

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

My Future is My Choice (Namibia/UNICEF)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [13 OUT OF 15]

My Future is My Choice contains [13 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: *My Future is My Choice* encourages safer sex activities, not abstinence. Condoms are heavily pushed as the best means of contraception for young people who are not ready to start a family. Instead of unprotected penetrative sex (either vaginal, anal or oral), students are encouraged to use a condom or satisfy each other with behaviors such as thigh sex and mutual masturbation. The program for clubs has a heavy emphasis on spreading AIDS awareness messages in the community, including through handing out condoms. Students role play sexual scenarios with partners of the opposite sex. They also practice condom use on a wooden penis with partners of the opposite sex. Games such as a condom relay race are used for condom practice.

Target Age Group: Target age is 15-18, can be expanded to ages 13-20

Planned Parenthood Connections:

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i></p>	<p>“High danger for HIV infection: Vaginal sex without a condom; Anal sex without a condom; Having sex using a contraceptive but not a condom; Having sex for the first time without a condom” (Training Manual, p. 18)</p> <p>“Low danger for HIV infection: Vaginal sex using a condom; Oral sex (licking or sucking each other’s private parts); Thigh sex (rubbing the penis between the girl’s thighs); Mutual masturbation” (Training Manual, p. 18)</p> <p>“The penis is normally limp, but when the male is sexually excited, the penis becomes firm or hard. This is called an erection.” (Facilitator Manual, p. 17)</p> <p>“During sexual intercourse, the man puts his penis into the woman’s vagina.”</p>

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

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

attractions, fantasies or desires.

Sperm are released from the male's penis before, during, and after his ejaculation." (Facilitator Manual, p. 18)

"Does a boy's penis need to be inside a girl's vagina for her to become pregnant? No, a boy's penis does not need to be right inside in the girl's vagina in order for her to become pregnant." (Facilitator Manual, p. 19)

"The boys should **discuss the feelings they had about their first erection or wet dream** and whether they had been informed about these changes and who gave them the information." (Facilitator Manual, p. 19)

Students take a public stance of whether they agree with the following statements:

- "I **believe my new sexual partner** when he/she says that 'she/he always uses a condom.'"
- I **always use a condom** when I have sexual intercourse." (Facilitator Manual, p. 26)

"How people have sexual intercourse increases the risk of getting HIV. If a girl is **not ready for sex and her vagina is dry**, it will hurt for her and it is also not as enjoyable for the boy. Also, if she is bleeding and if the boy or the girl has HIV or STD germs, they are much more likely to infect each other than they are if the girl's vagina was wet. Therefore, **forcing a girl to have sex or having sex before a girl is ready** is dangerous for the both boy and girl. A virgin having sex for the first time is especially likely to become infected if her partner has HIV." (Facilitator Manual, p. 30)

Students play a game to demonstrate the risks of getting HIV. In the game, shaking hands with a classmate **represents having sex with that person**. (Facilitator Manual, p. 31)

"Abstaining from penetrative sexual intercourse is the best way to avoid being infected with HIV." (Facilitator Manual, p. 32)

***Note:** This is a misleading definition of abstinence and implies that other sexual behaviors like mutual masturbation are completely acceptable.*

"Be Faithful: This is not a good message for young people, since many will be **experimenting with relationships**, and will **often have at least two sexual partners before getting married**." (Facilitator Manual, p. 32)

"Why do girls get infected with HIV more easily than boys? **A vagina gets damaged easier than a penis**, and that increases the chances for the virus to get in. Sperm can stay inside the girl for 3 days, and if it is infected it may find access into the body. **Young girls who are having older sexual partners** are more at risk if they are not using condoms, because these old partners may have had many other partners and are more at risk of having HIV. When a girl loses her virginity or if she has sex when she is not ready or willing, she is likely to experience bleeding which increases her chance of infection." (Facilitator Manual, p. 39)

“Childhood sex play is when children start trying out their sexuality with play. It can be when they are with friends and they play that they are a mother and father, and touch each other and **even play that they are having sexual intercourse.**” (Facilitator Manual, p. 47)

Students demonstrate whether they agree or disagree with the following:

- “It is common for girls to ask their boyfriends for sexual intercourse.
- It is normal for boys to **force their girlfriends** to have sexual intercourse.
- Girls who do not have sexual intercourse with their boyfriends will lose their boyfriends **to girls who will have sexual intercourse.**
- It is the responsibility of the girl to insist on the use of condoms in a sexual relationship.
- Boys should be responsible for providing condoms.
- For boys, sexual intercourse equals love in a relationship.
- A girl who **carries condoms is a ‘loose’ girl.**
- It is difficult for boys and girls to talk openly about sexual intercourse and condom use.” (Facilitator Manual, p. 57)

