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

Girl Shine Life Skills Curriculum

Parts 2 and 4

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Girl Shine Life Skills **contains 15 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: "Girl Shine is a program model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings. Girl Shine has been designed to help contribute to the improved prevention and response to violence against adolescent girls in humanitarian settings by providing them with the skills and knowledge to identify types of GBV and seek support services if they experience or are at risk of Gender Based Violence (GBV)." (p. 5)

Provided by the International Rescue Committee and the U.S. Government

Target Age Group: 10-19 years old

International Connections: NoVo Foundation, U.S. Bureau of Population, Refugee and Migration Services (PRM).

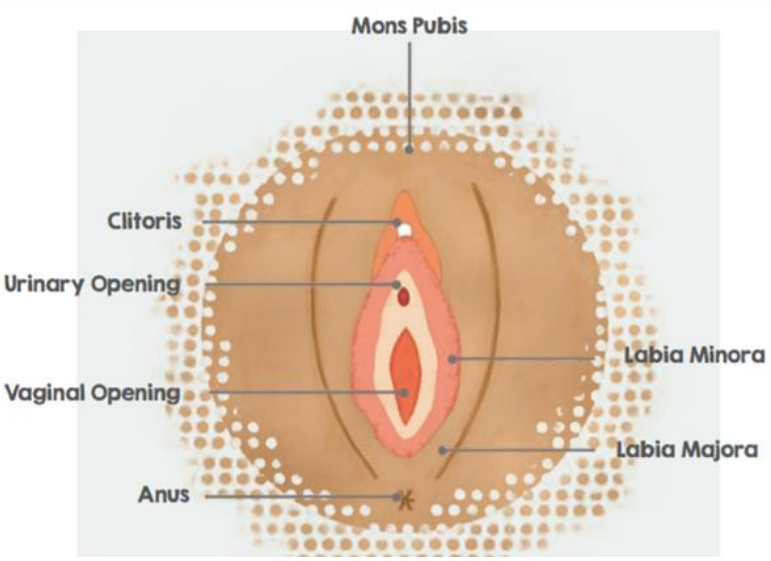
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage*	"This session goes in depth into **decisions around sex and relationships**, which may be very sensitive to approach with unmarried girls. There are options provided within the stories and scenarios for sensitive contexts where the first story option is not possible to implement." (Part 4, p. 42) "Explain to the girls that it is **very normal for people to have sex**, but it is usually done in a private space, to be kept between the people who are having sex." (Part 4, p. 59) "In activities where you are providing information about sexual and reproductive

[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.

discussion of sexual experiences, attractions, fantasies or desires.	health, some girls may express that it is not appropriate for certain girls to receive this information (for example, if they are not married). It is important to explain that **it is every girl's right to have this information**, either to help them now or in the future." (Part 2, p. 26) "Sexual Health: Sexual health involves our behaviors and attitudes related to having children, **having and enjoying sex**, and maintaining the physical health of our sexual and reproductive organs. Examples include **practicing safe sex** to avoid contracting HIV and other STIs; seeking medical attention when you suspect that you have a genital infection; getting tested regularly for HIV; maintaining good personal hygiene; being able to plan your family size with your partner; and being able to **experience sexual pleasure** with your partner." (Part 4, p. 110) "Sexual health is '...a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. **Sexual health requires a positive and respectful approach to sexuality and sexual relationships**, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.'" (Part 4, p. 111) "During adolescence our sense of our own sexuality grows and develops. During this time, **girls may start to explore different parts of their sexuality**. Sexuality is a complex and central aspect of our lives that encompasses different aspects that affect many different areas of our life: health, personal identity, relationships, **intimacy, pleasure, enjoyment**, reproduction, beliefs, attitudes, values, and behaviors." (Part 4, p. 112) "**Positive experiences of our own sexuality** are closely linked with positive sexual and reproductive health outcomes. There is a growing consensus that a range of rights constitute sexual rights, in that they must be respected in order for good sexual health and positive sexuality to be enjoyed." (Part 4, p. 112) "Remember, sexual health is health! And to make sure we are healthy and protected, **we must take care of all parts of our health, including** our physical health, our emotional health, and **our sexual and reproductive health**." (Part 2, p. 236) "Session Objectives: • Girls **learn about sexual intimacy and positive sexual experiences**. • Mentors/facilitators build further trust with the girls about their sexual and reproductive health." (Part 2, p. 254) "**Sexual desire and satisfaction**: Males and females have sexual desires, which is very normal. People start to feel this sexual desire or need after puberty, and they develop an interest in exploring their bodies." (Part 2, p. 255)

