

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 *Act with Her* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Act with Her 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: This program teaches sexual and reproductive health lessons to single-gender groups divided by age. The younger groups are ages 10-14; the older groups are ages 15-19. There is a curriculum manual and participant booklet for each group. To shorten citations, the following abbreviations are used:

OAG – Older Adolescent Girl Curriculum

OAB – Older Adolescent Boy Curriculum

OAGB – Older Adolescent Girl Booklet

OABB – Older Adolescent Boy Booklet

VYAG – Very Young Adolescent Girls Curriculum

VYAB – Very Young Adolescent Boys Curriculum

VYAGB – Very Young Adolescent Girls Booklet

VYABB – Very Young Adolescent Boys Booklet

Target Age Group: Ages 10-19

International Connections: Pathfinder, Bill & Melinda Gates Foundation, CARE, Save the Children, Promundo

For the complete text of *Act with Her* see:

https://drive.google.com/drive/folders/1irnPuJBaNeResV9SFoOo8mjbS6UqXGGv?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<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</i></p>	<p>“On the outline of the body, draw pictures or symbols to show where on the body you are beginning to see physical changes.” (VYAG, p. 43)</p> <p>“Draw an outline of a boy’s body on the 2nd piece of flipchart paper. Draw pictures or symbols to show how boy’s body physically changes.” (VYAG, p. 45)</p> <p>“Participants may become upset by some of the topics in the Boys Club meeting(s). They may have doubts about themselves or may feel uncomfortable</p>

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.

<p><i>graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>talking about issues related to sex or violence with others.” (VYAB, p. 13)</p> <p>“Draw an outline of a girl’s body on the 2nd piece of flipchart paper. Draw pictures or symbols to show where girl’s bodies change. (Note: Allow about 5 minutes to finish the drawing. Expect the boys to giggle.)” (VYAB, p. 37)</p> <p>“On the outline of the body, draw pictures or symbols to show where on the body you are seeing physical changes.” (OAG, p. 36)</p> <p>“Draw an outline of a boy’s body on the 2nd piece of flipchart paper. Draw pictures or symbols to show where boys’ bodies change physically and emotionally.” (OAG, p. 39)</p> <p>“This is a very sensitive session having to do with feelings of sexual attraction. Make sure to practice this session with another person to ensure you feel comfortable facilitating these conversations without judgement.” (OAG, p. 171)</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>“In all relationships, including sexual relationships, consent is an important value. Any physical contact should be agreed to by both parties, preferably after discussion.” (OAG, p. 136)</p> <p>“An individual’s sexual organs are private and personal. No one should touch them without permission. We are going to discuss consent in greater detail in a later lesson. Sexual consent is essential.” (OAG, p. 136)</p> <p>“Write (or say aloud) the word ‘Sexual Consent.’ Ask the group: What do you think ‘sexual consent’ means, and why is it important? Get as many responses as possible. After they answer, say that ‘sexual consent’ simply means agreeing to participate in a sexual behavior. Both individuals have to agree to do something without pressure, and if one person does not want to, they are not giving their consent. It’s important that consent is given every time you are considering sexual activity. Explain that sexual consent is like eating a pizza [or choose another locally appropriate food that is most often shared among a group of people] and expand by saying the following:</p> <ol style="list-style-type: none"> a. You have tea when you’re thirsty for tea. It starts with an internal desire and you have some sense of control over it. b. When you want to drink tea, you find someone to share it with who is also thirsty. c. When you find someone you want to share tea with, what do you do? You talk about what you want. You negotiate (‘do you like tea with sugar?’) and say what you prefer. d. You might want to drink tea and then have one sip and decide you don’t want to drink anymore at this time. You might want two cups and your friend wants one. You don’t decide how much tea to drink based on how much your friend is drinking, and you don’t make your friend drink tea if they don’t want any. e. If someone is under the influence of alcohol or drugs, don’t make them drink tea. f. With tea, you want to enjoy your drink. We decide for ourselves if we are

enjoying our tea and are satisfied, rather than having someone else decide for us.

- g. It is important that if tea is on offer, we are given the choice to agree every time to drinking some. Just because we drank tea yesterday does not mean we want tea today. And we might start drinking tea and not want to finish as many cups as we originally thought.
- h. Now, think about **substituting the word sex or another sexual activity for 'tea'.**" (OAG, pp. 173-174)

"Ask: **What do you need to give someone your consent?** Include the following points and if possible, have these written on a flipchart:

- You believe that you have the right to decide for yourself whether or not to engage in a sexual act.
- You have sufficient power and control over your own life to be able to say what you want and act upon it.
- You are mature enough to know the consequences of engaging in sexual activity.
- You are in a relationship where your partner will respect your decision." (OAG, p. 174 and OAB, p. 155)

"Jin is 18 and Josef is 20. About six months ago, Jin asked Josef asked Jin [sic], his girlfriend, if she would have sex with him. They are open and honest with each other, so she told him she was afraid of the consequences and did not feel ready. She said she would like just to kiss and touch each other for now. **Josef really wanted to try intercourse**, but he agreed with Jin. Now Jin thinks she is ready. She asks Josef where they can get more information to avoid any risk. **Can Jin give free and informed consent?**" (OAG, p. 178)

"Jin is 20 and Josef is 19. About six months ago, Jin asked Josef, her boyfriend, if he would have sex with her. They are open and honest with each other, so he told her he was afraid of the consequences and did not feel ready. He said he would like just to kiss and touch each other for now. **Jin really wanted to try intercourse**, but she agreed with Josef. Now Josef thinks he is ready. He asks Jin where they can get more information to avoid any risk. **Can Josef give free and informed consent?**" (OAB, p. 158)

"Liya, 17, is about to have sex with her boyfriend Amit, with whom she has been involved for a short time. **As they are about to have sex**, Liya goes completely silent. She becomes completely passive and goes somewhere else in her head. Amit is enjoying himself and notices her silence, but doesn't ask her about it. **Is Liya consenting?**" (OAG, p. 179 and OAB, p. 159)

"I can **negotiate safe sex** with my partner." (OAG, p. 184 and OAB, p. 164)

"**Role Play Scenario #2:**

- Girl: Your boyfriend wants you to have sex with him. You feel that you are not ready for such commitment. You don't want the relationship to end.

