

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 *Jamaican Guidelines for Comprehensive Sexuality Education* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Jamaican Guidelines for Comprehensive Sexuality Education 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: “The Jamaican Task Force and Advisory Council Committees on Comprehensive Sexuality Education believe all people have the right to comprehensive sexuality education that addresses the cultural, biological, psychological, and spiritual dimensions of sexuality by providing accurate information; increased opportunities to explore personal feelings, values, and attitudes; and develop communication, decision-making, risk reduction, and critical-thinking skills. As a result, the Guidelines are specifically designed to offer guidance for professionals across many disciplines, providing them with information to help them better evaluate, develop, promote, and strengthen a broad spectrum of sexuality education programmes; social marketing and behavioural change communication campaigns; tools, resources, and media materials; training; and curricula.” (p. 2)

Target Age Group: Level 1 – ages 4-8; Level 2 – ages 9-12; Level 3 – ages 13-17; Level 4 – ages 18-24

Planned Parenthood Connections: FAMPLAN; SIECUS; National Task Force and Advisory Council of Jamaican Experts; Action Health, Inc.; U.S. Peace Corps; USAID

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</i>	“The overwhelming majority of Jamaican youth are vulnerable to early and unprotected sexual intercourse. ” (p. iv) “The Task Force recommends that the lower age range for Level 1 (the first level) should start at age 4; to reflect the documented high frequency of early forced sex and sexual abuse in Jamaica.” (p. 5) “Some love relationships involve sexual intimacy while others do not. ” (p. 25)

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.

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

“Sexual feelings, fantasies, and desires occur throughout life. Sexual feelings, fantasies, and desires are natural.” (p. 40)

“All people, regardless of biological sex, gender, age, ability, and culture, **are sexual beings.** Sexuality is experienced in a variety of ways at different stages and points in people’s lives.” (p. 40)

- JAMAICAN GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION -

JAMAICAN SEXUAL SLANG TERMS

These sexual slang expressions that describe the current language and common terms for sexual words used by Jamaican youth were generated by a group of Jamaican adolescent peer sexuality educators during focus group discussions.

Vagina:

Blackboard
Black kitty cat
Buff Bay
Buffilous
Candy shop
Cho-Cho
Cochi
Comfort
Cratches
Cunt
Fishie
Fluff
Fur burger
Garage
Garden of Eden
Gizzada
Ignition
Nashi
Needle eye
One hand Full
Pokey
Promise Land
Pum-Pum
Punanny
Pussy
Saltfish
Shield
Sunshine
Tomato
Tunary
Tunash
Tun-tun
Ukubit
Warm spot

Penis

Anaconda
Big bamboo
Buddy
Chalk
Cocky/cock
Dick
Hood
Key
Lollipop
Long John
Magic stick
Manhood
Pencil
Ping
Plank
Popsicle
Rod of correction
Sword
Taily
Tanker
Teapot

Sexual Intercourse

A likkle piece
Back shot
Dugo dugo
Frig
Fuck
Grind
Hot wuk
Jam
Juc
Mama and pappa
Wine

(p. 118)

“Developmental Messages, Level 3:

- Sexual dysfunction is difficulty during any stage of the sexual act (**which includes desire, excitement, orgasm and resolution**) that prevents the individual or couple from enjoying any sexual activity.
- The way people feel about themselves and sexuality affects their ability

	<p>to function sexually.</p> <ul style="list-style-type: none"> • People of all genders and sexual orientations can experience sexual dysfunction.” (p. 45) <p>“Developmental Messages, Level 4:</p> <ul style="list-style-type: none"> • What is perceived as sexual dysfunction varies among individuals. • Common sexual dysfunctions include lack of desire, inadequate vaginal lubrication, erectile difficulties, and difficulties attaining orgasm. • Sexual dysfunctions may result from guilt, fear, anger, stress, anxiety, depression, sexual abuse or violence, medical problems, medication, or relationship difficulties.” (p. 45) <p>“Sexuality: A broad term that encompasses the multiple realms of anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. Sexuality is influenced by ethical, spiritual, cultural, and moral concerns. Sexuality extends from birth to death, although it is expressed in different ways through the life cycle. Sexuality is a fundamental part of being human, and is worthy of dignity and respect. It encompasses the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals.” (p. 116)</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>“Being assertive in sexual situations may be especially difficult.” (p. 36)</p> <p>“Sexual partners may need to assertively communicate their needs and limits.” (p. 36)</p> <p>“Teenagers who date need to learn to negotiate decisions about sexual behaviours and limits.” (p. 37)</p> <p>“Many relationships and sexual concerns can be resolved through negotiation.” (p. 37)</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</i></p>	<p>“Dental dams, latex barriers, and non-microwavable plastic wrap used during oral sex, can reduce but not eliminate the risk of STI transmission.” (p. 53)</p> <p>“Dental dams, latex barriers, and non-microwavable plastic wrap used during oral sex, can reduce but not eliminate the risk of HIV transmission.” (p. 55)</p> <p>“Anal sex: Putting the penis inside a partner’s anus is called anal sex.” (p. 105)</p> <p>“Oral sex: The act of stimulating a partner’s genitals with the mouth is called oral sex. Mouth-to-penis oral sex is called fellatio and mouth-to-vulva oral sex is</p>