	"We are going to look at a few **scenarios that might arise between a couple when talking about sex**. We are going to try to help the girls in the scenarios to think of assertive ways to address the issues that arise… In all of these scenarios, Person A wants something from Person B, but Person B doesn't want the same thing. • Scenario 1: 'I know you and I said we'd wait, but **everyone around us is already having sex**, so would it be okay for us to?' • Scenario 2: 'It's our first time having sex, we don't need to use condoms or birth control.' • Scenario 3: 'If you're not willing to have sex with me, then I'll just go find someone else who will.' • Scenario 4: 'I don't want to use condoms when we have sex. It's like you're saying I'm dirty or something!'" (Part 2, pp. 251-252) **Examples of Words Associated With Sexuality** Kissing, Giving a massage, Caring, Infertility, HIV, Touching, Fantasy, Sharing, Child spacing, Rape Sexual harassment, Loving, Abortion, Masturbation, Passion, STI, Ovaries, Female genital cutting (FGM), Contraception Need to be touched, Pornography, Semen, Self-esteem, Orgasm, Ejaculation, Sexual attraction, Withdrawal method, Getting pregnant, Lesbian, gay Caressing, Impotence, Bisexual, Anal sex, Communication, Emotional vulnerability, Flirtation, Incest, Unwanted pregnancy (Part 4, p. 109)
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.*	"Would you like to learn why sexual intercourse happens? If so, why do you think it happens? Say: Sex is a normal and natural act that both men and women experience when they are ready. It is not something to be ashamed of. Yet it is a private and intimate act that **requires the consent of both persons involved**." (Part 2, p. 254) "If the concept of consent is not clear to them, **explain what informed consent is**. Informed consent is when you are mature enough to decide for yourself to give permission for something to happen or agree to do something after knowing the consequences and all important related information." (Part 2, p. 254) "The session **covers sexual consent.** It is important facilitators feel comfortable addressing this topic and are prepared in advance." (Part 4, p. 40) "Caseworkers should always assume that **girls with disabilities have the same capacity to consent as all adolescent girls**." (Part 4, p. 212)

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.*	"You can get genital herpes by having **vaginal, anal, or oral sex** with someone who has the disease." (Part 2, p. 166) "HPV is transmitted through intimate skin-to-skin contact. You can get HPV by having **vaginal, anal, or oral sex** with someone who has the virus. It is most commonly spread during vaginal or anal sex." (Part 2, p. 166) "The External Reproductive Body Parts of a Female"  (Part 2, p. 198)
4. Promotes Homosexual/ Bisexual Behavior *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.*	"**Systems of oppression** are not just the consequence of intentional decisions to discriminate against one group (making homosexuality illegal); systems of oppression are also unintentional actions that continue to support and maintain an unequal system that oppresses one group while privileging another (e.g., **only presenting stories about heterosexual couples in media/popular stories**)." (Part 4, p. 32) "It may be necessary to explain **sexual orientation and gender identity** and allow time to **explore key concepts** with participants." (Part 4, p. 32) "Trainers should recognize that this topic may be extremely sensitive. It is important that the trainer be accepting and comfortable with the topic. It might be helpful to first **identify common myths and misunderstandings about sexual orientation** and gender identity that can be integrated into the discussion. Prior to the session, the trainer should research local laws and movements that **promote the rights of gay individuals and couples**, as well as web sites related to sexual orientation and local organizations supporting their rights. They should then share this information with the participants." (Part 4, p. 33) "**Sexual orientation** refers to the sex we are attracted to sexually and romantically. We can be attracted to the same sex (**homosexual**), the opposite sex (**heterosexual**), both sexes (**bisexual**) or no one (**asexual**). In general, sexual orientation can be seen as a continuum from homosexuality to heterosexuality and most individuals' sexual orientation **falls somewhere along this continuum**.

	While many people's sexual orientation does not change over time, for some people it does." (Part 4, p. 34) "A person's sexual orientation **is often linked to but is not the same as their sexual behavior**. For example, a woman may have sex with another woman once in her life but may otherwise be attracted to men and identify as a heterosexual. A person's sexual behavior does not always indicate his or her self-identified sexual orientation." (Part 4, p. 34) "Key Terms • **Heterosexual:** People who are intimately, emotionally and/or sexually attracted to someone of the opposite sex. • **Homosexual (lesbian, gay):** People who are intimately, emotionally and/or sexually attracted to someone of the same sex. • **Bisexual:** People who are intimately, emotionally and/or sexually attracted to people of both sexes. • **Asexual:** People with a lack of sexual desire or sexual interest in others." (Part 4, p. 34) "Other Key Term: **Diverse Sexual Orientation and Gender Identity:** In general, this refers to people who have a sexual orientation and/or gender identity which may be perceived to be or **is different from that of the majority of people in a community** and/or from what is considered the 'norm.' This commonly includes (but is not limited to) people who are homosexual, transgender, non-binary, asexual, or bisexual." (Part 4, p. 34) "You are facilitating a Girl Shine session on healthy relationships. A girl is sharing a story about herself which involves her partner. At first she refers to her partner as 'they,' however, after a while she **refers to her partner as 'she.'** The girl stops speaking suddenly and looks around. A few other girls are looking at her and whispering to each other. **You know that lesbian relationships are not accepted** in her community and that people of diverse SOGI face stigma and violence." (Part 4, p. 132) "Note that all girls have the same **right to sexual reproductive health regardless of our sexual orientation** and gender identity." (Part 4, p. 133)
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 potential outcomes for sexually active children.*	"The clitoris is made up of the same type of tissue as the tip of the penis and is very sensitive. The clitoris has **no other function than to help a woman have sexual pleasure**." (Part 2, p. 158) "Remember**, sex should be a positive, enjoyable experience**. When a girl is ready to have sex, she has the right to enjoy sex and also to say not [sic] to sex, even if she is married." (Part 2, p. 256) "Sensuality**:** Sensuality is about **how our bodies derive pleasure**. It involves our five senses: touch, sight, hearing, smell, and taste. Any or all of these senses can be part of our sexual pleasure. Examples of sensuality: giving or receiving a