- Boy: Your friends tell you that they are having sex with their girlfriends. You want your girlfriend to have sex with you. You threaten that **if she doesn't sleep with you, you will end the relationship.**" (OAB, p. 110)

"Session 16: Having Fun in Relationships - **Sexual Consent**" (OAB, p. 150)

"Explore why relationships are fun when we treat each other with equality and respect! Learn about ways to check-in with a partner to **make sure both of you are comfortable engaging in physical and sexual acts**. Explore how to give and receive sexual consent. Explore how sexual consent and coercion is [sic] influenced by one's gender and how much power they have. Learn about ways to check-in with a partner to make sure they are **comfortable engaging in physical and sexual acts.**" (OAB, p. 150)

"Say that 'sexual consent' simply means **discussing and agreeing together to participate in a sexual behavior** you both want. Both individuals have to agree to do something without pressure, and if one person does not want to, they are not giving their consent." (OAB, p. 155)

"Why is it imperative for young men to **ask for sexual consent** with their partner? How can this make the relationship more enjoyable? Next, break the boys into 3 groups and give each one a story they will have to act out. After each scenario the group will have to **determine whether or not there was sexual consent.**" (OAB, p. 156)

"Say that **having sexual consent** is an important part of having a fun and mutually fulfilling relationship with another person! It makes everything so much better." (OAB, p. 157)

"Eve is 14 and in school. Edo is 18 and works with Eve's father. Edo came to know Eve when he visited her house. Edo and Eve have started meeting away from her house as well. Sometimes Edo gives Eve presents and money, if she needs it. Recently he has started telling her how much he loves her and saying that **he really wants to have sex with her**. Can Eve give free and informed consent?" (OAB, p. 158)

"SESSION 16: HAVING FUN IN RELATIONSHIPS – **SEXUAL CONSENT**
JOURNAL ENTRY Today, we learned about **SEXUAL CONSENT**, **SEXUAL COERCION**, and **HOW TO CHECK-IN** with my partner. **SEXUAL CONSENT** is like **TEA!** It means you discuss and **agree together to do a sexual act you both want.**" (OABB, p. 29 and OAGB, p. 29)

<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“A vaginal yeast infection isn’t considered a sexually transmitted infection. But, there’s an increased risk of vaginal yeast infection at the time of first regular sexual activity. There’s also some evidence that infections may be linked to mouth to genital contact (oral-genital sex).” (VYAG, p. 243)</p> <p>“But, there’s an increased risk for both at the time of first regular sexual activity. There’s also some evidence that infections may be linked to mouth to genital contact (oral-genital sex).” (OAG, p. 190)</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>“Reminder to mentors: the next session will include discussion about sexual orientation which may include lesbian, gay, bisexual, and transgender (LGBT) people. There are other gender identities that do not fit within these definitions such as queer, questioning and asexual. There may be girls in your Club who are questioning their sexuality and who may believe they fit outside the definition of ‘straight.’ Be open and available to girls who want to talk through these feelings. Most importantly, be supportive and nonjudgmental of these girls, and ensure that others in the club are too.” (VYAG, p. 308 and VYAB, p. 146)</p> <p>“Explain that ‘sexual orientation’ refers to the person we are attracted to, physically and romantically. Discuss sexual orientation:</p> <ul style="list-style-type: none"> • Some people are attracted to someone of a different gender, such as girls are attracted to boys, and boys are attracted to girls. • Some people may be attracted to the same gender as they are, such as men being attracted to men. • Some people may be attracted to more than one gender – they may be attracted to both men and women. • Some people are not attracted to either gender – or don’t have romantic (or sexual) feelings. • Attraction includes romantic love. You can know your orientation by knowing who you are attracted to and/or could fall in love with. This does not mean you are doing something sexual with another person.” (VYAG, p. 309 and VYAB, p. 147) <p>“Explain that there are some general categories of sexual orientation:</p> <ul style="list-style-type: none"> • Heterosexual – Someone who is only attracted to people of a different gender. • Lesbian or gay – Someone who is only attracted to someone of their same gender. • Bisexual – Someone who may be attracted to people of their own gender AND to people of a different gender. • Pansexual or queer – Someone who is attracted to others across many different gender identities (male, female, transgender, genderqueer, intersex, etc.) • Questioning or curious – Someone who is unsure about their sexual orientation. • Asexual – Someone who doesn’t experience any sexual attraction for

anyone. (Note that you may not be feeling sexual at all YET – but it doesn't mean that you are asexual. You just might not have sexual feelings yet." (VYAG, p. 309 and VYAB, p. 147)

"Ask if someone can **know someone's sexual orientation by just looking at them**. If so, how? If not mentioned, explain the following:

- One cannot determine someone's sexual orientation by just looking at them.
- This means that not all masculine guys or all feminine girls are heterosexual.
- Sexual orientation has to do with who a person is attracted to. Gender expression is separate from that." (VYAG, p. 310 and VYAB, p. 148)

