

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 ***Comprehensive Sexuality Education For Out of School Young People in Malawi*** 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 Malawi* 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 program claims to have the goal of helping young people “develop the skills they need to adopt healthy behaviours and to stay safe now and in the future” (p. 3). However, like all CSE programs, the lessons reveal that it is nothing more than an instruction manual for sexual activity. Children as young as age 10 are taught about contraception, including detailed lessons on condom use using penis models. They are repeatedly taught that they can decide when they are ready for sex, and they are taught about anal and oral sex and masturbation. Participants are even encouraged to make the longest list possible of sexual behaviors, and those behaviors are then discussed in detail in a mixed-gender setting. This program normalizes sexual behavior among young people and teaches them where to go for “sexual health resources.” The content in the manual is based on materials from Program for Appropriate Technology in Health (PATH) and Advocates for Youth (which acts as the youth arm of Planned Parenthood).

Target Age Group: Ages 10-20

Supported by: UNFPA, the Swiss Development Cooperation Agency and the EU/SIDA. Acknowledges individuals from the Malawi Ministry of Labour, Youth, Sports and Manpower Development, National Youth Council of Malawi, Malawi Girl Guide Association, YONECO and the Malawi Ministry of Education.

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</i>	“Write the headings ‘ Male Sexual Organs ,’ ‘ Female Sexual Organs ,’ and ‘ Sexual Intercourse ’ at the top of three pieces of flipchart paper and put them up on the wall. Divide the participants into 3 groups, and have each group stand in front of one paper. Tell the groups that when you say ‘start’, they should brainstorm all the words they know for their topic. They can be slang, scientific words, children’s words, medical words, or vernacular.” (p. 81)

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.

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

“Emphasize that most of what you see in pornography is not like real life. A lot of it is fake. The bodies are fake, for example, the women have had surgery to make their breasts larger. The pleasure is faked, especially for women – **they are not actually having orgasms**. The sexual acts are exaggerated – for example, they are very hard or they are not common, for example, **the man pulls out to ejaculate on the woman’s body**. And often no one is wearing a condom, so they are not safe.” (p. 83)

“Generate a discussion by asking the participants the following questions: If Kondwani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: **He will get an erection**, his heart may start beating faster.) What about Betty – what will happen to her body? (Answer: **Her vagina may get wet, her clitoris may get hard**, her heart may start beating faster.)” (p. 86)

Activity 3.5 Purpose: “To enable participants to find out more about sexual behaviour; and to build their comfort and ability to **talk about sex more openly**.” (p. 94)

Students discuss the Human Sexual Response Cycle and determine whether the following occur as part of Excitement, Orgasm, or Resolution: **Penis becomes erect**; Clitoris becomes erect; Nipples become erect; **Vagina gets wet**; Inner lips of the vulva swell; Skin of the scrotum swells; Scrotum pulls up closer to the body; Heart rate increases; Blood pressure increases; Pre-ejaculate appears at the tip of the penis; Breath rate increases; Muscles become more and more tense; Pulse rate increases even more; Blood pressure increases even more; Breathing rate increases even more; **Rhythmic contractions in the genitals**; Ejaculation; Muscles contract throughout the body; **Feelings of intense pleasure**; Muscles relax; Breathing slows; Heart rate slows; Blood pressure goes down; Penis becomes soft; Clitoris becomes soft.” (pp. 97-99)

Students decide if the following statement is True or False: “It’s the man’s role to initiate sex. False. In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. **Women can initiate sex when they want it.**” (p. 106)

Students decide if the following statement is True or False: “Most men will at some time **lose their erection during a sexual experience in their lives**. True. Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.” (p. 107)

Students decide if the following statement is True or False: “**If the man has a big penis, his partner will feel more pleasure**. False. Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the man does, not his size, that is important. In fact, very large penises may be uncomfortable or even painful for some women. Also remember that **most women do not have orgasms from vaginal sex alone.**” (p.

