CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] 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

Youth Peer Provider Program Replication Manual

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Youth Peer Provider Program Replication Manual **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: "Young people can and will make positive, healthy sexual and reproductive health decisions if they are provided with both information and access to services including contraception. We believe that by providing the tools essential for their development, we can work together to create the healthiest generation of young people ever." (p. 6)

Target Age Group: Ages 10-25

International Connections: Planned Parenthood Global, World Bank, AMNLAE, Nicaragua, Carolina for Kibera, Kenya, CEMOPLAF, Ecuador, Family HealthCare Foundation, Nigeria Forum for Sustainable Children Development, Ethiopia Guidance and Counseling Development Association, Nigeria Moving the Goal Post, Kenya Nongo U Kristu Ken Sudan Hen Tiv, Nigeria Planned Parenthood Federation of Nigeria, Tan Ux'il, Guatemala

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *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,*	"We **recognize young people as sexual beings with sexual needs** and see them as individuals who cannot be categorized into a single group." (p. 5) "While **everyone is born a sexual being**, how people express their sexuality changes throughout their lifespan, and adolescence is a time when young people start to think more about their own sexuality." (p. 45) "Also, understanding the importance of how topics are framed (risky vs. healthy) can help **YPPs promote healthy sexuality** and remain nonjudgmental." (p. 50) "Pass out paper and pens to each participant. Ask them to write down a **common slang terms** [sic] that young people use to describe any of the

[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.	following: **penis, vagina, intercourse or 'having sex,' masturbation, oral sex, women who have sex with a lot of men, or men who have sex with a lot of women**." (p. 60) "Procedure: • Divide participants into groups of four or five. Tell them that you're going to have a contest. • Give each group three minutes to **brainstorm common slang terms that young people use to mean penis.** Then give them another three minutes to brainstorm common slang terms for vulva/vagina. • Explain that each group will get one point for every word they came up with that is not on another group's list. **Have the first group read from their 'penis' list** and ask members of other groups to call out if the same word is on their list as well. Have the groups put a check mark next to each word that only they have and count up the checks. Consider giving a prize to the winning group." (p. 61) "How Risky is..... • abstaining from sex and drugs [not a risk] • sharing needles to inject drugs [a big risk] • having vaginal or anal sex without a condom [a big risk; a risk] • **having oral sex** [a very small risk] • **having vaginal or anal sex with a condom** [a risk] • having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other [a risk, a very small risk] • kissing (closed mouth) [not a risk] • kissing (open mouth) [a very small risk] • touching doorknobs, toilet seats, telephones, towels, bed linens, dishes, glasses [not a risk] • shaking hands, hugging, touching [not a risk]" (p. 105) Student volunteers act out the following conversations: • "Anjali starts a conversation with Mo about **whether or not to have sex**. They may or may not agree about what to do. • Carlo starts a conversation with Mar about their **previous sexual experience** and drug use. • Henry and Mia have talked and they think they want to have sex. **Henry starts a conversation with Mia about using condoms.** [Instruct Henry privately that he does not want to have sex without a condom and instruct Mia privately that she does not think it is necessary to use condoms.]" (p. 113) Students indicate whether they agree or disagree with the following values statements: "**Possible value statements**: • Teenagers should know about condom use and **have free access to condoms**. • It is okay for teenage girls to access contraception without telling their parents.

	• I would be mad if my girlfriend/boyfriend asked me to use a condom. • I would be happy if my girlfriend/boyfriend asked me to use a condom. • Parents should be the ones to teach their children about sex and contraception. • If a girl gets pregnant, she still has the right to go to school and finish her education. • If a boy has many partners, **it is okay as long as he uses a condom** with all of them. • It is okay for a girl to have many partners. • Contraception is a woman's responsibility." (p. 134) "Explain ways in which **sexuality is expressed across the life cycle**." (p. 175)
2. TEACHES CHILDREN TO CONSENT TO SEX *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.* *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	"Purpose and Goal: To enable participants to **practice negotiation skills and talking about sex** and safety; to strengthen critical thinking skills." (p. 112) "Ask participants to form pairs. Write the following topics on the board: a. whether or not to have sex b. previous sexual experience c. STIs, including HIV and AIDS d. previous drug use e. using condoms Explain: In your pairs, you will practice starting conversations about difficult but important subjects. For each of the topics on the board, **discuss how to start a conversation with a potential sex partner**. Write down at least one specific way to open the conversation. Also decide when a first conversation should take place: When you meet? After a first kiss? When you are already in a sexual situation? Remember that people do not need to talk about everything at once." (p. 112) Learning Objective: "Demonstrate communication skills **as they relate to safer sex.**" (p. 175) Learning Objective: "**Demonstrate skills in negotiating safer sex** and refusing unsafe sexual practices." (p. 175) Learning Objective: "Demonstrate **communication and decision-making skills in relation to safer sex.**" (p. 175)
3. PROMOTES ANAL AND ORAL SEX *Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of*	"There may be some disagreement over exactly how risky behaviors are, and some behaviors may fall in different places on the continuum for different STIs. For example, **oral sex on vulva poses very little risk for spreading HIV**, but herpes can be spread from mouth-to-genitals or genitals-to-mouth." (p. 97) "**Oral sex is touching one's mouth to another person's genitals**. Mouth-to-penis oral sex is sometimes called **fellatio** while mouth-to-vulva oral sex can be referred to as **cunnilingus**. While oral sex carries no risk of pregnancy and little risk of transmitting HIV/AIDS, there is risk of transmitting some STIs including

