

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

Regional Module for Teacher Training on CSE for East and Southern Africa

CSE HARMFUL ELEMENTS SCORE = 15/15

UNESCO's *Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa* contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of even one of these elements indicates that the analyzed materials are **inappropriate** for children and having several of these elements should definitely disqualify such materials for use with children.

Program Description: The module was created as pre-service training for teachers for the delivery of school-based sexuality education in East and Southern Africa. It was written by Nicole Cheetham of the International Division of Advocates for Youth (AFY), the major youth partner of Planned Parenthood. This training module even features an AFY brochure that refers children to Planned Parenthood clinics for abortions and other services.

The materials promoted in the module are largely the same materials that Advocates for Youth uses in their CSE programs in the United States and in other countries, with African pictures posted throughout to make it look like it is an African-based program. Sponsored by UNESCO, UNFPA, along with AFY, the module states it was created "in line with the International Technical Guidance on Sexuality Education developed by UNESCO, UNFPA, WHO and UNAIDS," a highly controversial document. (See more at this link: https://www.comprehensivesexualityeducation.org/wp-content/uploads/UNESCO_2018_CSE_Excerpts-1.pdf.)

The module includes nine core sessions that also draw heavily upon curricula and materials from Rutgers, Answer, Planned Parenthood and, of course, Advocates for Youth. These are unarguably some of the most radical abortion and sexual rights advocacy groups in the United States.

The material contains several statements asserting that condoms and contraceptives provide protection against pregnancy and STIs. Although it does provide estimated efficacy rates in a few places, the failure rates are minimized and overshadowed by the repeated statements claiming condom and contraceptive will provide protection. Nowhere does it explain that children rarely use condoms both consistently and correctly, two things that are required for condoms to give meaningful protection.

A good deal of the module material is designed to impact the attitudes of the teachers toward sex, sexuality, and sexuality education in manipulative ways. The course devotes a great deal of material to convince the teachers that CSE is an international right for children, required by UN treaties and multiple consensus documents. It cites multiple nonbinding documents and/or statements by UN entities or to radical interpretations of vague document provisions to try to assert a right to CSE. It also cites a commitment from Eastern African countries to implement CSE in African schools--a commitment that several African ministers signed at a conference co-sponsored by International Planned Parenthood Federation. These African ministers were encouraged to sign the CSE commitment without ever seeing what was actually being taught in CSE programs. At least one of these countries (Uganda) upon learning of the controversial CSE elements in Uganda schools, has since removed CSE programs from their schools.

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 tool, such materials should be categorized as CSE and should be removed from use in schools.

Like most CSE programs, this African module also promotes the false claim that CSE programs have been proven to be effective, citing to the usual discredited research used by UN agencies to advance CSE in countries around the world. A landmark report revealing the flaws and distortions of the CSE research cited in this module can be found at SexEdReport.org

Finally, this module is clearly designed to change the gender and sexual norms of countries in Africa in radical ways. As is typical of Planned Parenthood and Advocates for Youth’s CSE materials, rather than strongly discouraging children from engaging in sexual behaviors, this module promotes promiscuity as a right and a decision that a child of any age can make, and promotes, among other things, sexual pleasure, homosexuality, and transgenderism.

It is clear that this module is a shrewdly designed marketing piece to train teachers in Africa to sexualize children and then refer them to sexual and reproductive health services, such as those provided at the 65,000 International Planned Parenthood service centers in over 170 countries. Much of the material is just reworked U.S. materials that is inappropriate for most African cultures. This module represents cultural imperialism at its worst, perpetrated by radical, discredited American organizations. It constitutes an assault on the African family, but especially on the health and innocence of Africa’s children. It is unconscionable that two UN agencies, UNESCO and UNFPA, are partnering with such a radical group as Advocates for Youth and that the UN has given its stamp of approval on such harmful sexual propaganda.

Target Age Group: The module was developed to support pre–service training of teachers for the delivery of school–based sexuality education in East and Southern Africa.

