

## 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

## ***Supporting Adolescents and Their Families in Emergencies (SAFE) Curriculum for Adolescent Girls***

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

### **CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15**

***Supporting Adolescents and Their Families in Emergencies (SAFE) Curriculum for Adolescent Girls* contains 12 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:** “SAFE is a new program for boys and girls your age. It’s designed to help you feel safer and more supported, as we know there are many changes happening in your lives. By participating in these sessions, you will gain useful information about safety and health and develop practical social and emotional skills that we hope will help you in difficult situations. SAFE sessions are a place to have fun and connect with boys your age and talk about the things that matter to you. An important part of SAFE is making sure that you know about the services and support networks that are available in your community and how to access them.” (p. 22)

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

**International Connections:** USAID, International Rescue Committee

<b>HARMFUL CSE ELEMENTS</b>	<b>EXCERPTED QUOTES FROM CSE MATERIAL</b>
<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</i>	“Be aware that members of the group may <b>still be deciding who they are attracted to</b> and what they want their future to look like. That is normal and acceptable.” (p. 90)  “Pay attention to age – <b>the younger group may find some of the statements very uncomfortable</b> or abstract to discuss.” (p. 91)  “Be aware that <b>younger girls may be uncomfortable talking about some of the topics</b> , such as developing interest in sexual activities or intimate physical development.” (p. 112)

<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.

*discussion of sexual experiences, attractions, fantasies or desires.*

“Ask the girls to discuss in their small groups for a few minutes and think of examples of physical and emotional changes that **boys experience during puberty**... If not mentioned, share some examples of physical and emotional changes that boys experience during puberty.

- Physical – Boys get taller and gain weight; they grow hair in their genital region and underarms, face, chest, legs, etc.; their voices get deeper; they get acne; they may **become interested in masturbation, sexual intercourse, and sexual activities**; and they have new physical responses to someone they are attracted to, **such as erections.**” (p. 114)

“For the **younger group**, be aware that they will probably be most comfortable talking about **intimate relationships** in terms of the future, so you may want to emphasize that point.

- If an individual or group **feels uncomfortable with this topic, that is natural**. But be sure to remind them why it is important to discuss. For example, so they are prepared for the future and can protect themselves, so they have the information they need to make decisions, etc.
- Be aware that girls may still be deciding who they are attracted to and what they want their future to look like, which is normal and acceptable.” (p. 129)

Students decide whether they agree or disagree with the following statements: “After each statement, we will ask for a couple of volunteers from each side to explain their choices before moving on to the next statement.

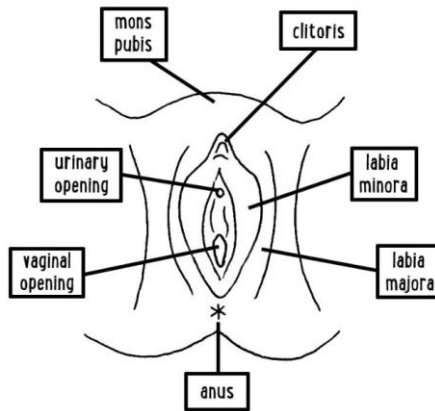
For the Younger Group (ages 10-14):

- If a girl loves her boyfriend, **she should show it by having sex with him.**
- A lot of girls have sex because they feel expected to do so.
- Even if a girl is married, she can refuse to have sex with her husband.

For the Older Group (ages 15-19):

- If a girl loves her boyfriend, **she should show it by having sex with him.**
- It is okay for someone to **accept money for having sex**, if they need the money.
- Even if a girl is married, she can refuse to have sex with her husband.
- **A lot of girls have sex because that they are expected to do so.**
- Even if a girl is married, she can refuse to have sex with her husband.” (p. 130)

“This session should be used with both younger and older girls where appropriate. Even though **they might find it uncomfortable or embarrassing to discuss**, younger unmarried girls are most vulnerable to unintended pregnancy.” (p. 136)



(p. 162)

