

## 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

### ***Rutgers' Gender Transformative Approach Toolkit*** **Based on 15 Harmful Elements Commonly Included in CSE Materials**

#### **CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15**

***Rutgers' Gender Transformative Approach Toolkit*** contains **10 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 toolkit has been designed as a resource and a guide to support the integration of a gender transformative approach (GTA) into sexual and reproductive health and rights (SRHR) programmes and organisations." (Module 2, p. 2)

**Target Age Group:** Administrators and teachers of CSE

**International Connections:** National Postcode Lottery, CBF, ANBI, IPPF

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i>	<p>"Our ability to <b>talk openly about SRHR, and sexuality</b> in particular, strongly correlates with the values that are relevant and important in our contacts with programme beneficiaries (adolescents, teachers, health care workers, community members, etc.) and in our own personal relationships." (Module 1, p. 12)</p> <p>"Materials: If available, the game 'Love is all around' (cards with questions, divided into categories such as <b>talking about sexuality</b> and relationships, <b>sexual orientation</b>, empowerment, etc.)." (Module 1, p. 12)</p> <p>"We now know that the <b>stereotypical, gender-typical sexuality is detrimental</b> to people's sexual and reproductive health and pleasure." (Module 1, pp. 39-40 and Module 2, p. 14)</p> <p>"Sexual behaviours and practices – The range of <b>possible different sexual</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.

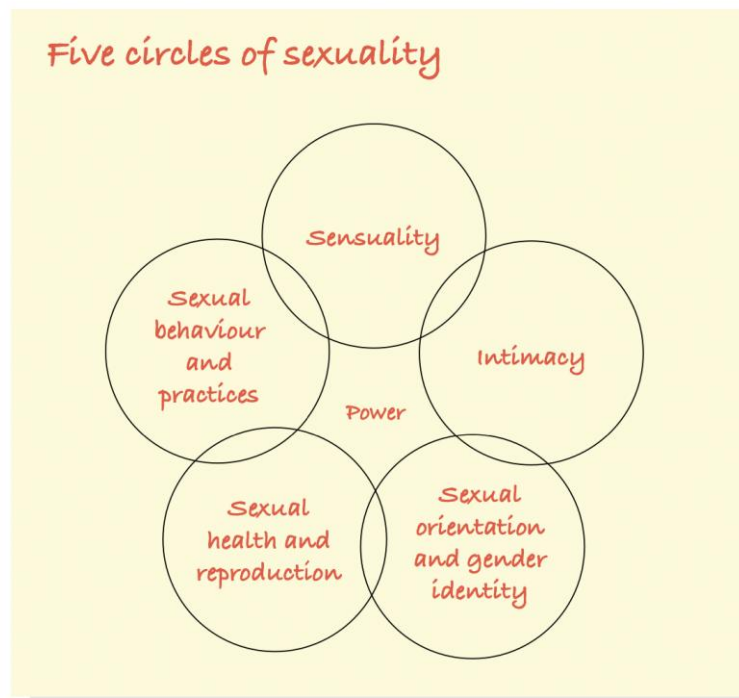
<sup>2</sup> CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of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

**actions:** who does what with which body parts, items, and/or partners.” (p. 47 Module 2)

“Sexual health and reproduction – One’s capacity to reproduce and the behaviours and attitudes that support sexual health and enjoyment. This includes understanding factual information about sexual anatomy, **sexual intercourse and different sex acts**, reproduction, contraception, STI prevention, and self-care, among others.” (Module 2, p. 47)

**“Sexual behaviours and practices**

1. Which **sexual behaviours and practices are covered** in our CSE programmes?
2. Are there sexual behaviours that are acceptable for boys only/girls only, e.g. are there things that are taboo for a girl to do but not for a boy?
3. If so, what are these and why are they seen as more appropriate for one group/identity and not the other?
4. What impact does this have on sexual relationships? What challenges could this bring about?
5. What could we **improve in the way that we cover sexual behaviour** and practices in our CSE programmes?” (Module 2, p. 49)



(Module 2, p. 19)


