

Why Comprehensive Sexuality Education is Not the Answer

By Rebecca Oas, Ph.D.

INTRODUCTION

For over two decades, international agencies have promoted the concept of “comprehensive sexuality education” and have sought the normative support of United Nations intergovernmental bodies, but the notion has failed to gain support from UN member states as a whole because of the controversial explicit content of these programs, as well as their challenges to parental authority and traditional sexual norms. This *Definitions* will explain what comprehensive sexuality education is and why it is so controversial.

(For illustrative examples of controversial elements in CSE materials, see the annex at the end.)

What is Comprehensive Sexuality Education?

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), CSE is “a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality.”¹ While it may be delivered both in and out of school, and in formal or informal settings, it is designed to begin at an early age and progress according to a curriculum through adolescence, and strongly emphasizes the importance of scientific accuracy.

Leading proponents of CSE include UNESCO, the International Planned Parenthood Federation (IPPF), and SIECUS, formerly known as the Sexuality Information and Education Council of the United States, all of which provide curricula or guidelines for their creation.

While CSE advocates stress that it should be “age appropriate” and “culturally sensitive,” it remains highly controversial both at the international level and in local communities. There are several reasons for this. First, the definition of “age-appropriateness” is often disputed, and CSE curricula have generated outrage for introducing explicit sexual concepts at extremely young ages without the involvement of parents or over their objections, including promoting moral relativism on homosexuality and transgenderism, and even encouraging children to experiment with and decide for themselves about their sexual orientation and gender identity. Similarly, CSE advocates have been criticized for not only being insensitive to cultural norms, but actively working to subvert them. Second, advocates for parents’ rights object to efforts to make CSE mandatory. Indeed, international donors and agencies are actively lobbying international institutions to pressure countries to adopt this as a policy. Not only do CSE proponents seek to overrule parents’ objections at the level of law and policy, they also seek to implement CSE using more stealthy means, reaching children by means of smartphones and online platforms, through youth clubs and extracurricular activities, and by training other children to act as peer CSE educators. Third, the effectiveness of CSE is an area of dispute, in which definitions, methodologies, and the strength of evidence are all questioned, along with the central question of how success ought to be defined.

At the heart of all these debates is the sensitive nature of issues of sexuality, and the deep moral, ethical, and philosophical matters that are connected to it.

Many arguments have happened over when, how, and what children should be taught about human sexuality, but the debate is about far more than whether students should be taught about contraceptive methods or abstinence alone. The message of CSE is that sexuality should be placed at the center of a “comprehensive” education that encompasses broader issues of relationships, communication, social activism, politics, human rights, and the nature of science. It is, in the most literal sense, a form of indoctrination: the teaching of a doctrine or worldview that is, to many, at odds with their cultural norms, religious beliefs, and family values. Rather than comprehensively educating children about how to relate to others and exist in

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the context of a society, which will also, in due course, inform their understanding of sex as a part of life, CSE positions sexuality as the central axis around which everything else revolves, including broader social changes. Indeed, in a recent rebranding, longtime leading advocate for CSE, SIECUS, dropped its original full name and started using just the acronym instead, along with the tagline “Sex Ed for Social Change.”² Whether or not one agrees with this approach, it inevitably has profound implications for young people who are taught using these curricula, their life outcomes, and the society they will ultimately shape.

The Components of Comprehensive Sexuality Education

There is not a single universal definition of what CSE contains, and even among UN agencies, the emphasis may vary.³ In recent years, issues of gender identity and sexual orientation have risen in prominence, as have issues of race, reflecting the broader trajectory of progressive politics around the world and particularly in the United States. Another recent trend in CSE is to emphasize the importance of sexual pleasure and use a “sex-positive” framing, as opposed to focusing on the risks and harms that sexual activity may entail.