Planned Parenthood Connections: This training module for African teachers was sponsored by UNESCO, UNFPA, and Advocates for Youth (AFY). AFY is the youth partner of Planned Parenthood Federation of America. The module includes nine core sessions and draws heavily upon curricula and materials from Rutgers, Answer, Planned Parenthood and, of course, Advocates for Youth. These are unarguably some of the most radical abortion and sexual rights advocacy groups in the United States.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM <i>Regional Module for Teacher Training on CSE for East and Southern Africa</i>
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Many people cannot imagine that everyone—babies, children, adolescents, adults, and the elderly— are sexual beings.” (p. 79)</p> <p>“Children are sexual even before birth.” (p. 79)</p> <p>“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.” (p. 79)</p> <p>“Adolescents sometimes need help understanding that sexual fantasy is normal ...” (p.86)</p> <p>“... sexuality is an inherent part of being human and is something that we experience every day, beginning even before we are born within the womb and extending until we die.” (p. 76)</p> <p>“Erection: The penis filling with blood and getting larger” (p. 148)</p> <p>“20 Sample Questions: What is an erection?” (p. 249)</p> <p>“Anatomy and Physiology of Reproduction. Female Genitals. 1. Vulva, 2. Labia majora (outer lips), 3. Clitoris, 4. Opening to the urethra, 5. Labia minora (inner lips), 6. Opening to the vagina, 7. Anus (not part of the genitals).” (p. 140)</p> <p><i>Note: This list of body parts is accompanied by a jarring, detailed line drawing of female genitals that even though anatomically correct, may be inappropriate for young children.</i></p>

	<p>“Samson and Elizabeth are classmates at university. They have been dating for a few months and are very attracted to each other. They are deeply in love and agree that they want to have sex. After agreeing to use a condom, they have sexual intercourse and both enjoy it.” (p. 273)</p> <p>“Marie and William have had sex once before. Tonight, William tells Marie that he has wanted her all day. Marie would rather just hang out and talk, but she thinks since they did it once, there is no going back. When William starts to take off his clothes, Marie says nothing to him and they have sex again.” (p. 273)</p> <p>“One evening Emma drank a lot. Symon finds her lying on the bed passed out. He takes off her clothes and has sex with her. She doesn’t wake up.” (p. 273)</p> <p>“KEY MESSAGES OF LESSON: There are important criteria to consider when deciding whether and with whom to be sexually active. There are many perspectives to consider when making an important decision, like whether or not to be sexually active.” (p. 276)</p> <p><i>Note: The “key message” conveyed here does not discourage children from having sex, instead, it just tells them they have the right to make their own decisions about their sexual activity. It doesn’t set abstinence as an expected standard, nor does it help children understand the downside of early sexual activity.</i></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.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>“Find ONE illustrative learning objective for the following topics for the indicated age range: Communication, Refusal, and Negotiation Skills, ages 12–15” (p. 41)</p> <p>“State what you want, and don’t want, clearly. Don’t be afraid! You have the right to protect yourself and to state your needs.” (p. 194)</p> <p>“LEARNING OUTCOMES: By the end of this lesson learners will be able to: Identify the skills they will need to be able to negotiate a safe and comfortable sexual relationship.” (p. 274)</p> <p><i>Note: While this module does not have as strong a focus as most CSE programs have on teaching children “consent” and how to negotiate sexual encounters, it does provide several role plays depicting this kind of negotiation, including scenarios where children ask a potential partner to have sex and, in several of the role plays, the partner consents to sex.</i></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 transmission rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Sexual intercourse: This is one of humanity’s most common behaviors. It is a behavior that may produce sexual pleasure and that often ends in orgasm in females and males. It may also result in pregnancy and/or STIs. In programs for youth, discussion about this is often limited to penile–vaginal intercourse. However, youth need accurate health information about all forms of sexual intercourse—vaginal, oral, and anal.” (p. 89)</p> <p>[Referring to pre-adolescent youth, ages 8 to 12] “They usually have heard about sexual intercourse, petting, oral sex, and anal sex, homosexuality, rape and incest, and they want to know more about all these things.” (p. 79)</p>

