CSE Harmful Elements Analysis Tool

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

Analysis of

My Body, My Life, My World
A Global Strategy for Adolescents and Youth

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

***My Body, My Life, My World* contains 12 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: "*My Body, My Life, My World* is UNFPA's global strategy for adolescents and youth… Everything UNFPA does rests on the commitments to sexual and reproductive health and rights for all… Young people realizing their rights to make informed choices about their own bodies, their own lives and the world they live in is a matter of justice and a driver of a lifetime of returns." (https://www.unfpa.org/youthstrategy).

My Body, My Life, My World is an operational guidance which provides tools and resources for the design and implementation of programs in the following nine areas: Adolescent Sexual and Reproductive Health; Gender-Based Violence; Comprehensive Sexuality Education; Harmful Practices; Youth Leadership and Participation; Youth, Peace and Security; Humanitarian Settings; Human Rights; Advocacy and Policy Dialogue.

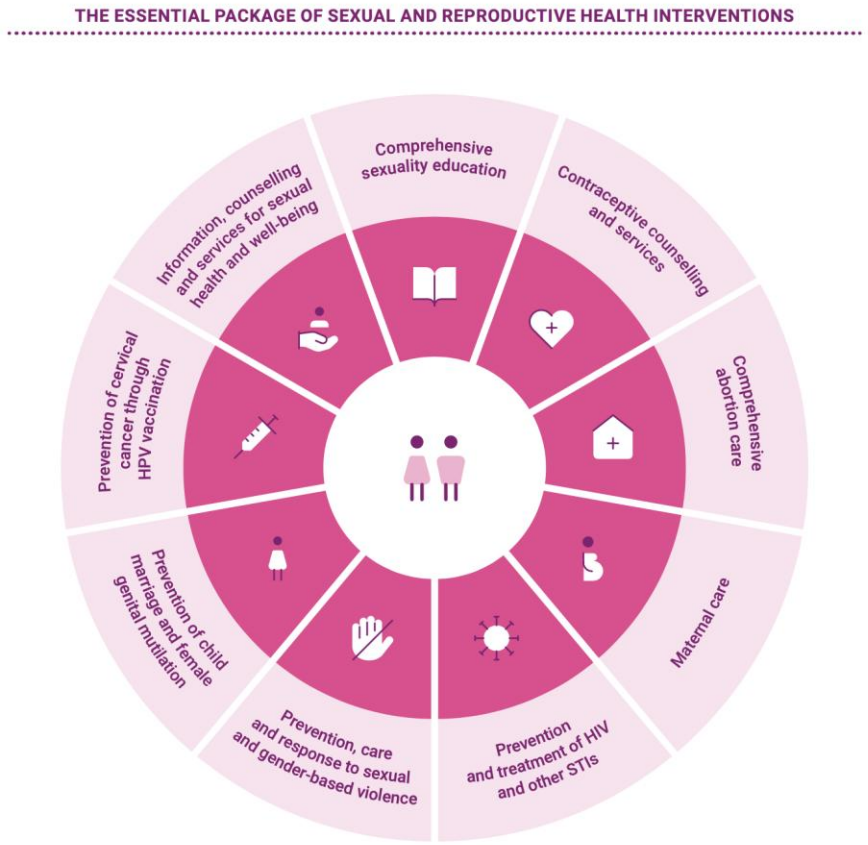
Target Age Group: Ages 10-24

International Connections: UNFPA, WHO

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use*	"Sexual and reproductive health (SRH) and the full enjoyment of rights are central to adolescents' transition into adulthood and are vital to their identity, overall health, well-being and personal growth and development. To realize their full potential, **young people need the autonomy and ability to deal in a positive and responsible way with their sexuality**, and the support, confidence and resources to thrive in secure and healthy relationships." (Module 1, p. 7)

[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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.	 (Module 1, p. 9)
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them.* *Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.*	"Adolescence is a period when children's desire and capacity for autonomy increases. **This makes the age of consent** an important element in adolescent-responsive programming." (Module 1, p. 53) "Sexual activity: The age of consent is set to protect adolescents against adults who may prey on them, but laws should also recognize that as their capacity evolves, **adolescents should be legally permitted to consent to sexual activity**. If the age of consent is set too high, there is a risk that normative and age-appropriate **sexual activity between consenting adolescents** will be criminalized." (Module 1, p. 53) "A strong and progressive legal framework which includes an **appropriate age of consent without criminalizing close-in-age, factually consensual and non-exploitative sexual activity** can protect younger adolescents without restricting rights." (Module 1, p. 53)

