

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

Reproductive Health Lessons: A Supplemental Curriculum for Young People Adapted for Tanzania

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

***Reproductive Health Lessons: A Supplemental Curriculum for Young People Adapted for Tanzania* 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 curriculum is designed to supplement any life skills-based curriculum with Reproductive Health (RH) lessons. It is based on based on [sic] certain assumptions, such as:

- Young people are familiar with life skills lessons and have been taught them prior to the RH lessons.
- Leaders feel comfortable to deliver messages on reproductive health to youth.
- The RH lessons are part of a life skills education program.” (p. 2)

Target Age Group: Ages 14+

International Connections: USAID, African Youth Alliance, Advocates for Youth, Peace Corps, FHI, UNICEF, The Consuelo Foundation, IYF’s program “Passport to Success”

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, attractions, fantasies or desires.

“Divide the participants into two groups. Hand out to each group two sheets of chart paper with the body image of a boy and the body image of a girl drawn on one page. Ask one group to draw all the **changes that happen to a boy between ages 10 and 16 and another group to do the same for a girl.**” (p. 13)

“Explain **about sexual feelings.** Emphasize that sexual feelings are normal.

- During puberty, it is normal to become more aware of the opposite sex and to feel more sexual.
- In boys, the main sign of sexual feelings is an **erection of the penis.**
- In girls, it is **wetness of the vagina.**
- Sexual feelings can come from reading a romantic novel or thinking about another boy or girl.” (pp. 13-14)

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.

“Each group should name the parts of the male or female reproductive system. The participants can **name the organs with words they know except for swear words**. Give the groups 5 minutes to complete the task. Ask each group to show their results.” (p. 19)

“Discuss myths and facts about the male and female reproductive systems...

- A women can not [sic] get pregnant or the HIV infection **if she has sex** during her menstrual period. (Myth)
- If a girl misses her period this could mean she is pregnant. (Fact)
- **Having a sexual relationship** is important for a person to prove his or her maturity. (Myth)
- Girls that have not matured (developed breasts, started menstruating) can not [sic] become pregnant **if she [sic] has sex**. (Myth)
- Most boys have wet dreams during puberty. (Fact)
- If you drink one liter of water immediately **after having sexual intercourse** you will not get pregnant. (Myth)
- Menstruation, **ejaculation, erection and wet dreams** are normal signs of puberty. (Fact)” (p. 24)

“Write the following statements on two separate pieces of paper and fold paper in half:

- **You just found out that your girlfriend is pregnant.**
- **You just found out that you are pregnant.**

Leader’s Note: If participants are younger than 15 years old, replace the statements with the following:

- You are 15 years old and you just found out that your girlfriend is pregnant.
- You are 15 years old and you just found out that you are pregnant.” (p. 27)

“Situation #1: George is 17 years old and Michelle is 15 years old. Michelle meets George at her friend’s party and is really attracted to him. She drinks a few beers and decides to talk to him. George likes Michelle as well. They both drink more beer and after few minutes **they head up to a bedroom**. When they get there, Michelle is not sure that she wants to have sex.” (p. 30)

“Situation #3: Alexander and Maria are secondary school students. They are both 16 years old. They have been dating for six months now. Recently, Alexander has **insisted on having sex to ‘prove’ their love**. Maria does not want to lose Alexander as a boyfriend and agrees with him but she is not sure that she is ready and she is afraid of becoming pregnant.” (p. 31)

“Situation #4: Natalie and Lilly are best friends and don’t have secrets from each other. Lately, Natalie has noticed that Lilly has become nervous and depressed. Natalie asks her friend what is going on. Lilly tells her that she **had sex with her boyfriend** some time ago and now she is **worried that she may be pregnant** because she missed her period, and it has already been a month.” (p. 31)

