

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 ***Adolescent Boys and Young Men – Sexuality and Relationships*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Adolescent Boys and Young Men – Sexuality and Relationships 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**. Having several of these elements should disqualify such materials for use with children.

Program Description: “This manual is a handy guide for teachers, educators and youth workers; in short, for anyone who wants to understand the specific needs and vulnerabilities affecting adolescent boys and young men and support them on their journey towards healthy, safe and pleasurable sexual and relational development.” (p. 7)

Target Age Group: Adolescent boys and young men, aged 12–25 years

International Connections: Rutgers; The MOSAIC Training, Service and Healing Centre for Women; MenCare+

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i>	<p>“Around the age of 10, boys start to have more interest in adult sexuality due to changes in their hormones. They fantasize more about sexuality, about naked women or men, and start to actively seek sexualized images on the television, Internet or smartphones.” (p. 13)</p> <p>“Puberty and adolescence are a period of great change for boys on their way to manhood, and their lives change in many ways. This is the time when they become sexually active, start exploring their sexual identity and experience their first relationships.” (p. 16)</p> <p>“The benefits for adolescent boys and young men of working with a professional [facilitator] to explore sexual and relational development include: ...Insight. They gain more insight into their own sexual preferences, sexual experience, intimacy and relationships. They also gain insight into the distinction between</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.

sexuality and intimacy.” (p. 16)

“Myths concerning sexuality can be tenacious and may be the cause of risk-taking sexual behaviour. **Facilitators should discuss myths**, address their falsehood and provide correct information... Examples of myths:

- Girls always bleed when they lose their virginity.
- A doctor is able to see if a girl has lost her virginity.
- It is difficult for **a guy who is turned on** to stop himself from having sex.
- Sex is only good when you both (simultaneously) reach an orgasm.
- A **big penis guarantees pleasurable sex** for both guys and girls.
- You do not feel anything when wearing a condom.
- Homosexual men are gross.
- Girls cannot get pregnant when they have their periods.
- All girls can reach an orgasm by having sexual intercourse.
- All girls **have a G-spot and** when this is stimulated they will have an **intense orgasm**.
- You cannot get an STI by having oral sex.
- Girls who take the pill or carry a condom are looking for sex.
- A girl will become infertile and fat because of the pill.” (pp. 19-20)

“Discussion points:

- Skills on how to start and sustain consensual and pleasurable relationships...
- The **first sexual contact** with another person...
- Different varieties of sexual activity, including kissing; caressing; masturbation; oral, anal and vaginal intercourse...
- Reasons that **people want to have sex** and reasons why some have sex when they do not want to...
- Ways to promote and protect a positive and responsible sense of sexuality” (pp. 37-38)

“Frequently Asked Questions

- How can I make sure that I have protected sex despite my substance use?
- What should I take to **increase my sexual achievements**?
- What can I do to keep a longer erection?
- Does the use of Viagra make me produce more sperm and have more intense orgasms?
- What can I **give my girlfriend to make her horny** so that she wants to have sex with me?
- Is there any substance that can make my penis grow?
- **Are orgasms more intense** when intoxicated or high on drugs?” (p. 67)

“**Sex**. This refers to the physical and biological differences between men and women, including the different sex organs, hormones, etc. It can also refer to sexual contact, such as **intimacy, touching and fondling, petting, oral sex** and all other options that go to make up the richness of sexuality, including sexual

	intercourse.” (p. 77)
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“As long as sexual activity is undertaken with mutual and meaningful consent and is not harmful, there is no one true or better way to enjoy it.” (p. 37)</p> <p>“People – regardless of their sexual identity, gender or physical ability – can express and experience their sexuality through a variety of sexual behaviours. One sexual practice is not better (or worse) than another – as long as the partners respect each other, no one is harmed and both partners fully consent.” (pp. 38-39)</p> <p>“Safe and consensual sex should be a joy for both partners, one of many ways to express feelings, love and care for each other.” (p. 40)</p> <p>“In terms of sex, no single way to look or behave is correct, as long as consent and safety are assured.” (p. 57)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>Discussion point: “Different varieties of sexual activity, including kissing; caressing; masturbation; oral, anal and vaginal intercourse.” (p. 37)</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>“When a boy discovers he is emotionally and/or sexually attracted to the same sex this might cause stress or other feelings of discomfort if he grows up in a community – or peer group – in which homosexuality is ridiculed or rejected.” (p. 24)</p> <p>“Discussion point: ...Same-sex relationships and same-sex marriage” (p. 37)</p> <p>“SGD [sexual and gender diversity] refers to the broad variation in identities, expressions, behaviours and desires we see in sexual orientation and gender identity worldwide. People may experience feelings of love, attraction and sexual desire for the opposite sex, the same sex or both.” (p. 45)</p> <p>“Not everyone is attracted to the opposite sex; not everyone feels comfortable with the gender role they live in. These ‘sexual minorities’, who do not conform to predominant heterosexual and gender norms, are often faced with marginalization, stigmatization, discrimination, violence and even criminalization.” (p. 45)</p> <p>“The term ‘homosexual’ is used to describe people who desire people of the</p>