<p><i>these high-risk sex acts.</i></p>	<p>called cunnilingus.” (p. 112)</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 health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Subconcept: As people grow and develop they may begin to feel romantically and/or sexually attracted to people of the same and/or a different sex.” (p. 19)</p> <p>“Developmental Messages, Level 1:</p> <ul style="list-style-type: none"> • Some people are homosexual, which means they can be attracted to and fall in love with someone of the same sex. • Homosexual males and females are also known as gays and lesbians.” (p. 19) <p>“Developmental Messages, Level 2:</p> <ul style="list-style-type: none"> • Sexual orientation refers to a person’s physical and/or emotional attraction to an individual of the same, opposite, or both sexes. • Some people are bisexual, which means they can be attracted to and fall in love with people of the same or another sex. • Homosexuals (gays and lesbians), bisexuals, and heterosexuals are all human beings deserving of respect. • Sexual orientation is just one part of who a person is. • The origin of people’s sexual orientation is not known. • Some people are afraid to say that they are homosexual or bisexual because they fear they will be mistreated or imprisoned. • Based on the laws of the country in which they reside, people of all sexual orientations can have their own children or adopt.” (p. 19) <p>“Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> • Homosexual, bisexual, and heterosexual people come from all countries, cultures, races, ethnicities, socio-economic backgrounds, and religions. • There are many theories about what determines sexual orientation including genetics; prenatal, social, and cultural influences; psychosocial factors; and a combination of all of these. • Many scientific studies have concluded that sexual orientation cannot be changed by therapy or medicine. • Having discussions about sexual orientation can be difficult for some people. • Teenagers who have questions about their sexual orientation should consult a trusted and knowledgeable adult. • People’s beliefs about sexual orientation are based on their religious, cultural, and family values.” (pp. 19-20) <p>“Developmental Messages, Level 4:</p> <ul style="list-style-type: none"> • Sexual orientation is determined by a combination of a person’s attractions, fantasies, and sexual behaviours. • Many countries have laws banning discrimination against people based on their sexual orientation. • If an individual is being intimidated, harassed, or harmed because of a real or perceived sexual orientation, it is important to seek help.” (p. 20)

	<p>“Bisexual: Having emotional and sexual desire for, or engaging in sexual activity with people of both genders.” (p. 106)</p> <p>“Heterosexism: The assumption and or bias that everyone is or should be heterosexual.” (p. 110)</p> <p>“Homophobia: Having unfounded fear and hatred of people who are gay, lesbian, or bisexual. Homophobia has been the cause of violence against homosexuals and bisexuals in some countries.” (p. 110)</p> <p>“Homosexual: Having emotional and sexual desire for, or engaging in sexual activity with people of the same gender.” (p. 110)</p> <p>“Lesbian: A homosexual woman.” (p. 111)</p> <p>“MSM: Men who have sex with men.” (p. 112)</p> <p>“Sexual orientation: The overall term that is used to describe people’s emotional, physical, and/or romantic attractions to other people. The most common labels are heterosexual, homosexual, or bisexual. Heterosexual or ‘straight’ is used to describe people who are attracted to and fall in love with people of another gender/sex. Homosexual (‘lesbian’ for females and ‘gay’ for males) is used to describe people who are attracted to and fall in love with people of the same gender/sex. The term bisexual is used to describe people who are attracted to and fall in love with people of either the same or another gender/sex. Though some societies find it hard to accept, homosexuality and bisexuality are a universal part of human sexuality.” (p. 115)</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>“Subconcept: The human body has the capability to reproduce as well as to give and receive sexual pleasure.” (p. 15)</p> <p>“Both boys and girls have body parts that may feel good when touched.” (p. 15)</p> <p>“Some sexual and reproductive organs provide pleasure.” (p. 15)</p> <p>“Both men and women can experience sexual pleasure throughout their lives.” (p. 15)</p> <p>“Having applied the sexual behaviour subconcepts at the appropriate age, the learner will be able to:</p> <ul style="list-style-type: none"> • Enjoy and express one’s sexuality throughout life. • Express one’s sexuality in ways that are consistent with one’s values, while appreciating the values of one’s family and culture. • Enjoy sexual feelings without necessarily acting on them. • Discriminate between life-enhancing sexual behaviours and those that are harmful to self and/or others. • Express one’s sexuality while respecting the rights of others. • Seek new information to enhance one’s sexuality.