	<p>“Use a NEW condom for every act of vaginal, oral, and anal intercourse.” (p. 194, in STDs and HIV brochure included in module—see attached)</p> <p>“20 Sample Questions: What does oral sex mean?” (p. 249)</p> <p>“If having vaginal sex, ensure that the vagina is lubricated or if having anal sex, that the anus is lubricated so that the condom will not break or tear. Use additional lubricant as needed...” (p. 262)</p> <p>“MYTH: You don’t need a condom if you’re having oral sex. TRUTH: Actually, HPV, gonorrhea, chlamydia, herpes, and HIV can be passed on by oral sex. You can protect yourself with a condom (worn on the penis for a male receiving oral sex or cut into a sheet for a female receiving oral sex).” (p. 264)</p> <p>Note: According to a 2017 article, titled “Receptive Anal Intercourse and HIV Infection,” published in the peer-reviewed <i>World Journal of AIDS</i>³, “more cases of HIV infection have been attributed to the transmission route of AI [anal intercourse] than to any other route of transmission. Condoms alone only partially reduce the high risk ...When one or both partners are infected with a sexually transmitted disease (STD), even with condom use, the risks are very high.” In light of these startling medical facts, it is unconscionable that UNESCO and UNFPA are publishing material that would tell children “you can protect yourself with a condom” instead of telling children to avoid all sex, including anal sex, until they are married. With regard to oral sex, imagine a teacher instructing his female student to cut a condom open and insert it in her mouth while having oral sex and to expect that she will be fully protected, especially in Africa where HIV infections rates are the highest!</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>“Diversity is a fundamental characteristic of sexuality.” (p. 11)</p> <p>“Same-gender sexual behavior is common at this age.” (Referring to pre-adolescent youth, aged 8 to 12, p. 79)</p> <p>Stages of Adolescent Development Activity Sheet: “Sexual orientation nearly secured” (Stages of Adolescent Development Activity Sheet, Referring to Late Adolescence, Females ages 16+, Males ages 17+, p. 104)</p> <p>“With Whom Would You Disclose If You...? Were ever in a sexual relationship with someone of the same gender [or] Were ever in a sexual relationship with someone of a different gender” (p. 235)</p> <p>“Sydney and Grace are alone at one of their houses. Sydney is drunk and slurring words and then lies down on the floor. Grace, who also had a bit to drink, lies down too. Feeling uninhibited, she takes the initiative and performs oral sex. Sydney feels confused and is not sure what to say. Sydney is not sure what to think since they didn’t talk about it before Grace did that.” (p. 272)</p> <p>From “Session 8: Healthy Relationships,” comes the following: “[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</p>

	<p>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.” (p. 281)</p> <p>“Is the material appropriate for use with learners of all races, genders, sexual orientations, ethnic and cultural backgrounds, and learners with disabilities?” (p. 296)</p> <p>“Sexual Orientation—A person's sexual orientation is defined by their primary attraction to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality). Sexual orientation begins to emerge by adolescence.” (p. 82)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Sexual intercourse is a behavior that may produce sexual pleasure and that often ends in orgasm in females and males.” (p. 83)</p> <p>“... sexuality is much more than just about sex and that it is an inherent part of being human. In fact, human rights are reflected across all of the circles of sexuality—the right to pleasure, to sexuality information, to choose if and whom to be intimate with, to live free from violence and discrimination, and to decide if, when and how many children to have.” (p. 78)“Human Sexual Response Cycle—is the way people experience sexual pleasure ...” (p. 81)</p> <p>“Female Part – CLITORIS... Provides sensation (has many nerve endings)” (p. 139)</p> <p>“VAGINA ... Provides sensation (has many nerve endings especially in the outer third) ... 3” long when not aroused, 5–6” when aroused...” (p. 138)</p> <p>“Penis - Provides sensation (has many nerve endings) The average penis measures 3–4” when it's not erect (flaccid) and 5–7” when erect.” (p. 137)</p> <p>“Most women are able to have pleasurable sexual intercourse and to experience orgasm for their entire lives.” (p. 80)</p> <p>“Some people find that the female condom decreases pleasure with sex.” (p. 168)</p>
<p>6. PROMOTES SOLO OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, 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>“School–age children may play sexual games with friends of their same sex, touching each other's genitals and/or masturbating together.” (p. 79)</p> <p>“Masturbating with one's same–gender friends and looking at or caressing each other's genitals is common among pre-adolescent boys and girls.” (p. 79)</p> <p>“Once a boy starts making sperm during puberty, his testicles never stop. So, even if he masturbates frequently, it is not possible for his body to run out of sperm.” (p. 155)</p> <p>“Masturbation is a normal part of sexual expression for most people. It will not cause a person to go crazy or blind. Many people of all ages masturbate, although some don’t because it goes against their values. You’re normal if you do it and you’re normal if you don’t.” (p. 155)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p>	<p>“HOW DOES THE FEMALE CONDOM HELP ME? • Can be put on as part of sex play” (p. 168)</p> <p>“MYTH: Condoms make me less sensitive. TRUTH: Using a condom doesn’t have to</p>

