

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 ***CSE for Out of School Young People in Zambia Participant Workbook***

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]

CSE for Out of School Young People in Zambia – Participant Workbook contains [14 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This participant workbook serves as an instruction manual for sexual behavior. Students learn how to consent to sexual activity. They learn detailed information on contraceptives, including emergency contraception, and are also taught that abortion is an acceptable option when pregnant. Students research sexual health resources in the community to learn where they can access services. Youth learn detailed instructions with explicit illustrations on how to use male and female condoms. They are also taught about outercourse and masturbation as safe alternatives to vaginal, anal or oral sex.

Target Age Group: Out of school youth aged 10-24

Program Supporters: This program is published by the UNFPA and administered by the Republic of Zambia Ministry of Youth.

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>	“Meri is 19 years old. She comes from a poor family that has strong Christian faith. She grew up believing that you should wait until you are married to have sex. She also believes that it is important that people who have sex use protection so that they don’t have an unplanned pregnancy or get an STI or HIV. A month ago she met Peter. They started talking and really liked each other. Since then, they hang out together all the time and they have become very close. Meri feels like she is falling in love with him. Last night, he came over to her house when her parents and other family were away. He started touching her and told her that he loved her and wanted to have sex with her. She wasn’t sure what to do. Then she started thinking about how she thought she loved him

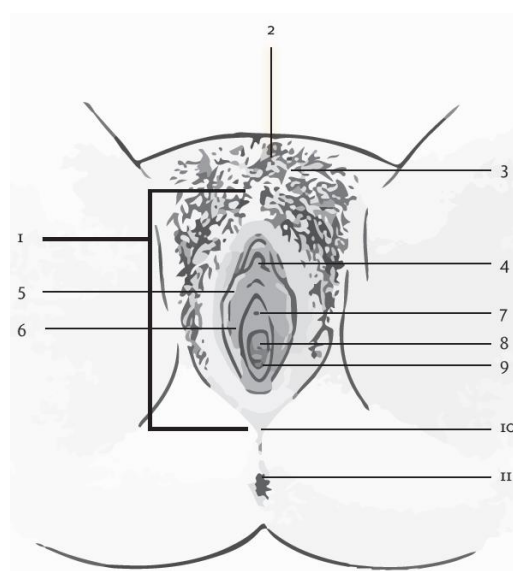
¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

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.

and how some of her friends have sex with their boyfriends. Finally, she **agreed to have sex with him**, but only if he used a condom.” (p. 13)

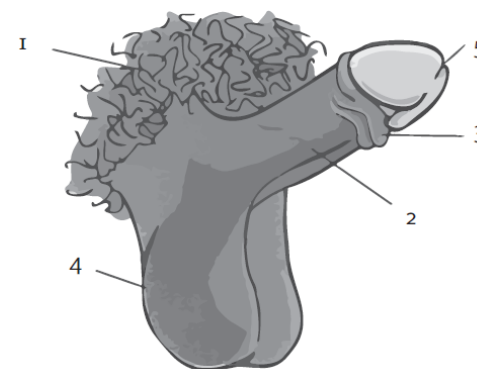
“Discuss in your groups and **write the names of the body parts in the diagram below.**” (p. 20)



“**Clitoris is the small organ**, shaped like a flower bud, at the top of the inner lips, above the urinary opening... It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the **only body part in either sex whose only function is to give sexual pleasure**. Touching it and the surrounding area helps a woman to get sexually excited and **have an orgasm.**” (p. 22)

“When a woman is **sexually excited, the vagina lubricates**, however, it does not have a lot of nerve endings and is not very sensitive. During sexual intercourse, the vagina **receives the penis.**” (p. 23)

“Discuss in your groups and **write the names of the body parts in the diagram below.**” (p. 25)



“The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, **making it the most sexually sensitive organ** in males. When stimulated, the penis fills with blood and **becomes larger and harder (erect).**” (p. 26)

“Many, but not all, boys and some men have wet dreams. **A wet dream is when a boy or man has an orgasm and ejaculates while sleeping.** They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.” (p. 27)

“**Spontaneous erections** are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touch [sic] and they feel no sexual excitement. Teenage boys can **have erections 20 or more times a day** because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched.” (p. 27)

“Girls can also have **orgasms during their sleep.** These are sometimes also called wet dreams, since **their vaginas lubricate or get wet,** but they usually don’t ejaculate. Girls do have erections. When a girl or woman becomes sexually excited, the clitoris also fills with blood and becomes erect. Because it is relatively small, it is not as easy to notice.” (p. 27)

“By the end of this unit, participants should be able to:

- Define sexuality;
- List different sources of information about sexuality;
- Identify reliable sources of information about sexuality;
- Explain how values about sexuality affect behaviour;
- Become more comfortable talking and asking questions about sexuality;
- **Describe human sexual response.**” (p. 30)

“Are the following statements true (T) or false (F)?