Leading CSE proponents emphasize the importance of including abortion in CSE curricula, and one of them—IPPF—is a leading global abortion provider. Like other highly controversial topics that are included in CSE curricula approved by competent educational authorities, abortion is sometimes omitted during instruction, or framed in a negative light. One analysis of CSE implementation in sub-Saharan Africa noted that countries in the region “struggle to have culturally sensitive topics such as abortion, homosexuality, and masturbation accepted, included, and taught in their curricula,” referring to this as being “in contradiction of CSE tenets.”⁴

Even though these components are highly controversial, UN agencies promote these as integral to CSE programs. The International Technical Guidance on Comprehensive Sexuality Education (ITGSE) was published in 2018 by UNESCO in conjunction with the UN Population Fund (UNFPA), UNAIDS, UNICEF, UN Women, and the World Health Organization (WHO). The guidance lists abortion, along with sexual orientation and gender identity and other sensitive topics and states that “[s]ilencing or omitting these topics can contribute to stigma, shame and ignorance, may increase risk-taking and create help-seeking barriers for vulnerable or marginalised populations.” The guidance calls for young people to be taught

“[i]nformation on what services are available to address the health needs of children and young people, especially their sexual and reproductive health needs, including on abortion where it is legal.”⁵

Ipas, a nongovernmental organization that focuses almost exclusively on promoting and providing abortions, produces advocacy materials promoting CSE that includes abortion. They cite the ITGSE as well as the UN human rights framework, including the recommendations of human rights treaty monitoring bodies, and encourage activists to lobby countries to use the Universal Periodic Review mechanism to pressure each other to include abortion in CSE.⁶

Even in cases where teachers choose to omit or avoid abortion and other sensitive issues while delivering CSE, it remains true that CSE is designed as a mechanism to deliver this information to students, starting at a very young age, and both inside and outside the classroom.

However, CSE curricula do not stop at informing young people about abortion, including how to access it; they also encourage students to become pro-abortion activists. The ITGSE calls for adolescents aged 15-18+ years to be able to “analyze local and/or national laws and policies concerning [among other things] sexual orientation, gender identity, [and] abortion,” to “illustrate violations of human rights impacting sexual and reproductive health,” “appreciate human rights that impact sexual and reproductive health,” and “advocate for local and/or national laws that support human rights that impact sexual and reproductive health.”⁷

In short, CSE advocates seek to subject children all over the world to mandatory instruction, woven throughout their entire education, that would turn them into activists on one side of extremely divisive social and political issues under debate at all levels of governance. If they are successful, they no doubt hope that these issues will cease to be debated at all in a generation or two.

“Age appropriate” and “culturally sensitive” by whose standards?

Central to the philosophy behind CSE is the idea that people are sexual beings from birth. In December 2022, an executive director of the U.S.-based Planned Parenthood affiliate’s sex education division generated headlines by saying “we are all sexual beings from birth until death” and calling for students to be taught “porn literacy.” “Age-appropriate sex education is so

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important,” said Bill Taverner, “[a]nd we have to let our experts guide us.”⁸

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Reporters sought clarification as to whether these comments, particularly about the sexuality of young children, reflected the position of Planned Parenthood. When the organization did not respond to queries, journalists noted that a sex ed guidance published by a Planned Parenthood chapter in the Pacific Northwest stated that “Sexuality is a part of life through all the ages and stages. Babies, elders, and everyone in between can experience sexuality.”⁹

If babies are “experiencing sexuality,” as CSE proponents attest, then there is no point at which it would be too early to start teaching them about sex. In 2016, the World Health Organization’s European office issued standards for sexuality education that deemed “the right to explore gender identities” appropriate for children aged 0-4 years, as well as “enjoyment and pleasure when touching one’s own body, early childhood masturbation.”¹⁰

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By comparison, second graders (aged 7-8) might appear to be practically adults when instructed, in accordance with standards written by SIECUS, Answer, and Advocates for Youth, to “identify different kinds of families,” including those that are “same-gender,” “define gender, gender identity, and gender-role stereotypes.”¹¹ The UN agencies’ ITGSE also calls for CSE curricula to teach children aged 5-8 to “define gender and biological sex and describe how they are different” and “reflect on how they feel about their biological sex and gender.”¹²

Among the resources cited by the ITGSE is the “Genderbread Person,” which describes itself as “[a] teaching tool for breaking the big concept of gender down into bite-sized, digestible pieces.”¹³ One of the main messages of the “Genderbread Person” is that one’s biological sex (which it refers to as “sex assigned at birth,” with check boxes for “male,” “female,” and “intersex”) is entirely distinct from one’s gender identity, or even from one’s “anatomical sex,” which occurs on a sliding scale of “male-ness” and “female-ness.” Previous versions (1 through 3) of the “Genderbread Person” included the phrase “biological sex,” which was omitted in the fourth and most recent version, illustrating the speed at which gender ideology is evolving. Similar evolutions are occurring across CSE curricula and the standards to which they aspire to align.