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.*	**No evidence found.**
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.*	**"**Marginalized subgroups of adolescents and young people are especially vulnerable with respect to their SRHR, and they need particular support accessing suitable SRH information and services. These groups include … **LGBTQ+ youth**." (Module 1, p. 13) "**Advocate for legal recognition of LGBTQ+** people, particularly to ensure they are afforded the right to health and to freedom from violence and all forms of discrimination." (Module 1, p. 47) "Cater to different identities and **address diverse needs by including young LGBTQ+ populations** in determining CSE content (with consideration of the legal framework)" (Module 3, p. 20) "**Most people look at me and hear me say I'm queer**, and instantly eyebrows are raised, especially on this side of the world. That for me is exactly why we need comprehensive and inclusive sexuality education programmes for out of-school youth. I am friends with and work with a lot of young people with disabilities, [and] guardians limit their access to sexual and reproductive health services, or health practitioners do not have the proper tools or approach, thus discouraging them from even seeking those services. There are not enough, if any, spaces offering CSE services specialized or inclusive of young people with disabilities – **or lesbian, gay, bisexual, transgender and intersex young people**, for that matter." (Module 3, p. 24) "UNFPA recognizes that young people are effective drivers of change, and supports them in taking steps to fulfil their vision of the world, for example by: …promoting the participation of underrepresented youth, such as Indigenous youth, **LGBTQ+ youth**, youth of African descent and migrant youth, young people living with HIV, young key populations and young people with disabilities." (Module 5, p. 10) "When developing SRH and GBV materials for humanitarian contexts, consider vulnerable groups such as **young LGBTQ+** people, married girls, young people living with HIV, young people with disabilities and young people engaged in sex work, since they may have other, different needs." (Module 7, p. 21) "Ensuring that the human rights of marginalized young people are addressed, especially for young people with disabilities and **lesbian, gay, bisexual,**

	transgender and queer/non-cisgender (LGBTQ+) young people." (Module 8, p. 9) "UNFPA works to ensure SRH rights and choices for all, irrespective of sexual orientation, gender identity and sex characteristics. The widespread violence, discrimination and exclusion faced by **LGBTQ+ people** and their families around the world constitute serious human rights violations and impede efforts to achieve the SDGs and their promise of leaving no one behind. In many parts of the world, consensual same-sex relationships remain criminalized, exposing many young people to the risk of arrest, imprisonment or even death. Homophobic and transphobic violence takes place in all contexts and settings. **Trans people struggle to obtain legal recognition of their gender identity** and face daily discrimination and stigma, whether at work, school or in trying to secure basic health services, housing and other needs**. UNFPA is committed to addressing the specific needs and rights of LGBTQ+ people** by supporting health, CSE and advocacy initiatives that help marginalized communities and lift up young people, including the LGBTQ+ young people often left behind." (Module 8, p. 35)  (Module 8, p. 35) "Apply the 'Do No Harm' approach in your supported interventions. In some countries, working with young **LGBTQ+ people requires ensuring their confidentiality and privacy to protect their safety**." (Module 8, p. 36)
5. PROMOTES SEXUAL PLEASURE *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*	"Therefore, a positive approach to sexuality and reproduction should recognize the part played by **pleasurable sexual relationships**, trust and communication in the promotion of self-esteem and overall well-being." (Module 1, p. 8)

active children.	
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*	**No evidence found.**
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*	**No evidence found.**
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*	"States should **respect the capacities of children to participate in decision-making about themselves**, and transfer rights from adults to the child in accordance with the child's level of competence." (Module 1, p. 55) "The right to bodily autonomy gives adolescents the **power and autonomy to make choices over their body and future**." (Module 1, p. 55) "Ensuring bodily autonomy for adolescent girls essentially requires the same actions and commitments as for older women. They need protection from GBV as well as the **right to freedom of sexual expression**." (Module 1, p. 55) "The vision of 'My Body' in *My Body, My Life, My World*, UNFPA's global strategy for adolescents and youth, is that '**all adolescents and youth can exercise their**

to abstinence.	**rights to make informed choices over their own bodies**.'" (Module 2, p.9) "UNFPA's mandate can therefore contribute in important ways to people's experience of peace and peacebuilding at local, community and national levels – through **fair and equal access to basic services such as for sexual and reproductive health (SRH)**, the fulfilment of human rights, **including sexual and reproductive rights**, protection from and response to gender-based violence and structural and cultural violence, gender equality, and the meaningful participation of young women and men." (Module 6, p. 9) "In Peru, UNFPA, along with several partners and more than 10,000 young people, advocated with the Constitutional Court to **decriminalize consensual sexual relationships among adolescents**. As an advocacy outcome, the Court signaled that the penal disposition was unconstitutional because it criminalized all sexual relationships with adolescents without any consideration of sexual consent. The judgment expressly recognized that **adolescents have the right to sexual freedom**, a manifestation of their right to the free development of their personality; as well as the right to information, health and privacy in matters of their sexuality." (Module 9, p. 10)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.* *May teach children that all sexual activity—other than "unprotected" vaginal and oral sex—is acceptable, and even healthy. May present abstinence and "protected" sex as equally good options for children.*	"Improve awareness of and accountability for the rights of adolescents, particularly girls, **and adolescent sexuality**." (Module 4, p. 16)
10. PROMOTES TRANSGENDER IDEOLOGY *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific*	"**Gender-affirming therapies for transgender persons** opting for hormonal therapy should be available." (Module 1, p. 47) **"Non-discrimination**, meaning that all survivors are treated and supported, irrespective of their sex, race, ethnicity, religion, **sexual orientation, gender identity**, disability or socioeconomic status." (Module 2, p. 15) "Tailored approaches to CSE are important to consider when working with groups that are at higher risk of violence, such as girls, young persons with

