

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of *Fulfil!*

## ***Guidance document for the implementation of young people's sexual rights***

**Based on 15 Harmful Elements Commonly Included in CSE Materials**

**CSE HARMFUL ELEMENTS SCORE = [13 OUT OF 15]**

***Fulfil!* contains [13 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.

**Description:** “A rights-based approach combines human rights, development and social activism to promote justice, equality and freedom. Implementing young people’s sexual rights in policies and programmes empowers young people to take action and to claim what is their due, rather than passively accepting what adults (government, health providers, teachers and other stakeholders) decide for them.” (p. 2)

This guidance document outlines the ideal way in which International Planned Parenthood Federation and the World Association for Sexual Health believe the sexual rights of young people should be implemented. They advocate for a “sex-positive approach” through Comprehensive Sexuality Education. They advocate for policy changes that would make statutory rape legal on a case-by-case basis. They advocate for minors being provided with abortions and cross-sex hormone treatments without parental consent. The entire document provides the kind of radical sexual agenda that one would expect from IPPF.

**Target Age Group:** Ages 10 and up

**Planned Parenthood Connections:** This guidance document was commissioned by International Planned Parenthood Federation. Four of the document’s developers are from IPPF.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply</i>	“However, <b>young people (regardless of age, ethnicity, or culture) have sexual needs</b> that go beyond these topics, as well as desires, fantasies and dreams related to their sexuality.” (p. 5)  “ <b>All young people are sexual beings</b> — whether or not they are sexually active. Young people are very diverse and experience their sexualities in different

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

ways.” (p. 10)

“Freedom of sexual expression’ covers the **rights of young people to express the erotic, emotional and identity aspects of their sexuality** while respecting the rights of others and in safe and private environments...” (p. 14)

“Criminalisation of ‘underage’ sex, particularly where the law does not contain an exemption for non-exploitive sexual acts that occur between adolescents of similar age, **does not always serve a protective purpose**. Laws that criminalise consensual sexual activity between adolescents can place adolescents at risk of harm by hindering their access to sexual and reproductive health services.” (p. 14)

“In some states, laws impose an obligation on service providers to report any cases of sexual activity involving an adolescent to child protection or social welfare authorities. While reporting mechanisms are essential for the protection of many adolescents, **they should be decided on a case-by-case basis** and applied when providers identify a significant age gap between sexual partners, signs of exploitation/coercion or when the adolescent is in a sexual relationship with a person in a position of trust or power. Ideally, **reporting should be with the adolescent’s consent**. A blanket requirement to report any sexual activity below a certain age can have the effect of deterring adolescents below this age from accessing services, as they may feel fearful of unwanted disclosure and breach of their confidentiality.” (p. 24)

“**Ban mandatory disclosure of adolescents to social services**; disclosure of adolescents should be **ethically decided on a case-by-case basis** and ideally, with the consent of the adolescent.” (p. 27)

***Note:** The preceding policies would serve to encourage sexual activity among minors.*

“Providers or educators should also address how adolescents can better protect their right to sexual privacy **when engaging in online sexual exchanges/conversations**.” (p. 25)

“Provide education on the **challenges of ‘sexting’ and other online sexual activities**.” (p. 27)

***Note:** Young people should be discouraged from participating in sexting and online sexual activities, not instructed in how to do them safely.*

Case 1: “An eighteen-year old woman works as a sex worker from time to time. She does this to support her mother, who is ill and unable to work. She always asks her clients to use condoms, but some clients have offered more money to have sex without a condom and she is feeling tempted. She heard from some friends about a ‘magic pill’ that prevents HIV (PrEP) and she walks into a clinic looking to talk about it with a provider ... She explains to the provider that **she is OK with sex work, and that she is earning good money to help her family**. She

