CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] 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

Adolescents' HIV Prevention and Treatment Toolkit for Eastern and Southern Africa

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Adolescents' HIV Prevention and Treatment Toolkit for Eastern and Southern Africa **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 (also known as the Youth Champions Support Pack) is about HIV prevention and treatment literacy for young people, whether they are HIV positive or not. It is meant to "'bridge the gap' between school, home and community efforts to support young people as a high risk group in the response to HIV and help create an HIV free generation." (YC Facilitator's Guide, p. 7)

Target Age Group: Ages 10-19

International Connections: UNESCO, SAFAIDS

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *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.*	"It is sometimes difficult to understand **young people's need for independence and to accept they** have relationships outside the family, as well as that they **may be engaging in sex**. As a high risk group, young people need love and support. This section talks about sexual and reproductive health (SRH), relationships and emotional health and dating." (YC Facilitator's Guide, p. 23) "**Sexual and reproductive health** is a state of complete physical, mental and social well-being (not merely the absence of disease) that includes being able to have a responsible, **satisfying and safer sex life**; the capability to reproduce and the freedom to decide if, when and how often to do so." (YC Facilitator's Guide, p. 64) "Be honest that **there is pleasure in responsible sexual relationships**. You do

[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.

	not need to provide details, but young people should know that you are having an open discussion with them and that you are telling them the truth." (YC Facilitator's Guide, p. 81) "**Sex is a part of life so let's talk about it!** Being a youth in this time of HIV means you have to find ways to express yourself without putting your life at risk. Having unprotected sex (sex without a condom) with a partner whose status you do not know and who may be HIV POSITIVE is dangerous." (Workbook Ages 10-12, p. 13 and Workbook Ages 13-15, p. 15) "Delay the age when you start having sex – there are lots of ways of enjoying a relationship without having sex. Well maybe that doesn't work for everyone. I think that the most important thing is to **protect oneself by using condoms** that prevent HIV from entering the body. Yes, and to have an HIV test together first! And then they have to **stay faithful** to each other, and **keep on using condoms**." (Workbook Ages 10-12, p. 14)
2. TEACHES CHILDREN TO CONSENT TO SEX *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.* *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	"What if they want to have sex? If they choose to have sex, how will they **negotiate to make sure they use condoms** to stay safer?" (YC Facilitator's Guide, p. 58) "Role play **negotiating condom use** with an unwilling partner." (YC Facilitator's Guide, p. 81)
3. PROMOTES ANAL AND ORAL SEX *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.*	"Through unprotected vaginal, **anal or oral sex** with a person who has HIV." (Facilitator's Guide, p. 25) "A person should get tested for HIV at least every year if they: …Have had unprotected sex (**vaginal, anal, or oral**)" (YC Facilitator's Guide, p. 35) "**Men who have sex with men**: Many men have sex with men but do not think of themselves as gay; **some see anal sex as 'playing around with the boys'**, not as 'sex', so if they are asked if they have sex with men, they will answer no. Being uninformed about the risks of anal sex increases their risk of HIV infection." (YC Facilitator's Guide, p. 83) "Dear support team, My boyfriend wants to start having sex. I am living with HIV, but he has refused to go for an HIV test, so I do not know his HIV status. I have been told at the clinic that I must use condoms**.** But he is saying it does not