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.

spoil the moment. They can make some men last longer before they come, which is good news for both partners." (p. 263)

"There are lots of different sizes, shapes, colors, textures and flavors of condoms, so enjoy finding the one that suits you both best." (p. 263)

"If appropriate, sample male and female condoms for demonstration purposes" (p. 258)

"HOW DOES THE CONDOM HELP ME? Can help relieve early ejaculation. • Protects against HIV and many other Sexually Transmitted Infections." (p. 170)

"When the penis is erect, squeeze the tip of the condom and place it over the head of the penis with one hand while you unroll the condom over the length of the penis with the other hand. Make sure penis is covered completely." (p. 262)

"Explain the activity by saying, 'I have broken down all the steps involved in correct use of a male condom and put each step on 10 separate pieces of paper. I will hand out these papers to some volunteers. Each volunteer should work with one or two learners seated near them to figure out which column the step goes in.' ... Go on to explain, 'The first column will include steps that should be carried out well ahead of time. The next column will show the steps to be carried out immediately before sex. The third column will include steps that may be involved during sex. The fourth column will display steps to be taken after sex. Within the columns, try to put each step in order as well. On the board, create four columns and write "well ahead of time," "immediately before," "during sex," and "after sex," at the top of each column." (p. 259)

"Male and female condoms are currently the only method that provides dual protection (protection against pregnancy and STIs, including HIV)." (p. 261)

"MYTH: Condoms break easily. TRUTH: No they don't. To avoid a condom breaking, you need to put it on carefully and make sure there's no air bubble at the end. Be careful of sharp nails, jewelry or teeth. If the condom won't roll down, it's the wrong way round. Throw this condom away and start again with a new one as there could be semen on the tip of the previous condom. If a condom breaks and you're not using any other contraception, go to a health center as soon as possible and ask about emergency contraception." (p. 263)

"Remember, **the condom protects you** from Sexually Transmitted Infections and HIV. Always use condoms to protect yourself!" (p. 170)

"No method of birth control is 100% effective, but the condom is **85-98% effective** if you use it correctly." (p. 170)

"Condoms are a safe and effective birth control method. • There are no serious problems when using condoms." (p. 170)

Note: *As indicated earlier in this template, the analyzed material contains several statements asserting that condoms and contraceptives provide protection against pregnancy and STIs. Condom failure rates are minimized and overshadowed by repeated statements claiming condoms and contraceptives will provide protection. Nowhere does it explain that children rarely use condoms consistently and correctly, two things that are required for condoms to provide meaningful protection.*

<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>“It’s normal and healthy for boys and girls to have sexual feelings, however it’s important for everyone to think seriously about what they want to do and not do when it comes to acting on those feelings. Sexual intercourse at an early age often leads to confusion, guilt, regret, and sometimes even unplanned pregnancy and STIs, including HIV. For these reasons, it’s best to wait until you’re older to start having sexual intercourse.” (p. 155)</p> <p><i>Note: When is older? This quote comes from the “Leader’s Resource on Puberty Myth vs. Fact Game Handout,” meaning it is designed to tell prepubescent children (children ages 9 to 12) that sexual feelings are normal and healthy and that they can “think about” and ultimately act on those feelings when they choose. And while sexual feelings are normal and healthy encouraging children to act on them as they choose is not healthy.</i></p> <p>“Young people around the world have many different reasons for deciding whether and when to become sexually active. Some young people wait until a certain age, until they meet someone that they feel ready to start an intimate relationship with, or until they are engaged or married.” (p. 275)</p> <p>Note: <i>While all of these statements are factually true, what is the point of teaching this to young children? Again this does not encourage children to delay sexual debut but rather subtly normalizes decisions to have sex at any age for any reason of the child’s choosing.</i></p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</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>“20 Sample Questions: Is it okay for a 16 year–old to have had sex?” (p. 249)</p> <p>“20 Sample Questions: Do you think having sex before marriage okay?” (p. 249)</p> <p>“Many young people consider how they feel about their relationship only when they weigh the decision about whether to become sexually intimate with their partner. Some people want to make sure they have reached the legal age of consent, which is (INSERT AGE HERE) for our country. This activity will help you to think about how maturity, self–awareness, and communication skills can affect your sense of readiness to become sexually active. It will also help you identify what is most important to you.” (p. 275)</p> <p>“KEY MESSAGES OF LESSON: 1) There are important criteria to consider when deciding whether and with whom to be sexually active. 2) There are many perspectives to consider when making an important decision, like whether or not to be sexually active.” (p. 276)</p> <p>“Please review the following advice for helping decide if and when to become sexually active.” (p. 277)</p> <p>“IN DECIDING WHETHER TO BECOME SEXUALLY ACTIVE, MY ADVICE TO YOU IS THAT IT WOULD BE IMPORTANT TO... Feel close to the other person; Feel that you and the other person have made the decision together and that both of you want to have sex; Feel comfortable talking with the other person about condom use; Feel sexually attracted to the other person” (p. 277)</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</i></p>	<p>“The three pieces of sexual identity are gender identity, gender role, and sexual orientation. Each is important.” (p. 82)</p> <p>“Gender Identity—Knowing whether one is male, female, neither, or somewhere in between. Most young children have a sense of their own gender identity by as early as age two. Sometimes, the sex a person is assigned at birth is not the same as their gender identity—this is called being transgender. • Sometimes people use the acronym “LGBT” when referring to individuals of diverse sexual orientations or</p>