Several organizations have compiled exhaustive resources detailing specific examples of CSE materials from around the world that are dubiously age-appropriate.¹⁴ At a minimum, the

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Given the highly controversial nature of CSE, and the fact that many of the objections to it are religious or moral in nature, efforts to make CSE compulsory are clearly at odds with the rights of parents as expressed in the UN’s foundational human rights documents.

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designation, frequently touted by CSE advocates, deserves the interrogation: “by whose standards?” Claims of “cultural sensitivity” deserve similar questioning, given that CSE advocates are quick to denounce attempts by instructors to omit topics that run afoul of cultural norms, or frame them in a negative (“stigmatizing”) light.

To such questions, perhaps the clearest answer was already given by the Planned Parenthood official whose recent comments landed him in the middle of a media controversy: “We have to let our experts guide us.”

Undermining parental rights

According to the Universal Declaration of Human Rights, “[p]arents have a prior right to choose the kind of education that shall be given to their children.”¹⁵ The International Covenant on Civil and Political Rights likewise states that “[t]he States Parties to the present Covenant undertake to have respect for the liberty of parents ... to ensure the religious and moral education of their children in conformity with their own convictions.”¹⁶ Given the highly controversial nature of CSE, and the fact that many of the objections to it are religious or moral in nature, efforts to make CSE compulsory are clearly at odds with the rights of parents as expressed in the UN’s foundational human rights documents.

Some UN human rights entities have moved toward promoting CSE and calling on nations to make it mandatory, including the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity.¹⁷ However, this is part of a larger, and growing, divide between the texts of the painstakingly negotiated international human rights treaties, as well as the negotiations of the General Assembly, and the special rapporteurs and expert bodies, which have staked out positions on issues like abortion, homosexuality, transgenderism, and CSE that are far beyond the reach of global consensus.

The fact that language on CSE is absent from UN human rights treaties and repeatedly rejected in the General Assembly has not stopped these independent experts and committees from pressuring countries to mandate it. Citing their opinions, UN agencies have also taken up the cause, absent a mandate based on consensus by UN member states.

Far from the debates on CSE among delegates in the halls of the UN, the fiercest battles over CSE are taking place in local communities, in school board meetings and in local government

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deliberations. During the school closures in response to the COVID-19 pandemic, many students participated in remote classes from home, enabling their parents to observe their curricula firsthand. Across the U.S., public school enrollment has fallen and not returned to previous levels, even as in-person schooling has resumed. One commonly cited reason for parents to choose homeschooling or private schooling instead is “the sex education and LGBTQ+ curriculum taught in school.”¹⁸

Just as parents were becoming alarmed to discover the content of what their children were being taught as part of their formal schooling, efforts were underway to implement CSE by circumventing parents altogether through other, stealthier, means. A group of UN agencies led by UNFPA released a guidance on out-of-school CSE in 2020, intended to “provide CSE to children and young people in situations where CSE is not included in the school curriculum” as well as for children who were not in school at all. The guidance acknowledges that parents “often prefer to be the source of information on sexuality,” however, “parents or guardians often lack the competencies to provide evidence-based, age-appropriate sexuality education to their children.”¹⁹

In keeping with other UN guidance on CSE, the guideline on out-of-school CSE calls for “inclusive” anatomical diagrams which are not labeled as male and female and where “body parts should not be assigned to one gender.” If possible, the facilitators are encouraged to “sensitize parents about gender identity.” It frames out-of-school settings as a potential advantage, enabling CSE purveyors to “include challenging topics” and frame issues “in a way that may not always be feasible or acceptable in school settings.”²⁰

Another way UNFPA seeks to ensure all children receive CSE is through the Y-PEER program, which trains young people to deliver CSE to each other, with manuals that direct them to the “useful websites” of SIECUS, Planned Parenthood, and other sources of CSE materials.²¹

As young people are increasingly accessing the internet both at home and at school, through smartphones, tablets, and computers, CSE materials are provided through apps, streaming video services, and educational websites. According to the ITGSE, which quotes the treaty body monitoring compliance with the Convention on the Rights of the Child, these materials, along with a wide range of services, are to be provided to adolescents confidentially and without the requirement of parental notification or permission:

All adolescents should have access to free, confidential, adolescent-responsive and non-discriminatory sexual and reproductive health services, information and education, available both online and in person, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene. [...] There should be no barriers to commodities, information and counselling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization. In addition, particular efforts need to be made to overcome barriers of stigma and fear experienced by, for example, adolescent girls, girls with disabilities and lesbian, gay, bisexual, transgender and intersex adolescents, in gaining access to such services.²²

While CSE proponents encourage involving a range of stakeholders, including parents, teachers, and religious and other community leaders, it is clear that such involvement must proceed in one direction: ensuring that CSE is delivered, in line with technical guidance and curriculum standards like those promoted by UNESCO and SIECUS.

