

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

IPPF Deliver and Enable Toolkit: Scaling-up Comprehensive Sexuality Education (CSE) Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

IPPF Deliver and Enable Toolkit: Scaling-up Comprehensive Sexuality Education (CSE) contains **13 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: “Empowering children and young people to uphold their own rights and the rights of others and to contribute to achieving an equal, diverse, compassionate and just society: CSE should lead to an increased understanding of human rights, sexual and reproductive rights and gender equality and of the barriers that limit people’s ability to access equal opportunities. It should also plant the seed for active citizenship. Enabling children and young people to make decisions about their health and access key sexual and reproductive health services: CSE should lead to increased health literacy, improving children’s and young people’s capacity to obtain, process and understand basic health information; explore their options; ask key questions about their choices; and actively participate in decisions concerning their care. When necessary, CSE is also an opportunity to refer individuals to comprehensive and friendly sexual and reproductive health services.” (p. 6)

Target Age Group: All children

International Connections: IPPF

For the complete text of *IPPF Deliver and Enable Toolkit: Scaling-up Comprehensive Sexuality Education (CSE)* see: https://drive.google.com/file/d/1XgQO6yQLYr8MewZEL6XAbN44tfA6Hqpy/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual</i>	“Sexuality: Sexuality is an integral part of being human. IPPF recognizes that young people are sexual beings , whether or not they have sexual feelings or are sexually active.” (p. 3)

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.

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.

“CSE based on sex positivity acknowledges that human beings, including adolescents and young people, are autonomous sexual beings with the right to have control and agency over their bodies and the **right to experience desire, pleasure** and happiness in their lives, independently of whether they are sexually active. As a result, sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences.” (p. 9)

“Key Learnings (Under 10):

- **Sexuality is a part of you from the moment you are born.** Your sexuality develops and changes throughout your life.
- Sexuality is not the same of sex.
- You **express your sexuality** with physical feelings, emotions and thoughts, or when you have emotional or intimate relationships with others.
- Sexuality includes desires or practices involving other human beings.
- At different times, most of us will experience various emotions related to sexuality. We may feel excitement, desire, confusion, anguish, happiness or many other feelings. Such emotions may be intense or, at other times, mild.
- **As you grow up, you might start to be interested in people with diverse gender identities.** Some people might not experience attraction for anyone. All this is completely normal.” (p. 17)

“Key Learnings (10-18):

- **People are sexual beings throughout their lives.** During some periods in their lives, however, people might experience little or no sexual desire...
- Developing **comfort and confidence about sexuality** is part of growing up. This comfort is also influenced by individual, familial and social factors and experiences.
- Everyone has sexual feelings. Good sexual health is about being able to understand and **enjoy your sexuality**, as well as understand issues around sex and how to behave responsibly to prevent unwanted pregnancy or STIs. It is also about having personal choice – you should be able to choose what kind of sexual relationships you want and with whom.” (p. 17)

“Key Learnings (10-18):

- Sex as it is portrayed in films and what you see online may not be the same as how you experience it in real life. Having sex is not about putting on a performance; it is not an exam, and it is **not only about achieving orgasm(s)**.
- There is a difference between fantasy and reality. People can have fantasies about different sexual acts, however that doesn't mean that they always want them to happen in real life.
- What is acceptable? **People need certain stimuli for sexual pleasure.** Some of these might be seen as ‘abnormal’ in one society (such as sexual behaviours between two people of the same gender), while they can be totally accepted in other societies.” (p. 23)

	“In some societies, young people, especially girls, are not supposed to be sexually active before they are married. However that doesn't mean they do not have the right to enjoy and express their sexuality or that it doesn't happen.” (p. 23) “Knowing your body and how your sexual and reproductive organs work is important to achieve satisfactory sexual experiences, prevent unwanted pregnancies, STIs, including HIV, and to know when to seek health services.” (p. 25) “You may feel curious about watching pornography. Pornography should be understood as a form of ‘fantasy’ rather than reality.” (p. 31)
2. TEACHES CHILDREN TO CONSENT TO SEX <i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i> <i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i>	“Some relationships may involve sexual activity. Sexual activity should always be mediated by consent. This means that each individual agrees, free from any pressure, to engage in intimate relationships.” (p. 19) “Gender roles and cultural patterns affect the way we communicate and our capacity to negotiate safer sexual practices.” (p. 20) “Communication skills – When you decide to have sex, always discuss/communicate with your partners what you want/don't want; never force your partners to do things they don't want. Being open about what you want/don't want can make sex much more enjoyable.” (p. 24) “Skills (10-18): • Decision making skills – e.g. to consent to the use of contraceptives, including emergency contraception. • Communication skills – including negotiation skills for the use of condoms and contraception methods.” (p. 26) “Skills (10-18): • Decision-making skills – e.g. to consent to practices such as sexting and to make decisions about sending or distributing sexual content. • Communication skills – e.g. negotiation skills.” (p. 31)
3. PROMOTES ANAL AND ORAL SEX <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>	No evidence found.