"Who can **explain what sexual orientation means**? (Note: Ask several participants to explain what gender expression means. Correct them, if they get in [sic] incorrect.) Who is still unclear on what sexual orientation means? (Note: If anyone is still unclear, explain the definition again, as needed.)" (VYAG, p. 311 and VYAB, p. 150)

"Write down what you have heard about the term '**Sexual orientation**.' If you have never heard of it, write what you think it means." (VYAB, p. 143)

"Ask if people can choose their **sexual orientation**. (Note: Encourage an active discussion about this.) If not mentioned, clarify that:

- No, we do not consciously choose our sexual orientation.
- Feelings of attraction are discovered, not chosen.
- Sexual attraction or orientation isn't something a person can turn on and off like a light switch. We don't choose who we are attracted to.
- We CAN choose whether to act on those feelings or not.
- We CAN choose what we call ourselves based on those feelings." (VYAG, p. 310 and VYAB, p. 148)

"**Sexual Orientation**: Refers to the people we are attracted to, physically and romantically. For example,

- Some people are attracted to someone of a different gender, such as girls are attracted to boys, and boys are attracted to girls.
- Some people are **attracted to the same gender** as they are, such as men being attracted to men.
- Some people feel **attracted to more than one gender**, such as to their own gender and people of different genders.
- Some people **do not feel physical or romantic attraction** towards anyone." (OAG, p. 206 and OAB, p. 185)

"Nearly everyone has a sexual orientation, **meaning that you are attracted to men, women, both, or neither**. Women who have sex with women and men who have sex with men may identify as lesbian, gay or bisexual – or they may not use any label at all. Although we do not know precisely what determines a person's sexual orientation, we do know that is formed early in life, is not

	<p>chosen by the person, and cannot be changed, although because of social taboos and homophobia, a dislike or discrimination of homosexual people, it might be hidden.” (OAG, p. 206 and OAB, p. 185)</p> <p>“Ask the group: Can you name the different types of sexual orientation that exist? If not mentioned, explain the following (Note: It may be helpful to write on another flipchart):</p> <ul style="list-style-type: none"> • Heterosexual – Someone who is only attracted to people of a different gender. • Lesbian or gay (sometimes referred to as ‘homosexual’) – Someone who is only attracted to someone of their same gender. • Bisexual – Someone who is attracted to people of their own gender AND to people of a different gender. • Pansexual or queer – Someone who is attracted to others across many different gender identities (male, female, transgender, queer, etc.)” (OAG, p. 206 and OAB, pp. 185-186) <p>“Why is it so difficult for people and societies to accept people who are not heterosexual? Why are people who are ‘different’ (i.e. not heterosexual) often targeted with violence? Why do people see sexual and gender diversity as threatening?” (OAB, p. 186)</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>“Near the top of and inside the folds of the labia is the clitoris. The clitoris is very sensitive and helps a woman have sexual pleasure.” (VYAG, p. 52 and OAB, p. 46)</p> <p>“When a boy has an erection, he can ejaculate. When this happens, it is pleasurable, and a fluid comes from the hard penis.” (VYAB, p. 35 and OAB, p. 36)</p> <p>Participants indicate whether they agree or disagree with the following statements:</p> <ul style="list-style-type: none"> • “Sexual pleasure is more important to men than to women. • A woman should have sex only with someone she loves. • A man should have sex only with someone he loves. • Sex is more important to men than to women.” (OAG, pp. 32-33 and OAB, p. 31) <p>“What are ways that boys can overcome difficulties in bringing up pleasure in a sexual/intimate relationship?” (OAB, p. 53)</p> <p>“Ask the group to explain how we find out if our partner is also interested in a sexual act such as kissing, touching, or having sex and is enjoying it?” (OAB, p. 156)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p>	<p>No evidence found.</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>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 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>“Can condoms provide protection from STIs, including HIV? Yes – Whether you use latex male condoms or female condoms, they are both very effective in preventing HIV and many other STIs when used the right way every time. While it is not a 100% guarantee, condoms can be very effective in preventing transmission of HIV.” (VYAG, p. 251 and VYAB, p. 171)</p> <p>“Do I know how to talk about using condoms or other methods to prevent pregnancy, HIV, and other STIs?” (VYAB, p. 169)</p> <p>“Break participants into three smaller groups and explain the activity: Describe, either real or imagined, scenarios where women would carry condoms with them. They have 10 minutes to discuss this in their small groups. Ask the small groups to share their stories with the larger group. Ask the group to create a story where people perceive a young woman carrying a condom as a good / positive thing and another story where people perceive a young woman carrying a condom is a bad / negative thing. Divide the large group into two smaller groups and assign each one to develop a role-play about the stories - positive and negative.” (OAG, p. 70, OAB, p. 53)</p> <p>“Describe, either real or imagined, scenarios where young women would carry condoms with them and where men would carry condoms with them.” (OAB, p. 53)</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</i></p>	<p>“Sex: How do you know if you’re ready? Tell girls that you are going to talk about sex and it can be uncomfortable. Emphasize that sex can feel good, but it also has risks – STIs and unintended pregnancy are a few we have discussed. But sex can also have emotional risks. Sex before you’re ready, sex with someone you don’t trust or respect (or who doesn’t trust or respect you), or sex that doesn't feel good can lead to some really stressful feelings. And sex shouldn’t be stressful.” (VYAG, pp. 247-248 and VYAB, p. 168)</p> <p>“Tell the girls that at some point, they may decide to have sex, but it is important to be ready. In this activity, we will answer the different questions you should ask yourself before you agree to have sex. Answer each of these questions for yourself now in your notebook or on a sheet of paper, based on how you feel right now.” (VYAG, p. 248 and VYAB, p. 168)</p>

to abstinence.

