

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

Facilitator's Manual for Girls' Collectives

CARE's Tipping Point Phase 2: Bangladesh

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Tipping Point Facilitator's Manual for Girls' Collectives 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: "The goal of this curriculum is to promote gender equality and prevent child marriage and GBV. The activities are meant to help youth reflect on expectations and roles they play in regard to gender, to help them challenge inequitable expectations, to practice new more equitable ways of behaving, to learn about key topics on SRHR and income generation." (p. 9)

Target Age Group: Girls aged 12-15

International Connections: CARE USA, The Kendeda Fund

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>	"Ask other group members to draw an outline of the body of the person lying on the flipcharts... Ask the girls to think about the changes that have come in their bodies since the age of 12 years. Ask them to mark out places on the body where they have noticed changes. Make sure that the secondary sexual characters such as hair in the arm pits, hair in the pubic region, breasts, changes in genital organs are drawn. Girls may or may not draw menstruation. Put up the body map on the wall or board and summarize the changes that are shown. Ask the girls what do they know about changes in the boys during adolescence? List down the changes." (p. 65) "Joy likes a girl Khushi in his neighborhood and she too smiles at him. Once they got a chance to hang around in a lonely place. Both of them started to kiss each

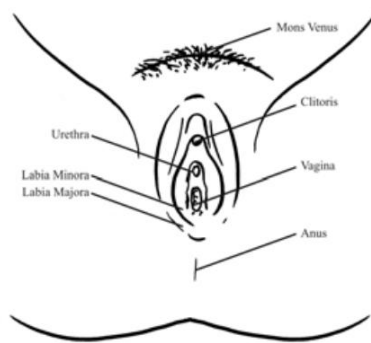
¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

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.

attractions, fantasies or desires.

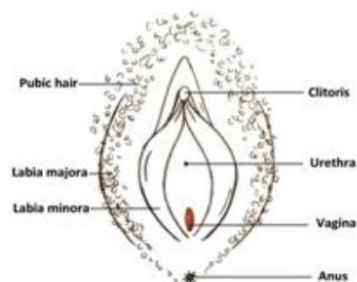
other. Joy **persuaded Khushi to take off her clothes**. Khushi took off her Kurta but was reluctant to go any further. Joy continued to cajole her. She asked Joy to stop because this was making her very uncomfortable. Instead of stopping, Joy appeared to be angry and upset with her. He called her a tease and demanded to know why she was leading him on, if she wanted to stop halfway? Khushi did not want to anger Joy. She liked Joy but this was bewildering her... Joy continued to convince her that they have come this far, and they can still go further, and he repeatedly insisted that Khushi have sex with him. He told her that she is looking beautiful and he cares for her. **He pushed her to have sex with him**, alternately cajoling and threatening her. Finally, Khushi's resistance wore thin and she **gave in to having sex with Joy**. Now she wanted to go back." (p. 171)

EXTERNAL SEXUAL ORGANS



(p. 75)

External genitalia



(p. 83)

"Ask them to write any and **everything that comes to their mind linked with sexuality**. When the group has run out of ideas, the facilitator presents the Circles of Sexuality poster, which represents a definition of sexuality." (pp. 191-192)

"The circles include:

- **Sensuality:** Awareness and feeling with one's own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to **enjoy the pleasure our bodies can give us and others**. Any of our body parts may feel sensual.

	<ul style="list-style-type: none"> • Intimacy: The ability and need to be emotionally close to another human being and accept closeness in return. While sensuality is the need to be physically close to another human, intimacy is the need to be emotionally close. • Sexual identity: A person's understanding of who he or she is sexually, including the sense of being male or female, culturally defined gender roles, and sexual orientation. Sexual orientation refers to whether a person's primary attraction is to people of the opposite sex (heterosexuality), the same sex (homosexuality), to both sexes (bisexuality) or is not attracted to any person (asexuality). • Sexual health and reproduction: The behaviors and attitudes that make sexual relationships healthy and enjoyable, one's capacity to reproduce and stay healthy and safe. This includes factual information about reproductive sexual anatomy, reproduction, contraception, sexual expression, sexual intercourse and different sex acts, and what is essential for sexual health and healthy reproduction. • Sexual power over others: Using sex or sexuality to influence, manipulate or control other people, such as seduction, flirtation, harassment, sexual abuse or rape." (p. 192) <p>"Word associations with sexuality: ...Eye contact, Physical contact, Kissing, Hugging, Male female, Love, Desire, Attraction, Touching breast, Whispering, Cohabitation for sex, Dressing up/'shringar', Physical touch all over the body, Sexual acts, Attraction to the opposite sex, Reproduction, Rape, Forced sex, Sexual harassment, Same sex behavior, Homosexual, Birth control, AIDS, Breast feeding, Subject of shame, Mating, Fingering, Masturbation, Menstruation, Ejaculation, Marriage, STD, RTI, Pornography, Genital organs, Eve teasing, Marital and non-marital rape, Family Planning, Menstrual Regulation/Abortion, Impotency, Virtual sex, LGBT, Polygamy, Physical attraction to others – animals, Emotional attraction, Sexual intercourse (heterosexual, homosexual, bisexual, lesbian), Sexual behavior, Reproductive health and rights, Sex is biological, Practices influences [sic] by social and cultural factors, Gender roles linked to sexuality, Hidden subject, Adult topic, Personal issues, Issue of women, Linked to gender, Controlled by men, Choice, Completeness" (pp. 192-193)</p> <p>"All human beings are sexual creatures and sexuality is the way a person feels, expresses and interacts with others as sexual creatures." (p. 194)</p> <p>"Observe how you perceive your entire body sexually, observe your feelings, thoughts, beliefs, attractions, emotions and sexual orientation. Do you think that you understand better the concept of sexuality? Continue to reflect on what we learnt about sexual orientation." (p. 194)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or</i></p>	<p>"Today, we are going to talk about Consent. What do we understand by the term 'Consent?'" (p. 168)</p> <p>"The most intimate acts which involve our personal boundaries and therefore our sense of security and well-being are sexual activities. Therefore, consent is</p>

<p><i>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>very important before any sexual activity takes place. Which are the sexual activities do you think, where consent is important?</p> <ol style="list-style-type: none"> Allow participants to state such activities. There is bound to be a lot of hesitation, giggling and avoidance. Encourage the adolescents to talk and then complement it by stating the range of sexual activities. Some answers which may come are touching, kissing, touching the breasts, coming very close, rubbing their body against yours, sexual intercourse. Encourage them to include activities such as staring, talking about making love, sending messages or pictures related to love or sexual activity. These are ok if there is permission or consent for it; if it is not breaching someone else’s personal boundaries and sense of self and it is not against the law.” (p. 169) <p>“Consent should be active, enthusiastic and unequivocal. Lack of resistance cannot be considered consent.” (p. 170)</p> <p>“When we give permission for any sexual activity, we feel empowered and the activity becomes joyful. Our sense of control over our situation remains intact. On the other hand, when there is no consent to sexual activity, or there is breach of our personal boundaries, then we feel humiliated.” (p. 170)</p> <p>“Show the film ‘Consent and Tea’ – https://www.youtube.com/watch?v=pZwvrXVavnQ This film uses the example of making and offering a cup of tea to explain the concept of consent for sexual activity. Just as you would not force someone who does not want to drink tea, so also sexual consent should be completely free and voluntary.” (p. 170)</p> <p>“Remember each partner needs to give consent to every step of lovemaking. No person should engage in sex without getting consent from the other person.” (pp. 172-173)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes</i></p>	<p>“Also, ask the participants, ‘Are boys always attracted to girls or girls always attract [sic] only boys?’ Then discuss to clarify the following:</p> <ul style="list-style-type: none"> It is important to talk about same-sex attractions which some teenagers will experience. Tell them about various sexual attractions:

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.

heterosexuality, homosexuality, bisexuality and asexuality **which are all normal expressions of sexuality**. So they have no added anxieties about whether they are normal and any ridiculing by peers is avoided or does not affect them as much.

- Being attracted towards the same sex is **commonly referred as** [sic] **homosexuality**. Some experience this only at the pubertal stage while some will experience it throughout their life. In such a case, we should learn to appreciate each other's feelings.
- If I am a homosexual, I should be able to tell this openly in the community and the society should respect my feelings. I should not have the environment to be removed from society [sic] or have the fear of physical and emotional injury.” (p. 68)

“Explain that Sexuality also includes one’s sexual orientation. The facilitator will use this opportunity to introduce this idea and it can be developed in further sessions.

- a. Ask the group what do they understand by sexual orientation?
- b. **Sexual orientation is about sexual attraction** and the desire to be intimate with another person.
- c. What is the sex of this other person? Is it the other sex or is it the same sex? Why do you think so? Allow the participants to think about this.
- d. Ask those who this [sic] that sexual attraction happens only with the opposite sex to first raise their hands. They can then lower their hands. Then ask those who think attraction can happen also for a person who shares the same sex to raise their hand...
- e. Ask some participants who say that sexual attraction happens only with the opposite sex to give their views. If there is anyone who thinks attraction can happen also for a person who shares the same sex, then ask them to give their viewpoint.
- f. Explain that both can happen. Sexual orientation is the sexual attraction one feels and the **desire to be intimate with a person who is either from the opposite sex or the same sex**. And both behaviors and attraction are normal and natural. Some persons may feel sexual attraction to the same sex as well as both sexes. Such people are referred to as **‘bisexual’**. Sexual orientations for same sex relationships are not acceptable and legal in Bangladesh but they are acceptable and legal in many other countries.” (pp. 193-194)

“This session has **references to men having sex with men**. The facilitator must ensure that girls understand what this means. Men may have sex with men because they are gay or homosexual which means they are attracted to other men; **or because they are bisexual** which means men are attracted to both men and women. Women too can be either heterosexual, e.g., attracted to men; homosexual, i.e. attracted to other women; or bisexual, i.e. attracted to both men and women.” (p. 215)

“Heterosexuality, homosexuality or bisexuality are sexual orientations of persons. Throughout all the sessions the facilitator needs to ensure that

	<p>adolescents are familiar that though the society normalizes only heterosexual sex, our society consists of people who are both heterosexual and homosexual and both are part of the sexuality diversity of humankind.” (p. 215)</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>“Clitoris: A small rounded sensory organ, it is located towards the front of the vulva where the folds of the labia join. This small organ is made up of the same type of tissues as the head of the male’s penis and is extremely sensitive to stimulus and important for the sexual pleasure of a woman.” (p. 76)</p> <p>“Explain that Sexuality is not confined to the sexual organs. The entire body as well as the mind and emotions are the subject of sexuality. Explain with the help of examples. E.g., skin, hair or any body part other than the parts which are explicitly considered sexual parts (e.g. lips, breast, genital organs) can be sources of erotic pleasure. People know it from their own experiences.” (p. 193)</p> <p>Listed human right: “Right to have pleasure in sex and sexual relations irrespective of sexual orientation (heterosexual, bisexual or homosexual).” (p. 214)</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>“As a facilitator preparing to do this work, you will need to look at your own thoughts and feelings and how these may affect your work. For example, you may feel uncomfortable talking openly about certain topics (for example, such aspects of sexuality as masturbation). This will make it hard to facilitate a frank discussion.” (p. 14)</p> <p>“To stimulate the discussion, the facilitator can also ask the following questions to different girls:</p> <ul style="list-style-type: none"> • Can touching each other’s external genital organs such as girl touching penis and scrotum in men and boy touching vulva and the lips of the genitalia (labia majora and labia minora) in females or either girl or boy touching genitals of an intersex person or transgender person, result in a pregnancy? • Can masturbation or pleasuring your own self in a sexual manner in a girl result in pregnancy? What if a boy helps her to masturbate? • Can a girl helping a boy to masturbate result in a pregnancy?” (p. 196)
<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</i></p>	<p>“There is only one way of getting STIs: that is having sex without a condom with someone who has a STI! The group needs to know that the following are reasons to get an STI:</p> <ul style="list-style-type: none"> • Unprotected sexual activity, i.e. having sex without a condom, • Having multiple sexual partners and not using condoms • Even with a single partner if both do not get treatment at the same time, they can continue to infect each other unless they use a condom at all times • How to avoid getting an STI? What do you do if you have an STI? • The only way to be sure you do not catch STIs is to practice safer sex. To use a condom when having sex.” (p. 217)

<p><i>condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>Note: This instruction is false and highly irresponsible. HPV is transmitted skin-to-skin and is highly contagious. HPV can cause cervical cancer and oropharyngeal cancer. Intercourse does not need to take place to transmit HPV; therefore, the last bullet point is also incorrect.</p> <p>“Always ask your partner to use a condom when you have sex unless you are planning a pregnancy with your partner.” (p. 220)</p> <p>“Men should also use condoms when they have sex with other men.” (p. 220)</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>“Sexual attraction: Adolescence is also a period when adolescent [sic] may feel curious about their own bodies and the bodies of others, may feel sexually attracted to others, may feel the need to experiment sexually, and may take unwarranted risks. This is normal in adolescence and girls or boys must not be made to feel ashamed or guilty about it.” (p. 67)</p> <p>Quote from UNFPA: “Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.” (p. 202)</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>“Have only one trusted sexual partner at a time. Always have protected sex.” (p. 220)</p> <p>“At times, it may not be possible to convince someone that their ideas about STIs are wrong. It is better to point out that the person has still caught the STI by having sex. They still have a STI and must get treatment from a clinic or hospital, even if they also go to a traditional healer. You should also mention that such a person would not have got it if he had not been having unsafe sex.” (p. 220)</p> <p>“Most HIV infections in the world are caused by sex either between a man and woman, or sex between two men. Partners can use a male or female condom to protect against sexual transmission.” (p. 222)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender</i></p>	<p>“Discuss how these lists illustrate the difference between sex and gender. Sex refers to biological traits. Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female at a particular point in time.” (p. 56)</p> <p>“The facilitator discusses that sometimes there are persons who do not fit into</p>

<p><i>identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>society's ideas of a man or woman. They may have mixed features from both sexes, e.g., a person may have breasts as well as a beard. She may wear a saree and have a man's voice. They are referred to as transgender persons. Transgender people are also those persons who may be given the gender identity of a girl or boy since birth but do not feel comfortable with it. A boy may feel she would be more comfortable as a girl and the other way around. They are as human as any man or woman and need to be equally accepted in society." (pp. 56-57)</p> <p>"Explain the difference between sex (biological roles) and gender (social roles). The concept of gender is used to enforce these divisions in society. The concept of gender not only enforces gender roles, e.g., what men and women actually do, but also gender values, norms and stereotypes, which are the ideas of people on what women and men should be like and what they are capable of doing." (p. 57)</p> <p>"Biological characteristics have often been made the basis for social roles. That is why often sex and gender are understood to be one and the same by those who do not understand how gender is a socially constructed concept." (p. 58)</p> <p>"Traditionally only man and woman, two genders were recognized. Now we know that we cannot fit all persons into boxes of men and women categories. There are transgenders who are not comfortable with their prescribed gender and there are also queer persons who reject the gender system totally." (p. 58)</p> <p>"Pinki is a Hijra and she lives with the Hijra community. Her parents raised her as a boy, but her inner voice told her that she is actually a girl and wanted to live like a girl. She and her parents were ridiculed by the community." (p. 237)</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>"Share options for what could have been done to prevent the pregnancy in the first place.</p> <ul style="list-style-type: none"> • Use of contraception <ul style="list-style-type: none"> ○ Condom by man ○ Contraception by woman. What are the different contraceptives used by women? Let the girls come up with some answers. Then tell them we will study this in more detail in the next session." (p. 204) <p>"It is important to use contraception to avoid an unwanted pregnancy." (p. 205)</p> <p>"It is a good idea to invite the local doctor or nurse who is familiar with contraceptive methods to come and clarify questions of the adolescents... If possible, ask the doctor or nurse to bring samples of each of the methods to the session. Alternatively, the facilitators can bring in samples of the contraceptives, preferably from the government health clinic. In the discussion about each of the methods, discuss both technical advantages and disadvantages, as well as cultural and personal beliefs about each method." (p. 206)</p> <p>"Divide the participants into 8 teams. Distribute the samples of methods and handouts/ reference sheet with specific information about each method to each</p>

of the teams

Group 1: **Contraceptive Pills**

Group 2: **Condoms**

Group 3: **Intra Uterine Device (IUD)**

Group 4: Injectables

Group 5: Rhythm methods

Group 6: Surgical Tubal Ligation and Vasectomy

Group 7: **Emergency Contraceptive Pills**

Group 8: Implants" (p. 207)

"Ask each group to go through the information in detail and try to **answer the following questions about the methods they have received:**

- How does this method prevent pregnancy?
- What are the myths and facts about this method?
- What are its advantages?
- What are its disadvantages?
- What is the group's opinion about this method?" (p. 207)

"Questions for Discussion:

- How much do you think is contraception [sic] used in our community? Why?
- **Who has to think about contraception**, the man or the woman? Why?
- Who has to talk about it, the man or the woman? Why?
- How do you imagine this conversation would go?
- What are the **most recommended contraceptive methods for adolescents?**
- Can adolescents get access to contraception? Where and how? Is it acceptable?
- What problems do you see for adolescents to access contraception? Does it differ if you are married or not married? How?
- How should the couple choose the contraceptive method they are to use?
- What are the main precautions that should be used with the condom?
- What is the only method that prevents pregnancy and protects against sexually transmissible infections and AIDS?
- If you forget to use a condom, or if the condom breaks, what can you do?

Depending on the young women's need for additional information, **discuss further each of the contraceptive methods** and clear up any remaining doubts." (p. 207)

"Emergency Contraceptive Pills (ECP) are hormonal contraceptive pills that help women prevent unwanted pregnancy from unprotected sexual intercourse if used within 72 hours. The pill should be taken within 72 hours after unprotected sexual intercourse or in the case of condom breakage... Important Note: This method should not be seen as an alternative to contraception and should not be used routinely to avoid pregnancy but only in emergency situations. ECP are not abortion pills and cannot dislodge an implanted fetus from the uterus." (p. 208)

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.

“Tell the respondents that just as child rights are important for children to be able to achieve their full potential and lead a secure life without discrimination, **similarly sexual and reproductive rights are required** for the sexual and reproductive health and well-being of a person and to lead a secure life without discrimination in the domain of sexuality and reproduction.” (pp. 211-212)

“Display the **definition of sexual and reproductive health** on the board or flipchart and go through it phrase by phrase, to clarify any doubts which the participants may have. Then ask the participants to **list out what could be sexual and reproductive rights** which would be required both for sexual and reproductive health and for people to live a secure life free from discrimination regarding their sexuality and reproduction.” (p. 212)

“The facilitator can start by quoting one right, so the participants understand the concept, e.g. **‘Right to access safe and effective contraception’**. Ask the participants to enumerate others. Ask the participants to narrate what happens when this right is violated. What are the consequences?” (p. 212)

“Also include the **right to exercise sexual privacy** based on mutual consent without interference. Your sexual orientation, i.e. to be intimate and sexually active with consent, with the person of your choice, and according to the sex of the person you desire is part of sexual privacy. Underline that consent is important here. Also state that often laws in some countries do not allow for this, but laws in other countries allow a person to exercise their sexual orientation without discrimination or criminalization. We must be aware of the law in our country and behave accordingly. At the same time, we must be aware that persons with same-sex sexual orientations had to **struggle to other countries** [sic] **to get the law changed** so their sexual preferences are accepted.” (p. 212)

“Rights to reproductive and sexual health include the right to life, liberty and security of the person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility. **Of central importance are the rights to autonomy and privacy in making sexual and reproductive decisions**, as well as the rights to informed consent and confidentiality in relation to health services.” (p. 213)

“Resource Sheet: Human Rights

1. **Right to make decisions about one’s sexual life** and be free from torture, violence and exploitation
2. **Right to have pleasure** in sex and sexual relations irrespective of sexual orientation (heterosexual, bisexual or homosexual)
3. Right to be free from all forms of discrimination regardless of sex, gender, sexual orientation, age, societal status, race, religion, or any type of emotional or physical disability
4. Right to sexual privacy unless it is harming someone else’s rights
5. Right to decide freely and responsibly number, spacing and timing of children
6. Right to information about family planning methods

	<ol style="list-style-type: none"> 7. Right to access to safe, effective, affordable and acceptable contraceptive methods to control fertility at your will 8. Right to appropriate health services to enable women to go safely through pregnancy and childbirth 9. Right to marry or not and to establish responsible sexual relations 10. Right to comprehensive sexuality education 11. Right to sexual health care for prevention and treatment of all sexual concerns, problems and disorders” (p. 214) <p><i>Note: There are many so-called “rights” in this list that are not legitimate internationally agreed-upon human rights. They should not be misconstrued and taught to children as such.</i></p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Be able to comfortably model non-traditional or flexible attitudes and behaviors, so they are less likely to unintentionally reaffirm rigid gender norms. Be able to engage participants in open, honest and non-judgmental discussions and reflections around gender norms.” (p. 10)</p> <p>“Rights do not stand alone. They are built upon the foundation of equity, equality and universality. Human Rights are inalienable, universal, indivisible and interdependent.” (p. 53)</p> <p>“Many families have restrictive norms for women and girls. Sometimes the norms are so well accepted by all of us that we do not think of them as restrictions at all. But sometimes we do feel bad when we are stopped from doing what we want to.” (p. 98)</p> <p>“Make visible to the participants that in our culture we have concepts of honor and virginity. Highlight that some or a majority of them (depending on what comes out of the discussion) still persist. Draw out the linkages between honor, virginity and child marriages. These concepts could also be connected to ‘honor killing’ or ‘elopement by couples’ for fear of harassment by the community if these things have happened or are happening in the community. Draw out the ill-effects of such concepts on the lives of young people, both girls and boys, but especially girls. Ill-effects include:</p> <ul style="list-style-type: none"> • Persistence of child marriages • Enforcing marriages within community, within religion, which further entrenches believes [sic] in honor of a family and honor of a community • Policing of young girls’ sexuality. E.g. calling for marriage proposals as soon as she begins menstruating or looks older, stopping her from going to school or playing outdoors, disallowing friendship with boys • Sex education is abhorred fearing that it will lead to early sexual life of young people.” (p. 245) <p>“Continue the discussion in the larger group and ask the participants how the society, families and young people can move away from the concept of virginity, and a narrow and rigid definition of honor.” (p. 245)</p>

14. UNDERMINES PARENTS OR 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 what they are being taught about sex in school.

"We are responsible for demanding our rights and seeking to exercise them, and it is one of the responsibilities and duties of others (our parents, society, state) to provide us with what we need to enjoy our rights." (p. 52)

"Assure the girls that **what is spoken here will be confidential and the discussion will be restricted** to this audience alone. Make a special effort to make the group comfortable since this is an exercise which will be drawing the adolescents out of their comfort zone and talk about their growing up issues that are difficult to talk about." (p. 64)

"Think of one **restrictive norm in your family** which you think you can **convince your father, mother** and brother and family members to change and try to do so." (p. 99)

"Simultaneously write all the sexual and reproductive health rights on the board. It may also be useful to consider the theme of privacy and autonomy (independent control over own reproduction and sexual health), and the right of an adolescent to use health services and seek contraceptives or treatment for sexually transmitted infections **without being afraid that his/her parents will be notified.**" (p. 212)

15. REFERS CHILDREN TO HARMFUL RESOURCES

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.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and

"Tell students that adolescents [sic] friendly services are available to your [sic] health care facility. Explain **which facility it is, what is the time it is open, what services it provides** and encourage the girls to ask if there are any questions." (p. 68)

"Prepare the film 'consent and tea' before the session begins <https://www.youtube.com/watch?v=pZwvrXVavnQ>" (p. 168)

www.InvestigateIPPF.org)

For the complete text of *Tipping Point Facilitator's Manual for Girls' Collectives* see: <https://drive.google.com/file/d/1-9FzN0iUU708iqL7lNrte0Srz2ZAShZW/view?usp=sharing>