- Masturbation is harmful.
- If a girl is a virgin, she will bleed the first time she has sex.
- It’s the **man’s role to initiate sex.**
- Many women **do not have orgasms from vaginal intercourse alone.**
- The first time a woman has sex, it will hurt.
- Once a man gets sexually excited, he cannot control himself.
- The easiest way to **learn to please your partner** is to talk to them about what they like and what feels good to them.
- Most men will lose their erection during a sexual experience at some time in their lives.
- If the man **has a big penis,** his partner will feel more pleasure.
- The right age to have sex is 18.
- If a man can keep vaginal intercourse going long enough, the **woman will have an orgasm.**” (p. 31)

“Physical touch and **mental stimulation or fantasy can make the body respond sexually.** This is called the Human Sexual Response Cycle. The parts of the sexual

response cycle, whether alone or with a partner, are: desire, excitement; orgasm: and resolution.” (p. 33)

“Most men will **sometimes lose their erections** during sexual experiences.” (p. 33)

“In this unit we will look at the qualities of an ideal partner as well as exploring the advantages and disadvantages of being in a relationship and the arguments **for and against having sexual intercourse as a teenager.**” (p. 47)

“By the end of this unit, participants should be able to: List the qualities that you are looking for in a romantic partner, including the person’s attitudes towards sex and protection; List the **pros and cons of having sex as a teenager.**” (p. 47)

“Everyone has the following rights in their relationship:

- To tell my partner what my limits are (what I am willing or not willing to do)
- To **ask my partner to use a condom** or other protection
- To prevent unplanned pregnancy and STIs, including HIV
- To **refuse unprotected sexual activities**
- To get sexual health information
- To get reproductive health services” (p. 48)

Worksheet scenario: “When you go out, your girlfriend or boyfriend, who works, always pays. Now he or she is saying that **you owe him or her sex.**” (p. 51)

“Quiz – **How sexy, smart and safe r u?** Answer these questions honestly to know how sexy, smart and safe you are.

- Exploring sexual activities other than sexual intercourse sounds like fun.
- I can think of sexy things to do besides having sexual intercourse.
- I believe we can **get and give sexual pleasure without having sex.**
- Making love is about more than just having sexual intercourse.
- I am willing to wait to have sex until we both feel ready.
- I think the decision to have sex is serious.
- I want to know my partner well before I have sex.
- I will not have sex with someone who I know has another partner.
- I will talk with my partner about **using condoms before having sex.**
- I will not have sex without using a condom.
- I am willing to have an HIV test.
- I want to have only one partner at a time.” (p. 59)

Note: Students score the quiz to determine if they are “very sexy, sexy, a little sexy, or not so sexy (yet).”

“Imagine if your partner:

- Reveals they are much older than you were led to believe.
- Accuses you of cheating with someone when you are not.
- Blames you when s/he beats you because you made him or her angry.

- **Cheats on you.**
- **Refuses to use a condom.**
- Will not let you get or use protection.
- **Forces you to have sex** when you do not want to.
- Refuses to get tested for HIV or STIs with you.” (p. 63)

“If the couple **has unprotected sex**, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that **comes out of the penis before ejaculation.**” (p. 79)

“Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, **heavy petting, and masturbating each other** among others. Outercourse can be 100% effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.” (p. 90)

“Some disadvantages of abstinence and outercourse are: may be **difficult not to have sex for long periods of time**; and **may lose control** and forget the decision not to have sex (in which case, may not be prepared to use protection from pregnancy and STIs).” (p. 91)

Students write a role play for the following scenario: “You have been diagnosed with an STI that cannot be cured (herpes, genital warts, or HIV). The doctor told you to tell your past and current partners about it. She said that if you have any new partners, you will need to **tell them before you have sex** and you will have to use a condom. You have fallen in love someone that you have been seeing for some time and you **want to have sex with them**. You know you need to tell them about the infection.” (p. 106)