	<p>also adds that she wants to remain healthy.” (p. 32)</p> <p>Sexual health definition: “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. <b>Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences</b>, free of coercion, discrimination and violence.’ (WHO working definition, 2006)” (p. 39)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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>“The relevance of some sexual rights, particularly those related to a person’s ability to consent, <b>change as a person transitions from infancy to childhood to adolescence</b>, therefore, the rights of children and adolescents must be approached in a progressive and dynamic way.” (p. 10)</p> <p><b>Note: Minors should never be instructed in consenting to sexual activities.</b></p> <p>“‘Freedom of sexual expression’ ... covers the ability of a person <b>to consent, and therefore choose when, how and with whom to relate sexually</b> and how to live one’s sexual identity...” (p. 14)</p> <p>“It is important for programmes to address the <b>links between consensual sexual experiences and safe sex.</b>” (p. 15)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“A young gay man lives in a country in which the heterosexual age of consent is 16 but the age of consent for same-sex activity is 18. Adolescents below the age of consent who have same-sex activity with adults are considered to be victims of abuse under the law. He is 16 and has had four male partners (all between 16 and 20 years old); with two of them he <b>had unprotected anal sex.</b>” (p. 33)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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</i></p>	<p>“Gender norms, sexism, racism, homophobia, transphobia and other forms of prejudices, stereotypes, discrimination and violence are behind many structural factors that <b>limit the development and possibilities of expression of all young people</b> (particularly of young women and <b>LGBTIQ youth</b>), and create inequality at different levels.” (p. 10)</p> <p>“‘Freedom of sexual expression’ ... covers the ability of a person to consent, and therefore choose when, how and with whom to relate sexually and <b>how to live one’s sexual identity</b>, primarily – but not limited to – gender identity, gender expression and <b>sexual orientation.</b>” (p. 14)</p> <p>“Ensure that same-sex sexual acts are decriminalized and that <b>sexual</b></p>

<p><i>homosexuality or homosexual sex.</i></p>	<p><b>orientation and gender identity are protected in legislation</b> which criminalises discrimination and violence, including in the context of service delivery and education.” (p. 17)</p> <p>“Design surveys and intake forms that <b>allow young people to clearly express their sexual orientation</b> and gender identity.” (p. 17)</p> <p>“Refer young LGBTIQ people to friendly/<b>identity-affirming services and resources.</b>” (p. 17)</p> <p>“<b>Ensure that CSE programmes are inclusive of all sexual identities.</b> They should assist in countering harmful stereotypes, increasing sensitisation and reducing stigma against LGBTIQ young people.” (p. 23)</p> <p>Case 2: “<b>A young gay man</b> lives in a country in which the heterosexual age of consent is 16 but the age of consent for same-sex activity is 18. Adolescents below the age of consent who have same sex activity with adults are considered to be victims of abuse under the law. <b>He is 16 and has had four male partners</b> (all between 16 and 20 years old); with two of them he had unprotected anal sex.” (p. 33)</p> <p>Advice given on Case 2: “Although same sex relationships below the age of 18 are illegal, the young man <b>does not exhibit or report signs of abuse</b>; also, his sexual partners have been other males <b>around his age</b>. Thus, it is not in his best interest to report this case. In addition, if the case were to be reported, the young man could face a wide variety of negative consequences, such as family rejection or homophobic abuse by authorities. The provider should support him in a safe, private and confidential space; he should also provide him with sexual health education and an HIV test <b>without stigma and using a sex-positive approach.</b>” (p. 33)</p> <p>Sexuality definition: “...a central aspect of being human throughout life encompasses sex, gender identities and roles, <b>sexual orientation</b>, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.’ (WHO working definition, 2006)” (p. 39)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>Teaches 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>“For them to achieve and maintain a healthy development, they need to be able to <b>explore, experience and express their sexuality in pleasurable and safe ways</b>, and to make informed decisions about their lives and bodies. This can only happen when young people’s sexual rights are recognised and guaranteed.” (p. 5)</p> <p>“Sexuality includes one’s sense of awareness, <b>experience and expression of eroticism, sexual pleasure, intimacy</b>, sexual orientation and gender identity, among others.” (p. 10)</p> <p>“WAS and IPPF’s Declarations of Sexual Rights also recognize that all human beings, including young people, <b>are entitled to sexual well-being and pleasure.</b></p>

