

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 ***Our Future, Grades 6-7*** ***Sexuality and Life Skills Education for Young People*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

Our Future, Grades 6-7 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: Published and distributed by the International HIV/AIDS Alliance, this series of three books was developed in the Chipata District of Zambia, with the Zambian Ministry of Education, Planned Parenthood Association of Zambia and Young, Happy, Healthy and Safe.

Target Age Group: Ages 11-13 (Grades 6-7)

Planned Parenthood Connections: Planned Parenthood Association of Zambia (PPAZ) helped develop and implement this curriculum.

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, attractions, fantasies or desires.</i></p>	<p>“Sexuality is about all parts of our sexual lives. It is about our bodies, feelings, behaviour and desires. We show our sexuality in the way we communicate, move, dress and behave as sexual beings.” (p. 1)</p> <p>“Write a short poem about sexuality and life skills. Draw a picture to illustrate your poem.” (p. 4)</p> <p>“We should not touch breasts or private parts or propose each other.” (p. 10)</p> <p>“Boys should not use class discussions as a way of proposing girls.” (p. 10)</p> <p>“Teachers shouldn’t say we are prostitutes if we discuss sexuality freely.” (p. 10)</p> <p>“Teachers should not take advantage of a pupil’s situation or secrets to convince them to have sex.” (p. 10)</p> <p>Small group discussion scenario: “Every holiday Mary went to stay with her aunt and</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.

uncle in the city. When she was small, Mary liked her uncle. He used to buy oranges for her and carry her on his shoulders. One holiday **he started to touch her parts** when they were alone. She was 11 years old. It frightened and upset her. He said it was their secret and that she must not tell anyone. Mary told her mother that she did not want to stay with her uncle any more, but she did not say why. Her mother was annoyed and said she must do as she was told.” (p. 25)

Small group discussion scenario: “Mabvuto was looked after by a young woman when his mother was at work. One day she was bathing him and **touched his penis**. She dried him in her bed room. Then she took her clothes off and told him to **prove he was a man by having sex with her**. Mabvuto did not want to, but she insisted and he could not say no.” (p. 25)

There is a very detailed role play about a **teacher propositioning a female student for sex in return for good marks**. It begins at the school and ends in the teacher’s bedroom at home with the teacher undressing himself. The next activity states, “In pairs, act out a scene **where an adult is trying to touch and abuse a child**. This time the child shouts ‘Fire!’ and runs away.” (pp. 26-27)

Drawings of a **fully nude man and woman** show the results of changes that happen during puberty. (p. 29)

“Find a friend of the same sex and ask each other: What do I like about the body changes that I have noticed in myself and my friend? **What body changes am I looking forward to?**” (p. 30)

“Martha’s story: I was the best student in my class. I wanted to be a doctor, but my mother could not pay my fees. Then I met an older man who lived near us and **he paid my fees. Now I am pregnant** and I am worried that I may have HIV because this older man has been very sick.” (p. 40)

An example of the negative effects of overworking girls and women: “A girl does not have time to do her homework because of domestic chores. She asks a boy to help her and **gives sex in return**. She may get HIV or another STI and may not be able to have children in the future.” (p. 45)

An example of the negative effects of overworking girls and women: “A wife is exhausted by all her work. She has no time to feed and care for the children well. She is too tired to enjoy sexual relations and **her husband pays for sex outside the marriage**. Both wife and husband are at risk of HIV.” (p. 45)

Class discussion scenario: “Dear Auntie, My girlfriend is in my class at school. I buy snacks and lotion for her and help her with her homework. **I want to have sex with her** but she refuses. Do you think she loves me or is just using me?” (p. 50)

Class discussion scenario: “Dear Auntie, I am a 15-year-old girl doing my Grade 9 exams this year. My father left us and my mother is struggling to raise the five of us. She does not have enough for my school fees and wants the younger ones to go to school, for a while at least. Some of my friends go to town at night to **have sex for money**. They make enough to help their families, pay their fees and look presentable. Do you think I should have sex for money, Auntie, because I can’t think of any other way?” (p. 50)

