

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

Preparing to Teach Sexuality and Life Skills: An Awareness Training Manual for Teachers ***An Our Future Training Manual***

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

***Preparing to Teach Sexuality and Life Skills: An Awareness Training Manual for Teachers* 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: This manual is used to train teachers who will be administering the *Our Future* curriculum. Published and distributed by the International HIV/AIDS Alliance, *Our Future* is a series of three books 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: Teacher training

Planned Parenthood Connections: This curriculum is published by the International HIV/AIDS Alliance. On the AIDS Alliance board of directors sits a former president of International Planned Parenthood Federation (IPPF). Former board trustees include multiple high-level officials at IPPF.

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>Description of this manual: “a trainers’ manual designed to prepare teachers and others for teaching sexuality and life skills by exploring gender and sexuality issues in their personal and professional lives.” (p. 4)</p> <p>“These materials are aimed at teachers and anyone else interested in teaching sexuality in the community; for example, peer educators, health practitioners, traditional and religious leaders and parents.” (p. 4)</p> <p>Note: <i>While this manual is targeted at teachers and community workers, this statement makes it clear that this material is also available to minors interested in being peer educators.</i></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.

“True or (False): It’s wrong to teach pupils about sexuality because it will encourage them to have sex. False: Research around the world has shown that teaching young people about sexuality can increase the age at which they start to have sex and increase the use of contraceptives and condoms when they do start to have sex. If sexuality education includes virtues and skills it helps young people to make responsible and caring decisions and manage their sexual feelings safely. **There is no evidence to show that teaching young people about sexuality results in earlier and/or more sexual activity.**” (p. 84)

Note: According to the Institute for Research and Evaluation, “It is simply not accurate to say there is no evidence that comprehensive sex education (CSE) has increased sexual activity at younger ages. Five recent studies endorsed by the federal Teen Pregnancy Prevention program have found that school-based CSE increased sexual risk behavior, either for the full population of participants or major subgroups, many of whom were 12 or 13 years old. These negative effects included increases in sexual initiation, oral sex, recent sex, number of partners, or pregnancy, and lasted anywhere from 6 to 24 months after the program ended.” (See Abt Associates, 2018; Kelsey, et al., 2016; Markham, et al., 2014; Philliber, et al., 2016; Potter, et al., 2016).

“Sexuality is a key part of being human and affects people throughout their lives, from birth to death ... We can express our sexuality through our thoughts, beliefs, **desires, fantasies**, attitudes, values, behaviours, roles and relationships... It includes all the ways that we **enjoy expressing ourselves as sexual beings.**” (p. 10)

“Facilitator’s tips: Help participants to understand that sexuality is much more than sexual intercourse. Encourage them to think of **all the ways that they can enjoy their sexuality safely.** Encourage them to think of role-plays that do not focus only on sexual intercourse.” (p. 10)

Example of a letter written about HIV concerns: “Aunt, during night entertainment, pupils go together with their teachers and **misbehave while the lights are off.** Sometimes they hide in long grass and **do immoral things together.**” (p. 12)

“The role-play showed a girl pupil who had a boyfriend in school, a **‘sugar daddy’** outside school and a **teacher who was proposing sex to her.** The girl came from a poor family and was using the money from the sugar daddy to buy food and clothing, the boyfriend to help her with assignments when she was too busy with domestic work to complete them, and the teacher to give her good grades.” (p. 13)

Example of a sexuality timeline by male Zambian teachers: Age 0-5 lists “**Playing with genitals, penis;**” Ages 10-15 lists “**Relationships, outcourse;**” Ages 15-20 lists “**Sexual intercourse, sexual satisfaction**” (p. 15)

“What do you remember about boys when you were at school? Young men: **Fondling girls;** Older men: Boys becoming aggressive towards girls, e.g. **touching**