	massage; **deriving pleasure from seeing your partner's naked body**; kissing; or expressing sexual desire/pleasure with words or sounds." (Part 4, p. 110)
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.*	"There are many ways sexuality can be explored and expressed; a person might show sexual desire in another person through verbal or non-verbal signs (e.g., extended eye contact, physical closeness), or they might explore different ways of dressing**, and/or explore their own bodies and its feelings of pleasure**." (Part 4, p. 128)
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.*	"A condom is the **only contraceptive that prevents against pregnancy AND sexually transmitted infections**. A male condom is a thin piece of latex, a type of rubber that is worn on the penis. The male condom is far more commonly used than a female condom. A **female condom** is a sheath with a flexible ring at either end. One end is closed and inserted into the vagina; the other end is open and the ring sits outside the opening of the vagina." (Part 2, p. 168) "Why is it important to know about condoms? (Everyday, people die from AIDS or from complications of unsafe abortion; these are deaths that could have been prevented **if the person had used condoms**. Condoms offer protection against pregnancy, HIV, and other infections.)" (Part 2, p. 244) "If people know about condoms, does that mean they will use them? (Not always, they **may not know how to use them correctly**, don't know where to get them, don't fully understand the risk of pregnancy or STIs, girls might not feel comfortable requesting their partner to use a condom, due to unequal power between the girl and the boy.)" (Part 2, p. 244) Students are told the solution to this story would be receiving information on correct condom use. "Story A: These two young people have intercourse, using condoms. After the male ejaculates, he lies still for five minutes. His penis becomes soft and smaller, and when he moves a little, he is shocked to realize that a little bit of his semen is **dripping out of the condom** at the opening of the female's vagina." (Part 2, p. 244) Students are told the solution to this story would be to have a more realistic idea of the risks of HIV and becoming pregnant. "Story B: These two people decide to have sex. The boy **asks if they should use protection**, but the girl says that she just had her period so she can't get pregnant." (Part 2, pp. 244-245)

	Students are told the solution to this story would be a greater equality and shared power between the girl and the man. "Story C: A 17-year-old girl is having sex with a 25-year-old man who gives her gifts and sometimes gives her money to help with her expenses. Sometimes he uses condoms, but **this time he doesn't have a condom with him**. She thinks that they should wait and have sex another time, but **he promises it will be okay** without a condom. She already took money from him this week, so she feels she cannot refuse. They have sex without the condom." (Part 2, pp. 244-245) Students are told the solution to this story would be to have a more realistic idea of the risks of HIV and becoming pregnant. "Story D: Two people decide to have sex. They discuss **whether to use condoms** to protect against HIV, but agree that they would know if they were sick. So they go ahead and have sex without using condom [sic]." (Part 2, pp. 244-245) "One of the reasons that people do not use a condom is that they do not know how to use one. So we are now going to **learn the proper way to use a male condom**." (Part 2, p. 245) "You should **know what to do regarding condom use during sex**, and you should know what to do with the condom after you use it." (Part 2, p. 245) "**Well ahead of time**: • Discuss safe sex with your partner. • Buy condoms (and lubricant, if desired) or find a clinic or other community center that **gives them away for free**. • Keep your condoms in a dry, cool place (not a wallet). • Check the expiration date of the condom and be sure the date has not passed. **Immediately before sex**: • Engage in foreplay. Foreplay may help lubricate the vagina. Foreplay involves kissing, touching, hugging, and other emotional and physical acts that make people want to have sex. • Open the condom gently, being careful not to tear it (don't use your teeth!). • When the penis is erect (hard), squeeze the tip of condom and place condom on the head of the penis. • Hold the tip of the condom and unroll it until the penis is completely covered." (Part 2, p. 246) "**Use this opportunity to do the condom demonstration**. • If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with saliva. Never use oil based products, for example, Vaseline® because it can cause a condom to weaken and tear. **During sex**: • If the condom breaks, the male should pull his penis out of the vagina immediately. **Immediately after sex**:

	• After ejaculation, while penis is still erect the male should gently pull his penis out of the vagina while grasping the open end of the condom, at the base of the penis. • Carefully remove the condom without spilling any semen by holding the rim of the condom. • Tie up the condom or roll it in toilet paper and dispose of it properly." (Part 2, p. 247)
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.*	"Session Objectives: • Girls reflect critically about **their own and others' decision-making related to sex**. • Mentors/facilitators build further trust with the girls about their sexual and reproductive health." (Part 2, p. 248) "She is in a relationship with this boy who she really likes. Anna is considering **whether it is the right time to have sex with him**." (Part 2, p. 248) "Making decisions can be difficult, and making decisions about sex can be even more difficult since everyone has **different values and beliefs about this topic**. That is what we're going to talk about today. Many different circumstances and feelings influence people's decisions about whether to have sex. Sometimes people can have mixed feelings." (Part 2, p. 249) Students stand by signs labeled 'Agree' and 'Disagree' after the teacher reads each of these **reasons to have or not have sex**. "Statements: • If a girl loves her boyfriend, she should show it by having sex with him. • It's okay for someone to accept money for having sex, if they need the money. • If a girl is married, she cannot refuse to have sex with her husband. • Pressuring someone to have sex against his or her will, even if there is no physical force, is the same as rape. • A lot of girls have sex because they feel obligated to do so. • Lots of young people just do not want to have sex, not because of AIDS or pregnancy or because what adults tell them. They just do not want to. • A lot of people who decide to have sex regret it later. • A lot of people who decide not to have sex regret it later. • Before they have sex, most adolescents talk thoroughly with their partner about whether they both feel comfortable and want to have sex, as well as about how to protect against infection and pregnancy." (Part 2, p. 249) "Why is it important for a young person to **think clearly about the reasons for their choice to have or not have sex**? *(A sense of comfort, safety, voluntariness, and pleasure, as well as protecting one's health.)*" (Part 2, p. 250) "Young people have many different reasons **why they choose to have or not to have sex**. What kinds of misunderstandings or problems can result from these differences in reasons?" (Part 2, p. 250)

	"Let's think of some of the questions that girls need to think about **when deciding whether or not to have sex**." (Part 2, p. 250)
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.*	"For people who have decided to engage in sexual activity, condoms can protect against many, but not all, STIs. For minimal protection, sexual partners can inspect their genitals, wash their genitals after sexual intercourse, **avoid sex with multiple partners,** and talk to each other about **their sexual habits and health**." (Part 2, p. 163) "There are four ways to avoid getting HIV/AIDs: • Wait to have sex. • Be in a **mutually faithful relationship with an uninfected person** where both partners have been tested. • **Use a condom**. • Never share needles or other medical equipment that could carry blood, such as razors, with others." (Part 2, p. 167) "How can someone reduce the risk of passing on these infections to someone else? • Treatment is prevention! If you had unprotected sex, get tested and treated as soon as possible. Timely treatment helps prevent health complications and reduces transmission to others. • If available, protect yourself against HPV and Hep B by getting vaccinated at your nearest health clinic. • Abstain **or use a condom during intimate interactions**." (Part 2, p. 232) "If she does have intimate interactions, then it's better to **use a condom during intimate interactions** and practice being safe." (Part 2, p. 234) "You can prevent HIV **by using a condom**. [True]" (Part 2, p. 237)
10. Promotes Transgender Ideology *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental*	"All girls should be treated equitably and with kindness regardless of their age, disability**, gender identity**, religion, nationality, ethnicity, sexual orientation or any other characteristic." (Part 2, p. 7) "Session Objectives: • Girls understand the **differences between gender and sex**. • Mentors/facilitators observe girls' beliefs about themselves as girls and their concept of gender." (Part 2, p. 72) "**'Gender' refers to family, social, or community expectations of boys and girls.** Most of the time it **has nothing to do with having a female or a male body**. It refers to the social status, the opportunities, and the restrictions that are faced by girls/women and boys/men, as well as certain activities that girls/women and boys/men are each supposed to do within a community." (Part 2, p. 73) "**Gender identity refers to the gender you feel inside** and how you express this

health disorder (gender dysphoria) that can be helped with mental health intervention.	identity to those around you, for example through dress, behaviors or speech. A person's gender identity is **not always the same as their biological sex**. For some people, their gender identity does align with their biological sex. This is referred to as **cisgender**. For example, a person born with male genitalia and/or chromosomes feels like a man or masculine, or a person born with female genitalia and/or chromosomes feels like a woman. For other people, they feel their inner self or gender identity is different from their biological sex. This person may be referred to as "transgender." For others, their gender identity is neither masculine OR feminine; they may identify as neither, a mix, or a third gender. These people are sometimes referred to as non-binary." (Part 4, p. 33) "Key Terms • **Transgender women and girls**: Women and girls whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. A transgender woman and/or transgender girl has transitioned from being a boy or man to being a woman or girl. • **Transgender men and boys:** Men and boys whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. A transgender man or transgender boy has transitioned from being a woman or girl to being a boy or man. • **Cisgender women and girls:** Women and girls whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth. • **Cisgender men and boys:** Men and boys whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth. • **Non-binary:** People whose gender identity does not fit into the man-woman binary. May not identify as either female or male." (Part 4, p. 33) "**Gender identity is how you feel inside** and how you express your gender through clothing, behavior, and personal appearance." (Part 4, p. 64) "For many participants, this activity may be the first time they have been encouraged to **explore their own cisgender privilege** and so, including the Cisgender Privilege List as an option may provide an important learning opportunity for them. However, trainers should carefully consider whether the context will allow for a constructive and safe discussions [sic] on cisgender privilege, for example, in locations where homosexuality is illegal." (Part 4, p. 97) "**Examples of Cisgender Privilege** 1. I can use public restrooms without fear of verbal abuse, physical intimidation, or arrest. 2. Strangers don't assume they can ask me what my genitals look like and how I have sex. 3. I have the ability to walk through the world and generally blend-in, not being constantly stared or gawked at, whispered about, pointed at, or laughed at because of my gender expression. 4. Strangers call me by the name I provide, and don't ask what my 'real