Home activity: “Ask your parents and elders what they think about the following questions:

- **Why do boys think that girls should have sex with them if they buy them anything?** Do girls feel the same way?
- **Why do girls think that sex is the only way that they can earn money?** Do some boys think this too?" (p. 51)

"Sometimes people say 'I love you' when they only mean '**I want to have sex with you.**' They may have strong sexual feelings for someone without loving them as a whole person. They may only be interested in **persuading a person to have sex**, not in loving them." (p. 66)

"What is the **difference between love and sex?** Is it possible to have sex without love?" (p. 68)

An illustration shows a girl and boy sitting on a park bench holding hands. The girl says, "I love you and want you, but I also want to keep us safe." The boy says, "I'm glad that **we can talk about our sexual feelings openly.**" (p. 69)

In an illustration of three friends talking, one boy says, "I know we can avoid STIs by abstaining, **but I feel so hot for my girlfriend.**" (p. 85)

Another illustration shows a man and a woman **lying nude in bed in a sexual position**, kissing. Thought bubbles show that both partners are thinking, "I hope he/she doesn't have HIV." (p. 91)

Students play a game in which they decide the best method for avoiding STIs and HIV: either abstinence, fidelity, or condoms. "Now try playing the game in couples - for example, a 14 year old girlfriend and boyfriend, **an older shopkeeper and a school girl**, a young married couple wanting to have a child, an older couple **where the man pays for sex with others**. Role play these couples and discuss their choices." (p. 93)

A cartoon story is drawn **about a couple having sex** and speaking with friends before and after. The instructions state: "Copy the pictures in your book and write speech bubbles to show what the boy and girl are saying. Alternatively, role-play your story to the class." (p. 95)

"In small groups, read this story aloud: 'Victor was 21 years old when he met Tita and they fell in love. **They were good lovers** and after a year they married. One day Victor met Linda at a bar. They sat together and drank beer. Victor felt hot and asked Linda to have sex with him. **They had sex without using a condom. He paid for the service** and Linda went home happy. After three days, Victor discovered a painless spot on his penis but he did not tell Tita, not even telling her about the sex he had with Linda. He felt that if he revealed it Tita would be angry with him. A few months later Tita became pregnant and she went for antenatal care. The doctor told her that she had syphilis. The doctor gave her medicine and she was cured. She went to inform Victor at home. Victor refused to accept his responsibility and said that he had no signs of syphilis. He blamed Tita for flirting with other men and chased her away from home. Tita went to Victor's grandma, who escorted her home and had a chat with the two young people. Victor admitted that he had had sex with Linda and he apologised for making such a mistake. They reconciled and Victor went to the hospital, where he was put on medication and cured. They are both living happily again.' Now discuss these questions: What are two ways that Victor could have avoided an STI? Imagine you are Victor. Which way would you choose?" (p. 97)