- **Engage in sexual relationships** that are consensual, non-exploitative, honest, **pleasurable**, and protected.” (p. 39)

“Bodies can **feel good when touched**.” (p. 40)

“Subconcept: Individuals **express their sexuality** with a partner in diverse ways.” (p. 41)

“Developmental Messages, Level 1:

- People often kiss, hug, touch, and engage in other sexual behaviours with one another to show caring **and to feel good**.” (p. 41)

“Developmental Messages, Level 2:

- Couples have varied ways to **share sexual pleasure** with each other.
- Some sexual behaviours shared by partners include kissing; touching; talking; caressing; massaging; and sexual intercourse.” (p. 41)

“Developmental Messages, Level 3:

- **Many pleasurable sexual behaviours** do not put an individual at risk for pregnancy or STIs/HIV.
- The majority of people, regardless of biological sex, ability, sexual orientation, gender identity, and culture, **have sexual feelings** and the need for love, affection, and physical intimacy.
- Sexual relationships are enhanced when a couple communicates with each other about what forms of sexual behaviour **they like or dislike**...
- Both males and females have the **right to give and receive sexual pleasure**.” (p. 42)

“Developmental Messages, Level 4:

- For many people, sharing a sexual experience with a partner is a **satisfying way to express sexuality**.
- Couples and individuals need to decide how to express their sexual feelings.
- As people get older, they may continue to discover new forms of sexual expression to share with a partner and express their **sexuality in pleasurable ways**.
- Individuals can learn what **gives them sexual pleasure** and communicate that to partners in order to enhance their sexual relationships.” (p. 42)

“Developmental Messages, Level 1: Both girls and boys may discover that **their bodies feel good when touched**.” (p. 42)

“Developmental Messages, Level 2: Human beings have natural, physical **responses to sexual stimulation**.” (p. 42)

“Developmental Messages, Level 3:

- Females and males may be sexually aroused by thoughts, feelings, sights, smells, sounds, and touches.

	<ul style="list-style-type: none"> Boys/men get erections and girls/women experience vaginal lubrication during sexual arousal. Sexual response is experienced differently by different individuals. Sexual response varies from experience to experience and throughout life. Orgasm is an intense pleasurable release of sexual feelings or tension experienced at the peak of sexual arousal. Most women need some clitoral stimulation to reach orgasm." (p. 44) <p>"Developmental Messages, Level 4:</p> <ul style="list-style-type: none"> Female orgasm does not affect the reproductive ability of women. Not all people achieve orgasm. Most couples do not experience simultaneous orgasm... Some people believe in the use of certain herbs and foods as aphrodisiacs to improve their sexual performance and pleasure." (p. 44) <p>"Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> Many people experience sexual and erotic thoughts called fantasies. Fantasies are one type of sexual expression. People may fantasise while they are alone or with a partner... People may feel the need to share certain fantasies with their partner." (p. 44) <p>"Developmental Messages, Level 4:</p> <ul style="list-style-type: none"> People can have sexual fantasies about individuals of all genders without it necessarily affecting their sexual orientation. Some people use erotic photographs, movies, art, literature, or the Internet to enhance their sexual fantasies when alone or with a partner. Many people's sexual fantasies include behaviours not actually acted upon or even desired in real life. Sexual fantasies that include harming oneself or others should not be acted on." (pp. 44-45)
<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>"Subconcept: Masturbation is one way human beings express their sexuality." P. 41)</p> <p>"Developmental Messages, Level 1:</p> <ul style="list-style-type: none"> Touching and rubbing one's own genitals to feel good is called masturbation. Some boys and girls masturbate and others do not. Masturbation should be done alone in a private place. <p>"Developmental Messages, Level 2:</p> <ul style="list-style-type: none"> Masturbation is often the first way a person experiences sexual pleasure. Many boys and girls begin to masturbate for sexual pleasure during puberty. Some boys and girls never masturbate." (p. 41)