these high-risk sex acts.	chlamydia and gonorrhea (which can infect the throat) and herpes (which can infect the lips/mouth). **Anal sex/intercourse refers to inserting a man's penis into another individual's anus**. This behavior carries risk for all STIs, including HIV/AIDS." (p. 108) "To protect against HIV and other sexually transmitted infections, condoms should be used: a. only for vaginal sex b. for vaginal and anal sex c. **for vaginal, anal, and oral sex** d. only if no other form of contraception is being used." (p. 161)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *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.*	Goal of comprehensive sexuality education: "**Affirming one's own sexual orientation** and respecting the sexual orientations of others." (p. 44) "Sexual orientation is different from gender and gender identity. **Sexual orientation is the overall term used to describe a person's sexual and romantic attraction to other people**. People who have sexual desire for the other gender are called heterosexual or straight. People who have sexual desire for their own gender are called **homosexual or gay**. Gay women are also called **lesbians**. People who have sexual desire for both genders are called **bisexual**. People who are unsure of their sexual orientation may be called 'questioning.' Sexual orientation is more complex and diverse than these simple labels." (p. 46) Advice for partner role plays: "Consider making **at least one of the partner's same-sex**." (p. 114) Learning Objective: "Discuss how sexual and relationship issues can affect the family – e.g., disclosing an HIV-positive status, an unintended pregnancy, or **being in a same-sex relationship**." (p. 172)
5. PROMOTES SEXUAL PLEASURE *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.*	"In many places, educators frame adolescent sexuality in terms of risk because it is the only way to get support for their programs; **adults are often willing to talk to young people about risk but less willing to acknowledge pleasure**." (p. 50) "Clitoris is the external female sex organ located at the top of the labia. It can fill with blood and become erect when stimulated. **The main function of the clitoris is to provide sexual pleasure**. The clitoris is covered by a flap of skin called the clitoral hood." (p. 57) "Body-to-body rubbing (frottage) is **rubbing bodies or body parts together for pleasure and orgasm**. This behavior carriers [sic] little risk of pregnancy or STI, however, there are some STIs that can be passed through skin-to-skin contact such as herpes or HPV. Partners who rub their genitals together may be at risk for transmitting these infections." (p. 108) "Define **key elements of sexual pleasure** and responsibility." (p. 175)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*	"Possible sexuality topics: social and personal alternatives to sexual activity (spending time with someone, holding hands, hugging, dry kissing, **masturbation**)." (p. 49) "**Masturbation is touching one's own genitals for sexual pleasure or orgasm**. Many people enjoy touching their own genitals. It's the most common way to be sexual. Partners can **masturbate alone, together, or watch each other**. They may hug and kiss while they do it. Masturbation carries no risk of pregnancy or STIs." (p. 108) "Manual stimulation is touching another person's genitals with one's hands. This behavior, sometimes called **mutual masturbation or masturbating a partner**, carries no risk of pregnancy and little risk of STI." (p. 108) "Another way to reduce the risk of contracting an STI is by engaging in **lower risk sexual behaviors like masturbation, manual stimulation, body rubbing**, and kissing." (p. 109)
7. PROMOTES CONDOM USE IN 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.*	"STI Prevention: **Condoms are the only form of contraception that also provides protection against STIs**. Male condoms are highly effective at preventing HIV and can help reduce the risk of other STIs as well." (p. 70) "STI Prevention: If used correctly, **the female condom can provide protection against STIs**." (p. 70) "**Sexually active individuals can also help prevent STIs by using condoms**. Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other STIs." (p. 93) "**Safer Sex Activity – Condom Steps in Order**: Hand out each card to a participant. Explain that these are all of the steps to using a condom correctly. Ask participants to put the cards in the proper order… Read the order the group has come up with. Ask if anyone thinks any changes should be made. Move any cards you feel are in the wrong order. Explain why… • Check expiration date. • Squeeze package to make sure that it is not damaged. • Open condom package, don't use teeth or sharp objects. • Squeeze tip of condom and **place on head of penis**. • Hold tip of condom and unroll until penis is completely covered. • **Have intercourse**. • Ejaculate. • Hold onto condom at base of penis. • **Remove penis from vagina or anus**. • Carefully remove condom without spilling any semen. • Dispose of condom carefully. • Never reuse a condom." (p. 110) "Once you've gone through all of the basic steps in order, you can add cards to