	<p>Young people’s <b>experiences of sexual pleasure are very important</b>, since these early experiences can shape the way they experience and express their sexuality in the future, and have a direct impact in their overall health.” (p. 10)</p> <p>“Ensuring that all young people understand they are <b>entitled to sexual pleasure</b> and the diverse forms in which pleasure is experienced is of primary importance for their health and well-being.” (p. 10)</p> <p>“<b>Discussions of sexual pleasure</b> must always emphasize diversity and address the deeply rooted inequalities between girls and boys in terms of their access to sexual pleasure.” (p. 15)</p> <p>“...they are all sexual beings and have the same <b>right to enjoy their sexuality</b> with the highest attainable standard of health, which includes <b>pleasurable and safe sexual experiences</b>, free of coercion and violence.” (p. 16)</p> <p>“Establish a sex positive approach for all programmes and services, which emphasizes the <b>diverse possibilities of sexual pleasure.</b>” (p. 17)</p> <p>“Framing sexuality positively involves ... <b>recognizing diverse forms of pleasure</b> as an important part of health and well-being.” (p. 19)</p> <p>“Online CSE platforms need to understand how young people search for information in order to reach them effectively. RNW media, creator of the Love Matters platforms, found that <b>posting content related to sexual pleasure is fundamental</b> to attracting young users and to providing them with rights- and evidence-based information.” (p. 22)</p> <p>Sexuality definition: “ ‘...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, <b>eroticism, pleasure, intimacy</b> and reproduction. Sexuality is experienced and expressed in thoughts, <b>fantasies, desires</b>, beliefs, attitudes, values, behaviours, practices, roles and relationships.’ (WHO working definition, 2006)” (p. 39)</p> <p>Sexual health definition: “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the <b>possibility of having pleasurable and safe sexual experiences</b>, free of coercion, discrimination and violence.’ (WHO working definition, 2006)” (p. 39)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make</i></p>	<p>“Many social or economic barriers prevent young people from experiencing safe, pleasurable and private sexual experiences. <b>Many young people face lack of privacy when it comes to masturbation</b> or having sexual relationships.” (p. 15)</p>

<p><i>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><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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><b>No evidence found.</b></p>
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Teaches children they have sexual rights. 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><b>“A rights-based approach</b> combines human rights, development and social activism to promote justice, equality and freedom. Implementing young people’s sexual rights in policies and programmes <b>empowers young people to take action and to claim what is their due</b>, rather than passively accepting what adults (government, health providers, teachers and other stakeholders) decide for them. In turn adults need to support these rights. Implementing sexual rights is about promoting and preserving human dignity.” (p. 2)</p> <p>“For them to achieve and maintain a healthy development, they need to be able to explore, experience and express their sexuality in pleasurable and safe ways, and to make informed decisions about their lives and bodies. <b>This can only happen when young people’s sexual rights are recognised and guaranteed.</b>” (p. 5)</p> <p>“Translating the sexual rights of young people into practice not only involves <b>raising awareness among young people for them to claim their rights</b>, but working with duty bearers, such as health providers, educators and policymakers for them to fulfil these rights in law and in services.” (p. 5)</p> <p><b>“Young people’s sexual rights need to be at the centre of the sustainable development agenda.</b> This guide shows how that can be achieved.” (p. 6)</p>

“...each young person’s experiences and expressions of sexuality are unique; the diversity of young people’s sexualities should always be recognized, valued and celebrated **on the basis of sexual rights.**” (p. 10)

“**Adolescents are rights-holders** who are capable of making autonomous decisions on their health and sexuality in line with their evolving capacities.” (p. 11)

“The principle of ‘best interest’ means that a rights-based approach to decision making should be guided by the interests of an adolescent or child in a particular context; this should be **determined with their input and should not be decided solely by an adult.**” (p. 11)

“When we relate these concepts to policies, programmes and services, it means that there is a need to provide protection to adolescents while **enabling them to exercise autonomy as they make decisions about their health and sexuality.** Adolescents’ differing social situations create a need for protection, however, protection of adolescents shouldn’t be about restricting their autonomy, but about **promoting it through empowerment.**” (p. 11)

“...they are all sexual beings and have **the same right to enjoy their sexuality** with the highest attainable standard of health, which includes pleasurable and safe sexual experiences, free of coercion and violence.” (p. 16)