**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*

**No evidence found.**

<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><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><b>No evidence found.</b></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>“This is Rutgers’s aim: to apply a gender transformative approach (GTA) to sexual and reproductive health (SRH) programmes. We invite you to join our efforts to make this happen, because we think it will lead to better SRH outcomes and results, while at the same time achieving greater gender equality and inclusion of people with <b>diverse sexual and gender identities/orientations.</b>” (Module 1, p. 7)</p> <p>“<b>Sexual attraction</b> is commonly understood as an emotional response resulting in a desire for sexual contact with a person. There are different types of sexual attractions. <b>Heterosexual attraction</b> – towards the opposite sex; <b>homosexual attraction</b> – to a person of the same sex; <b>bi-sexual attraction</b> – to two or more genders; and people who lack sexual attraction (<b>asexual</b>).” (Module 1, p. 42)</p> <p>“<b>Heteronormativity</b> – Male and female sexuality is depicted as fundamentally different and complementary. The activity of sex comes from a masculine drive: masculine sex is active and active sexuality is a precondition for masculinity (male assertiveness, competitiveness). Feminine sexuality is the opposite: reluctant, subservient and vulnerable (compare feminine modesty and care giving).” (Module 1, p. 73 and Module 2, p. 63)</p> <p>“<b>Heterosexual</b> – Exclusively opposite sex attracted people, consistently (sexually and/or romantically) oriented to people of a different sex than their own.” (Module 1, p. 73)</p> <p>“<b>Homosexual attraction</b> – Attraction to a person of the same sex.” (Module 1, p. 73)</p> <p>“<b>Sexual orientation</b>: whether a person’s primary attraction is to the opposite</p>

	<p>sex (heterosexuality), the same sex (<b>homosexuality</b>), or both sexes (<b>bisexuality</b>)” (Module 2, p. 47)</p> <p><b>“Sexual orientation and gender identity</b></p> <ol style="list-style-type: none"> <li>1. How do we think about homosexuality within our culture, and why?</li> <li>2. What do we know about people who are transgender? How does this relate to how we see women and men?</li> <li>3. Where do we find factual, objective information about sexual orientation and gender identities?</li> <li>4. Do we talk about sexual orientations and gender identities in our CSE programme? If yes, what do we say? If not, why not?</li> <li>5. What could we <b>improve in the way we cover sexual orientation</b> and gender identity in our CSE programme?” (Module 2, p. 48)</li> </ol> <p><b>“Bisexual:</b> People who are consistently (sexually and/or romantically) oriented to more than one sex.” (Module 2, p. 61)</p> <p><b>“Gay:</b> Men who are consistently sexually and/or romantically oriented to other men.” (Module 2, p. 61)</p> <p><b>“Homosexual attraction:</b> Attraction to a person of the same sex.” (Module 2, p. 63)</p> <p><b>“Lesbian:</b> A woman who is consistently sexually and/or romantically oriented to other women” (Module 2, p. 63)</p> <p><b>“Sexual orientation:</b> A person’s sexual identity in relation to the gender to which they are attracted; the fact of being heterosexual, homosexual, or bisexual” (Module 2, p. 63)</p> <p><b>“SOGIESC:</b> Sexual orientation, gender identity and expression, and sex characteristics – used in phrases like ‘people with diverse SOGIESC’ and ‘avoiding discrimination on grounds of SOGIESC’” (Module 2, p. 63)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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><b>“Boys may think that they fail when making mistakes while having sex, for example when they do not automatically <b>know or meet a girls’</b> [sic] <b>intimate sexual desires.</b>”</b> (Module 1, p. 64)</p> <p><b>“Taboo subjects, such as discussing female pleasure during sex,</b> should not be avoided as a gender transformative approach seeks to challenge social norms and power dynamics.” (Module 2, p. 10)</p> <p><b>“Sensuality:</b> Awareness and feeling of one’s own body and other people’s bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality allows us to enjoy the pleasure our bodies can give ourselves and others.” (Module 2, p. 47)</p> <p><b>“How do we talk about male and female bodies</b> in CSE programmes? Is it more</p>

	<p>factual, relating to reproduction, puberty, organs etc., or do we also talk about how our bodies feel, <b>about pleasure?</b>" (Module 2, p. 48)</p> <p>"What are society's expectations relating to <b>sexual pleasure for a man and for a woman?</b>" (Module 2, p. 48)</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><b>No evidence found.</b></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. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>"This power to act derives from the 'power within', the power seated within the individual... 'Power within' has to do with perseverance in difficult situations and the ability to set boundaries; for example, <b>you can only negotiate condom use</b> if you are strong, feel you have the right to protect yourself and have the skills to do so." (Module 1, p. 23)</p> <p>"Power Walk statements:</p> <ul style="list-style-type: none"> <li>• I can buy condoms</li> <li>• <b>I can negotiate condom use with my partner</b>" (Module 1, p. 46)</li> </ul>  <p>(Module 2, p. 53)</p>