Students discuss risks of the following scenario: “I am 15 years old now. I’ve got **different guys that I sleep with**, but they are not really my boyfriends. They are only guys who support me. I call them my Ministers. I got a Minister of Love, a Minister of Transport and a Minister of Finance... I have them all at the same time. The Minister of Love gives me love because everyone needs to be loved. The Minister of Finance buys everything for me and the Minister of Transport takes me anywhere I want to go. **Among my Ministers, there is a married guy.**” (p. 116)

Students discuss risks of the following scenario: “When I was a child, we were poor and my father drank all the time. I longed for affection and I wanted a better life for myself. I was thirteen years old when I met my boyfriend and he was eighteen. He put a lot of **pressure on me to have sex with him**. I was scared, but I was very committed to him. I wasn’t informed about the risks and I didn’t know **he was dating more than one girl at a time.**” (p. 117)

“Sexual relationships in which a young person **exchanges sex for money** or other benefits, like drinks, transportation, cell phones, clothes, and jewellery [sic], also

come with **risks for the young person**. Some things for you to think about are:

- The person giving the benefits has power over the young person receiving them.
- They can use that power to manipulate the person and convince them to have unprotected sex, putting them at risk of an unintended pregnancy, STIs or HIV.
- Most sexual partners who provide benefits to young people are also older partners.” (p. 118)

Note: *Having sex in exchange for money or other benefits should be categorically condemned in this program, but instead the risks are simply listed in passing for young people to consider.*

“People have different types of sexual relationships. Some people have only one sexual partner in their lifetime, others have **more than one sexual relationship** and some have **multiple relationships at the same time.**” (p. 128)

“Concurrent partnerships are the most likely to spread HIV through a community **if condoms are not used correctly and consistently.**” (p. 128)

Note: *Concurrent partnerships are never a safe or healthy idea for young people, no matter if condoms are used.*

“Using condoms greatly reduces the spread of HIV and STIs, but they must be used consistently and correctly **with all partners** to make them highly effective.” (p. 128)

“Outercourse is expressing your sexuality and **experiencing pleasure with or without a partner without intercourse or penetration**. It is a type of abstinence and is safe. Outercourse includes many pleasurable sexual activities.” (p. 128)

“Agnes is studying catering at a technical and vocational training institute. One day her business skills teacher asked her to see him after school. When she went to see him, he started asking her personal questions. She was confused about why he called her in. When he started touching her, **it became clear that he was expecting her to have sex with him**. She pushed him away. Then he reminded her that she needed to pass the up-coming examination to get her certificate. Angry, she grabbed her bag and ran out the door. Now she is worried that she is going to fail. What should Agnes do?” (p. 135)

“Gift wonders all the way home what he should do. Baraka **forced him to have sex with her** even though he had told her over and over again that he didn’t want to. She said it was his fault for kissing and touching her and getting her so turned on. **She said that he must want it too since he had an erection**. Now he feels like he doesn’t love for her anymore. Instead, he feels hurt, used and betrayed. He wonders who will believe that he did not want to have sex with his beautiful girlfriend. What should Gift do?” (p. 135)

	<p>“I began to touch her breasts and kiss and rub her body. She made a few small noises and pulled away from me a little bit, but I told her everything was just fine. I continued kissing her and she kissed me back. I pulled her down onto her knees and then lay her down on the thick grass. She asked me to wait but I thought ‘What for? We don’t have all night – somebody might come looking, so let’s just do it as quickly as we can.’ She kept repeating ‘No, don’t, please and wait’ but I knew it was only because she didn’t want me to think that she was a fast girl. That is what girls do - they pretend to put up a fight but give in at the end. So I didn’t stop. Even when Thandi started crying, I knew it was all part of ‘the act.’ I lifted up her skirt and had sex with her.” (p. 136)</p> <p>“We dropped down onto our knees and continued kissing and touching each other. I could feel that Mpho’s penis was hard and I realized that maybe we should slow down so I asked him to wait. But he didn’t listen. He said that everything was okay and I shouldn’t worry, but I still thought we should cool off. I asked him to stop again but he ignored me. He put his weight on me so that I was lying down on my back. Then I got scared. I had been enjoying what we were doing but I knew I didn’t want to have sex with him yet. I kept saying no and then started to cry, but that didn’t stop him. He pulled his pants down, pushed open my legs with his knees and started having sex with me. I couldn’t believe that this was happening to me. I tried to push him off, but I couldn’t.” (p. 137)</p>
<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>Negotiation scenario:</p> <ul style="list-style-type: none"> • “You know I want to finish school first. How about if I make you feel real good this way... (touches partner)? • “That’s great, but we always do that... I want the real thing! I’ll use a condom – you don’t need to worry... Please!!! I really want it. You know I love you so much.” (p. 62) <p>Negotiation scenario:</p> <ul style="list-style-type: none"> • “I know you really want to do it for real and you feel frustrated. But I am not going to be pressured to do something I am not ready to do. I want to finish school first. If you love me, you will understand that and you’ll wait. Right now, I am willing to do other things to make you feel good, but I don’t want to have sex. I think I am gonna go home now. I don’t want us to fight about this. I’ll text you later, okay? • “Alright... Later.” (p. 62) <p>“Last Saturday night your boyfriend or girlfriend really upset you by getting drunk and trying to force you to have sex. You don’t feel ready to have sex yet and he or she knows that. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.” (p. 72)</p> <p>“Read what these real young people had to say about what happened when they asked their partner to use a condom:</p> <ul style="list-style-type: none"> • ‘I am the one who told him to use a condom. He agreed. He did not say anything. He just took it and used it.’ -Goma