	<p>Note: <i>This story and subsequent discussion questions are asking 11-13-year-old children to determine whether they would avoid an STD by abstaining from sexual intercourse with a prostitute or by using a condom when they engage in sexual intercourse with a prostitute. This discussion is highly inappropriate and harmful for young people.</i></p> <p>Role play scenario: “A girl is pregnant and the father of her baby has agreed to marry her. She tells him about her worries about HIV and her unborn baby. They discuss how they can protect the baby.” (p. 103)</p> <p>“Emotions include grief, fear, love, anger and sexual desire.” (p. 109)</p> <p>“There are some drugs and herbs that make people feel sexy. This is part of the culture in some communities. We need to think about the good and harmful effects of this on sexual health.” (p. 113)</p> <p>Role play scenario: “A boy is trying to abstain from sex. His uncle gives him herbs to make him feel sexy. He is discussing with his girlfriend why he is using herbs and how they make him feel.” (p. 114)</p> <p>“One day Lute went for a drink as usual. She drank one glass, then another and then another. As she drank, she chatted to two men in the bar. In the morning when she woke up, she realised that she was still with one of the men from the bar and they were sharing the same bed. She had a lot of questions in her mind.” (p. 115)</p> <p>“Erection: When the penis stands stiff” (p. 119)</p> <p>“Sexuality: A person’s ability to experience or express sexual feelings. It refers to a person’s feelings and behaviour, and the way they dress and speak.” (p. 120)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“In small groups, perform some role-plays to show a situation in which your words do not match your body language. For example: You are behaving sexually but you are saying ‘No’ to a proposal for sex.” (p. 32)</p> <p>“With a friend, think of sexual situations where it is important to communicate clearly with body language and words.” (p. 32)</p> <p>“In small groups, role-play the story below. ‘Chipili’s girlfriend, Mizosi, has been pressuring him to have sex with her to show that he loves her and that she is different from the other girls he talks to. Chipili is confused and discusses the situation with his friends. One friend, Dabwile, says that he is so lucky to be proposed by a pretty girl. What is he waiting for? Can’t he do it? Another friend says that, with AIDS killing everyone, it is best not to have sex until you marry.’” (p. 55)</p> <p>“Two of you volunteer to play the roles of a boy and girl who are thinking about whether to have sex together or not. They leave the group and get into their roles. They should agree on their names for their characters, how long they have known each other, how they met, where they meet, how they feel about each other and why they are thinking about having sex.” (p. 72)</p> <p>Note: <i>Not only are two young students role playing a sexually suggestive scenario, but they are writing the role play as well.</i></p> <p>Role play scenario: “A boy proposes a girl for sexual intercourse and produces a condom, which the girl does not want to use. They have sex without the condom and</p>

	<p>the girl becomes pregnant.” (p. 78)</p> <p>Role play scenario: “A girl proposes sex to a boy and tells him that she cannot get pregnant because she is taking the contraceptive pill. They have sex together.” (p. 78)</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>“We can avoid STIs by not having sexual intercourse in the vagina or anus.” (p. 91)</p> <p>“Sexual intercourse: The act of having sex, when the penis enters another person’s vagina or anus.” (p. 121)</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>Discussion scenario: “I’ve always felt different from other boys. I like playing football with my friends, but now that we are older I get bored when they keep talking about girls and how sweet they are. I like being with girls but I don’t get sexy feelings about them at all. Now I’ve realised that I am falling in love with a boy that I meet at choir. I think about him so much and want to touch him and get close to him. I’m worried that I might be what they call ‘gay.’ I don’t know who to talk to about it because in our society gay people are not accepted.” (p. 70)</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>“Males and females are brought up to think that males should make the decisions about whether and how to have sex. Females agree to bad decisions because they want to please males or fear violence if they refuse.” (p. 49)</p> <p>“Males are expected to propose sex and to have more than one partner. They feel that they have a right and need to have sex any time they have sexual feelings. If their wives or girlfriends are not available, they seek sex elsewhere.” (p. 49)</p> <p>“Although poverty affects many people, males often have more money than females. This results in males buying sex from females; for example, older men paying school fees or schoolboys giving food to girls. Sex is often seen as a commercial exchange rather than an expression of love. The male buying sex may not care whether the female is protected from HIV or pregnancy, or whether she enjoys it.” (p. 49)</p> <p>“I have met this girl called Selena and I think I have fallen in love with her. I think about her all the time. I want to be with her, hear her voice, touch her and make love to her.” (p. 67)</p> <p>“If we have a choice about whether to have sex or not, we may still do it without thinking carefully about the results. We may not make a decision to have sex; it may just ‘happen’ to us in an unplanned way. Sexual feelings can be very strong and overcome</p>

	<p>our common sense.” (p. 71)</p> <p>An illustration encourages couples to use condoms. The first picture shows a man and a woman sitting on a bed, shoes off, shirt unbuttoned, woman is holding a condom. The woman says, “I will only have sex if we use a condom. I don’t want to get pregnant.” The man says, “No. I’m not going to use that. Sex with condoms is not enjoyable.” The next picture shows them lying nude in bed, kissing, in a sexual position. The man says, “Martha, you were right. This feels good.” The woman says, “Now I can relax and enjoy being with you. We’re safer with a condom.” (p. 77)</p> <p>“Wet dream: A sexually exciting dream which causes a release of semen from a male’s penis while he is sleeping.” (p. 121)</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 evidence found.</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>No evidence found.</p>