	<p>same sex.” (p. 45)</p> <p>“Being heterosexual is the norm, and is connected to ‘real manhood’ in many cultures. Any man who differs from this male norm is seen as of less value and gets easily stigmatized, ridiculed or even discriminated against. Heteronormativity is used as a measure for social inclusion and exclusion. Anything out of the ‘normal’ is seen as a threat to ‘male identity’.” (p. 46)</p> <p>“Frequently asked questions:</p> <ul style="list-style-type: none"> • When do I know whether or not I am gay? • Sometimes I like looking at a guy, does that make me gay? • If I think a boy is beautiful, does that make me gay? • My religion is against homosexuality, what can I do if I have homosexual feelings? • What is LGBT all about? • Do gay boys want sex with all boys? • What is transgender? • I know someone who identifies as LGBT, what can I do to help him/her? • Will I become gay if I have not had a girlfriend for a long time? • How do gay people have sex? • Is homosexuality common in all countries? • Can homosexuality be cured?” (p. 47)
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“In this manual, we call for attention to be paid to the needs and realities of adolescent boys and young men. This is not to shift the attention to boys instead of girls, rather it is a crucial and strategic step to engage adolescent boys and young men in healthy, safe and pleasurable sexual and relational life [sic].” (p. 10)</p> <p>“Discussion point: ...Identifying body parts that play a role in sexual pleasure.” (p. 37)</p> <p>“Letting boys express their feelings, including doubts, fears and other emotions that might be considered ‘unmanly’ is a good entry point for a facilitator to stimulate discussion about the pleasurable side of sex – which is often avoided when talking about sexuality.” (p. 40)</p> <p>“Conditions for pleasurable sex: Many of us grow up hearing only about the risks and dangers of expressing ourselves sexually – seeing sex as a sin and ‘no go area’ – or grow up not speaking about sex at all. This makes it more difficult to grasp what the conditions are for pleasurable sex. It is true that the risks we hear about are real, it is also true that having sex – with or without a partner – can be very pleasurable. Pleasurable and safe sex is a positive and energetic addition to our lives. Sexual pleasure is a matter of mutual interest and consent. Together with both parties feeling comfortable, this forms the basis of a positive sexual relationship.” (p. 40)</p>

	<p>“Communication about each other’s desires, boundaries, thoughts, doubts and other relevant emotions is very helpful in developing and sustaining a pleasurable sexual relationship.” (p. 41)</p> <p>“Boys can easily practice and discover how to talk to their partner by doing roleplays about: the first time, whether or not to have sex, and pleasurable and safe sex. Sometimes boys are very much focused on their own physical arousal during their first sexual encounters. With time and experience they can assess and control their own arousal, with more mutual pleasure as a result.” (p. 41)</p> <p>“The lack of open, honest sexuality education that includes discussions and depictions of sexual pleasure is probably one of the reasons that many young people seek out sexualized images.” (p. 56)</p> <p>“Sex can be something beautiful, powerful and enjoyable, as long as both partners are ready to experience it, are consensual, find it pleasurable and protect themselves and each other.” (p. 59)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Discussion points: Sexual desire, arousal and masturbation” (p. 23 and p. 27)</p> <p>“Frequently asked questions:</p> <ul style="list-style-type: none"> • Does masturbation cause health problems if you do it too often? • When I look at pornography, I see men ejaculating much more semen than I do.” (p. 25) <p>“Frequently asked questions:</p> <ul style="list-style-type: none"> • Do girls masturbate as often as boys do? • How do girls masturbate? • How does a girl notice that she has an orgasm?” (p. 30) <p>“Discussion points:</p> <ul style="list-style-type: none"> • Masturbation is an important way in which people learn about their bodies and sexuality; • Most people seek pleasure through masturbation throughout their lives, including periods when they have a sexual partner or are married; • As masturbation is a very private act and regarded as a taboo or sin in many cultures, people do not usually talk about it and boys can feel guilty about it; • Masturbation is safe sexual behaviour. It is neither physically nor mentally harmful” (p. 37) <p>“Frequently asked questions:</p> <ul style="list-style-type: none"> • Do girls also masturbate? • Is a girl still a virgin if she masturbates?” (p. 41) <p>“Frequently asked questions: Is it bad if I masturbate often?” (p. 63)</p>
7. PROMOTES CONDOM USE IN	<p>“Examples of myths:</p>

