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

International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (Condensed Edition, 2020)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

International Technical and Programmatic Guidance on Out-of-School CSE **contains 9 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: "This Guidance complements and refers to the *International Technical Guidance on Sexuality Education* published in 2018. Informed by evidence and grounded in a human-rights approach, this out-of-school edition provides concrete guidelines and recommendations to ensure that the most vulnerable young people receive information that enables them to develop the knowledge and skills they need to make informed choices about their sexual and reproductive health." (p. 3)

Target Age Group: Ages 5-18

International Connections: UNFPA, UNESCO, WHO, UNAIDS, UNICEF

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,*	"Out-of-school CSE can also include challenging topics and **promote a rights-based approach** rooted in gender equality and empowerment in a way that may not always be feasible or acceptable in school settings." (p. 10) "Take a pragmatic and non-judgemental view of sexuality: The ITGSE emphasizes **a positive view of sexuality**. Discussions of issues such as pornography, multiple sexual partners, and sex work should be approached in a factual and pragmatic way." (p. 12) "There are **children and young people who are disabled and gay**, children and young people who use drugs who are also in detention, **young transgender**

[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.

attractions, fantasies or desires.	**people** in humanitarian settings, adolescent Indigenous girls living in rural areas – in fact, children and young people with every possible combination of identities, needs and preferences. Those who are delivering CSE must always be aware of who their participants are and use an approach that **acknowledges multiple identities** and is responsive to their differing realities." (p. 20) "**Target girls at young ages**, preferably before the onset of puberty: Equipping girls with health, social, cognitive and economic knowledge and skills early can help prevent school dropout, adolescent pregnancy, sexual violence, child marriage and transactional sex. To maintain programme effects, programmes need to be **delivered to girls from early adolescence**." (p. 20) "Most children and young people with disabilities experience a reduction in life options that can negatively impact their self-esteem, and consequently their sexuality. They may have a poor sexual self-image and insufficient skills related to social interactions, dating, intimacy, sexual decision-making and safe sex; and **they may lack opportunities for appropriate sexual relationships**." (p. 22) "Support and encourage parents and caregivers to **provide sexuality education to their children** and young people with disabilities **from an early age** (SIECUS, 2001; Garbutt, 2008): For children and young people with disabilities who are not in school, parents and caregivers play an even more important role in sexuality education." (p. 23) "This means **fostering the sexual health** and social integration of children and young people with intellectual disabilities in a comprehensive manner, within an independent-living programme where feasible (Katz and Lazcano-Ponce, 2008). **Sexuality education should be started early** in order to facilitate decision-making and make a positive transition into adulthood." (p. 24) "Use a lot of positive reinforcement and praise: This will help participants to **see learning about sexuality as a positive experience**." (p. 24) "**Use explicit physical demonstrations**: Theatre, drama and role play will allow children and young people who are deaf or hard of hearing to observe interactions and their effects." (p. 25)
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*	**No evidence found.**

"consent" to sex. *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	
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.*	**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.*	"This section of the Guidance **addresses lesbian, gay and bisexual children** and young people separately from transgender children and young people, and intersex children and young people. This recognizes that sexual orientation, gender identity and physical sex traits are **distinct parts of a person's identity**, and that each group has its specific needs. For this reason, **this Guidance uses the acronym 'LGBQ+'** rather than the more common 'LGBTQ+'. LGBQ+ refers only to (non-heterosexual) sexual orientations." (p. 32) "Sexual orientation refers to the gender of the people to whom a person is romantically and/or sexually attracted: • **Heterosexual (straight)** people are primarily or entirely attracted to people whose sex or gender is different from theirs. • **Homosexual people (gay men and lesbians)** are primarily or entirely attracted to people whose sex or gender is the same as theirs. • **Bisexual** people are attracted to people of both the same and different sex or gender. • **Pansexual** people are attracted to all gender identities (male, female, transgender, etc.). • **Asexual** people do not feel sexual attraction to others, or have a low or no interest in or desire for sexual activity." (p. 32) "**Sexual orientation should be seen as a continuum**. A person's orientation is not necessarily fixed and may change over the course of a lifetime. Some people do not choose to label themselves in any particular category. Sexual orientation (a person's feelings of attraction) is distinct from sexual identity (how a person defines themselves) and from sexual behaviour (what they actually do). For example, '**men who have sex with men**' is used to describe all males who have sex with other males, regardless of whether they also have sex with women or whether they identify as gay, bisexual or heterosexual. **Social environments** and situations (e.g. hostels, detention centres, correctional homes) **can also influence the choice of sexual partner**. For these and other reasons (including fear of self-disclosing one's orientation), the number of children and young