	<p>“Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> • Most people have masturbated at some time in their lives. • How often a person masturbates varies for every individual. • A person worried about masturbation might talk to a trusted adult. • It may be difficult for some people to talk about masturbation. • Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without risking pregnancy or an STI/HIV. • Many myths exist about masturbation.” (p. 41) <p>“Developmental Messages, Level 4:</p> <ul style="list-style-type: none"> • People who are single, married, or in a committed relationship may masturbate. • Masturbation may be an important part of a couple’s sexual relationship. • Being sexually involved with another person does not mean that masturbation must or should stop.” (p. 41) <p>“Sexual behaviours that do not involve exposure to another person’s semen, vaginal fluid, blood, or breast milk (such as self-masturbation and hugging) pose no risk for HIV infection.” (p. 54)</p> <p>“Masturbation: Masturbation, also called autoeroticism, is a natural, common, and non-harmful means of sexual self-pleasuring that may be engaged in by individuals of all ages and sexual orientations. It can be a way of exploring and becoming comfortable with one’s body and enjoying one’s sexuality, whether or not in a sexual relationship. No one should be made to feel guilty for choosing (or not) to masturbate; but it is appropriate for parents/guardians, educators, and other adults to make it clear that masturbation should only be done in private.” (p. 111)</p> <p>“Masturbation with a partner: Many people think of masturbation as something people do alone, but some people choose to touch their own genitals in front of a partner as a shared sexual experience. Masturbation with a partner is one type of safer sex activity that can be used to avoid sexually transmitted infections and/or pregnancy.” (p. 111)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically</i></p>	<p>No evidence found.</p>

<p><i>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>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>“The primary goal of sexuality education is to promote adolescent and adult sexual health. It should assist young people to develop a positive view of sexuality, provide them with information they need to take care of their sexual health, and help them acquire skills to make responsible decisions now and in the future.” (p. 8)</p> <p>“The values inherent in the Guidelines are:</p> <ul style="list-style-type: none"> • ...Sexuality is a natural and healthy part of living. • All persons are sexual. • Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions. • Individuals can express their sexuality in varied ways. • In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community... • Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or trusted adults. • Young people develop their values about sexuality as part of becoming adults. • Young people explore their sexuality as a natural process in achieving sexual maturity. All persons have the right and obligation to make responsible sexual choices.” (p. 9) <p>“Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> • Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits of the relationship. • Decisions about sexuality are sometimes difficult because of sexual feelings and pressure from parents/guardians, partners, or peers. • Teenagers who decide to engage in sexual behaviour must also decide about pregnancy and STI/HIV prevention.” (p. 34) <p>“It is natural for children to want education about sexuality and the physical and emotional changes of puberty.” (p. 40)</p> <p>“People have the right to make personal decisions concerning sexuality and reproductive health matters.” (p. 62)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p>	<p>“People may have different ideas about what constitutes abstinence, from no sexual contact of any kind including kissing, to only abstaining from sexual intercourse, and all points in-between.” (p. 43)</p> <p>“There are many ways to give and receive sexual pleasure without having</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>intercourse.” (p. 43)</p> <p>“Abstinence: Sexual abstinence is a conscious decision to avoid certain sexual activities or behaviours. Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration (oral, anal, vaginal) or only ‘lower-risk’ behaviours such as safer sex where no body fluids are exchanged between partners. People of all ages, genders, and sexual orientations can choose to be abstinent at any time in their lives.” (p. 104)</p> <p>“Safer sex: Any sexual practise that aims to reduce the risk of unintended pregnancy, or passing HIV and other sexually transmitted diseases/infections from one person to another. Examples are non-penetrative sex and vaginal intercourse with a condom. During unsafe sex, fluids that can transmit HIV, and other sexually transmitted infections (semen, vaginal fluid, breast milk, or blood) may be introduced into the body of the sex partner.” (p. 114)</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>“People’s biological sex and gender identity play important roles in how they think, feel, and behave.” (p. 20)</p> <p>“Biological sex refers to whether a person has male or female genitals and/or chromosomes. Gender identity refers to a person’s internal sense of being male, female, or a combination of these. Gender identity is just one part of who a person is.” (p. 20)</p> <p>“Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> • For most people, biological sex and gender identity are the same. • Some people’s gender identity differs from their biological sex. • The origin of people’s gender identity is not known. • Gender identity is different from sexual orientation. • ‘Transgender’ describes people whose internal sense of gender (gender identity) doesn’t match what society expects of them based on their genitals and chromosomes (biological sex). • Transgender is also used as a general term to describe many different identities that exist such as ‘transsexual,’ ‘drag king,’ ‘drag queen,’ ‘cross dresser,’ ‘gender-bender,’ ‘shim,’ or ‘borderline.’ • In some countries, transgender individuals may take hormones or have surgery to alter their bodies to better match their gender identity. • All societies and cultures have transgender individuals. • Having discussions about gender identity can be difficult for some people. • Teenagers who have questions about their gender identity should consult a trusted and knowledgeable adult. • Some organisations offer support services, hotlines, and resources for young people who want to talk about gender identity (e.g., FAMPLAN, Jamaica AIDS Support).” (p. 21) <p>“As some societies build a better awareness and understanding of gender</p>

