

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

Health and Life Skills Curriculum for the Adolescent Girls Initiative – Kenya Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

Health and Life Skills Curriculum (Kenya) contains 11 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: “Regular and reliable girls’ group meetings, under the guidance of a female mentor from the same community, are critical in building social assets for vulnerable girls – including friendships, self-esteem, trusting relationships with adults, social support, etc. The objectives of including this curriculum in [Adolescent Girls Initiative – Kenya] are to: Increase adolescent girls’ knowledge of reproductive health and sexuality.” (p. 1)

Target Age Group: Ages 11-14

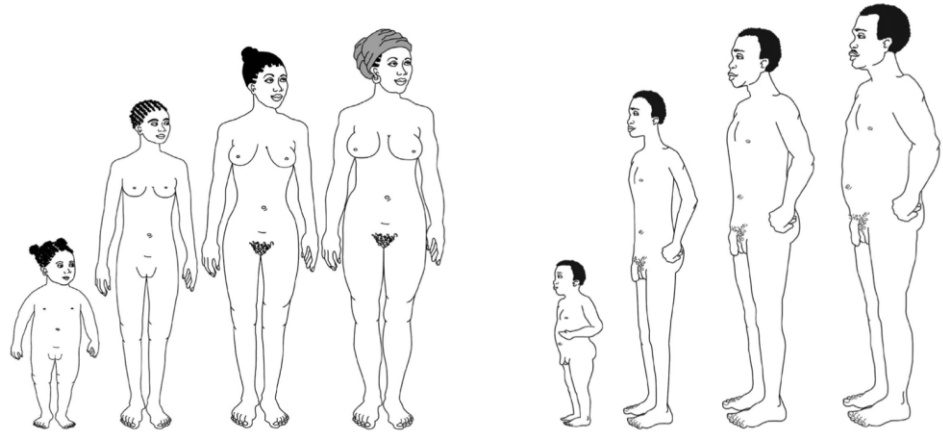
International Connections: UK Aid, PLAN International, Population Council, Save the Children – Kenya, African Population and Health Research Center (APHRC), Itad

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Open the session with the ‘Head and Shoulders’ icebreaker... Modify the song to include body parts that change during puberty. For example: Hips, shoulders, breasts and toes, breasts and toes, Hips, shoulders, breasts and toes, breasts and toes, And pimples and armpit hair and mouth and nose, Hips, shoulders, breasts and toes, breasts and toes! Be creative with more song adaptations.” (p. 57)</p> <p>“Now you will draw the body of a young male and the body of a young female, at the stage of life when they are going through puberty. Make sure to note the changes that the body is going through, and indicate those changes either within your drawings, or by adding words or symbols.” (p. 59)</p> <p>“In this culture, does love equal sex? Does love equal marriage? If love does not</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

equal marriage, what, at least, are the minimum levels of respect which they think each member of the couple should show each other?" (p. 104)



PHYSICAL CHANGES IN FEMALES AT PUBERTY

- Grows hair under arms and in pubic area
- Grows taller
- Gains weight
- Body becomes curvier
- Hips widen
- Breasts grow larger
- Starts menstrual period
- Skin becomes oilier and pimples may occur
- Increased perspiration/body odor
- On-set of sexual desire
- Emotional ups and downs
- Anxiety

PHYSICAL CHANGES IN MALES AT PUBERTY

- Grows hair under arms, in pubic area, on face and chest
- Grows taller
- Gains weight
- Becomes more muscular
- Voice deepens
- Skin becomes oilier and pimples may occur
- Increased perspiration/body odor
- Ejaculation happens/wet dreams occur
- Nipple development
- On-set of sexual desire
- Emotional ups and downs
- Anxiety

(p. 61)

“Mwamba wishes to **have a relationship with Magdalene who is only 12 years old** and quite young. Mwamba has invited Magdalene over to his parents’ house for the afternoon. Mwamba knows that his parents will not get back until evening. This could be a **good time for sex for the first time**. Mwamba has been learning about pregnancy, HIV and AIDS, and STIs, and he is not sure he wants to have sex yet. However, he feels Magdalene would like to have sex and will probably tease him or tell her girlfriends if he doesn’t.” (p. 115)

“Now pretend the person with the paper marked with an ‘x’ was infected with HIV and instead of shaking hands, **that person had unprotected sexual intercourse with the three people** whose signatures she collected. Also pretend that the person with the paper marked ‘z’ was infected with genital herpes and instead of shaking hands, that person **had unprotected sexual intercourse** with three people whose signatures she collected.” (p. 159)

“The following is an answer key for the Risk Taking Activities – the activities are listed as ‘no risk’, ‘low risk’ and ‘high risk’. Use this list to guide you as you explain the session to the participants.