	people who are LGBQ+ globally is not known. Estimates vary significantly and are widely debated." (p. 32) "Although some LGBQ+ children are aware of their sexual orientation from a young age, **many discover it when romantic and sexual attractions start** during adolescence. In cultures that stigmatize or condemn same-sex attractions, this realization often results in a mixture of confusion, shame, fear, self-stigma or self-hatred, while at the same time they may have no one to turn to for support or help." (p. 32) "Laws that discriminate against LGBQ+ people are common, including **prohibitions of same-sex relations, same-sex marriage and the right to form LGBQ+ organizations**. Those living in societies, cultures, traditions and religions that do not accept them face stigma and discrimination, serious violations of their rights, and often severe violence, including rape and murder." (p. 32) "Given the hostility they face, LGBQ+ people, including children and young people, may feel that they have to hide their identity. In some cultures, young LGBQ+ people may form **relationships with people of the opposite sex in order to avoid stigma** and discrimination or violence from their families or communities, or for childbearing; or they may be forced to marry by their families." (p. 32) "Consult local or national groups for LGBQ+ people, where these exist, on the programme and the most appropriate ways of **reaching and engaging LGBQ+ children** and young people." (p. 33) "**Provide CSE to people of all LGBQ+ identities**: It should not be limited to those considered most at risk of HIV, i.e. gay and bisexual men and other men who have sex with men." (p. 33) "Understand and adapt to the culture, values and belief systems of the group the programme will address: Identify or adapt solutions or strategies **to fit the sexual cultures of LGBQ+ young people**, rather than trying to impose public health measures on them that are at odds with that sexual culture." (p. 33) "Plan programming to reflect that **LGBQ+ children and young people and young men who have sex with men are not homogeneous groups**: Different identities among LGBQ+ young people will have both common and divergent needs and interests and may want to have their own programmes. In particular, because of the effects of gender inequality, programme developers should **discuss with young lesbian and bisexual women** whether they want a programme that addresses their needs separately from gay men." (p. 33) "Consider joint sessions to strengthen empowerment: Because **LGBQ+ children and young people face similar experiences in terms of exclusion**, stigma and discrimination, conducting some sessions jointly may foster a sense of community and promote joint advocacy efforts." (p. 33)

	"**Recruit facilitators with diverse identities**: If the main facilitator is not a member of the LGBQ+ community, it is strongly recommended to have a co-facilitator who is. **Bring in a wide range of LGBQ+ people** from the different identities represented among participants to tell their stories." (p. 33)
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.*	**No evidence found.**
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.*	**No evidence found.**
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*	"Use tactile methods that allow blind students to touch materials to learn about them: For example, to **teach anatomy, sexual response and condom use, use anatomically correct models**." (p. 26) "Provide the means for participants to change their behaviour: Programs should provide not only accurate information and education about health care and an emphasis on risk reduction, but also the means for participants to change their behaviour, such as **access to male and female condoms**." (p. 41)

against pregnancy or STIs.	
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.*	**No evidence found.**
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.*	**No evidence found.**
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*	"A person's **understanding of their gender identity emerges over time**, based on the interrelationship of the following three elements: • their physical body, which is the basis upon which societies almost always assign sex and hence gender at birth, and which subsequently determines how others interact with them • their gender identity, which is **their deeply felt internal sense of themselves as male, female, a blend of both, or neither**, and which may or may not correspond with the sex assigned at birth • their gender expression, which is how they present their gender to others through external characteristics such as appearance, clothes, grooming, style, mannerisms, speech, interests and behaviour, which may be socially defined as masculine, feminine or neutral." (p. 34) "How a person **experiences their assigned gender** is related to the extent to

adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.	which these three aspects coincide. • A **transgender person's gender identity** and/or expression is different from their legal or assigned sex; therefore, they often question their legal or gender identity and may want to change it. • A **cisgender person's gender identity** is the same as their assigned sex, so they are less likely to question it. • A person with a **non-binary gender identity** does not identify as strictly male or female. • **Agender people** do not identify with any gender. • People who are **gender non-conforming** do not follow societal conventions regarding gender identity and expression for their assigned sex." (p. 34) "In this Guidance, 'transgender' is used (unless otherwise indicated) as an **umbrella term for all non-cisgender people**, i.e. anyone whose gender identity and/or gender expression differs from that typically associated with the sex assigned to them at birth." (p. 34) "**Transgender children and young people** often have limited access to the information, messages and role models that they need to **understand and affirm their identity**. Their parents, teachers, health-care providers and wider communities often lack information and understanding about what they are experiencing, especially during puberty. While transgender adolescents **who receive gender-affirming health care can have positive outcomes** (De Vries et al. 2014), those who live in low- and middle-income countries are unlikely to have access to health-care providers with relevant expertise or to biomedical interventions such as hormone blockers and hormone therapy." (p. 34) "The legal age of consent for health care often poses another obstacle for those who are not open with their parents about being transgender but **who seek access to hormones or surgical procedures**, as they cannot access health care without their parents' involvement until legally allowed, which is at 18 years of age in many countries." (p. 34) "Regardless of their socioeconomic status**, young transgender people may experience serious consequences** to their health and well-being from the combination of systemic social and economic marginalization, stigma and discrimination, violence and **lack of access to gender-affirming health care** (United Nations, 2011; Reisner et al., 2016). As a result, they have much higher rates of depression, anxiety, trauma, attempted suicide, intentional self-harm, HIV and sexually transmitted infections than the general population, as well as of substance use and abuse." (pp. 34-35) "Understand the **various gender identities and needs of young transgender people** in the programme: For example, transmen and transwomen often have very different needs and circumstances, so some programmes or parts of programmes may need to address them separately." (p. 35)

