

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 ***SHARE Peer Educator's Manual (Rwanda)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

***SHARE Peer Educator's Manual* 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: "Project SHARE is based on the principle that all people, especially youth, deserve to be healthy and have a right to information about their sexual and reproductive health, according to their rights in international instruments ratified by Rwanda. The SHARE curriculum views sexuality as a natural, normal part of human life and posits that sexuality encompasses a range of life experiences, including but not limited to communication skills, confidence building, and healthy relationships. Using a rights-based approach, SHARE teaches youth to advocate for their rights and reduces unhealthy sexual behaviors by building confidence and enhancing decision-making skills of youth. With its unique and interactive approach, it is meant to supplement the Rwandan public school curriculum as an additional resource for youth." (p. 4)

Target Age Group: 10-19

International Connections: Health Development Initiative, Norwegian People's Aid, UNICEF

For the complete text of *SHARE Peer Educator's Manual Rwanda* see:

https://drive.google.com/file/d/1vSCph99C3zsyw0yKhmgo6VPttZVkyqW9/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <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</i>	"Students will learn about the five components of sexuality and explore common messages about sexuality in their culture." (p. 7) "Circles of Sexuality: Sensuality <ul style="list-style-type: none">• Body Image: what you think of yourself and the way your body looks/is• Human Sexual Response Cycle: the cycle of arousal that is natural to human bodies; even babies can get aroused!

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.

active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

- Skin Hunger: the need to be touched; most people feel a need to be touched in some way
- **Fantasy:** images or thoughts that may arouse us or get us excited

Intimacy

- Caring: showing that we care about what/who is important to us
- Sharing: wanting to share in love or life with those we care about
- Loving/liking: different relationships have different levels of intimacy
- Risk taking: when you care about something enough to take a risk on them; this is about opening yourself up to someone else or to a new experience
- Vulnerability: taking an emotional risk and embracing feelings, even when they are difficult

Sexual Identity

- Bias: stereotypes we have about how people 'should' act according to their identity
- Gender Identity: a person's internal sense of their gender (gender expression is how a person chooses to express their gender through clothing, voice, mannerisms, etc.)
- Gender Role: the way our culture or society expects a person to act according to their gender
- Sexual orientation: a person's feelings of attraction towards other people