- ‘I told my girlfriend that we have been in love for five months now and we have not done anything. She said, “Okay” and **asked me if I will use a condom**. I told her that I am also a trainee and that I cannot refuse to use a condom. Then she agreed that we can go ahead.’ -Ferdinand
- ‘I wasn’t sure if I wanted to have sex with him, so we planned it first. He came to visit me at our house. **First we just spoke about our relationship and he asked me if I will have sex with him**. I said, “Yes, as long as we can use a condom.” I wanted to protect myself from unplanned pregnancies and STIs because I am still young. And he agreed. He always uses condoms.’ -Fana
- ‘I called her on her cell phone and told her to come to my house. And then when she got there, **I told her that I want to make sex with her**. She asked if I’m having a condom because we cannot have sex without a condom. I told her, “Yes, it’s alright. I have a condom.”’ -Kintu” (p. 123)

“Write a direct and clear script for the following situations: **Louisa tells Michael that she wants to have sex**, but only if they use condoms and why.” (p. 125)

“Write a direct and clear script for the following situations: **Pindile tells Sinkie that he wants them to use another method of contraception** in addition to condoms and why.” (p. 126)

“Write a direct and clear script for the following situations: **Hakeem tells Amina that he wants the two of them to get tested for HIV** together and why.” (p. 126)

“Imagine that you are Mpho, if you are a boy, or Thandi, if you are a girl. Discuss with your group and agree on how you would communicate in the situation to **make sure that you have consent and communicate clearly what you want**. Your goal is to enjoy being with your partner but not to do anything that you or your partner doesn’t want to do.” (p. 138)

“Getting consent:

- It is important to get consent in sexual situations because it prevents misunderstandings and rape.
- **Consent means that both people agree** on what they want to do.
- Decide what you want to do sexually and do not act confused about it. If you aren’t sure, then postpone the activity until you are sure.
- It is important to **say clearly what you do and do not want to do** – do not leave it up to the other person to guess or ‘read your mind.’
- If you get conflicting or confusing messages, **ask direct questions**. Don’t assume you know what the other person means.
- Poor communication or lack of communication causes misunderstandings that can break friendships or relationships.
- Not all rapes can be prevented.” (p. 141)

3. PROMOTES ANAL AND ORAL

“Outercourse means being sexually intimate without having **oral, vaginal, or**

<p>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>anal sex.” (p. 90)</p> <p>“STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea.” (p. 99)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</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>“Women and men of all ages have the right to experience their sexuality in a safe, healthy, responsible, respectful and pleasurable way.” (p. 17)</p> <p>“The prostate is also very sensitive and can give sexual pleasure when massaged.” (p. 26)</p> <p>“Talking more openly can help us take care of sexual health and to enjoy our sexual relationships more.” (p. 33)</p> <p>“Knowing how your body responds to sexual stimulation can help you to feel more in control of your body, to give and receive pleasure and improve your relationships.” (p. 33)</p> <p>“Most women need to have their clitoris touched to reach orgasm.” (p. 33)</p> <p>“To know how to please your partner, talk to them.” (p. 33)</p> <p>“Some advantages of female condoms, in addition to providing protection against STIs and HIV, are: ...the outer ring may stimulate the clitoris and makes intercourse more enjoyable...” (p. 91)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p>	<p>“Masturbation can be helpful to learn about one’s body and to solve sexual problems.” (p. 33)</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>“Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other among others.” (p. 90)</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>“Practice putting a condom on by following these steps:</p> <ul style="list-style-type: none"> • Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don’t use it. • When the penis is hard or erect, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors to avoid accidentally damaging the condom. • Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, pull the foreskin back. • Tip: To increase the man’s feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – they make cause the condom to break. • Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates. • While pinching or holding the tip with one hand, unroll the condom all the way down to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse. • After ejaculation and before the penis gets soft, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen. • Tie the condom to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don’t try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.” (p. 86) <p>“Follow these steps to use a female condom:</p> <ul style="list-style-type: none"> • Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don’t use it. • When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at

the notch on the top right – see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors.