	name' [birth name] is and then assume that they have a right to call me by that name. 5. I can reasonably assume that my ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of my gender identity/expression. 6. I have the ability to flirt, engage in courtship, or form a relationship and not fear that my biological status may be cause for rejection or attack, nor will it cause my partner to question their sexual orientation. 7. If I need medical treatment, I do not have to worry that my gender will keep me from receiving appropriate treatment. 8. My gender identity is not considered a mental pathology or mental illness. 9. If I have any crime committed against me, my gender expression will not be used as a justification for this crime. 10. I can easily find role models and mentors to emulate who share my identity. 11. I am able to assume that everyone I encounter will understand my identity, and not think I'm confused, misled, or hell bound when I reveal it to them. 12. I am able to purchase clothes that match my gender identity without being refused service/mocked by staff or questioned on my genitals." (Part 4, p. 163)
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.*	"**Contraceptives are used for preventing pregnancy**. If a woman is having sex, she always runs the risk of getting pregnant. A contraceptive can be used to decrease the likelihood that a woman will get pregnant. However, the only 100% effective way to not get pregnant is to not have sex. This is called abstinence." (Part 2, p. 168) "Condoms work by keeping semen (the fluid that contains sperm) from entering the vagina. The **male condom is placed on a man's penis when it becomes erect**, before any sexual contact. It is unrolled all the way to the base of the penis, while holding the tip of the condom to leave some extra room at the end. This creates a space for semen after ejaculation and makes it less likely that the condom will break." (Part 2, p. 168) "After the man ejaculates, he should **hold the condom at the base of the penis as he pulls out of the vagina**. He must do this while the penis is still erect to prevent the condom from slipping off. If this happens, sperm could enter the vagina and a female could become pregnant." (Part 2, p. 168) "**Condom Do's and Don'ts**: • DO use a condom each and every time you have sex. • DO use water-based or silicone-based lubricants. • DO NOT use a condom more than once. • DO NOT use two condoms at the same time. The friction between the condoms may cause them to tear. • DO check the expiration date.

	• DO NOT use oil-based lubricants (like petroleum jelly or baby oil). They can cause the condom to break. • DO NOT use a condom if the individual condom packet is ripped." (Part 2, p. 168) "What are other contraceptives? • Other contraceptives include birth control pills, injections, implants and IUDs. • **Birth control pills** are pills that women take every day to avoid getting pregnant. For example, Microgynon and Microlut are brands of birth control pills. • Women can also go to a doctor to **get an injection** once every few months to prevent pregnancy. One common brand is called Depo-Provera or 'Depot.' • Another option is a **tiny implant** or small object inserted under a woman's skin that will prevent pregnancy. One brand of implant is called Jadelle. • An **IUD** is a small, T-shaped device that is inserted into a woman's uterus to prevent pregnancy. It should be inserted and removed by a health professional. Depending on the type of IUD, it can be left inside the uterus from anywhere between five to 10 years." (Part 2, p. 169) "For all of these options, a woman must first visit a doctor to find out which option is best for her. Not all of these options are readily available. The condom is one of the **most widely available forms of contraception**, which is why it is usually focused on." (Part 2, p. 169) "Birth control methods are used to interfere with the sperm and egg meeting as a result of sex. There are many different forms of birth control/contraceptives. An example of a type of birth control is a condom. **A condom is kind of like a rubber balloon** (use a locally relevant comparison). A man puts a condom over his penis, before putting his penis into a woman's vagina. This blocks the ejaculation that contains the sperm from entering the woman and finding her egg. However, there are many other types of contraception that girls are able to access. Girls should **discuss the different options available to them with a health care professional**." (Part 2, p. 229) "There are many methods to choose from, and **all methods are safe and effective for adolescents**." (Part 2, p. 240) ***Note:*** *Numerous studies have documented serious side effects with adolescent use of contraceptives.* "Using contraceptives allows many people to enjoy their intimacy without having to worry about unwanted pregnancy. Male and female condoms **allow people to enjoy sex with less worry** about STIs." (Part 2, p. 240) "There are **discreet methods** (such as injectables or IUDs) that can be used

