

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 ***Swaziland Dreams-IC Protect Our Youth Curriculum*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Swaziland Dreams-IC Protect Our Youth Curriculum contains **15 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: “‘Protect Our Youth’ clubs have been initiated in Swaziland (ages 15-24) to support in- and out-of-school girls in Swaziland to navigate the multiple challenges they face. They provide safe spaces in schools and communities where girls can build protective assets that reduce vulnerabilities and expand opportunities – with the goal of developing a greater sense of personal agency and advancing their educational and occupational opportunities.” (p. 9)

Target Age Group: Out-of-school youth ages 15-24

International Connections: United States Department of State as part of the DREAMS Innovation Challenge, PEPFAR, JSI, Bantwana World Education Initiative

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 sexual vocabulary, or encourage discussion of sexual experiences,</i>	“Role Play 2: Sibongile is a 15-year-old girl who attends a junior high (middle) school. One day, Sibongile’s mathematics teacher, a married man from the city, asks her to stay after class on Friday afternoon. Her teacher tells that [sic] her grades in mathematics have been dropping. He also tells her that she is turning into a very beautiful young lady and that he’d like her to come to his house for ‘special lessons’ that will improve her grades. He is much bigger than Sibongile, so when he pulls her closer, she cannot resist. He tells Sibongile that he would like her to be his girlfriend and that he will change her grades if she agrees to have sex with him. Sibongile is very afraid. The teacher finally lets her go, saying that he expects to hear from her the following week. That weekend, she confides in her two best friends, Josephine and Fikile. Josephine tells her that

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.

<p><i>attractions, fantasies or desires.</i></p>	<p>she should do what the teacher wants, but Fikile tells her she should refuse the teacher's advances. Sibongile is upset and doesn't know what to do." (p. 78)</p> <p>"Senzo and Sibongile: Senzo wants to have sex but his wife Sibongile does not feel like it tonight. She has been taught that it is a wife's duty to have sex whenever her husband wants it unless she feels sick or is menstruating, so she has sex with Senzo." (p. 117)</p> <p>"Glory and Michael: Glory, age 22, has been going out with Michael for about six months. He has told her several times that he really wants to have sex with her, but only if she wants to. Glory feels unsure but she thinks that she should do what her boyfriend wants. She knows other young women have sex with their boyfriends and is concerned that he might leave her if she doesn't, although Michael has never threatened to do so. The next time they are intimate, they have sex." (p. 117)</p> <p>"Divide the participants into pairs and explain that they will role play 4 different scenarios and present one to the class...</p> <ul style="list-style-type: none"> • Scenario 1: Adolescent girl aged 15-19 with her stable boyfriend whose HIV status she does not know. She wants to use a condom, but is afraid of the reaction of her partner... • Scenario 4: A young woman aged 15-24 who has been having sex with a man who provides her with gifts and money for things she wants. She is visiting the local clinic to discuss and ask for contraception, but she is nervous." (p. 131)
<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. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.</i></p> <p><i>Note: "Consent" is often taught under the banner of sexual abuse prevention.</i></p>	<p>"Practice (role play) different ways to prevent pregnancy (including putting on a condom, negotiating condom use, and going to a clinic and asking for contraception." (p. 130)</p> <p>"What are some of the reasons that it is important to be able to communicate with the person involved about sexual behavior and sexual health issues? [Probe for: to make clear whether or not you want to have sexual contact; what kind of contact you are comfortable with, and what the other person feels comfortable with; to protect against STIs (including HIV); to clarify intentions related to pregnancy; and to protect against unwanted pregnancy.]" (p. 131)</p> <p>"Many people feel confused about the issue of sexual consent. They want to understand the limits of what behavior is appropriate or inappropriate in terms of ensuring consent. At any moment, you are entitled to change your mind about what feels acceptable or to speak up if you believe you are not being fully understood and respected. You can say no to a sexual experience even after it has started." (p. 142)</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>“Sexually transmitted infections (STIs) are infections passed primarily by sexual contact, including vaginal, oral, and anal intercourse.” (p. 152)</p> <p>“Like a male condom, a female condom can also be used for either vaginal or anal sex.” (pp. 137-138)</p> <p>Note: <i>The female condom is not approved 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>“Everyone has the right to be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality. This includes harmful traditional practices and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone’s sex, gender, sexual orientation, gender identity and expression, and bodily diversity.” (p. 112)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Creating mutually respectful and responsible sexual relationships: Various factors contribute to having mutually satisfying, responsible, and safe sexual experiences. This is true throughout your life. These factors include: ...being able to give and to accept pleasure.” (p. 145)</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>“Both partners can agree to engage in forms of sex (such as mutual masturbation) that do not carry the risk of infection transmission.” (p. 153)</p> <p>“A male may experience some discomfort if he is sexually excited for a period of time. This will subside if he relaxes or masturbates.” (p. 122)</p>
<p>7. PROMOTES CONDOM USE IN</p>	<p>“Was she persuasive or give an understandable and convincing explanation of why it was necessary to use a condom? Did she put forward strong arguments,</p>

INAPPROPRIATE WAYS

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.

to counter any skepticism from her partner? Did she explain the benefits of using a condom? ...**Did she make it fun?**" (p. 132)

"Condoms: What Is it? A condom is a thin latex or polyurethane form of contraceptive and/or protection from STIs during sex. There are two types of condoms:

- The **male condom** is in the form of a latex sheath that is worn over a man's penis. It is put on when the penis is erect and partners are ready to have sex.
- The **female condom is inserted in the vagina**. It can be put on hours before a couple intends to have sex.

In this session, we will discuss how condoms work and how to use condoms correctly." (p. 137)

"How Do Condoms **Reduce HIV Risk**? Condom protects [sic] either partner from direct contact with their partner's bodily fluids during and after sexual intercourse." (p. 137)

"Benefits of Condoms: **If used correctly and consistently**, condoms prevent pregnancy, as well as most STIs, including HIV." (p. 137)

"Using a condom correctly: Explain steps for correct and consistent condom use. Ask for a volunteer to **demonstrate on a wooden penis model**. Include information on proper care of a condom and disposal of used condom [sic]." (p. 137)

"Remember: A male condom is to be worn on the penis. This gives more power and control to the male partner. Therefore, you need to negotiate skilfully [sic]. **Being ready with one puts you in a stronger position to negotiate**. If you are not winning the argument to use a condom, remember that you have the right to say no to unprotected sex.

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard and get another condom. Expired condoms are more likely to break.
2. Slide the condom to one side inside the package and carefully tear open the package. Do not use scissors, your teeth, fingernails or anything sharp that could tear the condom.
3. Slide the condom out of the package and check to ensure that is [sic] will roll down the right way. The seam of the circle should be on the outside.
4. Pinch the tip of the condom so there is no air. Air bubbles can lead a condom to break.
5. Place on the head of the penis (with the tip still pinched) and **roll down the erect penis**.
6. Once finished, carefully pull the condom off the penis while it is still erect, away from your partner.
7. Discard in a dustbin. Do not throw it in the toilet as it can cause damage.
8. Be sure to use a condom every time you have sex to protect yourself and your partner. **If you are having multiple rounds of sex**, use a new

	<p>condom for each round.” (p. 137)</p> <p>“A female condom is designed based on the same concept as the male condom. The key differences are that it is made of non-latex (polyurethane) material and that it is in form of a pouch that is inserted in the vagina (while a male condom is a sheath that is worn over a penis and is made of thin latex). Like a male condom, a female condom can also be used for either vaginal or anal sex. The female condom covers the vaginal walls to prevent direct contact with the penis, as well as the fluids from it and vice versa. It has two rings. The inner ring, at the closed end, is inserted into the vagina while the outer ring on the open end is left to hang just outside the vagina. The close end [sic] collects the pre-cum fluids and semen after ejaculation.” (pp. 137-138)</p> <p>“Some of the reasons why you should consider using a female condom:</p> <ul style="list-style-type: none"> • It puts a woman in a position where she shares responsibility for preventing infection. • It can be inserted in advance – as much as eight hours in advance during which a woman can still use the bathroom to urinate.” (p. 138) <p>“Careful and consistent use of condoms is a highly effective way to prevent the spread of STIs.” (p. 149)</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>“Essential Questions:</p> <ol style="list-style-type: none"> 1. What are my sexual rights? 2. What are my sexual responsibilities? 3. What are some of the challenges related to being sexually active? 4. How can being sexually responsible help me to achieve my 5-year life goals?” (p. 111) <p>“By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define and discuss at least three sexual rights, including the right to refuse unwanted sex in any circumstance. • Identify the responsibilities and challenges that come with being sexually active. • Identify at least 3 reasons that people want to have sex and at least 3 reasons that people have sex when they don’t want to.” (p. 111) <p>Discussion points:</p> <ul style="list-style-type: none"> • “Does a person always know whether his or her partner really wants to have sex? What are some ways to be sure? [Probe for: Ask the person! Talking it over together beforehand is best. What if you ask and your partner is not sure what he or she wants?]” • What are some of the reasons that young people want to have sex? What are some reasons that they do not want to have sex? • Explain that with the sexual rights come sexual responsibilities. Ask participants to brainstorm a list of sexual responsibilities and discuss each of them. Add the following if the participants have not mentioned them:

	<ul style="list-style-type: none"> ○ understanding and being aware of one's sexuality and sexual development ○ respecting one's self and one's partner ○ avoiding physical or emotional harm to either oneself or one's partner ○ engaging in safe sexual behaviors (if one makes the choice to be sexually active) ○ ensuring pregnancy occurs only when welcomed ○ recognizing tolerance and diversity of sexual values <ul style="list-style-type: none"> ● What are some of the challenges that come with being sexually active?" (p. 114) <p>"Everyone deserves the chance to learn about the issues that affect his or her sexual feelings, experiences, and health. Young people, especially, benefit from having the chance to think about and discuss these issues in depth. They deserve to develop the ability to make informed choices." (p. 115)</p> <p>"Everyone deserves to play a role in his or her own well-being. These issues include:</p> <ul style="list-style-type: none"> ● gender norms and roles; ● human rights, especially sexual rights and reproductive rights; ● responsibilities of the state, and of every person, to honor these rights; ● the human body and sexuality (including puberty and reproduction, ways to prevent and end unintended pregnancy, and information about HIV and AIDS); ● developing greater comfort with our own bodies and with our own evolving values; and ● strengthening our ability to act on behalf of ourselves, our families, and our communities." (p. 115)
<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>"Thulani and Nomsa: Thulani and Nomsa are classmates at university. They have been dating for a few months and are very attracted to each other. They are not deeply in love but they agree that they want to have sex. After agreeing to use a condom, they have sexual intercourse." (p. 117)</p> <p>"Explain that each pair will have about 15 MIN to prepare two short role plays involving an intimate relationship between a young couple. The skits should help us think about how to discuss the terms of sex with a partner and to ensure that relationships are based upon mutual respect." (p. 141)</p> <p>"As discussed in the SRH sessions, in adolescence you will feel sexual urges and an interest in the opposite sex. You will also become sexually attractive to the opposite sex as your body matures. Along with the emotional closeness and pleasure that a sexual relationship can bring, there are also significant risks. It is important that you understand these risks and make your choices very carefully." (p. 144)</p> <p>"Session Wrap-Up:</p>

- Step 1: Summarize how to prevent and/or lower the risk of HIV transmission: abstinence, **be with only one partner** and that partner is only with you, and **always use a condom** and use it correctly every time.
- Step 2: Offer resources to participants about how they can learn more about HIV/STIs and testing.
- Step 3: Tell participants that it's normal to feel uneasy or embarrassed when discussing these topics, but it's important to get correct information about sexuality regardless of how embarrassing it may be to get it." (p. 147)

"Regardless of whether young people are sexually active, it is important that they have access to accurate information so they can **make informed decisions** now and in the future **about practicing safe sexual behaviour**. This can help young people protect themselves from exposure to HIV, other STI/Ds and unintended pregnancy. In addition to pregnancy, there are other serious risks associated with sex." (p. 148)

"HIV is not the only infection you can get by having sex with an infected person. STD/Is are infections that are spread from person to person through sexual contact and adolescents are at greater risk of STD/Is due to:

1. their lack of awareness of risks and **protective measures such as condoms**
2. lack of access to protection and/or inability to **negotiate safe sex**
3. lack of access to SRH counselling and testing services, and
4. their tendency to have **multiple sexual partners** at one time." (p. 148)

"Methods of Protection Against STIs and HIV

1. All STIs, including HIV infection, are preventable.
2. Every person has the right to protect himself or herself against STIs. There are various ways to protect oneself and one's partners against STIs. This is true whether one's partner is of the same or the other sex.
3. The surest way to prevent an STI is not to have **vaginal, oral, or anal sex**. Everyone has the right to **refuse unsafe sex** (or sex that is unwanted for any reason). Many people, however, cannot or do not exercise this right. This situation is especially common among women and girls who lack the power to insist that their male partners use condoms.
4. Both partners can agree to engage in forms of sex (**such as mutual masturbation**) that do not carry the risk of infection transmission.
5. Both partners can **agree to use male or female condoms**. Both partners can practice **mutual monogamy**. This means not having any sex partners outside their primary relationship and is also known as 'being faithful.' However, a person can already be infected (even without knowing it), or may not be completely faithful. Hence promising to be faithful does not necessarily eliminate the need for **practicing safer sex**.
6. A common STI is human papilloma virus [sic] (HPV). Many strains of HPV exist; some cause genital warts and others lead to cancer – most commonly, cervical cancer. HPV vaccines can protect both males and females against many of these strains of the virus.

	<p>7. Male circumcision offers some protection against HIV for males, but no direct protection for females. Having a foreskin on the penis seems to make it easier for various viruses and bacteria – including HIV – to establish an infection in the man.</p> <p>8. Even if they are circumcised, men can still get infected by HIV and can still infect their partners.</p> <p>9. Because circumcision provides no direct benefit to females and provides only partial protection for males, circumcision does not eliminate the need for condoms.” (p. 153)</p> <p>“People who have decided to be sexually active can make choices to practice safer sex. Safer sex describes a range of ways that sexually active people can protect themselves from infection of all STIs, including HIV. Practicing safer sex also provides protection against pregnancy. Using a condom correctly during every act of sexual intercourse is called protected sex because when used correctly condoms can significantly reduce the risk of HIV infection. Safe medical male circumcision may also reduce risk of HIV transmission. In addition to using protection, practicing monogamous relationships (just one partner) and knowing your status and your partners’ status are also important practices for maintaining safe sexual relationships.” (p. 149)</p> <p>“How can people prevent acquiring or transmitting STIs?</p> <ul style="list-style-type: none"> • Find out if you have an STI by being tested by a health care provider. • If you have an STI, obtain treatment, and notify all of your recent sex partners so that they can also be tested. • Find out whether your partner has an STI, and if so, make sure that he or she is tested and treated. • Talk with your partner about ways to be sexually intimate that do not involve the risk of transmitting an infection. • Use male or female condoms and avoid sexual contact that allows transmission of an infection. • Condoms protect against most STIs (including HIV). They do not protect against all STIs. • Obtain a vaccination for those STIs that can be prevented. At the present time, a vaccine exists for hepatitis B and human papilloma virus [sic] (HPV).” (p. 152)
<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</i></p>	<p>“Session 6: What is gender?</p> <ul style="list-style-type: none"> • What is the difference between sex and gender? • What are gender roles/norms and how does our culture reinforce them?” (p. 40) <p>“Explain to the participants that people often confuse the word ‘gender’ with ‘sex,’ but that they are not the same. The sex of a girl or a woman is female. The sex of a boy or a man is male. Gender, however, refers to the jobs, roles, and characteristics attributed to men and women, boys and girls. Tell the girls that they will now perform an activity that will help illustrate the difference between ‘sex’ and ‘gender.’” (p. 54)</p>

<p><i>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>“Explain that gender is defined as ‘roles or characteristics assigned to men or women based on what is believed to be ‘masculine’ or ‘feminine.’ Gender is something that evolves based on people’s beliefs.” (p. 55)</p> <p>“Gender – Socially constructed roles, responsibilities and behaviors. These roles are cultural, learned, change over time and vary within and between cultures.” (p. 56)</p> <p>“Everyone has the right to be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality. This includes harmful traditional practices and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone’s sex, gender, sexual orientation, gender identity and expression, and bodily diversity.” (p. 112)</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 children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Know where to obtain condoms and contraceptives and where to obtain advice and instruction. Know how to use female condoms...” (p. 30)</p> <p>“What strategies can I use to protect myself against unwanted pregnancy? Where can I obtain condoms and contraceptives? Who can I speak to if I have questions or need advice about pregnancy, condoms, or contraception?” (p. 41)</p> <p>“By the end of the session, participants will be able to: List the different ways to prevent unplanned pregnancy (e.g., abstinence, condom use, contraception, menstrual wrist bands, etc.).” (p. 130)</p> <p>“Contraception Methods:</p> <ul style="list-style-type: none"> • Step 1: Divide the participants into two teams and explain that they will play a game. Whichever team answers the question first gets a point and the team with the most points wins. • Step 2: Read the following aloud. The first team to answer gets a point: <ul style="list-style-type: none"> ○ A woman or girl applies it to her skin like a band-aid; it does not protect against STIs/HIV. Contraceptive patch ○ A thin sheath or pouch that a woman or girl inserts into her vagina to prevent sperm from entering her own body. Female condom ○ A small rod inserted into the woman or girl’s arm. Implant ○ Pulling the penis out of the vagina before ejaculating. Withdrawal ○ A woman or girl takes it daily to prevent pregnancy. Birth control pill ○ A rubber cup that is filled with spermicide and inserted into the vagina, covering the cervix. Diaphragm ○ Inserted into the uterus, and often shaped like a T. IUD ○ Various substances inserted into the vagina to kill sperm. Spermicides ○ A man or boy wears it on his penis during sex; it prevents pregnancy and protects against STIs/HIV. Male condom • Step 2 [sic]: Once you’ve gone through all of the questions, review each

method (see facilitator's notes) and **clarify any questions**. Explain that these methods are ways to prevent planned pregnancy, but none of them are 100% effective, except for abstinence.” (pp. 130-131)

COMMON METHODS OF CONTRACEPTION			
Method	What it is and how it works	Protection against STI/HIV	Other characteristics
Male condom	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer. It enables men and boys to protect themselves and their partners. It is easily available. It must be put on during sexual activity prior to intercourse. Some people find that it reduces sensation. It may break or leak, especially if used incorrectly.
Female condom	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering	Yes	It can be inserted hours before sexual activity begins. It enables women and girls to protect themselves and their partners. It is noticeable during sex, and insertion may

⁶³ It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

	the cervix. It forms a pouch that collects the semen.		require practice. It is expensive in comparison with the male condom.
Diaphragm	A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm	It is not yet known whether the cap or diaphragm offers any protection against infections	It can be inserted before sexual activity begins. It is not widely available. It may be dislodged during sex. It must be fitted by a health care provider.
Spermicides	Chemical foams, creams, jellies, film, or suppositories inserted into the vagina before intercourse, creating a barrier and killing sperm. A spermicide can be used alone or with a barrier method, such as a condom, to increase its effectiveness.	No	Repeated use of nonoxynol-9 (N-9) spermicides can lead to genital lesions, which can increase the risk of HIV transmission. They should not be used by women at high risk for HIV infection. Some are messy.
Oral contraceptives ("the pill")	Small pills containing synthetic hormones (estrogen and progestin, or only progestin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman for 21 or 28 days,	No	It does not require the woman to insert or apply anything at the time of sexual relations. It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease. The woman must remember to take the pill regularly. Typically, fertility

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.

“Protect Our Youth clubs are facilitated by trained peer educators and Life Skills education teachers who are matrons of the clubs and oversee the running and management of the clubs. This manual has six modules, which should be completed over the course of the school year. POY clubs meet once a week and ideally only one session should be covered per club meeting period to allow participants to reflect on what they have learned and to have the opportunity practice [sic] their new skills.” (p. 9)

“As peer educators we must be leaders in the community. We are also asking the girls **participating in the POY [Protect Our Youth] Clubs to be leaders** as well. In order to be leaders we need to understand our past and look towards our future.” (p. 34)

“Lead a discussion with participants by explaining the following:

- **People’s romantic and sexual experiences can become human rights**

issues. Only when our basic rights are honored (both by governments and by other individuals) can we make good decisions about intimate relationships, sex, and child bearing. Give each participants [sic] slips of paper with the following examples written on them and ask each to read their slip of paper out loud to the class:

- Individuals can make decisions about if, when, and with whom they will form a romance, a long-term relationship, or a marriage.
- They can avoid being married too young or against their will.
- They can **decide if, when, with whom, and under what circumstances to have sex** (free from sexual abuse and coercion).
- They can **negotiate condom use**.
- They can decide whether or when to become pregnant or have children.
- They can **obtain contraceptive information and services**.
- Explain that when human rights relate to people's sexuality or reproduction, we call them '**sexual rights**' or '**reproductive rights**.'
 - Sexual rights and reproductive rights sometimes overlap. However, sexual rights generally include individuals' control over their sexual activity and sexual health. Reproductive rights usually concern controlling the decisions related to fertility and reproduction.
- **Sexual and reproductive rights also apply to young people.** As children grow and develop their capacities, their rights and responsibilities continue to evolve. Give each participants [sic] slips of paper with the following examples written on them and ask each to read their slip of paper out loud to the class:
 - Children have the **right to develop a positive sense of their own bodies and sexuality**.
 - Children have the right to be free of abuse and inappropriate touching.
 - Young people have the right to obtain information to protect their health, including their sexual and reproductive health." (p. 112)

"Ask participants to brainstorm any sexual or reproductive health rights that they know. Write their answers down on the flipchart/chalkboard and discuss them. Provide examples. Examples of sexual and reproductive health rights include:

- Everyone has the **right to control and decide freely on matters related to their sexuality and their body**. This includes the choice of sexual behaviors, practices, partners and relationships with due regard to the rights of others.
- Everyone has the right to be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality. This includes harmful traditional practices and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone's sex, **gender, sexual orientation, gender identity and expression, and bodily diversity**.

	<ul style="list-style-type: none"> • Everyone has the right to be free from sexuality related violence and coercion. This includes rape, sexual abuse, sexual harassment, bullying, sexual exploitation and slavery, trafficking for purposes of sexual exploitation, virginity testing, etc.” (p. 112) <p>“Sexual rights generally include individuals’ control over their sexual activity and sexual health. Reproductive rights usually concern controlling the decisions related to fertility and reproduction. Examples of sexual and reproductive health rights:</p> <ul style="list-style-type: none"> • Everyone has the right to control and decide freely on matters related to their sexuality and their body. This includes the choice of sexual behaviors, practices, partners and relationships with due regard to the rights of others... • Everyone has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically-accurate, culturally competent, and grounded in human rights, gender equality.” (p. 115)
<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>“Use negotiation, specific knowledge of risk scenarios, and problem-solving skills to avoid harmful traditions (like early marriage) common in her community” (p. 29)</p> <p>“What social norms, cultural myths, social messages, and other beliefs based on gender contribute to the prevalence of social violence against girls and women?” (p. 41)</p> <p>“Explain that assigning jobs to men or women is called a division of labor and ask girls why they think men and women are expected to perform certain tasks. Emphasize that very few jobs or roles, such as childbearing, depend on biology. Both women and men are capable of most jobs. However, culture and custom often influence who does certain jobs or assumes certain roles in the community.” (p. 54)</p> <p>“By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify how gender expectations can help or limit them • Explain how institutions (marriage, family, media, religion, schools) reinforce gender norms • Explain how gender inequality affects life opportunities (including access to education, public space, health services, civic participation, and employment) • Strategize how to step out of restrictive roles.” (p. 58) <p>“Gender roles are learned from family members, at school, through messages received by the media or in books, and through a community’s beliefs and practices... Changing gender roles or speaking up to adults takes courage. Courage is personal bravery in the face of fear and can be very difficult. Courage is needed to try new things” (p. 59)</p>

“Ask for at least 3 volunteers to name one way in which girls can **step out of restrictive gender roles** (i.e., talk to their teachers or parents about the importance of having time to do homework; talk to boys in their peer group and their brothers to help support girls with tasks around, etc.)” (p. 60)

“There are many factors that are contributing to violence against children and these may vary from region to region, age of children as well as a social-economic context. Collapse of traditional social networks or systems and family supports, **harmful religious or cultural beliefs.**” (p. 72)

“List five basic rights of every human being, including two that are **sexual or reproductive rights.**” (p. 91)

“Explain to participants that the **UN Convention on the Rights of the Child** was developed because world leaders felt that children often needed special care and protection that adults did not, and they also wanted to make sure that the world recognized that children have human rights, too. Explain that Swaziland has a Child Protection Act (2012) that also lists **rights that they are entitled to.**” (pp. 92-93)

“Explain to participants they are going to look at scenarios involving **violations of children’s rights** to review what they learned about the CRC in the previous activity.” (p. 93)

“**Children’s Rights:** (These eight rights relate to gender-based violence and abuse and will be emphasized.)

1. You have the right to an education. You have the right to go to school and get an education. You should be encouraged to go to school to the highest level possible.
2. You have the right to be protected from harmful practices. **Some traditional practices are bad for your health and against your rights**, such as early and forced marriage or someone forcing you to have sex against your will. You have a right to know about the danger of such practices and to be protected from them.
3. You have the right to be as healthy as possible and to be able to access the best possible health care services. You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment and information to help you stay well.
4. You have the **right to privacy and confidentiality**. If you tell a medical person or teacher something that you don’t want anyone else to know, they should respect your privacy. However, if you have been abused, adults may have a duty to inform others who can protect you.
5. You have the right to freedom from abuse and exploitation. No one, including your parents, relatives or teachers, should physically, sexually or mentally abuse you. The government should make sure that you are protected from abuse and must take action if you experience violence or abuse.
6. You have the **right to take part in important life decisions**. When decisions are made about your life, you have a right to take part in

making those decisions. Your feelings and opinions should be listened to and taken into consideration.

7. You have the **right to freedom of association**. You have the right to meet friends and form groups to express ideas, as long as no laws are broken. You have a right to ask publicly for your rights to be met. Some ways of doing this include meeting with friends and discussing issues or forming groups.
8. You have the **right to freedom of expression**. Young people have the right to think and believe what they like, as long as it does not harm anyone else. You have a right to form your own views.” (pp. 97-98)

“The CRC Articles...

- Article 1: Everyone under 18 has these rights.
- Article 2: All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.
- Article 3: All adults should **do what is best for children**. When adults make decisions, they should think about how their decisions will affect children.
- Article 4: The government has a responsibility to make sure children’s rights are protected. They must help families protect children’s rights and create an environment where they can grow and reach their potential.
- Article 5: Children’s families have the responsibility to **help them learn to exercise their rights** and to ensure that their rights are protected.
- Article 6: Children have the right to be alive.
- Article 7: Children have the right to a name, and this should be officially recognized by the government. Children have the right to a nationality (to belong to a country).
- Article 8: Children have the right to an identity – an official record of who they are. No one should take this away from them.
- Article 9: Children have the right to live with their parent(s), unless it is bad for them. They have the right to live with a family who cares for them.
- Article 10: If children live in a different country than their parents do, they have the right to be together in the same place.
- Article 11: Children have the right to be protected from being taken out of their country illegally.
- Article 12: Children have the **right to give their opinions and for adults to listen and take them seriously**.
- Article 13: Children have the right to share what they think with others by talking, drawing, writing or in any other way unless it harms other people.
- Article 14: Children have the right to choose their own religion and beliefs. Parents should guide their children in the development of their beliefs.

- Article 15: Children have the **right to choose their own friends** and join or set up groups, as long as it isn't harmful to others.
- Article 16: Children have the **right to privacy**.
- Article 17: Children have the right to get information from radio, newspaper, books, computers and other sources that is important to their well-being. Adults should make sure that the information they are getting is not harmful and help them find and understand the information they need..." (pp. 98-99)

"A child has the right to express his opinion freely and to have that opinion taken into account in any matter or procedure affecting the child. The opinion of the child shall be given due weight in accordance with the age and maturity of the child." (p. 102)

"Right to refuse harmful cultural and religious practices. A child has a right to refuse to be compelled to undergo or uphold any custom or practices that are likely to negatively affect the child's life, health, welfare, dignity or physical, emotional, psychological, mental and intellectual development." (p. 102)

"Every person shall have the responsibility to respect, protect and promote the rights of children contained in this Act and any other law to the extent that it is applicable, taking into account the nature of the right and duty imposed by that right and duty. All officials, employees and representatives of an organ of state shall respect, protect and promote the rights of children contained in this Act." (p. 103)

"Everyone has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality... Everyone has the right to access health services. This **includes SRH and HIV services**, care and treatment" (p. 113)

"Everyone deserves the chance to learn about the issues that affect his or her sexual feelings, experiences, and health. Young people, especially, benefit from having the chance to think about and discuss these issues in depth. They deserve to develop the ability to make informed choices. Everyone deserves to play a role in his or her own well-being. These issues include:

- gender norms and roles;
- human rights, especially **sexual rights and reproductive rights**;
- responsibilities of the state, and of every person, to honor these rights;
- the human body and sexuality (including puberty and reproduction, **intimacy and pleasure**, ways to prevent and end unintended pregnancy, and information about HIV and AIDS);
- **developing greater comfort with our own bodies and with our own evolving values**; and
- strengthening our ability to act on behalf of ourselves, our families, and our communities.

Learning about our rights and being able to exercise them can have a profound

	<p>effect on our sexual and reproductive health.” (p. 114)</p> <p>“Describe the main drivers that cause transmission of HIV and other STIs in Swaziland, including harmful cultural practices that contribute to the spread of HIV and other negative health outcomes” (p. 146)</p> <p>“What harmful cultural practices in Swaziland contribute to the spread of HIV?” (p. 147)</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 IS SHARED HERE SHOULD NOT BE REPEATED ANYWHERE ELSE.” (p. 21)</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</i></p>	<p>“What kind of youth-friendly health services are available in my community? How can I make sure I access the services I need?” (p. 43)</p> <p>“Essential Questions:</p> <ol style="list-style-type: none"> 1. What kind of youth-friendly health services are available in my community? 2. How can I make sure I access the services I need?” (p. 171) <p>“Identify where each one of the members of the group lives, relative to the central point(s), have them draw their houses on the map, as well as the roads and paths that connect the places. Have them fill in any other locations that they feel are important to have on the map of their village. Mark all points where they access various health services, including where they can access condoms, such as small shops, HCT, emergency health services, etc.” (p. 171)</p> <p>“Health services – what to expect:</p> <ul style="list-style-type: none"> • Step 1: Explain that now we are going to identify the key factors that can facilitate (helping factors) and inhibit (hindering factors) utilization of the identified points of services. • Step 2: First, ask participants if anyone has ever witnessed a person seeking a health service and being treated unfairly or in an embarrassing way? Ask them to share with the group how it made them feel or what they thought of the situation? Next, ask them what they would do in that situation, how do they think they could have reacted or handled the situation? Discuss their answers.” (p. 172)

www.investigateIPPF.org)

“Have the girls **visit a local health clinic**, take a health challenge like getting and [sic] HIV test, or have a local nurse come to the club to talk about what services are available at the local clinic and **how girls can access them.**” (p. 173)

For the complete text of *Swaziland Dreams-IC Protect Our Youth Curriculum* see:

https://drive.google.com/drive/folders/14ynh6pefsAuDzdvecGZE6KJanDg5wfDX?usp=drive_link