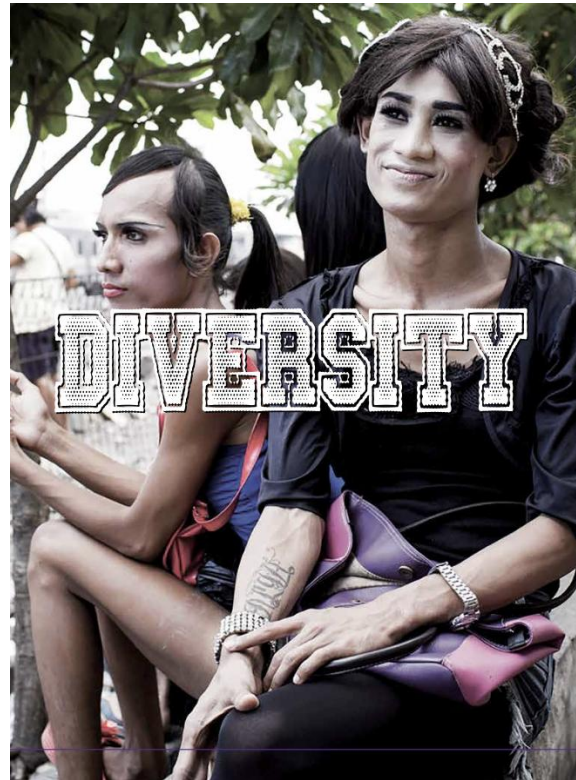
<p>INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<ul style="list-style-type: none"> • You do not feel anything when wearing a condom... • Girls who take the pill or carry a condom are looking for sex." (pp. 19-20) <p>"Discussion points: Condoms do not have a negative influence on male potency." (p. 59)</p> <p>"Potentially damaging reasoning of some boys and young men:</p> <ul style="list-style-type: none"> • Putting on a condom stops me from being sexually aroused... • Having sexual intercourse with a condom is like eating a candy with the wrapper." (p. 62) <p>"Let boys think of a counter argument for every reason they have not to use a condom." (p. 63)</p> <p>"It always helps to give a demonstration of the use of contraceptives using a model of the vagina or penis. There are different ways to make this fun and safe." (p. 63)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>"Puberty and adolescence are a period of great change for boys on their way to manhood, and their lives change in many ways. This is the time when they become sexually active, start exploring their sexual identity and experience their first relationships." (p. 16)</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</i></p>	<p>"Whether experienced alone or with others, sex can enhance happiness, well being, health and quality of life. It can also foster intimacy and trust between partners." (p. 39)</p> <p>"The quality of sex for young men and women does not always dependent [sic] on getting an orgasm. Intimacy, trust, attention, romance, arousing one another, and respect are equally important." (p. 40)</p> <p>"Discussion points:</p> <ul style="list-style-type: none"> • In a sexual relationship, both partners are responsible for safe sex; • Safe sex is a requirement for pleasant sex and avoids many worries about STIs and pregnancy." (p. 59) <p>"Have a positive approach when talking about safe sex. For example: 'A big advantage of safe sex is that you and your partner can enjoy the sex without worrying about pregnancy or STIs.'" (p. 63)</p>

and “protected” sex as equally good options for children.

