

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 ***Comprehensive Sexuality Education: A Reference Book for Secondary School Teachers (Rwanda)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Comprehensive Sexuality Education: A Reference Book for Secondary School Teachers (Rwanda) 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: “Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (International Technical Guidance on Sexuality Education, 2018).” (p. v)

Target Age Group: Secondary School (L1-L6)

International Connections: UNESCO

For the complete text of *Comprehensive Sexuality Education: A Reference Book for Secondary School Teachers (Rwanda)* see: https://drive.google.com/file/d/1aTwTOXHqY87Tb12rr8yxBKu8AzPelFe/view?usp=share_link

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</i>	“Umwali started crying softly after her father left her room. She felt like she always did when he came into her room and molested her – she wanted to die. He would always do the same things; he had been doing them since she was only nine.” (p. 64) “Mbabazi wondered all the way home what she should do. Sano had forced her to have oral sex with him and she had told him over and over again that she didn’t want to.” (p. 64)

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.

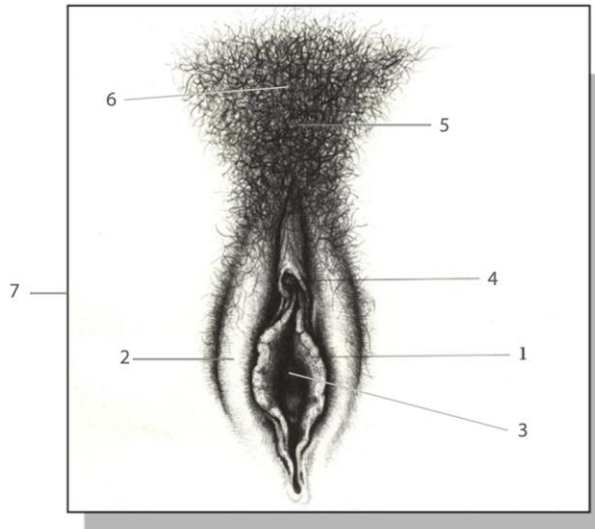
active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

“Put up the **poster of the Female Sexual and Reproductive System, External** (showing the external parts). Go through the answers by pointing to each body part and asking the following two questions for each one.

- What is this part called?
- What is its purpose?

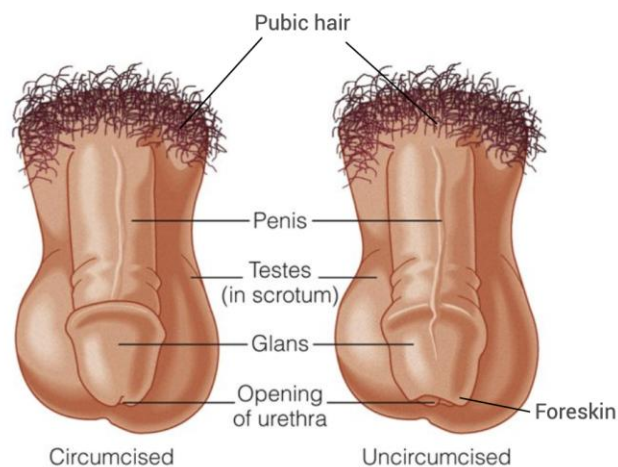
...Answer key: Parts to be shown are: Vulva, Pubic hair, Mons pubis, Inner labia, **Clitoris**, Vaginal opening, Outer labia” (pp. 89-90)

Discuss in your groups and write the names of the body parts in the diagram below



(p. 90)

a. External parts



(p. 100)

“By the end of this topic, learners should be able to:

- **define sexuality;**
- describe the five circles of human sexuality;
- explain what human sexuality is and how it affects behaviour;

- become **more comfortable talking** and asking questions **about sexuality.**" (p. 112)

"Explain that when most people see the words 'sex' or 'sexuality' they think of intercourse and other kinds of physical sexual activity. Tell the learners that **sexuality is much more than sexual feelings or sexual intercourse.**" (p. 113)

"Explain to learners that **sexuality begins when a person is born** and ends when he/she dies. It is a central aspect of being human throughout life and **includes all of the following elements:**

- sex
- gender identities and roles
- sexual orientation
- eroticism
- pleasure
- intimacy
- reproduction" (p. 113)

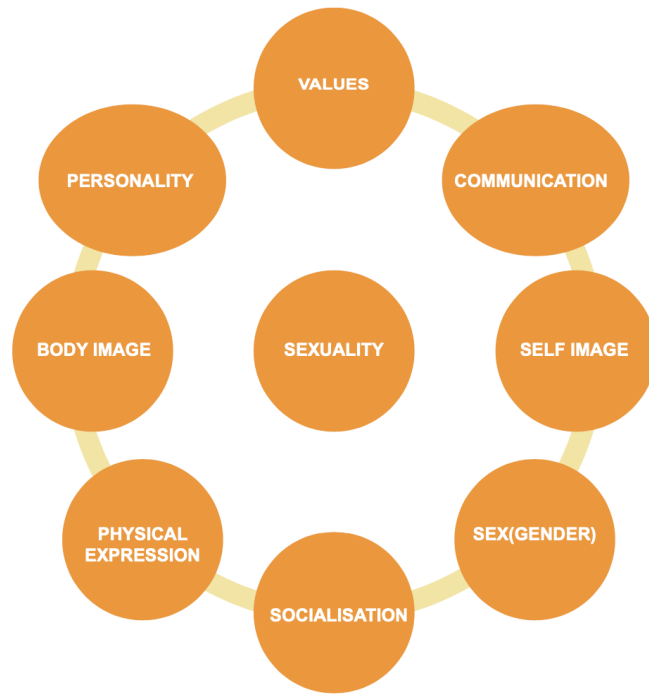
"**Sexuality is experienced and expressed in** thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed." (p. 113)

"Form 4 groups and tell each learners [sic] they will have a different assignment:

- Group 1 will list what their parents have said about sexuality;
- Group 2 will list what their friends have said about sexuality;
- Group 3 will list **what they have seen or heard about sexuality through the media;**
- Group 4 will list what different religions say about sexuality.

Allow time for the groups to brainstorm and write their lists on the newsprint. Each group will share its ideas with the others. Remind the groups that there are no right or wrong answers. Circulate and give suggestions to the groups. For example, parents might say 'Sex should wait until marriage;' friends might say '**Everyone is having sex;**' a common media message is '**You'll be sexier if you use our product.**'" (p. 114)

"Display the **five circles of sexuality** on the newsprint or an overhead transparency and give each learner Handout 5.1 'Circles of Sexuality'. Explain that there are five different components of human sexuality: **sensuality, intimacy, identity, behaviour and reproduction, and sexualization.** Everything related to human sexuality fits in one of these circles." (p. 116)



(p. 117)

“Start this session by asking learners to **describe what sexual desire is**. Discuss their answers and then explain that there are many ways that people experience sexual desire – a longing for sexual expression or a feeling of sexual attraction.”