## 2. TEACHES CHILDREN TO CONSENT TO SEX

*May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.*

*Note: “Consent” is often taught under the banner of sexual abuse prevention.*

“Introduction to Consent:

1. ASK: Has anyone heard of the word ‘consent’? What does it mean?
2. EXPLAIN: **Consent is when someone gives permission for something to happen** or agrees to do something.
3. ASK: Can anyone think of an example in your own lives when you would need to give your consent or permission for something to happen?” (p. 94)

“Key Messages:

- We must always respect each other. Asking for **consent before having any kind of physical relations** with a partner is an important action to show respect.
- Getting each other’s **consent to have sex is how we can feel safe together** and build a healthy and happy relationship.” (p. 94)

“Key Messages:

- When we are in a relationship, it is very important that we always respect each other. Asking for **consent before touching each other sexually** is an important action to show respect. When both partners **consent to have sex**, then we can feel safe together and build a happy and healthy relationship.
- **Consent should be enthusiastic and ongoing.** If you talk about having sex and agree, but then one of you changes your mind, that’s OK! It’s always ok to say when you don’t feel comfortable. Your partner should always respect your decision.” (p. 94)

Learning Outcome: “Explain the meaning of informed consent and the value of using an **assertive communication style when talking about sex.**” (p. 127)

“Explain:

- Sexual consent means **agreeing to participate in a particular sexual behavior.**
- Both individuals must agree to do something, and if one person does not






	<p>want to, they are not giving their consent...</p> <ul style="list-style-type: none"> <li>• Even if someone has begun with foreplay (activities done before sex, such as kissing and touching) or begins to have sex and then changes their mind, it is their right to stop...</li> <li>• Being <b>comfortable communicating what you want or do not want during sex</b> is important to create a mutually respectful and responsible sexual relationship.” (p. 131)</li> </ul> <p>“How can you <b>prepare for starting or having a difficult conversation about sex</b> with your partner?” (p. 133)</p> <p>“Scenario 2: ‘It’s our first time having sex, so we don’t need to use condoms or birth control.’ Possible assertive responses:</p> <ul style="list-style-type: none"> <li>• <b>I want to have sex with you, but I won’t do it without using condoms</b> and birth control.</li> <li>• Using condoms is very important to me, so even though this is our first time, I would like to use them.” (p. 133)</li> </ul> <p>“Scenario 4: ‘I don’t want to use condoms when we have sex. It’s like you’re saying I’m dirty or something!’ Possible assertive responses:</p> <ul style="list-style-type: none"> <li>• Using condoms is very important to me. I don’t think you are dirty. I just want to protect myself from getting pregnant and getting a sexually transmitted infection.</li> <li>• <b>I want to have sex with you, but I won’t do it without a condom.</b>” (p. 133)</li> </ul>
<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>“If not mentioned, explain that when we talk about sex or sexual intercourse, we often refer to the act of a penis penetrating a vagina. This is called vaginal intercourse. But there are <b>other types of sexual intercourse. Oral intercourse</b> involves the mouth at or on a partner’s sex organ. <b>Anal intercourse</b> involves insertion of the penis into a partner’s anus.” (p. 129)</p> <p>“Sexually transmitted infections are a group of infections that are passed through sexual contact and the exchange of blood or other infected fluids. They are most often passed on <b>during vaginal or anal sex</b>. But they can also be passed on <b>during oral sex</b> and from an infected mother to her child during childbirth.” (p. 140)</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</i></p>	<p><b>No evidence found.</b></p>