<p><i>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>gender identities. L stands for “lesbian,” G stands for “gay,” B stands for “bisexual,” and T stands for “transgender.” (p. 82)</p> <p>“Transphobia” is a term that refers to the negative feelings about and actions toward transgender people, which can lead to feeling devalued, unsafe, and isolated. Transphobia also affects the person who holds this bias and hatred because it narrows and limits the ways in which they can interact with and enjoy other people.” (p. 82)</p> <p>“RESOURCES NEEDED...Five pre-written flip charts, each with one empty circle and the following as titles for the circles: 1. Sensuality 2. Intimacy 3. Sexual identity 4. Sexual health and reproduction 5. Sexualization” (p. 75)</p>
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<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>ABORTION/EMERGENCY CONTRACEPTION</p> <p>“Planned Parenthood clinics, and many state and local health departments, hospitals, community health centers, and independent clinics offer confidential services. Some services offered by these clinics include: ...Prescriptions for birth control... Administering Depo-Provera (the shot) or inserting an IUD...Counseling about abortion and abortion services.” (p. 193)</p> <p>“Take Emergency Contraception (EC) right away. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.” (p. 166)</p> <p>“If your last shot was more than 16 weeks ago, take Emergency Contraception (EC) right after unprotected sex.” (p. 166)</p> <p>“WHAT IF I STOPPED USING A FEMALE CONDOM AND HAD UNPROTECTED SEX? WHAT IF THE FEMALE CONDOM BREAKS DURING SEX? • Take Emergency Contraception (EC) right away. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.” (p. 168)</p> <p>“If the condom breaks during sex, the male should pull out immediately and the couple should consider using emergency contraception to prevent pregnancy.” (p. 262)</p> <p>“With Whom Would You Disclose If You... Or your partner had ever had an abortion?” (p. 235)</p> <p>CONTRACEPTION</p> <p>“The pill is very safe. Serious problems are rare.” (p. 166)</p> <p>“No method of birth control is 100% effective, but birth control pills are 99% effective if you take them each day.” (p. 166)</p> <p>“...Depo is 99% effective if you get your shots on time.” (p. 167)</p> <p>“The shot is very safe. Severe problems are rare.” (p. 167)</p> <p>“...a female condom is 79-95% effective if you use it correctly.” (p. 168)</p> <p>“Female condoms are a safe and effective birth control method. There are no medical risks. A female condom may break or slip during sex; if this happens, take EC right away.” (p. 168)</p> <p>“The implant is safe and effective birth control. Once you have it, it works on its own – you don’t have to do anything.” (p. 169)</p>
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<p>12. PROMOTES PEER-TO-PEER</p>	<p>“Teens’ Rights to Reproductive and Sexual Health Services” (p. 193)</p>
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<p>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>“What are my rights to birth control, HIV and STD testing, and privacy?” (p. 193)</p> <p>“Identify potential areas for legal reform and advocacy to support young people access sexuality education.” (p. 301)</p> <p>“Explore the different outcomes for young people as a result of legal frameworks and their impact to CSE and SRH services for young people.” (p. 301)</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>“Are the instruction and materials used in the classroom free from the teaching or promotion of religious doctrine?” (p. 296)</p> <p>“It’s also important to change social norms and harmful practices that are not in line with human rights and increase vulnerability and risk.” (p. 57)</p> <p>“Sexuality education provides opportunities to explore one’s own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.” (p. 11)</p> <p>“Sexuality education encourages young people to explore their values and be able to communicate these to others.” (p. 59)</p> <p>“Do not impose your personal values.” (p. 245)</p> <p>“Explore a range of values.” (p. 245)</p> <p>“Values can change over time, owing to changing circumstances, etc. This may have an effect on a relationship” (p. 291)</p> <p>“...another key element to teaching sexuality education is to reflect on one’s own values about sexuality. To do this, let’s first explore what values are.” (p. 92)</p> <p>“Your values are things you have chosen freely—no one else can force you to choose your values, although your family and others can certainly influence you.” (p. 92)</p> <p>“...as teachers delivering sexuality education in schools, the goal is not to impose individual values on learners but rather to educate with age-appropriate information and skills...Part of sexuality education is enabling learners to assess and become more aware of their own values as they evolve, but it is not the teacher’s role to tell them what values to adopt.” (p. 96)</p> <p>“...personal values about sexuality and young people need to remain just that, personal. Taking the time to examine one’s own values is important and empowers teachers to become more self-aware in order to avoid imposing personal values on learners....” (p. 96)</p> <p>“When discussing values related to sexuality, the goals of the educator are to: Promote the value of respect for differing opinions...Tips: Do not impose your personal values. (If you make a rare exception and share a personal opinion, surround it with comments that validate alternative viewpoints.)” (p. 245)</p>