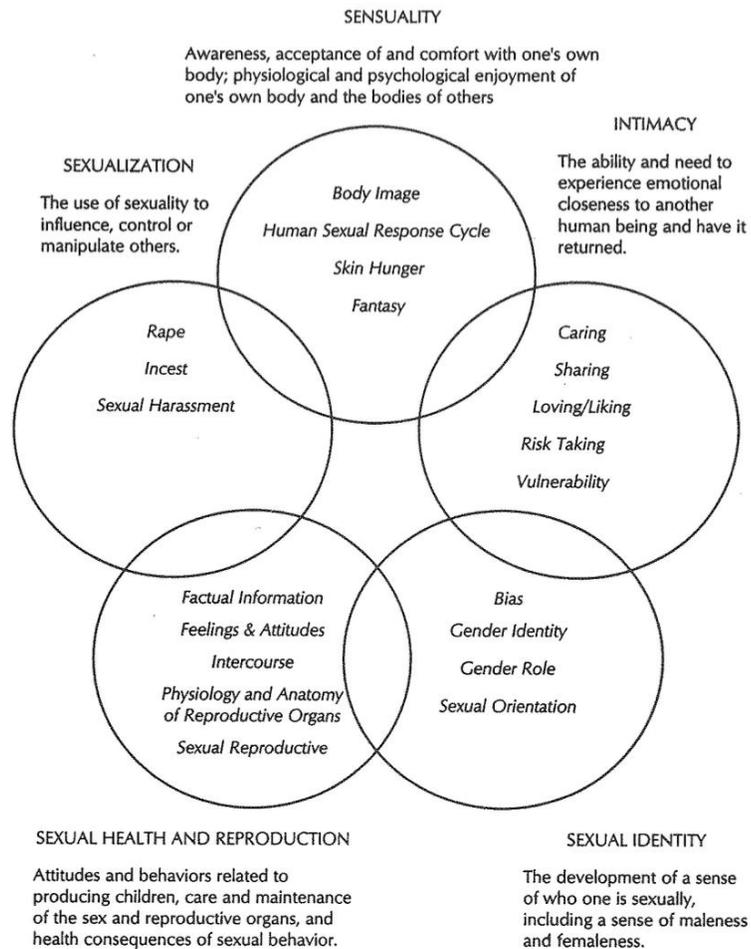
Sexual Health & Reproduction

- Factual Information: the facts about sex, bodies, sexual infections, etc.
- Feelings & Attitudes: ideas/thoughts we have about reproduction, how to maintain good hygiene, consequences of sexual behaviors, etc.
- Intercourse: how exactly sexual intercourse works
- Physiology & Anatomy of Reproductive Organs: the names and function of our sexual reproductive systems
- Sexual Reproduction: the process of how babies are conceived and born

Sexualization

- Rape: when a person does not give consent to have sexual intercourse but it is forced, coerced, or pressured anyways
- Incest: when people in the same family have intercourse
- Sexual harassment: unwanted sexual behavior imposed on another person
- Flirting: using influence or manipulation of someone's feelings to show that you are interested in them sexually
- Media messages/images: when the media only shows one type of 'acceptable' body; creates negative body image" (pp. 7-8)

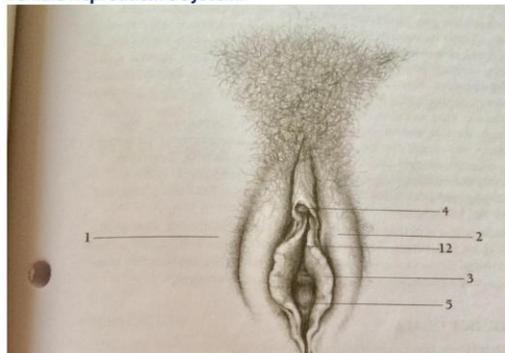
Circles of Sexuality



(p. 9)

Materials: “‘Body Part Notecards’ with the following body parts written on them: **Breasts, Penis, Vagina**, Toe, Hair, Mouth, Ear, Neck, Finger, Chest, Nipple, Stomach, Uterus, Bladder, Heart, Lungs, Arm, Leg, Hand, Knee... Tape a notecard with a body part listed on it to the back of every participant. Tell them not to look at their card since the object of the game is to **figure out what body part is taped on their back**. After all participants have a notecard on their back, explain that they should ask their peers yes or no questions to determine the body part on their back.” (p. 16)

Female Reproductive System:



(p. 19)

	<p>“Each participant will receive a notecard that they will read aloud... The group must then decide if this is a change that only girls experience, only boys experience, or both girls and boys experience and tape it under that heading on the board... Uterus and vagina grow larger; Breasts grow bigger; The penis and testicles get bigger; Erections are more common; Testicles start to produce semen and sperm.” (p. 21)</p> <p>“Tell the class to stand up and high-five other students in the room, trying to notice who they high-fived. As the facilitator, give a high-five to 8 different students. After about a minute, tell the class to sit back down. Tell the class, ‘If you high fived me, stand up.’ The facilitator had a sexually transmitted infection or STI in this activity. High-fives represented unprotected sexual intercourse meaning that everyone who high-fived the facilitator now has an STI.” (p. 64)</p> <p>“Tell the class that they will be deciding on the risk level of various sexual behaviors. The facilitator will read a statement and students must decide whether it is red: high risk, yellow: medium risk, or green: no risk... Read the following sexual behaviors and allow students to vote after each one. Be sure to tell the correct answer before moving to the next one.</p> <ul style="list-style-type: none"> • Hugging – GREEN • Closed mouth kissing – GREEN • Open mouth kissing – YELLOW (potential to spread herpes) • Using alcohol or drugs – RED (limited ability to make decisions causes risk of not using protection) • Texting or talking on the phone – GREEN • Unprotected sexual intercourse – RED (risk for pregnancy and STIs) • Touching genitals with hands – Mostly GREEN unless someone has herpes on their hands • Oral sex (putting mouth on genitals) – RED (for STIs, herpes can be spread from mouth to genitals, NO RISK of pregnancy) • Sharing fantasies – GREEN • Protected sexual intercourse (with a condom) – YELLOW (condom may slip or break) • Holding hands – GREEN • Going on a date – GREEN • Masturbation (touching one’s own genitals) – GREEN • Watching a movie with someone – GREEN” (pp. 59-60)
<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 sexual acts with them.</i></p> <p><i>Note: “Consent” is often taught</i></p>	<p>“Being assertive is crucial for successfully asking for something you want or don’t want. It’s important to be confident, clear, and direct.” (p. 45)</p> <p>Role Play: “Person A is a ‘sugar daddy’, an older person with lots of money. Person B is walking home from school one day and Person A offers to give them a ride home. Person B should refuse.” (p. 47)</p> <p>Role Play: “Person A and Person B are young and in love. They are hanging out alone one day and Person A asks if Person B wants to have sex. Person B should refuse.” (p. 47)</p>

under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.

“Objectives: Students will **learn about consent, practice giving consent,** and distinguish between giving consent and not.” (p. 49)

“You can use the acronym ‘FRIES’ (like American French fries) to remember what consent is.

- **Freely Given** – This means that no one feels pressured or coerced to give their permission. They say ‘yes’ of their own free will.
- **Reversible** – Consent can never be assumed. Anyone can change their mind about what they want to do at any time, even if you’ve done it before or are in the middle of having sex.
- **Informed** – Consent can never be given under the influence of drugs or alcohol. You cannot make an informed decision if you are under the influence.
- **Enthusiastic** – If someone isn’t excited or isn’t fully expressing ‘yes’, then it’s not consent. This includes nonverbal cues; all behavior should be enthusiastic.
- **Specific** – Saying ‘yes’ to one thing (like agreeing to hang out alone with someone) does not mean they’ve said ‘yes’ to other things (like kissing).” (pp. 49-50)

CONSENT



Freely Given
Reversible
Informed
Enthusiastic
Specific

 Planned Parenthood®

(p. 50)

“Remember, consent does not always have to be a verbal ‘yes’, but **verbally agreeing to different sexual activities** can help both you and your partner to understand and respect each other’s boundaries. If you are not confident if they want to do something, ASK them.” (p. 50)

“There must always **be an enthusiastic ‘yes’** for it to be consensual.” (p. 51)

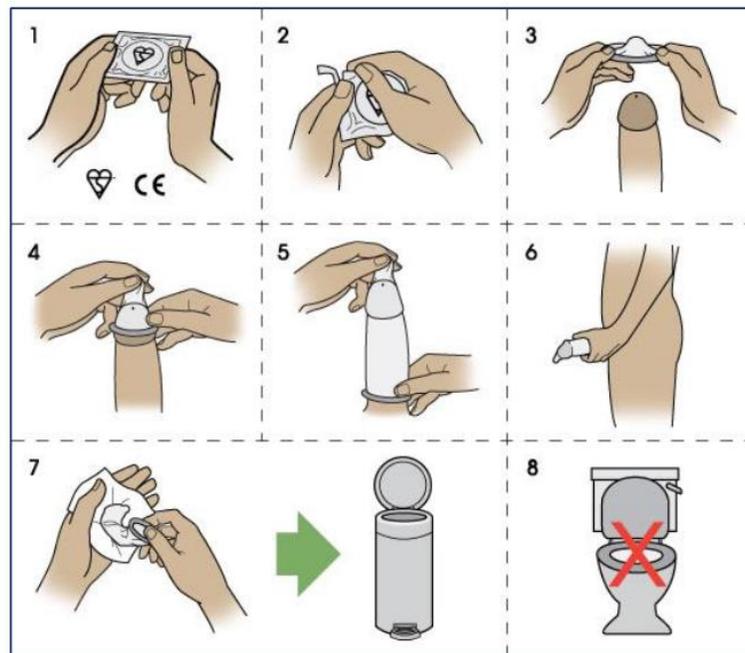
Scenario: “**A couple are having sex and one partner asks, ‘Does this feel ok?’**”

	<p>Their partner responds, ‘Yes!’” (p. 52)</p> <p>“Sexual relationships require a lot of communication; don’t be afraid to ask!” (p. 52)</p> <p>“Remember: using consent is critical in all situations, particularly sexual ones. Learning how to talk with your partner during sexual situations is very important and should never feel like an interruption; it is your right to voice your consent at any and all times. If you don’t feel comfortable saying ‘yes’, then perhaps you are in an unhealthy relationship or you are not ready to engage in sexual relationships.” (p. 52)</p> <p>“Students will then brainstorm ways to practice consent and make healthy sexual decisions in their lives.” (p. 61)</p>
<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>No evidence found.</p>
<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 health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches 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</i></p>	<p>No evidence found.</p>

<p><i>potential outcomes for sexually active children.</i></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>“This can happen during sexual intercourse, during masturbation (touching one’s genitals), or even at night.” (p. 25)</p> <p>“Tell the class that they will be deciding on the risk level of various sexual behaviors. The facilitator will read a statement and students must decide whether it is red: high risk, yellow: medium risk, or green: no risk... Read the following sexual behaviors and allow students to vote after each one. Be sure to tell the correct answer before moving to the next one... Masturbation (touching one’s own genitals) – GREEN.” (pp. 59-60)</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>“The only way to prevent STIs is to be abstinent or use a condom. Talk to your partner about condoms before you need a condom. When people are in the heat of the moment, they are more likely to make a decision that they regret later.” (p. 66)</p> <p>“Condom Talk’ Scenarios:</p> <ul style="list-style-type: none"> • Person 1: We don’t need to use anything. I’m clean. Person 2: Most STIs don’t have symptoms, so you or I could have something and not know it. • Person 1: I don’t like them, they don’t feel good. Person 2: We can get a thin condom and use some extra lubricant to make it feel more natural. • Person 1: I’m too big for a condom. Person 2: There are larger sizes of condoms we can use. Plus, they are stretchy. • Person 1: Condoms aren’t sexy, I don’t want to interrupt our good time. Person 2: It won’t be a good time if we get pregnant or a disease. • Person 1: I’ll pull out so you don’t get pregnant. Person 2: Pulling out is not 100% effective and I still could get an STI. • Person 1: I’m embarrassed to buy condoms. Person 2: That’s okay, I have some. • Person 1: I don’t have any condoms with me. Person 2: That’s okay, I have some.” (pp. 66-67) <p>“How to use a male condom:</p> <ul style="list-style-type: none"> • Check expiration date – Be sure the condom hasn’t expired. Expired condoms are more likely to tear or have tiny holes in them, preventing their effective use. • Check the air bubble in the package – Pinch the center of the package with your thumb and forefinger to ensure that there is an air bubble

inside. This indicates that the package has not torn or been opened somehow.

- Be careful not to tear condom when opening – Do not use scissors or teeth to open to prevent tearing the condom.
- Mind the lubricant – Most condoms are covered with a slippery substance called lubricant. This is **important for smoother, pain-free sexual intercourse** and helps prevent the condom from tearing.
- Figure out which way to unroll the condom – If the condom touches the penis the wrong way, throw it out and start over. You can spread STIs or get pregnant!
- Place the condom **at the tip of the penis and unroll the entire length**, pinching the tip to allow room for semen.
- To take off, be careful when rolling up and tie in a knot to throw away. Do NOT flush it down the toilet.” (p. 80)



(p. 80)

“How to use a female condom:

- Check expiration date – Be sure the condom hasn’t expired. Expired condoms are more likely to tear or have tiny holes in them, preventing their effective use.
- Check the air bubble in the package – Pinch the center of the package with your thumb and forefinger to ensure that there is an air bubble inside. This indicates that the package has not torn or been opened somehow.
- Be careful not to tear condom when opening – Do not use scissors or teeth to open to prevent tearing the condom.
- Mind the lubricant – Most condoms are covered with a slippery substance called lubricant. This is **important for smoother, pain-free sexual intercourse** and helps prevent the condom from tearing.

	<ul style="list-style-type: none"> • Squeeze together the sides of the inner ring at the closed end of the condom. • Slide the inner ring into your vagina as far as it can go, up to your cervix. Be sure it's not twisted. • Allow the outer ring to hang about an inch outside the vagina.” (p. 81) <p>“You can buy condoms for between 50-300 RWF at shops. Some Health Centers have free condoms.” (p. 81)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</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>“Remember, everyone has the right to: Enter into an intimate relationship with a partner of their choice.” (p. 33)</p> <p>“Your body is physically ready to have sex during puberty...but are you emotionally ready?</p> <ul style="list-style-type: none"> • The decision to have sex is a very serious one and requires a lot of thought, discussions with your partner, and deep reflection on your values and life goals. • It may help to discuss beforehand with your friends, family, or community role models. • Make sure you are prepared to face consequences like pregnancy, infection, or even issues with your partner if you agree to have sex during adolescence. • If you do feel mature enough and emotionally ready to enter into a healthy sexual relationship, make sure you use a contraceptive method like condoms to protect yourself from HIV, STIs, and pregnancy. • A helpful tip in figuring out if you're ready: If you're too uncomfortable talking about sex or protection with your partner, you're not ready!” (p. 58) <p>“Remember! Sex is a serious decision. It is generally considered a healthier option for teens to delay sexual intercourse but choosing to have sex is a personal decision.” (p. 58)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</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</i></p>	<p>“Claire has a boyfriend named Claude. Claire wants to have sex with Claude. However, she is too embarrassed to tell him. She thinks that only bad girls want sex. She wants Claude to think that she is a good girl. She waits for him to ask for sex first. One day, they are kissing. Claude starts to take her clothes off. Claire is excited, but she pretends to stop him. She says ‘No, we should not have sex. Stop it.’ She does not want him to think that she is promiscuous. He continues and they have sex. Claire enjoys having sex with him.” (p. 57)</p> <p>“Francine has a boyfriend named Frederic. Francine wants to have sex with Frederic. She says to him ‘I am ready to have sex with you. Do you also want to have sex with me?’ He says yes. She goes to the health center and gets free condoms. She and Frederic use the condom and have protected sex. Francine enjoys having sex with him.” (p. 58)</p> <p>“Is it embarrassing to directly ask someone permission to have sex? Why do</p>

<p><i>healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>you think that is?” (p. 58)</p> <p>“What do you do if you want to have sex, but your partner does not want to have sex? Who wants sex more: boy or girls? What do you think of girls who ask to have sex with their boyfriends, rather than the boy asking?” (p. 62)</p> <p>“Ask the class, ‘How can you prevent STIs?’ List correct responses on the board and be sure to include the following:</p> <ul style="list-style-type: none"> • Be aware of symptoms. • Use condoms to protect yourself. • Get tested regularly at a health center. Many health centers have free testing options. One place to start is Maison de Jeunes in Kimisagara which offers free Voluntary Counseling & Testing (VCT) services.” (p. 65) <p>Note: <i>Abstinence is not mentioned in this discussion.</i></p> <p>“What are some disadvantages of being abstinent? List on the board. Disadvantages: Requires commitment by both partners.” (p. 73)</p>
<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 gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Sex is your Body. The physical and biological differences between males and females. For example: Male bodies have penises. Female bodies have vaginas. Gender is the roles, responsibilities, and expectations that society gives to men and women. Gender is formed by social factors such as history, culture, tradition, laws, politics or religion... Gender is taught to children by their parents and community. Babies do not know whether or not they should wear a dress or trousers. They learn about gender as they grow up. Gender is context- and time-specific and can be changed.” (p. 40)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</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</i></p>	<p>“Abortion is a medical procedure that ends a pregnancy in which trained doctors use medical instruments to empty the uterus. Medical abortions should never be painful and a woman can still have another child in the future after having an abortion. Abortions can be done up to 12 weeks after becoming pregnant and are completely safe when done in a hospital.” (p. 56)</p> <p>“Contraception/Birth Control is the intentional prevention of pregnancy. It is not only for married people, but also good for sexually active adolescents to prevent having children before they are ready. Most birth control methods do NOT protect against STIs – only condoms can protect from both.” (p. 72)</p>

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.

“Intrauterine Device (IUD) is a T-shaped device made of copper that is inserted by a health care provider into the uterus. The Paraguard brand prevents pregnancy up to 12 years.

Protection from Pregnancy: Best, 99.9% effective

Protection from STIs/HIV: None.” (p. 73)

“An Implant is a small, plastic rod that is inserted by a health care provider into the arm and releases hormones to prevent her from getting pregnant.

Protection from Pregnancy: Best, 99.9% effective

Protection from STIs/HIV: None.” (p. 74)

“A hormonal Injection is a shot of hormones given by a health care provider that prevents pregnancy from 1-3 months, depending on the brand.

Protection from Pregnancy: Best, 97% effective

Protection from STIs/HIV: None.” (p. 75)

“Birth Control Pills are a daily pill containing hormones taken to prevent pregnancy.

Protection from Pregnancy: Good, 92% effective

Protection from STIs/HIV: None” (p. 76)

“Male Condom is a thin latex tube that covers the penis during sex to prevent pregnancy and protect against STIs.

Protection from Pregnancy: Good, 86% effective

Protection from STIs and HIV: Good, 86% effective” (p. 76)

“Ask students: what do you think are some **advantages of male condoms**? List on the board. Advantages:

- Provides protection from most STIs.
- Allows men to share responsibility for birth control.
- **Condoms are widely available and cheap.** There are a variety of types to choose from.
- There are no negative health side effects, unless you’re allergic to latex.” (p. 77)

“Female Condom is a thin latex tube that is inserted into the vagina before having intercourse and is held in place by a small, flexible ring to prevent pregnancy and most STIs.

Protection from Pregnancy: Good, 86% effective

Protection from STIs and HIV: Good, 86% effective” (p. 77)

Ask students: what do you think are some **advantages of female condoms**? List on the board. Advantages:

- Provides protection from most STIs.
- Does not depend on partner cooperation.” (p. 77)

“Emergency Contraceptive is a pill containing hormones that can be taken up to 78 hours after unprotected sexual intercourse to prevent pregnancy.

	<p>Protection from Pregnancy: Least, 75% effective Protection from STIs and HIV: None.” (p. 78)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS 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>“This document is a teaching guide for Peer Educators, exceptional young leaders who lead club sessions and teach lessons on adolescent reproductive health to their contemporaries.” (p. 4)</p> <p>“Objectives: Students will be able to identify their sexual and reproductive rights and will learn what to do if their rights are being violated.” (p. 11)</p> <p>“Sexual rights refer to control over one’s sexual health and sexuality. Reproductive rights refer to control over fertility and the spacing, timing, and frequency of reproduction.” (p. 12)</p> <p>“You have these rights:</p> <ul style="list-style-type: none"> • Right to accurate and objective information about sexual and reproductive health • Right to choose any method of contraception • Right to enter into an intimate relationship with a partner of your choice” (p. 12) <p>“Rights Role Play:</p> <ul style="list-style-type: none"> • Situation: You go to the health center for free condoms, but the nurse refuses to give you any. She says, ‘condoms are for married people only.’ • Violated Right: Right to sexual and reproductive health care services; Right to choose any method of contraception. • Possible Solution: You explain to her how it is against the Ministry of Health’s policies to refuse condoms based on age or marital status. If she persists in not helping you, you can report her behavior to the Ministry of Health. You can also ask a trusted adult to help report her or find condoms.” (p. 13) <p>“Rights Role Play:</p> <ul style="list-style-type: none"> • Situation: A guest speaker comes to your school. She tells the students, ‘Only abstinence can prevent pregnancy! Condoms will break and give you diseases.’ You know that this is not true. • Violated Right: Right to accurate and objective information about sexual and reproductive health. • Possible Solution: You can talk to counselors at the school about the guest speaker giving false information and request that she not return. You can start a SHARE club at your school to share correct information with your peers.” (p. 14) <p>“Does your school/community/home know about reproductive rights? How can we spread information about these rights to more Rwandans?” (p. 31)</p> <p>“Remember: According to national and international laws, you have the right to:</p> <ul style="list-style-type: none"> • Choose any method of contraception

	<ul style="list-style-type: none"> • Decide freely whether and when to become pregnant • Decide how many children to have • Have sexual and reproductive health care services” (pp. 72-73) <p>“As a Peer Educator and club leader, you are expected to work with your peers and the SHARE Facilitator to create at least one public awareness event at the end of the program to share information with other classmates and your communities.” (p. 83)</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>“Working with health clubs both in schools and outside of schools, Project SHARE provides educational resources, guidance, and skills to youth to improve their sexual and reproductive health.” (p. 4)</p> <p>“Rwanda is the most densely populated country in Africa and has one of the highest fertility rates in sub-Saharan Africa, which both put pressure on the country’s already scarce resources. This is why learning about contraception is vital to Rwanda’s future and development goals.” (p. 72)</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>“Confidentiality – What we share in this group will remain in this group.” (p. 5)</p> <p>“Rights Role Play:</p> <ul style="list-style-type: none"> • Situation: You hear some students making jokes about sex at school. You go home and ask your mother what sex is. She says, ‘You do not need to know any information about it. Never ask me about it again.’ • Violated Right: Right to accurate and objective information about sexual and reproductive health. • Possible Solution: You cannot force your mother to tell you about sex even though it is her responsibility as a parent. You can ask for accurate information about sex from a counselor at school, or at a health center.” (p. 15)
<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</i></p>	<p>“If you think that a sexual or reproductive right of yours is being violated, do not keep quiet... You can call the hotline 3530 for Health Development Initiative (HDI) if you have any legal or health questions about sexual and reproductive health and rights.” (p. 13)</p> <p>“Family planning products and services:</p> <ul style="list-style-type: none"> • Health Development Initiative (HDI) centers: Free STI testing clinics with Counselors in Nyamirambo (near Green Corner bar in Nyakabanda) and in Kicukiro (near Glory church) • Maison de Jeunes-Kimisgara Youth Center: A free Voluntary Counseling & Testing Center for youth in Kimisgara, with access to Counselors who have information about SRH • ARBEF: clinic at Nyarugenge Market in town offering family planning services • Kasha: call 9111 or dial *911# to purchase condoms and have them delivered confidentially to your home or school

interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see

www.WaronChildren.org and www.InvestigateIPPF.org)

- Hospitals” (p. 82)

“Call centers:

- 3530: HDI-Health Development Initiative (to access free information about SRH)
- 811: babyl (to access doctor consultations, about SRH or general questions, for a small fee)
- 911: Kasha (to access personal hygiene and family planning products and nurse/pharmacist consultations for a small fee)” (p. 82)

“If you would like to learn more about sexual and reproductive health and rights, here are some resources:

- Call HDI’s toll free phone number 3530 Monday-Friday between 8 in the morning and 5 in the evening. A staff-member of HDI will answer your call and answer any questions you may have about sexual or reproductive health.
- Visit HDI centers in Nyamirambo (near Green Corner bar in Nyakabanda) and in Kicukiro (near Glory Church) for free STI testing clinics.” (p. 84)

“Websites:

- www.tantine.rw
- www.plannedparenthood.org
- www.sexetc.org
- www.scarleteen.com” (p. 84)