“Read out loud the following questions:

- **Would my parents approve** of me having sex now, if they knew?
- If I get pregnant, am I responsible and financially secure enough to provide for the baby’s emotional and financial support?
- Does the man/woman I am with make me feel good about myself?
- Will I be glad when I am older that I lost my virginity at the age I am now?
- If the relationship breaks up, will I be glad I had sex with this person?
- Am I sure no one is pushing me into having sex?
- Am I able to **comfortably talk to my partner about sex** and about his sexual history?
- Am I absolutely sure my partner is not infected with a sexually transmitted infection (STI)?
- Do I **know how to talk about using condoms** or other methods to prevent pregnancy, HIV, and other STIs?
- Do I feel safe with my partner?” (VYAG, p. 248; VYAB, pp. 168-169 and OAG, p. 172)

“**Sex: How do I know when I am ready?** (25 minutes)

Tell girls that you are going to talk about sex and it can be uncomfortable. Emphasize that sex can feel good, and it also means that you have new responsibilities to protect yourself and your partner from harm.” (OAG, p. 171 and OAB, p. 152)

“Tell the girls that at some point, **they may decide to have sex**, but it is important to be ready. In this activity, we will answer the different questions you should ask yourself before you agree to have sex.” (OAG, p. 172)

“Tell the boys that at some point, **they may decide to have sex**, and some may have already done so. Nevertheless, it is always important to know how ready you are! In this activity, we will explore the different questions you should ask yourself before you agree to have sex.” (OAB, p. 153)

“How do you know **when you’re ready to have sex**? Gather as many responses as possible. Do not respond, just listen. Ask: How do you know when you’re ready to have sex? Say that people usually have sex with someone they care deeply about and can trust.” (OAB, p. 153)

“Ask boys **what makes someone ready for sex**. (Prompt for discussion regarding: it matches your personal or religious values, your school and career goals, you have thought through the emotional and physical risks you’re willing to take).” (VYAG, p. 249 and VYAB, p. 169)

“Remind boys that sex is something that people usually have in a committed relationship, with someone they care deeply about and can trust. **You’re probably not ready to have sex if the reason you want to sounds anything like:**

- I’m the only virgin in my group of friends.

	<ul style="list-style-type: none"> • I want to ‘get it over with’. • My boyfriend or girlfriend will break up with me if I don’t have sex. • I’ll be more of a ‘man’ if I have sex with a lot of girls/women. • Having sex will make me popular. • I’ll feel older if I have sex.” (VYAG, p. 249 and VYAB, p. 169)
<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>“If not mentioned, explain there are some ways to prevent infections:</p> <ul style="list-style-type: none"> • Abstain from sex... • Using condoms correctly and consistently when one decides to have sex.” (VYAG, p. 247) <p>“Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected. This makes it hard to know when you first became infected. There is an HPV vaccine available for girls at health centers in many countries. It is best to have this vaccine while you are young, before you start having sex, so talk to your parents and health care provider about the vaccine that can help protect you from cancer.” (VYAG, p. 242)</p> <p>“Mention that the purpose of the game was only to show that one cannot tell if someone has an STI, and that STIs can spread quickly if people are having unprotected sex.” (VYAG, p. 247)</p> <p>“No matter what you choose, it is important that you choose for yourself whether or not you want to have sex, especially before you find yourself in a situation where someone may suggest having sex.” (VYAG, p. 248)</p> <p>“Without lecturing, begin a conversation about if having sex is something you really want to do, or something you’re being pressured to do.” (VYAG, p. 249 and VYAB, p. 169)</p> <p>“We need to reflect whether that is the case here and how both girls and boys can establish new expectations where both can clearly communicate they want to have sex.” (OAG, p. 175)</p> <p>“The most important thing to remember is that many of these infections do not have symptoms and some do not have a cure. For this reason, it is really important to get tested regularly when you begin to have sex.” (OAG, p. 191 and OAB, p. 171)</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</i></p>	<p>“Explain that usually a person’s inner feelings match their body parts. For example:</p> <ul style="list-style-type: none"> • They see that they have a vulva and vagina and think, ‘I am a female.’ • They see that they have a penis and testicles and think, ‘I am a male.’ <p>Mention that for some people, how they feel on the inside does not match their biological sex and body parts. Maybe they have a penis, but do not feel male. Or, they may have a vulva, but not [sic] feel female. Point out that the name for this situation is ‘transgender’ – they are assigned one biological sex at birth, but</p>

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.

they feel like another gender.” (VYAG, p. 306 and VYAB, p. 144)

“Discuss what gender identity means:

- It is who we feel that we are. For example, **I feel like a girl, or I feel like a boy, neither or both.**
- It does not matter how other people see us. How we feel inside is what’s most important.” (VYAG, pp. 306-307)

“Ask if people can choose their gender identity. (Note: Encourage an active discussion about this.) Clarify that people don’t choose to feel female or male. They either feel female or male, or they don’t – no matter what their biological sex says.

- Most people feel the same as their biological sex.
- But, some people with a vagina feel more like a male, and some people with a penis feel more like a female.
- **Your gender identity is how you feel** or understand that you are.” (VYAG, p. 307)

“Explain that **this is what we mean by ‘gender identity.’** A person can:

- Look like a girl or woman and feel like a girl or woman inside.
- Look like a boy or man and feel like a boy or man inside.
- Look like a boy or man but feel like a girl or woman inside.
- Look like a girl or woman and feel like a boy or man inside.
- Look like a boy or a girl but not feel like either one.