No Risk

- Abstaining from sexual intercourse
- Being bitten by a mosquito (no risk of HIV transmission, but risk of malaria!)
- Back rub or massage
- Body to body rubbing with clothes on...
- Dry kissing

Low Risk

- Wet (deep) kissing
- Having vaginal sex **with proper condom use**
- **Oral sex** without a condom

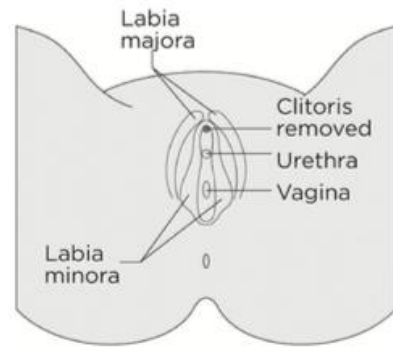
High Risk

- Being faithful sexually to one person whose HIV status you do not know
- Sharing needles for drugs, ear piercing or tattoos
- Having sex with a condom but the condom breaks
- Cutting your skin with a knife used by others
- Having sex using the same condom more than once
- Cleaning up spilled HIV-infected blood without wearing gloves
- Having **anal sex** without a condom” (p. 180)

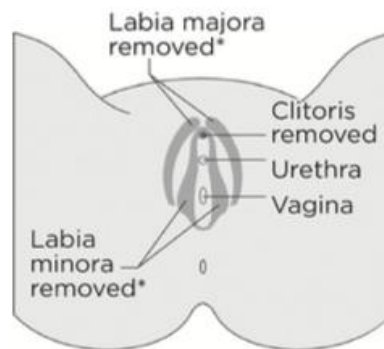
Normal vagina before circumcision



TYPE 1 Clitoridectomy (after circumcision)

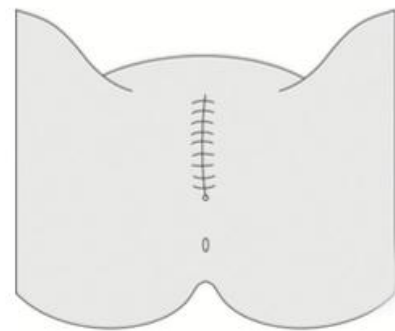


TYPE 2 Excision (after circumcision)



*Partial or complete

TYPE 3 Infibulation (after circumcision)



(p. 231)

“My name is Salome and I have a very serious problem. Last week, my teacher asked me to come to his house so he could help me with my schoolwork. When I got to his house, he started touching me. I got a very bad feeling in my stomach, and I knew what he was doing was wrong. **He then pulled me into his bedroom and forced me to have sex with him.** I cried and screamed, but he did not stop. He told me that if I told anyone he would hurt me and ensure that I failed my examinations. I ran all the way home and kept quiet. I am afraid to tell anyone because they will say it is my fault. I no longer feel like eating and my sleep is always disturbed. I do not feel like going to school as I don’t want to see that teacher again. Please help me. What should I do?” (p. 205)

	<p>“Janet started crying softly after her father left her room. She felt like she always did when he came into her room and touched her; she wanted to die. He would always do the same things that he had been doing since she was nine. She hated it and always felt so dirty and disgusted with herself when he left. He told her that it was her fault and that she made him do these things. He also told her that if she told anyone, she would be made to leave the family. Janet had thought about telling her mother, running away, or killing herself. But she was always too scared to do anything but lie in her bed and pretend she was asleep. She was so miserable. She wanted help. What should she do?” (p. 213)</p> <p>“Life Cycle Stages (Infancy, Birth to 3 years): Can experience orgasm; Lubrication of vagina in girls” (p. 279)</p> <p>“Life Cycle Stages (Childhood, 4 to 12 years): Childhood sex play” (p. 279)</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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>No evidence found.</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>“Infections that are transmitted through sexual contact: anal, vaginal or oral” (p. 73)</p> <p>“Spend time discussing if the suggested alternatives to sexual intercourse present risks of their own (kissing, rubbing, masturbating, oral sex, etc.)” (p. 113)</p> <p>“Sex: Penetrative unprotected sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person. Vaginal and anal sex is considered much higher risk for HIV transmission than oral sex.” (p. 157)</p> <p>“HIV Risk Assessment: If you allow semen or vaginal fluid to touch your normal skin, but not mucus membranes around the penis, vulva, anus or the mouth. [Slight risk, if you have a scratch or the fluid does reach a mucus membrane].” (p. 162)</p> <p>“Physicians currently recommend voluntary counseling and testing (VCT) to people who engage in high risk behavior including: ...Anal sexual activity (male</p>