“Health providers need to demonstrate the technical competence required to **implement youth’s rights to information, privacy, confidentiality, nondiscrimination and non-judgmental attitudes.**” (p. 18)

“**Legislate the positive right of all young people to the highest attainable standard of sexual and reproductive health.** It should also explicitly include access to suitable, affordable & quality services.” (p. 20)

“Ensure that **young people actively participate in all decisions** regarding their own sexual and reproductive health.” (p. 20)

“This underlines once more the need to develop new indicators for CSE, which show the positive health, social and rights-focused benefits, which **strengthen young people’s empowerment and their understanding of sexual rights** as a foundation for active citizenship.” (p. 22)

“**Legislate for compulsory CSE from primary to preparatory schools,** based on new global endorsements and standards.” (p. 23)

“Strengthen partnerships between civil society, youth organizations and governmental organizations to **advocate for CSE** and for the planning, implementation and evaluation of CSE programmes.” (p. 23)

“Develop indicators for CSE programmes that go beyond ill-health and **focus on rights, empowerment and citizenship.**” (p. 23)

	<p>Suggested Remedy: “Establishing independent and effective ombudsmen – Not many states have effective and autonomous ombudsmen <b>to protect and advocate for youth’s rights, including sexual rights</b>. Ombudsmen are necessary to ensure the implementation of youth’s sexual rights at policy level, as well as to monitor and investigate cases of sexual rights violations against young people.” (p. 28)</p> <p>Glossary: “Meaningful youth participation refers to a range of processes that <b>empower young people to take an active role in decision-making</b>. It enables young people to take up leadership roles in identifying, addressing and <b>promoting the issues that matter most in their lives</b>. Youth participation is about young people working in equal partnership with adults and supporting each other to achieve mutual benefits.” (p. 39)</p> <p>Sexual and reproductive health and rights (SRHR) definition: “This term denotes a <b>focus specifically on the human right to sexual and reproductive health and to have access to related services</b> (which encompass physical, mental and social wellbeing in relation to sexuality) including contraception; and for all persons to have the freedom to have choices and control.” (p. 40)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>“Many social or economic barriers <b>prevent young people from experiencing safe, pleasurable and private sexual experiences</b>. Many young people face lack of privacy when it comes to masturbation or having sexual relationships.” (p. 15)</p> <p>“Young people’s <b>experiences of sexual pleasure are very important</b>, as they can shape the way they perceive and experience their sexuality for the rest of their lives.” (p. 15)</p> <p>“It is important for programmes to address the <b>links between consensual sexual experiences and safe sex</b>.” (p. 15)</p> <p>“Establish a <b>sex positive approach</b> for all programmes and services, which emphasizes the <b>diverse possibilities of sexual pleasure</b>.” (p. 17)</p> <p>The following is advice given regarding an 18-year-old sex worker: “The provider should fulfil his ethical duty by supporting <b>the young woman to gain access to the sexual health commodities that would best benefit her</b> (condoms, PrEP, contraceptive pills) in a stigma-free environment and should also work to empower and educate her about sexual health within a rights, scientific and sex-positive framework.” (p. 33)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or</i></p>	<p>“Gender norms, sexism, racism, homophobia, <b>transphobia</b> and other forms of prejudices, stereotypes, discrimination and violence are behind many structural factors that limit the development and possibilities of expression of all young people (particularly of young women and <b>LGBTIQ youth</b>), and create inequality at different levels.” (p. 10)</p> <p>“‘Freedom of sexual expression’ ... covers the ability of a person to consent, and therefore choose when, how and with whom to relate sexually and <b>how to live</b></p>



*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.*

**one's sexual identity**, primarily – but not limited to – **gender identity**, gender expression and sexual orientation.” (p. 14)

“Transgender and intersex adolescents constitute one of the most neglected groups within health programmes. **Obstacles preventing transgender adolescents accessing hormonal therapy** include lack of support from providers and laws that demand parental consent.” (p. 15)

“**Trans and intersex youth should be able to make autonomous decisions** about their own bodies, with proper information and guidance from providers.” (p. 15)