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| | <p>“Lesson Plan:</p> <ol style="list-style-type: none"> 1. Give each participant one card. Tell them to keep the special instructions on their cards a secret and follow the instructions. Ask the group to stand and shake hands with three people and ask each of them to sign the card. Make sure they move around the room. 2. When all participants have collected three signatures have them take their seats. Ask people with the ‘o’, ‘z’ and ‘x’ on their cards to stand up. Now tell the group to pretend that the person with the card marked ‘z’ was infected with gonorrhea, and instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures he/she collected. Do the same with the card marked ‘o’ – Chlamydia, and the card marked ‘x’ – genital herpes. 3. Ask everyone who shook hands with those people to stand up. Ask everyone who shook hands with a standing person to stand up. And so on until everyone is standing except for those participants who have card with a message not to follow the instructions. 4. Ask participants who had ‘c’ on their cards to raise their hands. Explain that fortunately these people used condoms and were not at significant risk for sexually transmitted infections as the rest of the group. 5. Have participants sit down and ask those with the card ‘Do not follow my directions’ to stand up. Explain that these people abstained from sexual intercourse and were protected from sexually transmitted infections.” (p. 43) <p>“Scenario 2: Mary spent a night at her aunt’s house. When she was ready to go to bed, her uncle came in to her room to wish her ‘good night’. He sat on the bed and started a conversation about how pretty she was. Suddenly he hugged her and Mary felt uncomfortable because her uncle was touching her breasts. She pulled away from him. The uncle had become frustrated and said that she was big enough to know how to have fun with a man. Mary started to cry and the uncle left the room promising to come back next day [sic].” (pp. 74-75)</p> <p>“Scenario 3: Helena has a boyfriend Eric. They have been dating for few months [sic] now but decided not to have sex until both of them are ready. One day Eric took Helena to his friend’s party. Although they had a good time there, Helena worried that Eric was drinking. On the way home, Eric forced Helena to have oral sex with him although she told him over and over again that she did not want to. He said that it was her fault for kissing and touching and letting him get turned on. He said that she wanted it too, and if she loved him she would be much nicer to him.” (p. 75)</p> |
| <p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in</i></p> | <p>“Ask the group about the best time a couple should talk about their sexual expectations for a relationship. Let participants to express [sic] their ideas and then emphasize that these conversations should take place BEFORE they have sex. These discussions should show maturity and responsibility.” (p. 39)</p> <p>“Participants will: ...Practice negotiation skills and to be assertive about their decisions” (p. 48)</p> |

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| <p><i>sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p> | <p>“Role Play:</p> <ol style="list-style-type: none"> 1. Divide the group into two rows, standing opposite each other. 2. Explain that the purpose of the activity is to explore negotiating safer sex but that it is up to them whether this will be the result of their role-play. 3. Each row is given a situation card with their character on it. For example: <ul style="list-style-type: none"> - All students standing in Row A will play Sam and those who are in row B will play Rita. - The situation is: Sam and Rita are dating. Sam has had a lesson at school about HIV and he wants to start using a condom but Rita is not keen... 4. The person at the top of row A begins a conversation as if he or she was Sam. The person opposite replies as if he or she was Rita. Then the second person in row A replies in character as Sam. The person opposite replies as Rita, and so on taking turns until the last person in row B has spoken, then back to the first person in row A. 5. When the conversation comes to a conclusion you can discuss the following points: <ul style="list-style-type: none"> - How long did it take for the characters to talk about safer sex? - What made it difficult for the characters to talk about safer sex? - What do you think are the advantages and disadvantages of discussing safer sex? - Was it different for boys and girls?” (p. 52) |
| <p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p> | <p>“Pass out handout on Sexually Transmitted Infections (Annex F). Explain that STIs are infections that are spread through sexual contact. Any form of intercourse – vaginal, anal, oral – can spread STIs.” (p. 43)</p> <p>“How can STIs be transmitted? By skin to skin contact; by oral sex, by vaginal sex, by anal sex” (p. 45)</p> <p>“What behavior has the highest risk for the most dangerous STIs? Unprotected sex (anal and vaginal)” (p. 45)</p> <p>“There are several ways to help prevent getting trich or spreading it to other people.</p> <ul style="list-style-type: none"> • You can abstain from vaginal and anal intercourse. • If you choose to have vaginal or anal intercourse, use female or latex condoms every time.” (p. 98) |
| <p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital</i></p> | <p>No evidence found.</p> |

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| <p><i>health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p> | |
| <p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p> | <p>No evidence found.</p> |
| <p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</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>No evidence found.</p> |
| <p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</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. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p> | <p>No evidence found.</p> |

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.

“Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, **is a big responsibility**, and it is best to wait until one is older.” (p. 14)

“Prepare five value statements for the group activity. Make sure that the statements are appropriate for the country context. Suggested statements include:

- In a family, financial support is a man’s responsibility.
- People with HIV and AIDS **do not have to tell their sexual partners that they are infected.**
- Having a good education and a job is important.
- Since it is the girl who gets pregnant, it is her responsibility to use birth control.
- Young people can make positive changes in their communities.
- A family with many children is better than a family with fewer children.
- Boys and girls are treated equally in schools and at home.
- Waiting to have sexual intercourse **until you are married** is a good idea.
- **You should have sex only with someone you truly love.**
- Making money makes you happy.

Post signs marked ‘Agree’, ‘Disagree’ and ‘Not sure’ in three spots around the room. Explain that the participants will be asked to **express their feelings about particular values**. Go over the instructions for the activity:

- Each statement will be read aloud to the group. Each statement is either for or against a particular position.
- When the participants hear a statement, each of them should decide whether he/ she agrees, disagrees or is unsure about it.
- When they are told, they should find the sign on the wall that matches their position about the statement and stand beneath the sign.

Outline the guidelines for this activity: **There is no right or wrong answer**, only opinions based on your values.” (pp. 8-9)

ANNEX G: LEADER'S RESOURCE — RISK QUESTIONNAIRE

| QUESTION | ANSWER | MARKS (Choose corresponding to answer) | SCORE |
|---|-------------------------|---|-------|
| Are you physically mature? | Yes | 10 | |
| | No | 20 | |
| Have you started having sex? | No | 0 | |
| | Yes, but not frequently | 20 | |
| | Yes, frequently | 40 | |
| Have you had more than one sexual partner? | None at all | 0 | |
| | Only one | 20 | |
| | More than one | 40 | |
| Do you use a condom when having sex? | Always | 25 | |
| | Sometimes | 50 | |
| | Never | 100 | |
| Do you have sex when high on alcohol or other substances? | No | 0 | |
| | Yes | 40 | |
| Have you ever had a sexually transmitted infection (STI)? | No | 0 | |
| | Yes | 40 | |
| Do you know the consequences of having sex? | Yes | 5 | |
| | No | 20 | |
| TOTAL SCORE | | | |

(p. 101)

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.

“Yes, a girl can become pregnant the first time she has sexual intercourse. So, **she must use contraception** the first time she has sexual intercourse, if she doesn’t want to risk becoming a parent.” (p. 28)

“Continue the discussion with a question on what can be done to prevent a teenage pregnancy... Possible answers may include:

- Abstain from sexual relationships until you are ready to have a family.
- **Practice safer sex** (use of condoms and other methods of contraception).
- Resist peer pressure to drink alcohol or use drugs that can lead to poor decisions such as having **unprotected sex**.” (p. 30)

“Continue with the message that abstinence for adolescents should be their first choice. However, **if young people have already engaged in sexual relationships**, they should protect themselves from unintended pregnancy and STIs, including HIV/AIDS.” (p. 30)

“Not having sex is the best way to prevent STIs. **Limiting the number of sexual partners and using condoms** or dual protection every time can greatly lower the

risk of getting STIs.” (p. 45)

“What skills can help a young person to avoid STIs? Abstain from sex; Say ‘no’ to **unprotected sex**; Negotiate **condom use**; Make informed decisions” (p. 46)

“Encourage participants to think about their risks of contracting STI. To help them, provide participants (or display on a flipchart) list [sic] of statements that they should assess individually. Ask them to write ‘risky’, ‘not risky’ or ‘not sure’ on note paper for each statement according to what they believe.

- I have **more than one sexual partner**.
- **I do not always use condoms** when having sex.
- I abstain.
- **I only have sex with one partner**.
- I drink beer or other kinds of alcohol.
- I can use drugs.
- I always use condoms.
- **I have sex for gifts/money/food/protection**.
- Using more than one condom at a time will prevent HIV/AIDS.” (p. 46)