	the list **such as 'put condom on inside out,' 'condom breaks,' or 'lose erection'** to test how participants would deal with such situations." (p. 110) "**Safer Sex Activity – Condom Races**: Materials needed: Non-lubricated condoms, **penis models or bananas** (if available) Procedure: 1. Demonstrate the steps of proper condom use using a penis model or banana (if available) and two fingers (if not). 2. Ask for eight volunteers. Break them into pairs. 3. Give one member of each pair a non-lubricated condom. **Give the other member a penis model or banana or tell him/her to hold up two fingers**. 4. Have the volunteers **with penis models stand in a row at the front** of the room. 5. Have the volunteers with condoms stand behind a 'starting line' or at the back of the room. 6. Tell them that when you say go, **the volunteers with the condom are to run to their partner and put the condom on correctly**. The partner's job is to make sure that all steps are followed in the proper order. 7. The volunteer who finishes first (and correctly) wins." (p. 111) "Tell participants that in this exercise you are going to **introduce them to a number of partners who are considering using condoms**. Read the first story and ask participants to write on their piece of paper whether they think these partners should use condoms. Tell them that possible answers are: definitely, probably, or not necessary. Possible stories: • Partners A: Have been together for three months. Each of them has had two partners in the past. Neither of them has been tested for HIV. They usually practice withdrawal. • Partners B: Have been together for nine months. One of them has **had sex with five people**; the other has never had sexual intercourse. The woman is on oral contraceptive pills. They've both been tested for HIV and other STIs and are negative. • Partners C: Have been together for two years. They have not told each other how many prior partners they have had. One of them has **had other partners during the relationship**, and it is unclear whether the other is aware of this or not. The woman uses injectables for contraception. • Partners D: Have been together for three years. They have both been tested for HIV and other STIs. The woman takes oral contraceptive pills but misses a few doses most months." (p. 114)

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.*	"Youth-friendly services must support **young people's rights** to information, **to make their own decisions,** and to enjoy their sexuality in a healthy way." (p. 14) "Possible sexuality topics: **reasons for engaging in sexual activity** and reasons for not doing so." (p. 49) "Explain that this exercise is to help participants look at the **reasons people decide to have sex** or not to have sex, that many different circumstances and feelings influence people's decisions about whether or not to have sex." (p. 51)
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 sex—is acceptable, and even healthy. May present abstinence and "protected" sex as equally good options for children.*	"Are young people in your area sexually active? If so, **at what age do young people initiate sexual relationships**? If young people are sexually active in your area, are they using contraception and STI-prevention methods?" (p. 32) "Adolescence is a time of great change as young people transition from childhood to adulthood. In addition to maturing physically, during adolescence young people tend to **experience their first adult-like erotic feelings**, **experiment with sexual behaviors,** and develop a strong sense of their own gender identity and sexual orientation." (p. 44) "Why is it important for a young person to think clearly about the reasons for his or her choice to have or not have sex? Young people have **many different reasons when they choose to have or not to have sex**." (p. 51) "Possible Scenarios: • Two young women discussing **whether one of them** (who has never had sexual intercourse) **should have sexual intercourse** with her boyfriend. • A young man explaining to his girlfriend **why it is important that they use condoms** even though she has agreed to take the pill." (p. 53) **"Individuals engage in sexual behavior for a variety of reasons**; to express love, to be close to another person, to experience pleasure, or to procreate. While many people equate 'sex' with vaginal intercourse, there are **many different sexual behaviors** that individuals and partners may choose to engage in over the course of their lifetimes or their relationships." (p. 108) "**Practicing safer sex** allows partners to reduce their sexual health risks. The basic rules for safer sex are to prevent contact with genital sores as well as the exchange of body fluids, such as semen, blood, and vaginal secretions. **Practicing safer sex all the time** is very important because infections are usually spread between partners who have no symptoms of infection." (p. 109) "The most effective means of preventing pregnancy and STIs is abstaining from oral, vaginal, or anal sex. **Sexually active individuals can reduce their risk** of STIs