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.

“Be active and speak out against discrimination and show your solidarity with those whose sexual rights are being violated, e.g. **young people who are LGBTIQ.**” (p. 13)

“Sexual orientation and gender identity are not the same thing. **Sexual orientation is about who you are attracted to** physically or emotionally. Gender identity is about who you are (male, female, transgender, genderqueer).” (p. 14)

“**LGBTIQ youth** often grow up experiencing homophobic or transphobic bullying from classmates, peers and even teachers. This bullying often remains invisible and can cause a lot of psychological or physical suffering that may result in depression, anxiety and even suicide.” (p. 15)

“**Gender norms, sexism, homophobia, transphobia** and other forms of prejudices and stereotypes can **limit many people’s development and opportunities for sexual expression** (particularly of young women and LGBTIQ youth). LGBTIQ people often endure bullying, violence and discrimination in many forms and in different settings (at school, work, even within their own family).” (p. 17)

“Young people can play an active role in ensuring that all types of relationships – **including between people of the same sex** – are legally recognized and respected by all members of society.” (p. 20)

“Families can also be different; sometimes there is a father and a mother, sometimes a mother or a father, **or two fathers or two mothers**. Sometimes families have children and other times they don’t. Some people **prefer to be intimate with someone of the same sex.**” (p. 22)

“Sexual orientation is a person’s affection and sexual preference.

- **Gay** = a person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both male and females, but is commonly used to identify males only.
- **Lesbian** = a female who is attracted physically and emotionally to other females.
- **Straight** = a person who feels attracted physically and emotionally to someone of the opposite sex.
- **Bisexual** = a person who is attracted physically and emotionally to both males and females.
- **Transgender** = a person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female.” (p. 22)

“We can all do our part to **reduce homophobia and transphobia.**

“You can play an active role in ensuring that all types of relationships – including between people of the same gender – **are legally recognized** and respected by all members of society.” (p. 23)

5. PROMOTES SEXUAL PLEASURE <i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i>	“Sex positivity is an attitude that celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration. Sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various concerns and risks associated with sexuality without reinforcing fear, shame or taboo of young people's sexuality and gender inequality.” (p. 3) “Sexuality – expressed alone or in a mutually consensual and respectful situation with a partner can be a source of pleasure and meaning in life. It can enhance happiness, well-being, health and the quality of life. It can also foster intimacy and trust between partners. Sex and sexual relationships can be painful as well as enjoyable, un-pleasurable as well as pleasurable, uncomfortable as well as satisfying, violent as well as empowering, and sometimes all of these things at the same time.” (p. 17) “In relationships, you can experience pleasure and enjoy each other’s company in many ways.” (p. 23) “There is a difference between sexual well-being and sexual pleasure; well-being is being content and satisfied with the sexual interaction, while pleasure is more about achieving orgasm and/or full enjoyment.” (p. 24) “You can experience both positive and negative consequences as a result of sexual activity. Positive outcomes include pleasure, intimacy, and (among heterosexual couples) desired pregnancy.” (p. 30) “Topics such as sexual pleasure need a lot of explanation; be prepared!” (p. 38)
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>	“It is good to be proud of yourself and your body. Touching your body can feel great; so can touching your genitals, but privacy is recommended.” (p. 23) “Touching your body (masturbating) or using contraceptive methods will not make you infertile.” (p. 28)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <i>May inappropriately eroticize</i>	No evidence found.