107)

Role play scenario: “You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetie and **really want to have sex with him or her soon**. You believe that most of your friends have already done it so you really want to see what it is like. Since you are planning to use condoms to prevent pregnancy, STIs and HIV, you got some recently. **Ask your sweetheart to have sex. Put some pressure on him or her**, but don't overdo it.” (p. 194)

“**Outercourse means being sexually intimate without having oral, vaginal, or anal sex**. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other, among others.” (p. 248)

“**For people who have more than one sexual partner**, those who have sequential partnerships are less likely to get and to spread HIV and STIs than those who have concurrent partners.” (p. 328)

Discussion scenario: “Dina: 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. 340)

Instruction to participant groups: “On a piece of paper, **list all the ways an individual can express sexual feelings** alone and/or with a partner, including all the specific sexual behaviours that you know. **Try to make the longest list possible**.” (p. 350)

“**Advantages (benefits) of outercourse include:**

- It is creative; doesn't following common routines of sexual expression;
- May be more comfortable during menstruation;
- Prevents pregnancy, HIV and STIs;
- Gives pleasure without the risk;
- Makes you feeling [sic] good about yourself for acting in line with your values if you do not want to have sexual intercourse;
- Makes you feel good about respecting the wishes of a partner who does not want to have sexual intercourse.” (p. 352)

“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. 353)

“SAMPLE CONSOLIDATED LIST OF SEXUAL PRACTICES (Note to facilitator: Do not add things the participants do not mention.)

- Hugging
- Kissing
- Writing love letters, sexual phone text messages, chat, or emails
- Exchanging or sharing clothes
- Thinking or fantasizing about sex
- **Discussing sexual fantasies** with someone in person or over phone, internet, SMS or chat
- Giving and/or receiving massage
- **Caressing breasts**
- Oral sex - mouth on penis
- **Oral sex** - mouth on penis with condom
- Oral sex - mouth to vulva, vagina, clitoris
- Oral sex- mouth to vulva, vagina, clitoris using a cut opened condom or barrier as a protective covering
- **Sucking or licking body parts** other than vagina, penis, anus
- Wearing sexy clothes
- Making erotic eye contact
- Undressing in front of a sexual partner
- Rubbing bodies with clothes on
- Rubbing bodies without clothes on
- Masturbating oneself without condom or barrier
- **Masturbating a partner** without condom or barrier
- Masturbating oneself with condom or barrier
- Masturbating a partner with condom or barrier
- **Anal sex with condom**
- Anal sex without condom
- Vaginal sexual intercourse with condom
- Vaginal sexual intercourse without condom
- Rubbing the penis between the breasts, thighs, armpits, behind knee
- Sexy dancing
- Watching pornography or erotica (alone or with others)
- Showering or bathing together
- **Fingering the vagina or anus** (with or without condom or barrier)
- Inserting objects into the vagina: plastic penis, dildo, vibrator, other objects (with or without condom; with or without sharing same object with partner)?” (p. 354)

“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. 366)

Discussion scenario: “Busi starts crying after her father leaves her room. She feels like she always does when **he comes into her room and molests her** she wants to die. He has been doing this **since she was only nine**. She hates it and feels so dirty and disgusted with herself when he leaves. He often tells her that if she tells anyone, he will kick her out of the house. Busi has thought about telling

	<p>her mother, or running away, or even killing herself, but she has always been too scared to do anything. Now she feels like she has to do something. What should Busi do?” (p. 399)</p> <p>Discussion scenario: “Gift wonders all the way home what he should do. Barbra 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. 399)</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>“If you are getting into an intimate, romantic relationship with someone, it is important to talk to him or her 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. 87)</p> <p>“What are some things two people should talk about before having sex? (Answers: How you both feel about each other and your relationship; what you each want or need; what both of your limits are (e.g., what you won’t do); if you agree to have sex: how you will protect yourself, using condoms, including who will get them, and using another method of contraception with condoms.)” (pp. 373-374)</p> <p>Participants read accounts of young people discussing whether to have sex, like this one: “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.’” (p. 374)</p> <p>“Write a direct and clear script for the following situations:</p> <ul style="list-style-type: none"> • Henry tells Nyadani that he does not want to have sex yet and why. • Louisa tells Michael that she wants to have sex, but only if they use condoms and why. • Emmanuel tells Judith that he wants them to use another method of contraception in addition to condoms and why.” (p. 377) <p>“Objectives: By the end of the activity, participants will be able to:</p> <ul style="list-style-type: none"> • Explain what consent is; • Discuss why getting consent is important; • Demonstrate how to get consent in a role play; • Demonstrate how to communicate their expectations clearly in a role play.” (p. 403) <p>Students discuss this scenario and decide if there was adequate consent: “Mpho and I started kissing and touching each other all over. It felt wonderful. I started feeling hot all over. 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... I kept</p>

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. 404)

"Explain as needed:

- **What does consent mean in a sexual situation?** (Answer: That both people clearly agree to the sexual activities that they do. They also need to understand what they are agreeing to do.)
- **How can a person get consent in a sexual situation?** Probing questions: How could Mpho have got consent from Thandi? (Answer: Ask the other person if they agree; i.e. Mpho could have asked Thandi if she agreed to have sex.)
- What kinds of questions could you ask? What exactly could Mpho have said? (Answer: **Is it okay if I [kiss] you? Do you want to...?**)
- What should you do if they say 'no' or 'wait'? (Answer: Stop, don't do it, respect the other person's decision.)
- Should you ever think that 'no' means 'yes'? (Answer: No, never. No always means no. You can be charged with rape.)
- What should you do if you aren't sure what the person is communicating to you? (Answer: Ask again, or just don't do it.)" (p. 405)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.

"Ask them: What do we mean by 'penetration?' Note to Facilitator: If necessary, build on their responses and explain that penetration refers to the insertion of a penis, finger, tongue, object or sex toy **into the vagina, anus, or mouth.**" (p. 351)

The following are **promoted to participants as safer sex behaviors**: "Oral sex - mouth on penis with condom; **Oral sex**- mouth to vulva, vagina, clitoris using a cut opened condom or barrier as a protective covering; **Anal sex with condom**" (p. 354)

"For protection **during oral sex on a man**, put a condom on the man's penis - use one without spermicide on it. Flavoured condoms (which are different from scented ones) are made for this purpose. For protection **during oral sex on a woman**, use a dental dam (a thin square of latex that dentists use), a male condom that has been cut lengthwise to make a flat piece of latex or a piece of plastic wrap. Put the piece of latex or plastic over the vulva, before performing oral sex on the woman." (p. 355)

"Also explain that **when using sex toys or objects in the anus**, it is important for the base of the toy to be wider than the toy or object so it does not slip into the anus and become difficult to get out." (p. 355)

"What should you do if you want to **protect yourself from STIs when giving oral sex?** (Answer: Put a condom without spermicide or scent on a man before giving him oral sex – you can use a flavoured condom (different from scented ones) if you like. Put a dental dam (latex square that dentists use), a condom use so that

	<p>it lies flat, or a piece of plastic wrap over the woman’s vulva before giving her oral sex.)” (p. 357)</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>“During this time, some young people will feel attracted to the opposite sex and some will realise that their romantic and sexual attraction is to the same sex or to both sexes.” (p. 87)</p> <p>“Sexual orientation is about the sex that a person is romantically and physically attracted to – it can be the opposite sex (heterosexual), the same sex (homosexual) or both sexes (bisexual). Explain that ‘gay’ is another word for people who are homosexual, including lesbians, and that heterosexual people are referred to as ‘straight.’” (pp. 89-90)</p> <p>“My name is John and I was born in Uganda. There wasn’t a moment when I realized I was gay. Somehow I always knew, but I could never express what it was until I learned the right words. As I grew older, I started being attracted to men.” (p. 90)</p> <p>Students decide if the following statement is True or False: “If someone has a sexual experience with someone of the same sex, it does not mean that they are gay. (True. People, including adolescents, may have a sexual experience with someone of the same sex (ranging from kissing to masturbating together to intercourse) for a variety of reasons. These include curiosity, opportunity, experimentation, and no access to opposite sex partners (like in prison). However, they are only gay if their dominant feelings of romantic and sexual attraction are to people of the same sex.)” (p. 92)</p> <p>Students decide if the following statement is True or False: “People become gay because someone makes them gay. (False. People cannot change their sexual orientation. Therefore, just as a gay person cannot become straight, a straight person cannot become gay. There is nothing that another person can do to make someone gay. However, sexuality is fluid. In the course of a lifetime, some people may experiment with their sexual orientation.)” (p. 92)</p> <p>“During adolescence, teenagers may experience feelings of attraction to members of the same sex, and some may have intimate physical or sexual contact with friends of the same sex. This does not always mean that the person is gay. It may just be a phase of exploration and experimentation.” (p. 93)</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</i></p>	<p>“Getting to know one another intimately is important in building a strong relationship. It also helps for a couple to talk about the sexual feelings that they have so they can make a decision about how to handle them. There are many pleasurable things that two people who are attracted to each other can do without having sexual intercourse.” (p. 88)</p> <p>Students decide if the following statement is True or False: “Many women do not have orgasms from vaginal intercourse alone. True. Many women, about 70-</p>