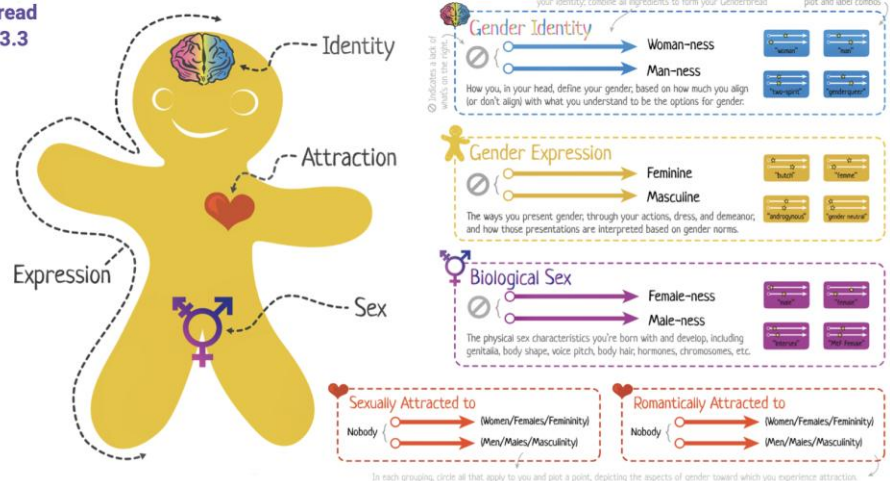
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Regarding SRHR, this entails, for example, that women and <b>girls can decide</b> whether, when and whom to marry or whether, <b>when and with whom to have sex</b>. These types of decisions are strongly affected by gender and age, in intersection with other social markers such as socioeconomic status, sexual orientation, ethnicity, race, or caste. <b>Empowered decision-making involves negotiating, influencing and bargaining.</b>” (Module 1, p. 54)</p> <p>“CSE helps young people to <b>understand and enjoy their sexuality</b>, have safe, mutual, caring and fulfilling relationships and <b>take responsibility</b> for their own and other people’s sexual health and wellbeing.” (Module 2, p. 11)</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>“CSE programmes should be based on the rights of young people to the highest attainable standard of health, including sexual health. They should talk about the possibility of <b>pleasurable, satisfying, and safe sexual experiences.</b>” (Module 2, p. 11)</p> <p>“Young people should gain self-esteem and understand how to protect their physical and emotional wellbeing. They should understand the consequences of having sex and the <b>importance of safer sex</b>. Young people should learn that they have sexual and health rights.” (Module 2, p. 18)</p>
<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 theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental</i></p>	<p>“Rutgers’ innovative approach involves an understanding of ‘gender’ as <b>going beyond the traditional gender norms</b> of masculinity and femininity and question of inequality between men and women. It recognises the <b>full diversity of gender</b>, including individuals with a different sexual orientation.” (Module 1, p. 5)</p> <p>“And as an alternative way to embrace the aim for gender equality and the prevention of GBV in the context of SRHR, it is more inclusive of men/boys and of people with diverse <b>sexual orientations, gender identities &amp; expressions and sex characteristics</b> (SOGIESC), who have so often been left out by more traditional approaches like gender mainstreaming and gender and development.” (Module 1, p. 8)</p> <p>“Learning outcome: Understand the <b>fluidity of sexual and gender identities</b> and expressions; Is open to reflecting on <b>personal gender and sexual identities.</b>” (Module 1, p. 41)</p>

health disorder (gender dysphoria) that can be helped with mental health intervention.