<i>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>	
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 sexually active children to return to abstinence.</i>	“Result 3 [of this program]: individuals engage in happy, healthy, fulfilling and consensual relationships and experiences.” (p. 10) “Key Learnings: Decision-making skills – e.g. to decide when and how to engage in sexual or romantic relationships.” (p. 16) “Key Learnings: Decision-making skills – e.g. to choose your identity, to decide when and how to engage in sexual relationships.” (p. 18) “Having positive sexual relationships is every individual's right. The most important thing is for individuals to be able to freely decide (without coercion or violence) when, with whom and how they want to have sexual relationships, and for them to be able to communicate and negotiate with their partner(s) regarding the safety and quality of the relationship.” (p. 24) “At puberty, sexual and reproductive organs begin to mature and our curiosity about sex increases. Some people decide to explore their sexuality by themselves, with a friend, or with a sexual or romantic partner.” (p. 25)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD <i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i> <i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even</i>	“Key Learnings: Decision-making skills – e.g. to assent to procedures affecting your health, to exercise your right to decide about your sexual and reproductive life.” (p. 13) “You can have different types of relationships with other individuals, including friendships, love relationships and intimate relationships. Your culture may dictate the way you can interact with others.” (p. 19) “Sexual activity may be part of different types of relationships, including dating, marriage or commercial sex work, among others.” (p. 19) “Having sex with someone is one of the ways to express a person's feelings.” (p. 23) “Having sex can mean many different things, including touching, kissing and

<i>healthy. May present abstinence and “protected” sex as equally good options for children.</i>	caressing. Any sexual practice should be agreed to (consented to) by those involved.” (p. 23) “Only you have the right to decide when to have sex.” (p. 23) “STIs, including HIV, are preventable using condoms, or by engaging in lower-risk sex activity (e.g. mutual masturbation, using lubricants to avoid condom ruptures). All STIs can be treated to manage their consequences; however, not all can be cured.” (p. 30) “Not everyone will choose to get married, and many countries have restrictions on who is able to get married (for example, members of same sex relationships). Teaching young people to wait until they are married is unfair and unrealistic.” (p. 47)
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>	“Strengthen models of gender equality in the learning environment – e.g. by using inclusive language, making sure children and youth with diverse gender identities get the opportunity to participate and lead activities.” (p. 8) “Key Learnings: Decision-making skills – e.g. to choose your identity; to make decisions about your life, body and sexuality regardless of your sex or gender identity.” (p. 14) “You can engage in emotional or intimate relationships with people with diverse gender identities.” (p. 19) “Key Learnings: Decision-making skills – e.g. choosing your identity, deciding when and how to engage in sexual relationships.” (p. 22)
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 abortion providers.</i> <i>May encourage the use of</i>	“Sex can be more satisfactory if you know you are safe. Using methods to prevent unintended pregnancy, STIs, and HIV can help you feel safe, while using drugs or alcohol can interfere with your safety and your decisions about having sex.” (p. 24) “There are actions, devices and procedures that help individuals prevent an unplanned pregnancy.” (p. 26) “Young people have the right to access information and services to prevent, manage or end a pregnancy.” (p. 26) “Contraceptive methods include natural and hormonal options. Natural alternatives have a higher chance of failure. Some methods are classified as short term, others as long acting and some are permanent. Contraceptives

contraceptives, while failing to present failure rates or side effects.

include **condoms, pills, injectables, intrauterine devices, the implant, emergency contraception**, among others. Our health status, life style and preferences are important when choosing a method.” (p. 26)

“Young women can **safely use all types of contraception**, including long acting contraceptive methods.” (p. 26)

“Condoms are the only contraceptive method that **simultaneously can prevent STIs**, including HIV.” (p. 26)

“**Emergency contraceptive methods** can be used to prevent pregnancy after sex. These methods include several kinds of Emergency Contraceptive Pills as well as insertion of an intrauterine device.” (p. 26)

“**If a woman decides to have an abortion, there are safe methods available.** All young people should have the right to confidential advice and information about pregnancy prevention.” (p. 26)

“Young people have the **right to decide about** continuing or **ending a pregnancy they don’t want.**” (p. 27)

“Abortion is the voluntary ending of a pregnancy. Some societies and/or legislations put in place barriers that make it **difficult for women to access a safe and legal abortion.** This doesn't mean abortions do not occur.” (p. 27)

“Access to safe abortion isn’t viewed as a human right in many societies. However, **abortion is firmly associated with a number of established human rights**, including the right to autonomy and bodily integrity. Denying women access to abortion services is a violation of their human rights.” (p. 27)