	by reducing the number of sexual partners they have, by engaging in **less risky behaviors**, and by using latex condoms." (p. 109) Youth Peer Providers practice counseling skills: "Possible scenarios: • A first session with a young woman who is **just starting her first sexual relationship** and does not know what birth control method she should be using. • A first session with a young woman who has been on the oral contraceptive pill before but went off of the pill when her relationship ended. She's **in a new relationship** and not sure she wants to go back on the pill. • A first session with a **young man who has three sexual partners**. He sometimes uses condoms and sometimes uses withdrawal. • A follow-up session with a client who used her birth control pills the first month but then forgot about them and went back to practicing withdrawal. • A first session with a young woman who usually uses condoms but **had unprotected sex** the day before." (p. 157)
10. PROMOTES TRANSGENDER IDEOLOGY *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.*	Goal of comprehensive sexuality education: "**Affirming one's own gender identities** and respecting the gender identities of others." (p. 44) "**Gender identity** is how a person feels about and expresses gender and gender roles. It can refer to a person's own internal sense of being male, female, or something else. It is a feeling that people can have **as early as age two or three**. People can express their gender identities in many ways – for example, through how they look, speak, and act. Some people find that their **gender identity does not match their biological sex**. When this happens, the person may identify as **transgender**." (p. 46) "A few characteristics of males and females are biological. For example, only males can make a female pregnant; only females can give birth or breastfeed. But most characteristics associated with being male or female are socially determined – not based on biology. Male and female **roles that are socially determined are called 'gender roles.'** Who has heard of this term before?" (p. 54)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach*	"Planned Parenthood Federation of America (PPFA) firmly believes that **young people have a right to** accurate, reproductive health education and services, including **contraceptives**." (p. 5) "The YPP Model is designed for **YPPs to offer contraceptive methods, including condoms, oral contraceptive pills, and emergency contraception pills (EC).** The specific types of contraception and brand-names will differ from region to region, so, if your organization is not currently offering contraceptive methods, you will want to work with an organization that is familiar with the methods available in your area." (p. 25)

children they have a right to abortion and refer them to abortion providers. *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"**Emergency contraceptive** or 'EC' pills are oral contraceptive pills that can prevent pregnancy if taken after unprotected intercourse. EC pills are not 'abortion pills'; they will not work if a woman is already pregnant. In some areas prepackaged EC pills are available while in others they are not legal. If EC is not available, a woman can **use regular oral contraceptive pills for this purpose**, however, she must follow exact dosing instructions. EC pills should not be used as a form of ongoing contraception because there are other forms of contraception that are much more effective and have fewer side effects." (p. 71) "Each agency will have its own policies and procedures about providing emergency contraceptive pills with YPPs. **YPPs need to know where they should store the pills, when they can give them to clients, and whether the clients need to follow up with a health care provider**. It is a good idea for YPPs to give all clients who receive ECPs a referral to a health care clinic/provider in case she has symptoms or questions." (p. 79) "One of the most important things a YPP will likely do during a counseling session is **provide the client with instructions on how to use specific methods of contraception**. You must be able to explain this simply, clearly, and accurately using language that the client will understand. It is not necessary for clients to know everything that you have learned about a particular contraceptive method." (p. 149) "The YPP must then **help the client choose the method that is best for him/her.** Some clients may know what they want but others will not be as clear. Asking certain questions can help narrow down the methods. For example, **how often does a client have intercourse**; do they have a place where they can safely store pills, condoms, or spermicides; are they likely to remember to use the method correctly; do they know if their partner has any preferences or opinions; will their parents/guardians [sic] and/or partner's opinion about their contraceptive use affect their ability to use a method?" (p. 150) "Ask for two volunteers to come to the front of the room; one to play the YPP and one to play the client in a one-on-one counseling session. Tell YPP to **begin a session about contraception** but use only closed-ended questions such as, 'Do you want to use a modern method of contraception?' '**Do you like using condoms?**' or 'Do you want the pill?'" (p. 155) "Explain that the unique and most important aspect of the YPP model is the **distribution of contraceptives directly to young people in the community**." (p. 179) "Go over the types of contraceptive methods; behavioral, barrier, hormonal, and other. Provide **detailed information on the methods of contraception** available in your area (or in participants' area) including descriptions of how they work, how individuals use them, and the brand names available." (p. 182)