“Give each participant a copy of Handout 1.8: The Genderbread Person. Then explain the following in plenary:

- **Biological sex** includes physical attributes such as external genitalia, sex chromosomes, gonads, sex hormones and internal reproductive structures. At birth, it is **used to assign sex**, that is, to identify individuals as male or female.
- **Gender identity** is someone’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. Your gender identity can be the same or different from the sex assigned at birth.
- **Gender expression or gender presentation** is one’s outwards appearance, body language, and general behaviour. Society has to date categorised this under the conventional gender binary.” (Module 1, p. 41)

Figure 2: The Genderbread Person v3.3



(Module 1, p. 42)

“Also explain that **gender is fluid** and that sexual identity and expression, as well as gender identity and expression, vary between people and even within one person.” (Module 1, p. 42)

“Learning outcomes: Awareness of the **fluidity of their own gender and sexual identity** and expressions; Critical awareness about the social construction of gender” (Module 1, p. 43)

“Gender, as a social construct, is the complex interaction between someone’s sex (biology), **one’s internal sense of ‘maleness’, ‘femaleness’ or anything in between (gender identity)**, often restricted or influenced by what is socially possible (gender roles), as well as one’s outward presentation and behaviour (gender expression/presentation).” (Module 1, p. 43)

“**Gender fluidity** is used for a more flexible range of gender expressions, challenging the belief that ‘gender identity’ is innate. Behaviours and

identification can **change from moment to moment**. Children and adults who are 'gender fluid' often feel they do not fit within the restrictive boundaries or stereotypical expectations defined by the operating gender binary in their society." (Module 1, p. 43)

"Now give the participants a strip of their own (see Handout 1.8b for strips) showing one category of the **Genderbread Person** and **ask them to give themselves a rating**, plotting a dot on both the feminine/female and the masculine/male lines. The dots can be put anywhere on the spectrum, depending on how one feels. Figure 3 gives an example of this plotting exercise for the gender expression category. The participants place their ratings privately and individually. After this they fold their strip with the gender dimension and give it back to the facilitator, who then mixes them up and returns them to the participants, who may now have a paper that is not their own. The facilitator asks the participants to line up, first on the feminine spectrum line (draw on the floor or use tape): people place themselves according to the place of the dot on their paper. You can do the same on the masculine line. Probably the composition of the group will differ on both lines, **showing the diversity in the gender expression of the persons being present in the group**. You can repeat the same exercise with the other dimensions of the Genderbread Person until people have clarity about gender and sexual diversity." (Module 1, p. 44)

"All people are gendered. Men, boys and **people with diverse gender identities** and sexual orientations have often been left out of traditional gender mainstreaming – as well as gender and development approaches – even though they have vital roles to play in the process of achieving gender equality." (Module 2, p. 7)

"The **binary interpretation of sex and gender** has caused stereotyping, polarisation and stigmatisation; it has created a tunnel vision where people feel pressure to confirm the existing expectations about **how to behave socially and sexually**." (Module 2, p. 14)

"A programme on sexuality cannot be considered comprehensive without addressing the gendered nature of sexuality and diversity among young people; the broad variation in identities, expressions, behaviours and feelings of attraction we see in human sexual orientation, **gender identity/expression and sex characteristics (SOGIESC)** worldwide." (Module 2, p. 18)

**"Gender expression/gender presentation:** One's outward appearance, body language, and general behaviour" (Module 2, p. 62)

**"Gender fluidity:** A flexible range of gender expressions, behaviours and identification can change from moment to moment. Children and adults who are 'gender fluid' often feel they do not fit within the restrictive boundaries or stereotypical expectations defined by the operating gender binary in their society." (Module 2, p. 62)

**"Gender identity:** Someone's innermost concept of self as male, female, a blend



	<p>of both or neither – how individuals perceive themselves and what they call themselves. Your gender identity can be the same or different from the sex assigned at birth.” (Module 2, p. 62)</p> <p><b>“Gender expression:</b> One’s outward appearance, body language and general behaviour that are associated with gender” (Module 2, p. 62)</p> <p><b>“Transgender:</b> A person whose gender identity is different from their sex assigned at birth. They can have any sexual orientation.” (Module 2, p. 64)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“The gender equitable man assumes responsibility for sexually transmitted infection prevention and reproductive health in his relationships. This includes taking the initiative to discuss reproductive health concerns with his partner, <b>using condoms or assisting his partner in acquiring or using a contraceptive method.</b>” (Module 1, pp. 65-66)</p> <p>“Ask the participants to think for a few minutes about an inspirational story from their school to tell. Ask one volunteer to tell their story. This story could be related to one of the key issues identified in the norms exercise of Session 2.2, for example, child marriage, teenage pregnancy, sexual abuse, <b>access to contraceptives</b> etc.” (Module 2, p. 31)</p>
<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>“A CSE programme ensuring a GTA would: Respect human rights and diversity, with <b>sexuality education affirmed as a right.</b>” (Module 2, pp. 11-12)</p> <p>“Objective: ...To clarify that all these principles work together and all of them are needed to ensure the <b>sexual and reproductive health and rights of young people</b> are protected, respected and fulfilled.” (Module 2, p. 16)</p> <p>“The core of a GTA is <b>changing harmful norms</b> and their underlying power relations, so that we can <b>ensure the sexual and reproductive health and rights of young people.</b>” (Module 2, p. 17)</p>
<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</i></p>	<p>“To ensure SRHR for all and to prevent gender-based violence (GBV), we must address negative sexual and gender norms and transform them into positive ones. To achieve this, we must not only work with girls and women, but also engage boys and men, and not only focus on heterosexual men and women, but also be <b>inclusive of broader gender and sexually diverse communities.</b>” (Module 1, p. 7)</p>