(p. 120)

“Ask learners **what they think influences sexual desire**. Write their responses on the chalkboard. Remind them of the circles of sexuality and the sexuality wheel. Then explain that people **experience sexual desire in response to a wide range of stimuli** including:

- personal preferences
- life experiences
- cultural norms
- various social, emotional, and physical factors shape people’s desire to express themselves sexually.” (p. 120)

“Gender norms make some boys feel that they are supposed to want sex even when they do not. In contrast, females, **young people**, people with disabilities, and those attracted to the same sex may be taught that **expressing their sexual desire** is somehow wrong.” (p. 121)

“For many people, fantasy may create or increase desire. **Thinking about a sexual act is normal, not shameful**. Fantasizing about an act does not necessarily mean wanting to engage in that act.” (p. 121)

“**Key Messages about Human Sexuality**

- Human sexuality is more than just sex or intercourse.
- We can prevent almost any problem related to our sexual and

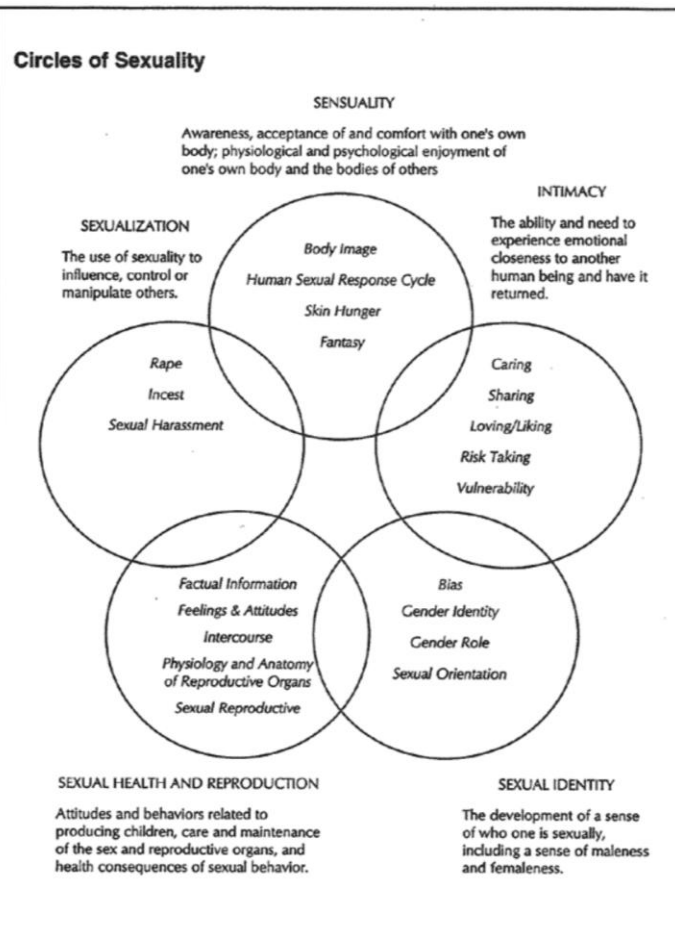
reproductive health.

- We can prevent an unintended pregnancy.
- Being a sexually healthy person means that **you can express your sexuality** in ways that are not harmful to yourself or to anyone else.
- You can feel attractive and good about your body. You can **have sexy thoughts and feelings**.
- You don't need to have sex when you have sexual feelings. You can feel emotionally close to someone else and enjoy being touched and hugged.
- Delaying the onset of sexual activity, keeping your virginity and waiting to have sex **when you are ready**, will keep you safe.
- You can feel attracted to another person, but not have sex." (p. 122)

"Discussion Points

1. Why are we sexually attracted to someone who may not be sexually attracted to us?
2. **What are sexual fantasies?** What role do the media play in sexuality?
3. Is it a good idea to act on your sexual desires every time?
4. What other ways can you **express your sexuality without having sex?**" (p. 122)

Leader's Resource



“**Sexuality** is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what he or she will become. It includes all the feelings, thoughts and behaviours of being male or female, being attractive and being in love, as well as being in relationships that **include sexual intimacy, and physical sexual activity.**” (p. 125)

“Circle 4: Reproduction and sexual health are the capacity to reproduce and the **behaviours and attitudes that make sexual relationships healthy**, physically and emotionally. Specific aspects of sexual behaviour that belong in this circle are:

- Factual information about reproduction;
- Feelings and attitudes;
- Sexual intercourse;
- Information on the prevention and control of STIs;
- Responsible sexual practises and contraceptive information.” (p. 126)

“Circle 5: **Sexualization** is using sex or sexuality to influence, manipulate or control other people. Behaviours include **flirting, seduction**, withholding sex from a partner to ‘punish’ the partner or to get something you want, offering money for sex, **selling products with sexual messages**, sexual harassment, sexual abuse and rape.” (p. 126)

“Quiz on Sexual Desire – What is the Truth?”

Put a T after the statement if it is True or put an F after the statement if it is False.

1. Most women do not really desire sex.
2. If you desire sex, you have to have it.
3. The social expectation that women should not want sex can affect their level of desire.
4. If a boy gets an erection, it means he wants to have sex; **if a girl’s vagina lubricates**, it means she wants to have sex.
5. Some women want to have sex more than their sex partners do.
6. People **have sexual fantasies** about things that they do not desire to experience in real life.
7. Fear of becoming pregnant or of becoming infected with a STI can affect sexual desire.
8. Everyone’s **level of sexual desire** changes over time and with different circumstances.
9. If you are male, then you want to have sex all the time.
10. Most older people still feel sexual desire.
11. If a man does not get an erection in a sexual situation, he does not desire the person he’s with.
12. Some medications affect sexual desire.
13. A person can feel sexual desire for someone he or she does not love.
14. It is normal for men not to want sex sometimes.
15. If you desire sex, **you will become sexually excited.**” (p. 128)