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.	disabilities, young people in humanitarian settings, and **gender non-binary or gender non-conforming young people**." (Module 2, p. 22) "Assess services to ensure that referrals are made to **trans-friendly services**, where needed." (Module 3, p. 20) "Use gender-neutral language when delivering **CSE to young transgender populations**." (Module 4, p. 24) "Make sure that accessibility needs and other concerns are met for young people with disabilities, adolescents, LGBTQ+ youth (**especially trans youth**)." (Module 5, p. 25) "**Applying a gender and power lens** to policy advocacy, which means opening spaces particularly to adolescent girls and young women, challenging sexism, harmful masculinities and adultism, and giving voice to young people in all their diversity, regardless of **sexual orientation, gender identity** or sex characteristics." (Module 9, p. 19)
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.*	"Current innovations and digital solutions offer possibilities for increasing choice and access to information and services for adolescents. In some contexts, access to **self-managed contraception is expanding to include self-administered contraceptive injection** (DMPA-SC). Virtual platforms for contraception consultation and prescribing are also available in some countries. Services such as self-testing for HIV and self-collection of STI samples, as well as community-based or online distribution of test kits, are increasingly being offered." (Module 1, p. 16) "Complement school-based sexuality education programmes in community settings, and link sexuality education with **youth-friendly health services**, **including condom distribution**, with providers trained to address the needs of young people respectfully and non-judgmentally." (Module 1, p. 29) "**Adolescents should have easy access to the full range of contraceptives**, including short-term and long-acting, and such access should not be hampered by their marital status or providers' conscientious objections. **Contraceptive information and services, including emergency contraception**, as part of SRH services, **should be free**, confidential, adolescent-responsive and non-discriminatory, and barriers to services such as third-party authorization requirements should be removed." (Module 1, p. 30) "**Scaling up adolescents' access to contraception services** results in an increased need for contraceptive commodities, including condoms. (Module 1, p. 32) "If school health service systems exist, **ensure contraceptive counselling is included in the services**, and include school nurses in capacity-building activities supported by UNFPA. Ensure that school health services are included in the contraceptive procurement plans in the areas where they are located. Also, ensure that they offer a mix of methods. If school health services do not exist,

	support the Ministry of Health and Ministry of Education to explore options to facilitate students' access to SRH services, including via specific outreach efforts and formal referral mechanisms." (Module 1, p. 32) "Strengthen supply chains and accountability mechanisms (including youth-led accountability mechanisms) to **ensure consistent availability of contraceptives** at SDPs." (Module 1, p. 32) "Adolescent girls know less about their **rights to safe abortion care and post-abortion care** than adult women, and about where and how to obtain care." (Module 1, p. 32) "Adolescents should be informed about how to prevent unintended pregnancies, as well as their rights regarding **safe abortion care** to the full extent of the law and post-abortion care." (Module 1, p. 33) "National normative documents should specify the eligibility of adolescents to **safe abortion care** to the full extent of the law and post-abortion care." (Module 1, p. 33) "Inform health workers about the circumstances under which they are permitted to **provide safe abortion care**, within the context of their country's laws and policies. Engage youth and communities, including traditional leaders, as active members in designing, implementing and evaluating approaches that tackle abortion-related social stigma and limiting social and gender norms, to **improve access to safe care**." (Module 1, p. 33) "Partner with civil society organizations and coalitions to build community understanding and support for SRHR, **including safe abortion care** to the full extent of the law and, where appropriate, monitor and respond to opposition." (Module 1, p. 34) "Advocate with governments for **access to safe abortion and post-abortion care** in line with international human rights standards, as this affects health care providers and women in need of, seeking and having abortions." (Module 1, p. 34) "Health workers of all cadres should be aware of **adolescents' eligibility for abortion services** and have the knowledge and skills to **provide or refer for surgical or medical abortion** to the full extent of the law. Health workers must be trained, supported and held accountable for providing high-quality, confidential and respectful abortion care in line with the national legal context (including **facilitating self-managed medical abortion**, where desired) centered on the choices and rights of adolescents." (Module 1, p. 34) "Ensure that all UNFPA-supported capacity-building efforts targeting health care workers, both in-service and pre-service, **include a focus on safe abortion care** to the full extent of the law **and post-abortion care for adolescents**, including the provision of the full range of contraceptive options, including long-acting