Emphasize that biological sex is based on your anatomy. However, your **gender identity is how you ‘feel’ inside** and how you understand yourself.” (VYAG, p. 307)

“Discuss what gender expression means:

- It is how we let other people know the gender we feel that we are.
- We use our name, our clothes, how we carry ourselves, some of the things we do, etc. to express who we feel we are.
- Gender expression can be **feminine or masculine or somewhere in between.**” (VYAG, pp. 307-308)

“Write down what you have heard about the term **‘Gender identity’**. If you have never heard of this, write what you think it means. Write down what gender expression means. If you have never heard of this, write what you think it means.” (VYAB, p. 143)

“Explain the following:

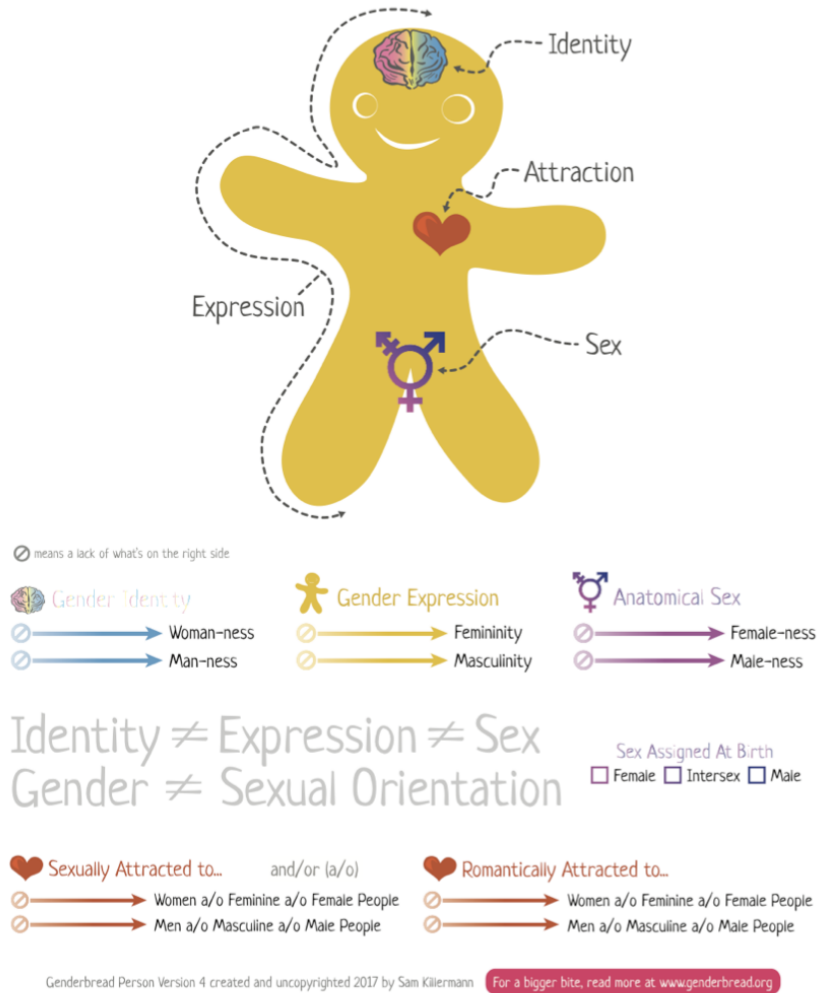
- When someone is **born with a vagina**, they are usually referred to as a ‘girl.’
- When someone is **born with a penis**, they are usually referred to as a ‘boy.’” (VYAB, p. 144)

“Who can **explain what gender identity means**. (Note: Ask several participants to explain. Make sure the meaning is correct.) Ask who is still unclear about

what gender identity means? (Note: If anyone is still unclear, explain the definition again, as needed.)” (VYAB, p. 149)

SESSION 20: I LOVE WHO I AM FACTSHEET

Today, we learned about GENDER IDENTITY, and GENDER EXPRESSION, SEXUAL ORIENTATION.



(OABB, OAGB, VYABB and VYAGB, p. 49)

“By the end of this session, participants will: Describe how girls and boys **experience their gender identities** by actively listening to one another.” (OAG, p. 180)

“Say that today they will talk about how to reflect on who they are as a person, also known as their identity, and **explore how to respect and appreciate gender identity and sexual orientation.**” (OAG, p. 204)

“**Gender Identity:** Who we feel that we are. For example, I feel like a girl, or I

	<p>feel like a boy, neither or both.</p> <ul style="list-style-type: none"> • Most people feel the same as their biological sex. • But, some people with a vagina feel more like a male, and some people with a penis feel more like a female. • Some people do not feel that they identify as either male or female. • Your gender identity is how you feel or understand that you are.” (OAG, p. 205 and OAB, p. 184) <p>“Definitions of other common gender identities:</p> <ul style="list-style-type: none"> • Transgender – People whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth (e.g. ‘I am biologically male, but I feel like a woman’). • Gender Queer – A label used by people who do not identify with the binary of man or woman.” (OAG, p. 205 and OAB, p. 184) <p>“Gender Expression: How we dress and act is how we choose to express our gender identity. This is called gender expression.</p> <ul style="list-style-type: none"> • It is how we let other people know the gender we feel that we are. • We use our name, our clothes, how we carry ourselves, some of the things we do, etc. to express who we feel we are. • Gender expression can be feminine or masculine or somewhere in between.” (OAG, pp. 205-206 and OAB, pp. 184-185)
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p>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.</p> <p>May encourage the use of contraceptives, while failing to present failure rates or side effects.</p>	<p>“Explain that when young women are ready to have sex, there are a lot of contraception methods they can use to prevent pregnancy. Mention that contraceptive methods often used by young people can be divided into two categories: short-term methods and long-term, reversible methods.” (VYAG, p. 71 and VYAB, pp. 47-48)</p> <p>“Explain that short-term methods are good options for many people because they:</p> <ul style="list-style-type: none"> • Can be started and stopped quickly. • Are also easy to access at health care facilities, pharmacies, and from community health workers. • Point out that short-term methods have to be used correctly to work effectively.” (VYAG, p. 71 and VYAB, p. 48) <p>“Summarize some common short-term contraceptive methods:</p> <ul style="list-style-type: none"> • Male and female condoms – this is a rubber sheath that a man puts over his erect penis or a woman inserts into her vagina just before having sex. Condoms prevent pregnancy and sexually transmitted infections if they are used every time the woman/man has sex. • Contraceptive pills – these pills contain one or more hormones that prevent ovulation. If you do not ovulate, you cannot get pregnant. You have to take one pill a day for the method to be effective. • Emergency contraceptive pills (ECPs) – these are pills that help a woman avoid pregnancy after she has had sex without contraception. ECPs help to prevent pregnancy when taken up to 5 days after unprotected sex.