“There are two main methods of safe abortion: **medical abortion**, where medication is used to end the pregnancy, and **surgical abortion**, which involves a medical procedure performed by a trained professional.” (p. 27)

“**Abortion is a very safe procedure** when it is performed within the appropriate context. For surgical abortion, that means when it is performed by a trained provider in sanitary conditions; for medical abortion, that means when a person has access to high quality medication, information and support. There are different websites where women can access accurate information about safe access to medications, including safe2choose, Women Help Women and Women on Web. Information on safe abortion can also be accessed through friends, health providers or pharmacies.” (p. 27)

“Young people who are pregnant, in particular those who are unmarried, may feel stigmatized whether they choose to have an abortion or continue with the pregnancy. Abortion-related stigma is the association of negative attributes with people involved in seeking, providing or supporting abortion. **Abortion stigma should not prevent young people from accessing the services they need.**” (p. 27)

	“Key Learnings: Help-seeking skills – e.g. how to identify high quality services that provide safe abortion services.” (p. 27) “Key Learnings: Decision-making skills – e.g. to consent to ending a pregnancy and the use of contraceptive methods.” (p. 28) “You can participate in efforts to reduce abortion stigma and to increase access to safe abortion services – e.g. by writing blogs, sharing testimonials and disseminating information about safe methods and their availability. You can provide support to a woman who has decided to have an abortion – e.g. by helping her find a safe method or provider, searching for accurate information on abortion, and by being present during the abortion process.” (p. 28)
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>	“Result 1 [of this program]: individuals are empowered to uphold their own rights and the rights of others and to support and create an equal, diverse, compassionate and just society.” (p. 10) “Based on international agreements and covenants, sexual rights are human rights. Sexual rights include, among others, the right to choose sex partners and to form relationships based on choice and consent; the right to say yes or no to sex; the right to express sexuality, including the right to seek pleasure; the right to enjoy bodily autonomy, free from sexual violence or exploitation; and the right to obtain full and accurate information, education and services. Some societies may not recognize your rights. The social norms about sex and sexuality may or may not coincide with the laws, which may or may not coincide with international agreements and covenants.” (p. 13) “You can take an active role in defending comprehensive sexuality education and making governments accountable.” (p. 18) “Reproductive justice is important in a democratic society. Reproductive justice is the complete physical, mental, spiritual, political, social and economic well-being of women and girls, based on the full achievement and protection of women’s human rights.” (p. 18) “Without denying the value of traditional models, IPPF prefers to focus on a collaborative, learner-centred approach to deliver CSE from a rights-based perspective, where children and young people interact and actively engage during the learning process.” (p. 32) “To foster effective learning during CSE activities, educators must have the right combination of attitudes, skills and knowledge: • Commitment to sexuality education and its founding pillars - human rights, gender, citizenship, sex positivity and evolving capacities of the child • Understanding of young people as sexual beings • Ability to reflect on beliefs and values.” (p. 34)

	“For over three decades, most of the IPPF Member Associations have worked to involve young people as peer educators... DO: Encourage children and young people to become peer educators, particularly those from groups prioritized for the intervention.” (p. 35) “Result 1 [of this program]: individuals are empowered to uphold their own rights and the rights of others and to support and create an equal, diverse, compassionate and just society.” (p. 42) “Children and young people as enablers: • Involve children and young people in all CSE advocacy efforts; they can lead some of these efforts, represent the Member Association on task forces, provide advice to strengthen an advocacy strategy and serve as key speakers in public arenas. • Involve children and young people in training programmes; they can serve as key informants during the development process for the training programme, offering insights on how teachers can implement more participatory approaches or deliver activities in formats that are more attractive to them. • Invite children and young people to participate in intergenerational spaces to discuss the rationale and evidence that support CSE. • Enable youth-led organizations and movements to develop their own CSE to reach children and youth in non-formal settings.” (p. 44)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS <i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i>	“Sex positive: A sex-positive approach in CSE recognizes that all people are sexual beings with sexual rights, regardless of their age, gender, religion, sexual orientation, HIV status or (dis)ability.” (p. 3) “CSE programmes should: increase awareness about harmful gender practices while delivering CSE activities – e.g. by sharing disaggregated data, using stories and testimonials of girls, young women and LGBTIQ individuals and showing how media and the law treat individuals with different gender identities differently.” (p. 8) “Do not hide behind culture: The fact that something is considered part of the culture does not mean that it is acceptable or good... Work with communities and parents to build support for CSE and a culture that supports choice and respect for young people and their sexual and reproductive health and rights.” (p. 11) “It is important to highlight that CSE materials should be delivered in an integrated way, as children’s and young people’s realities and health outcomes are profoundly interconnected. For example, we cannot implement a learning process on abortion without addressing issues of anatomy, gender equality, autonomy, rights, decision making skills, contraception and relationships, among others.” (p. 12)