Case Study: “Paul is fifteen and lives in a village where **boys are encouraged to be sexually active** to prove that they are men. He has many girlfriends. He does not use condoms but he would like to do so. However, they are very difficult to get hold of in Opuwo and the health centre only gives them to adults. What should Paul do?” (Manual for Clubs, p. 25)

Case Study: “Maria is fourteen and has only ever had one boyfriend who she wants to marry in the future. She has told her boyfriend that she wants to wait until they get married before having sexual intercourse. Her boyfriend is **teased by his friends for still being a virgin** and so he finds another girlfriend in a Gobabis township who will have sex with him. He says he **uses condoms with the other girlfriend** because he does not want her to get pregnant.” (Manual for Clubs, p. 25)

Case Study: “Your friend Cathy seems very curious about sex and she even asks you what it is like to have sex. You know she goes out with Joe and you also know that Joe **has had sexual intercourse with many other girls.**” (Manual for Clubs, p. 26)

Case study for evaluating risk of HIV: “Lilly was a virgin when she started dating Charles. Charles **had already had sexual intercourse with several girlfriends** before their relationship but now Lilly and Charles are now completely faithful to each other.” (Manual for Clubs, p. 27)

Case study for evaluating risk of HIV: “Jacqui does not want to settle down yet and she has a number of boyfriends. She always **insists that her boyfriends use a condom** when they are having sexual intercourse.” (Manual for Clubs, p. 27)

Case study for evaluating risk of HIV: “Albanus **enjoys having sexual intercourse** and he likes to go out to the bars. He knows about the risk of HIV/AIDS but

sometimes he drinks too much and **forgets to use a condom** when having sex.” (Manual for Clubs, p. 28)

Case study for evaluating risk of HIV: “Kavepu comes from a poor family and **she dates a ‘sugar daddy’ because he likes the new clothes he buys for her.** This man has a number of girlfriends and he always insists that they do not use condoms.” (Manual for Clubs, p. 28)

Advice column scenario: “I hope you can help me. I am a girl of 16 years and I have **had sex with three different boys at school.** I didn’t use any protection. Today at school we learned about AIDS, STDs and pregnancy. I think I might be pregnant and now I am very worried about having AIDS or an STD. What can I do?” (Manual for Clubs, p. 28)

Advice column scenario: “I am 15 years old and I have a problem and I don’t know who else to turn to. I have been going with a girl for six months. **Now she tells me she is ready for sex.** I told her that I wasn’t but now she says I don’t love her. She said she will find another boy if we don’t have sex. **She says everyone is doing it.** I do love her and I don’t want to lose her. What should I do?” (Manual for Clubs, p. 29)

“Sample statements to be debated by club members:

- It is **not good to tell your sexual partner** (or school or friends) that you are HIV positive.
- You are safe from getting HIV if you (or your partner) **do not have sexual intercourse with a commercial sex worker.**” (Manual for Clubs, p. 34)

Club members state whether they agree or disagree with the following statements:

- “All relationships between men and women lead to sexual intercourse.
- It is natural for young men to **experiment with several sexual partners.**
- The main reason to have sex is for pleasure.
- The main reason to have sex is to strengthen a relationship.
- **Being a virgin is old fashioned.**” (Manual for Clubs, p. 40)

Club members discuss risk level of the following behaviors:

- “High Danger: Vaginal sex without a condom; **Anal sex** without a condom; Having sex using a contraceptive but not a condom; Having sex for the first time without a condom
- Low Danger: **Vaginal sex using a condom; Oral sex** (licking or sucking each other’s private parts); Deep kissing; **Thigh sex** (rubbing the penis between the woman’s thighs); **Mutual masturbation**
- No Danger: Caressing; Hugging; **Masturbation**; Massage; Holding Hands; Abstinence (no sex). (Manual for Clubs, p. 42)

“Topics for Role Plays:

- A young man **insisting to have sexual intercourse**, while his girlfriend is refusing because she wants to maintain her virginity until she gets