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

“Between the ages of 16 and 18, adolescent boys become physically mature. They start rebelling towards their parents, while developing their own autonomy and independence. **It becomes clearer to them which gender they identify with**, although they will not always openly express this.” (p. 13)



(p. 42)

“Discussion points:

- **Gender, gender identity** and gender roles;
- The difference between sex and gender;
- Sexual orientation – homosexuality, bisexuality, **being transgender** etc. – is a feeling and not something that is learned or a 'disease';
- Fear of being gay, bisexual, transgender or being perceived as such;
- **Meeting lesbians, gays, bisexuals and transgender (LGBT) people;**
- Not all boys who have sex with boys are homosexual;
- Gay, bisexual or transgender boys do not like every boy or girl, just as heterosexual boys do not like every girl;
- Discrimination and other negative feedback around being LGBT and the fact that it is difficult for LGBT people to enjoy their relationships as a result;
- The choice to hide sexual diversity;
- Religion and sexual diversity.” (p. 43)

“**Gender identity:** At birth, newborns are identified as male or female, based on their sex organs. In many settings, people indicate a baby’s sex through the use of specific names, jewellery [sic], clothing and so forth.” (p. 44)

	<p>“Like everyone else, transgender people – people whose gender identity differs from the sex they were assigned at birth – may be attracted to people of the same sex, the opposite sex or both. People may or may not identify as heterosexual, homosexual (gay or lesbian) or bisexual (attracted to people of both the same and the opposite sex). People who are heterosexual, homosexual, bisexual or transgender may be found in every kind of family, community, religion and profession.” (p. 45)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Young people around the world still face multiple barriers in accessing SRH services and contraception. These barriers exist in different forms for men and women.” (p. 11)</p> <p>“The benefits for adolescent boys and young men of working with a professional to explore sexual and relational development include: Knowledge. They gain more knowledge about sex; about their own physical changes compared to that of girls; about sex with themselves compared to sex with someone else; about virginity, circumcision, the first time, STIs and contraceptives.” (p. 16)</p> <p>“Talking about safe sex and the use of contraceptives with each other is not always easy for young men and women. Adolescent boys and young men often lack knowledge about different contraceptives, and SRH services are sometimes difficult to access for men, as they are perceived as a women’s domain.” (p. 61)</p> <p>“In general boys and young men are more concerned about using a condom to avoid HIV or other STIs than they are about avoiding pregnancy. Other barriers for young men attaining contraceptives are:</p> <ul style="list-style-type: none"> • Lack of awareness, information and education on various types of contraceptives; • Lack of skills to communicate with girlfriends, health providers and teachers; • Various myths about contraceptives affecting virility, fertility and pleasure; • Accessibility of SRH services; • Lack of awareness about SRHR; • Negative attitudes of healthcare providers.” (p. 62) <p>“Tips for Facilitators</p> <ul style="list-style-type: none"> • Spend sufficient time practicing communication skills. Ask: ‘How and when do you talk about contraceptives with your partner?’ Use roleplay... • Expand the knowledge that boys have about contraceptives by showing them different kinds and explaining how they work. Discuss the advantages and disadvantages of the contraceptives and the choices they make in the use of them. • Let boys think for themselves how they can assist their partner to help with proper and regular use of contraceptives.” (p. 63)
12. PROMOTES PEER-TO-PEER	<p>“Sexual and reproductive health and rights (SRHR) is the concept of human</p>

