

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of

## ***Let's Chat! Parent Child Communication on Sexual and Reproductive Health (Zimbabwe)***

**Based on 15 Harmful Elements Commonly Included in CSE Materials**

**CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15**

**PARENT CHILD COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH** contains **14 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

**Program Description:** “To increase parents’ and adolescents’ knowledge about sexual and reproductive health and rights (SRHR) and sexual and gender based violence (SGBV) that will form the basis from which they can have conversations” (p. 4). Adolescents and parents attend this program together.

**Target Age Group:** Ages 10-19 and parents

**International Connections:** Zapso, Zichire, F.A.C.T., World Vision, National Aids Council, Zimbabwe national Family Planning Council, Safeguarding Young People (SYP), UNFPA, UKAid, Sweden, Irish Aid, Switzerland, GAVI, EU, MoHCC, MoWay

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></p> <p><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,</i></p>	<p>“Ask participants; based on your values <b>when is it okay for your adolescent to start having sex?</b>” (p. 18)</p> <p>“In their age groups, ask the participants to each turn to a neighbour so that everyone has a partner. Ask them to brainstorm in <b>pairs three ways that they could ask their parents, aunts, or uncles about the following questions:</b></p> <ul style="list-style-type: none"> <li>• I had unprotected sex with an old married man and I think I am pregnant what should I do?</li> <li>• My boyfriend is pushing me to have sex, so what should I do?</li> <li>• My girlfriend <b>demands that we have anal sex, what should I do?</b>” (p. 19)</li> </ul> <p>“This activity will help to <b>lower the stigma of engaging in conversation about</b></p>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

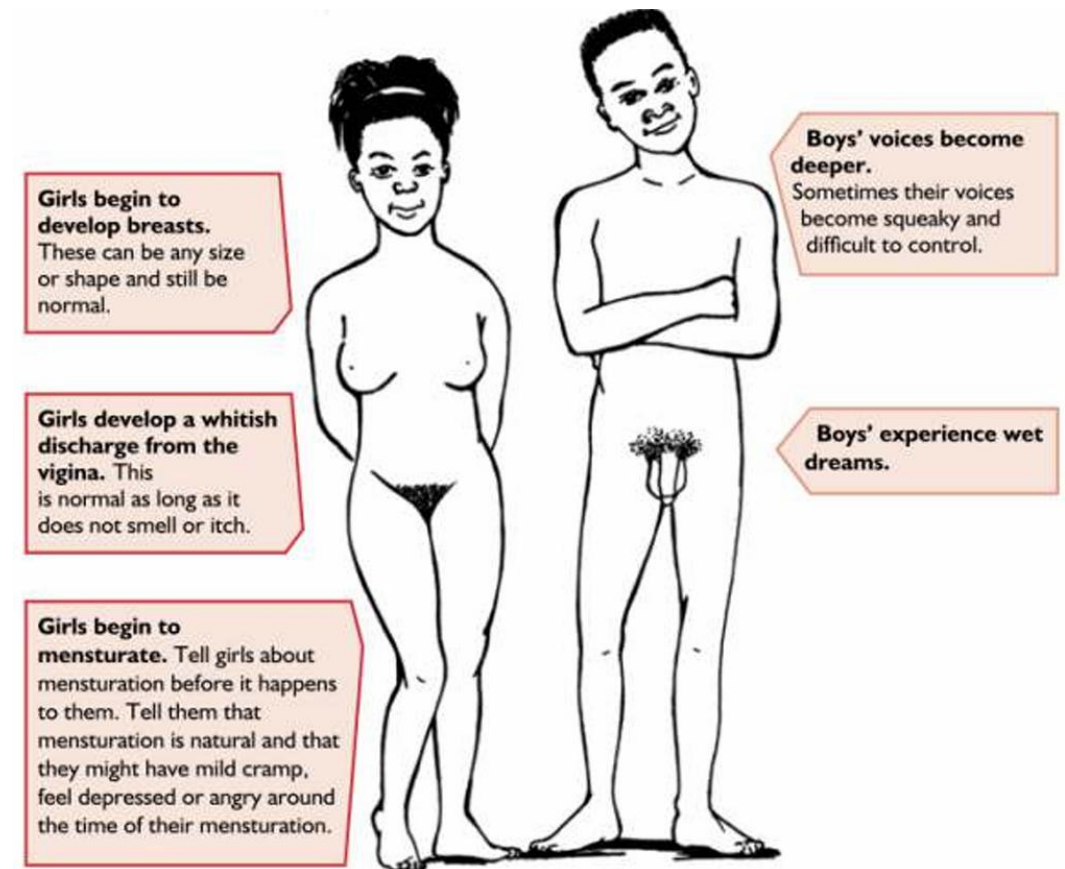
<sup>2</sup> CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of 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.