“Evidence-informed,” “scientifically accurate,” or flagrantly ideological?

One of the chief claims of CSE advocates is that it is the most effective form of sex education and provides the best outcomes for young people. Such claims need to be evaluated in a variety of ways: is the operational definition of CSE always the same? How is efficacy measured, and over what time course?

With regard to the first question on the operational definition of CSE, there are a variety of studies evaluating the outcomes of CSE when pitted against “abstinence only” sex education, which frames sexual activity as appropriate only within marriage. The organization Advocates for Youth, which promotes CSE, published a guide to comparing sex education programs in which it characterized terms like “abstinence-based” or “abstinence-plus” programs as “term[s] normally used to mean comprehensive sexuality education.”²³ An updated fact sheet from the same organization described “abstinence-plus” as meaning “[p]rograms which include information about contraception and condoms in the context of strong abstinence messages.”²⁴ As one article points out, “[a]cross the literature, CSE is often linked with abstinence-plus education, with some authors presenting the two terms as being synonymous with

At a minimum, it is important to recognize that many of the curricula and programs being described as CSE for purposes of comparison are not, in fact, consistent with the definitions of CSE currently being promoted by groups like Planned Parenthood, SIECUS, or UNESCO. childbearing,” O’Sullivan ponders, however “to date, such sentiments are too rare to alter national fertility appreciably.”

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one another.”²⁵

As a result of this conflation, many of the positive outcomes associated in the social science literature with CSE are actually better characterized as being linked with approaches like the abstinence-plus “ABC” approach, which promotes the message: “Abstinence, Be Faithful, Use a Condom,” in that order. At a minimum, it is important to recognize that many of the curricula and programs being described as CSE for purposes of comparison are not, in fact, consistent with the definitions of CSE currently being promoted by groups like Planned Parenthood, SIECUS, or UNESCO. They may contain a greater emphasis on risk avoidance and abstinence and less focus on power dynamics in relationships, deconstruction of gender as a binary, and training young people to be advocates for “sexual and reproductive health and rights” (SRHR) than programs that meet CSE advocates’ criteria.

That said, much of the evidence used to promote some form of sex education described as CSE is weak or misleading. The Utah-based Institute for Research and Evaluation conducted a review of the evidence for CSE as taught in U.S. schools and found that “CSE has shown far more evidence of failure than success in U.S. school classrooms and has produced a concerning number of negative outcomes” including increased teen sexual activity and resulting teen pregnancy. While the findings supporting abstinence education were somewhat limited, they were seen as warranting further study.²⁶

When the same researchers applied a similar method to studies looking at outcomes of sex education in schools outside the U.S., they reached similar conclusions: “[w]hen measured by credible standards of effectiveness derived from the field of prevention research, the evidence found in UNESCO’s international database does not support the claim that school-based comprehensive sex education or CSE (sometimes called comprehensive sexual and reproductive health education) is an effective public health strategy.”²⁷

Both the U.S.-based and international reviews looked at the sustainability of effects (did they last at least a year after the program concluded?) and whether sexual activity, sexually transmitted infections, teen pregnancies, and condom use rose or fell among students who were taught according to the different programs. Overall, the researchers concluded that the much-hyped successful outcomes of CSE were based on weak evidence, unsustainable results, and, likely, some degree of motivated reasoning by those conducting the evaluations. Even the UN systems manual on CSE, the ITGSE, admits the

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lack of evidence for the effectiveness of CSE. The manual touts its approach as “evidence-informed” saying that “curriculum-based sexuality education programmes, contribute to” delayed sexual debut, fidelity, and increased use of condoms and contraception. But even according to UNESCO’s own expert review of the effectiveness of comprehensive sexuality education programs there is no evidence that it reduces the risk of STD transmission or that it has any effect on delaying sexual debut. This information is published as an appendix in the UN inter-agency manual on sexuality education.²⁸