	without drawing attention and would require fewer visits to the health facility." (Part 2, p. 241) "Only male and female condoms offer protection from STIs and HIV. For extra protection, many couples **use condoms in addition to another contraceptive method**." (Part 2, p. 241) "Comprehensive SRHR services including: • Adolescent-friendly maternal and newborn care. • A broad range of contraceptives **regardless of age or marital status**. • **Comprehensive abortion care** (to the full extent of the law, as well as lifesaving post-abortion care)." (Part 4, p. 189)
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.*	"**A rights-based approach** seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law." (Part 2, p. 7) "Through the life skills groups, girls will develop and strengthen key skills focused on negotiation and decision-making, while also **realizing their rights and accessing essential information on adolescent sexual and reproductive health**." (Part 2, p. 8) "But as we already mentioned, our human rights say that we are born free and should all be treated in the same way (equally). When we are treated unequally, we have the right to secure our human rights, and **we should also support other girls and women in accessing their rights,** meaning we should treat other people equally." (Part 2, p. 84) "Give girls options on how they can stay involved… **Explain how they can be involved in Girl Engagement Groups** (discuss with your supervisor - this is explained in Part 1 of Girl Shine.) Explain the services available to them, either through this safe space or other organizations offering opportunities to girls." (Part 2, p. 380) "Explain to the group that this session is about **sexual and reproductive rights of adolescent girls**. Sexual rights and reproductive rights sometimes overlap. However, **sexual rights generally include individuals' control over their sexual activity and sexual health**. Reproductive rights usually concern controlling the decisions related to fertility and reproduction. The principle of consent is central to sexual and reproductive rights. Access to information and services is also critical. Many of these rights are acknowledged in international agreements." (Part 4, p. 52) "Young people have the **right to obtain information to protect their health**, including their sexual and reproductive health." (Part 4, p. 52) "If girls do not have sexual and reproductive health information before they

	become sexually active, they will not know what to expect and this can be a traumatic experience. If they do not have information on pregnancy, family planning, STIs, etc. they will not be able to deal with these issues. Information after girls are married is too late. Information before they marry can be life-saving and it is important to give this information whenever possible. **Adolescent girls have the right to receive this information** and it is the mentor/facilitator's role to help them secure their rights." (Part 4, p. 55)
	
	"To **enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights**. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. When people's rights are violated, their capacity for safe and satisfying sexuality is undermined for their whole lifetime." (Part 4, p. 56)
	
	"Explain the following rights that adolescents have until the age of 18 under the UN Convention on the Rights of the Child in relation to ASRH:
	• The right to the highest attainable standard of health, including the right to reproductive health.
	• The right to give and receive information and the right to education, including **complete and correct information about ASRH**." (Part 4, p. 57)
	
	Note: *Neither bullet point is mentioned explicitly in the CRC.*
	
	"Explain to the group **what girls' rights are in relation to adolescent sexual and reproductive health**." (Part 4, p. 80)
	
	"By the end of the session, participants will: Gain a deeper **understanding of sexuality and sexual rights** as it relates to adolescent girls." (Part 4, p. 109)
	
	"Say:
	• **Sexual and reproductive health is a fundamental human right for everyone – including adolescent girls**.
	• Adolescent girls have a right to information about their sexual and reproductive health and SRHR services.
	• Access to **quality, confidential, age-appropriate, and compassionate healthcare services** is also a critical and life-saving component of a multi-sectoral response to GBV in emergencies.
	  ○ Providing SRH information and services to adolescents does not encourage them to have sex. It only ensures they are protected if they do have sex.
	  ○ As adolescents go through puberty, they may have more desires to have sex. Even if sex between adolescents is taboo in society, some adolescents will choose to have sex. However, though adolescents might look more like adults, they do not have the

	same level of knowledge about SRH or life experience to always make the best decisions. This is why it is important for service providers to give adolescents correct information that emphasizes that changes in puberty are normal and support them to receive any SRH services they need." (Part 4, p. 188)
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.*	"During activities, adolescent girls may provide answers to questions that reinforce traditional gender stereotypes and therefore it is important that mentors/facilitators are aware of these and probe further so that girls think about where their responses may be coming from. It is important to remember that while there is nothing wrong with girls appreciating their physical attributes, enjoying traditionally gendered household chores, or wanting to get married and have children, **it is crucial that these ideas are not reinforced,** and more importantly, that **girls are shown that they can think outside of the gender box**." (Part 2, p. 25) "In activities where girls are asked what they would like to do when they grow up, what's important to them, what their goals or aspirations are, **they may reply with answers that reinforce their traditional gender roles** (for example, want to find a husband who can take care of them, have children before they get too old, etc.). It is important to explain to girls that while wanting to get married and have children can definitely be considered a goal or aspiration, it is also important that they think about **whether they are interested in having other goals and aspirations** in addition to the ones they mentioned." (Part 2, p. 25) "The Girl Shine Life Skills Curriculum has been designed to **address social and gender norms.** Therefore, it is important for mentors/facilitators to be aware of their own attitudes and beliefs, as well as those held by girls. During activities, adolescent girls may provide answers to questions that **reinforce traditional gender stereotypes**, and therefore it is important that mentors/facilitators are aware of these and probe further so that girls think about where their responses may be coming from." (Part 2, p. 33) "However, we also need to **challenge those norms** that may reflect inequitable gender dynamics and put girls at greater risk. Refer to Part 1 for more guidance on adapting to and safely challenging cultural norms that harm girls." (Part 2, p. 89) "**The content of the health and hygiene sessions will be considered controversial in some cultures and settings**, as it empowers girls to know about their own sexual health and well-being. They may learn concepts that are not even talked about among close female family members or caretakers at home. To do this well and safely, mentors/facilitators should take great care on the content chosen and how it is delivered. Become comfortable with being uncomfortable!" (Part 2, p. 155) "In many cultures, **learning and talking about our bodies, sex, and reproductive health does not happen,** particularly within a group of adolescent girls." (Part 2,