<p><i>information about homosexuality or homosexual sex.</i></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>"The clitoris is very sensitive and is the part that <b>gives pleasure to women</b> when they are intimate with their partner." (p. 120)</p> <p>"Even if you are not ready to start having sexual relationships now, understanding your and your partner's sexual and reproductive systems is important to staying healthy and having <b>safe and enjoyable sex in the future</b>. This includes talking and agreeing together to have sex, feeling safe and that your partner listening to you if you want to stop, and discussing together what type of contraception to use to prevent unplanned pregnancies, sexually transmitted infections, and HIV infection." (p. 120)</p> <p>"Why is it important for a young person to think clearly about the reasons for his choice to have or not have sex? If not mentioned, there are many different reasons for young people to choose to have or not to have sex, including a sense of comfort, safety, <b>for pleasure</b>, and to protect one's health." (p. 130)</p> <p>"The clitoris is made up of the same type of tissue as the tip of the penis and is very sensitive. <b>The clitoris has no other function than to help a woman have sexual pleasure.</b>" (p. 147)</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>"Masturbation: At this age, adolescents may be <b>experimenting with their own bodies in ways that bring them sexual pleasure</b>. It is important to acknowledge that masturbation is a <b>perfectly normal and healthy</b> way to express our feelings." (p. 148)</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,</i></p>	<p>"Only male and female condoms offer protection from Sexually Transmitted Infections and HIV, which we will talk about more in the next activity. <b>For extra protection, many couples use condoms in addition to another contraceptive method.</b>" (p. 139)</p> <p>"Divide the girls into groups of 3. Distribute one banana and one condom to each group. <b>Ask each girl to practice putting on a condom</b>, using all the correct steps, on a banana. Move around the groups to verify the steps are being followed correctly and provide feedback, if necessary. If any girls are</p>

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.

uncomfortable taking part in this exercise, do not force them to do so, but ask them to **pay attention to what others in their group are doing** so they also learn. Even though it may be embarrassing for some, and especially for the younger groups, it is very important for them to understand.” (p. 144)

#### Basic Steps and Important Details

<p><b>1. Use a new condom for each act of sex.</b></p> <ul style="list-style-type: none"> <li>• Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if a newer condom is not available.</li> <li>• Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condoms.</li> </ul>	
<p><b>2. Before any physical contact, place the condom on the tip of the erect penis with the rolled side out.</b></p> <ul style="list-style-type: none"> <li>• For the most protection, put the condom on before the penis makes any genital, oral, or anal contact.</li> </ul>	
<p><b>3. Unroll the condom all the way to the base of the erect penis.</b></p> <ul style="list-style-type: none"> <li>• The condom should unroll easily. Forcing it on could cause it to break during use.</li> <li>• If the condom does not unroll easily, it may be on backwards, damaged, or too old. Throw it away and use a new condom.</li> <li>• If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis.</li> </ul>	
<p><b>4. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect.</b></p> <ul style="list-style-type: none"> <li>• Withdraw the penis.</li> <li>• Slide the condom off, avoiding spilling semen.</li> </ul> <p>If having sex again or switching from one sex act to another, use a new condom.</p>	
<p><b>5. Dispose of the used condom safely.</b></p> <ul style="list-style-type: none"> <li>• Wrap the condom in its package and put it in the rubbish bin or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.</li> </ul>	

(p. 157)

**“A condom is the only contraceptive that prevents against pregnancy AND sexually transmitted infections.** A male condom is a thin piece of latex that is worn on the penis. The male condom is far more commonly used than a female condom. A female condom is a sheath with a flexible ring at either end. One end is closed and inserted into the vagina; the other end is open, and the ring sits outside the opening of the vagina.” (p. 154)

“Condom Do’s and Don’ts

- **DO use a condom each and every time you have sex.**
- DO use water-based or silicone-based lubricants.
- DO NOT use a condom more than once.
- DO NOT use two condoms at the same time. The friction between the condoms may cause them to tear.
- DO check the expiration date.