While it is important that the social science evidence surrounding sex education be closely examined and its shortcomings scrutinized, there remains a larger issue that cannot be ignored: CSE proponents defend their curricula and evaluations as based in evidence, scientific accuracy, and objective facts, while painting their opponents as ideologically driven, religiously motivated, and unwilling to accept scientific reality. In actuality, the fight over CSE is less about scientific findings and more about competing ideologies; issues like the morality of abortion, homosexuality, transgenderism, and the philosophical and spiritual aspects of human sexuality cannot be determined through empirical experimentation and observation alone, as they deal in terms of “ought” rather than “is.” What CSE proponents have successfully done is to create a pseudoscientific overlay, with corresponding definitions, around their own ideology and worldview in order to weaponize the very concept of “facts” against their ideological opponents.

Mass marketing to a captive audience

Abstinence education is associated with the phrase “sexual risk avoidance,” which emphasizes the fact that sexual activity comes with risks and, especially for adolescents not ready for marriage, has no actual benefit. Some of the risks can be reduced, but not eliminated, by the use of condoms and contraceptives, while others, like some infections transmitted by skin-to-skin contact, and the psychological and emotional consequences of sexual activity, cannot. Risk avoidance programming is also frequently used to guide young people away from alcohol, tobacco, and other drugs. Finland has generated international headlines with its bold plan to eliminate smoking by 2030, including by outlawing products and marketing types that specifically appeal to young people.²⁹ This risk-avoidance strategy with regard to tobacco is unusual in northern Europe, where countries like Sweden and the United Kingdom have focused on harm reduction, which seeks to mitigate the consequences of the behavior rather than eliminate

the behavior. In contrast, a survey of Finnish teachers found that out of fourteen aims of sex education, they prioritized teaching abstinence the least.³⁰

Critics of CSE have pointed out that reducing rather than seeking to eliminate the risks and harms of adolescent sexual behavior is a big business. “Sexual health” commodities and services include contraceptives, tests for pregnancy and sexually transmitted infections, treatments for infections, and abortions. Some of the most prominent purveyors of these products and services, such as Planned Parenthood, are also offering CSE materials and even partnering with schools to teach classes. In addition to receiving fees for services directly from its customers, Planned Parenthood receives government subsidies for services it provides. CSE is not only an important part of Planned Parenthood’s business model, but it provides a way to market the abortion giant’s other services to classrooms full of children, year after year. As Monica Cline, a former sex educator trained by Planned Parenthood, put it: “It’s the perfect business plan for a lifelong customer, and it’s being backed by trusted government programs for Title X and HIV prevention.”³¹

Planned Parenthood has also begun to offer hormone treatments for patients who identify as transgender. Their Massachusetts affiliate’s website states, “For our gender-affirming hormone services, we see patients 16 and over. For patients who are 16 and 17, we require a parent/guardian consent. If you are under 16, we can refer you to other Massachusetts providers who can give you hormonal care.” The site also advertises “surgical support letters to established patients who are seeking gender affirmation surgery.”³²

The SIECUS-promoted CSE standards that Planned Parenthood also links to on its sex education page states that children in grades 3-5 (aged 8-11) should be able to “Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender.”³³

As gender confusion continues to skyrocket among young people, CSE stands ready to funnel them toward providers of powerful drugs that can irreparably damage the developing bodies of children and adolescents and start them on a path toward more extreme interventions including surgeries.

Fighting back and finding alternatives

Efforts to mandate CSE for children of all ages range from local schools to the halls of the United Nations, promoted by a well-funded and well-organized coalition that also seeks to promote abortion as a human right and normalize transgenderism, homosexuality, and all forms of sexual activity and expression, despite the risks they involve.

The strongest and most important opponents of the CSE agenda are parents, who are increasingly becoming informed about the extreme nature of what their children are being taught both in and out of school—particularly extreme in comparison to what the parents themselves were taught as children and adolescents. With this new awareness comes increased advocacy, and parents around the world have engaged in demonstrations, run for school board, written letters to local media, and sought alternatives for their children, ranging from homeschooling to enrolling them in schools that teach a risk-avoidance approach to sexual activity.

This is a debate that has wide-ranging implications. Beyond the specific salacious details of CSE curricula, they promote a worldview that is on a collision course with the values, religious beliefs, and cultural norms of people all around the world, seeking to replace them with a competing set of values and priorities that does not enjoy consensus in international negotiations, much less among parents, those who are described by international consensus as having the right to determine how their children are educated.