	<p>breasts and buttocks” (p. 16)</p> <p>“Men and women had a lot of similarities in their memories of sexuality at school. Both men and women:</p> <ul style="list-style-type: none"> • remembered wanting and needing to see and touch the genitals of the opposite sex, know how to have sexual intercourse and orgasm, to practice sex and know whether they could satisfy their partner • hoped and dreamed of having a good boyfriend or girlfriend who would support them and of having free sexual intercourse with them • feared getting caught in sexual activity, embarrassment, being suspended, having unwanted pregnancies and contracting an STI.” (p. 17) <p>“There are many ways that we can enjoy our sexuality safely without having full sexual intercourse. This could be alone or with a partner.” (p. 54)</p> <p>Sample participant question about sexual feelings: “How are your feelings when a man withdraws the penis from the vagina when you’re in the process of reaching orgasm? It is extremely frustrating and we feel pain in our lower abdomen unless we can finish through masturbation.” (p. 61)</p> <p>“Explain that we are going to play a game to show the many different ways in which men and women might get together for a sexual encounter.” (p. 63)</p> <p>Decision making activity: “Some important questions:</p> <ul style="list-style-type: none"> • Why are you thinking of having sex with this person? • What are your feelings for this person? Do you love them? Do they make you feel sexy? How do you know this? • Will you be able to have sex with them in a private place and take enough time to enjoy it?” (p. 68) <p>“No risk of HIV: Massage, hugging, body-to-body rubbing (not involving the genitals), talking sexy, sexy dancing, sharing sexual fantasies, body kissing, washing together, using sex toys without sharing them.” (p. 88)</p> <p>“Low risk of HIV: Open mouth kissing, vaginal intercourse with a condom.” (p. 88)</p> <p>“High risk of HIV: Vaginal intercourse without using a condom, sharing sex toys without cleaning them between partners.” (p. 88)</p> <p>“High risk of HIV: Sex that damages the thin, wet skin in the vagina, head of penis or rectum increases the risk of HIV infection further. Examples include dry sex, rough sex or sex using harsh substances in the vagina.” (p. 88)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or</i></p>	<p>“Partners need to trust each other and agree on how far they want to go before they begin to get sexy.” (p. 54)</p>

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.

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

3. PROMOTES ANAL AND ORAL SEX

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

“Sexuality is different from sexual intercourse, which is the act of a man putting his penis into the vagina **or anus** of a woman or man and ‘having sex.’” (p. 10)

“HIV is transmitted in the following ways: Sexual intercourse (vaginal, **anal or oral**).” (p. 48)

“Ask people to put on the pieces of paper all the different sexual activities that people might do alone or together to enjoy their sexuality and express their feelings. For example, kissing, **oral sex**, masturbation.” (p. 54)

Sample participant question about sexual feelings: “**How do you enjoy oral sex?** Does it give you more satisfaction than penetrative sex? Some of us **like oral sex** as a change but we also like penetration; it’s nice to do one and switch to the other.” (p. 61)

“True or (False): **Anal sex** is only practised by homosexuals. False: Anal sex is when a man puts his penis into the anus of a woman or man and moves it up and down until one or both partners have orgasm. Both heterosexual and homosexual people may practise anal sex. They may do it because they enjoy it, to avoid pregnancy or because they believe that HIV is not transmitted during anal sex. HIV is easily transmitted during **anal sex without a condom**. Young people need this information to stay safe.” (p. 85)

“(True) or False: A person can get HIV from **oral sex**. True: A few people have got HIV from licking or sucking their partners’ genitals, but this is a low risk compared to sexual intercourse. This is because the HIV in vaginal fluids or semen does not easily go through the thin wet lining of the mouth unless there are cuts or sores. To be safe, people can use a condom or plastic square over the vulva when they are doing oral sex.” (p. 86)

“HIV can get from one person to another during any sexual activity that allows infected blood, semen or vaginal fluids to enter the body through the thin, wet skin of the vagina, penis **or anus**, or through broken skin in the mouth or on any part of the body.” (p. 88)