“Role Play: Simon and Mary

- **Vincent**: You are in a high school (Form One). You love Mary but can’t understand **why she has not agreed to have sex with you yet**. You wonder if she cares about you less than you care about her. You want to talk to her about your relationship.
- **Mary**: You are in the same grade as Vincent. Vincent and you have been dating for 6 months. You love him very much. **You are thinking about having sex** but you don’t want to risk pregnancy and you don’t know much about birth control. You asked your friend, Jane, about contraception and she said that birth control pills can make girls fat and cause cancer, and a constant use of condoms may make a man impotent. She also mentioned that first time sex does not lead to a pregnancy. You want to share this with Vincent and talk to him about sexual relationship [sic]. You think you can have sex and deal with birth control later.
- **The Scene**: The scene opens with Vincent and Mary sitting on a couch and Vincent is asking whether Mary loves him. **Mary is ready to have a sexual relationship but she asks Vincent about what they should do to protect themselves** and repeats the information given to her by Jane. Vincent is ready to use condoms but only from time to time. He heard that it is not always dangerous to have unprotected sex.
- After the demonstration ask the group the following questions:
 - What is happening in the scenario (in your own words)?
 - What risks are Vincent and Mary taking?
 - What are some possible consequences if they have sex?” (p. 38)

“How could Simon and Mary **lower their risks** and the chances for an unwanted consequence? Possible responses might be:

- **Abstain** from sexual intercourse
- **Use contraception** consistent and correctly” (p. 38)

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| | <p>“The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.” (p. 99)</p> <p>“Encourage students to ask questions after each presentation. At the end of the discussion emphasize that abstinence or correct use of condoms every time that they have sexual intercourse prevents STIs.” (p. 45)</p> <p>“What is dual protection? Protection from unwanted pregnancy and STI/HIV through:</p> <ul style="list-style-type: none"> • Consistent and correct use of male or female condom • Use of condom and other contraceptive method • Abstinence • Avoidance of all types of penetrative sex” (p. 46) <p>“What behaviors can help to reduce risk of STIs? Abstinence; Consistent and Correct use of condoms; Being faithful to one partner; getting routinely tested for STIs” (p. 46)</p> <p>“If used correctly every time you have sex, condoms provide highly effective protection against HIV infection, whereas circumcision only prevents around 50% of infections.” (p. 51)</p> <p>“After the presentation, ask participants how to prevent HIV. Write down their responses on a flipchart paper. Add from the following list:</p> <ul style="list-style-type: none"> • Abstaining from sexual intercourse (vaginal, anal or oral) • Using condoms correctly every time during sex... • Avoiding multiple sexual partners • Steer clear of sexual relationships with older men/women (a.k.a. sugar daddies/mommas) • Stop having sex in exchange for gifts and money” (p. 52) |
| <p>10. PROMOTES TRANSGENDER IDEOLOGY</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 theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme</i></p> | <p>No evidence found.</p> |

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.

“Abortion is the ending of pregnancy before the foetus is viable. A pregnancy that ends on its own is called a miscarriage. An abortion may be induced – that is, a woman or girl may seek to end a pregnancy. Where it is legal, **it tends to be safer.**” (p. 29)

“**Unsafe abortion** is one of the most easily preventable causes of maternal mortality and morbidity. It is estimated that between 20-30% of all maternal deaths in Tanzania are due to complications from **unsafe abortions.**” (p. 29)

“Ask participants to name **as many methods of contraception as they can.** List their responses and add any they omitted. Emphasize contraceptives available in your country and region.

- Abstinence
- Pill
- Condom
- Injectables
- Withdrawal
- Rhythm
- Spermicides (cream, gel, film)
- IUD
- Norplant
- Diaphragm
- Sterilization: female and male” (p. 36)

“Tell the participants that **contraception can be permanent and temporary.** Permanent methods include sterilization female (tubal ligation) and male (vasectomy). Temporary methods include all other methods that can be long acting such as IUD and implants or short acting such as pills, injections, and spermicides.” (p. 36)

“Tell the group that now they are going to learn about some specific methods of family planning. Divide the participants in six groups. **Give each group a form of contraception.** Some of contraceptives [sic] to have on hand to distribute to the small groups include:

- Male condoms
- Spermicides
- Pills
- Emergency contraception pills
- A card with the word ‘Abstinence’ on it

Give to each group the Contraception – Worksheet Handout (Annex C) and the Contraception – Methods Handout (Annex D). Tell the groups that they will have about 10 minutes to **answer the questions on the worksheets about their method.** Tell the youth that they later present their method to the entire class.”