	reversible contraception." (Module 1, p. 34) "Consider advocating with the Ministry of Education, schools and communities for the **integration of abortion-related content into CSE materials** as part of the integrated package of SRHR interventions." (Module 1, p. 35) "The SRH services in this package include: accurate information and counselling on SRH, including evidence-based comprehensive sexuality education (CSE) information, counselling and care related to sexual function and satisfaction, the prevention, detection and management of sexual and gender-based violence and coercion, **a choice of safe and effective contraceptive methods**, safe and effective antenatal, childbirth and postnatal care, **safe and effective abortion services** and care, to the full extent of the law." (Module 2, p. 14) "**Emergency contraception** and post-exposure prophylaxis against STIs should be made available to adolescent girls." (Module 2, p. 16) "Sexuality education has the greatest impact when school-based programmes are complemented with community elements, especially those that link sexuality education with **youth-friendly health services**, **including condom distribution**, with providers trained to address the needs of young people respectfully and non-judgmentally." (Module 3, p. 13) "Deliver sensitization and clarification sessions with health providers and IPs regarding the local legal framework, possible barriers to service provision to young people and how to overcome them (provision of family planning/ contraception, **safe abortion services** to the full extent of the law **and post-abortion care**, and clinical management of rape (CMR) etc.)." (Module 7, p. 30) "Provide **safe abortion services** to the full extent of the law." (Module 7, p. 32) "Ensure adolescent-friendly care at health facilities for survivors of sexual violence, including clinical management of rape and **safe abortion services** to the full extent of the law and **post-abortion care**." (Module 7, p. 35) "**Promote dual-protection methods** (prevention of pregnancy and prevention of STIs, including HIV) **for adolescents**." (Module 7, p. 36) "Ensure that health providers, communities and adolescents are aware of **adolescents' right to contraceptive choice** and that all methods, including long-acting reversible contraception (LARC), are **safe and effective for adolescents**. • Ensure service providers are fully aware of local laws and policies and offer adolescents the full range of contraceptive methods, regardless of age or marital status, to the full extent allowed under the law. • Promote dual-protection methods (prevention of pregnancy and prevention of STIs, including HIV) for adolescents." (Module 7, p. 36) "Raise community awareness on national laws and policies related to **safe**

	abortion care for adolescents. To the full extent of the law, ensure that facilities have at least one provider trained to **provide adolescents with counselling on safe abortion and post-abortion care**, including counselling and provision of post-abortion contraception. Establish linkages from the community for adolescents seeking abortion services (through Traditional Birth Attendants (TBAs), midwives, community health workers and peers). Raise awareness among community leaders and adolescents on the availability of safe abortion care." (Module 7, p. 37) "Assess staff capacity to deliver adolescent-friendly counselling and services (including contraception, safe abortion care to the full extent of the law, clinical management of rape (CMR)). Ensure that the SRH commodity needs of adolescents (**contraception methods**, antiretroviral therapy (ART), clean delivery kits, **safe abortion commodities**) are taken into consideration when planning for expansion to comprehensive services." (Module 7, p. 37) "In some countries, parental notification is required for young people to access SRH services, such as contraception. This, as well as a high legal age of consent to sex, can discourage access to SRH information and services, which hinders adolescents' ability to take measures to prevent unwanted pregnancy or sexually transmitted infections. UNFPA country offices must be aware of the legal and policy environment for the sexual and reproductive health and rights (SRHR) of adolescents, noting the CRC recommendation that consensual sexual activity of adolescents should not be criminalized, and the presumption of competence to consent to SRH services. The SRHR that should be promoted and safeguarded include: • the right to make one's own free and informed choices and to have control over one's SRH and life, free from coercion, violence, discrimination and abuse. • the right to bodily integrity, including the right to consent to or refuse medical treatment. • **access to free and safe SRH services (including safe abortion care to the full extent of the law, and free contraception)**." (Module 8, p. 16)
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.*	"Achievement of SRH relies on the **realization of sexual and reproductive rights**, which are based on the human rights of all individuals to: • have their bodily integrity, privacy and personal autonomy respected. • freely **define their own sexuality**, including sexual orientation and gender identity and expression • decide whether and when to be sexually active. • choose their sexual partners. • **have safe and pleasurable sexual experiences**. • decide whether, when and whom to marry. • decide whether, when and by what means to have a child or children, and how many children to have. • have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence." (Module 1, p. 8)

