

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 *Sexuality and Life-Skills (Africa)* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Sexuality and Life-Skills contains 14 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “This toolkit is written for anyone who wants to facilitate participatory learning activities with adolescents and young people to equip them with the knowledge, positive attitudes and skills to grow up and enjoy sexual and reproductive health and well-being. This includes peer educators and leaders, outreach workers, teachers, community workers and others.” (p. 8)

Target Age Group: Ages 9-24

International Connections: Frontline AIDS; Planned Parenthood Association of Zambia; Young, Happy, Healthy and Safe; Ministries of Health and Education, and peer educators and young people in rural Eastern Province, Zambia; Alliance Regional Youth Programme partners in Zimbabwe, Malawi and Zambia; CORE Initiative in Uganda; Embassy of the Netherlands

For the complete text of *Sexuality and Life-Skills* see:

<https://drive.google.com/file/d/1WduepEMqWr3zJR2NWbm8wVuDZGeWoeOg/view?usp=sharing>

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 active. May glamorize sex, use graphic materials, teach explicit</i>	“We are all sexual beings from birth to death, even at times when we are not having a sexual relationship.” (p. 20) “There are many reasons why we behave as we do and we need to work together to find ways that enable us to express our sexuality safely .” (p. 20) “ Sexuality is about our bodies, feelings, thoughts, behaviour and desires. It is about ourselves and our relations with others as sexual beings . It is about the way we dress, walk, talk, dance and express our sexual feelings. We can enjoy

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.

sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

feeling and expressing our sexuality in different ways throughout our lives.” (p. 21)

“Tell the group that **they are going to be talking about their feelings, friendship and sexuality** and that they need to think carefully about what to tell the group. Tell them to ask themselves: What are the good things about telling our own stories?” (p. 22)

“AIMS:

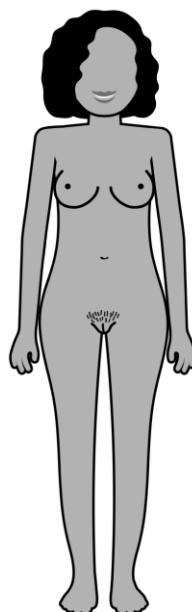
- To understand the meaning of trust
- To understand the benefits of trust
- To build trust
- To find ways to **talk about sexuality together safely**” (p. 22)

Physical changes

Girls

Development of breasts, pubic hair, broad hips, small waist, growing faster, pimples, menstruation.

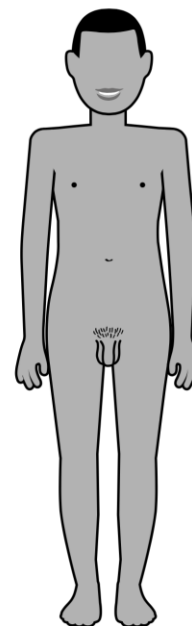
Sexual feelings – excitement when touching our private parts.



Boys

Broken voice, broad chest, development of sex organs, wet dreams, pubic hairs, flat stomach, growing faster, pimples.

Sexual feelings – excitement when touching our private parts.



p34 SEXUALITY AND LIFE-SKILLS: Session 11 – Puberty – physical changes

“Ask one person to lie on the ground or stand against a wall and draw around them with a stick or chalk. (Or just draw the outline of a body on the ground.) Ask them to mark on the body all the **changes that happen to people of their sex (male or female) during puberty.**” (p. 35)

“Divide into pairs and ask people to suggest **who they would talk to if they had a problem about puberty or sexuality.**” (p. 35)

“**Girls can also have sexy dreams** and some might find that they are wet between their legs at these times.” (p. 39)

“Dear Aunty, I am a 13-year-old boy. Last week I woke up with a wet patch on my bed. It smelled funny and I noticed that it was on my penis too. I remembered that I had a **sexy dream about a girl in my class. I wanted to touch her body!** My older brother noticed the wet patch and laughed at me. He said

that the only way I can stop this happening is to get the girl to agree to have sex with me. Now I am afraid. Can you help me? –Chipili” (p. 40)



p40 SEXUALITY AND LIFE-SKILLS: Session 13 – Wet dreams

“Ask groups to **draw the outline of a person** on a large sheet of paper or on the ground. They should add in and label the brain, the heart, the face, **the genitals** and the hands/ feet. Explain that these are symbols of our thoughts, feelings, public appearance, biological sex and actions.” (p. 57)

“Point out that we can **enjoy our sexuality at all ages** even without sexual intercourse. We should not be in a hurry to have sexual intercourse, but wait until our minds and bodies are mature. We should trust ourselves that, when the time comes, we shall do it well. Examples:

- Baby: Boy has **erections**, boys and girls **enjoy being touched, cleaned, sucking the breast.**
- Child of 6 years: Plays mummies and daddies, enjoys dressing as a girl or boy, learning how to dance, **may imitate sexual intercourse** if they have seen others doing it.
- Child of 15 years: **Wet dreams**, feeling sexy near others, interested in being a girl or boy, **touching their own private parts.**
- Young couple: Learn to express their needs and **please each other sexually.**
- Couple with baby: Mother enjoys giving breast milk and cuddling baby; feels tender love for baby, man may feel frustrated if woman shows more love to the baby than to him.
- Elderly couple: Don’t have to worry about pregnancy, free from hard work (maybe), enjoy each other, enjoy dancing, singing, caressing each other, **having sex.**” (p. 65)

2. TEACHES CHILDREN TO CONSENT TO SEX

May teach children how to negotiate sexual encounters or how to ask for or get “consent”

“Working with a younger audience (**9–12 years**): Give concrete examples and ask if they have heard the terms used in the activity, especially if these are abstract concepts such as **consent**, confidentiality and gender.” (p. 13)

“AIMS

from other children to engage in sexual acts with them.

Note: "Consent" is often taught 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.

- To **define consent** in the context of relationships
- To understand the different elements of consent
- To identify ways to express and **ask for consent**" (p. 94)

"Everyone has the right to be aware and in control of their sexual and romantic boundaries and to decide what they're actively willing to engage with, and under what circumstances. Consent is not only about expressing assertively what we ourselves are willing and able to do, it is also about paying attention to the other person's needs, body language and messages. **Consent is part of healthy and pleasurable sexual behaviour** with a partner. However, things such as alcohol and drugs, intimate partner violence, poverty, disability and power dynamics (e.g. older partners; the offer of money or expensive gifts) can affect our ability to give genuine consent on the basis of equality." (p. 94)

"**Sexual consent** means an explicit agreement between people **to have sex or take part in sexual** or romantic activity. This means that, more than the absence of a 'no', it is the presence of an enthusiastic 'yes!'" (p. 95)

"Ask each group to **draw a body map**: one group draws a feminine figure; the other group draws a masculine figure. Ask both groups to **mark on the map**:

- Parts of our body (if any) that are OK for anyone to touch.
- Parts of our body that are OK for certain trusted people to touch. **(Who?)**
- Parts of our body that are private, which no one should touch unless we want them to and **unless we give our consent for them to do it.**" (p. 95)

"**Consent means actively agreeing to engage in romantic or sexual interaction** with someone. Consent means letting someone know that their touch, sexual or romantic attention and interactions are wanted." (p. 96)

3. PROMOTES ANAL AND ORAL SEX

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.

"If either person has HIV, it may be transmitted through:

- Sexual intercourse, when the **penis goes into the vagina or anus**
- **Oral sex**, when a person takes the penis in their mouth or licks or sucks the woman's private parts" (p. 118)

"**Low-risk** sexual behaviour:

- ...**Oral sex** where people suck or kiss the genitals is low risk because HIV could be transmitted if either person had broken skin or bleeding in the mouth or on the genitals. It is safest to use a condom or cover the woman's genitals with a plastic sheet.
- Using condoms correctly **every time we have vaginal or anal sexual intercourse** is about 90% safe, so they give low-risk sex but not no-risk sex." (p. 119)

"Low Risk of HIV – Examples include:

- ...**Anal intercourse** with a condom and water-based lubricant
- **Oral sex is** kissing or licking each other's genitals. The risk is greater for the person doing this, especially if they have mouth sores or either has untreated STIs. These are also easily transmitted through oral sex. Using

	<p>a condom or piece of plastic over the vulva and avoiding ejaculation of semen into the mouth reduces the risk.” (p. 121)</p> <p>Note: <i>There is only one brand of condom approved by the U.S. FDA for anal sex.</i></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>“Sexual orientation refers to who we are physically and romantically attracted to; for example, people of a different sex/gender as us (heterosexual, straight), people of the same sex/gender as us (homosexual, lesbian, gay), or both (bisexual). A range of orientations exists in all cultures and societies.” (p. 56)</p> <p>“Draw a long line and label one end ‘Same’, one end ‘Different’ and the middle ‘Both’. Explain this represents the range of human sexuality and attraction, and that all of us are included somewhere along this line. Some of us may feel strongly attracted to people of a different sex/gender than us (heterosexual, straight); some of us may feel strongly attracted to people of the same sex/gender as us (homosexual, gay, lesbian); some of us may feel attracted to both (bisexual). Our position on the line may stay unchanged throughout our lives, or it may change.” (p. 58)</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 potential outcomes for sexually active children.</i></p>	<p>“Talking about sexual pleasure can result in disapproval from the community... This information can also help younger girls and boys to abstain from sex because they know what is happening, and what might increase their sexual feelings and make it difficult to stop. This may stop people tricking them [sic] into having unwanted sex.” (p. 65)</p> <p>“Key ideas:</p> <ul style="list-style-type: none"> • Women and men both have a right to sexual pleasure and satisfaction. • The best sex is when both partners enjoy it. • Partners enjoy sex more if they care about each other’s pleasure and can show or talk about what pleases them. • A private, comfortable place and a caring and considerable lover both help to make sex enjoyable. • Men and women have parts of their bodies that make them feel sexually happy when they are touched. • In women, the clitoris, breasts and a spot inside the front of the vagina are very sensitive to touch. • In men, the head of the penis and nipples are very sensitive. • Any part of the body can become sensitive to touch with loving caresses; for example, the thighs, buttocks, feet, hands, face, ears, hair and neck.” (p. 66) <p>“How do people show their love sexually?</p> <ul style="list-style-type: none"> • ...Use the body map to discuss these questions: <ul style="list-style-type: none"> ○ What happens when two people make love? ○ Where are the places that people of your sex like to be touched to make them feel sexy (hot spots)? Mark them on the body

map.

- Mark on the map, starting from 1, the steps that people of your sex would like to **enjoy before having sexual intercourse**.
- Ask each group to **show their body map** and ideas on the questions. Tell people they do not have to tell the whole group if they feel too shy or think they might be harassed. If they do not feel happy to show and tell, you can talk to each group and present their main points for them.
- Correct or add to their ideas as needed. **Use pictures and the body map to explain how sexual activity and intercourse take place**. Talk about it as a loving and **pleasurable thing to do**, but explain that it is best when two people are caring, loving friends in a committed relationship who can talk about what they like, and want each other to be safe and happy.
- Ask what they have learned and how they will use what they have learned.” (p. 68)

An example of a sexual ladder Sexual intercourse



(p. 69)

“In this activity, we are going to talk about the good and bad points of **pleasing each other sexually without having sexual intercourse**. We are also going to look at whether and how we can manage to do this and stop before intercourse.” (p. 69)

“Explain that with different sexual activities the level of feelings and **the ability to stop before having intercourse varies a lot**. Explain that it depends on how strong people’s sexual feelings are, how determined they both are to avoid intercourse, how much they care about each other, and whether they are sober.

Sexual feelings can be so strong they make it impossible to stop, even at the bottom step.” (p. 69)

***Note:** Teaching young people that they have no control over their sexual impulses is wrong and highly irresponsible.*

“AIMS:

- To learn about what **makes sexual life good or bad**
- To learn how partners can continue to **please and satisfy each other over time** so that neither of them feels the need to have another girlfriend or boyfriend” (p. 79)

“Key Ideas:

- Both partners should be able to say **what they enjoy and what helps them to reach orgasm** or that they do not feel like having sex today.
- If couples enjoy their sexual lives together, they will find it easier to stay with each other.
- Couples can try out new sexual activities, styles and ways of being together.
- **Any sexual activity is good if both people enjoy it** and it does not harm them.
- They can **enjoy all sorts of sexual activities** as well as, or instead of, sexual intercourse.
- Caring, love and friendship are important for a **happy sexual life**. If either partner feels neglected, angry or abused, they will not be happy sexually.” (p. 79)

“**Enjoying a sexual experience:**

- Divide the group into small single-sex groups.
- Ask half the groups to make up a story, song, poem or **role-play to describe their vision or dream of a wonderful sexual experience**.
- Ask the other half to make up a story, song, poem or role-play to show a **negative sexual experience**.
- In two big, single-sex groups share the songs or stories with each other.
Ask:
 - What things made the sexual experience good?
 - What things made the sexual experience bad?
- Choose the best ones to share with the other group.
- Bring the males and females together. Perform the songs, stories and role-plays.
- Ask the audience to add any **other things that make sexual experiences good** or bad. Ask:
 - Which ideas do we seem to have in common? Which are different?
 - **How can we help each other to enjoy our sex lives more?**
 - What are the good things about both partners enjoying their sexual lives?” (p. 79)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

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.

“AIMS:

- To talk about one way that people have found to cope safely with their sexual feelings
- To talk about our **feelings and beliefs about masturbation**
- To learn correct information about masturbation
- To **feel OK about masturbation as a way to stay safe** from pregnancy and STIs, including HIV and HIV reinfection, and as a way to express and enjoy our sexuality” (p. 43)

“Key Ideas:

- As our bodies change, we may start to have sexual feelings towards other people and in our own bodies. **Certain parts of our bodies can become very exciting to touch, especially the private parts.** For boys, this area is the penis and testicles. For girls, it is the area around the opening to the vagina, especially the clitoris.
- Some people enjoy rubbing these areas in a certain way. If they do this for a while, they may reach a moment when the excitement comes to a peak and **they have an orgasm.**
- The penis and vagina often produce fluids during masturbation. Semen comes out of the penis and vaginal fluid comes out of the vagina. This is normal.
- **Masturbation is a natural way of coping with sexual feelings.** There is nothing wrong with it. It causes no harm to your private parts or to your mind. It does not make you less interested in boyfriends or girlfriends or stop you having relationships when you are older. **Most young people and adults masturbate** at some time or other.
- Sometimes parents, teachers or religious leaders may say that masturbation is wrong, and this can make you feel guilty. There is no need to feel guilty about it. **It is a private matter and a personal choice.**
- Masturbation is a very safe way of coping with sexual feelings. It is much safer than having sex with another person – you cannot catch any diseases or get pregnant from masturbating.” (p. 43)

“How to masturbate safely:

- Always make sure that your hands are clean when masturbating, as dirty fingers can carry germs. Keep your fingernails short and clean.
- It is safest to use your fingers, but **if you do use an object** make sure it is very clean and cannot break. If it does break, use your fingers carefully to remove the pieces. Do not use any object that could cut or bruise you.
- **Rub yourself gently to avoid soreness.** Stop if you feel any soreness and do not masturbate again until it is cleared up.” (p. 43)

“Explain that in this session we are going to **talk more about masturbation.** Ask: What local words do we have for masturbation? Do we like these words? Which words do we want to use?” (p. 44)



p44 SEXUALITY AND LIFE-SKILLS: Session 15 – Helping ourselves

“Label one corner of the room with ‘True’, another corner with ‘False’ and a third with ‘Don’t know’. Explain that you are going to read a sentence and you want people to go and stand by the label that they think is the correct answer to the question.

- People who don’t masturbate are not normal.
- It is OK to choose not to masturbate or to **choose to masturbate**. Both are very normal.
- Masturbation weakens the private parts and stops people being able to have sex later in life.
- People used to think that masturbation can harm you. This is not true as long as your hands and nails are clean. Dirty hands can make you ill.
- Both females and males **can enjoy masturbation**.
- Masturbation is a safer way of releasing sexual feelings than having sex.
- This is true. You cannot catch STIs, including HIV or HIV reinfection, or get pregnant by masturbating.
- Masturbation is only done by immature people.
- It is mature to be responsible about coping with your sexual feelings in a way that does not harm anyone. This is better than having unsafe sex or using someone you don’t care about to meet your sexual needs.
- **Masturbation helps people to enjoy sex more.**
- Masturbation can teach people about how their bodies work and what gives them pleasure. When they have sex, they can use this understanding to help them to enjoy sex more.
- Masturbation is a sin.
- Some **churches say that masturbation is a sin**; others say it is not. The Bible is not clear about it.
- If masturbation is so common we would see people doing it.
- People usually masturbate in private. This is important because it shows respect for others and it is against the law to do it in public.” (p. 45)

	<p>“No Risk of HIV: Masturbation by ourselves is 100% safe.” (p. 118)</p> <p>“Low-risk sexual behaviour: Masturbation with a partner is a low-risk activity if we prevent semen, vaginal fluids or blood going from one of us onto the genitals or breaks in the skin of the other person.” (p. 119)</p> <p>“Low Risk of HIV – Examples include: Masturbating each other (cover cuts on the hands and wash after playing before you touch your own genitals)” (p. 121)</p> <p>“No Risk of HIV – Examples include: Masturbating yourself, ... Using sex toys without sharing them” (p. 121)</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>“Example of role-play on condoms:</p> <ul style="list-style-type: none"> • Preacher: Condoms are sinful and not allowed by our church. • Condom seller: Buy condoms here and enjoy your sex life without fear. • Initiation adviser: Condoms don’t work because they break. • Elder: Giving condoms to young people causes promiscuity. • Parent: If I ever found any of my children with condoms, I would beat them. • Friend 1: Condoms are not good; it’s like eating a sweet with the wrapper on. • Friend 2: Hey man, condoms are great. You can practise for future perfection without worrying about ‘damages’ and AIDS. • Radio: Condoms are made to make sex less enjoyable. • Rural health worker: Condoms are not 100% safe, but they give around 90% protection if used correctly every time you have sex. They will protect against STIs, including HIV and HIV reinfection, and pregnancy, which is a lot better than nothing. I can give you some for free. But first let’s talk about your life and whether condoms are the best choice for you at this time.” (p. 52) <p>“AIMS:</p> <ul style="list-style-type: none"> • To look for the reasons why young people do not use condoms every time they have sex • To find ways to make it easier to use condoms every time • To practise persuading a sexual partner that we want to use a condom” (p. 81) <p>“Male and female condoms protect us against STIs, including HIV and HIV reinfection, and pregnancy when we have sex. They do not have any bad effects on the body. We can obtain them from a health worker without a prescription or cost or we can buy them.” (p. 81)</p> <p>“The male condom is a thin rubber tube that fits over the hard penis and catches the semen so that it cannot enter the vagina, anus or mouth. The female condom is made out of plastic and has a ring at each end. It is inserted into the vagina before intercourse. It lines the vagina and the ring keeps</p>

it in place.” (p. 81)



KEY IDEAS (continued)

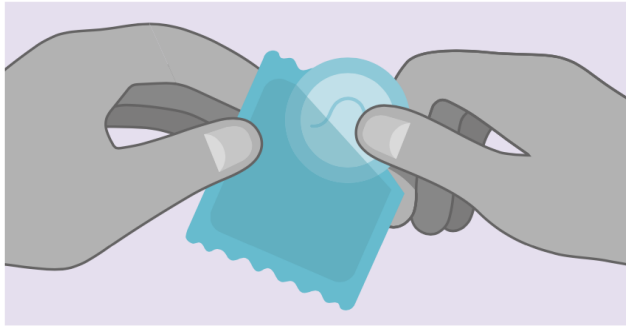
How to use male condoms properly

- Obtain condoms from a place where they are covered and stored out of the sun. Keep your condoms in a cool place, not next to your body.
- Check the package to make sure that it is not open or torn. Check that there is pressure in the packet before opening.
- Check the date on the condom. If the date shown is the date of expiry and that date has already passed, the condom is no longer safe – get a new one. If it is the date of manufacture, add five years to it. If that date has already passed, the condom is no longer safe – get a new one.
- Do not rush, wait until the penis is hard and your partner is feeling sexy and wet inside before opening the condom package.
- Open the package carefully, taking care not to break the condom with your nails.
- If the condom is discoloured or sticks to your fingers like glue, it is not safe. Throw it away and get a new one.
- Do not unroll the condom and blow it up to check for holes. You will not be able to put it on correctly.
- Make sure the condom is the right way up, with the tip upwards and the roll on the outside, so that it goes down the penis properly.
- Hold the tip of the condom between finger and thumb to leave room for the semen.
- Use your other hand to unroll the condom all the way down to the base of the penis.
- The vagina or anus and the condom need to be wet to prevent the condom from breaking and to make sex comfortable.
- If the vagina or anus gets dry, use saliva to make it wetter and arouse your partner with touch.
- Do not use two condoms at the same time.
- Never use Vaseline or any other oil-like hand lotion because it will make the condom burst. Also, some of these products are heavily perfumed which can cause sores, leading to increased risk of HIV infection.
- You can now enjoy sex safely. The condom helps the man to go on for longer so that your partner has more time to reach orgasm.
- After sex, whilst the penis is still hard, take the penis out by holding the rim of the condom around the base of the penis so that the semen doesn't spill.
- Take the condom off, wrap it up and throw it away safely so that children can't play with it. Bury it, burn it or put it in the latrine.
- Always use a new condom every time you have sex. If you wash and grease them to use again, they will burst.
- Condoms rarely break if they are used properly and the couple avoids dry, rough sex.
- If you feel the condom break or come off, the man should pull out at once.
- If necessary, take the condom out with your fingers, trying not to spill any of the fluid that is inside the condom. The condom can't become lost in your partner's body. You can always get it out with your fingers.
- Go and see the family planning nurse. She or he can help you with emergency contraception if necessary.

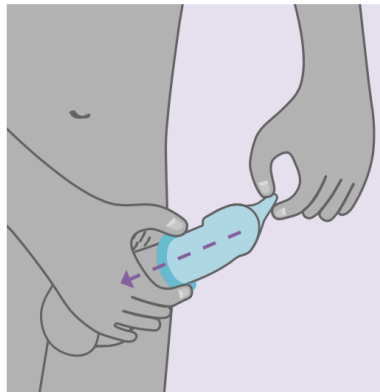
p82 SEXUALITY AND LIFE-SKILLS: Session 30 – Let's use a condom

“Activity 1: How to use a male condom

1. Demonstrate how to put on a condom and how to remove it. Give everyone a condom and ask them to **practise putting it on a penis-shaped object like a banana.**
2. Make sure that everyone can do it well.” (p. 83)



- Do not try to put the condom on until the penis is erect.



- Hold the air bubble on the end of the condom and pinch it so that no air gets in. Gently roll it down the length of the penis.



- Once the man has released sperm, he must hold on to the condom in case it slips off.

(p. 83)

“Activity 2: **How to use a female condom:** You can **make a clay model of a female pelvis with a hole for the vagina** or use a box with a hole in it or any other improvised model. This will allow people to practise inserting the female condom correctly.” (p. 85)

“Explain that you will now look at all the reasons in turn to find out how we can make it easier to use condoms every time. Ask: **Where can we obtain and keep our condoms?** Summarise all the reasons for not using condoms that are to do with obtaining them and having them to hand [sic] when they are needed.” (p. 85)

“Make a map on the ground and ask participants to **show all the places where young people can obtain condoms.** Mark the places with stones, leaves or other convenient objects. Discuss the good points and problems with each place. Ask:

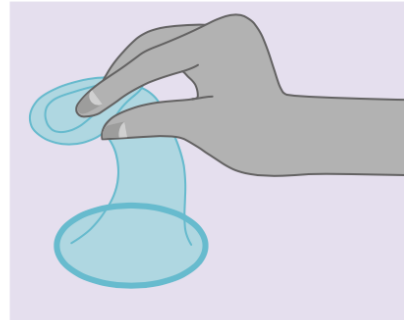
- Which places are best for young people?
- How could they be improved?
- What can we do to make getting condoms easier?” (p. 85)

“Discuss the **best places to keep condoms** so they remain private and also do not get too hot. Explain that if condoms are kept somewhere that is too hot they may break during use.” (p. 85)

KEY IDEAS (continued)

How to use female condoms properly

- Remove the condom from the package and rub the outsides of the bag together to spread the lubricant inside it. Make sure that the inner ring is at the closed end of the bag and hold the condom with the open end hanging down.
- Squeeze the inner ring with the thumb and middle finger and put it into the vaginal opening. Push the inner ring and the bag up into the vagina, as far as you can, with your first finger. The bag is slippery, so you need to do this slowly and carefully.
- Make sure that the condom is put in straight and not twisted in the vagina. The outer ring and about two centimetres of the bag will now lie outside the vagina.
- Guide the penis into the condom to make sure that it does not slip into the vagina outside the condom.
- You can now enjoy sex safely. Check to see that the condom is still in place and that the penis is still going into it. If the condom slips during sex, stop immediately and take the condom out. Put in a new one and add extra lubricant to the opening of the bag or penis. Female condoms are made of plastic; therefore oil-based lubricants such as Vaseline can be used.
- After sex, you can stay together a little because it does not matter if the penis goes soft. When both of you are ready for the man to pull out, squeeze and twist the outer ring gently, then pull the condom out, keeping the semen inside. Wrap the condom and throw it away or bury it.



- Hold the condom with the open end hanging down.



- Push the inner ring and the bag into the vagina as far as it will go.



- Make sure the condom is in straight and not twisted.

(p. 84)



We choose condoms because they have no bad effects on the body.

And they prevent pregnancy, HIV and STIs.

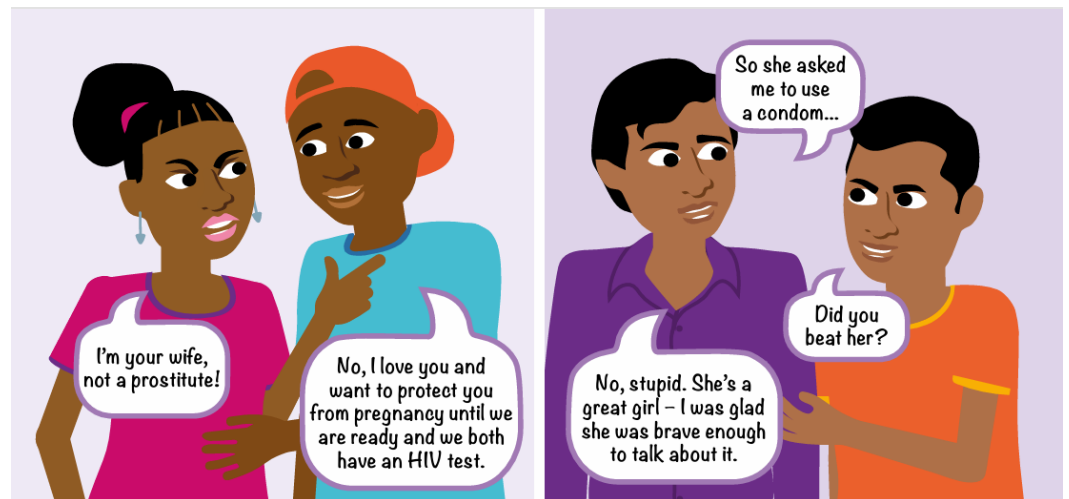
That's why they are a good method.

(p. 86)

“How can we **persuade our sexual partner to use a condom?**

- Summarise all the reasons given why a young man or woman might not want to use condoms.
- Ask people to call out any other reasons that they can think of.
- Put the group into pairs. Give each pair two of the reasons why someone might not want to use a condom. **Ask them to practise persuading their partner to use a condom.** Tell them to take it in turns [sic] to be the person who wants to use a condom and the person who does not.
- Ask them to discuss what persuaded the person and what did not persuade him or her and the reasons for this.
- Meet in the big group and perform some of the conversations showing how people tried to persuade their partner to use condoms. Choose some where the person was persuaded and some where they were not.”
(p. 86)

“Remember that some people may fear condoms or fear that they will not be able to perform well using a condom. It may be helpful to **be sexy and help the person to enjoy using a condom** in a gentle way.” (p. 86)



(p. 88)



(p. 88)



(p. 88)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.

“How do people show their love sexually?”

1. Explain that people can **show their sexual feelings in many different ways**, from a tender touch on the cheek to sexual intercourse. It is good to **understand how people make love** and have sexual intercourse because this helps us to **make good decisions** about what we want to do sexually.
2. Explain this activity does not mean we are teaching young people how to ‘do’ sex so they rush out and practise. This information is useful for helping young people **make good decisions about sex**, and to **prepare them for having sex** when they are mature enough and in a relationship.” (p. 68)

“It is very important that young people learn to make strong decisions about whether to have sex or not; to say the real ‘no’ and the real ‘yes’ when it is right for them. **Young people may decide to have sex for many reasons** including love, desire, power, money or to be part of a group.” (p. 73)

“Activity:

- Ask for volunteers to play the **role of two young people who are thinking about whether to have sex** or not. Make one of them the same age and sex as the group members.
- Give the pair names. Ask them to leave the group and get into their roles. They should agree on their past, how long they have known each other, how and where they are together, and how they feel about each other.
- Put the rest of the group into pairs and tell them to **imagine they are thinking about having sex with someone**. Tell them to talk about what questions you would need to answer to make a good decision.
- Tell them to remember their questions so they can ask them to the boy and girl who are making the decision.
- Invite the couple to join the group. Explain that the group members are going to **help them to make a decision on whether to have sex** or not by asking them some questions.
- Ask the couple to introduce themselves, giving only their names.

	<ul style="list-style-type: none"> • Then ‘hot-seat’ them, asking them to stay in role while the questions are asked. • Tell people to make sure they ask questions to both members of the couple because they should make the decision together.” (p. 73) <p>“When people have asked all the questions they can think of, ask any of the following questions that they have left out (or give them to members of the group to ask):</p> <ul style="list-style-type: none"> • Why are you thinking of having sex with this person? • If you do have sex, what will be your reasons for doing it? • Do you want to have sex with this person? Does he or she make you feel sexy? How do you know this? • Have you talked with this person about having sex? • Will you be able to have sex in a private place and have enough time to enjoy it?... • Do you want to have a child with this person? Does he or she want to have a child with you? • If you don’t want a child, what will you do to avoid pregnancy? Methods of avoiding pregnancy can fail. If this happens, what will you do?... • Could you have a safe abortion if you wanted it?” (p. 74) <p>“Ask them to think about all the different sexual activities that males and females might do together to enjoy themselves. Give some examples to help them understand.” (p. 122)</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 healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Abstinence before marriage, and lifelong fidelity within it, are the moral ideal of many religions. However, we recognise that this does not reflect the realities of life for many of us.” (p. 9)</p> <p>“Key Ideas:</p> <ul style="list-style-type: none"> • When women become sexually excited, the vagina becomes wet. This is good because it makes sex comfortable and prevents sores, which would make it easy for HIV to enter the body. • The clitoris, lips of the vagina and nipples become harder and more sensitive when a woman is excited. • In men, the penis becomes erect and the nipples harden. • Women tend to get sexual feelings more slowly than men. • Women may need more touching and kissing beforehand to enjoy sexual intercourse. • If the sexual activity continues, heart and breathing rates get faster and sexual feelings increase. Blood goes into the lower belly area. If sex is stopped at this point, the partners may feel a little pain, but it is not harmful. (For example, the testicles will not burst.) Things will return to normal quite soon. • If sexual activity continues, the partners may reach orgasm. Sexual feelings reach a peak and there is a feeling of great pleasure. Men release (ejaculate) when they reach orgasm and semen (liquid containing sperm) shoots out of the penis. Women can also ejaculate and the vagina

moves and sends sperm to the womb.

- Most women reach orgasm more easily if they spend time **romancing before sex**, if the clitoris, breasts and buttocks are touched during intercourse, and if the sexual activity can continue for sufficient time.
- After orgasm, people relax and return to normal. This can take an hour or more. The penis becomes soft and the blood leaves the lower belly. The partners may feel weak and enjoy being together quietly at this time.” (p. 67)

“Possible bad points [about saying ‘no’ to sex]:

- **We miss the enjoyment of sex.**
- We may miss chances to get close to a young man or woman who will make a good future partner.
- We may feel sad and left out if **all our friends are having sex** and we are not.
- We may feel that we are not giving enough love to our boyfriend or girlfriend and we are hurting their feelings.
- Our peers may insult us.
- We may feel bad because **our body wants to have sex** and we are not allowing it.
- We may feel that we are not yet grown up.” (p. 75)

“AIMS:

- To understand the good points and challenges of sexual partners **having sex only with each other**
- To find ways to make it easier to stay only with each other” (p. 89)

“If two people both test negative for STIs and HIV and **have sex only with each other**, they will not get STIs or HIV through sex, no matter what sexual activities they do together. If either or both of them have an STI or HIV, they should get treatment and **abstain or use condoms** correctly and consistently every time they have sex. People who **have sex only with each other**, but have not both had a recent HIV test would be wise to use condoms until they know their status.” (p. 89)

“Whether we are in short or long-term relationships, and whether we are living with HIV or not, it is important to **use condoms consistently and correctly** to protect our own and our partner’s health. If we are living with HIV, being on effective treatment that controls the level of virus in our blood also supports our health. If the level is kept so low that it cannot be measured, it means we cannot pass on HIV through sex (**vaginal, anal or oral**). This is called U=U (undetectable = untransmittable).” (p. 89)

“Explain that in this session we want to find out how young men and women can **manage to stay with one sexual partner.**” (p. 90)

“Give each group one of the **following situations to role-play** to show what happens to people like them, the reasons for having sex with one or more than

one person and the consequences of this.

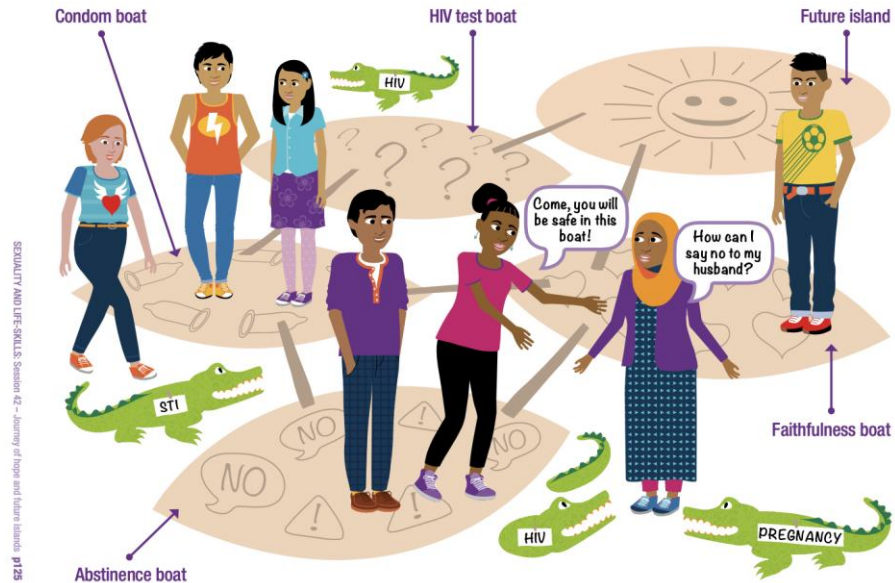
- The couple **have sex only with each other**.
- One of the partners has sex with another person but the other partner only has sex within the couple.
- Both members of the couple **have sex with other people.**" (p. 90)

"My story: **When I was 14 years old**, I really loved a boy from school called X and **I had sex with him**. One day, he refused to talk to me. He said bad things about me to his friend Y, who called me a prostitute. I tried to forget X and work hard at my books. Some time later, I started to have a pain at the bottom of my belly and some bad-smelling fluid came from my private parts. I told my friend Z and she gave me some herbs. I was too frightened to tell my mother or to go to the clinic, where they are unfriendly to people my age and don't always keep our personal information private. Then one day I had fever and a terrible pain in my belly. My father took me to hospital. They gave me antibiotics. The doctor told me that I had a disease you get from sex, and I might never be able to have children because of my bad behaviour. My father was so upset and angry and I cried and cried. **I only had sex with that one boy** – why was I so unlucky?" (p. 116)

"**Abstinence**, that is not having anal or vaginal sexual intercourse, is the way to achieve 100% protection against sexually transmitted HIV. However, this is **not always possible or realistic** for us." (p. 118)

"If we have both tested HIV negative and **have sex only with each other**, we can enjoy any kind of sexual activity and will not be at risk of HIV. If either of us **have sex outside the relationship without using a condom correctly every time** we have sex, we should start to use condoms and go for an HIV test after three months." (p. 120)

"We can protect ourselves from HIV or HIV reinfection through sex by not having sex, **or having sex only with an HIV-free partner** who also has sex only with us, or **use condoms** correctly every time." (p. 123)



(p. 125)

10. PROMOTES TRANSGENDER IDEOLOGY

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.

“**Gender describes the norms**, roles and responsibilities given to females and males by society. Older people teach girls and boys how they should behave to become ‘ideal’ women and men, according to the culture.” (p. 47)

“AIMS:

- To understand the difference between our biological sex, **gender identity**, gender expression and sexual orientation
- To understand that human sexuality is on a continuum that includes a wide range of feelings and behaviours” (p. 55)

“Key Ideas:

- Biological sex refers to the organs, hormones and chromosomes we are born with. **Based on these, we are assigned at birth as female or male** or, in the case of babies born with a mixture of female and male characteristics, as intersex.
- **Gender identity** refers to how we feel inside our heads about ourselves and who we are. This may or may not be the same as the sex we were assigned at birth. If it is not the same, we may identify as transgender or another term of our choice. **A range of identities exists in all cultures and societies.**
- Gender expression refers to how we show our gender in the way we dress, behave, talk and relate to others, based on how we are taught as children. As we grow up, we develop our own ideas of what is right for us; this may or may not be the same as how we were taught or expected to act.” (p. 56)

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

Presents abortion as a safe or

“AIMS:

- To understand female and male fertility
- To **know safe ways to avoid pregnancy**
- To understand that this is a shared responsibility for both members of a

positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

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

couple

- To find ways to make it **easier for people who have sex to use contraceptives**" (p. 104)

"Key Ideas: **Using Contraceptives** to Avoid Pregnancy

- Abstinence is the safest way to avoid pregnancy, STIs and HIV, but it is not always possible or realistic.
- People may try different ways of avoiding pregnancy if they do have sex but many of these do not work and may be dangerous. For example, women may try to remove the sperm from the vagina after sex by jumping up and down or urinating. These efforts are ineffective as there are millions of sperm and they quickly swim into the womb.
- **Young people can get safe methods of contraception** that work well from family planning service providers.
- The condom gives about 90% protection against pregnancy and STIs, including HIV and HIV reinfection, has no chemical effect on the body and is available in the community for free or at a low cost.
- If a woman has had sex without using contraception, or a condom has broken, she can go to the nearest clinic within 72 hours for **emergency contraception** (if it is available). These special pills will prevent conception. The quicker the woman takes the medication, preferably with 24 hours, the more effective it will be. Emergency contraception should not be used as a daily contraception method." (p. 107)

"**Condoms are a good method for young people** because they protect against pregnancy and STIs, including HIV (see Session 30 for more information on condoms)." (p. 107)

"Spermicides are creams, foams or jellies containing a chemical that kills sperm. **Spermicides are put inside the vagina** as foam with a special applicator, or as tablets that are pushed high up inside the vagina. Spermicides are about 70% reliable by themselves. It is best to use them with condoms." (p. 107)

"The **chemical or hormone in the pill** stops the woman from releasing an egg each month so that she cannot get pregnant. The hormone also changes the lining of the cervix and uterus so that babies cannot develop there. The pill should be taken at the same time every day. **It is about 99% safe.**

- The pill is very reliable.
- It makes periods lighter, more regular and less painful.
- The pill does not protect against STIs and HIV.
- Women should have their blood pressure checked if they take the pill.
- The pill does not suit everyone. Some women get headaches, sore breasts, depression and weight gain. They may also feel like vomiting and may bleed lightly through the month."

"**The loop** is a small plastic object with a copper wire that is inserted into the womb by a doctor or nurse. It disturbs fertilisation and the implantation of the egg.

- The loop is a **reliable contraceptive** (99%) and the woman can keep it inside the womb for five years.
- The woman can check the thread that hangs into the vagina to make sure that the loop is still there.
- The loop **does not interfere with sex**.
- The loop can cause cramps and heavy or painful periods.
- The loop is not good for young women who have never had children.
- The loop does not protect against STIs or HIV. If the woman is at risk of STIs, the loop increases her chance of getting a serious infection that could stop her from having children.” (p. 108)

“**The injection** contains hormones that prevent a woman from releasing an egg. The hormones are strong chemicals that affect the body for some months but then stop. Some types may be better for younger women, while others are better for older women who have already had several children.

- The injection does not protect against STIs and HIV.
- It is **very reliable** (99%).
- The woman only has to go to the clinic every two, three or six months and can do it **without anyone knowing**.
- The injection changes the pattern of menstrual bleeding. Women may not bleed at all for many months. Some women like this.
- Women may take a year or more to get pregnant after stopping the injection.” (p. 108)

“**Implants** are tiny silicon rods, which have female hormones inside them. They are inserted under the skin of a woman’s upper arm through a small cut during the first five days of the menstrual cycle. They are **effective for five years** and can be removed at any time. They work like the pill.

- The implants work for a long time and are **99% effective**.
- Women lose less menstrual blood. Irregular menstrual bleeding is common, while other women may stop bleeding completely.
- They do not give protection against STIs and HIV.” (p. 108)

“**Sterilisation is an operation** carried out on a woman or man that stops them ever having children. The tubes that carry the egg to the womb or the sperm to the penis are cut. This is normally done when a person has had children and is sure about not wanting any more.” (p. 108)

“The choices for coping with unplanned pregnancy are to **end the pregnancy by having an abortion**, to have the baby and look after it, to give it to a relative to take care of or to give up the baby for adoption. These options will depend on local laws, norms and practices.” (p. 110)

“This is a sensitive topic, but young people **need to have accurate information about abortion** and about the choices that are available to them in their local context.” (p. 110)

“**Abortion:**

- People may feel very strongly about abortion, based on their religion or personal values. However, **women will find ways to end a pregnancy even if they cannot do it safely and legally**, and many girls and women globally die or are injured every year because of unsafe abortion.
- Women use different methods to cause unsafe abortion, including drugs, herbs or objects inserted into the mouth of the womb. These methods are ineffective and/or dangerous and may cause death, infertility or serious injury.
- Whether an abortion has been legal or illegal, safe or unsafe, **post-abortion care is essential**. Young women should go to a health worker at once if they have continuous bleeding, smelly liquid coming out of the vagina, pain in the lower belly or fever and shaking after an abortion. They may need further treatment, counselling and information on sexual and reproductive health and contraception.
- In some countries, women can have a legal abortion if continuing with the pregnancy will harm the mental or physical health of the woman or child. This usually requires doctors to give permission. **The abortion is safe if done by a qualified practitioner** in a health facility.” (p. 111)

“If abortion is the choice, the girl, boy and families would have to find enough money to get a safe abortion. Proper post-abortion care is also extremely important. If the girl has the baby, she should be able to go back to school, the father of the baby and their families should be able to support the girl and raise her self-esteem.” (p. 112)

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

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.

Human right	Example
The right to life	People should have the right to refuse unsafe sex.
The right to liberty and security of the person	All people have the right to enjoy and control their sexual and reproductive life; for example, not to be forced to have sex or become pregnant.
The right to equality and to be free of all forms of discrimination	Those of us living with HIV have the right to work, to live in our own homes and to go to school.
The right to privacy	Our HIV status or information about our sexuality should not be told to another person without our permission.
The right to freedom of thought, conscience and religion	Religion and culture should not force people to act against their wishes in their sexual and reproductive lives.
The right to information and education	Males and females of all ages should be able to obtain information and education about sexuality and HIV.

(p. 92)

Human right	Example
The right to choose whether or not to marry and to found and plan a family	All people, whatever their HIV status or sexuality, should make their own decisions about marriage and not be forced into marriage by parents or others or stopped from marrying. People should have the right to marry who they want.
The right to decide whether or not to have children	All people, whatever their HIV status or sexuality, should be free to make their own decisions about when and how many children to have and how to space them, without partners, religion or culture forcing them to have a child against their wishes.
The right to healthcare and health protection	Everyone, including young people, should be given the services they need to attain and maintain their sexual and reproductive health.
The right to the benefits of scientific progress	People have the right to HIV treatment and emergency contraception.
The right to freedom of assembly and political participation	Young people have the right to form associations to campaign for their rights and demand services. People have the right to campaign for HIV treatment and condoms.
The right to be free from torture and ill treatment	Young people have the right to protection from sexual exploitation, rape, abuse, harassment and beating.

(p. 93)

“In this process older men and women, young men and women, and boys and girls meet in separate peer groups and learn each topic at the same time. They sometimes come together to share what they have learned and discuss how they want to change. At the end of a series of meetings, **the peer groups make a request to the whole community to change.**” (p. 10)

“The International Conference on Population and Development’s Programme of Action also urges governments and the international community to give particular attention to integrated sexual and reproductive health services, and to **ensuring the access of adolescents and young people to evidence-based comprehensive sexuality education (CSE)**, within a framework of promoting, respecting, protecting and fulfilling all human rights.” (p. 156)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.

“**Effective education** is also based on internationally and nationally agreed rights relating to children, women and human beings **in areas of sexual and reproductive health.** (Annex I provides a brief summary of the current international framework for sexuality and life-skills education.)” (p. 9)

“Up-to-date, non-judgemental information on sexual and reproductive health **needs to become a part of the culture of our societies,** taught through school and community teachers.” (p. 9)

“Sometimes **parents, teachers or religious leaders may say that masturbation is wrong,** and this can make you feel guilty. There is no need to feel guilty about it. It is a private matter and a personal choice.” (p. 43)

“In many cultures it is a taboo to talk about sexuality. This lack of communication **makes it difficult for people to enjoy their sexuality safely** and

express their love and care for each other fully. We can all learn how to communicate more about our dreams, needs and desires for friendship, love, sexual pleasure and safety.” (p. 78)

“What are the **good and bad points of the traditional teachings** in our community about sex?” (p. 80)



(p. 87)

“AIMS:

- To **learn about our** human rights, including our **sexual and reproductive rights**
- To learn about the consequences of denying people their rights
- To learn about what we can do to fulfil everyone’s rights” (p. 92)

“Are there other **customs or traditions here that put the health and happiness of young people** like us (either girls or boys) at risk? What are they? What can we do about them?” (p. 101)

14. UNDERMINES PARENTS OR PARENTAL RIGHTS

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

“If parents and caregivers learn to **praise more and criticise less**, to be good role models to their children, to teach with love and to think critically about **their changing cultural norms**, they can strengthen the essential role they already play in bringing up the next generation.” (p. 10)

“If we **prefer to learn about sexuality from people other than our parents** and caregivers, let’s look at who could teach them new ideas so they can teach us well.” (p. 69)

<p><i>what they are being taught about sex in school.</i></p>	
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>No evidence found.</p>