	<p>or female)” (p. 174)</p> <p>“Low Risk [for HIV transmission]: Oral sex without a condom” (p. 180) “High Risk [for HIV transmission]: Having anal sex without a condom.” (p. 180)</p> <p>“Sodomy: Anal intercourse, usually male-to-male” (p. 196)</p> <p>“Sexually Transmitted Infections (STIs): Infections that are transmitted through sexual contact: anal, vaginal or oral.” (p. 275)</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>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“The clitoris has no other function than to help a woman have sexual pleasure.” (p. 63)</p> <p>“Clitoris: A sensitive area near the top of the opening of the vagina that helps a woman have sexual pleasure.” (p. 64 and p. 272)</p> <p>“Near the top of the lips, inside the folds, is the <i>clitoris</i>. The clitoris is very sensitive and is to help a woman have sexual pleasure.” (p. 65)</p> <p>“Each group should draw a human body on their paper... Then draw, identify, and label female body parts on the figure. When participants have drawn and labeled the female body parts on their figures:</p> <ul style="list-style-type: none"> • Explain: Next you should circle or star ‘hot spots,’ which are involved in sexual activity. These body parts are the ones we need to think about and be aware of when deciding to delay sex. When participants have finished with the female body on one side of the paper, instruct them to flip the paper and do the same activity for the male. <p>“Explain: The hotspots we identified often become physically ‘hot’ during or before sexual activity. If we are aware that they will react to sexual feelings or actions, we can learn to have more control over our sexual activity and make it easier to delay sex. For example, if we know where our sexual hotspots are, we can ask a partner not to touch them so that they do not become aroused, and we are not as tempted to have sex.” (p. 113)</p>

	<p>“Myth: The clitoris will harm her husband during intercourse. Fact: The clitoris gives the woman pleasure and does not harm her partner.” (p. 233)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION <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>“Life Cycle Stages (Childhood, 4 to 12 years): Masturbation or the sexual stimulation of the genitals usually done with hands or fingers” (p. 279)</p> <p>“Life Cycle Stages (Adolescence, 13 to 20 years): Masturbation” (p. 279)</p> <p>“HIV Risk Assessment: If you masturbate. [Not a risk]” (p. 162)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>No evidence found.</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY <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</i></p>	<p>“Teenagers who are in relationships based on nourishing love recognize and accept differences, and above all, take into consideration the needs and desires of their partner, ensuring their sexual health.” (p. 105)</p> <p>“Agnes is in standard 6 and likes spending time with Jared who is a smart boy in standard 8 in her school but seems to like her. Jared makes glances at Agnes when he is showing her maths. Agnes’s friends notice and they share their first sexual experience with her and tell her that it is ok for her to have sex with Jared since they love each other. Agnes thinks of how she will ask Jared to have sex with her.” (p. 115)</p>