“Ensure that same-sex sexual acts are decriminalized and that **sexual orientation and gender identity are protected in legislation** which criminalises discrimination and violence, including in the context of service delivery and education.” (p. 17)

“**Guarantee access to hormone treatment for transgender and intersex adolescents**, with the proper care and guidance from medical providers and without the need for parental consent.” (p. 17)

“Design surveys and intake forms that **allow young people to clearly express their sexual orientation and gender identity.**” (p. 17)

“**Support trans and intersex adolescents** and their parents. Young people should be the first ones to **make autonomous and informed decisions** regarding their bodies.” (p. 17)

“Refer young LGBTIQ people to friendly/**identity-affirming services and resources.**” (p. 17)

“**Ensure that CSE programmes are inclusive of all sexual identities.** They should assist in countering harmful stereotypes, increasing sensitisation and reducing stigma against LGBTIQ young people.” (p. 23)

Case 3: “**A 14-year old transgender girl goes to a clinic looking for hormone therapy.** She has read on the internet about hormones that can block puberty. She thinks she would benefit from them. Her parents think that she is a ‘gay man’ and she has been struggling for their acceptance. At school she has faced bullying and isolation. The provider has concerns about the implications for this young person to start transitioning in a hostile environment with no social support, and about her ability to understand the implications of hormone treatment. Also, parental consent would be necessary for her to start taking hormones.” (pp. 33-34)

Sexuality definition: “...a central aspect of being human throughout life encompasses sex, **gender identities and roles**, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.’ (WHO working definition, 2006)” (p. 39)

**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 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.*

“Ensure access to stigma-free services and programmes for all young people, regardless of age, culture, gender, sexual orientation, religion or physical and mental disability.” (p. 17)

“Sexual and reproductive health services for young people include, but are not limited to: sexual health, **contraceptive and reproductive health counselling**, ... provision of safe abortions ... **Sexual and reproductive health commodities include condoms, contraceptives, medicines & vaccinations.**” (p. 18)

“Where abortion is lawful (either on request or in prescribed circumstances) many states require parental consent, **making it impossible for adolescents to access abortion in an independent and confidential way.** Some states also impose other **barriers on accessing abortion**, including procedural requirements (e.g. multiple steps and appointments); accessing counselling before an abortion is permitted, fees and mandatory waiting periods.” (p. 19)

“**Liberalise abortion legislation to enable all young women (including adolescents) to easily access safe abortion care, without parental or spousal consent requirements.**” (p. 20)

“Provide pre- and post-abortion counselling and support to all women, regardless of age. This support should include **legal guidance in cases where parental consent is needed to access an abortion.**” (p. 20)

Case 4: “A girl of 16 tells a teacher she trusts that she is pregnant. She is really distressed and anxious. Some months ago, she started a relationship with a boy she really likes. Their families don’t know about this relationship, as the girl and her partner think they will disapprove because **he is already 18**, while she is not. They started having sex and the guy did not use condoms. She hasn’t told her boyfriend about the pregnancy yet. She is very worried about telling her family about her pregnancy, because she thinks they will punish her or will do something to her boyfriend. **She has decided that the best thing for her would be to have an abortion, but she doesn’t know how to proceed.** In her country the age of sexual consent is 18 and consent of at least one parent is needed for an adolescent to get an abortion. A judge could excuse her from this requirement.” (p. 34)

Advice for Case 4: “The teacher has the ethical duty to provide a safe, confidential and friendly space to her student. Although she had sex under the age of consent, she did so with a man of a similar age; there seem to be no indications of abuse. **The teacher also has the ethical duty of connecting her with a health clinic where they perform abortions**, so she can receive the support she needs to obtain an excuse from a judge, as well as proper psychological care during the process.” (p. 34)