8. PROMOTES PREMATURE SEXUAL AUTONOMY

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

“There are many rights that help to protect our sexual and reproductive health when we are young and if we decide to get married and have a family. These rights include being able to: **decide for ourselves whether to be sexually active or not.**” (p. 17)

“If we **have a choice about whether to have sex or not**, we may still do it without thinking carefully about the results. We may not make a decision to have sex; it may just ‘happen’ to us in an unplanned way. Sexual feelings can be very strong and overcome our common sense.” (p. 71)

“It is very important that we learn to make strong decisions on **whether to have sex or not**; to say ‘No’ and mean it **until we are ready to say ‘Yes’ at the right time.**” (p. 71)

“The rest of the group go into single-sex pairs and imagine that you are a young person thinking about having sex with someone. Talk about what questions would **help you to make a good decision?**” (p. 72)

Questions asked of children while role playing **whether or not they’re ready for sex:**

- “Why are you thinking of having sex with this person? **If you do have sex, what will be your reasons for doing it?**
- Do you have sexual feelings for this person? How do you know this?
- Have you talked with this person about having sex?” (p. 73)

“When we like someone a lot or fall in love, we feel that our beloved is a good person and cannot have an STI or HIV. **If we decide to have sex**, we do not start or continue using condoms because we feel safe and we do not want our loved one to think that we do not trust them.” (p. 74)

“For young people, the best choice is to abstain from sex **until we are mature** and in a stable relationship. **If we decide not to abstain**, we need to use condoms to care for each other unless we have had an HIV test and know that we are both HIV negative.” (p. 74)

“The government says that **everyone should be able to obtain them free** without a prescription from health workers.” (p. 74)

“Partners **who plan to have sexual intercourse** should talk together about the best ways to protect themselves from unwanted pregnancy, STIs and HIV.” (p. 77)

“What should young people do **if they want to have sex** but do not want to cause pregnancy?” (p. 78)

“Draw a picture of a pregnant **woman and a man asking for condoms** from a community health worker. Draw speech bubbles and write some words to show what the couple and health worker are saying to each other.” (p. 103)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

Fails to establish abstinence (or a return to abstinence) as the

“Masauso was enjoying the sexuality and life skills class. In his group of boys he told the story of how **the condom he used fell off into his girlfriend Mary**. The boys complained that condoms were too large. One boy explained how he tied his on with plastic. Another said that it is better to not have sex until they are older and condoms fit properly. Masauso walked home thinking happily about these things. Some days later, his girlfriend Mary was walking to school when two boys from the group jumped on her and brought her down. ‘We know that you have sex with Masauso, so **you can have it**

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.

with us too. Is the condom still inside?’ they asked.” (p. 8)

Role play scenario: “James and Gertrude love each other but they cannot afford to get married yet. They **want to enjoy their sexual life** together now and have agreed to use a condom every time they have sex.” (p. 68)

Role play scenario: “Tim’s friends tease him because he has not had sex yet. Mary has been initiated and wants to test **whether she can dance well in bed**. Tim sees Mary walking home from the farm and proposes sex to her. She agrees.” (p. 68)

“Tim and Martha have been boyfriend and girlfriend for six months. **They always use condoms** to prevent pregnancy, STIs and HIV. Martha wants to stop using condoms and use the contraceptive pill. She says that she trusts Tim now and wants to feel closer to him, with no rubber between them. Tim wonders whether this is a good idea.” (p. 75)

“Tom and Tina have been good friends for five years. The friendship has grown closer and **they want to have sex**. Tom wants to use condoms but Tina feels bad about it. She thinks that he does not trust her and only wants to use her body for his pleasure, with no thought of starting a family together.” (p. 75)

“It is our responsibility, both males and females, to **use the safer ways of preventing pregnancy.**” (p. 77)

“Form two groups. Debate the following statement: Young unmarried people **who have sexual intercourse** should always use a contraceptive to prevent pregnancy.” (p. 78)