- The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will **cover the area around the opening of the vagina**. The inner ring is used for insertion and to help hold the condom in place during intercourse. See picture 2 below.
- Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or into a figure eight. See picture 3.
- Choose a comfortable position – raise one leg, sit or lie down. See picture 4.
- With your other hand, **spread the lips open and gently insert the inner ring into the vagina**. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.
- The condom is now in place – see picture 7. When you are ready to have sex, **guide the penis inside the condom**. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.
- To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. See picture 9 Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.” (pp. 87-89)



“Female condoms are not difficult to use, but they may take some practice to get used to. Women should **practice putting it in and removing it prior to using** it for the first time during sexual intercourse. Research has found that women

may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, **try a different body position** (e.g. lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.” (p. 89)

“Male condoms are latex sheaths that are **rolled onto the erect penis** before sexual intercourse. They are a barrier method because they prevent the semen and hence, the sperm, from entering the vagina. When used properly, every time a person has sex, **condoms are effective** in preventing pregnancy and STIs, including HIV.” (p. 91)

“Female condoms are narrow polyurethane bags that are **inserted into the woman’s vagina before sexual intercourse**. A ring holds the condom in place during intercourse and the bag catches the man’s semen so that it does not enter the vagina. If used properly, every time a person has sex, **they are effective** in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, they also offer some additional protection from STIs that are spread by skin-to-skin contact.” (p. 91)

Note: *No mention is given of condom failure rates.*

“By the end of this unit, participants should be able to:

- **Demonstrate how to use condoms correctly;**
- Effectively counter arguments against using condoms” (p. 115)

“When you use a condom incorrectly, it is more likely to break or fail to work. Some **common mistakes people make when using the male condom** are:

- Not carrying condoms with them, so that they don’t have one when they want to have sex.
- Keeping them in the wrong place (somewhere hot) like in their wallet.
- Using a condom that is too old – i.e. expired.
- Opening the package with their teeth.
- **Not unrolling it all the way down to the bottom of the penis.**
- Leaving air in the tip and not removing air bubbles.
- Not leaving a space at the tip for the semen.
- Putting it on upside down first and then put it on the right way. If you put it on the wrong way first, some body fluid will be on the outside of the condom. Throw it out and use a new condom.
- Using the wrong kind of lubricants. Do not use any oil-based lubricants – for example petroleum jelly, body lotion, mineral or vegetable oil – because they can cause the latex to break down.
- Putting it on too late – like **having ‘a little sex first’** before putting on a condom.
- Pulling out of the vagina too late. **Do not let the penis get soft** before pulling out. When the penis starts to get soft, semen could leak out of the condom or the condom could slip off the penis.
- Not **holding the condom onto the base of the penis** when pulling out.

	<p>The condom could come off the penis and remain in the vagina and semen can spill out.</p> <ul style="list-style-type: none"> • Not using it every time they have sex!” (p. 120) <p>“Remember: If the condom is not on, then the penis is not in! No hoodie, no honey!” (p. 120)</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>“Discuss the following questions in your group. Prepare a presentation...</p> <ul style="list-style-type: none"> • What qualities are you looking for in a boyfriend or girlfriend? • What will make them ‘sexy’ or attractive to you? • What attitude do you want them to have about sex? Include attitudes about protection.” (p. 58) <p>“Each person must make their own decision about when to have sex and take responsibility for their choice. Choosing to have sex is a serious decision that needs to be thought about carefully to avoid regrets. Before you have sex, you should be able to talk to your partner about sex and protection and to take action to prevent unintended pregnancy, STIs and HIV.” (p. 67)</p> <p>“How will you stay safe? Think honestly about your past and current relationship and sexual behaviour and your current situation. Identify your risks and think about your choices to protect yourself. Being as honest as possible with yourself, make your own action plan.” (p. 139)</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>“If you are getting into an intimate, romantic relationship with someone, it is important to talk about your sexual feelings, values and how you want to handle them. If you can’t talk about sex with someone, you aren’t ready to have sex with them!” (p. 33)</p> <p>The following are listed as student responsibilities: “Sharing the results of my STI and HIV tests with my current and future sexual partners; Protect myself from unplanned pregnancy, STIs and HIV; Get tested for HIV and STIs, if I am sexually active.” (p. 49)</p> <p>Worksheet scenario: “You want to use a condom, but your girlfriend or boyfriend is refusing.” (p. 51)</p> <p>“Sonja and Yousef are both 16 years old and neither of them has a job. They have been together for about six months. They started having sex about two months ago. They were using condoms but six weeks ago they had unprotected sex once when they didn’t have a condom. They just found out that Sonja is pregnant.” (p. 81)</p> <p>Students work in groups to write a sketch for the following scenario, including a resolution: “You and your girlfriend have been having sex regularly for a few weeks. You have not used a condom every time. You were hoping that she is using the pill or something so that she doesn’t become pregnant. But now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect</p>