	<p>identity, transgender individuals may be more accepted and face less harassment and violence. Some countries have laws protecting transgender individuals from discrimination.” (p. 21)</p> <p>“Gender identity: Gender identity is the internal feeling individuals have about their gender, or gender role, and their private internal sense of whether they are male or female. It is usually a self-concept of a person’s own sense of maleness or femaleness, and a person’s gender identity usually matches their biological sex. Sometimes a person’s gender identity is neither completely male nor female, or is a combination of being male and female, or their identity may not match their biological sex. This is called being transgender.” (p. 109)</p> <p>“Transgender: A person whose gender identity is neither male nor female, or is a combination of being male and female, or whose identity may not match their biological sex. Other words used to describe transgender also includes the terms ‘transsexual,’ ‘drag king,’ ‘drag queen,’ ‘crossdresser,’ ‘genderqueer,’ or ‘tranny.’” (p. 116)</p> <p>“Transsexual: A person who feels trapped in the wrong body and/or who wants to change the sexual anatomy they were born with, usually to that of the opposite sex, because it is in conflict with their gender identity.” (p. 116)</p> <p>“Transvestite: People who dress in the clothing of the other sex for either entertainment, relief of stress, or erotic satisfaction.” (p. 116)</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>“Young people who decide to become sexually active should understand the benefits of using condoms to prevent HIV, sexually transmitted infections (STIs), and unintended pregnancy, while also understanding that abstinence is the only 100 percent effective method to prevent these issues.” (p. iv)</p> <p>“Subconcept: Contraception enables people to have sexual intercourse and avoid unintended pregnancy.” (p. 48)</p> <p>“Developmental Messages, Level 2:</p> <ul style="list-style-type: none"> • When a man and a woman want to have vaginal intercourse without having a child, they can use contraception to prevent pregnancy. • Some religions and cultures teach that contraception is acceptable while others do not approve of using contraception. • Decisions about using contraception are based on personal values, comfort with one’s body, cultural traditions, availability of methods, and other factors.” (p. 48) <p>“Developmental Messages, Level 3:</p> <ul style="list-style-type: none"> • There are many different methods of contraception. • Some contraceptive methods require a visit to a healthcare provider and a prescription while others are available ‘over-the-counter.’ • Nonprescription (‘over-the-counter’) methods include male and female condoms, foam, gels, and suppositories.