	matter because **we can have oral or anal sex only and it is safe.** I even won't get pregnant. What should I do? Sheila" (Workbook Ages 16-19, p. 73) "Dear Sheila, It is very good that you are thinking of using condoms during sex. This is the right thing to do. Whatever he says, never have sex – whether it is **oral, anal or vaginal** – without a condom, because you are placing yourself at risk of re-infection with HIV, and you also don't want to be blamed later by him if he gets infected with HIV, especially as you do not know his HIV status. Visit your clinic or support group, and get some leaflets on HIV and share them with him. Try and explain to him the risk of having sex without a condom and why there is risk of HIV infection even **when having sex orally or anally**." (Workbook Ages 16-19, p. 73) "Dear James, Thank you for your question which is indeed an important one. In order to protect yourself from HIV infection **when having sex with another man**, you need to know some basic facts: 1. HIV is transmitted through the exchange of body fluids such as semen and blood and to a lesser extent saliva, so **anal and vaginal sex are risky**, as is being the **person performing oral sex**. 2. Contact between mucous membranes (in men, the lining of the rectum, urethra, or mouth) and your partner's semen or blood poses a risk for HIV transmission. **Anal sex is very risky**. The lining of the rectum is delicate and easily torn and this increases the risk of HIV transmission. **You must ALWAYS use condoms**, preferably with extra water-based lubricant. Female condoms may also be used. 3. Often, the best protection is having a frank conversation with your partner about STIs, safer sex, what behaviours you're willing to participate in, and whether you want to get tested. 4. **Performing oral sex on a man** is less risky but transmission is still possible. In this instance, it is best to use a dental dam or a condom to protect you from possible infection. 5. Kissing and mutal [sic] masturbation are safer ways of having sex. We hope this helps you on your journey to staying healthy and safe. -Young Champions Support Team" (Workbook Ages 16-19, p. 85) "If you decide to have sex with your partner, here is some safety advice: • **During oral sex**, cover the entire **vaginal or anal area** with a dental dam (a square of latex), non-microwavable plastic wrap, or a cut-open condom or latex glove. Use latex gloves or condoms to cover fingers when touching the vagina or anus. • Talking about what kind of sex you will have and the risks involved is important to keep you both safe." (Workbook Ages 16-19, p. 87)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *Normalizes or promotes acceptance or exploration of*	"Our **sexual orientation** is linked to who makes us aroused." (YC Facilitator's Guide, p. 82) "**Homosexual**: A person who is sexually attracted to people of the same sex." (YC Facilitator's Guide, p. 82)

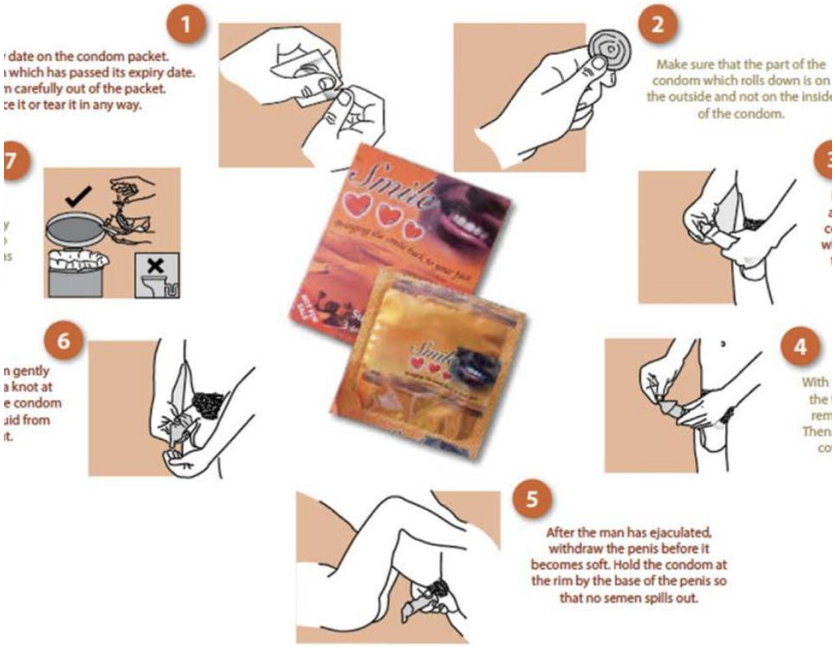
diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.	"**Homophobia**: Fear and suspicion of homosexual people." (YC Facilitator's Guide, p. 82) "The term LGBTI covers several groups: • **Lesbian**: A woman who is sexually attracted to other women. • **Gay**: A man who is sexually attracted to other men. • **Bisexual**: Someone who is attracted to both men and women." (YC Facilitator's Guide, p. 82) "It is important for everyone in the community, especially those working with young people, to **be aware of differences in sexual orientation because**: • LGBTI adolescents are more likely to suffer depression and be rejected by friends and family. • The risk of suicide in LGBTI adolescents is two to three times greater than that of other adolescents. • Acceptance and understanding can be a matter of life or death to friends, family and community members who are LGBTI." (YC Facilitator's Guide, p. 83) "Dear Team, I am a 19-year-old and I **enjoy having sex with other men**. I wanted to know from you how I can protect myself when having sex with another man. James, 19 years old" (Workbook Ages 16-19, p. 85) "Hi, I am a **young woman and I have fallen in love with another woman.** She says its safe for us to have unprotected sex - but is this true? Thank you. Anonymous" (Workbook Ages 16-19, p. 87) "Dear Anonymous, Many people think that sex between women is without risk. While **women who sleep exclusively with women** are typically at lower risk for sexually transmitted infections (STIs), including HIV, than their **heterosexual and bisexual counterparts**, some infections are still common. Because women who sleep with women are at risk for infections such as human papilloma virus (HPV), genital herpes, hepatitis and vaginitis, thinking about safer sex is still a good idea. If you and your partner are faithful to each other and have both been tested, these STIs may be less of a concern for you. However, when you don't know your partner's status, or are not sure if they have other partners, safer sex is important." (Workbook Ages 16-19, p. 87)
5. PROMOTES SEXUAL PLEASURE *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*	**No evidence found.**