	<p>married.</p> <ul style="list-style-type: none"> • A young woman catching her boyfriend having sex with another woman. • Trying to convince your partner who has had ‘unprotected’ sexual intercourse with that the two of you should start using condoms. • A young man wanting to use a condom but fearing that his partner may be angry. • Someone wanting to have sex with you when you know he or she has another lover. • Wanting to have sex with someone, but no condoms available. • Being ridiculed for not having several lovers, or sticking to one partner. • Trying to convince an adult that condoms do not lead to ‘promiscuity’.” (Manual for Clubs, pp. 59-60) <p>Role play scenarios where one person tries to convince the other to give in to temptation:</p> <ul style="list-style-type: none"> • “A young man trying to convince a young woman to have sexual intercourse, and she is refusing because she wants to remain a virgin until marriage. • A young woman tempting a young man to have sexual intercourse with her because he plays football and is very popular. • A young man encouraging his friend to have sexual intercourse so that he can ‘be a man.’ • A girl being tempted by a ‘sugar daddy’ into a sexual relationship by giving her gifts. • A boyfriend trying to convince his partner that they will enjoy sex more without a condom.” (Manual for Clubs, p. 61) <p>“During sexual intercourse the man puts his penis into the woman's vagina. Sperm are released from the male's penis before, during, and after his ejaculation.” (Manual for Clubs, p. 87)</p> <p>“The man does not need to put his penis all the way into her vagina and nor does he need to ejaculate for a woman to become pregnant before and after ejaculation (and even if ejaculation does not occur), some semen will be released.” (Manual for Clubs, p. 87)</p> <p>“If two people have sex without a condom and if one of them has had unprotected sexual intercourse with other people, the other person is at risk.” (Manual for Clubs, p. 87)</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</i></p>	<p>“My Future is My Choice provides young people with the skills they need to be able to say no to unsafe and/or unwanted sexual relationships.” (Facilitator Manual, p. 4)</p> <p>“Please make sure the participants get the opportunity to role play in their first language the new skills they learn – i.e. negotiating safe sex – this is very important!” (Facilitator Manual, p. 6)</p> <p>“While having a partner, it is important to talk openly about the consequences</p>

may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.

Note: "Consent" is often taught under the banner of sexual abuse prevention.

of not using contraceptives, and the decisions about what contraceptive method you should use." (Facilitator Manual, p. 27)

"Condoms are part of a caring relationship and young people need to **practise how to negotiate condom use with their partner** when they can no longer abstain from sexual intercourse." (Facilitator Manual, p. 35)

Student pairs (boy/girl) role play the following scenario: "Your partner **wants you to have sex without a condom**, to prove your love." (Facilitator Manual, p. 41)

"As a group discuss and role play passive, aggressive and assertive communications. There should be a short role play (2 minutes maximum) after each explanation. After discussing each term, ask for a boy and girl to volunteer. Ask the boy to role play the 'examples' (e.g. passive, aggressive, assertive) in response to the girl insisting that **'if he loves her he should have sexual intercourse with her.'**" (Facilitator Manual, p. 45)

"Ask the participants to get into pairs and role play using assertive ways of communication (five to ten minutes). The role play should involve one partner **trying to convince the other partner to have unprotected sexual intercourse** or to use drugs or alcohol. After about five minutes they should switch roles and partners." (Facilitator Manual, p. 46)

"By the middle of this session, Session Seven, it should be clear to the participants that **boys and girls can and need to talk openly about sex in their relations**. The ability to communicate openly and assertively between males and females is one of the most important skills the participants should gain from this training course." (Facilitator Manual, p. 57)

"Review for the Group: together with **decision-making skills** and **communication skills**, young people also need to have the **negotiation skills**. The **negotiation skills** include the ability to use argument to persuade someone to do something, e.g. to delay sexual intercourse, or to use a condom, etc. All of these skills are partly combined together and also require **practical skills**, which mean such skills as how to use condoms." (Facilitator Manual, p. 62)

"Role Play Scenarios:

- The boy tries to **convince the girl that she wants sexual intercourse** and is only afraid of the possible consequences.
- The boy is sexually excited and therefore **expects the girl to give him sexual intercourse**. Anything else (i.e. masturbation), he does not consider to be sex.
- The girl thinks that because the boy wants to use a condom, he thinks she has a disease.
- The girl/boy argues that because **everyone else is having sex** (or drinking alcohol), so you should as well.
- The boy/girl suggests that **this is your only chance to have sex** with him/her (without a condom) so you should take the chance (and the

	<p>risk).</p> <ul style="list-style-type: none"> The boy tries to convince the girl that he can't use a condom because he feels no pleasure." (Facilitator Manual, pp. 62-63) <p>"Young people must not only understand the correct way to use condoms, they must understand the facts about condoms and have the skills to negotiate condom use with their partner." (Manual for Clubs, p. 49)</p> <p>"Role-plays are a great way of developing personal skills by practising how to react and what to say in difficult situations, such as refusing sex or discussing condom use with your partner." (Manual for Clubs, p. 58)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>"Low danger for HIV infection: Oral sex (licking or sucking each other's private parts)" (Training Manual, p. 18)</p> <p>"High danger for HIV infection: Anal sex without a condom" (Training Manual, p. 18)</p> <p>"Condoms: The condom is a barrier method and prevents the semen from entering the vagina, anus or mouth." (Facilitator Manual, p. 22)</p> <p>"Diseases that are transmitted during sexual intercourse (vaginal, oral and anal) are called Sexually Transmitted Diseases (STDs)." (Facilitator Manual, p. 28)</p> <p>"STDs are spread during unprotected sexual (vaginal, oral and anal) intercourse (review if the participants are unfamiliar with these terms)." (Facilitator Manual, p. 28)</p> <p>"Not having penetrative vaginal or anal sexual intercourse, oral sex (sucking the male or the female sex organs) is the best way to protect yourself from STDs. Use a condom for vaginal, anal and oral sex." (Facilitator Manual, p. 29)</p> <p>"Why is HIV an STD? Because it can be spread through penetrative sexual (vaginal, oral and anal) intercourse." (Facilitator Manual, p. 29)</p> <p>"If you are having penetrative sexual (vaginal, oral and anal) intercourse, you should be using a condom." (Facilitator Manual, p. 32)</p> <p>"Why is it important to know how to use a condom correctly? If young people are having vaginal intercourse, anal intercourse, and/or oral sex then they need to be using condoms. Anyone who is having penetrative sex is at risk of getting HIV infection." (Facilitator Manual, p. 38)</p> <p>"Safer sex is not only using a condom when having penetrative sexual intercourse, it can also be touching, caressing and kissing and fondling breasts and sexual organs, licking and sucking body parts. REMEMBER that licking and sucking your partner's private parts without using a condom is NOT safer sex." (Facilitator Manual, p. 57)</p> <p>Club members discuss risk level of the following behaviors: Anal sex without a</p>