“There are many different sexual activities that we can engage in to enjoy our sexuality with low or no risk of HIV. Sexual intercourse when the penis enters the vagina **or anus** is one of those activities if a condom is used.” (p. 88)

	<p>“Low risk of HIV: Anal intercourse with a condom and water-based lubricant.” (p. 88)</p> <p>“High risk of HIV: Anal intercourse without using a condom.” (p. 88)</p> <p>Note: <i>In the United States, condoms are not approved for anal sex. Anal sex with or without a condom is considered a high risk behavior.</i></p> <p>“Oral sex is kissing or licking each others’ genitals. The risk is greater for the person doing this, especially if they have mouth sores or either has untreated STIs. These are also easily transmitted through oral sex. Using a condom or piece of plastic over the vulva and avoiding ejaculation of semen into the mouth reduces the risk of oral sex.” (p. 88)</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>Statement from visualizing change activity: “It would be wonderful if all men understood how to give their partners pleasure.” (p. 38)</p> <p>“People can give each other pleasure and love by enjoying sexual activities that do not involved [sic] sexual intercourse.” (p. 48)</p> <p>Body mapping activity: “Ask groups to mark on the body maps of their own sex the places that give them pleasure and arouse them sexually when touched. Each person should mark and put their own numbers on the places (to show that different people have different pleasure spots and lovers needs [sic] to talk to each other about what they like).” (p. 52)</p> <p>Body mapping activity: “Now mark on the body map of the opposite sex the places that they like to touch when they are making love with them and which they believe give their partners pleasure.” (p. 52)</p> <p>Body mapping activity: “In plenary, present the body maps and ideas about sexual pleasure. Share:</p> <ul style="list-style-type: none"> • Which places do women and men like to be touched? Where are their ‘hot spots’? • What are the things that make sex pleasurable for women and men? • How can this understanding of pleasure help us to be better lovers?

- How can **understanding of sexual pleasure** for women and men be used in a good way and in a bad way?" (p. 52)

"What makes sex enjoyable: A comfortable and private place; Friendship and love between couple; Agree on sexual positions which both enjoy; Use contraception and protection; Sexy, loving talk; Nobody drunk." (p. 53)

"Men and women **have different hot-spots** as individuals and males and females. This can also change from one session to another and over time. **Lovers need to learn from each other about what gives them pleasure and what turns them off.** There are a number of ways to increase our enjoyment of our sexuality." (p. 53)

"The quality of our relationships with our lovers has a big impact on **how much we enjoy sex.** Love is an important part of good sex." (p. 53)

Sample participant question about sexual feelings: "How do you feel when the penis is entering the vagina? If a woman **is sexually aroused** and wants to have sex, it feels good. If she is dry, not interested or being forced it feels very bad emotionally and physically." (p. 61)

Sample participant question about sexual feelings: "**What position of sexual intercourse is the best?** Most of us like positions where we can see the face of our partner, we can **caress each others' 'hot-spots'**, the penis goes in deeply and if we want to we can talk. For this reason, dog style is many women's least favourite position, it is too animal-like." (p. 61)

HIV prevention issue: "Dry sex can put women and men at higher risk of HIV if one or both have HIV."

Culturally adapted solution: "Couples can **increase friction and pleasure** for both partners by: women exercising their vaginal muscles; choosing positions that increase friction." (p. 62)

HIV prevention issue: "Many couples have short rounds of sex up to seven times a night. If a new condom is needed for each round, this makes it expensive and difficult to access enough."