SRHR in intergenerational environments and get parents and adolescents to begin intergenerational conversations about SRHR in a small way.” (p. 22)

“How does one’s definition of ‘sex’ have anything to do with whether someone is a virgin or not?” (p. 27)

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of **having pleasurable** and safe sexual experiences, free from coercion, discrimination and violence.” (p. 27)



(p. 33)

“Nyasha sat down, still buzzed from the beer, and began to explain once again that she was tired and Craig should stay for only a few minutes. Craig, thinking how sexy Nyasha was, moved over and began to kiss her. He pushed her down onto the bed and began to unbutton her blouse. Nyasha did not respond to his kisses and pushed him away muttering, ‘No, stop.’ Craig ignored her, **continuing to undress both of them**, thinking she really wanted it. Nyasha stopped saying no and began to cry when **Craig began to have intercourse with her.**” (p. 160)

“**Incest:** Sexual intercourse between blood-related family members, such as a father and daughter, sister and brother or mother and son.” (p. 143)

“**Sodomy:** Anal or other copulation-like act between two males. According to the

	<p>law in Zimbabwe, sodomy refer [sic] to any ‘act involving contact between two males that would be regarded by any reasonable [sic] as an indecent act.’” (p. 143)</p> <p>“<b>Voyeurism:</b> Sexual excitement from observing others undressing, making love, kissing, petting or masturbating. Sometimes voyeurs are called ‘Peeping Toms.’” (p. 143)</p> <p>“<b>Exhibitionism:</b> Sexual pleasure from exposing one’s genitals.” (p. 143)</p> <p>“<b>Satyriasis:</b> Excessive desire for sexual intercourse in men.” (p. 143)</p> <p>“<b>Nymphomania:</b> Excessive desire for sexual intercourse in women.” (p. 143)</p> <p>“<b>Gerontosexual:</b> Sexual pleasure from elderly by a young person.” (p. 143)</p> <p>“<b>Frotteurosexual:</b> Sexual pleasure from rubbing one’s genitals against another person.” (p. 143)</p> <p>“<b>Paedophilia:</b> Sexual pleasure by having sexual intercourse with children.” (p. 143)</p> <p>“<b>Paedarasty:</b> Sexual pleasure from young boys.” (p. 144)</p> <p>“<b>Zoophilia/Beastiality:</b> Sexual pleasure from animals.” (p. 144)</p> <p>“<b>Necrophilia:</b> Sexual pleasure from corpses.” (p. 144)</p> <p>“<b>Urophilia:</b> Sexual pleasure from urine.” (p. 144)</p> <p>“<b>Coprophilia:</b> Sexual pleasure from filth such as faeces, dirt, or soiled underwear.” (p. 144)</p> <p>“<b>Sadism:</b> Sexual pleasure from inflicting pain to another person.” (p. 144)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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>“The need for conversation and <b>negotiation around sexual activities ranging from holding hands and a first kiss through sexual intercourse</b> within the context of a relationship is important for all adolescents to learn. In order to fulfil their sexual rights, these decisions must be made by each adolescent without force or coercion from anyone.” (p. 56)</p> <p>“Point out that the <b>communication skills they learn in this session, are not only useful in sexual situations</b> but can be applied in everyday settings, e.g. asking someone to do a chore, asking a classmate for help with the homework task, asking an older person for advice, or even better giving an older person advice. After making a decision about sexual contact, the next step is to communicate that decision with a partner. This short activity outlines the differences between aggressive, assertive, and passive communication styles.” (pp. 60-61)</p>