<p><i>sexually active children to return to abstinence.</i></p>	<p>“No matter what the circumstances, you have the right to choose when, with whom, and how you want to be sexual.” (p. 210)</p> <p>“Sexual rights’ generally include individuals’ control over sexual activity and sexual health. These sexual and reproductive rights also apply to young people; that is, children have the rights to develop a positive sense of their bodies and sexuality” (p. 254)</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. 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>“Make it clear that since most people have sexual intercourse at some point, it is important to know about contraception.” (p. 72)</p> <p>“However, if young people have decided to have sexual intercourse and are sexually active, they should have information about how to use condoms correctly to reduce but not eliminate the risk of HIV transmission.” (p. 72)</p> <p>“Why do some girls not practice abstinence? [e.g., forced sex, want to get pregnant, do not know how to tell ‘no’ to partner, want to have sex, do not foresee consequences, desire for sexual connection with partner, peer-pressure]” (p. 74)</p> <p>“Kombo is 14 years old and helps his uncle in his shop. His parents are hardworking and hold traditional values despite living in Kibera for the last 15 years. They believe that young people should not have sex before marriage. Kombo is quite shy but would like to have sex because most of his friends say that it is great.” (p. 109)</p> <p>“What were some reasons to have sex in the role-play? [to prove their love to each other, to prevent their relationship from ending, because they are curious about sex, because everyone else is having sex, because it felt right, because one partner convinces the other that there will be no problems, if both are comfortable with the decision]” (p. 110)</p> <p>“Probably not a risk [for HIV transmission]: Having sexual intercourse with a person using a condom.” (p. 158)</p> <p>“HIV is easy to catch if one is not careful, i.e., having unprotected sex.” (p. 161)</p> <p>“I’m not worried about having sex with Amina – she’s a nice girl and her mother is a teacher. You only have to worry about dirty girls.” (p. 163)</p> <p>“If a girl and her partner do not practice abstinence, together they can lower their risk of HIV transmission by being faithful to each other (being each other’s only partner) and using a condom consistently and correctly each time they have sexual intercourse.” (p. 185)</p> <p>“What is ‘safer sex’? People who have decided to be sexually active can make choices to practice ‘safer sex’. Safer sex describes a range of ways that sexually active people can protect themselves from infection with all sexually transmitted infections, including HIV infection. Practicing safer sex also provides</p>

	<p>protection against pregnancy. There are lots of ways for loving and sexual feelings to be shared that are not risky. Some of them include:</p> <ul style="list-style-type: none"> • Hugging • Holding hands • Kissing • Massaging • Rubbing against each other with clothes on • Sharing fantasies • Touching your partner’s genitals, as long as males do not ejaculate near any opening or broken skin” (p. 312) <p>“Using a latex condom correctly for every act of sexual intercourse is called protected sex because when used correctly for each sexual act, condoms can significantly reduce the risk of HIV infection. However, condoms are not 100 percent effective in preventing HIV infection. Unprotected sexual intercourse (without a condom) exposes people to the bodily fluids in which HIV lives.” (p. 312)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY <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>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN <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</i></p>	<p>“Participants will learn about different types of contraceptives, where they can be obtained and how they are used.” (p. 71)</p> <p>“By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Name at least two advantages of using contraceptives • Identify where to go in the community to get contraceptives • Understand the benefits and risks of different types of contraceptives” (p. 71) <p>“Materials:</p>

abortion providers.
May encourage the use of
contraceptives, while failing to
present failure rates or side
effects.

- Training aid: *Types of Contraception Flipchart*
- Samples of **locally available contraceptive methods**" (p. 71)

"Adolescents can **safely use any contraceptive** method." (p. 72)

Note: Numerous studies have documented serious side effects with adolescent use of contraceptives.

"**Using condoms correctly** for every act of sexual intercourse can significantly reduce the risk of HIV transmission, STIs, and unwanted pregnancy." (p. 72)

"**Contraceptives:** Methods for preventing pregnancy; also known as family planning or birth control." (p. 73)

"After participants share the methods they know, mention that some of the other contraceptives include **oral pills, injectables, implants, intrauterine devices (IUDs), vasectomy and female tubal sterilization**. Female and male condoms are the only methods that prevent both pregnancy and HIV if used correctly and consistently." (p. 74)

"Why do some girls who are sexually active **not use contraceptives**? [did not plan on having sex, too expensive, stock-outs (lack of supply), preferred method not available, against beliefs, fear of side effects, disapproval from partner, tried and did not like, believe they are too young or too old to need it, heard discouraging stories from others, fear it is unsafe, health provider discourages, cannot access a health provider to get information/prescription, etc.]" (p. 74)

"What could be done to **help boys or girls to use contraception in the future**? [increase access to providers and chemists, decrease cost, ensure supplies of many different methods to choose from, encourage male involvement in contraceptive choice, clear myths surrounding contraceptives, etc.]" (p. 74)

"Abstinence is the best way to prevent pregnancy. **Contraceptives** also prevent pregnancy, and **condoms** can prevent against unintended pregnancy as well as HIV and other sexually transmitted diseases." (p. 74)

A chart contains **details about the following contraceptive methods**, including how they work, whether they protect against STIs and HIV, and other characteristics:

- Male condom
- Female condom
- Vasectomy, male sterilization
- Female sterilization, tubal sterilization
- Oral contraceptives ('the pill')
- Injectables
- Implants
- Intrauterine devices (IUDs)
- Lactational amenorrhea method