- Young people can **buy nonprescription contraceptives in a supermarket or grocery store.**
- Prescription methods most commonly used in Jamaica include contraceptive pills, contraceptive injections, the contraceptive patch, the diaphragm, Norplant, and intrauterine contraceptive devices (IUCD).
- **Young people can access contraceptives without their parents' permission under** certain conditions...
- Male and female sterilization are permanent methods of contraception...
- Some methods of contraception, such as condoms, can also prevent the transmission of STIs/HIV." (p. 48)

"Developmental Messages, Level 4:

- People can **find creative and sensual ways to integrate contraception** into their sexual relationships.
- Women who have had unprotected vaginal intercourse or whose contraceptive method failed can obtain emergency contraception from selected healthcare providers or pharmacists.
- **Emergency contraceptive pills** are available in Jamaica without a prescription from selected clinics, pharmacies, and physicians." (p. 49)

"Developmental Messages, Level 2:

- **Abortion**, which can be spontaneous or induced, is the termination of pregnancy.
- Induced abortion, by current law in Jamaica, is illegal.
- Illegal (or clandestine) induced abortion is risky; however, **legalised induced abortions** that are performed under strict sterile conditions by trained medical personnel **are considered safe...**
- **After an abortion** it is important to prevent reoccurrence of another unintended pregnancy by practising abstinence or using contraception." (p. 51)

"Developmental Messages, Level 3:

- Some people believe that abortion is morally wrong, while **others believe that a woman has the right to choose an abortion.**
- People's beliefs about abortion are based on their religious, cultural, and family values.
- Some religions support the right to an abortion while others oppose abortion...
- Having a safe abortion rarely interferes with a woman's ability to become pregnant or give birth in the future." (p. 51)

"**Minors can access contraceptives** without parental consent." (p. 63)

"**Abortion:** Termination of pregnancy before the foetus has become capable of sustaining an independent life outside the uterus. An abortion can occur either spontaneously, when it is called a spontaneous abortion or miscarriage, or by deliberate intervention, when it is called an induced abortion. The stage at which a foetus is considered viable varies according to different national and

	<p>state laws.” (p. 104)</p> <p>“Emergency contraception (EC): A method of contraception available in selected pharmacies without a doctor’s prescription that is used to avoid pregnancy after sexual intercourse that was unprotected due to forced sex, lack of use, or failure of condoms or a contraceptive. EC Pills should be taken as soon as possible after unprotected sex, and are thought to prevent ovulation, fertilisation, and/or implantation of a fertilised egg. EC is not effective once the process of implantation of a fertilised egg has begun, and will not cause abortion. Research indicates that ECs can prevent pregnancy up to five days (120 hours) after unprotected intercourse, although effectiveness is higher the sooner EC is taken after the act of unprotected sex.” (p. 108)</p> <p>“Barrier methods: Barrier methods of contraception prevent pregnancy by physically blocking the entrance of sperm into the uterine cavity. One barrier method, the male or female condom, helps to protect against sexually transmitted infections, including HIV infection. Barrier methods include cervical caps, condoms, diaphragms, female condoms, spermicides, and sponges.” (p. 105)</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>“Having applied the society and culture subconcepts at the appropriate age, the learner will be able to:</p> <ul style="list-style-type: none"> • ...Promote the rights of all people to accurate sexuality information. • Avoid behaviours that exhibit prejudice and bigotry. • Reject stereotypes about the sexuality of different populations.” (p. 60) <p>“Individuals can improve the administration of justice as it relates to sexuality and sexual rights, through advocacy and social action.” (p. 63)</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>“Equally important, due to cultural and religious influences and other factors inhibiting open discussion of sexuality, many professionals may be too embarrassed, lack accurate information, or not have the comfort and confidence to effectively discuss sexuality issues with young people.” (p. 3)</p> <p>“There are many kinds of family structures, though some are more culturally accepted than others.” (p. 23)</p> <p>“Many people live in lifetime committed relationships, even though they may not be legally married. Not all couples in a committed relationship live together, even if they have children.” (p. 27)</p> <p>“Two people who live together without being married can have the same commitment and responsibility toward one another as married people.” (p. 28)</p>