<p>Note: "Consent" is often taught under the banner of sexual abuse prevention.</p>	
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>"Tell the participants that you are going to <b>say a list of sexual activities</b>. Ask them to raise their hands if a peer and/or older friend told them that he/she had done that activity, if they would consider the friend to have had sex. As you read the list, include the definitions so that all the participants know what you are referring to (Poster and Hand-out 8 on Sexual Patterns and Behaviours).</p> <ol style="list-style-type: none"> <li>a. Attraction</li> <li>b. Having sexual feelings</li> <li>c. Kissing</li> <li>d. Kissing and touching over clothing</li> <li>e. Touching genitals under clothing to orgasm</li> <li>f. Genital stimulation without clothing</li> <li>g. <b>Masturbation</b></li> <li>h. <b>Oral sex</b></li> <li>i. Vaginal sex</li> <li>j. <b>Anal sex</b>" (p. 26-27)</li> </ol> <p>"<b>Oral sex is low-risk for all STIs</b>. Vaginal sex and <b>anal sex are both high-risk</b> for all STIs and HIV transmission." (p. 27)</p> <p>"The ways that HIV can be transmitted are: Through unprotected sex with someone who has HIV (vaginal, <b>oral or anal sexual</b> intercourse)" (p. 81)</p> <p>"<b>Sexual Behaviours</b>: Kissing, touching, hugging, petting, fondling, and penile-vaginal intercourse are often the most commonly thought of sexual behaviours. Oral sex, including <b>cunnilingus</b> (mouth to vulva, vagina, and clitoris) and <b>fellatio</b> (mouth to penis) are acceptable in some cultures." (p. 143)</p>
<p><b>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</b></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>"Some of the groups at substantial risk of HIV infection include: Key populations (<b>Men who have sex with men</b>, sex workers)" (p. 93)</p> <p>"<b>Homosexuality</b> – Males (gay) or females (lesbian) who prefer partners of the same sex." (p. 143)</p> <p>"<b>Bi-sexuality</b> – Individuals who enjoy partners of both sexes. A male or female can be bisexual." (p. 143)</p> <p>"<b>A-sexuality</b> – Individuals who have no sex drive. Although psychologically male or female, neither sex stimulates them sexually." (p. 143)</p> <p>"<b>Drag Queen</b>: A male homosexual who dresses flamboyantly trying to imitate a woman." (p. 144)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>May teach children they are</i></p>	<p>"Reproductive health ... includes sexual health and suggests that people with adequate reproductive health have a <b>satisfying and safe sexual life</b>, can have children, and can make a choice as to whether they would like to have children</p>

<p><i>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>and if so, when and how to have them. (ICPD Programme of Action, para 7.2)” (p. 15)</p> <p>“Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having <b>pleasurable and safe sexual experiences</b>, free from coercion, discrimination and violence.” (p. 15)</p> <p>“<b>You have the right to sexual pleasure.</b> Right to have safe and satisfying sexual relationship [sic]. You have the right to sexual privacy. You have the right to emotional sexual expression.” (p. 15)</p> <p>“<b>Touching genitals under clothes to orgasm</b> is low-risk for some STIs like herpes. However, touching genitals under clothes does not pose a risk for HIV transmission.” (p. 27)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Ask them to raise their hands if they believe doing that activity means someone has had sex. As you read the list, include the definitions so that all the participants know what you are referring to.</p> <p>Kissing Kissing and touching over clothing Having sexual feelings</p> <p><b>Masturbation</b> Touching genitals under clothing to orgasm Vaginal sex <b>Anal sex.”</b> (p. 29)</p> <p>“You cannot stop wet dreams, but boys <b>and men who do not masturbate or have sex are more likely to have wet dreams.</b>” (p. 34)</p> <p>“<b>Masturbation:</b> Manual manipulation of genitals for sexual gratification. It can be a good way for adolescents to release sexual tension without risking pregnancy or disease. Teens who masturbate are normal, and so are those who do not.” (p. 143)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><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.</i></p>	<p>“<b>Practice putting a condom on</b> by following these steps:</p> <ol style="list-style-type: none"> <li>1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don’t use it.</li> <li>2. <b>When the penis is hard or erect</b>, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.</li> <li>3. Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, make sure the foreskin is rolled down before putting the condom on.</li> </ol> <p>Tip: <b>To increase the man’s feeling when using a condom</b>, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – this could cause the condom to</p>