Culturally adapted solution: "Reduce the number of 'rounds' by making one round go on longer and **having more sexual activity before and after intercourse;** Enjoy safer sex options that do not include condoms." (p. 62)

"True or (False): Women can only orgasm after several rounds. False: If a woman is feeling sexy before penetration, the couple please each other during intercourse and the round lasts a reasonable time, **most women can orgasm in one round.** If a round lasts a short time, the man can caress her 'hot spots' **whilst he becomes hard again** and she is more likely to **orgasm on the second round.**" (p. 84)

"True or (False): Women don't enjoy sex if they don't feel the semen in the vagina. False: A very small amount of semen is released during ejaculation and it

	<p>is very unlikely that a woman is able to feel this. However, the woman can feel the excitement and contractions of her partner’s ejaculation and this can give pleasure.” (p. 86)</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>“Ask the participants how they can protect themselves from HIV? Make sure they include having sex without intercourse.” (p. 46)</p> <p>Ways of protecting ourselves from HIV: “Masturbation alone or together is safe.” (p. 48)</p> <p>“Ask people to put on the pieces of paper all the different sexual activities that people might do alone or together to enjoy their sexuality and express their feelings. For example, kissing, oral sex, masturbation.” (p. 54)</p> <p>“Masturbate rather than having sex outside marriage.” (p. 62)</p> <p>“(True) or False: Masturbation is a good practice for young people because they can relieve their sexual feelings safely. True: Young people need ways to cope with their sexual feelings without putting themselves and others at risk of HIV, STI, unwanted pregnancy and emotional hurt. Masturbation is pleasurable and reduces sexual tension. It can help young people to understand their sexuality better and enjoy sex when they are mature. Masturbating with a partner is safe as long as the two people are able to satisfy each other without intercourse and no semen, vaginal fluid or blood makes contact with the genitals or cuts or sores in the skin.” (p. 84)</p> <p>“Men and women both have sexual feelings and the ability to control them in safe ways such as masturbation or sex using a condom.” (p. 87)</p> <p>“No risk of HIV: Masturbating yourself” (p. 88)</p> <p>“Low risk of HIV: Masturbating each other” (p. 88)</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</i></p>	<p>In the activity discussing how to reduce the spread of HIV, there is an illustration of a fully nude man and woman in bed. The woman is putting a condom on the man’s erect penis. (p. 47)</p> <p>HIV prevention issue: “Many men and women dislike condoms.” Culturally adapted solutions: “Eroticise condoms by taking it in turns to put them on, perhaps using the mouth; Find free sources of condoms.” (p. 62)</p> <p>“True or (False): Vaseline is a good lubricant for condoms. False: Vaseline and all lubricants containing oil weaken the latex in condoms and make them break more easily. If we need more lubrication, we should use water-based lubricants such as KY-Jelly or spit. It is best to ensure that the woman’s vagina is lubricated because she is sexually aroused.” (p. 86)</p>

<p><i>against pregnancy or STIs.</i></p>	
<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>“Good things to keep: Advice from elders about looking after yourself sexually and abstaining until ready to have sex safely.” (p. 15)</p> <p>“Ways of protecting ourselves from HIV: Say ‘no’ to sex until we are in a caring relationship where we can talk about HIV and safer sex.” (p. 48)</p> <p>“If we do decide to have intercourse, we need to use a male or female condom.” (p. 54)</p> <p>Decision making activity: “Some important questions: If you have sex, what will be your reasons for doing it?” (p. 68)</p> <p>“True or (False): Young people should not be given condoms because they will think they can have free sex. False: Condom education should include the fact that condoms are between 80-90% safe if they are used correctly and consistently every time a person has sex. Honest and interactive discussions with young people on the advantages and disadvantages of different options for sexual life as they grow up helps them to make good informed choices. The discussion should include the fact that this information is being given for the future as well as the present. It is part of socialising young people so that they have safe, happy and healthy sexual lives at all stages.” (p. 85)</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 “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“These memories remind us of our youth and the great interest, feelings and urgency we felt about our sexuality. We need to acknowledge this when we support young people to stay safe, rather than acting as if they can just stop their sexual feelings by reading or playing football.” (p. 17)</p> <p>“Martina has a boyfriend called Fred, who helps her with her homework because she has too many domestic chores to do to finish it. Fred wants to have sex with her and manages to obtain some condoms for protection. Martina is also going out with an older man, Simon, who gives her money to buy food for her mother and essentials for school. One day the teacher calls Martina to his room and asks her if she will be his special girl because he finds her so beautiful. Martina’s mother is pleased with this attention, hoping that the teacher will marry her daughter and help the family. She encourages Martina. Martina agrees and asks the teacher to use condoms but he refuses. He promises her high grades in her schoolwork.” (p. 28)</p> <p>“An ideal girl abstains from sex until she marries for life. In reality, we may be sexually abused or want to enjoy our sexual feelings.” (p. 29)</p> <p>“Both men and women want to avoid HIV infection and they have sex together. This should result in co-operation to practice safer sex.” (p. 32)</p> <p>Choices available to protect against HIV infection: “Abstinence, fidelity, male or female condoms, non-penetrative sex, HIV testing, STI treatment.” (p. 34)</p> <p>Statement from visualizing change activity: “It would be wonderful if all women could use female condoms to prevent unwanted pregnancy, STIs and HIV.” (p.</p>