	<p><i>Note: The way this module handles values is the way most CSE programs do. On the one hand it says the teacher can't share his values, on the other hand it tells the teacher to explore a range of values and to even promote "universal values." They don't want the teacher to pass on what may be more traditional values about teen promiscuity or transgenderism or homosexuality, etc. Instead, they want teachers to present an "anything goes" approach when it comes to sexuality. In fact, the teacher is to support and even encourage the students in doing whatever they want to do sexually, as long as they use a condom. Notice also the subtle way the materials get children to question their own or their family's values.</i></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 what they are being taught about sex in school.</i></p>	<p>"Teens' Rights to Reproductive and Sexual Health Services -What are my rights to birth control, HIV and STD testing, and privacy?" (p. 193)</p> <p>"Consent laws requiring a parent or caregiver's consent to HIV testing can also complicate access to testing and treatment for adolescents in particular." (p. 203)</p> <p>"Schools and educational institutions where children and young people spend a large part of their lives are an appropriate environment for young people to learn about sex..." (p. 58)</p> <p>"...sexuality education itself is grounded in a rights-based approach in which values such as respect, acceptance, tolerance, equality, empathy, and reciprocity are inextricably linked to universally agreed human rights. It is not possible to divorce considerations of values from discussions." (p. 59)</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</i></p>	<p>ENCOURAGES CHILDREN TO FIND OUTSIDE PROVIDERS</p> <p>"Identify a health care provider from a local health center or hospital who can speak about the family planning and reproductive health care services" (p. 293)</p> <p>"At what age can young people access services on their own?" (p. 295)</p> <p>"20 Sample Questions: How can you get an appointment to see about contraception?" (p. 249)</p> <p>"Where is your clinic located? How can a young person get to your clinic location? Is there transportation available?" (p. 295)</p> <p>"There are community resources that can provide reproductive health care for young people." (p. 295)</p> <p>"List three reproductive health care services that young people can get from this organization..." (p. 297)</p> <p>"Identify one place where young people can get condoms in your community" (p. 297)</p> <p>RECOMMENDED PROVIDERS OR CURRICULA</p> <p>"International Planned Parenthood Federation. Exclaim! Young People's Guide to Sexual Rights: An IPPF Declaration. http://www.ippf.org/resource/Exclaim-Young-Peoples-GuideSexual-Rights-IPPF-declaration" (p. 342)</p> <p>"...permission to adapt from Family Life And Sexual Health (F.L.A.S.H.) Curriculum of King County." (p. 5)</p>

Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org

“Future of Sex Education Initiative, a project of **Advocates for Youth**, Answer, and SIECUS” (p. 5)