	<p>“Respecting the diversity of values and beliefs of other people is important. Having values different from one’s family can be difficult. A person may accept his/her family’s values and not always agree with all of them.” (p. 32)</p> <p>“Everyone, including children, has rights (e.g., United Nations Convention on the Rights of the Child).” (p. 25)</p> <p>“A person whose religious or cultural teachings prohibit contraception may have to decide between those teachings, the risk of unintended pregnancy or STIs/HIV, and his/her decision to have sexual intercourse.” (p. 49)</p> <p>“The right of a woman to have an abortion is currently being debated in Jamaica.” (p. 51)</p> <p>“Assess the impact of family, cultural, media, and societal messages on one’s thoughts, feelings, values, and behaviours related to sexuality, such as decisions regarding the timing of first sex, the bearing of children and other sexual behaviours.” (p. 60)</p> <p>“Some people may expect or demand that boys and girls behave in certain ways, but this is beginning to change.” (p. 61)</p> <p>“Boys and girls receive messages about how they should behave from their families, friends, the media, religion, culture, and society.” (p. 62)</p> <p>“Some families, religions, and cultures have different expectations and rules about sexual practices for females and males. Accepting gender role stereotypes can limit a person’s full potential. Individuals should be allowed to make their own choices about appropriate roles for themselves as men and women.” (p. 62)</p> <p>“When people’s values about sexuality differ from those taught by their religion, they may experience conflict. Some people continue to respect their religion’s teaching and traditions but believe that some specific views are not personally relevant.” (p. 64)</p>
<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</i></p>	<p>“Teenagers sometimes need to talk with an adult other than their parents/guardians.” (p. 38)</p> <p>“Some agencies specialise in working with young people and provide services for teenagers that do not require parental/guardian permission, are confidential, and cost little or no money.” (p. 38)</p> <p>“Teenagers older than 16 years are able to get tested for HIV without parental permission; to learn more about HIV testing in this community call _____ . (See Additional Resources Section on page 93 for more.)” (p. 55)</p>

<p><i>what they are being taught about sex in school.</i></p>	
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“For additional resources see Educator Resources within International Topics under the Information and Education section on SIECUS’ website at www.siecus.org or see SIECUS’ new online sexuality education curricula and lesson plan resource at: www.sexedlibrary.org.” (p. 70)</p> <p>Note: <i>This website contains explicit images and advertisements.</i></p> <p>“Some reliable websites include:</p> <ul style="list-style-type: none"> • Guttmacher Institute – www.guttmacher.org • International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) – www.ippfwhr.org • Jamaica AIDS Support (JAS) – www.jamaicaaidssupport.com • Ministry of Education – www.moey.gov.jm • Ministry of Health and Environment – www.moh.gov.jm • Pan American Health Organisation (PAHO) – www.jam.paho.org • Sexuality Information and Education Council of the United States (SIECUS) – www.siecus.org • www.sexedlibrary.org • United Nations Joint Programme on AIDS (UNAIDS) – www.unaids.org • United Nations Population Fund (UNFPA) – www.unfpa.org • The Women’s Centre of Jamaica Foundation – www.jamaica-kidz.com/womenscentre • Women’s Media Watch (WMW) – www.womensmediawatch.org • World Association of Sexology (WAS) – www.worldsexualhealth.org” (p. 70) <p>“For additional books for young people see SIECUS’ websites at www.siecus.org and www.sexedlibrary.com.” (p. 71)</p> <p>“Academy for Educational Development</p> <p>Committed to solving social health problems throughout the world through education, training, social marketing, policy analysis, and innovative programme design.</p> <p>1825 Connecticut Avenue, N.W. Washington, DC, U.S.A. 20009 Phone: 202-884-8000 Fax: 202-884-8400 Website: www.aed.org” (p. 94)</p> <p>“Advocates for Youth</p> <p>Dedicated to promoting policies which help young people make informed and responsible decisions about their sexual health.</p> <p>2000 M Street, N.W., Suite 750 Washington, DC, U.S.A. 20036 Phone: 202-419-3420 Fax: 202-419-1448 Website: www.advocatesforyouth.org” (p. 94)</p>

“Guttmacher institute

Working to provide research data and policy analysis on reproductive health issues around the world.

125 Maiden Lane, 7th Floor
New York, U.S.A. 10038 [sic]

Toll Free: 1-800-355-0244

Phone: 212-248-1111

Fax: 212-248-1951

Website: www.guttmacher.org” (p. 94)

“ETR Associates

Dedicated to providing leadership, educational resources, training, and research in health promotion, with an emphasis on sexuality and health education.

4 Carbonera Way

Scotts Valley, California, U.S.A. 95066

Phone: 831-438-4060

Website: www.etr.org” (p. 95)

“Jamaica Family Planning Association (FAMPLAN)

Dedicated to providing family planning, and sexual and reproductive health programmes, and services for adolescents, men, and women. Also provided sexuality and HIV counselling, testing, and prevention education programmes for schools, communities, and organisations. It is a member of the International Planned Parenthood Federation.