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.*	"**Youth peer providers are trained to become credible sources of SRH information in their own communities** in order to increase knowledge, dispel myths, and change social norms, In addition, YPPs are trained to offer contraceptive methods to their peers, including condoms and oral contraceptive pills, helping to overcome many of the obstacles that prevent young people from accessing accurate SRH information and contraceptives. These programs have been successful in increasing knowledge and use of modern contraceptive methods among young people, and we believe that this is a very promising model that can be replicated in numerous communities around the world." (pp. 5-6) "**Young people learn about sexual and reproductive health (SRH) from credible, well-trained, sources (their peers)** in their own community who help increase knowledge, dispel myths, and **change social norms**. And, by offering contraceptive methods directly to their peers in their communities, YPPs also help overcome many of the obstacles that prevent young people from protecting themselves against unintended pregnancies." (p. 11) "Peer education programs typically **train a number of young people in a community to be experts in a certain topic such as SRH**. Many peer education programs worldwide focus specifically on educating young people about HIV and AIDS. These peer educators then go out into the community to spread the knowledge they have learned." (p. 11) "Bring the groups back together to discuss their definitions. The exact wording of the definitions can vary but you want to make sure that these points are made: • **Peer Education**: uses well-trained individuals who have similar characteristics (age, background, etc.) to provide formal and informal education programs designed to change knowledge, attitudes, and behaviors. • **Community-based access**: uses well-trained individuals to increase knowledge of and improve access to modern contraceptive methods by bringing information and contraceptives into the community rather than requiring community members to seek out services. Briefly explain how the YPP model **brings both of these together in order to reach young people and improve their access to and use of modern contraceptive methods** with the ultimate goal of reducing unintended pregnancies." (p. 176)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation*	"The model also includes **linking YPPs to health-care facilities which offer youth-friendly services** and ensures that there is community buy-in at all stages of program development in order to foster community participation from young people and adults." (p. 11) "The model is designed to be flexible and use various peer-led approaches when needed. YPPs can reach groups of young people at schools or clubs and provide

or gender identity.	structured workshops, provide informational material and possibly condoms at sporting events, **or can meet one-on-one with peer clients in a clinic or client's home to provide information, counseling, and contraceptives**." (p. 19) ***Note:*** *This program is advocating that youth counsel other youth on contraceptive methods; something only a medical provider should do.* "Discuss why programs so often spend more time dealing with health risks than healthy sexuality. Discuss the **problems with dealing with sexuality solely from a risk perspective** (alienates young people, perpetuates misperceptions about sex being dirty and shameful, ignores the importance of pleasure, etc.)." (p. 49) "Vaginal opening is the opening that leads to the vagina. This is where a penis is inserted during intercourse, where blood and tissues exit during menstruation, and **where a fetus comes out during delivery**." (p. 57) ***Note:*** *A baby is born from the mother's womb; it is not a fetus that is delivered.* Lesson Objective: "**Identify key cultural norms** and sources of messages relating to sexuality. Identify national laws and local regulations affecting the enjoyment of **human rights related to sexual and reproductive health**." (p. 173) "Explain the concepts of **human rights related to sexual and reproductive health**." (p. 173)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school*.	"Service providers and administrative staff must treat young people with trust and respect and **maintain their confidentiality**, where possible. See Legal Considerations on page 34." (p. 14) "Finally, staff and YPPs must have a firm understanding of the **privacy and confidentiality concerns of those young people** who attend workshops and/or receive one-on-one counseling and contraceptives. Young people in particular are often very concerned about their privacy and this concern is one of the major barriers to them obtaining contraception." (p. 26)
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*	"We recommend the '**It's All One Curriculum:** Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education.'" (p. 45) ***Note:*** It's All One *is a CSE program that emphasizes abortion and sexual rights.* "Training tool: **UNESCO International Technical Guidance on Sexuality Education,** Key Concepts, Topics, and Learning Objectives." (p. 172)

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)*	
For the complete text of *Youth Peer Provider Program Replication Manual* see: https://drive.google.com/file/d/1hxUXATqg3FkdXoFAhlvk7dW7fTjrwNTF/view?usp=drive_link	