	<ul style="list-style-type: none"> <li>• <b>DO NOT use oil-based lubricants</b> (like petroleum jelly or baby oil). They can cause the condom to break.</li> <li>• DO NOT use a condom if the individual condom packet is ripped.” (p. 154)</li> </ul>
<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>“Identify and discuss different reasons <b>why people decide to have sex</b> or not to have sex.” (p. 127)</p> <p>“We discussed that girls should <b>decide for themselves whether and when they want to have sex</b> and whether and when they want to have children.” (p. 145)</p> <p>“Girls should <b>decide for themselves whether and when they want to have sex</b> and whether and when they want to have children.” (p. 146)</p> <p>“<b>If you decide to have sex</b>, it is very important to practice safe sex and to seek treatment at a health facility if you think you may have a sexually transmitted infection.” (p. 146)</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>“When we talk about dating or courtship, this means social interaction with others <b>who become romantic or sexual partners.</b>” (p. 129)</p> <p>“Sometimes people <b>who are dating</b> or married find that they are physically attracted to each other and both <b>may desire sexual contact, which may include holding hands, kissing, caressing, or other intimate activity.</b> When there is trust, respect, and care between two people, these experiences <b>can be wonderful and exciting.</b>” (p. 129)</p> <p>“<b>If you are sexually active</b>, you can protect yourself by having sex only with an uninfected partner who has sex with you and no one else. If this is not possible, or if you do not know if your partner is infected or having sex with only you: For vaginal or anal sex, <b>use condoms every time.</b> Engage in other forms of sexual activity, such as using your hand to stimulate your partner.” (p. 142)</p> <p>“Developing <b>comfort and confidence in talking about sex</b> is part of growing up and help us communicate our needs and wishes more clearly with our partners.” (p. 130)</p> <p>“Sexually transmitted infections are very common and both girls and women and boys and men can get them. However, it’s important to remember that many of the people who have sexually transmitted infections can lead happy and healthy lives so long as they manage their treatment correctly and <b>always use safe sex practices.</b>” (p. 141)</p> <p>“Key Messages:</p> <ul style="list-style-type: none"> <li>• ...Many people only discover that they have a sexually transmitted infection when a person they had sex with tells them, or they are examined by a doctor.</li> </ul>

	<ul style="list-style-type: none"> <li>• For this reason, if you are having sex, it is <b>very important to practice safe sex</b>, to see a health care worker as soon as you have any concerns, and to encourage your partner to get treated too.” (p. 143)</li> </ul> <p>“Sexually transmitted infections are so common that anyone who has ever had sex may get an infection. It’s not about being good, bad, clean, or dirty. <b>It’s about being normal and sexually active.</b> You can reduce your chances of getting an infection by using condoms with all new partners and having regular sexual health checks.” (p. 145)</p> <p>“There are four ways to avoid getting HIV/AIDs:</p> <ol style="list-style-type: none"> <li>1. Wait to have sex.</li> <li>2. Be in a <b>mutually faithful relationship</b> with an uninfected person where both partners have been tested.</li> <li>3. <b>Use a condom.</b></li> <li>4. Never share needles or other medical equipment that could carry blood, such as razors, with others.” (p. 161)</li> </ol>
<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 health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p><b>No evidence found.</b></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</i></p>	<p>“By the end of this session, girls will be able to...</p> <ul style="list-style-type: none"> <li>• Describe basic family planning strategies, including contraception and abstinence</li> <li>• <b>Recall basic information about types of contraceptive methods</b>, including how to correctly use a condom</li> <li>• Identify ways to reduce their risk of getting or passing on a sexually transmitted infection” (p. 135)</li> </ul> <p>“If facilitators are comfortable to do so, and at the request of the girls, they can give <b>more detailed information on different contraceptive methods</b> found in Resource 4: Contraception. If requested by the girls, you might decide to use the</p>



*abortion and refer them to abortion providers.*

*May encourage the use of contraceptives, while failing to present failure rates or side effects.*

recreational and creative time to discuss this topic further.” (p. 136)

“We will be talking today about specific actions you can take, such as **using contraception**, to increase your power to decide when you have children and how many children you have.” (p. 137)

“Be aware that the **younger group is likely to be much less familiar with contraception** and may be quieter or feel uncomfortable discussing this topic.” (p. 138)

“Explain:

- Contraception, sometimes called family planning, refers to medicines or devices that a woman or girl, and sometimes a man or a boy, can use to prevent the woman or girl from getting pregnant during vaginal sex and to protect them from sexually transmitted infections.
- **If you are having sex, it is important to use contraception** as a safe and effective way to prevent pregnancy if you do not want to be pregnant.
- If you are not yet having sex, you should try to delay having sex until you are ready, if possible.
- It is helpful to **start using a contraceptive method before you decide to have sex** so that you are protected from pregnancy the first time.” (p. 138)

“If a girl or woman is having sex but isn’t yet ready to have a child, what can she do to prevent pregnancy? Allow time for girls to answer and be sure to correct any misconceptions. Correct answer: **Using effective contraception.**” (p. 138)

“**All contraceptive methods**, if recommended by a trained health professional, **are safe for adolescents to use**, regardless of the number of children they have or whether they are married.” (p. 139)

***Note:** Numerous studies have documented serious side effects with adolescent use of contraceptives.*

“Using contraceptives allows many people to enjoy sexual intimacy without having to worry about unwanted pregnancy. **Male and female condoms allow people to enjoy sex** with less worry about sexually transmitted infections.” (p. 139)

“If you decide to have sex, what did we say is a safe and effective way to prevent pregnancy until you and your partner decide if you want to have a baby? **Using contraception correctly every time you have sex** is a safe and effective way to prevent pregnancy until you and your partner are ready to have a baby.” (p. 145)

“**Contraceptives are used for preventing pregnancy.** If a woman is having sex, she always runs the risk of getting pregnant. A contraceptive can be used to decrease the likelihood that a woman will get pregnant.” (p. 154)

METHOD	HOW WELL IT WORKS	HOW TO USE	PRO'S	CON'S
Implant	>99%	A health care provider puts the implant under the skin of the woman's upper arm	<ul style="list-style-type: none"> <li>Prevents pregnancy for up to 3 years</li> <li>Private and discreet</li> </ul>	May cause spotting (light bleeding)
Hormone IUD	99%	A health care provider puts the IUD in the uterus	<ul style="list-style-type: none"> <li>Prevents pregnancy for 3-7 years (depending on the IUD)</li> <li>May improve period cramps and bleeding</li> <li>Private and discreet</li> </ul>	May cause spotting (light bleeding)
Copper IUD	99%	A health care provider puts the IUD in the uterus	<ul style="list-style-type: none"> <li>Prevents pregnancy for up to 12 years</li> <li>Can be used as emergency contraception</li> <li>Private and discreet</li> </ul>	<ul style="list-style-type: none"> <li>May cause more cramps and heavy bleeding</li> <li>May cause spotting (light bleeding)</li> </ul>
Male condom	82-98%	Use a new condom each time you have sex	<ul style="list-style-type: none"> <li>Protects against HIV and other STIs</li> <li>Can be used with other methods to protect against HIV and other STIs</li> </ul>	Can break or slip off
Diaphragm	88-94%	<ul style="list-style-type: none"> <li>Use diaphragm each time you have sex</li> <li>Must be used with spermicide</li> </ul>	Can be used for several years	Raises risk of bladder infection

(p. 155)

Female condom	79-95%	Use a new condom each time you have sex	<ul style="list-style-type: none"> <li>Protects against HIV and other STI</li> <li>Can be used with other methods to protect against HIV and other STIs</li> </ul>	May slip out of place during sex
Injection	94-99%	Get an injection every 3 months.	Private and discreet	<ul style="list-style-type: none"> <li>May cause spotting and weight gain</li> <li>May cause delay in getting pregnant after injections are stopped</li> </ul>
Ring	91-99%	<ul style="list-style-type: none"> <li>Put a small ring into your vagina</li> <li>Change the ring each month.</li> </ul>	<ul style="list-style-type: none"> <li>One size fits all</li> <li>Can make periods more regular and less painful</li> <li>Private and discreet</li> </ul>	May cause spotting in the first 1-2 months
Patch	91-99%	<ul style="list-style-type: none"> <li>Put a new patch on your skin once a week for 3 weeks</li> <li>No patch during week 4</li> </ul>	Can make periods more regular and less painful	<ul style="list-style-type: none"> <li>Can irritate skin under patch</li> <li>May cause spotting in first one to two months</li> </ul>
Pill	91-99%	Take one pill each day	Can make periods more regular and less painful	May cause spotting in the first 1-2 months