*May imply that condoms will provide complete protection against pregnancy or STIs.*

break.

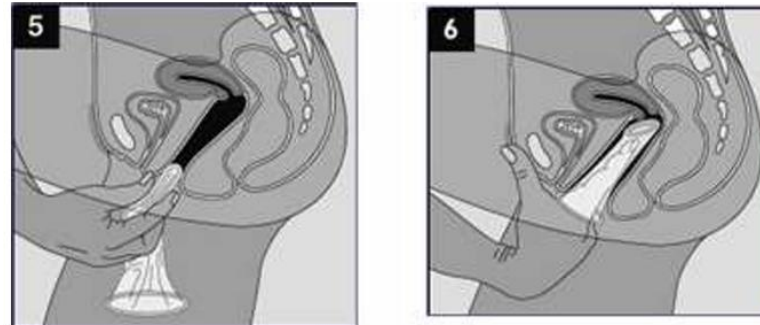
4. Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.
5. While pinching or holding the tip with one hand, **unroll the condom all the way down to the base of the penis** with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.
6. After ejaculation and **before the penis gets soft**, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.
7. Tie the condom to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex." (pp. 175-176)

**"Follow these steps to use a female condom:**

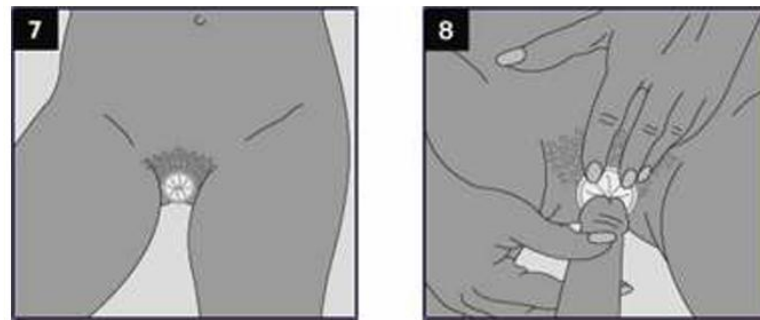
1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.
2. When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at the notch on the top right – see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors...
3. Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or turns into a figure eight. See picture 3.
4. **Choose a comfortable position** – raise one leg, sit or lie down. See picture 4.
5. With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and **push the inner ring up as far as it will go**. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.
6. The condom is now in place – see picture 7. When you are ready to have sex, **guide the penis inside the condom**. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.
7. To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. See picture 9. Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet." (pp. 177-178)



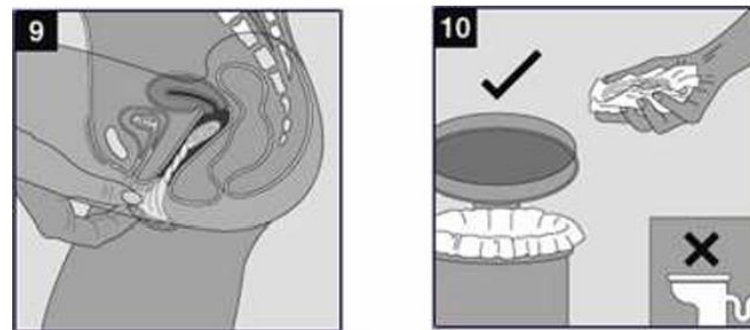
(p. 177)



(p. 178)



(p. 178)



(p. 178)

“Female condoms are not difficult to use, but they **may take some practice to get used to**. Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, **try a different body position** (for example, lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.” (p.