	"Promote the sexual health of adolescents, **including a rights-based**, gender-responsive, positive and respectful **approach to sexuality and relationships**." (Module 1, p. 13) "**Consider using peer educators** as one component of a comprehensive strategy, to provide outreach to adolescents and referral to experts and services." (Module 1, p. 23) "Nearly all of UNFPA's adolescent and youth programmes **include some form of peer-related interventions**. As well as being relatively easy to implement, this approach is based on the common-sense understanding that adolescents may be more open to discussing sensitive issues with friends of the same age than with adults in positions of authority." (Module 1, p. 26) "'Through the out-of-school CSE programme ... I started to visit group counselling, where I met new friends with whom I can share my feelings and discuss **challenges that go along with transactional sex**. Now I'm a peer educator myself.' -**Young sex worker**, Ethiopia" (Module 3, p. 18) "Use CSE to encourage advocacy to address broader structural goals, such as changing social norms and policies, reducing stigma and discrimination, and **advocating for adolescents and young people's access to SRH services**." (Module 3, p. 20) "Consider **using peer educators to deliver CSE**, especially to young key populations. Select peer educators from a broad base of potential candidates. Use a variety of methods to identify candidates suitable for different groups of vulnerable youth, and include young people from the target population in the process. Make use of social media to find candidates" (Module 3, p. 23) "Maintain a comprehensive approach and try to adopt empowerment approaches to **facilitate social change in CSE with young people who sell sex**." (Module 3, p. 24) "Rights to education for young people include: the right to make decisions related to education, **the right to health education, including access to comprehensive sexuality education** (CSE), the right to access education on active citizenship and on human rights." (Module 8, p. 18) "Sexual and reproductive health and rights: SRHR entails a set of freedoms and entitlements. These freedoms include the **right to make free and responsible decisions** and choices, free of violence, coercion and discrimination, over matters **concerning one's body and sexual and reproductive health**. The entitlements include unhindered access to a range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under Article 12 of the Covenant on Economic, Social and Cultural Rights, ICPD and other international human rights instruments." (Module 9, p. 18)

	"Challenges to the **advancement of SRHR** have significantly increased in recent years, including pushbacks against comprehensive sexuality education (CSE), human rights including the **rights of LGBTQ+ people**, gender equality and other issues." (Module 9, p. 8)
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.*	"Engage duty bearers in creating an enabling environment for adolescents to realize their SRHR, with **access to education, information, services and supplies to prevent pregnancy**, sexually transmitted infections (STIs), harmful practices and gender-based violence (GBV)." (Module 1, p. 13) "Focus on both **school-based and out-of-school CSE**, and build synergies between the two." (Module 1, p. 22) "**CSE should also be provided outside the school setting**. Concerted efforts must be made to reach left-behind groups of adolescents and complement and extend what is offered in school-based CSE." (Module 1, p. 29) "**CSE should start early (the ITGSE recommends at the age of 5)** and increase incrementally with the evolving needs and capacities of adolescents." (Module 1, p. 29) "When building positive attitudes and capacities among public or private health providers, include exercises to **clarify their personal values and attitudes about adolescent sexuality** and the provision of ASRHR in the context of their professional roles, responsibilities and ethical obligations." (Module 1, p. 31) "Support youth groups that **advocate for changing harmful social norms** and fight violence against women and girls." (Module 1, p. 42) "Support legislative reforms on setting the minimum age at marriage at 18 across legal systems, and **lowering ages of consent** (**to sex** and to services, see p. 53)." (Module 1, p. 43) "Health-care workers should **provide counselling to adolescents about sexuality, sexual health and well-being**, including non-violent and consensual sex." (Module 1, p. 47) "Work with government and civil society actors to galvanize commitment and political leadership for an **integrated approach to menstrual health and SRHR**, and to support national health systems to promote menstrual health." (Module 1, p. 48) "Support community-based programmes to **create a supportive environment for menstrual health and SRHR** which attempt to shift the gender and social norms underpinning adverse menstrual health and SRHR outcomes." (Module 1, p. 48) "As countries pursue UHC reforms, there are important health financing