potential outcomes for sexually active children.	
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *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.*	"A 14-year-old boy shares with his uncle that he **likes to rub his penis so that he feels really good and gets wet.** He is worried that God might punish him for enjoying his body so much." (Facilitator's Guide, p. 41) "**Masturbating**, kissing and hugging and thigh sex, instead of penetrative sex are safer and alternative ways of developing an intimate relationship." (YC Facilitator's Guide, p. 26) "**MASTURBATION** is a way to prevent having sex and getting HIV. It is normal for both females and males to masturbate and myths (untrue stories) that masturbation can make one blind, or impotent (unable to have an erection) are not true. Young people may want to discuss masturbation with their partners and **may like to do mutual masturbation**, rather than having penetrative sex (where the penis enters the vagina, anus or mouth) **as a way to delay sex** and prevent HIV, STIs and pregnancy. However, care must be taken to ensure there is no mixing of the partner's body fluids between hands and private parts." (YC Facilitator's Guide, p. 26)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *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.*	"KNOWING YOUR STATUS is an important part of prevention for all young people... LIVING POSITIVELY helps them seek early treatment for opportunistic infections, to eat a healthy diet and avoid tobacco and alcohol; reduce stress; and prevent re-infection with HIV and getting sexually transmitted infections (STIs) **by always using a condom correctly and consistently every time they have sex**." (YC Facilitator's Guide, p. 25) "Condoms are the only contraceptive method that **protect against both pregnancy and STIs and HIV**." (YC Facilitator's Guide, p. 65) "Be specific and accurate about **making sex safer by using condoms** and family planning methods." (YC Facilitator's Guide, p. 81) "**How to use a male condom** 1. Check the expiry date on the condom packet. Do not use a condom which has passed its expiry date. Take the condom carefully out of the packet. Do not pierce it or tear it in any way. 2. Make sure that the part of the condom which rolls down is on the outside and not on the inside of the condom. 3. Pull back your foreskin if you are not circumcised. Place the condom on the **tip of the penis when it is hard and erect**, before there is any contact between the penis and the vagina. 4. With the other hand, pinch the tip of the condom to remove any trapped air. Then unroll the condom to cover the erect penis. 5. After the man has ejaculated, **withdraw the penis before it becomes soft**. Hold the condom at the rim by the base of the penis so that no semen spills out. 6. Slide the condom gently off the penis. Tie a knot at the open end of the

condom to prevent any fluid from leaking out.