“Mzamose was 15 years old when she fell in love with Mangani, her classmate. They had a nice time kissing, touching and holding each other. Mzamose refused to have sexual intercourse with Mangani because she was afraid of falling pregnant and they had promised to marry each other after finishing school. Mangani was finding it hard to abstain and he was happy when he learned from a friend in Grade 9 about ‘safe days’ for having sex. He explained to Mzamose and **they agreed to have intercourse** on those days.” (p. 83)

“Five years earlier, when Nzaliwe was still at school, **she had sex with a boy**. A few days later she had suffered pain in her abdomen and burning feeling when she passed urine. She never had this problem treated – and eventually the symptoms went away. Yohane also privately wondered about **his early sex life**. When he was 16 years, he had suffered swollen testes and an abnormal discharge from the penis.” (p. 87)

“It is good for **anybody who has had sexual intercourse** without a condom to go for a check-up at the clinic. Then they can get treatment if necessary and abstain or use condoms to protect themselves and their partners.” (p. 89)

“**Be faithful to one uninfected sexual partner** who is also faithful to us. We need to go for voluntary counselling and testing (VCT) to know whether both partners are uninfected with HIV.” (p. 91)

“We can protect ourselves from STIs and HIV by abstaining from sex; **by having sex with one faithful, uninfected partner who only has sex with us**, after both have been tested (VCT); or **by using condoms.**” (p. 92)

“We may change our **choices for safer sex** as we go through our lives. But it is important that we practise one of them. We can help each other to practise safer sex.

	<p>Safer sex can help us to reach our future dreams.” (p. 92)</p> <p>Note: <i>Throughout this curriculum, abstinence and safer sex are presented as equally acceptable contraceptive methods.</i></p> <p>An illustration has a poster that says: “How to prevent STIs, HIV/AIDS – Always use a condom if you can’t abstain” (p. 94)</p> <p>“Gonorrhoea is an STI. It will cause you pain-yeah! Go to the hospital, get treatment and you will be cured for sure, you will be surprised-yeah!” (p. 98)</p> <p>“Syphilis is an STI. It is painful later-yeah! Go to the hospital, get treatment and you will be cured for sure, you will be surprised-yeah!” (p. 98)</p> <p>Note: <i>These poems make no mention of abstaining from sex in order to prevent STIs. Instead, they make it sound as if contracting an STI is no big deal as they can be “cured for sure.”</i></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 data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of</i></p>	<p>Questions asked of children while role playing whether or not they’re ready for sex:</p> <ul style="list-style-type: none"> • “Do you want to have a child together? If you don’t want a child, what will you do to avoid pregnancy? • Could you obtain a safe abortion if you wanted it? • Could either of you have HIV or another STI? • What will you do to protect yourself from this possibility? How safe will you be?” (p. 73) <p>“For young people, the best choice is to abstain from sex until we are mature and in a stable relationship. If we decide not to abstain, we need to use condoms to care for each other unless we have had an HIV test and know that we are both HIV negative. We need to trust each other and care enough to talk openly about condoms and the HIV test, and to use condoms correctly every time we have sex.” (p. 74)</p> <p>“Condoms protect people from STIs, HIV and pregnancy when they have sex. Condoms</p>

contraceptives, while failing to present failure rates or side effects.

do not have any bad effects on the body. The government says that everyone should be able to obtain them free without a prescription from health workers.” (p. 74)

“If condoms are properly used every time, **they provide good protection** against HIV and pregnancy. If condoms are not used correctly every time a couple have sexual intercourse, they remain at high risk of pregnancy, STI and HIV.” (p. 74)

“**Condoms may be too large for younger boys and fall off.** This is another good reason for boys and girls to wait until they are mature before having sex.” (p. 74)

“A contraceptive is a scientific method that a man or woman can **use to prevent pregnancy.** There are many types of contraceptives, each with advantages and disadvantages for different people at different times of their lives.” (p. 77)

“Couples should use a condom properly each time they have sexual intercourse, because **condoms protect against pregnancy, STIs and HIV.** A condom is also a contraceptive.” (p. 77)