	<p>Assertiveness Role Play: “Your friend is having an affair with an older man who gives her dresses, perfumes and pocket money. She wants you to go out with his friend, but you do not want to get into a relationship where money is exchanged for sex. Role play the conversation with your friend.” (p. 182)</p> <p>“From birth, children live in a sexual world, and the ways they are touched and treated send messages about their worth and about being loved. Voice and body language convey feelings about intimacy and relationship. Words and actions impart values about sexuality, sexual orientation, responsibility, and gender roles.” (p. 302)</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>“Emphasize that having sex is a joint decision that requires active consent from both people.” (p. 48)</p> <p>Role play scenario: “You have decided that a condom is your best protection against HIV/AIDS and other STIs. You want to use a condom during sex, but your partner would not like to use a condom and will try to persuade you not to use it. Use all the arguments you believe are relevant to support your decision.” (p. 153)</p> <p>“This topic assists the learners to practice different communication skills including negotiation, assertiveness and saying no.” (p. 162)</p> <p>“By the end of this topic, learners should be able to: ...practice communication skills and peer resistance skills related to sexual risk taking and STI/HIV prevention.” (p. 162)</p> <p>“Negotiation helps you to face complicated situations with more confidence. It helps you to protect your limits; including limits in romantic relationships, which may protect you from unwanted sex, HIV and other STIs, and unintended pregnancy. It builds your empathy (the ability to understand and share others’ feelings), which is necessary for good relationships.” (p. 173)</p> <p>“Divide the learners into 4 groups and give each group one of the following problems solving scenarios... Tell the groups to also prepare to role play and demonstrate how they would solve the problem...</p> <ul style="list-style-type: none"> • Group 4: You want your partner to use a condom, but your partner does not want to.” (p. 173) <p>“In the same four groups, ask the groups to prepare the following role plays using these scenarios...</p> <ul style="list-style-type: none"> • Group 1: Your husband has said that using a condom is like eating a sweet with the wrapper on. • Group 2: You have just been for an HIV test and you are negative. You want your husband to use a condom but he claims you never asked him to use a condom before. • Group 3: Your husband has been on a mission abroad and has just come back home and you want him to use a condom because you fear getting

	<p>pregnant, but he wonders if you are implying that he hasn't been faithful.</p> <ul style="list-style-type: none"> Group 4: You have been working on a project in a private company and your husband thinks you are having sex with the company's manager." (p. 176) <p>"Assertiveness Role Plays</p> <ol style="list-style-type: none"> You are a teacher at a secondary school. You find one of the learners in your class to be quite attractive. The girl is very clever and wants to study medicine after completing secondary school. You offer to give her extra tuition after classes and the girl is very appreciative. However, once you get her in the house, you start making advances at her. The girl refuses. Role play what happens next. You are a secondary school girl who has been seeing a 25-year old business man. He has been giving you gifts and taking you to discos and cinemas. You are now worried about possible HIV infection and you want to ask him to use condoms. Role play your conversation, how you initiate it and what happens." (p. 181) <p>"These lessons include: ...initiating conversations about sexuality, intimacy, and relationships." (p. 302)</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>"Ask learners to explain how HIV is spread and can enter the body. The following points should come out: having unprotected sexual intercourse (vaginal, anal or oral) without using a condom, with someone who is HIV positive..." (p. 244)</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>Key message: "Affirm your own sexual orientation and respect the sexual orientations of others." (p. 57)</p> <p>"People may feel desire for another person (of the same sex, of the other sex, or both)." (p. 120)</p> <p>"Sexual orientation – whether a person's primary attraction is to people of the same gender (homosexuality), the other gender (heterosexuality) or both genders (bisexuality). In Africa, a person's primary attraction is predominantly to the other gender (heterosexuality)." (p. 126)</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>“The female clitoris is the only organ in women whose only function is sexual pleasure.” (p. 91)</p> <p>“The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.” (p. 93)</p> <p>“The three functions of the penis are urination, sexual pleasure, and reproduction.” (p. 102)</p> <p>“Circle 1: Sensuality is awareness and feeling about your own body and other people’s bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behaviour in several ways:</p> <ul style="list-style-type: none"> • It shows the need to understand anatomy and physiology; • It reflects our body image – whether we feel attractive and proud of our own body; • It helps us to experience pleasure and release from sexual tension; • It satisfies our need for physical closeness – to be touched and held by others in loving and caring ways; • It helps us to feel physical attraction for another person – the centre of sensuality is not in the genitals, but in the brain; • It helps us to have fantasies about sexual behaviours and experiences.” (p. 125)
<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>“You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.” (p. 103)</p> <p>“Health and Hygiene Matching Game A normal, healthy way to relieve sexual tension = Masturbation” (p. 106)</p> <p>“If a person masturbates a lot, they will go blind. MYTH – there are no long-term consequences associated with masturbation and the only short-term consequences may be chaffing or soreness on the private parts.” (p. 213)</p> <p>“Help young people to understand that there are many ways to express sexual feelings – ways that do not risk unplanned pregnancy or sexually transmitted disease. These include touching, fantasizing, caressing, massaging and masturbating.” (p. 271)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing</i></p>	<p>“Skill Demonstrations: An important step in skill instruction includes modeling the skill. In skill demonstrations, the Teacher models the steps or a given skill, (e.g., refusing sex, negotiating condom use or using a condom correctly). Afterwards the Teacher elicits feedback on his or her performance of the skill from the students and sometimes has the students practice the skill</p>

<p><i>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>themselves.” (p. 346)</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>“Explain to the learners that there are many ways to express their sexuality without having sex. Ask them to write down the ways they know to do this. Allow time for this and then share their lists with the whole learners. Also make the following points:</p> <ul style="list-style-type: none"> • Being a sexually healthy person means that you can express your sexuality in ways that are not harmful to yourself or to anyone else. You can feel attractive and good about your body. You can have sexy thoughts and feelings. • You don’t need to have sex when you have sexual feelings. You can feel emotionally close to someone else and enjoy being touched and hugged. • Delaying the onset of sexual activity, keeping your virginity and waiting to have sex when you are ready, will keep you safe. You can feel attracted to another person, but not have sex. • Even if you have had sex before, you can always decide to stop having sex.” (p. 116) <p>“Lastly, the topic enables the learners to evaluate the arguments for and against having sexual intercourse as a teenager or young person.” (p. 132)</p> <p>“By the end of this topic, learners should be able to: ...apply effective decision making to sexual decisions.” (p. 132)</p> <p>“Point out that one of the most difficult decisions young people have to make is whether to have sexual intercourse before they marry.” (p. 148)</p> <p>“Display the scale and explain that it represents two choices young people can make about having sexual intercourse: have sex now or wait until the appropriate time. Divide the learners into two groups. Ask one group to brainstorm all the reasons and arguments why a young person would say ‘no’ to sex now. Ask the other group to brainstorm all the reasons and arguments why a young person would say ‘yes’ to having sex now. Ask them to put their reasons on newsprint... Ask each group to list their reasons on either side of the balance or scale. Make sure all of the following points come out.</p> <p>Reasons for having sexual intercourse as a young single girl:</p> <ul style="list-style-type: none"> • To stop pressure from friends/partner

- To communicate loving feelings in a relationship
- To avoid loneliness
- To get affection
- To get/receive presents/gifts
- To **receive and give pleasure**
- To show independence from parents and other adults
- To hold onto a partner
- To prove one is an adult
- To become a parent
- To **satisfy curiosity**" (p. 148)

"Remind the learners that deciding to have or not have sex is a deliberate decision. When a person has sex, it is not nature overcoming or overwhelming him/her. **It is the person's choice.**" (p. 149)

Key message: "Its [sic] best to wait to have sex **when you are ready**" (p. 149)

"What are the **best arguments for saying 'no' or 'yes'** to having sexual intercourse?" (p. 150)

"**What does a young person need to know if she is going to say yes to sexual intercourse?** (Possible answers include: risks of pregnancy and/ or STI/HIV/AIDS, infection, how to talk with a partner about using condoms and contraception, which forms of contraception prevent pregnancy and/or infection most effectively, where to get condoms and other contraceptives, how to communicate with a partner, how to feel good about themselves, how to say no, how to be assertive.)" (p. 150)

"**Are You Ready for Sex?** Answer the following questions as honestly as you can.