7. Wrap the condom up and throw it away in a rubbish bin, out of the way of small children and animals. Do not flush it down the toilet as it may cause a blockage." (YC Facilitator's Guide, p. 93)

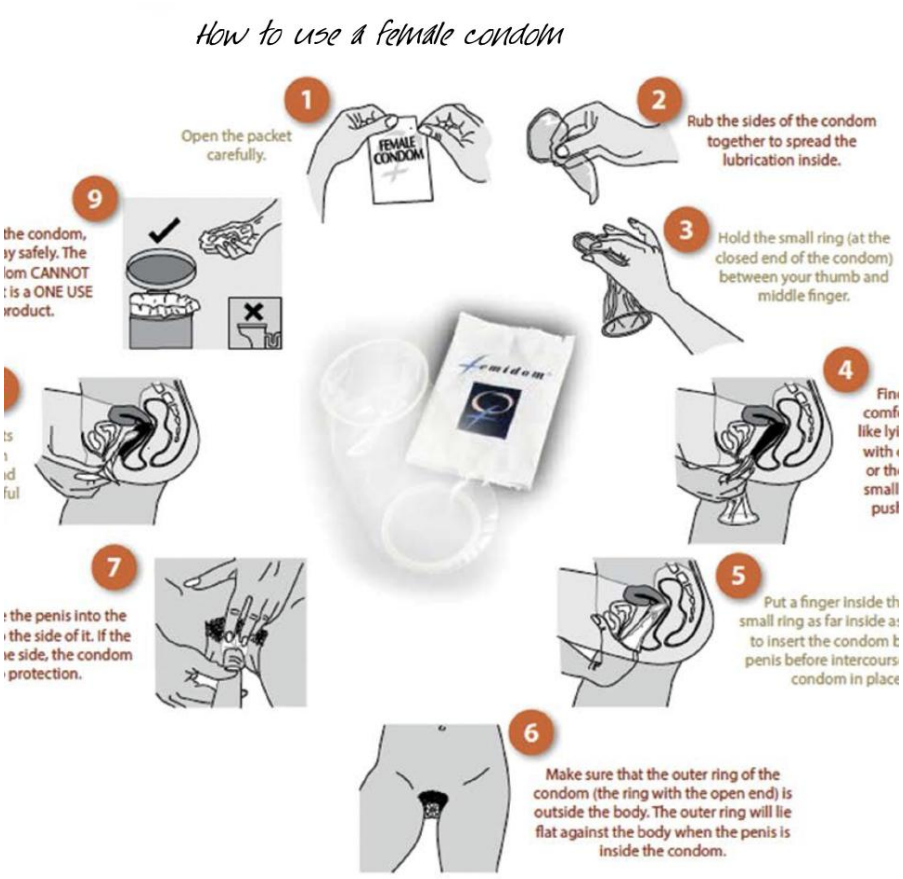
How to use a male condom



(YC Facilitator's Guide, p. 93)

"**How to use a female condom**

1. Open the packet carefully.
2. Rub the sides of the condom together to spread the lubrication inside.
3. Hold the small ring (at the closed end of the condom) between your thumb and middle finger.
4. Find a position in which you feel comfortable inserting the condom – like lying down, squatting or standing with one foot raised on a stool, chair or the side of the bath. Squeeze the small ring and **put it into the vagina**, pushing it as far inside as possible with the fingers.
5. Put a finger inside the condom and push the small ring as far inside as possible. (It is also possible to insert the condom **by putting it onto the erect penis before intercourse**.) The inner ring keeps the condom in place during intercourse.
6. Make sure that the outer ring of the condom (the ring with the open end) is outside the body. The outer ring will lie flat against the body when the penis is inside the condom.
7. Be careful to **guide the penis into the condom** and not to the side of it. If the penis ends up on the side, the condom will offer no protection.
8. After sex and before the woman sits or stands up, take out the condom by gently twisting the outer ring and pulling the condom out, being careful to ensure that no semen is spilt.
9. After using the condom, throw it away safely. The female condom cannot