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Endnotes

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Annex: Examples of Controversial Elements from CSE Materials¹

CURRICULUM STANDARDS: Provide lists of elements and learning objectives that are considered necessary for a curriculum to be considered “comprehensive.”

UNESCO. International technical guidance on sexuality education. January 2018. <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>

Key idea: It is important to be able to make informed decisions about sexual behaviour, including whether to delay sex or become sexually active

Learners will be able to:

- ▶ compare and contrast advantages and disadvantages of choosing to delay sex or to become sexually active (knowledge);
- ▶ understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom, and is the safest way to prevent pregnancy and STIs, including HIV (knowledge);
- ▶ reflect on how plans for their future can be impacted by the decisions they take in relation to sex and relationships (attitudinal).

Learning objectives for ages 9-12

- Distorts the definition of abstinence to include its opposite: “deciding when to start having sex”
- Proposes that there are advantages to early sexual activity

Key idea: There are many different kinds of families that exist around the world

Learners will be able to:

- ▶ describe different kinds of families (e.g. two-parent, single-parent, child-headed; guardian-headed, extended, nuclear, and non-traditional families) (knowledge);
- ▶ express respect for different kinds of families (attitudinal);
- ▶ demonstrate ways to show respect for different kinds of families (skill).

Learning objectives for ages 5-8

- Equates various household configurations with the family as defined as the “natural and fundamental group unit of society”
- Promotes “respect” for the family as something with numerous equivalent, varied forms

¹ Thanks to Sharon Slater, President of Family Watch International, for providing many examples. More can be found at <https://www.comprehensivesexualityeducation.org>

Key idea: It's important to assess sources of help and support, including services and media sources, in order to access quality information and services

Learners will be able to:

- ▶ list sources of help and support for sexual and reproductive health and rights issues (knowledge);
- ▶ describe characteristics of good sources of help and support (including maintaining confidentiality and protecting privacy) (knowledge);
- ▶ understand that there are places where people can access support for sexual and reproductive health (e.g. counseling, testing and treatment for STIs/HIV; services for modern contraception, sexual abuse, rape, domestic and gender-based violence, abortion and post-abortion care⁴ and stigma and discrimination) (knowledge);
- ▶ explain characteristics of reliable media sources (e.g. websites) of help and support (knowledge);
- ▶ perceive the importance of critically assessing sources of health and support (attitudinal).

Key idea: Homophobia and transphobia are harmful to people of diverse sexual orientation and gender identity

Learners will be able to:

- ▶ define homophobia and transphobia (knowledge);
- ▶ analyze social norms that contribute to homophobia and transphobia and their consequences (knowledge);
- ▶ recognize that all people should be able to love who they want free from violence, coercion or discrimination (attitudinal);
- ▶ demonstrate ways to show support for people experiencing homophobia or transphobia (skill).

Key idea: It is important to understand the difference between biological sex and gender

Learners will be able to:

- ▶ define gender and biological sex and describe how they are different (knowledge);
- ▶ reflect on how they feel about their biological sex and gender (skill).

Learning objectives for ages 15-18+

- Trains young people to seek out resources connected to SRHR (e.g. Planned Parenthood) and related websites
- Advertises services like contraception and abortion, with directions on accessing them confidentially and without parental knowledge or consent

Learning objectives for ages 15-18+

- Normalizes homosexuality and transgenderism
- Equates “love” with sexual activity
- Promotes the idea that one’s identity is defined by one’s sexual proclivities or gender expression

Learning objectives for ages 5-8

- Teaches that gender and biological sex are separate things
- Urges young children to explore their “feelings” about these topics, potentially introducing confusion

Key idea: There are local and/or national laws and international agreements that address human rights that impact sexual and reproductive health

Learners will be able to:

- ▶ analyze local and/or national laws and policies concerning CEFM, FGM/C, non-consensual surgical interventions on intersex children, forced sterilization, age of consent, gender equality, sexual orientation, gender identity, abortion, rape, sexual abuse, sex trafficking; and people's access to sexual and reproductive health services and reproductive rights (knowledge);
- ▶ illustrate violations of human rights impacting sexual and reproductive health (knowledge);
- ▶ appreciate human rights that impact sexual and reproductive health (attitudinal);
- ▶ advocate for local and/or national laws that support human rights that impact sexual and reproductive health (skill).