	<p>condom (high risk); Oral sex/licking or sucking each other’s private parts (low risk). (Manual for Clubs, p. 42)</p> <p>“What is oral sex? There are many ways to show affection and enjoy sexual pleasure without the penis entering the vagina. Oral sex is sucking or licking the genitals of your partner and includes mouth on penis, mouth on vagina and mouth on anus. In many cultures, penetration is regarded as the only way to have sex, but oral sex is enjoyed by women and men alike.” (Manual for Clubs, p. 80)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Reproductive health implies that people are able to have a satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so.” (Facilitator Manual, p. 16)</p> <p>“Each time a boy has an orgasm he will release about one teaspoon of semen that contains millions of sperms.” (Facilitator Manual, p. 18)</p> <p>“It is also important that girls learn how to assist boys with putting on condoms. This can make condom use part of the sexual play between a couple.” (Facilitator Manual, p. 34 and Manual for Clubs, p. 51)</p> <p>“Safer sex is not only using a condom when having penetrative sexual intercourse, it can also be touching, caressing and kissing and fondling breasts and sexual organs, licking and sucking body parts.” (Facilitator Manual, p. 57)</p> <p>“Condom excuse: I can’t feel anything when I wear a condom. Response: Have you ever tried sex with a condom? There is plenty of sensation.” (Manual for Clubs, p. 54)</p> <p>“Condom excuse: Condoms ruin the romantic atmosphere. Response: They don’t have to. I can show you a way to put it on that you will enjoy.” (Manual for Clubs, p. 54)</p> <p>“Condom excuse: By the time I put it on, I’m out of the mood. Response: Who says you have to put it on? It’ll be more fun if I do.” (Manual</p>

	<p>for Clubs, p. 54)</p> <p>“Condom excuse: I don’t have a condom with me. Response: Then let’s find a way to excite each other without penetration.” (Manual for Clubs, p. 54)</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>“No danger for HIV infection: Masturbation” (Training Manual, p. 18)</p> <p>“Low danger for HIV infection: Mutual masturbation” (Training Manual, p. 18)</p> <p>“Young people need to either stop having penetrative sexual intercourse (you can continue to have safe sex, like mutual masturbation, touching, rubbing, etc.), abstain completely from sex, or use a condom.” (Facilitator Manual, p. 32)</p> <p>“Masturbation is a normal behaviour and the safest form of sex.” (Facilitator Manual, p. 33)</p> <p>“Masturbation means giving yourself sexual pleasure by touching and rubbing your own sexual organs; penis, vagina, breasts and other parts of the body which are sexually sensitive. ‘Rubbing off’ is another expression or ‘Skommel’ in Afrikaans which is a commonly used by young people.” (Facilitator Manual, p. 47)</p> <p>“Petting is also called ‘love play’ and that is when you have sex but without penetration. It can be kissing and striking each other, massaging and masturbating each other (mutual masturbation).” (Facilitator Manual, p. 47)</p> <p>Club members discuss risk level of the following behaviors: masturbation (no risk), mutual masturbation (low risk). (Manual for Clubs, p. 42)</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>“Each participant should then have a condom and a wooden penis and the training facilitators should demonstrate the proper procedure so that everyone can do it correctly together.” (Training Manual, p. 19)</p> <p>Steps to condom use:</p> <ul style="list-style-type: none"> • “Talk and agree to use condoms. • Check expiry date on condom package and check package for air. • Open condom package carefully, pushing condom to the side, before tearing package open. • Check that the condom is the correct way round before it is unrolled. • Pinch tip of condom to allow room for semen. • Unroll condom onto erect penis. • Sex • Man releases semen. (Ejaculation) • Remove penis after ejaculation, carefully holding condom. • Carefully remove condom from penis. • Throw away used condom carefully.” (Training Manual, p. 19)