1. Do my partner and I know each other well?
2. Do we feel connected to each other and part of each other's lives?
3. Are we both committed to the relationship?
4. Do we trust each other?
5. Do we communicate well?
6. Can we **talk with each other comfortably about sex**?
7. Are we thinking about having sex because we really want to or because we feel pressure to have sex?
8. Have we talked about what kind of contraceptive method to use?
9. Have we discussed the need for HIV tests for both of us?
10. Have we talked about how to protect ourselves from STIs including HIV and AIDS?
11. Have we **agreed to use condoms and other contraception** each time we have sex?
12. Will my partner respect my right to say 'yes' or 'no' to each sexual encounter?
13. Will I respect my partner's right to say 'yes' or 'no' to each sexual encounter?
14. Will the **setting for the sexual relationship** be safe and comfortable?" (p.

“Are you ready to go all the way? **Only you can answer that question.** Not your boyfriend, girlfriend or friends. Before you make up your mind, remember that sex is not a simple thing! Just take a look at these questions. Think about them, talk about them, laugh or argue about them! Then **decide what’s best for YOU!!**” (p. 155)

“How do I feel about having sex?

- Am I in love?
- Is love a good enough reason to have sex?
- Does my girl/boyfriend love me?
- Do I think sex will make him/her love me?
- Am I ready for my girl/boyfriend to see me naked?
- What if it is painful, awkward or awful?
- How would I feel the next day?
- Have I thought about how my life might change after having sex?” (p. 155)

“Do I feel pressured?

- Who brought up the issue of sex?
- Were we sober at the time?
- Is my girl/boyfriend acting pushy?
- Am I afraid I’ll be dumped for someone who will have sex?
- Are my friends talking about sex?
- Do I feel like I’m the only one who isn’t doing it?
- What if we have sex and my partner tells other people about it?
- Would I want anyone else to know?
- Do I feel like it’s ok to say no?
- Do I know how to say no?” (p. 155)

“Have we talked about contraception and pregnancy?

- If we haven’t talked about protecting ourselves, why not?
- If we don’t feel close enough to talk about it, are we close enough to have sex?
- What method of contraception would we use?
- Where would we get it?
- What if it didn’t work?
- How would we handle a pregnancy?
- Would we keep the baby?
- Give it up for adoption?
- Have an abortion?
- Am I really **ready to make these decisions?**” (p. 155)

“You have been going out with the same person for some time now. You love each other very much. **You have talked about sex** and have agreed to use a condom when you have sex to protect yourself from HIV. You have had sex with

	<p>a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion, you decide to be affectionate with each other without sex. The next day you discuss the decision with your best friend. Your friend supports your decision by saying_____.” (p. 180)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Go beyond promoting abstinence with young people. Talk about sexuality openly.” (p. 48)</p> <p>Role play scenario: “You are away from home and you do not want to have sex with any other outside partner. But the person you have just met wants to have sex with you and will try to persuade you to do so.” (p. 153)</p> <p>“For menstruating women, with menstrual cycles between 26 to 32 days, the fertile time is from 8th to 19th day or halfway between periods. This is the least safe time to have sexual intercourse. However, for adolescents’ menstruation can be very irregular, so if a girl is going to have sex, it is safer to use a condom or other method of contraception.” (p. 213)</p> <p>“Ask learners for a few examples of what they can do to prevent any illness or problem with their sexual and reproductive health. (Possible answers: keep private parts clean, avoid risky behaviour, abstain from or practice protected sex, have regular check-ups).” (p. 114)</p> <p>“By the end of this topic, the learners should be able to: ...explain how abstinence and use of condoms can reduce the risk of STIs including HIV infection.” (p. 218)</p> <p>“The topic also encourages young people to delay the onset of sexual activity but encourages those who are already sexually active, to use condoms consistently and correctly and to quickly seek counselling in case of unprotected sex.” (p. 218)</p> <p>“Probably Not a Risk: ...Intercourse with a person using a condom” (p. 229)</p> <p>“Do the following one-minute role play: A young couple meets affectionately. The boy says to the girl, ‘we have been going out for two years, without having sex, but today, my house is empty.’ They go excitedly to the house, enter the bedroom and start to undress. The girl says, ‘before you do, where did you put the condoms?’ He freezes, saying, ‘I thought you had the condoms.’ She says, ‘no’. They look at each other sadly and start to dress again.” (p. 230)</p> <p>“The only way to completely prevent STIs is to abstain from all types of sexual contact. If someone is going to have sex, the best way to reduce the chance of getting an STI is by using a condom every time rather than treating an STI.” (p. 221)</p> <p>“Remember these essential truths:</p> <ul style="list-style-type: none"> • The only way to 100% avoid STIs (and pregnancy) is not to have sex.

- **If you do have sex**, use a condom every time.
- If you **have had unprotected sex**, get tested for STIs including HIV.” (p. 222)

“What are the three most effective ways to avoid STI? [Answers: 1) abstain from sexual intercourse of any kind and 2) **use condoms every time** you have any kind of intercourse, and 3) be **faithful to one partner** who is also faithful to you.]” (p. 223)

“What three things should you do if you think that you have been infected with an STI? [Answers: 1) seek proper medical treatment right away, 2) inform your sexual partner(s) and 3) **abstain from sexual contact until there is no evidence of infection** and you have finished all the prescribed medicine.]” (p. 223)

“How could you **raise the issue of condom use with your partner** if you were about to have sexual intercourse with a partner you cared about? How would you feel if your partner brought up condom use when you were about to have sex? What would you say to him or her?” (p. 223)

“Do young people protect themselves from pregnancy and/or STI/HIV **every time they have intercourse?**” (p. 226)

“Why would young people take the **risk of unprotected sexual intercourse?**” (p. 226)

“**Practicing abstinence does not require giving up all sexual contact**, but it does mean expressing sexual feelings in ways other than having intercourse of any kind.” (p. 227)

Communication Role Play: “Susan and Mark have been dating each other exclusively for six months and **having sexual intercourse for two months**. They are in love and planning to get married. They are at Mark’s house when his parents are out, but neither of them have [sic] any condoms. They both **want to have sex** but Susan turns to Mark and says, ‘I have something to tell you.’ Mark says, ‘What is it?’ Susan says, ‘I have an STI.’ Mark looks at her horrified and says, ‘I think you should leave now.’ ‘Get out of my house!’ Susan starts to cry. ‘Please let me explain...’” (p. 234)