Key idea: People become parents in various ways and parenthood involves many different responsibilities

Learners will be able to:

- ▶ list responsibilities of parents (knowledge);
- ▶ compare the different ways that adults can become parents (e.g. intended and unintended pregnancy, adoption, fostering, with medical assistance and surrogate parenting) (knowledge);
- ▶ assert that everyone should be able to decide whether or not and when to become a parent, including but not limited to people with disabilities, and people living with HIV (attitudinal).

Key idea: A pregnancy begins when an egg and sperm unite and implant in the uterus

Learners will be able to:

- ▶ describe the process of reproduction – specifically that a sperm and egg must both join and then implant in the uterus for a pregnancy to begin (knowledge).

Learning objectives for ages 15-18+

- Promotes standards of “sexual and reproductive health” that go well beyond international consensus
- Trains young people to become activists for legal abortion, LGBT issues

Learning objectives for ages 12-15

- Normalizes surrogacy and forms of medically assisted procreation involving donor sperm/eggs, which raise ethical problems both with regard to the exploitation of donors and with regard to the right of the child to know and be raised by his or her own parents (mother and father)
- Asserts the notion that “everyone” has a right to be a parent, regardless of the concerns mentioned above

Learning objectives for ages 5-8

- Even if one defines pregnancy as beginning with implantation, “reproduction” begins with sperm-egg fusion, which is where a new life begins

By the end of the 8th grade, students should be able to: Describe pregnancy testing, the signs of pregnancy, and pregnancy options, including parenting, abortion, and adoption
SH.8.CC.4

- Frames abortion as just one of several “pregnancy options”

By the end of the 5th grade, students should be able to: Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ
GI.5.CC.1

- Teaches that biological sex is simply something “assigned at birth”

By the end of the 5th grade, students should be able to: Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender
PD.5.CC.4

- Introduces the topics of puberty blockers and “gender affirming” hormonal treatment

By the end of the 5th grade, students should be able to: Explain the relationship between sexual intercourse and human reproduction
SH.5.CC.1

Explain the range of ways pregnancy can occur (e.g., IVF, surrogacy)
SH.5.CC.2

- Normalizes ethically problematic forms of assisted reproduction

CSE CURRICULA AND PROMOTIONAL MATERIALS

“The World Starts With Me” – an online CSE program created by the World Population Foundation and taught in several African and Asian countries, promoted by UNESCO (<https://healtheducationresources.unesco.org/library/documents/world-starts-me>)

Sexuality is? 10

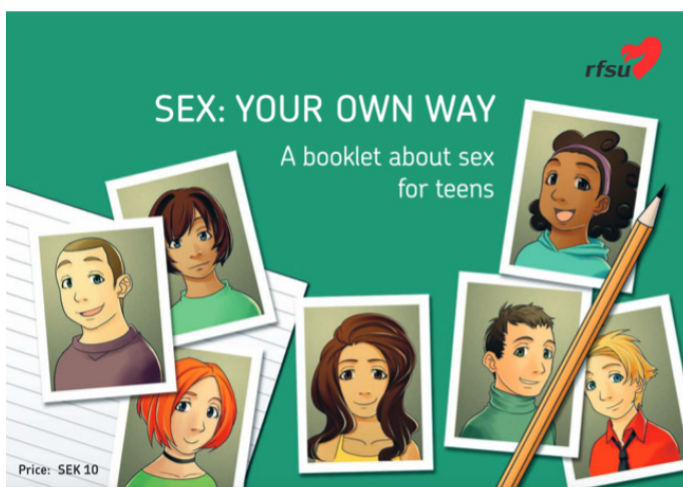
- petting - touching someones private parts
- deep kissing - also called 'French kissing, using your tongue to kiss
- sexual intercourse - bringing the penis into vagina or anus
- dating - making a special appointment with a boy or girl
- oral sex - kissing the body, nipples, penis or vagina
- masturbation - stroking the private parts

These words and more are also explained in the glossary
Finish your own list with other possible acts,
before continuing to the next slide