(pp. 36-37)

“Explain to the group that not all contraceptives protect from STIs and HIV/AIDS as well as pregnancy. To prevent both, **it is important to use dual protection**. Dual protection is a protection from unwanted pregnancy and STIs, including HIV/AIDS, through:

- Consistent and correct use of male or female condom
- Use of condom and other contraceptive method
- Abstinence (can be primary or secondary)
- Avoidance of all types of penetrative sex” (p. 37)

“Explain to the participants that withdrawal method is the least effective contraception to be used, while **dual protection** (combination of a condom and another contraceptive such as the birth control pill or spermicide) **is the best.**” (p. 37)

“Explain to the youth about **the Standard Days method**. It is a form of natural family planning where a female can count the days in her menstrual cycle to determine when she is most likely and least likely to get pregnant. While this method can be used in scenarios where contraceptives are frowned upon for religious or cultural reasons, it should be noted that this method does not have a high success rate – particularly among young girls who may not have regular menstrual cycles.” (p. 37)

“Ask for two volunteers (boy and girl). Give them the **Contraception – Role Play** Handout (Annex E) and a few minutes to read it and get ready. The role play should last about 5-7 minutes.” (p. 37)

“Scenario 2: Stella and Andrew have known each other for a year, but they live in different towns because of their schools. Andrew is coming to visit Stella during the December holiday and it is likely that **they will end up having sex**. Stella knows that unprotected sex is risky and she **goes to the corner pharmacy to buy some condoms**. The cashier says to her that girls have no business buying condoms and she refuses to sell them to Stella. What should Stella do?” (p. 68)

A chart with **detailed information about the following contraceptive methods** is provided:

- Abstinence (completely avoiding any form of sexual intercourse)
- The pill (combined oral)
- Injectables (DepoProvera)
- Male condom
- Spermicides
- Emergency contraceptive pill
- Female condom
- Standard days method (pp. 85-89)

**12. PROMOTES PEER-TO-PEER
SEX ED OR SEXUAL RIGHTS**

No evidence found.

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| <p>ADVOCACY</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>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p> | <p>“Read aloud the following statements and ask the participants to stand near the sign (‘Strongly Agree’, ‘Agree’, ‘Disagree’ or ‘Strongly Disagree’) that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements (two or three more).</p> <ul style="list-style-type: none"> ● It is easier to be a boy/man than a girl/woman. ● Women make better parents than men. ● Family planning is a woman’s responsibility. ● A man is more of a ‘man’ once he has fathered a child. ● Sex is more important to men than to women. ● It is okay for a man to have sex outside of marriage if his wife does not know about it. ● Men are smarter than women. ● Boys are better at math than girls.” (p. 65) <p>“How can social norms and expectations to ‘act like a woman’ and ‘act like a man’ have a negative impact on a woman’s and a man’s sexual behavior and reproductive health?” (p. 67)</p> |
| <p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</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>“If ground rules have been developed prior to the reproductive health lessons, a leader should review the rules with the participants to make sure that the following issues are addressed:</p> <ul style="list-style-type: none"> ● Confidentiality: Information shared in the group will remain there and will not be repeated or discussed outside the group.” (p. 3) <p>“Tell the participants that you want them to examine their values and their family values. Give them a list of ‘Family Values’ and tell them to write their own perception of each of the values and ask an adult in their families about at least three values.</p> <ul style="list-style-type: none"> ● Grades in school ● Dating ● Using drugs or alcohol ● Graduating from school ● Getting married ● Getting a job ● Having sex at 16 ● Going to college |

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| | <ul style="list-style-type: none"> • Making money <p>The question for the participants is: ‘Does your perception agree with your family’s values?’” (p. 10)</p> |
| <p>15. REFERS CHILDREN TO HARMFUL RESOURCES</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 www.WaronChildren.org and www.InvestigateIPPF.org)</i></p> | <p>“After the presentation tell the youth about clinics and agencies in the community where they can get family planning information and services.” (p. 37)</p> |
| <p>For the complete text of <i>Reproductive Health Lessons: A Supplemental Curriculum for Young People Adapted for Tanzania</i> see: https://drive.google.com/file/d/1MBbISgoYQw2_CYF_G6AiyRe2RHkr6eiQ/view?usp=drive link.</p> | |