Sexual and reproductive health and rights (SRHR) definition: “This term denotes a focus specifically on the human right to sexual and reproductive health and to **have access to related services (which encompass physical, mental and social wellbeing in relation to sexuality) including contraception**; and for all persons

	to have the freedom to have choices and control.” (p. 40)
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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><b>No evidence found.</b></p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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>“Intersex youth, on the other hand, are typically <b>exposed to harmful surgeries at infancy</b>, and/or are raised to conform to a binary sex/gender identity. Parents of intersex youth <b>should allow their children to grow up without exposing them to permanent surgeries</b>; once they are old enough, they should be able to make their own decisions about their bodies and identities.” (p. 15)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></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>“Obstacles preventing transgender adolescents accessing hormonal therapy include lack of support from providers and <b>laws that demand parental consent.</b>” (p. 15)</p> <p><b>Note:</b> Parental consent is not an ‘obstacle.’</p> <p>“Health providers should assess trans adolescents’ circumstances and should provide adequate support for them to <b>make autonomous decisions regarding gender transitioning</b>, according to their evolving capacities and their best interest.” (p. 15)</p> <p>“When trans and intersex youth are experiencing rejection, providers should support them as they make decisions that serve their best interest (including exploring legal alternatives for them to <b>access hormonal therapy without parental consent.</b>)” (p. 15)</p> <p>“Guarantee access to hormone treatment for transgender and intersex adolescents, with the proper care and guidance from medical providers and <b>without the need for parental consent.</b>” (p. 17)</p> <p>“Support trans and intersex adolescents and their parents. Young people should be the first ones to <b>make autonomous and informed decisions</b> regarding their bodies.” (p. 17)</p>

	<p>“<b>Imposing a requirement for parental or spousal consent</b> can have the effect of deterring adolescents from accessing the SRH [sexual and reproductive health] information, advice and treatment that is essential to their health and wellbeing.” (p. 18)</p> <p>“<b>Remove parental involvement</b> or spousal consent laws that prevent young people (and particularly adolescents) from seeking SRH services.” (p. 20)</p> <p>“Liberalise abortion legislation to enable all young women (including adolescents) to easily access safe abortion care, <b>without parental or spousal consent requirements.</b>” (p. 20)</p> <p>“Provide pre- and post-abortion counselling and support to all women, regardless of age. This support should include <b>legal guidance in cases where parental consent is needed to access an abortion.</b>” (p. 20)</p> <p>“In some cases, adolescents are not allowed to give evidence in court, unless they have <b>parental consent</b>. However, CRIN indicates that in youth-friendly justice systems, they should <b>be able to do so independently</b>, according to their evolving capacities and with protective measures (to avoid harmful examination of child witnesses, for example).” (p. 29)</p> <p>“The teacher has no evidence of sexual abuse and her student had sex with a young man who is two years older than her. She has the ethical duty of protecting the young woman’s confidentiality while connecting her to a stigma-free service that can give her the support that she needs. <b>In an abortion clinic, her student would receive guidance on how to be excused from parental consent by a judge and how to access an abortion.</b>” (p. 35)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from</i></p>	<p>“UN organizations (UNESCO, UNFPA, WHO Europe) and civil society (Population Council, IPPF, among others) have developed extensive guidelines for comprehensive sexuality education, which can form the basis for sex positive, gender transformative, evidence- and rights-based programmes (across all educational levels) <b>as opposed to programmes that only focus on the risks associated with sexual behaviours and the promotion of abstinence.</b>” (p. 21)</p> <p>“<b>Bring an end to abstinence-only sex education programmes</b> and ensure evidence and rights-based approaches to CSE.” (p. 23)</p> <p>“Deliver sexuality education programmes and interventions that are <b>rights and evidence based, sex positive, age and context appropriate</b>, rather than programmes/ interventions focused only in anatomy, STDs, reproduction and medical aspects of sexuality.” (p. 23)</p>

*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](http://www.WaronChildren.org) and [www.InvestigatethePPF.org](http://www.InvestigatethePPF.org))*

For the complete text of *Fulfil!* see [https://www.ippf.org/sites/default/files/2016-09/Fulfil!%20Guidance%20document%20for%20the%20implementation%20of%20young%20people's%20sexual%20rights%20\(IPPF-WAS\).pdf](https://www.ippf.org/sites/default/files/2016-09/Fulfil!%20Guidance%20document%20for%20the%20implementation%20of%20young%20people's%20sexual%20rights%20(IPPF-WAS).pdf).