	be re-used. It is a one use only product." (YC Facilitator's Guide, p. 94)  (YC Facilitator's Guide, p. 94) "Condoms (male and female): • Help **prevent transmission of sexually transmitted infections** (STIs), including HIV • Must be used correctly EVERY time • Are designed for ONE TIME USE ONLY. They cannot be reused • **Available at most clinics for free** • Between two in 100 of women will still become pregnant in a year of use" (YC Facilitator's Guide, p. 100) "The spread of most **STIs can be prevented by correct use of condoms**." (YC Facilitator's Guide, p. 103) "If you are having sex **you must use a condom** every time." (Workbook Ages 10-12, p. 16 and Workbook Ages 13-15, p. 17)

8. PROMOTES PREMATURE SEXUAL AUTONOMY *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.*	"Providing young people with the facts allows them to make their own, **safer decisions about their sexual behaviour**." (YC Facilitator's Guide, p. 75) "You have the **RIGHT to choose who you have sex with** and when you want to have sex." (Workbook Ages 10-12, p. 59; Workbook Ages 13-15, p. 65 and Workbook Ages 16-19, p. 83) "**When you decide to have sex**, be sure it is with someone you care about and discuss going for an HIV test together, as well as using condoms every time you have sex. Read this section with your friends and get more information on HIV from your nearest clinic. And let us know what HIV prevention actions you took, to inspire other adolescents" (Workbook Ages 16-19, p. 24) "**You have the right to have sex**, even if you are living with HIV. But always use a condom plus another kind of contraception, when you **decide to start** having sex." (Workbook Ages 16-19, p. 51)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.* *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.*	"People who work with YPLHIV say that the following questions and comments represent common concerns of young people living with HIV: • 'Will anyone **want to have sex with me** if they know I am HIV-positive?'" (Facilitator's Guide, p. 36) "Adolescents need to know that it is possible to **enjoy a healthy sexual life while living with HIV.** • For most people, **sexual activity begins during adolescence**, and sex and sexual attraction is generally an important part of young people's lives. A positive HIV test will not stop an adolescent's sexual development, so they will need practical information and support to deal with their questions, concerns and fears about being HIV-positive and having or wanting to have sexual relations. • Fear that they will be **rejected as a dating or sexual partner** (unless they remain silent about their HIV status) may discourage many YPLHIV from disclosing their status. Service providers and educators can help them explore the benefits of revealing their HIV status to selected people. • Service providers and educators may find it hard to raise and discuss these sensitive issues. Peer counselling and support from other YPLHIV will help adolescents understand their risks, opportunities and options. • **Promoting consistent and correct use of male and female condoms** is an essential part of counselling. The prospect of using condoms all their life can seem an impossible challenge to some young people, so it is important that they understand the implications of not using a condom, for themselves and their partners. Use of condoms is crucial to slowing the HIV epidemic and is also important as dual protection (i.e. prevention of STIs, including HIV, and prevention of unplanned pregnancy)." (Facilitator's Guide, p. 36) "Safer sex involves: • **Using condoms correctly every time**.