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“Ask the participants how they can protect themselves from HIV? Make sure they include: abstinence; **having sex with one partner who does not have HIV and only has sex with you; having sex only using condoms; having sex without intercourse.**” (p. 46)

“Although HIV does not transmit **every time we have sex**, it is possible to get HIV from one round of sex without a condom.” (p. 48)

“We should use condoms **with all our sexual partners** until we have both had an HIV test and know whether either of us has HIV or not.” (p. 48)

“If we both test HIV negative and neither of us have sex with anyone else, we can **enjoy sexual activities together without risk**. If either of us has a lover outside this relationship and we don’t know their HIV status, we need to **use condoms** with both our partners.” (p. 48)

“If one or both of us has HIV, we need to **use condoms or practice other safe sexual activities** so we don’t infect or re-infect each other.” (p. 48)

“The more partners we have **frequent, unprotected sex** with, the greater the risk of spreading HIV.” (p. 48)

“Advantages of going for voluntary counselling, testing and care (VCTC): We will know our HIV status and be better able to plan our lives. For example, by **practicing safer sex** to protect ourselves and others and by making informed decisions about having children.” (p. 50)

“Improving our relationships and our sexual lives can help us to stay safe sexually. We are more able to abstain by enjoying activities other than intercourse; **to have sex only with each other and to use condoms.**” (p. 53)

“There are different **safer sex choices** to prevent pregnancy and STIs and HIV which can suit us at different times of our lives.” (p. 53)

Aims of Lesson 5.10: “To learn what makes it difficult to **practice safer sex** and how we can help each other to do this; To learn how **safer sex** can help us to reach a good future.” (p. 55)

“Explain that we are all crossing the ‘river of life’ to our ‘future islands’. In the water there are sexual dangers that can stop us from getting across safely ... Explain that there are ‘boats’ which can help us to cross the water safely to our future islands. Ask: What can help us to protect ourselves against STI, HIV, pregnancy and abortion? Add any **safer sex option** that people miss out. Make sure that everyone understands what abstinence, staying faithful to one partner, sexual playing without intercourse and **using condoms and other contraceptives mean.**” (p. 55)

“We can protect ourselves from getting HIV through sex by: abstaining from sex; enjoying sexual activities without intercourse; **having sex with one partner** who only has sex with us when we have both had an HIV test and we **use condoms** if either of us has HIV; **using condoms.**” (p. 56)