	178)
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“You have the right to information and education. You have a right to the safety of the sexual body. You have a right to access health care. You have the right to <b>make free and responsible reproductive choices</b>. You have the right to equality and to be free from all forms of discrimination. <b>You have the right to privately and confidentially make your own decisions</b> about your sexual and reproductive life and to have these decisions respected. You have the right to health care and health protection. You have the right to decide whether or not to have children. You have a right to sexual and reproduction information based on scientific inquiry. Everyone has the right to access SRH services.” (p. 14)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“How to achieve Sexual Health. Some actions to consider are:</p> <ul style="list-style-type: none"> <li>• Physical: <b>using a condom every time you have sex</b>, getting tested for STIs and HIV, talking with your partner about what you would do if an unplanned pregnancy happened.</li> <li>• Emotional: making the decision to have sex based on what you want rather than on what your partner wants, telling your partner what you want and don’t want <b>before you start to be sexual with them</b>, knowing that you can say ‘No’ to any kind of sexual contact at any time even if you have said ‘Yes’ before, listening to what your partner wants and respecting their boundaries.” (p. 28)</li> </ul> <p>“<b>Touching genitals under clothes to orgasm</b> is low-risk for some STIs like herpes. However, touching genitals under clothes <b>does not pose a risk for HIV</b> transmission. Oral sex is <b>low-risk for all STIs</b>. Vaginal sex and anal sex are both high-risk for all STIs and HIV transmission.” (p. 29)</p> <p>“Ask each group to make a list of the ways that engaging in sexual contact (<b>although not necessarily having sex</b>) impacts a person of their age in that way.” (p. 30)</p> <p>“Middle Adolescence, 14-15 years: Many adolescents at this stage have already experienced the changes in their reproductive systems, or are at the tail end of these shifts. This is the time when many adolescents are <b>experimenting sexually</b>, and it is important that they know the consequences of their actions, and what they can do to prevent undesirable outcomes. Adolescents at this stage must be educated about the processes of pregnancy and the consequences of <b>unprotected sex</b>.” (p. 39)</p> <p>“Late Adolescence, 16-19 years: This stage is often accompanied by <b>advanced sexual experimenting</b>, and as such has a greater risk of resulting in negative reproductive outcomes for the adolescents, including early pregnancy and exposure to STIs and HIV. It is important to stress the <b>need for safe sex</b> and the</p>



	<p>long-term and short-term consequences of making bad decisions regarding their reproductive health.” (p. 39)</p> <p>“Tell participants that you are going to talk about issues related to adolescents deciding or not deciding to have sex, and the implications for contraception. Encourage them to think about how they can <b>assist adolescents who are sexually active</b> to prevent pregnancy.” (p. 45)</p> <p>“Explain to participants that support in decision making related to sex is not about encouraging adolescents to have sex but rather to <b>make responsible choices and decisions</b>, including abstinence and <b>preventing pregnancy</b> etc.” (p. 58)</p> <p>“Abstinence or not having sex is an effective way to avoid getting an STI. <b>For those who are having sex</b>, using male or female condoms correctly and consistently is an effective way of reducing the likelihood of getting an STI.” (p. 78)</p> <p>“Avoid sex <b>or use a condom each time you have sexual intercourse</b> until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.” (p. 79)</p> <p>“<b>Condoms are effective</b> protection when they are used correctly and consistently <b>when you have sex</b> since they prevent the transmission of semen and vaginal fluids.” (p. 82)</p> <p>“<b>To avoid contracting an STI people</b> should:</p> <ul style="list-style-type: none"> <li>• Know about STIs and what their signs are.</li> <li>• Not engage in sexual activity – the only 100% effective way to prevent contracting an STI.</li> <li>• Avoid sexual activity that involves genital contact or fluid exchange. Hugging, kissing, cuddling, touching, fantasy, and using your hands are all safe practises.</li> <li>• <b>Use condoms.</b></li> <li>• Limit the person they have sex with to <b>one faithful partner</b>.</li> <li>• Talk to their partner to find out if he or she has ever had an STI and ask about being tested <b>before having sex.</b>” (p. 154)</li> </ul>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate</i></p>	<p>“<b>Transsexual:</b> Individual of one biological sex (usually a man) who believes he is a woman trapped in a male body. Sometimes these individuals will seek a sex-change operation.” (p. 144)</p>

