> <p>“<b>Safe sex means</b> using a condom every time you have sex.” (p. 214)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><i>Promotes affirmation of and/or</i></p>	<p>“A differentiation needs to be made between the terms sex and sexuality. Sexuality is presented as including biological sex, gender, and <b>gender identity.</b>” (p. 37)</p>

<p><i>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>“<b>Gender identity</b> is the private conviction each of us has about being feminine or masculine.” (p. 160)</p> <p>“<b>Sexual identity</b> is the development of the sense of who one is sexually including a sense of maleness and femaleness. Some examples of this are biological sex, <b>gender identity</b>, gender role and sexual orientation.” (p. 160)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></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>“Sexual Health and Reproduction is an <b>attitude and behavior related to producing children</b>, care and maintenance of the sex and reproductive organs and health consequences of the sexual behaviour. These include factual information, feelings and attitudes, intercourse, physiological and anatomy of reproductive organs, infections/diseases, <b>contraception</b> and risk reduction.” (p. 160)</p> <p>“Teenagers are allowed to <b>purchase contraception</b> without their parents’ permission.” (p. 215)</p> <p>“<b>Condoms are a wise choice for avoiding HIV infection, other STI’s and unwanted pregnancy.</b> This will be so as long as they are correctly used. That is, their correct placement prior to sexual intercourse, of latex material, stored properly and have not exceeded their expiry date.” (p. 201)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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><b>No evidence found.</b></p>

### 13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

*May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*

“The Sexuality and Sexual Health Theme

- 1) Demonstrate an understanding of the **concept of human sexuality as an integral part of the total person** that finds expression throughout the life cycle.
- 2) Analyze the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.
- 3) Build capacity to recognize the basic criteria and conditions for optimal reproductive health.
- 4) Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.
- 5) Develop knowledge and skills to **access age-appropriate sources of health information, products, and services related to sexuality and sexual health.**” (p. 36)

“**Young people need values clarification** and critical thinking skills to evaluate themselves and the values of their social environment.” (p. 61)

“Values Clarification means **sorting out one’s own real (intrinsic) values from the (extrinsic) values of the outside world** – separating one’s personal beliefs from the beliefs of others.” (p. 161)

**Values Clarification Activity** Sheet No. 1 – Participants indicate whether they agree or disagree with the following statements:

- “Talking to people who are HIV-positive or who have AIDS is difficult.
- People with AIDS should not have sex.
- Condoms greatly **reduce sexual pleasure.**
- Oral sex is unnatural.
- Masturbation is not normal.
- Life is hopeless and not worth living if you have AIDS.
- I would feel more comfortable caring for an AIDS patient who got the illness from a transfusion than homosexual AIDS patient.
- It is **impossible to be monogamous** for your whole life.
- I would not be comfortable having a person with HIV/AIDS hold my baby.
- Parents should teach their teenage children how to use condoms.
- Only promiscuous people have HIV/AIDS.
- It is more difficult for men to **control their sexual urges** than women.
- Talking to youths about sex and condoms encourages them to be promiscuous.
- It is OK to **have sex only for pleasure.**
- Spiritual/religious people have little difficulty in controlling sexual urges.” (p. 162)

“Diversity refers to all the ways we differ as individuals. It includes visible differences such as age, gender, ethnicity and physical appearance; as well as underlying differences such as thought styles, religion, nationality, socio-economic status, belief systems, **sexual orientation**, physical and mental abilities and education. It means respecting, valuing and harnessing the richness of ideas, backgrounds and perspectives that are unique to each individual, i.e. a

	<p>new worldwide source of creativity. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and <b>moving beyond simple tolerance to embracing and celebrating</b> the rich dimensions of diversity contained within each individual.” (p. 233)</p> <p>“<b>Some religious groups believe that theirs is the only true religion.</b> This can lead to members of those religions being less accepting or tolerant of other belief systems. Members of these groups can be unwilling to find out about other belief systems. This situation <b>sustains prejudices</b> and stereotypical images.” (p. 233)</p> <p>“<b>Prejudice</b> is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason. It is an implicitly held belief, often about a group of people. Race, economic class, <b>gender or sex</b>, ethnicity, <b>sexual orientation</b>, age and religion are other common subjects of prejudice.” (p. 233)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></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>0</p>	<p>“The wider social context of early and middle adolescence provides varied situations in which to practice new skills and develop positive habits with peers and other individuals outside the family. Developing attitudes, values, skills, and competencies is <b>recognized as critical to the development of a child's sense of self as an autonomous individual</b> and to the overall learning process in school.” (p. 63)</p> <p>“It is essential that teachers are aware of their sexuality and be willing to discuss sexual issues honestly with grade-appropriate openness. <b>Disclosures which are made in the classroom should be treated with respect and confidentially.</b> Each class should be adequately prepared to deal with such confidentiality.” (p. 67)</p> <p>“Teenagers, protected by the law, can be tested or treated for an STI’s <b>without parental permission.</b>” (p. 169)</p> <p>“When I think about <b>how things are between me and my parent or parents, I feel:</b></p> <ol style="list-style-type: none"> <li>a. real good – things are just fine</li> <li>b. just okay – things are not great, but not bad either</li> <li>c. pretty bad</li> <li>d. miserable – it couldn’t get much worse” (p. 176)</li> </ol>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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.,</i></p>	<p>“Students should be capable of identifying a range of <b>age-appropriate health services in their communities.</b>” (p. 41)</p> <p>“Students can observe and practice ways to seek services for <b>help with reproductive and sexual health issues.</b>” (p. 58)</p>

*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](http://www.WaronChildren.org) and [www.InvestigatePPF.org](http://www.InvestigatePPF.org))*

For the complete text of *Health and Family Life Education Teacher Training Manual (Jamaica)* see: [https://drive.google.com/file/d/1DbCTdMIk8WLDWHZktmeoHWMMeWYFMLiAk/view?usp=drive\\_link](https://drive.google.com/file/d/1DbCTdMIk8WLDWHZktmeoHWMMeWYFMLiAk/view?usp=drive_link)