	considerations to **ensure the inclusion of ASRHR**, and adolescent health more broadly." (Module 1, p. 49) "Advocate for public investments and the **inclusion of SRHR** in key sectoral or multisectoral national schemes to ensure its inclusion as a **priority in programmes, policies and budgets**." (Module 1, p. 49) "Consider cash transfer schemes **to increase adolescents' access to SRHR services**." (Module 1, p. 50) "Health systems are not neutral: they **reproduce structures and processes of oppression and discrimination that exist in families** and communities." (Module 1, p. 57) "CSE includes developmentally and culturally relevant, science-based, medically accurate information on a wide range of topics, including human development, gender identity, sexual behaviours, communication skills, empathy and mutual respect. **CSE contributes to gender equality by building awareness of the centrality and diversity of gender** in people's lives; examining how gender norms are shaped by cultural, social and biological differences and similarities; and encouraging respectful and equitable relationships based on empathy and understanding." (Module 2, p. 22) "**CSE delivered in out-of-school settings** is an important platform to link with other violence prevention programmes and GBV services, while ensuring that the most vulnerable young people are reached." (Module 2, p. 22) "However, there is increasing recognition of the need to address the **negative impact of harmful masculinities** on men and boys themselves, including on their health and well-being, quality of life and relationships – without detracting from a focus on women and girls." (Module 2, p. 24) "Out-of-school CSE is delivered outside the school curriculum in non-formal settings. **Out-of-school CSE programmes are particularly valuable** because they can: • provide CSE to children and young people in situations where it is not included in the school curriculum. • supplement in-school CSE, particularly in contexts where it is not comprehensive or of high quality. • provide CSE to children and young people who are not in school. • provide CSE that is tailored to the needs of specific groups of children and young people (see the box on p. 9)." (Module 3, p. 7) "Periods of physical distancing measures and school closures have left many adolescents and young people across the world without access to essential sexual and reproductive health and rights (SRHR) information and services. In this context, **out-of-school CSE, including CSE delivered by digital means, becomes more important than ever**." (Module 3, p. 7)

	"One of the strategy's principles is 'leaving no one behind,' and this determines another **approach of delivering CSE – to cover all groups of young people**, including marginalized and key populations." (Module 3, p. 9) "Key populations are those groups that are epidemiologically considered to be at higher risk of HIV in all parts of the world. These include sex workers, men who have sex with men, transgender people, people who inject drugs and people in detention and other closed settings. 'Young key population' refers to an individual young person who is a member of a key population, or a young key population group as a whole. **When CSE is delivered outside the school context, it is easier to tailor both the content and the delivery to the specific needs of groups of young people** who are frequently neglected in educational settings, including for CSE. These include, among others: • young key populations • young people with disabilities • young people in humanitarian settings • Indigenous young people • young LGBTQ+ people • young intersex people" (Module 3, p. 9) "**CSE programmes** – whether in or out of school – **sometimes face opposition** from political, religious or civil society groups. This opposition is often **based on a misunderstanding of the purpose or the content of CSE**. In some regions, opposition to CSE is becoming increasingly outspoken and organized. So it is important that supporters of CSE themselves understand clearly the misconceptions – and the realities – about CSE." (Module 3, p. 11) "**Determinants and Drivers of Harmful Practices** (Socioecological Framework) • Overall systemic gender inequality • Economic disruption, lack of economic opportunities, humanitarian crises • Lack – or poor implementation – of laws and policies protecting adolescent girls from harmful practices • Laws that violate the rights of adolescents, e.g., **criminalizing consensual sexual relationships between adolescents** outside a formal union, or hindering access to adolescent-friendly SRH services • Inadequate data and insufficient investment in evidence-based strategies • Unavailable, inaccessible or poor-quality services for education, social safety-nets, gender-based violence and child protection, and health services (particularly comprehensive SRHR services) • **Lack of high-quality comprehensive sexuality education** for young people in and out of school • Lack of knowledge about harmful practices among service providers and public servants • Poor quality population-level and administrative data on service coverage, quality and fidelity • Gendered social norms and discriminatory stereotypes that restrict women and girls to family and household roles

	• Implicit/explicit support for **harmful practices from traditional, religious and societal leaders** • Community conciliation mechanisms in cases of sexual violence • Control over adolescent sexuality, particularly girls' sexuality and autonomy • Fear of shame and loss of family honour from girls' loss of virginity and premarital pregnancy • Primacy accorded to male sexuality and pleasure." (Module 4, p. 10) **"**Possibilities include systems for girls' education, social protection/cash transfer programmes, programmes on adolescent health or access to contraception, **national initiatives for comprehensive sexuality education (CSE)** or life skills, economic empowerment and job creation initiatives." (Module 4, p. 14) **"**When selecting youth partners, you will need to ascertain **whether the individuals and their organizations support the values of the UN**. Young people may come from diverse movements (such as environment, Indigenous rights, persons of African descent), and it is important that all our partners share a vision in favour of human rights and gender equality, especially in relation to UNFPA's mandate, but this issue should not become a ground for exclusion." (Module 5, p. 24) "Safeguarding measures should be developed, communicated and implemented in a way that takes into account such disparities and acknowledges the increased risks and specific needs. A similar approach should apply to **power imbalances and risks that might arise from sexual orientation**, disabilities or other intersecting identities." (Module 5, p. 38) "In emergencies, educational programmes often address younger children, with little investment in the developmental and protection rights and needs of adolescents or youth. Entry points to strengthen SRH and GBV coordination with education include: Identify entry points to **integrate life skills and comprehensive sexuality education (CSE) into school curriculums**." (Module 7, p. 17) "One of the most important ways of increasing uptake of SRH and GBV services for young people is to **train service providers in adolescent-friendly SRH** and GBV services." (Module 7, p. 20) "**Ensure school curricula include** comprehensive, evidence-based, and non-discriminatory **sexuality education**." (Module 8, p. 17) "**Ensure adolescents have access to the full range of sexual and reproductive health care services** and information; Ensure SRH services are available, accessible, acceptable and of good quality." (Module 8, p. 17) "It is also vital to guarantee **young people's right to education, including CSE in and out of school**, despite the challenges caused by the pandemic. This means