“**Contraceptive pills and injections** are very effective when taken as prescribed. They do not prevent STIs and HIV.” (p. 77)

“Male or female **sterilisation is a permanent method of contraception.** It is only used by people who decide that they have enough children.” (p. 77)

“Form two groups. Debate the following statement: Young unmarried people who have sexual intercourse **should always use a contraceptive** to prevent pregnancy.” (p. 78)

“What is abortion? **Induced abortion** is when people take action to end a pregnancy before the foetus has grown enough to survive outside the uterus.” (p. 81)

“A **safe abortion** is one that is carried out during the first three months of pregnancy by a qualified medical person in a clean place.” (p. 81)

“An **unsafe abortion** is one where unqualified people use dangerous drugs, herbs and other substances, or a sharp instrument, to end the pregnancy. This is very dangerous and can cause infertility and death in the mother.” (p. 81)

“In some countries, all abortion is illegal, while in others it is legal. In Zambia, **safe abortion is legal** when three doctors approve a request for abortion. Abortion is legal when continuing with the pregnancy would be harmful to the physical, mental or social health of the mother.” (p. 81)

“A **safe abortion** by a qualified medical person has a very low risk of health problems and infertility. Girls can continue with their education **after a safe abortion.** They can learn from the experience and either abstain or **use contraceptives** to avoid an unwanted pregnancy happening again. They will avoid the negative consequences of having an unwanted pregnancy before they are ready. Then they will be able to plan for a wanted child when they are adult and can bring up the child well.” (p. 82)

“Point of view: ‘I believe children **have the right to be born to parents who can love and care for them.** I also think that women have the right to life and health, and many are suffering from unsafe pregnancies.’” (p. 82)

“Can I or my partner **obtain a safe abortion** before I have been pregnant for three months?” (p. 84)

	<p>“Young men and women should protect themselves from STIs, HIV, early pregnancy and unsafe abortion when they are growing up, because these can make it difficult to have a healthy child later.” (p. 86)</p> <p>“Use a male or female condom properly every time we have sex.” (p. 91)</p> <p>“Abortion: Ending a pregnancy before the baby is grown enough to live outside the mother. This can be forced, or happen naturally (miscarriage).” (p. 119)</p> <p>“Condom: A thin rubber covering put over the penis to prevent sperm getting into the female during sex and causing pregnancy. It also prevents HIV and STI germs going from one person to another during sexual intercourse, so helps to prevent HIV and other STIs.” (p. 119)</p> <p>“Contraceptive: A device or drug intended to prevent pregnancy.” (p. 119)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Young people have a right to information on sexuality as they grow up, so they can keep safe and happy and protect themselves from sickness.” (p. 2)</p> <p>“The following rights are about sexual and reproductive health, and are based on the ideas in the Convention on the Rights of the Child.</p> <ul style="list-style-type: none"> • THE RIGHT to be as healthy as possible and to be able to access the best possible health care services. You can visit a doctor or nurse to receive all the sexual and reproductive health services that are available and legal in your country, including contraceptives, abortion services, and correct advice about your sexual and reproductive health. The health staff make you feel welcome, safe and comfortable. No one stops you receiving services or demands that you get someone else’s permission first. Poverty should not prevent you from using these health services. • THE RIGHT to skills, information and services. This right can help you make informed choices and protect yourself and others from unwanted pregnancy, HIV and other sexually transmitted infections. • THE RIGHT to freedom from abuse and exploitation. • THE RIGHT to privacy and confidentiality. • THE RIGHT to take part in important decisions that affect your life. • THE RIGHT to be protected from harmful practices. • THE RIGHT to freedom of association. Children have the right to meet friends and form groups to express ideas, so long as it does not break the law. You have a right to ask publicly for your rights to be met. Some ways of doing this include meeting with friends and discussing issues or forming groups. • THE RIGHT to education. All children and young people have the right to information on good health practices, including sexual and reproductive health. In school, you have the right to learn about how your body works, about pregnancy, contraception and sexually transmitted infections, and to talk to friends about what you learned. • THE RIGHT to freedom of expression. Children and young people have the right to think and believe what they like, so long as it does not harm anyone else. You have a right to form your own views about sexuality and reproductive health issues.” (pp. 17-18) <p>“With rights come responsibilities to respect others and to help them to understand and enjoy their rights.” (p. 18)</p> <p>“In small groups, select one of the rights and prepare a role-play to show: the right</p>