	• **Being faithful** to one partner (who is also HIV negative). • Not having full sex, e.g. having thigh sex or mutual masturbation. • **Getting tested** regularly (and treated) for STIs." (YC Facilitator's Guide, p. 34) "For adolescents who are already in a sexual relationship, knowing your own and your partner's status, BEING FAITHFUL and **using CONDOMS are important strategies for HIV prevention**." (YC Facilitator's Guide, p. 25) "Once you know your status, you can protect your partner from getting infected **by not having sex or using a condom**." (YC Facilitator's Guide, p. 30) "One of the most important reasons to talk to young people about sex is because **often, they ARE already having sex,** but they are not usually **having SAFER sex**." (YC Facilitator's Guide, p. 75) "**Safer sex means avoiding sexual intercourse** by exploring intimacy in other ways, such as hugging and kissing **or mutual masturbation**; **or having thigh sex**, instead of intercourse; as well as **using condoms** to prevent HIV and STI transmission and using family planning methods to ensure that pregnancies are planned (dual protection). (YC Facilitator's Guide, p. 76) "**Sex is a part of life**. Being a youth in this time of HIV means you have to find ways to express yourself without putting your life at risk. Having unprotected sex with a partner whose status you do not know and who may be HIV positive is dangerous. If you are HIV positive you can infect your partner. If your partner is also HIV positive you could both get re-infected with HIV." (Workbook Ages 16-19, p. 17) "I met the most wonderful and perfect guy. He's everything I want and he likes me just as much as I like him. When he told me he was positive, part of me wanted to drop him, but I didn't and now I love him! I want a relationship with him, but I don't want the risk of contracting HIV. However, the risk is almost the same isn't it? With him, I know. With everyone else, there's that maybe factor **which could lead to unprotected sex** ... Samantha, 18 years" (Workbook Ages 16-19, p. 86) "Dear Samantha, The answer to your question lies in always **protecting yourself by using a condom correctly**. Unfortunately, there will always be a risk of contracting HIV from your partner; but the risk is no different than having sexual relations with a partner of unknown status. Your **safer sex practices** should always be on red-alert status, regardless." (Workbook Ages 16-19, p. 86) "It is very important that your girlfriend also gets tested **if you have been having sex** or are planning to have sex." (Workbook Ages 16-19, p. 36)
10. PROMOTES TRANSGENDER	"Sexual and reproductive health and rights (SRHR) can be understood as the rights of all, whether young or old, **women, men or transgender**, heterosexual

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.*	(straight), gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices." (Facilitator's Guide, p. 88) "**Transgender/Transsexual:** Transgender is someone who feels they were **born in the wrong body**, e.g. a man who feels they should really be a woman. When people feel this very strongly they may choose to have medical treatment and surgery to change their sex – then they are called transsexual." (YC Facilitator's Guide, p. 82)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *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.* *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"It is important that young people are informed about the **importance of dual protection** – the use of male or female condoms to protect against HIV and STIs, at the same time as **using another method of contraception** to protect against unintended pregnancy." (Facilitator's Guide, p. 42) "Unsafe abortion and post abortion care – Abortion is illegal in many southern African countries, or may only be available in certain limited circumstances. Most young people are unable to **negotiate the means of obtaining safe abortion** and instead opt for unsafe 'backstreet' or do-it-yourself abortions." (Facilitator's Guide, p. 42) "Young women may use Depo-Provera **injections**, oral contraceptive **pills**, progesterone **implants** (Norplant or Jadelle) or an **IUD** (if providers are comfortable with insertion). All of these methods should be used WITH condoms." (YC Facilitator's Guide, p. 66) "**ALL of the methods** described below **can be used in young people**. The only method that is not advised for young people is sterilization. Family planning methods include: • **Pills** – combination or progesterone only • '**Injections**' – Depo-provera • **Norplant** – long acting Depo-provera • '**Loop or lupu'** – IUD: intrauterine device (this may also not be recommended for younger women and has to be fitted by a doctor) • **Diaphragms**" (YC Facilitator's Guide, p. 100) ***Note:*** *Numerous studies have documented serious side effects with adolescent use of contraceptives.* "**Dual Contraception** = Condoms + a second method of contraception" (YC