	ensuring continued access to education through all available channels, including face to face wherever possible, and also through virtual, radio and community platforms." (Module 8, p. 21) "Choose a commitment that young people and the community have identified as a priority. The commitment needs to be validated with the community, and aligned with **national, regional and global commitments to SRHR** and gender equality." (Module 8, p. 29) "At the request of governments, UNFPA supports them in achieving the goals set forth in the ICPD Programme of Action – including **universal access to SRHR**, **including family planning, CSE**, and the prevention of, response to, and elimination of gender-based violence and harmful practices, including child marriage and female genital mutilation – as well as supporting meaningful youth participation and peace and security." (Module 9, p. 10) "A number of participatory methods can be used to identify an **issue of SRHR for young people that requires advocacy**. These include developing a problem tree, conducting a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis or using data and evidence that could lead to defining policy solutions. Some examples of policy issues related to SRHR are the legal age of marriage, making school mandatory for young people up to a certain age, **ensuring access to CSE**, supporting non-discrimination against pregnant girls in schools, and ensuring access of non-married adolescents and youth to sexual and reproductive health services, **including access to contraception**." (Module 9, pp. 21-22) "**In Zambia, opposition groups organized a coalition to advocate for stopping CSE**, claiming it had harmful effects on children. They promoted a petition to the government to withdraw from the Ministerial Commitment on Comprehensive Sexuality Education and to retract the national CSE curriculum. Responding to a tentative promise from the Ministry of Religious Affairs to withdraw the curriculum, UNFPA and UN partners mobilized with civil society and CSE champions, monitoring and conducting political scanning to influence and defend the right to CSE by providing evidence to the government stakeholders. An outcome of this policy advocacy was that **Parliament issued a communiqué reaffirming support to the provision of Sexual and Reproductive Health** (SRH) for all that benefit women and adolescents, and safeguard the health of their children and societies at large and **recognize that CSE is an integral part of SRHR**." (Module 9, p. 27)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services,*	"**Adolescents should be able to access services**, commodities and information **without third-party consent** and providers should be made aware of adolescents' rights." (Module 1, p. 16) "Where there are **restrictive laws concerning** the age of consent to sex, and/or the age of consent to **access SRH services (such as contraception) without parental consent**, provide guidance to decision-making bodies on recognizing the evolving capacities of adolescents, and on normative sexual development." (Module 1, p. 30)

including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.	"Health workers should support adolescents' **access to self-care services** safely and effectively. Health workers must have the skills to counsel adolescents non-judgmentally. They must be trained, supported and held accountable for providing high-quality, **confidential** and respectful care." (Module 1, p. 31) "STI testing and care should be provided in a way which **protects the confidentiality of the adolescent**." (Module 1, p. 39) "Support countries to ensure that specific legal provisions are guaranteed under domestic law, including regarding setting a minimum age for sexual consent, marriage and the possibility of **medical treatment without parental consent** (see also p. 53)." (Module 1, p. 42) "Minimum-age restrictions or the **requirement of third-party (usually parental or guardian) consent in order to access SRH services** (including contraception and abortion) are **major barriers to adolescent bodily autonomy**. High-quality, youth-friendly, confidential and comprehensive SRH services without stigma or prejudice should be provided on the basis of objective assessments of the capacity and best interest of the individual." (Module 1, p. 53) "As an adolescent's capacities grow, the protective framework can be relaxed to **enable them to take full responsibility** for decisions affecting their lives." (Module 1, p. 56) "All adolescent girls have access to a full range of high-quality, age-responsive SRH services and information **Adolescent girls are able to access these services without spouse, partner or family consent**. Adolescent girls are able to make decisions about their bodies and their SRHR." (Module 1, p. 58) "**Young people are the key rights-holders of CSE** and involving them meaningfully in developing and delivering programmes is essential to ensure that the curriculum responds directly to their needs." (Module 3, p. 13) "Strategies to eliminate harmful practices should rely on **increasing girls' agency to ensure they can make their own free and informed choices** regarding their bodies and their lives." (Module 4, p. 17) "**Every individual has the right to make informed choices about their body** and life, and to participate as an active citizen. Some of the most consequential choices occur early in life." (Module 8, p. 8) "**Ensure the right to bodily autonomy and decision-making around SRH issues**; Guarantee confidentiality and privacy with regards to patient health-care information, including **prohibiting third-party consent**, such as spousal and parental, to SRH services." (Module 8, p. 17) "At the same time, **many laws discriminate against youth** – **such as laws requiring children to be of a certain age to access SRH services** – so it is