yourselves.” (p. 93)

“Stella, 25 years old, has known she has HIV since she was in secondary school. She says: ...The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV. **Always use condoms** and get tested with your partner if you are serious. Girls, don’t leave it up to the man -- you also need to say, **‘Let’s use a condom.’** Protect yourselves, guys!” (p. 98)

“We tend to believe that if we are with a boyfriend or girlfriend for three months, then we are a couple and **there is no need to use a condom**. Meanwhile, the other one is **cheating on us**. Looking at some grown up people, too, they are getting HIV because one is faithful but the other one isn’t. You need to look out for yourself, man, and just **use condoms all the time...**” (p. 98)

“For **those who are having sex**, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI.” (p. 100)

“If you think you may have an STI: Do the following:

- Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
- Tell anyone with whom you’ve had unprotected sexual intercourse.
- Avoid sex or use a condom **each time you have sexual intercourse** until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
- If you get an STI that cannot be cured, always **tell your sex partners** about the infection before you have sex with them and always use condoms.” (p. 100)

“Abstinence or condoms used correctly **every time you have sex** are the only ways to prevent transmission of STIs.” (p. 111)

Note: *This program presents abstinence and condom use as equally effective options in preventing STIs without discussing condom failure rates.*

“If you hear about money or cell phones, **don’t have sex without a condom** for them and forget about your own life.” (p. 111)

Note: *This implies approval for students having sex for money as long as a condom is used.*

“If you have an STI, you need to **tell your sex partners** about it so that they can get treated and you won’t get re-infected. If you have an incurable STI or HIV, you need to **tell your potential sex partners** about it before you have sex.” (p. 112)

“If you want to avoid STIs and HIV, use a condom **every time you have sex** from start to finish to protect yourself. Make your motto: ‘No condom, no sex’ or ‘No

	<p>hoodie, no honey.” (p. 129)</p> <p>“If you are going to have sex without a condom, get tested together first.” (p. 129)</p> <p>“You can reduce your risk of getting HIV by: using condoms correctly every time you have sex; having only one partner at a time; having fewer partners in your lifetime; getting tested and treated for STIs; getting circumcised for men; and having only partners close to your own age.” (p. 129)</p>
<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>“By the end of this unit, participants should be able to: Distinguish between sex and gender.” (p. 34)</p> <p>“Sex has more than one meaning. First, it means whether a person is biologically male or female. A person’s sex is assigned at birth based on their genitals. It is also short for sexual intercourse.” (p. 37)</p> <p>“Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person’s biological sex and their gender identity are the same. In other words, a person with a female body feels and identifies herself as a woman. However, some people feel that they are in the wrong body. They are transgender. Some say that they have a female brain trapped in a male body, or the other way around. Some identify with neither gender; some with both genders; while others feel they cannot relate to the idea of gender at all. Some transgendered people change their sex by taking hormones and having surgery.” (p. 37)</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>“By the end of this unit, participants should be able to:</p> <ul style="list-style-type: none"> • Describe the options that a woman has when she is pregnant • Explain how to prevent an unintended pregnancy • Discuss the contraceptive methods suitable for teens • Explain how to use condoms correctly • Speak more comfortably about contraception • Identify where sexual health services are located in the community • Feel more comfortable going to sexual and reproductive health services” (p. 77) <p>“Most important information about emergency contraception:</p> <ul style="list-style-type: none"> • Emergency contraception must be taken within 3 days of unprotected sex. • You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works. • Emergency contraception is available in clinics and, in some countries at pharmacies. Just ask for emergency contraception. • Emergency contraception is for emergencies, not for regular use.” (p. 78)