	“Restrictive gender roles and preconceptions have harmful consequences on different populations. Female genital mutilation and child marriage, among other practices, respond to gender stereotypes that value women less. For example, young women are supposed to be innocent, know nothing about sex and abstain from sex before marriage. If they carry condoms, they may be accused of ‘sleeping around’ and may have a ‘bad’ reputation. Young men, however, can feel forced to be sexually active to be seen as a ‘real’ man, and are often afraid to ask questions about sex as this may show they are inexperienced and affects their ‘masculinity’.” (p. 14) “Everyone can take an active role in changing harmful gender practices and norms – join campaigns, make your voice heard and promote equal treatment for all in your school and community.” (p. 15) “Young men can play an important role in supporting women’s sexual and reproductive health and rights and gender equality.” (p. 15) “You can take an active role in upholding the delivery of education that promotes positive messages about sexuality.” (p. 24) “Gender inequality has damaging effects on women’s sexual health and wellbeing and on their access to sexual and reproductive health services. For example, in some societies girls/women cannot access contraceptives without the consent of parents or husbands; in many places, it is not always seen as appropriate for a girl to carry a condom.” (p. 26) “A recent survey in the UK, available on the Sex Education Forum, found that a quarter of girls had started their periods before having the chance to learn about it in school. Children and young people have a right to learn about the issues that affect them and quality, age-appropriate education can help them make informed choices and understand the changes that are happening to their bodies.” (p. 46) “Evidence shows that providing sexuality education programmes can have a real impact on young people's behaviours, as well as views and values of the community.” (p. 47) “Groups such as Catholics for Choice and the Religious Coalition for Reproductive Choice show that religious support for young people's access to information and services relating to sexual and reproductive health does exist.” (p. 47) “Gender and rights should be consistently strengthened across curricula and address the needs of young people living with HIV and other key populations.” (p. 48)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS	“Develop a referral network to ensure that children and young people can access friendly and stigma-free services, including prioritizing referral points where children and young people are likely to find services that guarantee

<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>	their right to privacy and confidentiality.” (p. 9) “Assure learners that you respect their privacy and ask the same of learners; remind them not to disclose information exchanged during CSE activities.” (p. 32) “While some parents may claim they should be the only source of information on sexuality for their children, most of them value external support that teaches them how to discuss issues pertaining to sex with their children, how to react to difficult situations (e.g. when a child watches porn on the internet or is bullied on social media), and how to access and provide accurate information.” (p. 39)
15. REFERS CHILDREN TO HARMFUL RESOURCES <i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i> <i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i> <i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i>	“During CSE activities, children and young people should: receive referrals to services when needed – including, but not limited to: counselling on sexuality and relationships; contraception; abortion; STI and HIV prevention, counselling, testing and treatment; vaccination against human papillomavirus and female genital mutilation prevention and management of consequences, among others.” (p. 7) “Encourage young people to create their own platforms to disseminate positive messages on sexuality (e.g. social networks, YouTube channels, blogs, other).” (p. 35) “Ensure that peer educators visit your services, understand what type of care is offered by the Member Association, learn about the role of service providers and get information about how to implement effective referrals.” (p. 35) “IPPF Resources: • Putting Sexuality back into Comprehensive Sexuality Education: tips for delivering sex-positive workshops for young people. Available at: http://www.ippf.org/resource/putting-sexuality-back-cse-tips-sex-positive-workshops-young-people • Fulfil! Guidance document for the implementation of young people's sexual rights (IPPF-WAS). Available at: http://www.ippf.org/resource/fulfil-guidance-document-implementation-young-peoples-sexual-rights-ippf-was • Healthy, Happy and Hot: A young people’s guide to their rights, sexuality and living with HIV. Available at: http://www.ippf.org/sites/default/files/healthy_happy_hot.pdf • Keys to Youth Friendly Services: Adopting a sex positive approach: Available at: http://www.ippf.org/sites/default/files/positive_approach.pdf • The ‘Changing Lives’ series features a number of IPPF MAs’ CSE interventions, including the Nepal example which mentions learning about sexual pleasure. Available at: http://www.ippf.org/resources/publications/Changing-Lives • From evidence to action: Advocating for comprehensive sexuality