	important to support revisions to laws to ensure they are aligned with young people's rights." (Module 8, p. 20) "Faced with growing threats to sexual and reproductive health and rights (SRHR), **UNFPA stands with young people to ensure that all adolescents and youth can make informed choices about their bodies**, their lives and their world as a pathway to fulfil their potential." (Module 9, p. 8)
15. REFERS CHILDREN TO HARMFUL RESOURCES *Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)* *Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.* *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	"Adolescents have special challenges in **accessing SRHR information and services**. This may be especially true if they are constrained from seeking care by gatekeepers, by financial constraints or by autonomy and mobility restrictions. What UNFPA can do: • Ensure that **health services targeting adolescents are inclusive** of especially vulnerable, left-behind subpopulations. • Engage with parents, caregivers, teachers and community members in supporting adolescents to access high-quality SRHR information, services and supplies. • **Promote comprehensive sexuality education (CSE)** for in-school and out-of-school adolescents (see Module 3). • Support new technologies such as mHealth **to make SRHR information and services more accessible to adolescents**." (Module 1, p. 15) "Develop a **georeferenced map of SDPs offering services to adolescents**, and support certification for adolescent-responsive services grounded in quality-improvement processes." (Module 1, p. 30) "Health facilities should **ensure the availability of high-quality approved abortion commodities** and supplies." (Module 1, p. 35) "Connect and **refer adolescent girls to high-quality information** and services that are oriented to their particular needs for health (**including SRH**), advocacy, and child and social protection." (Module 1, p. 43) "**Adolescent and Youth Contraception** • United Nations Population Fund (2019). ***Brief: Young People's Need for Contraception: A Critical Component of Adolescent and Youth Sexual and Reproductive Health and Rights.*** https://drive.google.com/file/d/1s9yQJk_pQsl9pt3guS-F64_t0FAo8xtZ/view • World Health Organization (2015). ***Medical Eligibility Criteria for Contraceptive Use****. 5th edition.* https://www.who.int/publications/i/item/9789241549158 "**Abortion Values Clarification** • Ipas (2008). ***Abortion Attitude Transformation****: A Values Clarification Toolkit for Global Audiences (activities adapted for young women)*. Chapel Hill, North Carolina: Ipas. https://www.ipas.org/wp-content/uploads/2020/06/VCATYTHE13-VCATAbortionAttitud

	eTransformationActivities.pdf • Renner R-M, de Guzman A, Brahmi D (2014). **Abortion care for adolescent and young women**. International Journal of Gynaecology and Obstetrics. 126(1):1-7. https://pubmed.ncbi.nlm.nih.gov/24309552/" (Module 1, p. 60) "The good news is that there is plenty of guidance available for planning, designing and implementing CSE, whether in school or out of school. Key documents include: • ***International Technical Guidance on Sexuality Education*** (ITGSE) (UNESCO, 2018) • ***International Technical and Programmatic Guidance on Out of School Comprehensive Sexuality Education*** (OOS Guidance) (UNFPA, 2020) • *Learning beyond the Classroom:* ***Comprehensive Sexuality Education Programming during the COVID-19 Pandemic*** (UNFPA, 2020)." (Module 3, p. 9) "One of UNFPA's most important contributions to youth leadership and participation has been its support in starting **youth networks in the SRHR space**, such as Y-PEER, the Latin American and Caribbean Youth Network for Sexual and Reproductive Rights (REDLAC), the Latin America and Caribbean Youth Alliance (#JuventudesLAC) and the African Youth and Adolescents Network (AfriYan)." (Module 5, p. 34) "**Adolescent-friendly centres should be located close to SRH services**, to facilitate access to both GBV and SRH services." (Module 7, p. 33) "Provide adolescents with information about STIs **and the locations of adolescent-friendly services**." (Module 7, p. 36) "Resources • Advocates for Youth. ***Advocacy Toolkit***. https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/advocacykit.pdf [link does not work] • Advocates for Youth (2019). ***Youth Activist Toolkit***. https://www.advocatesforyouth.org/wp-content/uploads/2019/04/Youth-Activist-Toolkit.pdf" (Module 9, p. 32)
For the complete text of *My Body, My Life, My World*, see the following links: • Module 1 • Module 2 • Module 3 • Module 4 • Module 5 • Module 6 • Module 7 • Module 8 • Module 9	