Communication Role Play: “John and Mary are good friends and their friendship is developing into a romantic relationship. However, John has been seeing Mary’s best friend, Jane, and has been romantically involved with her. **Jane and Mary have told each other about their boyfriend but neither of them knows it is the same guy**. Last week, when Jane went to the clinic, she finds Mary there. ‘I think my boyfriend has given me an STI,’ said Jane and Mary at the same time to each other. ‘I plan to tell him about it. I have asked him to meet me here. He should be here anytime now,’ said Mary. Just then John walked into the clinic. ‘What??? Is he your boyfriend?’ asked Mary. ‘Yes,’ said Jane. ‘Is he your boyfriend too?’ ‘Yes,’ said Jane. The two girls look at each other and then turn to

John. John says, 'Please let me explain...'" (p. 236)

"Am I at Risk? Answer each question by writing 'Y' for yes, 'N' for no or 'U' for unsure or don't know.

- Your **partner has sex with others...**
- You allow semen or vaginal fluid to touch your skin near the pubic area.
- You **have sex with more than one person.**
- You or your partner has had an STI in the past...
- Your partner has sex only with you...
- You **don't always use a condom** for sexual intercourse.
- You don't know if your partner is HIV+ or has an STI." (p. 237)

"HIV Activity

1. Tell the learners they are going to play a game. Distribute one card to each learner. Tell them to keep the special instructions on their cards a secret and to follow the instructions. Ask the learners to stand and shake hands with three people and ask each to sign the card. Make sure they move around the room.
2. When all the learners have collected three signatures, have them take their seats. Ask people with the 'z' and 'x' on their cards to stand up. Ask everyone who shook hands with those persons to stand up. Ask everyone who shook hands with a standing person to stand up and so on until everyone is standing, except for the designated non-learners with cards reading 'do not follow any of my instructions'.
3. Now tell the learners to pretend that the **person with the card marked 'x' was infected with HIV** and that instead of shaking hands that person **had unprotected sexual intercourse** with the three people whose signatures she or he collected. Do the same with the card marked 'z' (genital herpes).
4. Ask those that are still seated why they haven't been standing. Someone should say they were told 'Do not follow my directions...' Explain that these people had **chosen to abstain from sexual intercourse** and were therefore protected from these STIs.
5. Ask the learners to check if they had a 'c' marked on their card. If so, tell them they can sit down. Explain that fortunately, these people had used condoms and were not at significant risk for infection. Tell all the learners to sit and remind them that this was only a game." (pp. 247-248)

Key message: "Encourage **sexually active people** to use condoms." (p. 258)

Key message: "Advise **young people who are sexually active to use condoms** correctly and consistently." (p. 258)

"If a person has had unprotected sex recently or has had **sex with multiple partners** or has had sex with someone who has fallen sick, then the only way to put your mind at ease is to go for the test." (p. 262)

"Knowledge of how HIV is transmitted is crucial to help young people avoid risky

	<p>sexual behavior leading to HIV infection. Young people are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. As discussed earlier, comprehensive knowledge is defined as knowing that people can reduce their risk of getting the HIV virus by having sex with only one uninfected faithful partner and by using condoms consistently, that a healthy-looking person can have the HIV virus, and that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.” (p. 267)</p> <p>“You can help young people to understand the risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe.” (p. 271)</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 may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Affirm your own gender identity and respect the gender identities of others.” (p. 57)</p> <p>“Circle 3: Sexual identity is a person’s understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces, that together, affect how each person see [sic] himself or herself. These ‘pieces’ are:</p> <ul style="list-style-type: none"> • Gender identity – knowing whether you are male or female; • Gender role – knowing what it means to be male or female or what a man or woman can or cannot do because of their gender; • Sexual orientation...” (p. 126)
<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</i></p>	<p>“Is contraception commonly used? Who is responsible for using contraception?” (p. 78)</p> <p>“Condoms can help prevent the spread of STIs but they must be used correctly. Condoms are not 100% effective because of improper use. They occasionally break or come off during intercourse when not used properly.” (p. 224)</p> <p>“Invite a family planning service provider to this session. Have samples of contraceptives available. Prepare 6 learners to be in charge of the ‘contraceptive stations’ as follows:</p> <ul style="list-style-type: none"> • Oral contraceptives (pills) • ECP • Injectables • Implants • IUD • Condoms

present failure rates or side effects.

- Abstinence” (p. 189)

“Ask the learners to name as many **methods of family planning and/or contraception** as they can. List their responses on the newsprint and add any that are omitted.” (p. 191)

Traditional methods	Modern methods
Abstinence Withdrawal Natural family planning or periodic abstinence LAM (breastfeeding)	Abstinence Condoms Female condoms LAM (breastfeeding) Spermicidal foams, cream and jelly Oral contraceptives (pills) Emergency contraception Diaphragm IUD Implants (Norplant) Injections (Depo provera) tubal ligation, laparotomy, or laparoscopy Vasectomy

(p. 191)

“Ask the learners if they know **where these methods can be obtained**. Ask which ones are non-prescriptive (can be bought ‘over the counter’ at a chemist’s shop) and which require a doctor’s prescription.” (p. 192)

“Ask the family planning service provider you invited earlier to **show the family planning methods and explain how each method works**. After the presentation, ask the learners:

- Which ones are most effective?
- Which ones would young people be most likely to use and why?
- How would you feel about getting these methods from Youth Corner/Centre?
- Where would you like to get these methods?
- From whom would you want to learn how to use them properly?” (p. 192)

“**Go through the list of contraceptive methods** and ask learners to respond to the following questions:

- How does this method prevent pregnancy? (Does it provide a barrier between sperm and the egg? Does it prevent ovulation?)
- What are the advantages of using this method?
- What are the disadvantages of using this method?” (p. 192)

“Which, if any, of these methods **make the most sense for young people** to use? Why?” (p. 193)

Key message: “Modern method [sic] of contraception protects from unintended pregnancy for **sexually active girls** and women.” (p. 195)

“Keep your personal values regarding family planning and contraception out of the discussion. Provide factual information about all the different methods and continue to reinforce the concept that people who choose to have sexual intercourse should **act responsibly and use contraception.**” (p. 196)

“Quiz on Pregnancy and Contraception

Instructions: In the blank space, write T if the statement is True or F if the statement is False.