“If a principal (or parents) does not want a condom demonstration you can also:

- Remind the principal that the leading killer of young people is AIDS.
- Indicate that condoms are the only option for sexually active young people who cannot or will not stop having sexual intercourse.
- Explain that the Programme teaches responsible condom use and access to information is a right for young people, and an urgent priority for sexually active young people.
- Provide copies of the research data to the principal which indicates that over 50% young Namibians 15 to 18 years of age are having sexual intercourse, and that HIV exists within the school population and/or community. [sic]
- Ensure that the Regional YHDP Committee is aware of the constraint and ask for their assistance.” (Facilitator Manual, p. 5)

“What you need: **Wooden model penis** (one for each participant in the group) and at least **three condoms for everyone in the group.**” (Facilitator Manual, p. 32)

“The facilitator needs to **demonstrate the correct way to put the condom on.**

Go over the following points as you show the participants how to use a condom:

- Check the expiry date on the condom. If old, don’t use it.
- Check that the package is not open. If open, don’t use it.
- Open the package with your fingers, remember to push the condom down to make space to tear the plastic, do not use your teeth or a sharp object.
- Hold the condom at the tip. Make sure it is like a hat, with the tip coming through the rolled up edges.
- The penis should be erect before the condom is put on.
- Keep the tip squeezed, this keeps air out of the end of the condom, and creates a space for the semen.
- Roll the condom down on the erected penis.
- You are now ready to have sexual intercourse.
- After intercourse, the male should hold on to the rim of the condom (so the condom does not stay inside the woman) while the penis is still erect, and withdraw the penis from the vagina. Then he can take it off, being careful not to spill any semen.
- Tie a knot, wrap it in toilet paper and put into the dustbin (do not try to flush it down the toilet).” (Facilitator Manual, p. 34 and Manual for Clubs, p. 47)

“Have the participants **practise putting the condom on the wooden practise penis.** Make sure that both the males and females are doing this correctly. Try to make them feel comfortable with the activity.” (Facilitator Manual, p. 34)

“It is also important that **girls learn how to assist boys with putting on condoms.** This can make condom use part of the sexual play between a couple. It can also help the girls to determine if their partner has put on the condom

correctly.” (Facilitator Manual, p. 34)

“Condom Game: This is done as a race and is timed by a watch. It requires a timekeeper and a judge. This is done in teams of two people - one boy and one girl work together. The boy **holds the wooden penis in the correct position**. The girl is required to **put the condom on the penis correctly** and then remove the condom correctly and tie it into a knot.” (Facilitator Manual, p. 34)

“If the boy does not **take out his penis when it is still semi-hard**, the condom can slip off in the vagina.” (Facilitator Manual, p. 34)

“Have the club members **practice putting the condom on a wooden practice penis**. If you don’t have these, you can also use bananas or cucumbers.” (Manual for Clubs, p. 47)

“**How to use a female condom:**

- Open the packet carefully.
- Hold the small ring (at the closed end of the condom) between the thumb and middle finger.
- Find a comfortable position, either lying down, sitting with your knees apart or standing with one foot raised on a stool. Squeeze the small ring and put it into the vagina, pushing it inside as far as possible with the fingers.
- Put a finger inside the condom and push the small ring inside as far as possible. (It is also possible to insert the condom by putting it onto the erect penis before intercourse.)
- Make sure that part of the condom with the outer ring is outside the body. The outer ring will lie flat against the body when the penis is inside the condom. When the penis enters the vagina, make sure that the penis is inside the condom.
- Immediately after sex, take out the condom by gently twisting the outer ring and pulling the condom out, making sure that no semen is spilt.
- After using the condom, throw it away safely.” (Manual for Clubs, p. 48)

“Condom Relay:

- Divide the group into two to three groups and have them stand in a line.
- Give each person a condom and **make sure each team has a practice penis** or banana.
- Instruct players that they must follow all the steps when putting on the condoms in this game.
- A dustbin should be placed at the back of the line and players must run to it to deposit all used condoms and wrappers.
- The first person of each team will begin by **putting on a condom while the second person holds the banana or practice penis**. When the first person has completed all of the steps the second person hands the penis or banana to the third person and then they must put their condom on it. This follows on down the line.
- Club leaders should monitor that all steps such as checking expiry date,