	Facilitator's Guide, p. 100) "**Injectables (Depo-provera**): • Only requires one injection every three months • May cause abnormal bleeding - either more or less • Does NOT protect against STIs • Between two and nine women in 100 will become pregnant in a year of use" (YC Facilitator's Guide, p. 100) "**Oral contraceptive pills** • Must be taken every day at the same time • Do not protect against STIs • Between 2 and 9 women will become pregnant in a year of use" (YC Facilitator's Guide, p. 101) "**Implant (Norplant/Jadelle)** • Lasts up to five years • Requires minor surgery to insert and remove • May cause abnormal bleeding – either more or less • Does not protect against STIs • Less than 1 women in 100 will become pregnant in one year of use" (YC Facilitator's Guide, p. 101) "**Intrauterine Device (IUD or Loop)** • Lasts up to five years. Requires insertion and removal at a clinic by a doctor • Does not protect against STIs • May cause abnormal bleeding – either more or less • As commonly used over the first year, less than 1 woman in 100 will become pregnant in a year of use" (YC Facilitator's Guide, p. 101) "**Diaphragms and cervical caps** • Are inserted into the vagina before sex and cover the cervix to prevent sperm from entering. • A woman needs to be comfortable with touching her body in order to use a diaphragm or cervical cap. • The diaphragm or cervical cap also catches menstrual blood. • Spermicides are placed in the vagina less than one hour before sex. They kill sperm and should be used with a barrier method, such as a diaphragm. • About 6 out of 100 women using a diaphragm will get pregnant over one year of use." (YC Facilitator's Guide, p. 101) "**Everyone should use DUAL CONTRACEPTION**. If using only condoms, 15% of women fall pregnant every year, but condoms are important to prevent transmission of resistant HIV and other STIs. **Condoms with a second contraceptive method** protect against pregnancy and STIs and HIV." (YC Facilitator's Guide, p. 102)

	"Whether you have had an **induced or a spontaneous (natural) abortion, you need to visit a clinic for post-abortion care**. This will ensure that you do not endanger your life and future fertility through an infection or severe bleeding." (YC Facilitator's Guide, p. 108) "Once a girl has her period (and even just before) and a boy reaches puberty and can ejaculate sperm, you can fall pregnant or make a girl pregnant if you have unprotected sex. You can get pregnant if you have sex standing up, lying down, day time, night time, in water, before bathing, after bathing, Jumping won't stop you from falling pregnant. **Use condoms**!" (Workbook Ages 10-12, p. 58 and Workbook Ages 13-15, p. 64) "You must talk about making sex as safe as possible **by using both condoms and family planning**." (Workbook Ages 10-12, p. 60; Workbook Ages 13-15, p. 66 and Workbook Ages 16-19, p. 84) "I think that the most important thing is to protect yourself **by using condoms** that prevent HIV from entering the body." (Workbook Ages 16-19, p. 18) "If you are **having sex you must use a condom** (male or female) every time – and for girls, use an additional method of contraception, as well as condoms – **this is called dual protection**." (Workbook Ages 16-19, p. 28) "If you decide to start having sex, **make sure that you use condoms correctly** each time you have sex – even if one of you or both of you are virgins, because there are different ways someone can get infected with HIV." (Workbook Ages 16-19, p. 39)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY *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.*	"**Starting a club** – Divide participants into two groups and give each group the following tasks: Group 1: You are a group of youths from a church and would like to start a teen club. Group 2: You are a group of youths running an HIV prevention club and now want to integrate teen clubs into your activities as a way of **supporting young people in your community**. Outline the steps you would take to start up the teen club. Develop three objectives for your teen club. Identify young people who would be members of your club and define the selection criteria (age, gender, life circumstances etc.), if any. Identify a venue for your teen club and explain why you have selected that venue. Explain how often you will meet and how long each meeting will be. Identify a name for your club and **create a war cry**." (Facilitator's Guide, p. 69) "The engagement of **YPLHIV as peer educators** with the right resources and support, can play an important role in improving adherence and service quality including, but not limited to: • **Providing individual counselling** and long-term support (adherence preparation, adherence follow up, disclosure, positive living, positive prevention, etc.) at antiretroviral therapy (ART) clinics to other young people.