- Since they are taken every day, oral contraceptives build up in a woman’s body.
- An adolescent cannot conceive if she **has sex standing up.**
- Irresponsible sexual behaviour can result in STI/HIV/AIDS infection.
- The IUD can leave the womb (uterus) and travel through a woman’s body.
- Taking **emergency contraception** will make a girl promiscuous or to be of loose morals.
- Oral contraceptive pills are a cause of cancer.
- A girl of 12 years can become pregnant.
- A condom can get lost inside a woman’s body.
- Some IUDs can be left in place for 10 years.
- Breastfeeding is a method of contraception.
- Injectable contraceptives cause infertility.
- Using a condom makes a man less of a man.
- If a girl has intercourse when she has her period, she will not get pregnant.
- To make sure a new condom has no hole in it, it is best to unroll it before use and blow air into it.
- Family planning and the **use of contraceptives is a woman’s right.**” (p. 197)

“Male Condom (Rubber/Socks)

- How the male condom works: Prevents semen from entering the partner’s body.
- How the condom is used: Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the sperm (some condoms have a special tip for sperm collection). After ejaculation, the condom should be held in place when removing the penis so semen does not spill into the partner’s body.
- Condoms can be used with a spermicide containing nonoxynol-9.
- Condoms must be properly disposed of after one use; they should never be re-used.
- Failure rate (range): 2-12%
- Additional information: Vaseline and heat will destroy the condom... The latex condom is a relatively inexpensive method and, if used correctly and consistently every time one has sex, is very effective in preventing unintended pregnancy and STIs, including HIV/AIDS. Lambskin condoms are not effective for preventing some STIs, including HIV/AIDS.” (p. 200)

“Female Condom (Reality or Femidom)

- How the female condom works: Prevents semen from entering the woman’s body and protects male partner from contact with vaginal fluids.
- How the female condom is used: Before sexual intercourse begins, it is inserted into the vagina. The female condom is a polyurethane sheath with two flexible rings at either end. One of the rings is used to insert the device and hold it in place, much like a diaphragm. The other ring stays outside of the vagina.
- The female condom must be removed immediately after intercourse. The female condom must be thrown away after one use; it should never be re-used.
- Failure rate (range): 5-21%
- Additional information: The female condom helps to prevent the spread of most sexually transmitted diseases. It provides women with a way to protect themselves if they are with a partner who refuses to use a male condom. Additional research is being carried out to assess the effectiveness of the female condom.” (p. 201)

“Contraceptive Foams and Other Spermicides

- How foam and other vaginal spermicides work: Temporarily blocks the opening of the uterus and coats much of the vagina; kills sperm. Foam which contains nonoxynol-9 has been proven to protect against most STIs, but not HIV/AIDS.
- How foam is used: A can of foam is shaken approximately 20 times before the foam is removed; one or two applications of foam are placed into the vagina immediately before intercourse. A foaming tablet is placed high in the vagina about 10 minutes before intercourse (so it has time to dissolve).
- Failure rate (range): 6-36%
- Additional information: The quality of foams varies. Foam must be available and used each time intercourse occurs. Since foam dissolves in the vagina; douching is unnecessary, but if it is desired, wait until at least six to eight hours after intercourse. However, learners should note that douching is not healthy. Foam is an inexpensive method. It may cause minor irritation in some women and men.” (p. 201)

“Natural Family Planning (NFP, also known as Periodic Abstinence)

- Types of Natural Family Planning: Calendar, basal body temperature and cervical mucus.
- How NFP methods are used: The time of ovulation is determined by changes in the woman’s body temperature or cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation.
- Failure rate (range): less than 2-30%
- Where to obtain NFP instructions: Usually from a specially trained physician, a professional NFP counsellor or family planning clinic.

- Additional information: NFP does nothing to prevent the spread of STIs or HIV/ AIDS infection. It requires training from a qualified professional. It is often unreliable, particularly in women whose cycles may be irregular.” (p. 202)

“Contraceptive Implant

- How the contraceptive implant works: Prevents release of an egg from the ovary (ovulation) and thickens cervical mucus, blocking sperm that are released into the vagina during intercourse.
- How the contraceptive implant is used: During a minor surgical procedure, two flexible matchsticks-sized capsules are implanted just under the skin on the underside of a woman’s upper [sic] arm. Each capsule contains a small amount of a female hormone, progestin, which is also used in oral contraceptives. The hormone is absorbed into the woman’s blood stream very slowly for as long as the capsules remain in place (up to five years).
- Failure rate (range): 0.09-0.2%
- Additional information: The method is effective for up to five years and requires no additional action by the user once it is in place. Once the implant is removed, normal fertility is restored by the next menstrual cycle.” (pp. 202-203)

“Injectables

- How the injectable works: An injection (a shot) of the hormone progestin stops eggs from being released by the ovaries for up to three months and thickens cervical mucus, blocking sperm from entering the uterus.
- How the injectable is used: Depo-provera is injected into the muscle of the arm or buttocks by a trained practitioner. The first shot is usually given during the first five days of a woman’s menstrual cycle to ensure she is not pregnant. Shots must be repeated every 12 weeks or 3 months...
- Failure rate (range): 0-0.7%
- Additional information: Depo-provera provides very effective pregnancy prevention for 12 weeks with minimal side effects.” (p. 203)

“Intrauterine Device (IUD or IUCD)

- How the IUD works: IUDs interfere with ovum and sperm movements, prevent fertilization of the egg, and cause changes in the uterine lining that prevent implantation in the event a fertilized egg enters the uterus.
- How the IUD is used: A trained medical person inserts the IUD into the uterus with an attached string left hanging into the vagina. The string should be checked by the woman after each menstrual period by feeling deep inside her vagina. IUDs can remain in the uterus for up to 10 years.
- Failure rate (range): 0.4-2.5%
- Additional information: The IUD is one of the easiest contraceptive methods to use. The IUD is not recommended for women with more than one sex partner as it may put such women at risk of PID. IUDs offer no protection against STI transmission.” (p. 203)

	<p>“Oral Contraceptives (The Pill)</p> <ul style="list-style-type: none"> • How oral contraceptives work: Prevents release of an egg from the ovary (ovulation) and implantation of the fertilized egg in the uterus (if ovulation should occur). • How oral contraceptive pills are used: Some are taken daily for 21 days and stopped for seven before starting a new package. Other kinds are taken continuously for 28-day cycle; the last seven are iron pills designed to keep the woman in the habit of taking a pill every day... • Failure rate (range): 0.1-8% • Myths about the pill: Pills cause deformed babies. You take the pill only on the days that you have intercourse. Pills cause cancer or sterility. • Additional information: The pill does nothing to protect a woman from STIs including HIV/AIDS. It should be used with a condom if the teen/ woman thinks she might be at risk of contracting an STI.” (p. 204) <p>“Emergency Contraception</p> <ul style="list-style-type: none"> • Emergency contraception refers to methods women can use soon after having unprotected sexual intercourse or in cases of condom breakage and rape to avoid unintended pregnancy. The most common method is the COC, or combined oral contraceptive pills, taken in a much higher dose than when OCs are used for regular contraceptive protection. In some cases, a copper IUD can also be used as emergency contraception. • How emergency contraception works: Depending on when you use ECP during your monthly cycle, the medication will either stop the release of an egg, prevent fertilization of an egg, or stop a fertilized egg from becoming attached to the uterus. • How emergency contraceptive pills are used: The first dose must be taken within 72 hours (three days) after unprotected sex. A second dose is taken 12 hours after the first dose. • Failure rate (range): 1-5% • Additional information: Emergency contraceptives should not be used routinely to prevent pregnancy. They do not protect against STIs, including HIV/AIDS.” (p. 205) <p>“Using contraceptives is a method for improving the family’s health and women’s reproductive health.” (p. 214)</p>
<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</i></p>	<p>“What can young people do to ensure that governments who ratified and signed the conventions implement them at the local and national levels?” (p. 57)</p> <p>“This topic introduces the concept of human rights and identifies the rights that relate to education and gender based violence. The topic also explains the responsibilities in relation to upholding human rights.” (p. 310)</p> <p>“By the end of this topic, learners should be able to:</p> <ul style="list-style-type: none"> • describe the concept of human rights and responsibilities for all and the application of rights to adolescents;