“... let’s go a little deeper into understanding the types of content included in sexuality education by reviewing a key resource developed by UNESCO and other UN partners, the International Technical Guidance on Sexuality Education.” (p. 39)

“Distribute the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa. Explain the stakeholders from the Ministers of Education and Health from 20 countries.” (p. 44)

“**Planned Parenthood** clinics, and many state and local health departments, hospitals, community health centers, and independent clinics offer confidential services. Some services offered by these clinics include: ...Counseling about abortion and abortion services.” (p. 193)

“**Advocates for Youth** ...Amplify An online youth activism hub with information, resources, and advocacy opportunities...” (p. 194)

“**Planned Parenthood Federation of America, Inc.** ... website provides tools for teachers in support of implementing sexuality education, program evaluation tools, and additional resources.” (p. 299)

“Rutgers Answer...offers resources for purchase for sexuality educators, including online workshops, webinars, lesson plans, and other resources. Geared to a U.S. audience, much of the materials can be adapted to other country contexts.” (p. 299)

“The Sex Ed Library by SEICUS...This website serves as a clearinghouse of sexuality education resources, providing links to lesson plans available online from multiple sources. Topics include human development, sexual health, relationships, society and culture, personal skills, sexual behavior, and other resources.” (p. 299)

“Advocates for Youth. Rights, Respect, Responsibility: A K–12 Sexuality Education Curriculum.” (p. 342)

For the complete text of Regional Module for Teacher Training on CSE for East and Southern Africa see http://www.advocatesforyouth.org/storage/advfy/lesson-plans/UNESCO_Training_Module_JUSTIFIED_52416uth.org/storage/advfy/lesson-plans/introduction.pdf.

STDs and HIV Brochure

How can I talk about condoms with my partner?

It can be hard to talk to a partner about condoms. But unprotected sex puts you both at risk. Here are a few tips to make the conversation a success:

Know what you want and don't want. Don't engage in any sexual behavior that makes you uncomfortable, but always protect yourself. Remember, consistent and correct condom use reduces your risk of STDs and pregnancy.

Discuss abstinence, sex, and safer sex. Be honest about your sexual history and your sexual health. Discuss and make mutual decisions on your safer sex options. Go together to get tested for STDs. Educate yourself about safer sex options and make sure you are prepared to discuss them.

State what you want, and don't want, clearly. Don't be afraid! You have the right to protect yourself and to state your needs. If your partner doesn't respond in a supportive way, then think about the relationship as a whole and if your partner respects and cares about you. No one should ever ask you to compromise your health and well-being!

Vaccine

There is a vaccine for HPV which can protect from genital warts and from the types of HPV that cause cancer. It is approved for both males and females ages 9-26 and must be given by a doctor.

Advocates for Youth

Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

Check out Advocates for Youth's websites:

Advocates for Youth
www.advocatesforyouth.org

Amplify
An online youth activism hub with information, resources, and advocacy opportunities www.amplifyyourvoice.org

MySistahs
Information and support by and for young women of color
www.mysistahs.org

YouthResource
Information by and for gay, lesbian, bisexual, transgender, and questioning youth www.youthresource.org

Advocates for Youth shall not be liable for any direct, indirect, incidental, consequential, or any other damages resulting from the use of the information contained herein.

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how to use a condom

Talk to your partner about safer sex. Then, follow these steps for correct condom use.

1. Check the expiration date on the individual condom packet.



2. Once the penis is erect, open condom package with your fingers. Don't use your teeth, or any sharp object, because you might accidentally tear the condom!



3. Squeeze the tip of condom with your fingers and place the rolled condom on the head of the penis.

4. Leave a half-inch space at the tip of the condom to collect semen.

5. Hold the tip of condom and unroll until the penis is completely covered.

6. After ejaculation, while the penis is still erect, hold the condom at base of penis and carefully remove the condom without spilling any semen.



7. Wrap the condom in tissue, or tie it in a knot and throw it away. (Don't flush the condom down the toilet.)



8. Use a NEW condom for every act of vaginal, oral, and anal intercourse. Never use a condom more than once. Never use two condoms at the same time!

9. If using lubricant, use a water-based one like KY Jelly or Astroglide, NOT Vaseline or baby oil.

It is also helpful to practice – you can always use a banana!



Be prepared!
Use protection
the first time
you have sex.