	p. 157) "A person who intends to have sex but does not want a pregnancy can use a contraceptive. **Any contraceptive method** is more effective than not using a method **and is safer than pregnancy and childbirth**." (Part 2, p. 240) "A girl should **marry when she has completed her education and established herself in her job** - and then, only if she wants to. Also, she will know herself better if she marries later." (Part 2, p. 304) "All girls should be treated equitably and with kindness regardless of their age, disability, **gender identity**, religion, nationality, ethnicity, **sexual orientation** or any other characteristic." (Part 4, p. 6) "Recognize how **multiple, intersecting systems of oppression and discrimination** place girls at greater risk of harm and violence." (Part 4, p. 29) "In all societies, hierarchies exist that value or privilege one social group above and at the expense of others. **Groups that are privileged often define what society considers to be 'truth,'** and are seen as those who are right and those with authority on issues; they set rules and standards for everyone else to follow and are seen as the norm, and they are often unaware of their privilege." (Part 4, p. 30) "In English, often the **different systems of oppression** have names that end in 'ism,' for example, sexism, classism, and ableism. Ask participants if they can think of any others. Note that not all will end in 'ism.'" (Part 4, p. 31) "Systems of oppression are not just the consequence of intentional decisions to discriminate against one group (making homosexuality illegal); systems of oppression are also unintentional actions that continue to support and maintain an **unequal system that oppresses one group while privileging another** (e.g., only presenting stories about heterosexual couples in media/popular stories)." (Part 4, p. 32) "The **lack of access to SRH information**, the disruption or inaccessibility of SRH services, and the increased risk of SEA among adolescents during emergencies, **puts adolescents at risk** of unwanted pregnancy, unsafe abortion, STIs, and HIV infection." (Part 4, p. 55) "**'Failure' to control a girl's sexuality is often perceived as a threat to the family and community status**, cohesion, and stability. This leads families to closely guard their daughter's sexuality and virginity in order to protect family honor; failure to do so (e.g., a girl becoming pregnant outside of marriage) is perceived to have brought shame and dishonor on the family." (Part 4, p. 124) Students indicate whether they agree or disagree with statements in the following survey. "This survey should be **carried out at the beginning and end of the Girl Shine Mentor/Facilitator Training**. It can also be used in subsequent

	refresher trainings to keep track of participants' attitudes and values towards adolescent girls. Encourage participants to respond honestly. Explain that the survey is to help the country team and them to have a deeper understanding of their values, attitudes, and beliefs towards adolescent girls. It will **allow participants to track any change in their values, attitudes, and beliefs** as they move through the program. • Adolescent girls' problems are not as serious as women's problems. • Adolescent girls sometimes make up stories to get attention or to get someone in trouble. • Adolescent girls do not have enough experience to make good choices. • Adolescent girls need an adult to make important decisions for them. • Unmarried adolescent girls do not need to know about sex. • When adolescent girls have access to sexual and reproductive health information, it encourages them to be sexually active. • Sometimes violence towards adolescent girls is justified, if the girl has done something wrong. • Boys experience risks and dangers in humanitarian settings as much as girls do. • Giving adolescent girls information about sex encourages irresponsible sexual behavior. • Adolescent girls do not understand what is best for their future. • Parents always know and do what is best for their daughters. • It is better to invest in the future of boys than girls, as boys are the ones who will support their family and the community. • Adolescent girls have the right to access information about reproductive health and other issues that directly affect them. • When unmarried adolescent girls are sexually active, it breaks down society. • There is no good reason for a girl to get married under 18. • It is better for girls to get married than to continue with education. • Only married girls should have access to information about sexual and reproductive health. • It is ok to make an adolescent girl feel ashamed if it helps change her behavior. • If an adolescent girl is sexually harassed, it is usually because of how she dressed. • If an adolescent girl is sexually assaulted, it is usually because of her behavior. • If an adolescent girl is raped, it is usually because she made a bad decision. • It is good for an adolescent girl to get married if she has dropped out of school. • The community should hold those to account who commit violence and abuse towards adolescent girls. • FGM/Bush School is an important tradition that should be followed by all girls. • Married adolescent girls have the right to say no to sex with their