	"If an existing curriculum is being adapted, be thorough and deliberate in the process: This requires more than just adapting the language to make it more inclusive or **changing all the names to be gender-neutral**." (p. 35) "When talking about sexual and reproductive anatomy, **label diagrams inclusively**: Diagrams should not be labelled as male and female, and body parts should not be assigned to one gender. Teaching anatomy can be approached by asking participants what words they use for each part, allowing for a range of labels." (p. 35) "Allow participants plenty of opportunities to talk: A discussion-based approach that allows participants to **talk about the experience of being transgender** with others who also are transgender will help relieve the isolation that many experience." (p. 35)
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.*	"Combine technology with other approaches: Many of these methods cannot deliver CSE on their own. However, most can be used as a part of a CSE programme or as a supplement to it, in clinics, at home with parents and as a part of face-to-face programmes. For example, **videos and computer-based programmes at a clinic can provide children and young people with effective education about contraception** or prevention of sexually transmitted infections and HIV." (p. 19)
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.*	"Equally, programmes should contribute to approaches that **aim to influence governments and authorities** that formulate and implement laws and policies affecting children's and young people's sexual and reproductive health and their human rights." (p. 10) "Teach about advocacy: **Advocacy empowers learners** as agents of their own lives and leaders in their communities." (p. 13) "**Peers** and young people who are a few years older than participants **can be effective facilitators** and role models." (p. 13) "Studies have found that **peer education increases knowledge, and in some cases changes attitudes and intentions**, although it has not been found to have a significant effect on behaviours, such as the use of condoms or other contraception." (p. 15)

	"**Peer education may be more effective** if it is integrated in holistic interventions and if the role of peer educators is focused on sensitization and referral to experts and services (Chandra-Mouli et al., 2015a). Peer educators can work together with professional educators to deliver programmes. Peer education may be especially useful: • when programmes led by professional educators are not available or accessible • **when adults are not fluent in the slang and colloquial language** used by children and young people, especially when talking about sexuality • where **peers are more likely to be trusted** than professionals or others who are not part of the learners' peer group, e.g. among children and young people who are suspicious of people who represent past or present mistreatment and discrimination; or in ethnic communities where non-members may face barriers of culture, language or experience." (p. 15) "**Peer educators should match the key characteristics** of the target audience (such as age, level of education, gender identity, sexual orientation, HIV status, ethnicity, religion, academic interests, and/or extra-curricular activities). **They should be charismatic** and respected opinion leaders with good communication skills and credibility." (p. 16) "**Engage young mentors as alternative role models**: Young mentors are slightly older than girls and represent someone that they can admire, trust and ask for guidance. They can be central to the success of girl-centered programmes, and should be recruited from the community where the programme takes place." (p. 21)
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.*	"Content should be relevant to a culture, but it should not overlook or dismiss rights violations resulting from **harmful traditional practices or culture**." (p. 12) "**Boys need approaches that enable them to recognize unearned male privileges** and power while supporting them to challenge stereotypical norms about masculinity and femininity (Kågesten et al., 2016). All out-of-school CSE programmes should include content to promote understanding of gender, diversity and human rights to **challenge harmful gender stereotypes and systemic discrimination** based on sex, sexual orientation and gender identity." (p. 13) "**Gender-transformative education** (see Glossary) should guide participants to undertake gender analyses for every topic so that they understand and learn to think critically about how gender issues permeate their lives." (p. 20) "Build supportive peer networks and role models for young men: Clubs and social media groups for boys and young men which **support and reinforce new ways of thinking** and behaving can strengthen positive peer pressure to sustain changes in attitudes and behaviours." (p. 21)