	<p>tying a knot after use, putting it in the dustbin, etc. are followed.</p> <ul style="list-style-type: none"> • The team to first put on and take off all of their condoms correctly wins.” (Manual for Clubs, pp. 52-53)
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“My Future is My Choices aims to: ...provide young people with the skills they require so that they can make informed decisions about their sexual health.” (Facilitator Manual, p. 3)</p> <p>“What is My Role as a Facilitator? ...It is NOT your role to tell young people what to do. Your role is to ask the kinds of questions that will allow young people to see and analyse the results of their past and future behaviours. You should also help them to see how they can make decisions that will protect their future.” (Facilitator Manual, p. 4)</p> <p>“Free condoms should be available from the local health clinic. The government policy is that ten condoms are to be made available per person, per visit, on request, at the clinic or hospital, and there is no official age restriction.” (Facilitator Manual, p. 35)</p> <p>Students stand under the respective sign whether they agree, disagree or are undecided about the following statements:</p> <ul style="list-style-type: none"> • “You should not have sex before marriage. • It is all right to have sexual intercourse as long as you use a condom. • If you know something might put your life at risk (i.e. having unprotected sexual intercourse) you would not do it. • It is OK to have sex with your friend’s partner.” (Facilitator Manual, p. 52) <p>“Free condoms should be available from your local health clinic. The Government of the Republic of Namibia has a policy that ten condoms are to be made available per person, per visit, on request at every clinic or hospital. There is no official age restriction (of reproductive age...say 13 years old and up). You can also buy condoms at most pharmacies and many shops.” (Manual for Clubs, pp. 50-51)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than</i></p>	<p>“There is no scientific evidence that talking about sex will encourage young people to experiment with sex. In fact the research shows it helps them to delay sexual activity, and practice responsible sexual behaviour if they are already sexually active.” (Parental Information, p. 5)</p> <p>“Use a condom every time you have sexual intercourse.” (Facilitator Manual, p. 22)</p> <p>“Never have sexual intercourse without using a condom!!” (Facilitator Manual, p. 22)</p> <p>“The diaphragm should not be used during your period as this may increase your risk of Toxic Shock Syndrome (use condom or foam instead.)” (Facilitator Manual, p. 22)</p>

“unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

“If you **do decide to have sexual intercourse**, ALWAYS use a condom.” (Facilitator Manual, p. 24)

“While having a partner, it is important to talk openly about the consequences of not using contraceptives, and the decisions about **what contraceptive method you should use.**” (Facilitator Manual, p. 27)

“To kill STD germs, do exactly what your health worker tells you to do. Be sure to use all your medicine. Also, **you must tell your sexual partner(s)**. If they aren’t treated, they can spread the STDs. They might even infect you again! If you have an STD, don’t have sex **until your treatment is completed** and all the signs are gone.” (Facilitator Manual, p. 28)

“Not having **penetrative** vaginal or anal sexual intercourse, oral sex (sucking the male or the female sex organs) is the best way to protect yourself from STDs. **Use a condom** for vaginal, anal and oral sex. Condoms will protect you from STDs when used correctly.” (Facilitator Manual, p. 29)

“There is no cure for AIDS. There is no vaccine to prevent you from getting HIV. The only thing you can do is to abstain from sex **or make sure you use a condom** when having sexual intercourse.” (Facilitator Manual, p. 30)

“Young people need to either stop having penetrative sexual intercourse (you can **continue to have safe sex**, like mutual masturbation, touching, rubbing, etc.), abstain completely from sex, **or use a condom.**” (Facilitator Manual, p. 32)

“The only options are to delay having sexual intercourse, to stop having sexual intercourse, **or to use a condom every time** they have sexual intercourse.” (Facilitator Manual, p. 33)

“Condoms are part of a caring relationship and young people need to practise how to negotiate condom use with their partner **when they can no longer abstain from sexual intercourse.**” (Facilitator Manual, p. 35)

“Remind the group that many decisions have severe/irreversible consequences, like the decision to have **unprotected sexual intercourse**, which could lead to pregnancy, or even worse, HIV infection.” (Facilitator Manual, p. 40)

“Love and sex: Some points...

- Love means making **safeguards regarding sex.**
- Sex is only one part of a relationship. **Safe sex means you care!**
- The lack of love in a sexual relationship leads to satisfaction purely on a physical level, regardless of the other persons feeling or enjoyment.
- If there is a very solid base of trust and friendship, before sex, then love and respect comes naturally.” (Facilitator Manual, p. 59)

“Ask each participant to think of one message (or one word) that they would pass on as important information to a friend (i.e. ‘**always use a condom**’, etc.).” (Facilitator Manual, p. 75)

	<p>“Participants stand in a circle and one person whispers a message like ‘No condom, no sex’ or ‘If it’s not on, it’s not in’ to the person next to him or her. The whispered message is then passed around the circle.” (Manual for Clubs, p. 37)</p> <p>“You must use a new condom every time you have sexual intercourse.” (Manual for Clubs, p. 50)</p> <p>“Some important messages that your club can include in a drama:</p> <ul style="list-style-type: none"> • You can protect yourself from HIV infection by sticking to one mutually faithful, uninfected partner. • If you are sexually active, then practising safer sex can lower your risk of infection. Safer sex means avoiding sex that allows your partner’s blood or sexual body fluids (semen or vaginal fluids) to enter your body. • If used properly, condoms can reduce the risk of getting or passing on HIV or other STDs. It is very important to use a condom properly.” (Manual for Clubs, p. 57) <p>“What does ‘safer’ or ‘protected’ sex mean? Sexual intercourse with a condom is called ‘safer’ or ‘protected’ sex.” (Manual for Clubs, p. 79)</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>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting</i></p>	<p>“Ask the group why sexually active young people should only be using condoms as their contraceptive choice. Strongly remind the participants that only condoms can prevent HIV infection, STDs and pregnancy.” (Facilitator Manual, p. 22)</p> <p>“Condoms: The condom is a barrier method and prevents the semen from entering the vagina, anus or mouth. When the condom is used correctly and</p>