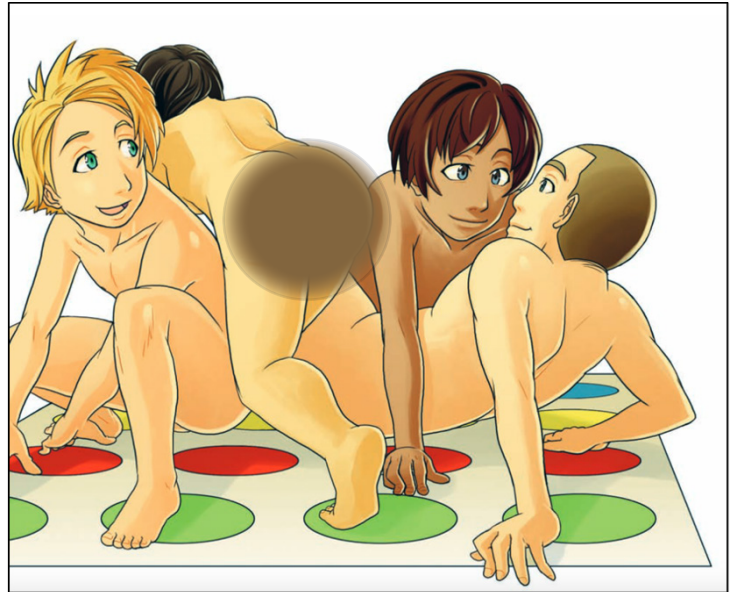
Mute Full Screen Back Start Again Next

(For more examples: <https://www.comprehensivesexualityeducation.org/cse-materials-index/the-world-starts-with-me/>)

“Sex: Your Own Way” – a booklet published by the Swedish Association for Sexuality Education, the Swedish national affiliate of IPPF.



Condoms give you more options. Having protected intercourse enables you to avoid infections and unwanted pregnancies, so you don't have to worry afterwards. In this way, choosing to use a condom allows you to be freer in your sex life. You can, however, also choose safer sex options. Making out, dry humping, oral sex and love play bring at least as much pleasure. Many even find it easier to achieve an orgasm from this type of sex, which also carries much less risk of sexually transmitted infections than unprotected intercourse.



Other illustrations from “Sex: Your Own Way”

SIECUS – If/Then Series promoting CSE

If you care about **abortion rights...**



Then you should care about **SEX EDUCATION.**

Using CSE to promote abortion, and vice versa (collaborating with abortion giant Planned Parenthood)

If you care about **LGBTQ rights...**



Then you should care about **SEX EDUCATION.**

Using CSE to promote sexual orientation and gender identity issues, and vice versa (collaborating with the National LGBTQ Task Force Action Fund)

If you care about **religious liberty...**



Then you should care about **sex ed.**



Using CSE to promote SIECUS' idea of religious liberty, in collaboration with a dissident pro-abortion "Catholic" group and an organization of atheists

TEACHER TRAINING FOR CSE

African regional module to train teachers of CSE, published by UNESCO, with UNFPA and Advocates for Youth (<https://healtheducationresources.unesco.org/sites/default/files/resources/unesco-teacher-training-module.pdf>)



Sexuality in Infants and Toddlers—Children are sexual even before birth. Males can have an erection while still in the uterus, and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Children can experience orgasm from masturbation although boys will not ejaculate until puberty. By about age two, children know their own gender. They are aware of differences in the genitals of males and females and in how males and females urinate.

[Teacher's Note: If you are able to explore same-sex relationships, it can be a great teaching opportunity to make the names of the two characters in either scenario the same gender.] This can normalize relationships between gay, lesbian and bisexual people and reinforce that everyone, no matter their sexual orientation, deserves to be in a healthy relationship. If your learners express the opinion that two people of the same gender being in a romantic relationship with each other is never a healthy choice, it's important to point out that, although people have differing beliefs about the rightness or wrongness of gay and lesbian relationships, any two people's relationship can have healthy or unhealthy characteristics, such as those listed on the handout. Some gay and lesbian relationships are healthy and some are not, just like some heterosexual relationships are healthy and some are not. Redirect the conversation by explaining that the point of the lesson is to give learners tools to evaluate the health of their own relationships.

**SEXUALITY EDUCATION
IS AGAINST OUR
CULTURE OR RELIGION.**

Sexuality education stresses the need for cultural relevance and local adaptations, through engaging and building support among the custodians of culture in a given community. Key stakeholders, including religious leaders, must be involved in the development of what form sexuality education takes. However, it's also important to change social norms and harmful practices that are not in line with human rights and increase vulnerability and risk, especially for girls and young women.