	<ul style="list-style-type: none"> • Withdrawal • Calendar or CyleBeads methods” (pp. 75-77) <p>“MYTH: Contraceptives are only for married people. FACT: Contraceptives can be used by anyone.” (p. 284)</p> <p>“MYTH: A girl needs her parent’s permission to find out about contraceptive use and reproductive health. FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one’s 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 Zambia gives young people the right to access information and services.” (p. 284)</p> <p><i>Note: This myth/fact is copied from a similar manual used in Zambia. It is unknown whether the same applies in Kenya.</i></p> <p>“Condom: A barrier device commonly used during sexual intercourse to protect against pregnancy, sexually transmitted diseases, and HIV transmission, infection, or (re)infection” (p. 73)</p> <p>“Latex condoms have been proven to be an effective barrier of HIV. They can, however break or leak especially when used incorrectly. It is important for older, sexually active adolescents to understand how to use a condom correctly and that they must be used for every act of sexual intercourse to protect against HIV infection. Condoms offer the best protection against the spread of HIV during sexual intercourse with a partner whose HIV status is unknown.” (p. 157)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY <i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Participants should explain in their own words why it is important to be tested for HIV to a friend.” (p. 176)</p> <p>“Participants learn the concept that early treatment of sexually transmitted infections can dramatically reduce the risk of infection with HIV. They have an opportunity to role-play telling a partner about STIs and why they should get treated.” (p. 183)</p> <p>“Ways of reducing stigma and discrimination: ...Educating community through testimonies, especially key people in the community such as teachers an [sic] religious leaders.” (p. 192)</p> <p>“Young women are change agents and their leadership can bring vitality, creativity and courage for social change. Young women have the power to inspire and mobilize others for positive action. They can encourage the questioning of systems and beliefs that limit lives and choices. With courage they can confront even the injustices that have been in place long before our lives began. With their leadership young women ensure that social change will not stop when the generation before us is no more, but only when peace,</p>

justice, health, human dignity and care for the environment has been achieved everywhere, and for everyone. By supporting one another, young women ensure that their leadership remains strong in the face of unfair gender and age biases and maximize our power to change.” (p. 237)

“Key Message: Leadership starts on a small scale – with you! **You can be a leader in your own community** by working with a team on small initiatives.” (p. 244)

“Participants learn about human rights, draw posters to **illustrate various rights**, and learn what to do if their rights are violated.” (p. 246)

“This session is meant to **equip young people with the skills they need to exercise their rights** and to grow in an environment free from violence and abuse.” (p. 247)

“You are going to **create informational posters** about the right on your slip of paper. The posters will be displayed around the community to inform your peers about human rights. On your posters, don’t forget to include information about the responsibilities that come with the rights too.” (p. 249)

“Participants review the concept of human rights, are introduced more specifically to **sexual and reproductive health rights** by analyzing a story of sexual rights violations, and explore the idea of **advocacy for rights** in their own lives.” (p. 252)

“Thus young people have the **right to obtain information to protect their health**, including their sexual and reproductive health.” (p. 254)

“What are some of the sexual and reproductive health issues we studied? [e.g., gender-based violence, unwanted pregnancy, abortion, negotiating condom use, gender roles, etc.] Each girl should **identify a sexual or reproductive health issue that they care about**. The issue should be one that has been discussed previously.” (p. 256)

“‘**Advocacy**’ often refers to big changes. But even a small effort can make a meaningful change for the better – in your own life or the life of someone around you. Imagine and consider a small step you can take to make a difference, specifically to improve gender equality or **to protect the sexual or reproductive rights** of yourself or of another person.” (p. 256)

“What is an example of a change that such actions have brought about in the world? [e.g., ending the practice of female genital mutilation, increasing numbers of girls in school, men joining campaigns against gender-based violence, **legalization of abortion**, and allowing pregnant girls to stay in school, etc.]” (p. 256)

“Instruct participants to **talk to a friend about sexual rights**. Participants and their friends should brainstorm three sexual rights they have.” (p. 257)

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.