	husbands. • Adolescent girls have the right to make informed choices about their sexual and reproductive health." (Part 4, pp. 147-149) "The concept of evolving capacities was introduced in Article 5 of the Convention on the Rights of the Child (CRC). It establishes that **as children acquire enhanced competencies, there is a reduced need for direction** and a greater capacity to take responsibility for decisions affecting their lives. The CRC recognizes that children in different environments and cultures who are faced with diverse life experiences will acquire competencies at different ages, and their acquisition of competencies will vary according to circumstances. It also allows for the fact that children's capacities can differ according to the nature of the rights to be exercised. Children, therefore, require varying degrees of protection, participation, and **opportunity for autonomous decision-making** in different contexts and across different areas of decision-making." (Part 4, p. 206) "An **evolving capacities** approach forces us to really see the girl in front of us and **not make assumptions about her lack of competence and capacity**. It helps us honor her capacity to understand, reason and make good choices as the expert on her situation. In doing so, we are supporting her to reclaim her own power. The concept of evolving capacities also helps balance and align the GBV survivor-centered approach and the CP **best interest of the child principle**." (Part 4, p. 206) "Service providers have a responsibility to **support a girl's capacity to provide consent** by respecting her level of development and taking time to explain things in a way she can understand." (Part 4, p. 206)
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*.	"Some of the topics we discuss may be quite sensitive and there may be some girls who have personal experiences that they want to share. If any one of you would like to come to me individually to talk about any problems in your life, I am here to listen. Because some topics can be sensitive, remember that it is **important not to discuss personal experiences girls share in this safe space outside of this group**. This is because it is not known what could happen if that information is shared." (Part 2, p. 24) "**Remind them of confidentiality** and the group agreements." (Part 2, p. 36) ***Note:*** *Strict confidentiality is stressed throughout the program. Not all instances are included here.* "Be the 'safe person' or contact for a girl if no one is available to be her 'safe person' or network. Many girls may not know anyone in the setting or **do not feel safe with or trust their immediate family members**." (Part 2, p. 43) "It may be challenging for some girls to imagine a trusted person. **If appropriate, offer to be their trusted person until they are able to identify one** in their lives outside of the group." (Part 2, p. 58)

	"Reiterate that the group is a safe place to also **discuss any differences we may have with our parents and caretakers** about the things we are told to do because of our gender." (Part 2, p. 76) "Sara had a disagreement with her mother**. She wanted to go to her girl group but her mother said she must stay at home and help her with the housework**. Sara was annoyed because she promised her friends she would go to the group. She got very upset with her mother and shouted at her and this made her mother even angrier. Her mother told her she was not allowed to go to the group anymore." (Part 2, p. 133) "Layal has been offered a chance to enroll in a mechanics course. She is so excited! She would love to become a mechanic, but **she knows that her father will resist**, as he thinks she should not be learning about this. Instead, he thinks she should stay at home." (Part 2, p. 137) "Yasmin is 12 years old and was going to school where she lived before. Since moving, **her parents don't allow her to go to school because the school is mixed with boys**. They are also really worried about her safety to and from school. Yasmin would really like to continue with her studies. How can Yasmin discuss this with her parents?" (Part 2, p. 138) "Ana is 11 years old and doesn't have many friends. She would like to make new friends and attend the girl group, **but her parents won't let her**, as they think that the group is too childish and that she should be spending her time doing more important things." (Part 2, p. 138) "**Talk with your safe person** to see if they've heard about the different STIs and how women and girls can support each other to be healthy and safe." (Part 2, p. 236) "Until the next session, **connect with your safe person about what you learned today**, if you feel comfortable. Ask that person if you can reach out to them if you ever **have any questions about changes in your body or sex**, or especially if someone is pressuring you to have sex or making you feel unsafe." (Part 2, p. 242) "The girl may have selected someone because **her caregivers are not supportive**, and this person has been identified as a trusted adult." (Part 4, p. 45) "Explain the following rights that adolescents have until the age of 18 under the UN Convention on the Rights of the Child in relation to ASRH: …The right to confidentiality and privacy, including the right to obtain RH services **without consent of a parent, spouse, or guardian**." (Part 4, p. 57) ***Note:*** *The right for adolescents to obtain reproductive health services without parental consent is not found in the CRC.*

	"A range of factors influence a girl's maturity, including age, experiences, relationship status, circumstances, roles, and responsibilities. In general, if a girl understands she needs to use a service, has sought services independently and can understand the benefits, potential drawbacks, risks, and consequences of available options she may, with the support of a service provider be considered capable of making decisions regarding her care **without parental, caregiver, or trusted adult oversight**." (Part 4, p. 206)
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 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)*	"Provide girls with information about **existing health services they can access** to find out more about contraceptives." (Part 2, p. 241) "**Adapted from Planned Parenthood**: https://www.plannedparenthood.org/learn/gender-identity/sex-gender-identity" (Part 4, p. 64) "A girl comes to you and needs to access contraceptives. There is no service for contraception in the organization you are currently working/volunteering with. Where could **you refer the girl to and what steps would you take to make the referral**?" (Part 4, p. 78) "Women on Waves**, Sexual Pleasure After FGM** https://www.womenonwaves.org/en/page/4715/sexual-pleasure-after-female-genital-mutilation" (Part 4, p. 121)
For the complete text of *Girl Shine Life Skills Curriculum Part 2* see: https://drive.google.com/file/d/1v_usLfA2lXBF3wGeAVV2JH84lZshcuT0/view?usp=drive_link For the complete text of *Girl Shine Life Skills Curriculum Part 4* see: https://drive.google.com/file/d/1vEKYj2HX5W1xjEn6o6R2Ozbw8nBmAVGg/view?usp=drive_link	