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.

consistently, **it is highly effective against STDs and pregnancy.**" (Facilitator Manual, p. 22)

"For young people who are not at a stage in their life when they are planning a family, the **only informed contraceptive choice** should be the consistent use of condoms." (Facilitator Manual, p. 22)

The **following contraceptive choices** are explained to students:

- The diaphragm
- Birth control pills
- Deco-provera [sic]
- Foams, creams and jellies
- Intrauterine device (Facilitator Manual, pp. 22-23)

"**Pills do not interrupt lovemaking** and provide protection every day of the month." (Facilitator Manual, p. 23)

"**Spermicides** add lubrication during intercourse." (Facilitator Manual, p. 23)

"The number one option for sexually active young people is **consistent condom use** (always use a condom every time)." (Facilitator Manual, p. 33)

"Why is it important to know how to use a condom correctly? If young people are having vaginal intercourse, anal intercourse, and/or oral sex then **they need to be using condoms**. Anyone who is having penetrative sex is at risk of getting HIV infection." (Facilitator Manual, p. 38)

"Ensuring access to services is the key objective. This is very important for sexually active young people to **have easy access to condoms**, or they will not be able to put their knowledge into practise and to protect their future." (Facilitator Manual, p. 79)

"**Condoms protect you from illness**. Condoms protect you from HIV and other STDs as well as preventing pregnancy. **Condoms are safe and effective**. If you use condoms properly, they are very safe and up to 99% effective." (Manual for Clubs, p. 49)

"**If you are sexually active, you should carry condoms**. If you may be in a situation where you will be having sexual intercourse, condoms will be more convenient to use if they are readily available. This way, when you and your partner are in the mood, you will not have to stop to get a condom. Traditionally condoms have been considered as the man's responsibility, but today more women feel responsible for getting hold of condoms. If you carry condoms with you, you can also provide them to your friends if needed, and possibly save their life." (Manual for Clubs, p. 51)

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

"Session 10 is a very important session. Young people who graduate are asked in this session to develop plans **for passing on the key information** they have

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.

learned to their peers. They should also discuss and plan activities, such as the formation of clubs, role play and drama which they can use for peer education and community mobilization.” (Facilitator Manual, p. 7)

“All of the group members have close friends who are not involved in MFMC. **Have they been passing on the information and skills to their friends?** Have they been thinking about how they will share their new knowledge and skills after they graduate from MFMC?” (Facilitator Manual, p. 76)

“MFMC graduates will find it **easy to do peer education with their friends**. To reach the ones who are just peers, who are the most at risk, they may have to get organised. Perhaps the graduates will want to **start an AIDS Awareness Club**. Once a group or club is established they need ‘cool’ messages, then they can try and recruit the ‘higher risk’ peers into the club. This may not work if the club only talks about abstaining or delaying sex, as sexually active peers will not be interested in the club messages.” (Facilitator Manual, p. 77)

“Ask the group to ‘brain storm’ some of the activities that they could do as individuals and as a group... Sample Group activities: Forming an AIDS Awareness Club or remobilising an existing club, doing role plays, doing drama, doing sports (volleyball), doing songs, doing **community activities** like big walks, organising group discussions, panel discussions, debates, competitions, shows, providing **youth friendly services in the community** for a health clinic, **distributing information materials and condoms.**” (Facilitator Manual, p. 80)

Suggested weekly activity for students: **collect ten condoms** from the health clinic and **distribute them to ten peers**. (Facilitator Manual, p. 80)

“Drama is an interesting and fun way to **give out information on HIV/AIDS**. Drama is a traditional way of entertaining and educating. It can make topics live and the literate and illiterate can understand the message being presented. **As peer educators**, AIDS Awareness Clubs can make dramas more powerful when we help the audience to discuss what they have seen in the drama... The plays should always try and create awareness about HIV/AIDS among young people and the general public.” (Manual for Clubs, p. 55)

“Club members should encourage one another to write their own poems and stories. Your AIDS Awareness Club should **use every opportunity to present** your club members’ poems, stories, dramas and songs at school and **community events!**” (Manual for Clubs, p. 65)