	<p>being supported, or the right not being supported.” (p. 19)</p> <p>“Draw posters showing young people’s sexual and reproductive health rights. Make a class display of your posters and invite friends and family to visit.” (p. 19)</p> <p>Home activity: “Meet with a small group of friends. Discuss and decide what simple actions you can take to help other young people to enjoy their rights. For example, you could share your knowledge from this book with them.” (p. 23)</p> <p>Home activity: “Ask people in your home in what situations they think that a woman should have the right to end a pregnancy. Write down their answers in your notebook. Write down your own ideas and compare them.” (p. 84)</p> <p>“As young people, we can be a great gift to our family and community. We are full of ideas, full of energy and we can do so many things to help other people. For example, we can:</p> <ul style="list-style-type: none"> • Make small groups with younger pupils at school, to teach them and help them keep safe and healthy. • Share the information in this book with our family and friends at home. • Organise dramas and open days to spread these ideas in the community. • Make posters giving information to place around the school and community.” (p. 117) <p>“Ask your teacher if you can borrow this book to take home for a few days so you can share what you have learned with your friends. Afterwards, report back in class what ideas you shared with your friends. How did they respond? How can you continue to teach and help them?” (p. 118)</p> <p>“Make a list of the priority problems for young people in your community ... Come together in your class group and decide what actions you can take. Make an action plan: What are you going to do? Who is going to do what? When? What support and materials do you need? Carry out your action plan. Afterwards discuss: What went well? What could be improved? What do you want to do next as a group to help others?” (p. 118)</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>Home activity: “Find out from older people in your family what they know about Zambian laws on abortion. What do they think actually happens in practice? Do they agree with these laws, or do they think they should change?” (p. 80)</p> <p>“What are my own feelings about abortion?” (p. 84)</p> <p>Home activity: “Ask people in your home in what situations they think that a woman should have the right to end a pregnancy. Write down their answers in your notebook. Write down your own ideas and compare them.” (p. 84)</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</i></p>	<p>“When we talk about sexuality, we need to trust each other and keep each other’s secrets.” (p. 6)</p> <p>“Respect is honouring the rules of our family or school to make life run smoothly. However, this does not mean accepting anything that an older person asks without question.” (p. 9)</p> <p>Children are listed as having a right to education. The parents’ role in supporting that</p>

<p><i>sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>right is listed as merely “sending children to school.” (p. 22)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatelPPF.org)</i></p>	<p>“Partners who plan to have sexual intercourse should talk together about the best ways to protect themselves from unwanted pregnancy, STIs and HIV. They can get advice on different safe contraceptive methods from family planning providers.” (p. 77)</p> <p>“We can find out where to go in our community if we have signs and symptoms of STIs. We can visit the clinic so we know what to expect.” (p. 94)</p> <p>Note: <i>Often the clinics that push CSE curricula are the same ones that financially benefit from youth coming in for HIV and STI testing.</i></p> <p>“Drug abuse is when people take so much of these drugs that it interferes with their daily life and they cannot manage without them. For example, drinking one beer with friends can just make you feel happy and sociable. Drinking six bottles every night, fighting and falling over, and feeling too ill to go to work the next day, is abuse.” (p. 113)</p> <p>An illustrated picture shows a man drinking multiple bottles of beer and a woman smoking multiple cigarettes. “In pairs, look at the picture above and discuss these questions. What are the good and bad points about these behaviours?” (p. 114)</p> <p>Note: <i>It is harmful to minors to have them look for the good points of smoking and drinking alcohol and telling them that drinking one beer is beneficial.</i></p>
<p>For the complete text of <i>Our Future, Grades 6-7</i>, see https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_alliance_our_future_grades_6_7_554d_en.pdf.</p>	