- **Injectables** – these are shots that a woman can get either once a month or once every three months. They usually contain one hormone that prevents ovulation and, thus, pregnancy.” (VYAG, pp. 71-72; VYAB, p. 48; OAG, p. 66 and OAB, p. 49)

“Mention that **long acting, reversible methods are also good options:**

- They prevent pregnancy for a longer period of time than short-term methods.
- Once inserted, they are low maintenance. Women do not have to remember to do anything or make frequent visits to the health center or pharmacy.
- Women need to go to a health facility to have the method inserted and, when ready, removed.
- They can be used for up to several years but can be removed at any time by a health care provider if the woman wants to switch methods or become pregnant.” (VYAG, p. 72)

“Summarize some common long-acting, reversible methods.

- **Implants** – these are small flexible rods that are inserted just under the skin of the woman’s upper arm. The rods release hormones that prevent ovulation for several years. These need to be inserted and removed by a trained health care provider. There are different kinds of implants. A woman should discuss the best options with a trained health care provider.
- **Intrauterine devices (IUDs)** – a small, flexible T-shaped piece that is inserted into the woman’s uterus by a trained health care provider at a health facility.” (VYAG, p. 72; VYAB, p. 48; OAG, pp. 66-67 and OAB, pp. 49-50)

“**Every contraceptive method has advantages** and disadvantages so certain methods are best for different people. It is very important that a young woman talks to a health care provider to help her determine which method is best for her based on her preferences, needs, and health status.” (VYAG, p. 73; VYAB, pp. 48-49; OAG, p. 67 and OAB, p. 50)

“Say **contraceptive methods often used by young people** can be divided into two categories: (1) short-term methods and (2) long-term, reversible methods.” (OAG, p. 65 and OAB, p. 48)

“**Short-term methods**

Benefits:

- Can be stopped quickly;
- Easy to access at healthcare facilities pharmacies and from community health workers.

Methods: Male/female condoms, contraceptive pills, emergency contraceptive pills, injectables” (OAG, pp. 65-66 and OAB, pp. 48-49)

“**Long-term, reversible methods**

Benefits:

- Prevent pregnancy for a long period of time;
- Once inserted, they are low maintenance – you don't need to make frequent visits to the clinic or pharmacy;
- Can be used for several years, but can be removed at any time by a health provider; Need to go to the health facility to have it removed

Methods: Implants, IUDs Point out that short-term methods have to be used correctly to work effectively." (OAG, p. 66 and OAB, p. 49)

"Ask: Who can these girls go to if they would like **support to use contraception?**

'When you are with your health provider, what are some important things to consider when exploring what contraceptive method is right for you (and for your relationship)?' Write the following on a flipchart as you say them (Note:

Adapt based on your context):

- Easy to keep private
- Low cost
- Easy to use
- Reduces periods
- No or few side effects
- Doesn't reduce sexual pleasure
- Willing to use a method that has hormones

End with saying: Feel empowered to **choose the method of contraception that is right for you**, and reach out to knowledgeable adults who can support you." (OAG, pp. 67-68)

"Explain to the group that when young women and men have sex and do not use an effective contraceptive method, they may become pregnant before they are ready. This may place them at risk for **seeking an unsafe abortion**, especially if abortion is illegal in the country. An unsafe abortion is when an untrained person uses dangerous methods, such as introduction of foreign objects and/or use of herbal remedies to end a pregnancy. Unsafe abortions can also take place in settings with limited or poor-quality medical equipment." (OAG, p. 68 and OAB, p. 48)

"Ask the group:

- What does your community think of women who seek abortions?
- Do you think that a girl has the right to decide whether or not to continue with a pregnancy?
- **Do you think that women have a right to safe and legal abortion?** Why or why not?
- What are challenges that young women face in these situations? And how can young men as their partners support them in seeking abortion services safely?" (OAG, pp. 68-69 and OAB, p. 51)

"Say that abortion in general is a very sensitive topic. However, in places where it is not legally available young women are at risk of seeking an unsafe abortion and experiencing health complications as a result. **Abortion is a basic healthcare need for millions of women**, girls and others who can become pregnant. This is

because approximately 1 in 4 pregnancies end in abortion.