*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.*

**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.*

“Is there ANYTHING you can do in those three days after unprotected sex that could help prevent pregnancy? (Answer: You can **take emergency contraception within 72 hours**)” (p. 40)

“**Abortion is the expulsion of the foetus** from the uterus before it is sufficiently developed. The most common time for abortion to occur is between 8 and 13 weeks.” (p. 41)

“**Most important information about emergency contraception:**

- Emergency contraception must be taken within 3 days of unprotected sex.
- You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works.
- Emergency contraception is **available in health facilities and pharmacies**, and adolescent and young people can access them from their youth-friendly sexual and reproductive health service providers.
- Emergency contraception is for emergencies and should not be used as a regular family planning method.
- Emergency contraception does not protect you from STIs and HIV.
- If a woman takes emergency contraception and then has sex again without using another kind of contraception or her method fails, she can still get pregnant. If she still doesn’t want to get pregnant, she needs to take emergency contraceptive pills again.” (p. 42)

“Ask participants to **name different methods of preventing pregnancy** they know of and what they might have heard about them. Guide participants in a discussion of the various modern contraceptive methods available to them, and which ones would be **most suitable for adolescents** including those living with HIV and discuss why. Dispel any myths regarding contraceptives and reiterate that abstinence, **use of modern contraceptives, and correct and consistent use of short term methods** such as condoms and the pill **are the only ways to prevent pregnancy.**” (p. 43)

“**A contraceptive is a drug or device used to prevent pregnancy.** There are many different contraceptive methods – but only the condom can prevent pregnancy as well as HIV or STIs. In this Unit, we will focus on pregnancy prevention. Most contraceptive methods are reversible; that is a woman will be able to become pregnant again after she has stopped using the method. Some methods, such as **surgical sterilization**, are permanent, meaning a woman

cannot become pregnant ever again or a man cannot make a woman pregnant again. In this Unit we shall **discuss a range of contraceptive methods**. Even though not all methods may be available where you are (or recommended for young people), it is important that you know about them and how they work.” (p. 47)

“Do you have the appropriate tools (i.e. knowledge, decision making skills, contraceptives, ability to communicate with your partner etc.) at hand to **reduce sexual risks?**” (p. 57)

“**An IUCD is a plastic, T-shaped device** about 3 cm long, generally coated with copper wire. Some IUCDs also contain the hormone progestin. At the bottom of the IUCD there are strings which hang inside the vagina, but cannot be seen outside. IUCDs must be inserted and removed by a trained person. They are not recommended for young women who have not yet had children, as there is a risk of infertility, and also for those with multiple or frequently changing sexual partners.” (p. 179)

#### “**Depo-Provera (Injectable)**

- Depo-Provera is a short-term hormonal birth control method for preventing pregnancy.
- It is an injectable that prevents pregnancy for up to three (3) months.
- Depo-Provera does not protect against STIs including HIV and AIDS. Hence, you are encouraged to use condoms in conjunction with this method.” (p. 179)

#### “**Jadelle**

- Jadelle implants are two small soft rods that are inserted under the skin of a woman’s upper arm.
- This is a **long term hormonal method** for preventing pregnancy for up to five (5) years.
- It can be removed before 5 years if a woman decides to have a child.
- It can be used by a breast feeding [sic] mother.
- Jadelle insertion is a quick procedure that does not require surgery.
- Jadelle does not protect against STIs including HIV and AIDS. Hence, you are encouraged to use condoms together with this method.” (p. 180)