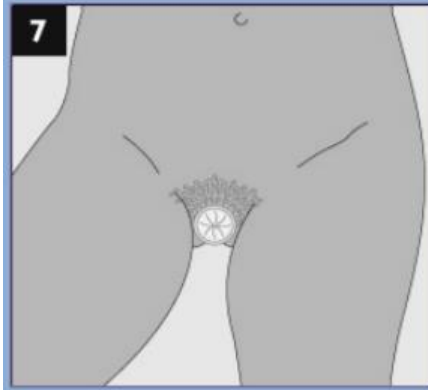
<p><i>potential outcomes for sexually active children.</i></p>	<p>75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.” (p. 106)</p> <p>Students decide if the following statement is True or False: “The first time a woman has sex, it will hurt. False. The first time a woman has sex, it may or may not hurt. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. Her partner can also start by inserting fingers to gently stretch open the hymen, if the woman has one. If a woman feels nervous or afraid, the couple may want to wait.” (p. 106)</p> <p>Students decide if the following statement is True or False: “The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them. True. Every person has their own preferences and things which ‘turn them on.’ Rather than guessing what one’s partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.” (p. 107)</p> <p>Students decide if the following statement is True or False: “If a man can keep vaginal intercourse going long enough, the woman will have an orgasm. False. As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.” (p. 107)</p> <p>“Activity 10.6 Purpose: To enable participants to consider a variety of safe and pleasurable ways to express themselves sexually, with or without a partner.” (p. 350)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>Students decide if the following statement is True or False: “Masturbation is harmful. False. Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems. However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.” (p. 106)</p> <p>Students decide if the following statement is True or False: “Masturbation helps people learn about their body’s sexual response. True. Masturbation is one of the best ways to learn about and understand how one’s body responds to sexual stimulation. It can help women learn how to have orgasms.” (p. 106)</p> <p>“Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other, among others.” (p. 248)</p>

	<p>The following are promoted to participants as safer sex behaviors: “Masturbating oneself without condom or barrier; Masturbating a partner without condom or barrier; Masturbating oneself with condom or barrier; Masturbating a partner with condom or barrier” (p. 354)</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>“Activity 8.4 Materials needed: ... male and female condoms (more than one per participant) and male penis models (at least one for every three students) and one or two female reproductive system models.” (p. 239)</p> <p>“Give the volunteer a penis model (or female model) and a condom and ask them to show the others the right way to use it. Ask the other participants to observe and make sure that they do it 100% correctly. After they do their demonstration, ask the other participants if they showed how to use a condom correctly. Have them make any corrections needed or make them yourself.” (p. 240)</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; this could accidentally damage 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, make sure the foreskin is rolled down before putting the condom on. • 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 - this could 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.” (pp. 241-242) <p>“Follow these steps to use a female condom:</p>

- 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 turns 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. 243-245)

The following illustrations are used to teach female condom use:





“Female condoms are not difficult to use, but they may take some practice to get used to. **Women should practice putting the condom 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** (for example, 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. 245)

“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, that has expired.
- Opening the package with their teeth.
- Not unrolling the condom **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. The condom could come off the penis and remain in the vagina and semen can spill out.
- Not using it every time they have sex!
- REMEMBER: If the condom is not on, then the penis should not be in! **No hoodie, no honey!**” (p. 360)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.

“Feeling turned on does not mean that one has to have sexual intercourse. It means the person has a strong feeling of attraction to another person or to the thought of a sexual behaviour. **They may or may not want to express it and it may or may not be through sexual intercourse.**” (p. 88)

Students decide if the following statement is True or False: “The right age to have sex is 18. False. There is no right age to have sex. **Each person has to decide for themselves when they feel ready to have sex.** It may depend on their relationship, values, and feelings.” (p. 107)

Students decide whether they agree or disagree with the following statements:

- “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 a serious decision.
- 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. 180)

“List their responses on flip chart paper headed ‘Before someone has sex, they need to.’ Add any of the following items that they don’t mention:

- **Think about whether they are really ready** and why they want to do it now (i.e., Is it the right relationship, what are my expectations, how will I feel, how might it affect my relationship)
- Know their body and how it functions, what the consequences can be and how to prevent them
- **Be able to talk to their partner about sex**
- Be able to talk to their partner and to get protection from pregnancy, STIs and HIV
- Be able to use their methods of protection
- Be prepared to accept the consequences if there are any.
- Be prepared for possible disappointment, for example, if it doesn’t feel good or if your partner leaves you afterward.” (p. 186)

“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. 186)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