“The **options available** to teenagers who become pregnant are: **abortion**, adoption, single parenting, marriage and parenting; and fostering. In some countries there are homes for pregnant girls who are unmarried where they can stay during the pregnancy.” (p. 83)

“Although legally restricted in many African countries, **illegal abortions** (sometimes called ‘back street abortions’) **are common**. When abortions are done in conditions that are not hygienic, the risk of infection is higher, which can result in infertility and sometimes death. Some people have very strong feelings for or against abortion.” (p. 83)

“Facts to consider:

- Abortion is legally restricted in most African countries. **It is allowed without restrictions up to 13 weeks** in South Africa and up to 12 weeks in Mozambique.
- In some countries, it is allowed in cases of rape and incest, in the life or health of the woman is in danger or if the baby has a condition that means it cannot live.
- Some religions do not support abortion.
- Without counselling, the emotional risks may be higher.
- In Zambia it is conducted following the Termination of Pregnancy Act, Cap 304 of 1972.” (p. 83)

“Some **reasons women choose abortion** include:

- To finish education;
- To save the family name;
- To keep the pregnancy a secret;
- To please the man who caused the pregnancy;
- To pursue other goals;
- To not raise a child in poverty or as a single parent;
- To protect her own health;
- In cases of rape, sexual abuse or incest.” (p. 83)

“There are **four main types of methods that prevent pregnancy**:

- Methods that rely on your behaviour, like abstinence, are called **behavioural methods**;
- Methods that use hormones to interfere with ovulation, change the cervical mucous and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called **hormonal methods**; and
- Methods that prevent the sperm and egg from meeting, are called **barrier methods**;
- Methods that cannot be reversed are called **permanent methods**. They require surgery and are only recommended for people who already have all of the children that they want to have.” (p. 90)

“The methods for preventing pregnancy that are **recommended for young people** are:

- Abstinence and Outer course (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections
- Emergency contraception
- Vaginal ring
- Contraceptive patch” (p. 90)

“Some **advantages of the male condom**, in addition to being the most effective way to prevent STIs and HIV for people who are having sex, are: doesn’t require clinic visit or prescription; free or cheap and easily available; can be carried easily and discreetly by men and women; allows men to participate in preventing pregnancy and infections; may decrease early ejaculation and make intercourse last longer; nothing drips from the vagina after intercourse; has few side effects; and does not affect the menstrual cycle.” (p. 91)

“Some **disadvantages of the male condom** are: can interrupt sexual activity; can reduce feeling during sex for men; and a few people may develop an allergy or sensitivity to latex (they can use female condoms which are not made from latex).” (p. 91)

“Some **advantages of female condoms**, in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman’s understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before so that they do not interrupt sexual activity.” (p. 91)

“Some **disadvantages of female condoms** are: not as effective in preventing pregnancy as male condom or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.” (p. 91)

“When used correctly, the pill is highly effective in preventing pregnancy. Some **advantages of the pill** are: lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples. Some disadvantages of the pill are: does not protect against STIs, including HIV; must be taken every day at the same time (may be difficult for some women to remember); may have side effects; and requires a prescription.” (p. 92)

“When used correctly, contraceptive injections are highly effective in preventing pregnancy. Some **advantages of contraceptive injections** are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone estrogen; may decrease the risk of cancer of the ovary or uterus.” (p. 92)

“**Emergency contraception** is pills that are taken within 3 days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. They may cause a disruption in the menstrual cycle. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, and if the couple had unprotected sex.” (p. 92)

“A couple should seek counselling **when choosing a contraceptive method other than condoms**. Counselling will provide them with all the facts they need to make a decision about which method is most suitable for them and how to use the method properly. Young people can use both a condom and another method of contraception to increase their protection from pregnancy.” (p. 92)

“The only method you can use to help prevent an unintended pregnancy **after sex is emergency contraception**.” (p. 96)

“Emergency contraception can **help prevent pregnancy** when someone has unprotected sex, when a condom bursts, when contraception is not used correctly or when someone is raped.” (p. 96)

“Emergency contraception should be **taken as soon as possible** after unprotected sex, but no later than 3 days afterwards.” (p. 96)

“When a teenage girl has an unintended pregnancy, she has **several options to choose from** (including becoming a single parent, getting married and parenting, putting the baby up for adoption, fostering the baby and **abortion**).” (p. 96)