<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>rights applied to sexuality and reproduction. This is more than just sex, sexual transmitted infections, HIV and unplanned pregnancy. It also has to do with intimacy, sexuality concerns, maternal health, termination of pregnancy, and diseases such as cancer of the prostate or uterus. SRHR is a wide concept that not only increases knowledge, it also helps to develop positive attitudes, increases confidence and self-esteem, and helps to teach the importance of respecting others regardless of gender or sexual orientation.” (p. 59)</p> <p>“The rights of children under 18 years of age have been established in several international agreements, including the Convention on the Rights of the Child. These also include sexual and reproductive rights, for example:</p> <ul style="list-style-type: none"> • Children have the right to develop a positive sense of their own bodies and sexuality, free of abuse and inappropriate touching; • Young people have the right to obtain information to protect their health, including their sexual and reproductive health.” (pp. 59-60) <p>Note: <i>This is completely false. These so-called “rights” are not legitimate internationally agreed-upon human rights. They should not be misconstrued and taught to children as such.</i></p> <p>“Where sex before marriage is forbidden by religion or culture, information and access to services is limited. In many cultures, the use of contraceptives by young people is therefore problematic. However, sex still happens among young and unmarried people in such cultures; unwanted pregnancies occur; termination of pregnancies happen in often unsafe conditions, resulting in maternal death or complications; and STIs are widespread among young people. That is why many stakeholders, youth, SRHR activists and organizations want to ensure that all young people get the right information, education and skills, and have access to youth-friendly SRH services, whether they are married or not.” (p. 60)</p> <p>“Including adolescent boys and young men in enhancing SRHR brings advantages both to them and to adolescent girls and young women.” (p. 60)</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>“Religion and culture can affect individual sexual health in different ways, which can be either positive or negative, depending on the perspective. For example, premarital sex can be unacceptable from a religious point of view, whereas it does not harm the individual values of the unmarried couple involved.” (p. 10)</p> <p>Goal for sexual and relational development: “Transformation. They learn how to change or transform restrictive gender and sexual norms into positive ways of being a man, based on respect, equality and non-violence.” (p. 16)</p> <p>“Remain neutral and avoid imposing values on the adolescents you work with.” (p. 41)</p> <p>“People, including parents, often reinforce expectations about gender through language. As young people approach adolescence, they feel more pressure to</p>

	<p>conform to culturally determined gender roles. Despite cultural variation, many adolescents share similar experiences. Boys often suffer pressure to prove their heterosexuality and manhood, for example to be brave and assertive, prepare to become breadwinners, suppress certain emotions, avoid seeking healthcare and engage in physical violence. Girls also suffer pressures to comply with norms of femininity, for example, to be caregivers, to be docile and submissive to males, to accept having their rights limited and be careful not to hurt people's feelings. Rigid gender roles affect how people treat each other." (p. 44)</p> <p>"What determines whether a person experiences desire for the same sex, the opposite sex or both is not well understood. These desires cannot be changed by religion, therapy or medical intervention. A person's desires, behaviour or identity may shift over time and from situation to situation." (p. 45)</p> <p>"Frequently Asked Questions:</p> <ul style="list-style-type: none"> • Is it bad if I watch pornography? • When can you tell someone is addicted to pornography? • What can I learn about sex from watching pornography? • How could I become an actor in porno movies?" (p. 57)
<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>"Practice shows that where you are able to create a safe space of confidentiality and sharing without fear for being judged, the atmosphere changes, hierarchy and competition disappear." (p. 20)</p> <p>"We learned how to change the cultural beliefs of our parents and grandparents and make a new generation. We learned to be good fathers, to transition from youth to future fathers. Before, we feared to talk about sex and sexuality. We can now discuss with our girlfriends, and when we discuss, we can prevent unwanted pregnancy.' Boris, 22 years, MenCare+ Rwanda" (p. 62)</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</i></p>	<p>"Three tips to keep the use of substances fun:</p> <p>Some people use substances to help them connect with others or to get more sex. How do you keep it fun for both parties without overstepping boundaries?</p> <ul style="list-style-type: none"> • Decide how far you want to go. Even though you have used a substance, you are the one who remains responsible for your own behaviour and determines how far you want to go. • Stick to your commitment to safe sex. Make sure you have a condom with you. Make agreements with each other in advance about safe sex and your limits when you are still sober. • Keep enjoying sober sex. Even though it may be fine to have sex under the influence, make sure you can continue to enjoy sober sex." (p. 67) <p>"MenCare+ is a ... collaboration between Rutgers and Promundo-US ... to engaging [sic] men (aged 15-35), as caregiving partners in promoting SRHR,</p>

<p><i>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.InvestigatePPF.org)</i></p>	<p>MCH, gender equality, and in reducing domestic violence, funded by the Dutch Government – SRHR Fund... MenCare+ partners have used various strategies and interventions to engage boys and men in social change and as caring partners and fathers. A number of these interventions were developed by MenCare+ partners and adapted to country context. See: www.rutgers.international/programmes/mencare” (p. 73)</p>
<p>For the complete text of Adolescent Boys and Young Men – Sexuality and Relationships see: https://drive.google.com/file/d/14sYkOD9mY1SKlbwnrMWEuKP0jfZyJhGw/view?usp=drive_link</p>	