(p. 156)

**“What are other contraceptives?”**

- Other contraceptives include birth control pills, injections, implants, and IUDs.
- Birth control pills are taken every day by women to avoid getting pregnant.
- Women can also go to a doctor to get an injection once every few months to prevent pregnancy.
- Another option is a tiny implant or small object inserted under a woman’s skin.
- An IUD is a small, T-shaped device that is inserted into a woman’s uterus to prevent pregnancy. It should be inserted and removed by a health professional. Depending on the type of IUD, it can be left inside the uterus for 5-10 years.” (p. 155)

**12. PROMOTES PEER-TO-PEER**

**No evidence found.**

<p><b>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><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 or gender identity.</i></p>	<p><b>“The content of the sessions in this module will be considered controversial in some cultures and settings,</b> as it empowers girls to know about their own reproductive and sexual health and wellbeing. The girls may be learning concepts that are not even talked about among close female family members or caregivers at home.” (p. 109)</p> <p><b>“For sensitivity and safety, we encourage you to collect all the handouts and store them safely at the end of the session.</b> If someone would like to keep her copy, that is for you to decide in your context.” (p. 122)</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>“Talk to the group about the <b>importance of confidentiality</b> and refer to the Group Agreements.” (p. 15)</p> <p>“You must <b>maintain confidentiality</b> and treat all concerns with sensitivity.” (p. 16)</p> <p>“For confidentiality, explain that if something is shared that could threaten a girl’s life or could harm them or someone else, it will be reported to a caseworker who will follow up. Also explain that <b>confidentiality helps the girls build trust between each other,</b> which can lead to stronger friendships.” (p. 23)</p> <p>“Caseworkers are available and they are good at supporting girls when they have a problem. <b>They will keep this information confidential and not share it with anyone</b> as long as it does not put you or someone else at risk of harm.” (p. 33)</p> <p>“Remind the girls that if they want to talk to someone about any of the topics or issues they are facing at any point before/during/after the sessions, <b>there are trained female staff available who can listen to them and offer support.</b>” (p. 129)</p> <p>“As we have discussed, it is always a good idea <b>to get advice from a trusted adult</b> when you have questions or concerns.” (p. 131)</p> <p>“If you are unsure about information you have heard, <b>seek out more</b></p>

	<p><b>information from a trusted source.”</b> (p. 131)</p> <p>“Review the Group Agreements if needed to be sure that everyone feels comfortable and understands the <b>importance of confidentiality</b> and respect.” (p. 137)</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>“Be aware of <b>services in this community that are available</b> and accessible to adolescent girls. (Have a list of these services on the wall, or as a handout, but remember to read it aloud for those who cannot read).” (p. 33)</p> <p>Module 4 Required Resource: “Up-to-date service mapping information about <b>local sexual health services</b> for adolescent girls.” (p. 127)</p> <p>“If there are <b>sexual health services available in the community</b> and they are accessible to adolescent girls, explain how and where girls can access them.” (p. 134)</p> <p>“Explain that if the girls would like to learn more about family planning or contraception, they are welcome to speak to the facilitators after the session. If available and accessible for adolescents, provide girls with information about <b>existing health services</b> they can access to <b>find out more about contraceptives.</b>” (p. 139)</p> <p>“If available and accessible to adolescent girls, <b>remind the girls how and where they can access sexual health services in their community.</b>” (p. 143)</p>
<p>For the complete text of SAFE Curriculum for Adolescent Girls see:  <a href="https://drive.google.com/file/d/1WomKaWK9DRFROcPJuaQrORLwz6ryDQY4/view?usp=drive_link">https://drive.google.com/file/d/1WomKaWK9DRFROcPJuaQrORLwz6ryDQY4/view?usp=drive_link</a></p>	