- Young women will seek abortions regardless of whether it is legal or not.
- When undertaken by a trained health-care provider in sanitary conditions, **abortions are a safe medical procedure.**
- Making abortion illegal makes the procedure less safe. It does not end the practice of seeking abortion.
- Having access to safe and legal contraception is essential for preventing abortion.” (OAG, p. 69 and OAB, p. 52)

“Say that **male partners play a very important role in supporting women to use the contraceptive method** that works best for them. Ask: What support can young men provide to avoid an unwanted pregnancy? Give the following ideas:

- They can accompany their female partner to the health clinic to get information about contraceptives.
- They can seek information themselves about what methods are available, especially if the girl is too ashamed or is unable to leave the house.
- They can offer emotional support (e.g. say comforting words).
- They can pay for contraception.
- They can pay for and/or provide transportation to the health facility or pharmacy” (OAG, pp. 68-69 and OAB, p. 52)

“Thank the groups for the skit, and then ask the group the following questions:

- In a relationship, **who is responsible for initiating a talk about using contraception?** Why? For example, because of gender norms, young women are expected to initiate these discussions because pregnancy happens in a woman’s body.
- What do young men think of unmarried women who use contraception like condoms? What about other members of your community? For example, they may think that they are sex workers or that they are ‘dirty.’
- Is it difficult for young women **to talk about using contraception?** For example, yes, it is difficult for young women to talk about contraception because they have less power in relationships to negotiate. It is also a topic that is taboo because it is associated with sex and therefore a shameful matter in many contexts.
- Is it difficult for young women **to talk to her partner about what gives her pleasure?** Why or why not? For example, it is difficult for young women to talk about what gives them pleasure because they are raised from a young age that sex is only for pregnancy and that only men should enjoy sex.
- What are some ways that we can support one another to overcome difficulties in discussing contraceptive use and pleasure with one’s partner?” (OAG, p. 70 and OAB, p. 53)

“Close the exercise by saying: The stigma and shame young women experience prevent them from understanding and enjoying their bodies. This shame can **prevent young women from accessing services and contraception** when they

really need it. This way of thinking also perpetuates the idea that women's bodies should be controlled, especially by men." (OAG, p. 70 and OAB, p. 54)

SESSION 4: PREVENTING UNWANTED PREGNANCY (Continued)

FACT SHEET

- The #1 way to prevent pregnancy is to not have sex.
- Other ways to prevent pregnancy are CONTRACEPTIVE METHODS like the ones below!

Male and Female Condoms



Contraceptive Pills



Injectables



IUDs



(OABB, OAGB, VYABB and VYAGB p. 9)

"When a young man is thinking about having sex and does not want to get his partner pregnant, he should discuss with her the importance of going to a health care facility to **discuss contraception with a trained provider**. The right method for them will depend on many things." (OAB, p. 50)

"Ask: When you and your partner are with a health provider, what are some important **things to consider when exploring what contraceptive method is right for you as a couple?** Gather as many responses as possible. Write the following on a flipchart as you say them (Note: Adapt based on your context):

- Easy to keep private
- Low cost
- Easy to use
- Reduces periods
- No or few side effects
- Doesn't reduce sexual pleasure
- Willing to use a method that has hormones

End with saying: Most contraceptive methods, with the exception of male condoms, can only be used by women since pregnancy happens in women's

	<p>bodies. For this reason, it is important that women feel free and comfortable to have the final word on which method is right for her. However, it is important that she has your support!” (OAB, p. 50)</p> <p>“Questions for Clinic Visit</p> <ul style="list-style-type: none"> • What health services do you provide? • Is this visit confidential? • What STI services do you offer? • What kinds of contraception do you offer? • How much do they cost? • Can I have a female/male doctor? • How long will the STI test take? • How long will it take to get the STI results?” (OAB, p. 171)
<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>“Understand the connections between these practices and the control of girls’ sexuality and their sexual and reproductive health and rights.” (OAG, p. 72)</p> <p>“Girls can increase their knowledge on sexual reproductive health and rights even when they are out of school.” (OAG, p. 102)</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>“Gender refers to the socially constructed ways that define what being a woman or man are. It is not defined by biology, but by society. How a society defines what being a man or woman is can vary from place to place, even within the same country, and can be changed.” (VYAG, p. 76)</p> <p>“Remember, gender is something that can change, and sex is a biological trait. Ask: Is the trait or characteristic that you like about being a girl or the reason you wish you were a boy related to gender, or to sex? A trait is a sex trait if the other sex is not physically able to do a particular thing. A trait is a gender trait if both boys and girls are physically able to do or have that trait but are limited by what is culturally or socially acceptable for a boy/man or girl/woman.” (VYAG, p. 80)</p> <p>“What are some traditions in our culture? Are some of these traditions helpful? (For example, the tradition of caring for one’s elders and young siblings is helpful to society.) Are some traditions harmful?” (VYAG, p. 84; VYAB, p. 126 and OAB, pp. 117-118)</p> <p>“Remind girls that just because these norms are commonly held beliefs, it doesn’t mean they are true, or fair. In some cases, they should be pushed</p>

against (if it is safe to do so).” (VYAG, p. 108)

“Explain that as we discussed previously, **most traits associated with being a woman or a man are socially determined** – not based on biology at all.” (VYAG, p. 287)

“Point out that other roles given to girls and women, such as housekeeping and raising children, are cultural. They have nothing to do with their gender/biology. Similar roles are given to boys and men, such as being told to hide their feelings, to ‘prove’ their masculinity by drinking alcohol, or having sex. **These norms can have a negative effect on both men and women**, their relationships, and health outcomes.” (VYAB, p. 55)

“Ask where boys can go for guidance **if they feel uncomfortable about new roles or coming of age rituals that their family is imposing** because of their age. If not mentioned, suggest some people that boys can talk to:

- Elder brother
- Male teacher who you trust
- Father or uncle
- Mother, auntie, sister or another trusted female
- Community leaders
- Religions institutions/groups
- Boys Club” (VYAB, p. 57)