regarding sex, sexual orientation or gender identity.

“Rutgers’ definition of the gender transformative approach: A gender transformative approach actively strives to **examine, question, and change rigid gender norms** and imbalances of power as a means of achieving SRHR objectives, as well as gender equality objectives at all levels of the socio-ecological model. Programmes and policies may transform gender relations through:

- Encouraging critical awareness of gender roles and norms
- Questioning the costs of harmful, inequitable gender norms in relation to SRHR and making explicit the advantages of changing them
- Empowering women/girls and people **with diverse gender and/or sexual identities/orientations**
- Engaging boys and men in SRHR and gender equality

By applying these four strategies, harmful, inequitable gender norms will change into positive, **equitable and inclusive ones** and lead to improved SRH of men/boys and women/girls, the prevention of GBV and gender equality.” (Module 1, p. 8 and Module 2, p. 7)

“**Gender transformative health interventions** focus not only on norm change at the individual, cultural and interpersonal level, but also in a person’s environment (e.g. school, workplace, family, health centre, community, media, government, etc.).” (Module 1, p. 9)

“In each component, **value clarification exercises** can be selected, aligned and adapted to your specific contexts and needs.” (Module 1, p. 11)

“Explain that the purpose of this session is to help participants reflect on and analyse the many layers of stigma and discrimination that exist in society and their implications for **people with different SOGIESC** and women/girls.” (Module 1, p. 49)

“Learning outcome: Understand **women’s subordination in relation to the Judeo-Christian creation story** (or other religious or cultural writings).” (Module 1, p. 56)

“For many years gender equality has been perceived as in the woman's domain. However, within the SRHR and gender equality field there is a growing understanding that gender is a relational concept. This means that people’s **gender identity and expression are formed and continuously (re)shaped in interaction with others**: between women/girls and men/boys mutually, women/girls and men/boys and people with diverse SOGIESC mutually and in relationship to heterosexual people. In this interplay, social and cultural values of what is considered to be normal, acceptable and good are acted out and held in place by power dynamics. This is the way we choose to approach gender, **presuming that it will be difficult to change harmful gender norms** without involving all the players who maintain them in their daily behaviour. This implies that gender transformative SRHR programmes include women/girls, men/boys and people with diverse SOGIESC. This is called the **gender synchronised**

**approach.”** (Module 1, p. 63)

“Learning outcome: Understand the origin of their attitudes and feelings towards women and **people with diverse SOGIESC.**” (Module 1, p. 67)

**“Gender synchronised approach** – People’s gender identity and expression are formed and continuously (re)shaped in interaction with others: between women (girls) and men (boys) mutually, women (girls) and men (boys) and people with diverse SOGIESC mutually and in relationship to heterosexual people: **gender is a relational concept.**” (Module 1, p. 72)

“The aim of this module is not to offer new content for CSE, but to facilitate critical reflection and useful insights among CSE stakeholders, which can enhance their ability to address these critical themes, thereby **contributing to young people’s sexual and reproductive health and rights (SRHR).**” (Module 2, p. 6)

“This **positive approach to CSE**, ‘is aimed at enhancing wellbeing, and therefore strives to achieve ideal experiences, rather than solely working to prevent negative experiences. CSE acknowledges and tackles the various concerns and risks associated with sexuality, but **without reinforcing fear, shame or taboo of young people’s sexuality** and gender inequality.’ IPPF (2011)<sup>11</sup>” (Module 2, p. 11)

“Within CSE programmes, the **principle of diversity** would be taken into account through: ...Sensitivity to harmful assumptions about sexuality, **the type of sex that young people are having**, or the expectations of boys, girls and people with diverse SOGIESC.” (Module 2, p. 12 and p. 59)