FAMPLAN Jamaica

14 King Street , P.O. Box 92, St Ann’s Bay, St. Ann

Phone: 876-972-2515 • Fax: 876-972-2224

Email: famplan@cwjamaica.com

Y’s Line (Information and Referral Hotline)

1-888-991-9473” (p. 95)

“International Planned Parenthood Federation (IPPF) Central Headquarters

A global organisation dedicated to providing sexuality education and sexual reproductive health advocacy, information, education, and services.

4 Newhams Row

London, SE1 3UZ, United Kingdom

Phone: +44-0-20-7939-8200 • Fax: +44-0-20/7939-8300

Email: info@ippf.org • Website: www.ippf.org” (p. 96)

“International Planned Parenthood Federation – Western Hemisphere Region (IPPF/WHR)

A global organisation focusing on the North, Central and South American and Caribbean regions dedicated to providing sexuality education, and sexual reproductive health advocacy, education, information and services.

120 Wall Street, 9th Floor

New York, New York, U.S.A. 10005

Phone: +1-212-248-6400 • Fax: +1-212-248-4221

Email: info@ippfwhr.org • Website: www.ippfwhr.org” (p. 96)

“National Family Planning Board (NFPB)

A statutory agency of the Ministry of Health and Environment with responsibility for promoting and implementing family planning, and family life education activities.

National Family Planning Board

5 Sylvan Avenue, P.O. Box 287

Kingston 5

Phone: 876-968-1627 or 876-968-1629 • Fax: 876-968-1626

Email: jnfpb@jnfpb.org • Website: www.jnfpb.org” (p. 98)

“Pan American Health Organisation (PAHO)

An international public health agency working to improve health standards as part of the United Nations system. Serves as the Regional Office of the World Health Organisation (WHO), and as the health organization of the Inter-American System.

PAHO/WHO Representative

Old Oceana Building, 7th Floor

2-4 King Street, Kingston

Phone: 876-967-4626 / 876-967-4691 • Fax: 876-967-5189

Email: e-mail@paho.org.jm • Website: www.jam.paho.org” (p. 98)

“Population Council

Conducts research, and publishes reports on population trends, contraceptives, and sexual and reproductive health issues around the world.

One Dag Hammarskjold Plaza

New York, New York USA 10017

Phone: 212-339-0500 • Website: www.popcouncil.org” (p. 99)

“Sexuality Information and Education Council of the United States (SIECUS)

Advocates for global access to comprehensive education about sexuality, and sexual and reproductive health programmes and services. Provides technical and training assistance, and organisational capacity building to promote development of global comprehensive sexuality education, and related sexual and reproductive health and rights initiatives.

90 John Street, Suite 704

New York, New York, U.S.A. 10038

Phone: 212-819-9770 • Fax: 212-819-9776

Website: www.siecus.org and www.sexedlibrary.org” (p. 99)

“The Women’s Centre of Jamaica Foundation

Promotes new approaches to problems associated with teenage pregnancy, especially in the area of interrupted education. Focuses on education, training, and developmental counseling to improve employment opportunities, and to delay unwanted pregnancies among youth.

42 Trafalgar Road

Kingston 10

Phone: 876-929-7608 / 929-0977 • Fax: 876-960-7551

Email: womenscentre@cwjamaica.com

Website: <http://www.jamaica-kidz.com/womenscentre>" (p. 100)

"Women's Media Watch (WMW)

Committed to reducing gender-based violence, and promoting gender equity, and gender-aware media, and communications. Provides training, professional development, media literacy, conflict resolution workshops, research, education, and advocacy.

14 South Avenue

Kingston 10

Phone: 876-926-0882 • Fax: 876-926-7079

Email: wmwjam@hotmail.com

Website: www.womensmediawatch.org" (p. 101)

"World Association of Sexology (WAS)

Promotes sexual health throughout the world by advocacy, networking, exchange of information, and advancing scientifically based sexuality research, sexuality education, and clinical sexology.

Website: <http://www.worldsexualhealth.org>" (p. 101)

For the complete text of *Jamaican Guidelines for Comprehensive Sexuality Education* see:

[https://drive.google.com/file/d/1jK9bbQed0X0bGR3zTI0bB0R1JtgW6mJr/view?usp=drive link](https://drive.google.com/file/d/1jK9bbQed0X0bGR3zTI0bB0R1JtgW6mJr/view?usp=drive_link)