“Ways to prevent pregnancy that are **appropriate for young people** include: abstinence, male and female condoms, the pill, and the injectable.” (p. 96)

“The **safest methods** are those that protect you against unintended pregnancy, STIs and HIV. Those are abstinence, male and female condoms alone or with another method, such as **oral contraceptives or injections**.” (p. 96)

***Note:** Abstinence is again taught as a contraceptive method instead of a lifestyle that eliminates any risk of pregnancy or STIs.*

“Using condoms correctly is the most important protection skill. **Every young person must know how to do it**.” (p. 96)

“**Discussing contraception with your sexual partners** is necessary and very important for avoiding unintended pregnancies and protecting your health. To

	<p>make sure you are protected, you need to talk with your partner about what methods you will use to protect yourselves from pregnancy, STIs and HIV before you start having sex.” (p. 96)</p> <p>“If you need contraception, HIV or STI testing and treatment, ante-natal care or other sexual and reproductive health services or information, go to a health care centre.” (p. 96)</p>
<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>“We have the right to the highest attainable standard of health, including sexual and reproductive health. We all have the right to access sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV, including young people. We also have the right to have a satisfying, safe and pleasurable sexual life, free from pressure or force.” (p. 15)</p> <p>“We all have the right to education, including education about health and sexuality.” (p. 15)</p> <p>Students write an advocacy plan for the following case study: “A teenage girl went to the local clinic in her village to ask for information about contraception. The nursing sister told her that she was too young to ask for such information; that young girls her age who want contraception are promoting promiscuity. She said that she should just concentrate on her Bible studies. She did not give the girl any information and sent her away.” (p. 143)</p> <p>Students write an advocacy plan for the following case study: “A boy went to the health clinic because he suspected he had an STI. The sister there shouted at him while she treated him and told him that a boy his age has no business having sex. She said, ‘It’s people like you who are spreading HIV.’ When he was leaving she told him very loudly to make sure and use a condom so that he doesn’t infect others. The boy was embarrassed because everyone heard what she said.” (p. 143)</p> <p>“Key messages about advocacy:</p> <ul style="list-style-type: none"> • Advocacy is about challenging the way things are to bring about positive change. • Advocacy addresses an issue – not a person. • Young people have to stand up for their own and others’ rights. • Each one of us can advocate for some issue we feel strongly about. • No matter how small our efforts, we each have a role to play. • Start with where you are – family and friends are easy to reach and will most likely, it will be easier to get them to listen to us. • You can also join a group that is working on the issue and contribute to their efforts.” (p. 144)
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p>	<p>“By the end of this unit, participants should be able to:</p> <ul style="list-style-type: none"> • Explain what values are; • Identify their personal values;

<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>	<ul style="list-style-type: none"> ● Compare their personal values to the values they learned from their family, culture and religion and friends..." (p. 10) <p>"Think about what you learned from your family, culture, religion and friends about the following topics. Write down what they taught you. Make a note if you did not learn anything about the topic from the source. Remember that sometimes we learn from people's behaviour, not just their words." Topics include: differences between males and females, when to start having sex. (p. 12)</p> <p>"We need to decide for ourselves what our personal values are. You need to think carefully about what your own values are – they may not be the same as your family's or other people's values." (p. 17)</p> <p>"Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about. We need to learn to talk about sex more openly." (p. 33)</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>Students find sexual and reproductive health resources in their community and fill out a worksheet noting the following: "Do you have the option to remain anonymous? Is parent consent required?" (p. 94)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and</i></p>	<p>Students find sexual and reproductive health resources in their community and fill out a worksheet noting the following:</p> <ul style="list-style-type: none"> ● "Name and address ● Location of service ● Phone number ● Who works at the service? ● What SRH services do they provide? Include counselling, physical exams, treatments and referrals. ● Are all services found in one place? ● Hours of service ● Is an appointment necessary? ● Easy to access for young people? How would you get there? ● Is there a cost? If so, could you pay it? ● Are they welcoming & open to questions? How did they respond to your

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.InvestigatelPPF.org)

questions?

- Are they non-judgemental? [sic]
- Do you have the option to remain anonymous?
- **Is parent consent required?**
- Release of information – who will be able to access your personal information?
- Confidentiality – what does it mean?
- List what they are doing to make their service **friendly and welcoming to young people**. What special services do they provide for young people? Include anything about the services that appeals to you as a young person.
- List anything that would be a barrier to your use of the service or that you think other youth would find a barrier.” (p. 94)

For the complete text of [Title] see [link].