“Many of the issues raised in this manual are **linked to sex**, relationships and HIV, which are **perceived as sensitive topics in most communities**. Some facilitators may feel that talking about sex and contraception with young people encourages them to have sex. On the contrary, research shows that discussing facts and consequences related to sex encourages them to delay sex and consider abstinence. However, facilitators should not assume the participants are not having sex.” (p. 4)

“Strategize how to **step out of restrictive gender roles**.” (p. 23)

“Make sure participants understand that **gender is determined by culture** – it is how the community wants you to behave and think based on whether you are a man or a woman.” (p. 25)

“Gender is influenced by cultural and social traditions, but **gender roles can be challenged and changed!**” (p. 28)

“When human rights relate to people’s sexuality or reproduction, we call them **‘sexual rights’** or **‘reproductive rights.’** 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. **People’s romantic and sexual experiences can become human rights issues.** Only when our basic rights are honored (both by governments and by other individuals) can we make optimal decisions about intimate relationships, sex, and childbearing. For example: Individuals can make decisions about if, when, and with whom they will form a romance, a long-term relationship, or a marriage. They can decide if, when, with whom, and under what circumstances to have sex (free from sexual abuse and coercion). They can **negotiate condom use** to prevent infection. They can decide whether or when to become pregnant or have children. They can **obtain contraceptive** information and services. They can have a **safe abortion.**” (p. 253)

“Sexual and reproductive rights also apply to young people. **Children have the right to develop a positive sense of their own bodies and sexuality.** Children have the right to be free of abuse and inappropriate touching. Younger children need help in making decisions. The direction and guidance provided by caring adults must take into account the best interests of children. It must also consider the **capacity of children to exercise rights on their own behalf.** As children grow and develop their capacities, their rights and responsibilities continue to evolve. Young people have the right to obtain information to protect their health, including their sexual and reproductive health.” (p. 253)

“Sexual Health Issues:

- Adolescents do not have access to sexual and reproductive health services that are youth-friendly.
- **It is difficult to get condoms.**
- Many of my peers do not know about HIV.

	<ul style="list-style-type: none"> • Many schools in our area do not teach about HIV. • Many people don't know their HIV status. • Young people do not have basic information about their own bodies. • The rate of sexually transmitted infections among young people is far too high. • People don't know or care enough about maternal mortality. • Abortion is legally restricted – and as a result, dangerous – in many places.” (p. 258) <p>“A few weeks before this session, visit local organizations of People Living with HIV and AIDS and find out if they have a speakers’ component; get to know their philosophy and experience related to public speaking on personal experiences of living with HIV and AIDS; talk to speakers, explain your purpose, and invite a speaker for your presentation on human rights.” (p. 259)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS <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>“Unfortunately, it is not always easy to work with parents. Parents often have concerns when reproduction is taught to their children and they may not feel comfortable or equipped to deal with these issues themselves.” (p. 5)</p> <p>“Things shared will be kept strictly confidential. They will not be discussed outside the group. Do not judge people because of what they do or say.” (p. 18)</p> <p>“Having a boyfriend or girlfriend can involve going places or spending time with someone in order to get to know him or her better or having feelings for each other and wanting to be more than just friends. This can be fun and exciting, but it can also create problems. For instance, young people may want to date before their parents think they are old enough or they may not feel ready to date but their parents or peers push them into it.” (p. 48)</p> <p>“Participants will identify trusted adults with whom they can easily open up and share problems and learn about avoiding and reporting cases of sexual violence or abuse.” (p. 202)</p> <p>“If you tell a medical person or teacher something that you don't want anyone else to know, they should respect your privacy.” (p. 251)</p> <p>“When decisions are made about your life, you have a right to take part in making those decisions. Your feelings and opinions should be listened to and taken into consideration.” (p. 251)</p> <p>“The group should make a pact of confidentiality related to the speaker’s comments.” (p. 260)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES <i>Refers children to harmful websites, materials or outside entities. May also specifically</i></p>	<p>“Have a list of community resources available to them for reproductive health gender-based violence, and other services.” (p. 17)</p> <p>“Identify where to go in the community to get contraceptives. If desired and/or possible, invite a local expert to be a guest speaker for this activity, and ask</p>

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.InvestigatelPPF.org)

them to bring some examples of different types of contraceptives” (p. 71)

“When teaching about contraception, it is important to guard against letting personal biases influence professional behavior. You can play an important role by providing them with factual information and supporting young people to make their own decisions and good choices for their future, based on their knowledge and reproductive goals. Keep your personal values regarding contraception out of the discussion. **Provide the young people with youth friendly referral centers** where they can get more information on contraceptives and access if they are already sexually active.” (p. 72)

“Remind participants of places in the community **where they can access contraceptives** and other family planning counseling.” (p. 74)

For the complete text of *Health and Life Skills Curriculum (Kenya)* see:

https://drive.google.com/file/d/1nM3qDhYyqkK8hqmQk3mSo9m8ObH988io/view?usp=drive_link