	<p>“We may change our choices for safer sex as we go through our lives. What is important is that we practice one of them.” (p. 56)</p> <p>“Safer sex can help us to reach our future goals and dreams.” (p. 56)</p> <p>“Ask people to call out the ways that they can protect themselves from STIs: Don’t have sex; Use a condom; Have sex with one uninfected person who only has sex with you” (p. 75)</p> <p>“We can stop the germs getting into our bodies in these ways:</p> <ul style="list-style-type: none"> • By not having sex. This is the best way for young people because it is 100% safe. • Using condoms properly every time we have sex because they stop the germs going from one person to another 90% of the time. • Only having sex with one person who only has sex with us. The more partners we have, the higher our chances of catching an STI.” (p. 76) <p>“(True) or False: People should practise safer sex with or without knowing their HIV status. True: Many of us do not know if we have HIV because we have not had an HIV test. We also do not know the HIV status of the people we have sex with. This is true of married and single people. This means that we need to act as if we and those we have sex with have HIV and practice safer sex every time, in the same way as those who know that they have HIV.” (p. 85)</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</i></p>	<p>“After some time, Martina starts vomiting and her mother finds out she is pregnant. She sends Martina to a woman who can end the pregnancy. Martina becomes very ill.” (p. 28)</p> <p>“Condoms can offer 90% protection if we use them correctly every time we have sex.” (p. 48)</p> <p>“If we do decide to have intercourse, we need to use a male or female condom.</p>

<p><i>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 contraceptives, while failing to present failure rates or side effects.</i></p>	<p>This means that we need to be prepared with condoms before we start to get sexy.” (p. 54)</p> <p>“Show them the different contraceptives if you have them. Say that condoms are best for sexually active young people because they protect against pregnancy and STIs including HIV. However, young people should know that condoms are 90% safe if they are used correctly every time a couple have sex.” (p. 73)</p> <p>“Try to obtain samples of the different contraceptives before the session. You could also invite a health practitioner to come to the session, show the contraceptives and answer questions.” (p. 73)</p> <p>“Men and women both have sexual feelings and the ability to control them in safe ways such as masturbation or sex using a condom.” (p. 87)</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>Example of the right to information and education: “Males and females of all ages should be able to obtain information and education about sexuality, SRH and HIV and AIDS.” (p. 78)</p> <p>Example of the right to health care and health protection: “Young people should be given the services and condoms that they need to protect themselves from HIV.” (p. 78)</p> <p>Example of the right to freedom of assembly and political participation: “Young people have a right to form associations to campaign for their rights and demand services. People have the right to campaign for HIV treatment.” (p. 78)</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>Examples of challenges to sexuality education: “Elders feel that sexuality teaching in schools goes against acceptable traditional norms; Interference from religious leaders who do not agree with teaching about sexuality before marriage or with condom use.” (p. 23)</p> <p>Problem solving objective: “Community, including cultural and religious leaders accept sexuality and life skills education” (p. 25)</p> <p>An illustration literally shows a woman stepping out of a box drawn on the ground as she says the following, “An ideal girl abstains from sex until she marries for life. In reality, we may be sexually abused or want to enjoy our sexual feelings.” (p. 29)</p> <p>“Be aware that young people often have different ideas to their parents. Some do not see any reason to elongate the labia. They like more variety in sexual activities and have less of a problem with using condoms. We can all adapt to a changing world.” (p. 62)</p> <p>Example of the right to freedom of thought, conscience and religion: “Religion</p>

	<p>and culture should not force people to act against their wishes in their sexual and reproductive lives.” (p. 78)</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, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><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.InvestigateIPPF.org)</i></p>	<p>“The points below apply to learning about sexuality for all age groups. We must together map sources of information, counselling and other services in the local area so that we can refer people who need help during or after the training.” (p. 6)</p> <p>Note: <i>Children are often encouraged to find “services in the local area” that are provided by the same entities that produce CSE curricula. This is a significant conflict of interest.</i></p>
<p>For the complete text of <i>Preparing to Teach Sexuality and Life Skills: An Awareness Training Manual for Teachers</i>, see</p>	

https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_alliance_preparing_to_teach_554a_en.pdf.