education. Available at:

http://www.ippf.org/sites/default/files/from_evidence_to_action.pdf

- **Inside-Out: Comprehensive Sexuality Education Assessment Tool.**

Available at:

<http://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool>

- **Everyone's right to know:** Delivering comprehensive sexuality education for all young people. Available at:

<https://www.ippf.org/resource/CSE-for-all>" (p. 48)

"Other Organizations:

- **Advocates for Youth:** Learning About Sex Resource Guide for Sex Educators, Revised Edition, 2011. Available at:
<http://www.advocatesforyouth.org/publications/publications-a-z/1939-learning-about-sex>
- IPPF / Population Council / CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): **It's All One Curriculum:** Guidelines for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol. 1, 2011. Available at:
<http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to->
- Promundo / UNFPA / MenEngage: **Engaging Men and Boys in Gender Equality and Health.** A global toolkit for action. Tool, 2010. Available at:
<https://promundoglobal.org/resources/engaging-men-and-boys-in-gender-equality-and-health-a-global-toolkit-for-action/>
- **UNESCO: International Technical Guidance on Sexuality Education,** 2018. Available at:
<http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>
- **UNFPA: Operational Guidance for Comprehensive Sexuality Education:** A Focus on Human Rights and Gender, 2014. Available at:
<http://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education>
- **UNFPA: The Evaluation of Comprehensive Sexuality Education Programmes:** A Focus on the Gender and Empowerment Outcomes, 2015. Available at:
<http://www.unfpa.org/publications/evaluation-comprehensive-sexuality-education-programmes>
- **WHO Regional Office for Europe and BZgA.** Available at:
http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf
- **Women's Aid: The Expect Respect.** Educational Toolkit. Available at:
<https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/>" (p. 49)

"Other Relevant Online Resources and Articles:

- **Australian Research Centre in Sex, Health and Society – The Practical Guide to Love, Sex and Relationships.** Available at:
<http://www.lovesexrelationships.edu.au/>

- **The Resource Center for Adolescent Pregnancy Prevention (ReCAPP).**
Available at:
<http://recapp.etr.org/recapp>
- **Kids Health – Grades 6 to 8:** Personal Health Series Online Safety and Cyberbullying. Available at:
<http://kidshealth.org/classroom>
- **The Gender Roles, Equality and Transformations (GREAT) Project** works to improve gender equity and reproductive health in Northern Uganda. Available at:
<http://www.thehealthcompass.org/campaign-kit-or-package/great-project-toolkit>
- **German Foundation for World Population** – Sexual and Reproductive Health Training Manual for Young People 2006. Available at:
https://www.k4health.org/sites/default/files/DSW_training%20manual_Eng_0.pdf
- **Southern Poverty Law Center** – Teaching Tolerance. Available at:
<http://www.tolerance.org/classroom-resources>
- **The Pleasure Project.** Available at:
www.thepleasureproject.org/resources/2013/08-things-that-give-me-pleasure/
- **Swedish Association for Sexuality Education – Dicktionary** (about male genitalia). Available at:
<http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Dicktionary/>
- **Swedish Association for Sexuality Education – Pussypedia** (about female genitalia). Available at:
<http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Pussypedia/>
- **Swedish Association for Sexuality Education – Guide to Masturbation.**
Available at:
<http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Masturbation/>
- **Swedish Association for Sexuality Education – Guide to Clitoral Sex.**
Available at:
<http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/A-guide-to-clitoral-sex/>
- **Swedish Association for Sexuality Education – A Booklet About Sex for Teens.** Available at:
<http://www.rfsu.se/Bildbank/Dokument/Fakta/sex-your-own-way.pdf?epslanguage=en>
- **Swedish Association for Sexuality Education** – ‘Careful not careless’. Available at:
<https://youtu.be/FvnqvPA6fyU>” (p. 49)