“Fairs, festivals and sports events provide a great opportunity for AIDS Awareness Clubs **to spread HIV prevention messages**. These events are good because they attract large numbers of people. During the event, your club can display billboards or posters, have a booth with games and prizes, distribute leaflets and/or free condoms, or sing songs.” (Manual for Clubs, p. 66)

	<p>“AIDS Awareness Clubs can design and create their own posters and banners that communicate HIV/AIDS messages. Posters can then be displayed in the school or in the community. They should contain simple messages that are easy for people to remember and they will be more attractive to readers if they are colourful and are easy to read. Use big, bold lettering and pictures or drawings if appropriate. Posters should be placed in ‘high traffic’ areas where many people will see them. Your AIDS Awareness Club should use every opportunity to display your club’s posters and banners at school and community events!” (Manual for Clubs, p. 67)</p> <p>“Your club can raise the school or community’s awareness of AIDS by having a rally or a big walk. Rallies are large gatherings of people that are meant to get people excited or involved in an issue. Rallies should be exciting and have plenty of rousing activities to get people interested in HIV/AIDS. Big walks are a way for AIDS Awareness Clubs to bring HIV/AIDS messages by walking through the school grounds or town to attract attention. At these events, your club can sing songs about HIV and AIDS and members can carry banners or posters (which you make yourselves) displaying messages about HIV and AIDS.” (Manual for Clubs, p. 68)</p> <p>“Most people enjoy watching television and this activity is also a good way to raise the school and community’s awareness of HIV/AIDS.” (Manual for Clubs, p. 72)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Remind the group that condoms are a sensitive issue, and that many adults believe that having knowledge about condoms and access to condoms will increase sexual activity among young people. This belief is not true and it has not been proven by research done around the world, including Namibia. This fact does not stop adults from having this belief and it is important for the group members to act in a responsible manner with condoms.” (Facilitator Manual, p. 35)</p> <p>“Please note that many of the previous statements are not correct. They are put forward to make the participants think about their values and beliefs, where they came from, and that people have different values. Each person needs to be able to sort out and to be clear about their personal values, beliefs and feelings. To do this, you must not think of how or what others feel, you should only think about yourself and how these values, beliefs and feelings support you.” (Facilitator Manual, p. 52)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services,</i></p>	<p>“The aim is for the participants to understand that rumours can hurt people, and that the group should agree that what is discussed in some sessions should be private and kept in the group, and not shared with other people.” (Facilitator Manual, p. 11)</p> <p>Note: <i>This implies to students that they shouldn’t speak with their parents about material discussed in class.</i></p> <p>“You need to remind them that it is important that they are able to use the</p>

including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.

correct words. You should also remind them that **their parents and elders will not be happy to hear them saying these words**, so that they should be sensitive to this and remember that the purpose of the exercise is to give them the skills they may need to protect their health.” (Facilitator Manual, p. 17)

“Below are some sexual topics. Ask the group if they **ever talked about any of these subjects at home with their parents**, and if not, to whom did they speak about them or learn about them? ...**If parents discussed**, indicate yes, and the number of participants indicating yes (or use a percentage estimate - half the group = 50%). If parents not mentioned a subject, then list the ‘other sources of information’ for that subject. Please note: **This information should be reported** on the Facilitator’s Notes section of the Session Evaluation Form.

- Menstruation
- Childbirth
- Masturbation
- Touching
- Wet Dream
- Childhood Sex Play
- Condoms (Record if information from parents was positive or negative.)
- Sexual Intercourse
- STDs
- HIV or AIDS
- Homosexuality
- Abortion
- Rape
- Sexual Harassment
- Abstinence” (Facilitator Manual, pp. 47-48)

“You need to complete the Facilitator’s Notes section of the Session Evaluation Form. Under this session, Session Five, you are to report on Activity Six “Me and My Parents” and **indicate for questions (a) to (o) whether parents talked about the subject to participants, the number of participants, and, where no parents talked about an issue the other sources of information**. Also list at the end of the form, the number of participants who want their parents to talk openly to them about sexual issues. Please ensure that you use carbon paper when completing the Session Evaluation Form and that the **original copy is sent through your supervising master trainer to your RYHDPC** [Regional Youth Health and Development Programme Committee].” (Facilitator Manual, p. 49)

Note: *The program facilitator is tracking data on which topics parents are addressing with their children as well as their attitudes toward these topics.*

15. REFERS CHILDREN TO HARMFUL RESOURCES

Refers children to harmful websites, materials or outside entities. May also specifically

“Young people can **visit a health clinic with questions and problems about sex and contraceptives**. Just be aware that some health clinics are not as youth friendly as they should be... It can be **easier to visit the clinic if you bring a friend with you**, just keep your courage and do not let this stop you from going to the clinic.” (Facilitator Manual, p. 24)

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)

“Condoms are available at most pharmacies and many shops. Traditionally condoms have been considered as the man's responsibility, but today more women feel responsible for getting hold of condoms.” (Facilitator Manual, p. 35)