“What are some cultural practices that girls participate in? Are some of these practices helpful? (For example, the tradition of caring for one’s elders and family, as caring for others is important and both boys and girls should do it.) **Are some practices and expectations harmful?**” (OAG, p. 75)

“Boys often have a higher status in society, so they are sent to school and/or attend school longer while **girls often have to stay at home to take care of the children** and household chores. There are deeper gender norms at play here – for example, the belief that a girl might not be able to get married if she is too educated reflects norms that education is not necessary to be a good wife; or people may not want girls to go to secondary school if it requires living away from home, **reflecting norms about the importance of sexual purity** and the idea that girls cannot protect themselves from violence.” (OAG, p. 101)

“**Identify a young unmarried or late-marrying woman** in the village/community who has a small, successful business or belongs to a larger (professional) organization. If a business, this could be small animal breeding and selling (poultry, goat), home gardening, bread baking, bee keeping, and/or owning a store or shop, such as a spice shop. The woman does not need to be wealthy, but she should have completed secondary school and be successful in her job. And she should be able to speak freely about having postponed marriage and the social and cultural pressures she faced, not only the financial challenges. Note to mentors: the most important requirement is that the person have chosen her own path in a way **that may go against limiting norms for women**,

	<p>whether in her family life (delayed marriage, strongly egalitarian marriage) or in her professional life (through her completion of school, choice of profession, or other aspect of her life.” (OAG, p. 146)</p> <p>“Many of the practices and expectations for girls in adolescence have to do with their emerging sexuality and the desire of parents and community members to regulate it and prevent girls from having sex with anyone who is not approved by the parents.” (OAB, p. 118 and OAG, p. 75)</p> <p>“Invite an expert or local leader who works on issues of gender-based violence, women’s rights, and/or social services to co-facilitate this session with you. Ask your supervisor to help identify the right person to assist you with this Girls Club Meeting.” (VYAG, p. 93)</p> <p>“Invite an expert or local leader who works on issues of gender-based violence, Inequitable gender norms and practices, and/or social services to co-facilitate this session with you. Ask your supervisor to help identify the right person to assist you with this Boys Club Meeting.” (VYAB, p. 126)</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>“If not mentioned, ask the girls how they want to handle the following: Confidentiality regarding what other girls say (not about the information learned) (Note: No matter what, ensure group consensus on adhering to confidentiality of other people’s information.)” (VYAG, p. 24 and VYAB, p. 19)</p> <p>“Anything personal discussed in the group must remain in the group.” (VYAG, p. 24)</p> <p>“If girls are getting wrong information from their friends, the internet, or other sources, remind them that it is best to get correct information from a trusted source, such as at a Girls Club, a knowledgeable adult, or from a professional at a health center.” (VYAG, p. 69)</p> <p>“Encourage the girl to seek health care services with the trusted adult.” (VYAG, p. 74)</p> <p>“Talk to a trusted adult to support your decision to stay in school.” (VYAG, p. 110)</p> <p>“Find a mentor who will support and help you. Mentors can be an older sibling, cousin, auntie, teacher, person from the church, or the mentor leading this group.” (VYAG, p. 111)</p> <p>“Emphasize that if girls notice any of these or other symptoms that do not seem normal, they should go to the health clinic with a trusted adult.” (VYAG, p. 247)</p> <p>“Start a discussion about which adults they can turn to for information about their bodies, sexuality, etc.?” (VYAB, p. 39)</p> <p>“Explain that it is often easier and more natural to talk to their peers and</p>

	<p>friends about your body and sex. But, sometimes you may not get correct information. Ask if they know of a trusted adult or older friend who they can talk to about such topics. If yes, who? Point out that they can always ask information during the Boys Club.” (VYAB, p. 50 and VYAG, p. 74)</p> <p>“Inform the girls that some agreements, like confidentiality and respect are non-negotiable as they are needed to support the work we are doing in girls club. Confidentiality regarding what other girls say – not about the information learned. (Note: No matter what, ensure group consensus on adhering to confidentiality of other people’s information.)” (OAG, p. 19 and OAB, p. 18)</p> <p>“Observe that the next discussion is going to be quite sensitive. Say something like, ‘We might talk about things that are difficult to share in a group setting. We have all agreed to confidentiality, but I want to remind you how important it is to keep the things people talk about private and to respond gently and with respect.’” (OAG, p. 133)</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.InvestigatethePPF.org)</i></p>	<p>“Invite an expert or local leader working on issues of female genital cutting, inequitable gender norms and practices, women’s rights, or a very knowledgeable, youth-friendly health care provider to co-facilitate this session with you. Ask your supervisor to help you identify the right person to assist you with this Girls Club Meeting.” (VYAG, pp. 82-83; OAG, p. 73 and OAB, p. 116)</p> <p>“Ask if anyone has questions. (Note: Have an expert on gender-based violence, women’s rights or a trusted, youth-friendly health professional with you to answer questions.)” (VYAB, p. 139)</p> <p>“Questions for Clinic Visit</p> <ul style="list-style-type: none"> • What health services do you provide? • What STI services do you offer? • How long will the STI test take? • Is this visit confidential? • Can I have a female/male doctor? • How long will it take to get the STI results?” (OAG, p. 192 and OAB, p. 171) <p>“If available, pass out information about a health clinic where girls can get tested for STIs. Describe what the center is like and what they can expect. If you feel knowledgeable enough, do a short role-play (scenario below) where you play the health provider and a volunteer plays a young woman seeking sexual health services. Have them ask the questions prepared by the group that you wrote on the flipchart.” (OAG, p. 192 and OAB, pp. 171-172)</p>