#### “**Emergency Contraception**

- Emergency Contraception is a hormonal method taken within 72 hours of unprotected sexual intercourse to prevent pregnancy.
- It is used by a woman in situations where:
  - She has had unprotected sexual intercourse without any Family Planning method.
  - She forgets to use her method correctly.
  - A condom burst during sexual intercourse and she is not using any method.
  - She is raped and not using any method.
- Remember Emergency Contraception is not to be used as a method of

	<p>birth control.</p> <ul style="list-style-type: none"> <li>• Emergency Contraception does not prevent STIs including HIV and AIDS.” (p. 180)</li> </ul> <p>“<b>Contraceptive Pill:</b> The pill is a short-term hormonal method for preventing pregnancy. It is taken orally at the same time every day.” (p. 181)</p> <p>“There are two (2) types of pills:</p> <ul style="list-style-type: none"> <li>• <b>Control Pill (Combined Pill)</b> <ul style="list-style-type: none"> <li>○ It is not suitable for a woman with medical conditions such as migraine headaches, and High Blood Pressure (BP).</li> <li>○ It can be used by a woman who continues breast feeding after six months from child birth [sic].</li> <li>○ The Control Pill does not protect against STIs including HIV and AIDS. Hence, you are encouraged to use condoms together with this method.</li> </ul> </li> <li>• <b>Secure Pill (Progesterone Pill)</b> <ul style="list-style-type: none"> <li>○ This is suitable for a mother who is exclusively breast feeding for up to six (6) months from child birth [sic].</li> <li>○ It is suitable for a woman with medical conditions such as diabetes and High Blood pressure (BP).</li> <li>○ The Secure Pill does not protect against STIs including HIV and AIDS. Hence, you are encouraged to use condoms together with this method.” (p. 181)</li> </ul> </li> </ul>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“What responsibility does an adolescent have toward protecting their SRH rights? Possible answers may include participation in issues that affect their SRHR, taking responsibility for the consequences of their actions, and <b>advocating for better services.</b>” (p. 16)</p> <p>“It [National Population Policy (1999)] proposes the following key strategies for young people:</p> <ul style="list-style-type: none"> <li>• Strengthen reproductive health education in and out of school; provide counselling services to minimise problems relating to alcohol and drug abuse and reproductive health issues;</li> <li>• Advocate for establishment of parent education programmes related to youth problems and parent child communication and</li> <li>• Remove obstacles to <b>make reproductive health services easily accessible to all those who are sexually active.</b>” (p. 165)</li> </ul>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation</i></p>	<p>“This unit will invite mutual understanding of culture and religion as well as how <b>some traditional and religious practices violate human rights</b> and have negative influence on sexual and reproductive health and rights.” (p. 109)</p> <p>“To identify different culture [sic], traditional and religious practices that affect sexual and reproductive health and rights (SRHR). To identify <b>positive and negative cultural, traditional and religious practices related to SRHR</b>, and those practices that contribute to child marriage.” (p. 109)</p>

<p><i>or gender identity.</i></p>	<p>“Ask participants <b>which traditions and cultural practices</b> are deemed good or appropriate in today’s society.” (p. 110)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p><b>No evidence found.</b></p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigateIPPF.org">www.InvestigateIPPF.org</a>)</i></p>	<p>“Remember to offer the participants the name and <b>contact details of the nearest service provider</b> (healthcare services, NGO, church, ZRP, social services, counsellor, etc.) that will be able to assist them if they need more help or have more questions. Give referral slips and refer people to relevant service providers as needed.” (p. 23 and the end of each chapter)</p> <p>“Reference: <a href="http://www.ripnroll.com/femalecondoms.htm">http://www.ripnroll.com/femalecondoms.htm</a>” (p. 178)</p>
<p>For the complete text of <i>Parent Child Communication on Sexual and Reproductive Health</i> see:</p>	

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