sexual rights (including a right to CSE itself) or to promote abortion.

- appreciate that the exercise of human rights include [sic] reciprocal responsibilities;
- differentiate between **positive and negative norms** that facilitate or hinder the fulfilment of the rights of adolescents;
- explain the importance of equality, non-discrimination and respect for diversity;
- apply essential life skills in the promotion of their human rights and those of others” (p. 310)

“Ask the groups if they are aware or heard of any conventions that have been developed to protect children. Write their responses on the chalkboard. Ensure they cite the **UN Convention on the Rights of the Child (CRC)**. Ask why they think such conventions have been developed.” (313)

“Ask learners if they know what is a health right? Have them pair up with the person sitting closest to them and come up with a definition. Give them a minute or two to do this, and then invite learners to share their definitions. Then explain to learners that **sexual and reproductive health rights are part of their health rights**. Ignorance about sexual and reproductive rights prevent [sic] many of them from making healthy decisions leading to poor health outcomes, exposure to HIV, sexual violence and undesired or unsafe pregnancy.” (p. 314)

“Many are also **denied access to information** and support that would enable them to protect their own **sexual and reproductive health**. Point out that sexual rights and reproductive rights are not the same, but they are interrelated. Together, they consist of a number of rights that address and contribute to our overall health and well-being. (Refer to CRC Article 17, 24 and 34).” (p. 314)

“Discussion Points

1. Why do you think the **sexual and reproductive health rights of young people** are not always fulfilled?
2. What are the **barriers to fulfilling such rights**?
3. What do the laws and policies say about sexual and reproductive health rights for Rwandan young people?” (p. 315)

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.

“Which of your values is **in conflict with your culture**? Why?” (p. 12)

“**Values clarification** means sorting out one’s own ‘real’ (intrinsic) values from the values of the outside world (extrinsic) separating one’ [sic] personal beliefs from the beliefs of others.” (p. 16)

“In addition, multiple studies have found that **programs can change attitudes about sex and using condoms or contraception**.” (p. 19)

“**Values Statements for Discussion**

- It’s okay to have a child before marriage.
- Boys should pay when a boy and girl go out on a date.
- Raising a child by yourself makes more sense that [sic] marrying the

father of the child if you don't love him.

- Having a job you enjoy is more important than earning a lot of money.
- People with HIV **should not have sex without telling their partners** they have the virus.
- When a man and a woman have sex, contraception is the woman's responsibility.
- Women cannot be raped by their husbands.
- It's not okay for a boy or a man to cry.
- You should only have sex with someone you love.
- Waiting to have sexual intercourse until you are an adult is a good idea.
- In a family, financial support is the man's responsibility.
- Women should understand that **men need to have extra-marital affairs**.
- A girl who dresses in miniskirts and sexy clothing is asking to be raped.
- Women should not be allowed to inherit properties.
- A man, who fathers a child but does not assume responsibility for the child, should be punished by our legal system.
- It is more important to **maintain certain cultural traditions** and practices than it is to change behaviour to prevent STI and HIV/AIDS.
- A man's sexual drive is greater than [sic] a woman's.
- A 15-year-old girl who wants to use contraceptives **because she is sexually active** should be able to get it without difficulty.
- When a girl says no to having sex, she really means yes.
- Having a baby will hold a marriage together." (p. 23)

"Gender is determined socially - it is what society expects of us and teaches us as being the roles, behaviours and characteristics of boys and girls, men and women. **Gender roles are learned and can therefore be changed.**" (p. 32)

"Demonstrate the ability to argue for **the elimination of** gender role stereotypes and inequality, **harmful practices** and gender based violence." (p. 32)

"Gender: refers to the differences between men and women **created by society on the basis of sex**. Gender includes:

- Unequal treatment
- Unequal power between men and women
- **Different roles taught to boys and girls**
- Our idea of what is male and female and roles ascribed to them." (p. 34)

"Because gender roles can severely limit our expectations of ourselves, as well as the goals we hope to achieve, it is important that we become more aware of them. Once our awareness increases, then we may be able to **overcome some of our 'stereotyped' thinking.**" (p. 34)

"Also remind learners that sexual abuse or violence is **any act that limits a girl's or a woman's control over her body, her sexuality,** or her reproductive health." (p. 50)

"How can **religious institutions minimize conflict** between what human rights

promote and what their followers believe?” (p. 74)

“**Sexual and reproductive rights embrace certain human rights** that are already recognized in international and regional human rights documents and other consensus documents and in national laws. Ask learners to recall or give examples of such documents. Write them on the chalkboard. Then list the following **rights which are critical to the realization of sexual and reproductive health**:

- the rights to equality and non-discrimination;
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- the right to privacy;
- the rights to the highest attainable standard of health (including sexual health) and social security;
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage;
- the right to decide the number and spacing of one’s children;
- the rights to information, as well as education;
- the rights to freedom of opinion and expression;
- the right to an effective remedy for violations of fundamental rights.
- the responsible exercise of human rights requires that all persons respect the rights of others.” (p. 114)

“Some adults believe young people should not have sexual intercourse and they fear that giving them information about contraception encourages young people to experiment sexually. There is **no evidence** to suggest that teaching this material causes young people to have sexual intercourse. In fact, studies from many countries show that **effective CSE programmes** actually lead young people to postpone/extend the age at which they become sexually active.” (p. 196)

“Adolescents have rights to balanced, accurate, and **realistic sex education, confidential and affordable sexual health services**, and a secure stake in the future. Learners deserve respect and to be included in shaping programmes and policies that affect their well-being. Society has the responsibility to provide young people with the **tools they need to safeguard their sexual health** and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.” (p. 302)

“Rights, respect, and responsibility is based on lessons learned for **raising sexually healthy learners** through positive attitudes and actions. These lessons include:

- 1) recognizing that all people are **sexual beings from birth to death**;
- 2) using language that builds self-esteem and acknowledges the **normalcy of sexuality**;
- 3) acting in accord with expressed values, such as honesty, responsibility, and respect for others” (p. 302)

“Sexuality is broader than sex. It includes the sense of how we see ourselves, how the world sees us—male or female and our gender identity. **We are all sexual beings, from birth to death.**” (p. 304)

“On the other hand, social norms are the rules that direct the behaviour. Then remind learners that peoples’ **culture and traditions are a source of both positive and negative norms and values.** Every community also has its sets of rules and regulations that prescribe how women and men, girls and boys should behave. These are gender norms, usually rooted in the traditions of the community and **in the religion that they follow.**” (p. 319)

“Engage learners in a brief discussion building on their responses to focusing what are the consequences [sic] **if they do break the socially accepted rules of behaviour.** Emphasize that it is often the fear of possible negative consequences of breaking norms that make individuals behave as expected. Divide learners into 4 groups and assign each group one of the following:

- Group 1: Relationship between parents and children
- Group 2: Relationship between older and younger people
- Group 3: Use of alcohol and other drugs
- Group 4: Sexual behavior

Ask learners to describe the **rules and regulations that guided behaviour in traditional Rwandan society.** Did it violate any human rights? Whose? How?” (p. 320)

“End this session by reminding learners that some norms are counterproductive; **they violate the rights of children and adolescents.** Others however, can be used to facilitate the realization of rights. The choices we make are influenced by many factors outside of the individual, including social norms of the groups that we belong to. Although we are all influenced by social norms, we **can change and develop our own ideas** on the fairest way to behave and treat others.” (p. 320)

“Key Messages

- Human rights are universal, indivisible, interdependent and non-negotiable
- **The rights of children,** irrespective of gender, orientation, status, religion or ethnicity and race, are their entitlements and not privileges to be given or taken away by the State, community **or parents**
- No right is superior to the other; all are equally important. You cannot therefore rank one right over another.
- The realization of children’s rights like education, health and information may be done progressively **depending on their evolving capacity** as they grow older, and as resources become available” (p. 325)

“**The Convention on the Rights of the Child...**

- Article 12: Children have the right to give their opinions and for **adults to listen and take them seriously.**
- Article 13: Children have the right to share what they think with others

	<p>by talking, drawing, writing or in any other way unless it harms other people.</p> <ul style="list-style-type: none"> • Article 14: Children have the right to choose their own religion and beliefs. Parents should guide their children in the development of their beliefs. • Article 15: Children have the right to choose their own friends and join or set up groups, as long as it isn't harmful to others. • Article 16: Children have the right to privacy." (p. 329)
<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>"Promote conversations and questions that allow young people to explore and clarify their values as they develop a sense of self." (p. 6)</p> <p>"Do all members of the family have the same right to speak, or do some family members have more, or fewer, rights?" (p. 77)</p> <p>"Testing is important to keep STIs from infecting internal reproductive organs and from spreading to another person. Treatment is usually very effective and teenagers can be treated in private or government health facilities without a parent's permission." (p. 108)</p> <p>"Sometimes decisions are forced on the children. Some families still engage in traditional rites such as female genital mutilation, inscription of tribal marks etc." (p. 142)</p> <p>"Young people receive confusing messages about sex from adults. While parents, religious leaders and others may emphasize strict moral codes of sexual behaviour – such as abstinence from sex before marriage – their own behaviour is often different." (p. 190)</p> <p>"Young people therefore find it hard to use existing services because of lack of information, inconvenient opening times, shame and embarrassment, concerns about privacy and confidentiality, laws that prevent unmarried boys or girls using contraception or requiring parental consent and negative and judgmental attitudes of service providers." (p. 194)</p> <p>"How do you feel about a girl using a contraceptive method even if her parents do not agree with it?" (p. 195)</p> <p>"Knowledge about contraceptives can safeguard a girl/woman against consequence of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes you fully aware of your body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Rwanda gives young people the right to access information and services." (p. 213)</p> <p>"Point out that in the past the role of grandparents and aunts and uncles was to inform and educate young people when they were coming of age on matters related to sex. However today, parents find it very difficult to talk to their</p>

children about sex.” (p. 297)

“Ask one group to think like parents and adults and the other group to think like young people. Each group should write down how they feel about being able to talk to the other group. Allow time for this and then share their responses in plenary. Make sure the following points come out:

Parents Group:

- Parents feel it is a taboo in many communities and cultures for them or other adults to talk to their children about sex.
- **Parents don’t have the correct information.**
- Parents may feel their children are better educated than they are since the children have gone to school.
- Parents feel embarrassed and shy to talk about personal matters and often lack the skills to initiate such talk.

Young People Group:

- Young people feel **they can’t talk to their parents about sex** since they are not supposed to be sexually active.
- Young people feel their parents would never understand them.
- Young people prefer to get information on sexuality and reproductive health from their peers.
- Young people feel they have access to media and other sources of information other than their parents.
- Young people feel embarrassed to talk their parents and other adults **since they will be judgemental** about the learners’ behaviour.” (pp. 297-298)

“Rights, respect and responsibility can guide parent-child communication around sexuality. It can also be a campaign through which **parents and other caregivers give voice to a new vision of adolescent sexual health.** We must advocate and believe that young people have the right to accurate information and to confidential health services and that they can and will behave responsibly when they have the information and services they need to make responsible decisions about sex.” (p. 303)

“Children and adolescents – at all ages and stages – have the same five universal, developmentally based needs. While the content of these needs shifts dramatically as children grow and mature, the basic needs remain constant from cradle to career to married life. Here’s a thumbnail sketch of each:

- **Affirmation:** Children and adolescents need adults to recognize and validate their particular stage of (sexual) development.
- **Information:** Children and adolescents need factual knowledge and concepts (about sexuality), presented in ongoing and age-appropriate ways.
- **Values Clarification:** Children and adolescents need adults to share their values (about sexuality) and to clarify and interpret competing values and values systems (about sexuality) in the surrounding culture.
- **Limit Setting:** Children and adolescents need adults to create a healthy and safe (sexual) environment by stating and reinforcing age-appropriate

	<p>(sexual) rules and limits.</p> <ul style="list-style-type: none"> • Anticipatory Guidance: Children and adolescents need adults to help them learn how to avoid or handle potentially harmful (sexual) situations, and to prepare them for times when they will need to rely on themselves to make responsible and healthy (sexual) choices.” (pp. 303-304) <p>“Current reality obligates parents to have frank and knowledgeable discussions about such issues as where babies come from, erections, wet dreams, menstruation, correct language for intimate body parts, the size of penis and breasts, and masturbation (it’s normal and private, not bad).” (p. 305)</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.InvestigatePPF.org)</i></p>	<p>No evidence found.</p>