“Young people can learn to be safe. They can learn how to avoid unplanned pregnancies and sexually transmitted infections (STIs), including HIV. They can achieve this by choosing to abstain from sex for moral, religious, ethical or

<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>health reasons or by using condoms consistently and correctly.” (p. 4)</p> <p>“If young people choose to engage in sex, they need to be informed about the different methods of contraception that are appropriate for them.” (p. 236)</p> <p>“For most people, abstinence is a temporary method during a part of life, such as adolescence. The transition from abstinence to sexual intercourse is often a gradual one. The period of transition, whether long or short, is especially risky for young people if they are not prepared and making conscious decisions about their sexual behaviour and getting protection. Abstinence can and does fail!” (p. 247)</p> <p>“If needed, build on their responses and explain that ‘safer sex’ is any way to express yourself sexually that does not result in the exchange of semen, pre-ejaculate, and vaginal fluids.” (p. 351)</p> <p>“Outercourse is a type of abstinence. Do you know what it is? Use their responses and write the definition of outercourse on flipchart paper: Outercourse is sexual expression with or without a partner that does not include vaginal, oral or anal intercourse. Explain that outercourse is a form of safer sex.” (p. 352)</p> <p><i>Note: This is a conflicting message to young people. “Outercourse” cannot be both a form of abstinence and a form of safer sex.</i></p> <p>“If you are going to have sex without a condom, get tested together first. Getting tested together is not a guarantee of safety and does not protect you over the long-term, but it does reduce your risk.” (p. 359)</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>Students decide if the following statement is True or False: “Homosexuals are confused about their gender: gay men want to be women and lesbians want to be men. (False. Homosexuals are people who are romantically and sexually attracted to people of the same sex. Feeling like you should be a woman when you have a male body or a man when you have a female body has to do with your gender identity, not your sexual orientation. It is called being transgender.)” (p. 92)</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 identify 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 genders; some identify 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. 126)</p>
<p>11. PROMOTES</p>	<p>“They can achieve this by choosing to abstain from sex for moral, religious,</p>

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.

ethical or health reasons **or by using condoms consistently and correctly**. They can **combine condoms with other methods of contraception** for extra protection against pregnancy.” (p. 4)

Role play scenario: “You and sweetheart have been using condoms for the last month and you are tired of them. You really want to know what it is like without a condom. You've only been with your sweetie since you got together. You trust him or her, and you are wondering if s/he really trusts you. Tell your sweetheart that you **want to stop using condoms and use another kind of contraception**. Put some pressure on him or her, but don't overdo it.” (p. 194)

“**Discuss emergency contraception**, specifically the key points of its use, such as the circumstances when it can be used and when a woman should get it.” (p. 225)

“Emphasize that **emergency contraception is the only method you can use to help prevent an unintended pregnancy after sex**. Emergency contraception is a special dose of concentrated oral contraceptive pills that are meant to be taken within 5 days of unprotected sex but the sooner after the unprotected sex, the more effective emergency contraceptive is.” (p. 227)

“MOST IMPORTANT INFORMATION ABOUT EMERGENCY CONTRACEPTION:

- Emergency contraception must be taken within 5 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.
- Emergency contraception does not protect you from STIs and HIV.” (p. 228)

“[Emergency contraception] is for emergencies. What is an ‘emergency’?

- When a condom bursts or breaks
- If you are raped or forced to have sex
- **If you did not use a condom or other contraception**
- If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.” (p. 228)

“It is only for emergencies. So if you are going to have sex and do not want to get pregnant, what should you do? (Answer: **Use a condom and/or another contraceptive method to prevent pregnancy**.) But if you do have unprotected sex for any reason and you do NOT want to get pregnant what should you do? (Answer: Go to a clinic (or pharmacy) as soon as possible **to get emergency contraception**.)” (p. 228)

“Using emergency contraception is **not the same as having an abortion** because emergency contraceptive pills work before pregnancy begins.” (p. 230)

“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. 235)

“Activity 8.4 Materials needed: ... **samples of the contraceptive methods**, the pill (oral contraceptives), injectable contraceptive, IUD, emergency contraception, male and female condoms (more than one per participant) and male penis models (at least one for every three students) and one or two female reproductive system models.” (p. 239)

“Ask the group how pregnancy can be prevented and allow them to quickly brainstorm the methods that they know... Add any of the following methods that are missing from the list below: Abstinence; **The pill (oral contraceptives); Injectables; Intra-uterine device or IUD;** Male condoms; Female condoms.” (p. 239)