“‘I am happy that a **gender transformative approach to comprehensive sexuality education** helps me to talk more freely about gender, sexuality and power abuse in our sexuality education at schools. I have learned to use participatory methods to talk with young people about sexual consent, and to **address harmful traditions.** After we had our training on gender transformative approach, me and many other female teachers joined a movement of women that will talk about the harmful parts of our traditions to the Chief of our people.’ Ticy Mwanza, school teacher, Zambia” (Module 2, p. 6)

“Girls, boys and **people with diverse sexual orientation, gender identity** and expression, and sex characteristics (SOGIESC) are enabled to understand and actively **question gender stereotypes and power inequalities** in intimate relationships.” (Module 2, p. 12)

**“The Yogyakarta Principles** also point to a need to change the terminology used to denote LGBTI (lesbian, gay, bisexual, transgender, intersex) people, as LGBTI is itself becoming a stigmatising term, often used to consider people with diverse sexual and gender identities/orientations as **deviating from the hetero norm**, which is deemed to be the ‘right’ norm. For this reason, the term SOGIESC (sexual orientation, gender identity and expression, and sex characteristics) is

becoming **more favoured as an inclusive term.**" (Module 2, p. 14)

"The discussion will explore why an **understanding of the five circles of sexuality** is important in a GTA to CSE, and the extent to which they are highlighted in participants' current programmes." (Module 2, p. 18)

"Explain to participants that the expectations of society can influence young people's SRHR, recognising that **society often does not respect, protect or fulfil** young people [sic] sexual and/or reproductive health rights." (Module 2, p. 20)

"The objective of this exercise is to help define **underlying norms that form the root causes of SRHR-related problems.**" (Module 2, p. 22)

"Finally explain that the 'root causes' can be many, but that in this exercise we are particularly interested in the often **unconscious harmful norms** that co-create the problem. In this example the root causes could be: the **belief that young people should not receive sexuality education**, preventing them from making informed safe choices." (Module 2, p. 22)

"First ask the group in plenary what they think **might be lacking** in their CSE programmes. The objective of this question is to consider the problems (the stem) of the problem tree in relation to CSE itself. If they don't come up with answers you could think of issues, for example: Our CSE is only focused on abstinence for girls. There is no attention to knowledge, skills and attitudes to **negotiate healthy sexual relationships**, to set boundaries and to respect these" (Module 2, p. 23)

"You could also ask the groups to write down what the 'costs' of gender norms are for each box regarding sexual reproductive health and rights. For example, **how do gender norms affect the right to choose with whom, when, how and how often to have sex?** Ask if this is the same for men, women and people with diverse SOGIESC. Think of things like sexual coercion, unwanted pregnancy, abortion etc. How are men, women and **people with diverse SOGIESC** affected differently because of social, gendered norms around sexuality?" (Module 2, p. 36)

**"Value statements:**

- It is easier being a man than a woman.
- All lesbian, gay, bisexual, transgender, intersex (LGBTI) rights should be equal to the rights of other men and women.
- Sex is **more important to gay couples** than to heterosexual couples.
- Lesbian and gay couples have one partner that is more female and one that is more male.
- It is okay for a man to **have sex outside the marriage** as long as the wife does not find out.
- **Sex before marriage is not a problem.**" (Module 2, p. 42)

**"Gender transformative:** these actively question power dynamics, norms and

	<p>values that impact the lives of girls and boys, they empower girls and engage boys in addressing SGBV and <b>embraces diversity in gender identity and sexual orientation</b>. An example of a gender transformative message is: ‘young men and women have equal rights to make choices about their sexuality and relationships.’” (Module 2, p. 55)</p> <p>“In CSE demonstrating GTA, the following elements would be present: ...Girls, boys and <b>people with diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC)</b> are enabled to understand and actively question gender stereotypes and power inequalities in intimate relationships” (Module 2, p. 58)</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</i></p>	<p><b>No evidence found.</b></p>

education programs.

(For more information on how Planned Parenthood sexualizes children for profit see [www.WaronChildren.org](http://www.WaronChildren.org) and [www.InvestigatePPF.org](http://www.InvestigatePPF.org))

For the complete text of Rutgers' Gender Transformative Approach Toolkit see <https://rutgers.international/about-rutgers/what-we-do/gender-transformative-approach/>.