	• Providing psychosocial support to clients. • **Leading health talks and group education sessions** with young people. • Assisting YPLHIV with disclosure. • Tracing young YPLHIV who miss health service appointments or who have been lost to follow up. • Serving as a communication link between YPLHIV and healthcare workers. • Participating in outreach and education activities related to HIV in the community. • Assisting with the **design and delivery of peer support groups** for YPLHIV and their caregivers. • Linking young pregnant women living with HIV to antenatal care and prevention of mother-to-child (PMTCT) services." (Facilitator's Guide, p. 70) "**Peer educators may play an important role in starting support groups**, facilitating support group meetings and/or helping others organise them and recruit members for them. Peer educators in these roles will benefit from your support and mentoring." (Facilitator's Guide, p. 71) "As a young person, you have energy and creativity – **use these to take action in your school and community**. You can be a change maker in the response to HIV." (Workbook Ages 13-15, p. 40) "A Young Champion is someone who is informed about HIV and positive behaviour**.** A Young Champion is someone who **supports other young people with information and support**." (Workbook Ages 16-19, p. 7)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	"Providing supportive, non-judgmental care to young people does not mean that you have to compromise your beliefs; but your beliefs should not interfere with providing young people with the care they deserve and **the opportunity to access services that will keep them safe, if and when they decide to have sex**." (YC Facilitator's Guide, p. 69) "Young people living with HIV report many challenges in accessing accurate and reliable family planning, STI and antenatal services. They often report frustration about stigma and discrimination they face at clinics, **where they are often told they are too young to have sex,** or that they shouldn't be having sex because they have HIV." (YC Facilitator's Guide, p. 77) "**Stigma and discrimination** (discussed in Section 4.4) towards LGBTI people can result in: • Gay men may feel forced to marry so that they 'fit in', putting their wives and families at risk. • People with different sexualities being unable to get the information they need to keep themselves safe from HIV and STIs, putting the whole community at risk. • **Religious intolerance that leads to exclusion**, putting everyone at risk."

	(YC Facilitator's Guide, p. 83)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *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*.	"**Confidentiality**: Service providers and educators should not disclose a young person's HIV status to other people **without their consent**. This type of involuntary disclosure can increase stigma and discrimination against the young person and their family. (Facilitator's Guide, p. 34) "Ideally, until the age of majority, a young person should be accompanied by a responsible adult who can give their consent for treatment and provide subsequent support. This is not always possible and **may also be contrary to the young person's wishes**." (Facilitator's Guide, p. 35) "Maintaining confidentiality is an essential skill for all service providers and a key component of youth-friendly health services. Unfortunately, many young people do not believe they have access to confidential care. It is important that **young people's confidentiality is respected**." (Facilitator's Guide, p. 35) "What if young people are afraid to get tested for HIV? What if someone finds out? Anyone who has HIV has the **right to confidentiality and privacy** about their HIV status. No one will find out, unless they choose to share this information with others." (YC Facilitator's Guide, p. 36) "**Guardians often do not know** how to have these discussions with their children. This can make them seem reluctant." (YC Facilitator's Guide, p. 65) "Your **parents or guardians may be unwilling to agree** to or to accompany you to be tested. Possible solution: **Find another adult** that your parents respect to talk to them about the benefits of testing." (Workbook Ages 10-12, p. 23; Workbook Ages 13-15, p. 25 and Workbook Ages 16-19, p. 37)
15. REFERS CHILDREN TO HARMFUL RESOURCES *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.)* *Please Note: A conflict of interest exists whenever an*	"For updates see WHO Family Planning section: http://www.who.int/topics/family_planning/en/" (YC Facilitator's Guide, p. 101) ***Note:** This webpage is no longer available.*

entity that profits from sexualizing children is involved in creating or implementing sex education programs. *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	
For the complete text of *Adolescents' HIV Prevention and Treatment Toolkit for Eastern and Southern Africa* see: https://drive.google.com/drive/folders/1wR9m-3MdkP8BfUAm9O5dCmb2DJphuBQI?usp=drive_link	