	"**Consider using immersive environments** to address the most difficult topics: Retreats, or interactive methods such as longer in-depth discussions and time for personal reflection, are especially effective for **shifting attitudes towards difficult or sensitive topics like homophobia, transphobia** and violence." (p. 21) "As populations with colonial origins have become dominant over time, Indigenous peoples have been relegated to a minority status in many places. **Forced assimilation to colonial or dominant religious and cultural practices**, involuntary relocation (e.g. due to environmental degradation) and coercive integration into formal educational systems have all contributed to intergenerational community trauma (Reading and Wein, 2013). Today Indigenous peoples represent one of the world's most disenfranchised population groups (WHO, 2007b)." (p. 30)
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*.	"Ground rules should include: respecting the confidentiality of other participants (i.e. not disclosing to non-participants the identities of participants **or anything that they have said**); not taking photos without permission and not posting or sharing any photos with faces in them; not mentioning names or locations, including in social media posts; only mentioning the programme to people whom they know; using messenger groups, chats or **a 'secret group' on Facebook if people want to stay in touch** (but being aware that even supposedly secure apps may not be truly private and confidential, and may contain inaccurate information); never publishing anything about anyone without their consent." (p. 14) "Ground rules for the programme must stress that **all participants have a responsibility to maintain confidentiality**, and provide clarity on what this means in practical terms." (p. 15) "In places where sexuality education is not provided in schools or is not comprehensive, parents/guardians and families bear most of the responsibility for providing it to their children (Pop and Rusu, 2015), and they often prefer to be the source of information on sexuality. Despite this, **parents or guardians often lack the competencies to provide evidence-based, age-appropriate sexuality education to their children**." (p. 17) "Parents/guardians are key in shaping the gender norms and attitudes of young adolescents. Often, **they wish their children to conform to prevailing gender norms** (which are usually unequal), and they reinforce these through instruction, encouragement, rewards, admonitions and discipline (Chandra-Mouli et al., 2017). Programmes must therefore **help parents/guardians to model more equal gender attitudes** and norms." (p. 17) "The concept of the evolving capacity of the child (Article 5 of the Convention on the Rights of the Child) is not generally observed, even though General Comment No. 4 of the Committee on the Rights of the Child acknowledges that States parties should ensure that **children have access to appropriate sexual and reproductive health information, regardless of their marital status and**

	whether their parents or guardians consent, and that States parties should ensure the possibility of medical treatment without parental consent. Advocacy should seek to ensure that children and young people have access to the sexual and reproductive health services and information they need to adopt healthy behaviours, provided by professionals trained in adolescent health." (p. 11)
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)*	"Facilitators can encourage learners to share questions and perspectives that they may be reluctant to voice to a teacher at their own school. Finally, out-of-school programmes may be better able to **provide sexual and reproductive health commodities and link children and young people to services**, mentors and other forms of support." (p. 10) "Integrate or **link out-of-school CSE with existing programmes**: These may include initiatives on gender equality or on violence prevention for girls and young women, programmes that engage boys and young men on gender equality or **sexual and reproductive health issues**, and campaigns to end child marriage, prevent transmission of HIV, promote girls' education, promote puberty education or traditional rites of passage, or strengthen laws on gender-based violence." (p. 12) "Contact a range of services to discuss their **willingness to take referrals for children and young people**, and to work with specific groups (e.g. people with disabilities, transgender people, people in humanitarian settings etc.), to the extent that the legal and social context allows." (p. 12) "**Key documents and curricula**: • Being Out, Staying Safe: An STD Prevention Curriculum for Lesbian, Gay, Bisexual and Queer Teens (New Jersey Department of Health and Senior Services, n.d.) • Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions (UNPFA, 2015) • HIV and Young Men who Have Sex with Men: Technical Brief (WHO, 2015) • Faith Leaders and the LGBT Community Toolkit: Promoting Safe and Welcoming Faith Organizations for All God's Children (Sonke Gender Justice Network, 2017) [*Link no longer active*] • Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth in the Global South: The Facts (Advocates for Youth, 2016)" (p. 34) "**Key documents and curricula**: • Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (UNDP, 2016) • HIV and Young Transgender People: Technical Brief (WHO, 2015) • Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific (Futures Group, Health Policy Project, 2015)

	• Blueprint for the Provision of Comprehensive Care for Trans People and Their Communities in the Caribbean and Other Anglophone Countries (John Snow, Inc, 2014)… • Transgender Health (Lancet, 2016) • The Yogyakarta Principles: Principles on the Application of Human Rights Law in Relation to Sexual Orientation and Gender Identity (2007) and the Yogyakarta Principles plus 10 (2017) • APTN Fact Sheets: Being Trans in Asia and the Pacific (Asia Pacific Trans Network, 2016) • Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version (World Professional Association for Transgender Health, 2012) • Dr. Rad's Queer Health Show – Self Exams and Checkups (RAD Remedy, n.d.) • Mermaids (website) • Gender Spectrum (website) • Transcending Anatomy #1: A Guide to Bodies and Sexuality for Partners of Trans People (Anarchist Zine Library, n.d.)" (p. 36)
For the complete text of International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education see: https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf	