

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

Training Manual for Girls' and Boys' Clubs on School-Related Gender Based Violence Prevention and Response (Sierra Leone)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

***Training Manual for Girls' and Boys' Clubs on School-Related Gender-Based Violence Prevention and Response* contains 11 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 training manual is to be used by school and peer mentors in JSS to support school children to enhance their skills on interpersonal communication, coping, conflict management, critical and creative thinking and decision-making in order to help them prevent and respond to SRGBV. The role of school mentors is to build trust, act as counsellors and identify serious child protection issues needing attention and referral to appropriate child service agencies, while the peer mentors are the focal persons of running the girls' and boys' clubs. These clubs provide safe and supportive spaces where the students can build a network of peers and trusted adults to access various information and share experiences, while freely expressing themselves." (p. 8)

Target Age Group: School Children

International Connections: UK AID, UNICEF

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>	<p>"Millicent's friends sometimes teased her because she never had a boyfriend. They encouraged her to have sex with Momo. At 15, she was curious, but mostly she felt pressured by her friends. Millicent asked Momo out and they had sex. Most everyone found out that Millicent and Momo had sex. Over the next two years, Millicent had sex with four other boys. One was a schoolmate. One was a neighbor. One she met at the market, and one she met through a friend. She enjoyed sex. Millicent knew she did not want to marry any of these boys. But she was nice to them. She never lied to them about her feelings. Having sex made Millicent feel attractive and important. Most of the time, Millicent was</p>

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.

careful about using condoms. But, one time she became pregnant. Now Millicent is engaged to Ernest, a young man her family wants her to marry. She likes Ernest. But she does not like that she is not supposed to have sex until they marry in two years. When Millicent was visiting her cousin in Freetown, she ran into one of her old boyfriends. **He wanted to have sex with her again**, and Millicent thought, 'Why not? Two years is a long time to go without sex.'" (p. 36)

"Sheka's friends sometimes teased him because he never had a girlfriend. They encouraged him to have sex with Rugiatu. At 15, Sheka was curious. But mostly he felt pressured by his friends. **So Sheka asked Rugiatu out and they had sex.** Most everyone found out that Sheka and Rugiatu had sex. Over the next two years, **Sheka had sex with four other girls.** One was a schoolmate. One was a neighbor. One he met at the market, and one he met through a friend. He enjoyed sex. Sheka knew he did not want to marry any of these girls. But he was nice to them. He never lied to them about his feelings. Having sex made Sheka feel attractive and important. Most of the time, Sheka was **careful about using condoms.** But, one time he got a girl pregnant. Now Sheka is engaged to Zainab, a young girl his family wants him to marry. Sheka likes Zainab. But he does not like that he is not supposed to have sex until they marry in two years. When Sheka was visiting his cousin in Freetown, he ran into one of his old girlfriends. She **wanted to have sex with him again**, and Sheka thought, 'Why not? Two years is a long time to go without sex.'" (p. 37)

"My name is Nancy and I have a very serious problem. Last week, my teacher asked me to come to his house and help him clean. I did not want to go, but my parents tell me I have to respect my teachers. When I got to his house, **he started touching me.** I got a very bad feeling in my stomach, and I knew it was wrong. He then **pulled me in his bedroom and forced himself on me.** I was crying and screaming, but he did not stop." (p. 70)

"Kariatu is 16 years old. She has been dating Abu Bakarr, who is 19 years old for 6 months. They like to go to parties and dance. They like to kiss and hold hands. For 3 months Abu Bakarr has been telling Kariatu he wants more. Tonight Abu Bakarr has decided it is **time for them to do the momi-dadi business.** Kariatu does not want to, but does not want to lose Abu Bakarr. Introduce the actors and tell their ages. After the role-play, ask the girl who played 'too quiet Kariatu' how she felt. **Ask the boy who played 'aggressive Abu Bakarr' how he felt.**" (p. 75)

"Alice and Mohamed are boyfriend and girlfriend. They like to hold hands and once Mohamed kissed Alice. **Mohamed has told Alice he is ready to have sex.** Alice has told him she does not want to because she is not ready, but he keeps pressuring her. Ask each group to **prepare two role-plays** for each scenario – one in which the person in the role-play responds passively, the other in which the person responds actively/assertively." (p. 78)

"A group of boys are talking about girls. **Most of them say that they have had sex** and are teasing a boy because he has not had sex." (p. 89)

“Tell them you will give the questions to Sissy Aminata, a wise aunty, who can answer them. Tell them you already have some questions from other children and teenagers in the Question Bag. Show them the bag. Show them that there are strips of paper with questions in it.

- The questions can be about body changes, **or sex or troubles with girlfriends or boyfriends or parents**, or anything they want.
- Tell them no one will know who asked the questions, but they will get answers.
- As they leave, they can write down the question and put it in the Question Bag.
- Tell them, in some lessons you will pull a question from the bag.” (p. 95)

“He gets really angry if I even talk to another boy. Sometimes he looks like he is going to hit me. **He says if we have sex, he will not be jealous anymore.** He says he will know I am his alone, then.” (p. 115)

“Ask students to form small groups. Ask the girls/boys and ask them to come up with ‘perfect’ boyfriend/girlfriend. Tell them to come up with a list of all the qualities that boy/girl would have. You can assist with these questions, if the girls/boys need help.

- **Is he/she a virgin?**
- Does he/she have any STIs?
- Has he **gotten girls pregnant before?**/Has she gotten pregnant before?” (p. 116)

“Go to the second volunteer and say: I want to make a deal with you. I need 15 minutes of your time. For that I will give you a Samsung Galaxy Smart Phone. Will you make the deal? If the second volunteer asks questions, answer them. **(The fifteen minutes is for the girl to have sex with you.)** If she agrees, **without asking to use condoms**, give the second volunteer the folded paper with the smart phone and the folded picture with the medicine on it. Tell her to hold the pictures and wait. Say the same thing to the third volunteer, I want to make a deal with you. I need 15 minutes of your time. For that I will give you a Samsung Galaxy Smart Phone. Will you make the deal? If the girl **bargains to use condoms** or to do something other than sex, give the girl the piece of paper with the smart phone. If she does not, give her the baby and the medicine and the smart phone papers folded up.

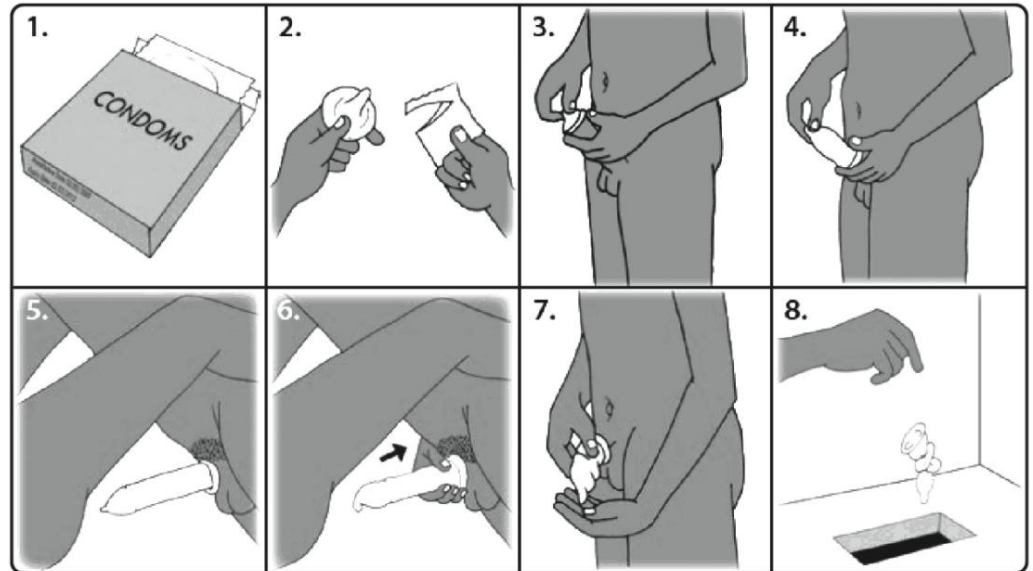
Tell the first volunteer to look at the papers. What is on the papers? The first volunteer got a smart phone and a baby for the 15 minutes.

Tell the second volunteer to look at the papers. What is on the papers? The second volunteer got a smart phone and HIV and gonorrhea for the 15 minutes. The third volunteer could bargain. What kind of bargain was made? What could have been bargained?

- **The use of condoms**
- Waiting to have sex
- **Other kinds of sexual pleasure**
- Earning the phone by doing things other than sex” (p. 136)

	<p>“Girls and boys have similar feelings about sex. They can make the same decisions but be judged and treated very differently and this is unfair.” (p. 38)</p> <p>“When we are growing up, it is very common that we may want to try new things and act differently. Ask them for some examples. Trying new things:</p> <ul style="list-style-type: none"> • Try djamba • Try cigarettes • Try alcohol • Try sex” (p. 94)
<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>“By the end of this unit, the students will be able to:</p> <ul style="list-style-type: none"> • Learn about male condoms. • Practice negotiating decisions about sex.” (p. 120)
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate</i></p>	<p>No evidence found.</p>

<p>information about homosexuality or homosexual sex.</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>No evidence found.</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>“Erections can go down without having sex, or through masturbation.” (p. 102)</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>“Explain that male condoms are made of latex (rubber). Condoms are worn over an erect penis during sexual intercourse (erect is when the penis is hard or stands up). When a boy or man ejaculates (comes), the condom prevents the semen from reaching the egg inside the female’s vagina. This prevents pregnancy. This also protects against STIs. There is a special way to put on and take off the condom, so no semen escapes. Condoms are the ONLY form of contraception (prevention) that protect against pregnancy and STIs.” (pp. 121-122)</p>



(p. 122)

“Show the picture and **go over the steps to use a male condom correctly.**

Step 1: Check the condom package to make sure it is not spoiled.

- Check the date on the package to make sure it is still good (not expired).
- Make sure the condom does not stick to the packet.
- If it does, DO NOT USE THE CONDOM.
- If the date has already passed, DO NOT USE THE CONDOM.

Step 2: **Carefully open the condom package** by pushing the condom to one side.

- Tear the package on the top or bottom where there are ridges...
- Do not try to open on the straight sides of the package.
- Do not use your teeth or fingernails to open the package.
- IF THE CONDOM RIPS, DO NOT USE IT.
- Push the condom up through the package until it comes out where you opened the package.

Step 3: Squeeze the tip of the condom to push out any air.

Step 4: When the penis is hard, **place the condom on the tip of the erect penis.**

- While holding onto the tip, unroll the condom all the way down the penis.
- Do this by putting your fingers around the penis and pushing the whole condom down.

Step 5: After sex, **remove the penis immediately after ejaculation** (release or come).

- Hold the condom at the bottom of the penis and remove the condom while it is still hard.

Step 6: Tie a knot in the condom to avoid spilling.

- Throw it in a latrine or bury it. Do not put it in a flush toilet.” (pp. 122-123)

“Remember:

- **Only use one condom at a time.**
- Using two can make them rub against each other and break.

- Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly to make it glide. These will ruin the condom and can hurt the woman.
- **If a condom breaks, do not use it!**
- NEVER use a condom more than one time!" (p. 123)

"Who is responsible for deciding to use condoms?"

- Each person is responsible for himself or herself.
- It is not an excuse to say I did not have one at the time.
- It is not an excuse to say the other person did not have a condom.
- It is not an excuse to say the other person did not want to use condoms." (p. 123)

"Say, 'I am going to say some things about condoms. Move to the picture that shows if you agree (thumbs up), disagree (thumbs down) or are not sure.'

- Using two condoms at the same time gives you double protection. NOT TRUE. They can rub against each other and cause a tear (rip) and ruin them.
- If a girl has a condom, she is probably a prostitute. NOT TRUE. **Anyone who plans to have sex** and does not want a child should plan for protection.
- If you are going to have sex, **condoms are the best protection** against STIs including HIV. TRUE.
- Condoms break easily. NOT TRUE. They can be torn by teeth (opening the package), jewellery [sic] or sharp fingernails. When used properly they are hard to break.
- If my sweetheart asks me to use a condom, he or she doesn't trust me. This is not a test of trust. NOT TRUE. Condoms prevent pregnancy. They are the best protection against STIs including HIV.
- Using condoms hurts. NOT TRUE. When a girl is sexually excited, **she gets wet inside her vagina, which lets the penis glide in and out.** Many condoms have something on them which makes it easier to glide in and out. With or without a condom, sex should not hurt. If it does, STOP. The person who is feeling the pain should see a health provider.
- Males don't enjoy sex with a condom. NOT TRUE. **Sex is usually just as nice with condoms.** Some people like it with condoms better, because they are not worried about diseases or pregnancy. Some men like to use condoms because they can last longer **before they reach orgasm** (release or come).
- To make it easier, put Vaseline or hand cream on the condom. NOT TRUE. Vaseline, hand cream or oils can ruin the condom. DO NOT USE THEM with a condom. It is also bad for the girl to have creams and oils in her vagina.
- If a girl has an implant, (known as a 'captain band'), is on the pill, or gets injections, you don't need to use condoms. NOT TRUE. **Only condoms protect against STIs.** Sometimes girls forget to take their pills, too.
- You have to be at least 18 years old and a boy to get condoms. NOT TRUE. While some health facilities may not want to give condoms to girls

or to people younger than 18, there is no law against it. Girls and boys can also buy condoms from shops, or **get them free from Marie Stopes, Government Health Facilities and PPASL.**" (pp. 123-124)

"Ask students whether they can **name reasons why young people do not use condoms?** You DO NOT need to read the list below out loud. But, be sure studentssex [sic] name most of the reasons:

- Say it ruins the body to body feeling
 - Too embarrassed to buy them
 - **Health facilities won't give them** to adolescents
 - Fear it will make them impotent (not true)
 - Forgot to get them
 - Girl uses some other form of birth control
 - Think it means your sweetheart doesn't trust you
 - Want to get pregnant
 - Don't think pregnancy will happen
 - Too drunk or high
 - **Just one time without one will be fine**
 - Think it means someone is not faithful
 - Don't care
 - Think if they use contraceptives they will never be able to get pregnant"
- (pp. 124-125)

"Split the group into girls and boys and give them about 10 minutes to **come up with ways to ask their sweetheart to use condoms** and to say 'NO CONDOM, NO SEX!'" (p. 125)

"Bring them back together and go around the circle and ask for volunteers to tell how they would **ask their partner to use condoms.**" (p. 125)

"Now, ask one boy and one girl to do a short role-play. Give one of them the 'Thumbs Up' picture and the other one the 'Thumbs Down' picture. The one with the 'Thumbs Up' picture has to ask the other one to use condoms. The other one says no. The one with the 'Thumbs Up' has to try to convince the other one to use a condom. Have everyone take a turn at the role-play. Sometimes give the 'Thumbs Up' to the girl. Sometimes give it to the boy. Ask each pair to use DIFFERENT reasons for why they say yes or no." (p. 125)

"End the lesson by **having all stand in a circle and chant:** NO CONDOM, NO SEX! NO CONDOM, NO SEX! NO CONDOM, NO SEX!" (p. 125)

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.

“Have everyone stand in two lines. Each line is a team. Each person has to say one question you would ask yourself **before you make the decision to have sex**. The team that asks the best questions and the most questions wins. No repeats. Some sample questions are listed below:

- Would my parents approve of me having sex now?
- Can I trust my sweetheart to be faithful?
- Do I know if my sweetheart **has sex with other people**?
- Did he or she in the past?
- Do I believe everything my sweetheart tells me?
- Has my sweetheart ever lied to me?
- If I get pregnant, can I provide for the baby?
- If my girlfriend gets pregnant, what will I do?
- What will my parents say if I get a girl pregnant?
- Can I support my girlfriend and our baby if she gets pregnant?
- If I get pregnant, what will my sweetheart do?
- Does the boy (or girl) I’m with make me feel good about myself?
- Will I be glad when I am older that I **lost my virginity at this age**?
- If the relationship breaks up, will I be glad I had sex with this person?
- Am I sure no one is pushing me into having sex?
- Can I **talk with my sweetheart about sex**?
- Am I absolutely sure my sweetheart is not infected with an STI or HIV?
- Do I know how to talk about using condoms or other methods to prevent pregnancy, HIV and STIs?
- Do I feel safe with my partner?
- Will my sweetheart stay with me if I say we should wait? If the answer is no, does he or she really love me?
- Will my sweetheart stay with me if I ask him or her to be faithful?
- What would my family do if I get pregnant?
- What would happen if my sweetheart gives me an STI or even HIV?
- Would my sweetheart make a good mother or father?
- Do I love this person?
- **Am I having sex for the right reason?**” (p. 120)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.

May teach children that all sexual activity—other than “unprotected” vaginal and oral

“Once a boy is fertile, he can make a girl pregnant any time he has **unprotected vaginal intercourse** with her.” (p. 111)

“If you have **sex standing up**, CONCEPTION (pregnancy) cannot happen. (NOT TRUE)” (p. 112)

“**When a boy has intercourse with a girl**, he only ejaculates one sperm, so it is difficult for a girl to get pregnant. (NOT TRUE – he ejaculates millions of sperm each time he comes).” (p. 112)

“Explain to students that **pregnancy can happen when a boy and girl have sexual intercourse** where the boy’s penis is inside the girl’s vagina and he ejaculates (comes).” (p. 112)

sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

“Go over to the boys’ group and say: I want you to think of all the **reasons why teenage girls have sex**. Each boy should remember at least one reason. Go over to the girls’ group and say: I want you to think of all the **reasons why teenage boys have sex**. Each girl should remember at least one reason. Bring the groups back together. Have the boys report to the girls why they think teenage girls have sex. Let the girls respond. Have the girls report to the boys why they think teenage boys have sex. Let the boys respond. Where [sic] the reasons the same? If not, **ask open-ended questions about the differences**. If they don’t come up with many reasons, you can ask them about some of the reasons below.” (pp. 112-113)

“Possible reasons:

- Peer pressure
- **Lust**
- Passion
- To show love
- Not to feel alone
- **To feel loved**
- To receive presents or gifts
- For money” (pp. 112-113)

“**Before you have sex, think about what can happen?**

- How is having sex going to affect your dreams?
- When is the RIGHT TIME to have sex?” (p. 115)

“Say that some of them may have already had sex. Some may **feel that they want to have sex and cannot wait** until they marry or until they are 18. In the next lessons, they will learn about contraception – ways to protect themselves from pregnancy **if they do have sex**. They will also learn about protecting themselves from STIs including HIV.” (p. 117)

“Be sure they know this:

- To be faithful is to only **have sexual intercourse with one person**.
- Being faithful also means being safe.
- **Even if you have sex with only one person**, you still need to be sure you are both healthy.
- You need to be tested for STI (like gonorrhea or HIV).
- You still need to use contraceptives to prevent pregnancy.” (p. 119)

“Discussion Points:

- **If someone has already had sex, can that person be faithful?** Why? (Yes).
- If two people are faithful to each other, can the girl get pregnant? (Yes, the girl can get pregnant if they don’t use contraceptives. Be sure everyone understands the word you use for contraceptives.)
- If two people are **faithful to each other**, can they still get STIs? (Yes, if one or both of them had sex with other people before and they do not use condoms.)” (p. 119)

<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>No evidence found.</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>“Instructions:</p> <ol style="list-style-type: none"> 1. Ask the group to name what ‘A’ and ‘B’ stand for when we talk about sex. (A is for Abstinence; B is for Be Faithful) 2. Ask what do you think the ‘C’ stands for when we talk about sex? (‘C’ stands for contraception.) 3. Ask what contraception means. <ul style="list-style-type: none"> - Contraception is the act of preventing pregnancy by a drug, device (thing) or method that stops pregnancy. - Contraceptives are drugs or devices (things) used to prevent pregnancy or reduce the chances of getting pregnant. It is often called birth control or family planning.” (p. 121) <p>“What kinds of contraceptives can girls and women use?</p> <ul style="list-style-type: none"> • The Pill (or Tablet) • Injections • Implant (the Captain Band)” (p. 126) <p>“Who is responsible for using contraceptives?</p> <ul style="list-style-type: none"> • EVERYONE!!!!!!” (p. 126) <p>“Explain that girls take the pill (also called a birth control pill or tablet) to prevent pregnancy. The hormone in the pill stops the release of the egg each month. When there is no egg, the sperm cannot fertilize it. This prevents pregnancy. The pill should be taken at the same time every day. When a girl takes the pill properly, it will prevent pregnancy 99% of the time. The pill does not protect against STIs and HIV.” (p. 126)</p> <p>“Students should know that:</p>

- **Adolescents can safely take the pill.**
- Girls or women don't have to be married to take the pill." (p. 127)

"Explain that injection **Depo Provera is a contraceptive that contains one hormone and provides protection from pregnancy for three months.** It is an injection in the upper arm of the FEMALE every three months.

- It prevents pregnancy 99% of the time.
- It is safe, easy to use, and reversible (it is not permanent).
- Can be **used by women of all ages** with or without children.
- Fine for young women who have had an abortion or miscarriage, or are breastfeeding.
- Does not interfere with sexual activity.
- The injection does not protect against STIs and HIV.
- Girls go to the clinic every three months.
- Girls can get the injection without anyone knowing.
- Some girls may not get their periods for many months." (p. 128)

"Ask girls what implants (Jadelle) also called 'captain band' are?

- Implants are tiny tubes with female hormones inside.
- They are put under the skin of a girl's upper arm through a small cut.
- It becomes effective within a short time (about 24 hours) after insertion.
- The implant protects from pregnancy for a period of five years.
- At the end of this period, the contraceptive is not as effective.
- The implants should be removed and replaced in the last months of the fifth year.
- They can be removed at any time." (pp. 128-129)

"Implants prevent the girl's body from releasing a mature egg every month.

- Jadelle **implants work for five years.**
- They are 99% effective.
- Girls must have an examination before they get an implant.
- A girl with a STIs [sic] including HIV cannot get an implant.
- They do not give protection against STIs and HIV.
- Girls have lighter periods.
- Some girls have irregular periods and some girls' periods stop while they have the implant.
- Sometimes there are difficulties in removing the implants.
- **Implants should be free** at government health facilities." (p. 129)

"Students should know that:

- **Women of any age can use implants, including adolescents.**
- Implants do not make a woman or adolescent barren.
- Implants do not move to other parts of the body.
- Implants sometimes make a girl's period stop. This is not harmful. Blood does not build up inside her.
- Implants do not protect against HIV and STIs." (p. 129)

<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“In this module, students will learn about what mentoring is and why it is important. As those being trained will act as school and peer mentors in their school clubs, they will examine their own motivation for becoming a mentor and the goals of mentoring students/peers in order to support them succeed [sic] in school and life.” (p. 10)</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>“Boys and girls can work together to help each other and change gender roles.” (p. 33)</p> <p>“Remind students that change begins slowly and with small steps. Students might feel constrained and a sense of injustice by gender norms but not feel badly. Students should realise that they have the power to change gender norms bit by bit by talking about them, finding solutions to them even if it is on a very small scale.” (p. 35)</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>“Ensure students understand the basic concepts behind each:</p> <ul style="list-style-type: none"> • Respect for privacy • Expectation of confidentiality.” (p. 15) <p>“By the end of this unit, the students will be able to: Identify trusted adults with whom they can share problems or to whom they can report an incident of SRGBV.” (p. 50)</p> <p>“Ask students how they can identify someone who is trustworthy to share their problems with. Remind them of their list of trusted adults.” (p. 83)</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</i></p>	<p>“Where do girls get contraception?</p> <ul style="list-style-type: none"> • A trained service provider in public and private health facilities • PHUs • Community Health Workers • Marie Stopes • PPASL • Maternal and Child Health Posts • Hospitals” (p. 126)

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 www.InvestigateIPPF.org)

“Where can you get condoms?

- PHUs
- **Marie Stopes**
- Maternal and Child Health Posts
- Shops
- Some youth friendly centers
- Community Health Workers
- **PPASL**
- Hospitals
- Pharmacies
- **IPAS”** (p. 123)

“Where can girls get the pill?

- A trained service provider in a public and private health facility
- Pharmacies
- **Marie Stopes Clinic**
- **PPASL**
- **PHUs**
- Hospitals
- Private doctors/clinics
- Maternal and Child Health Posts (MCHPs)
- Community Health Posts
- Community Health Centers
- Community Health Workers” (p. 127)

For the complete text of *Training Manual for Girls’ and Boys’ Clubs on School-Related Gender-Based Violence Prevention and Response* see: https://drive.google.com/file/d/10Q_qz98FoyQ08lstDoeapk4-OzXV2CL/view?usp=drive_link