“When you discuss the pill (oral contraceptives), injectables and the IUD, **show them the example of the method**, if you have one, and pass it around the room for them to look at.” (p. 240)

“The **methods for preventing pregnancy that are recommended for young people** are: Abstinence and outercourse (a type of abstinence); Male condoms; Female condoms; The pill (oral contraceptives); Injections; Intra-uterine device (IUD); Emergency contraception; Vaginal ring; Contraceptive patch” (p. 247)

Role play scenario: “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 yourselves.” (p. 252)

“Before engaging in sexual intercourse, young people need to think about the possible consequences, know how they can protect themselves, discuss protection with their partners, and **get the methods they decide to use.** It is important to take responsibility and not to risk having unprotected sex. Abstinence, outercourse, and male and female condoms are the most suitable methods because they protect against both pregnancy and STIs, including HIV. These methods can be combined with other contraceptive methods, such as the pill or injections, for extra protection against pregnancy.” (p. 258)

“If you want to be **SURE** 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 hoodie, no honey.’” (p. 359)

“If you do any of these things to reduce your risk, you must still **use condoms when you have sex** if you do not want to get HIV and STIs.” (p. 366)

12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY

May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.

“Purpose: To discuss how they can share what they have learned with other young people; to **understand what advocacy means**; and to identify how young people can get involved in advocacy.” (p. 412)

“Objectives: By the end of the activity, participants will be able to:

- Explain what advocacy is;
- Describe the reasons to advocate on issues important to young people;
- Discuss **what issue they want to advocate on** and why.” (p. 412)

Case study for advocacy: “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. 413)

Case study for advocacy: “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. 413)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.

“Purpose: To explore the influence of family, culture, religion and friends on their values; to identify which influences they disregard and why; and to **examine how they decide on their personal values**.” (p. 33)

“Objectives: By the end of the activity, participants will be able to:

- Identify the values they were taught by their family, culture, religion, and friends on given topics;
- **Explain how they decided what their personal values were** on those topics.” (p. 33)

“...[A]sk the following questions:

- Were there any topics that your family, culture, religion or friends did not teach you anything about? If so, which ones? Why do you think this is so?
- Does family, culture, religion or friends have the most influence on your values? Why?
- **Do you share all of your family’s values? Why or why not?**
- What about your culture’s values? What about your religion’s values? Your friend’s values?
- **Who decides what your personal values are? (Only you do.)**” (p. 35)

“Understanding our family’s values is important because they influence our own values. However, **we don’t always share all of our family’s values**.” (p. 35)

“You need to think carefully about what your own values are – **they may**

	<p>not be the same as your family’s or other people’s values. It is important to know your own values and be confident enough to share them with others. This helps others understand and respect your opinions and decisions.” (p. 38)</p> <p>“Tell participants that our human rights have been agreed upon internationally in treaties developed by the United Nations. One example is the Convention on the Rights of the Child that lists all the rights of children.” (p. 42)</p> <p>Students are taught that they have the following rights:</p> <ul style="list-style-type: none"> • “The right to have a healthy life. We have the right to the highest attainable standard of health, including sexual and reproductive health. We all, including young people, have the right to access sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV. We also have the right to have a satisfying, safe and pleasurable sexual life, free from pressure or force. • The right to education, including education about health and sexuality.” (p. 46)
<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>No evidence found.</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 treatment, abortions, etc.)</i></p>	<p>“...[P]articipants visit a sexual health service to learn about the services offered and what they can expect when they go there.” (p. 223)</p> <p>“By the end of this unit, participants should be able to: ... Identify where sexual health services are located in the community; Feel more comfortable going to sexual and reproductive health services.” (p. 223)</p> <p>“Activity 8.6 Preparation: Before doing this activity, you will need to identify which reproductive or sexual health service you will take the participants to visit and make arrangements with that health facility for the visit. The service must provide reproductive or sexual health services and should preferably be nearby and be youth-friendly or have some health workers who are open to youth and non-judgmental. If possible, ask for a provider to talk through a pelvic exam with the female participants while another provider talks through a male genital exam with the male participants.” (p. 255)</p>

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.InvestigatePPF.org)

“Use the following questions to stimulate discussion:

- **How did you feel about going to a place that offers sexual and reproductive health services?**
- Were the facilities youth-friendly? Why or why not?
- How did the girls’ experiences differ from the boys’?
- If you ever needed treatment for STIs or contraceptives, would you go to this facility? Why or why not?
- Would you recommend this facility to other young people? Why or why not?” (p. 256)