

## CSE Harmful Elements Analysis Tool

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

### Analysis of

## ***Comprehensive Sexuality Education for Out of School Young People in Zimbabwe - Facilitator's Manual***

**Based on 15 Harmful Elements Commonly Included in CSE Materials**

### **CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15**

***Comprehensive Sexuality Education (CSE) for Out of School Young People in Zimbabwe - Facilitator's Manual* contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of even one of these elements indicates that the analyzed materials are inappropriate for children.** Having several of these elements should disqualify such materials for use with children.

**Program Description:** This program claims to have the goal of helping young people “develop the skills they need to adopt healthy behaviours and to stay safe now and in the future” (p. 5). However, like all CSE programs, the lessons reveal that it is nothing more than an instruction manual for sexual activity. Children as young as age 10 are taught about contraception, including detailed lessons on condom use using penis models. They are repeatedly taught that they can decide when they are ready for sex, and they are taught about anal and oral sex and masturbation. Participants are even taught about the most shocking ways in which individuals derive sexual pleasure. This program normalizes sexual behavior among young people and teaches them where to go for “sexual health resources.” This guide was adapted to Zimbabwe’s context from the CSE for Out of School Young People in East and Southern Africa Facilitator’s Guide.

**Target Age Group:** 10 - 20 years old

**Supporting Foreign Entities:** National AIDS Council, Zimbabwe National Family Planning Council, Safeguarding Young People Programme, UNFPA, Health Development Fund, UKAid, European Commission, Sweden, Irish Aid, Schweizerische Eidgenossenschaft, Gavi, Zimbabwe AIDS Prevention and Support Organization, Zimbabwe Health Intervention Research Project, F.A.C.T., World Vision

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply</i>	Students decide whether they agree or disagree with the following statements: <ul style="list-style-type: none"><li>• <b>“Men need more sex than women.</b></li><li>• You should have sex only with those you truly love.</li><li>• It is okay for men to have more than one sexual relationship at a time.</li><li>• <b>Abortion should be legalized</b> to make it safe.</li><li>• Getting contraception is the girl’s responsibility because she is the one</li></ul>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

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.

who gets pregnant.

- It is as acceptable for girls to have sex before marriage as it is for boys.” (p. 26)

“Tanaka feels like she is falling in love with him. Last night, he came over to her house when her parents and other family were away. He started touching her and told her that he loved her and **wanted to have sex with her**. She wasn’t sure what to do. Then she started thinking about how she thought she loved him and how some of her friends have sex with their boyfriends. Finally, **she agreed to have sex with him**, but only if he used a condom.” (p. 28)

“Name the parts of the male and female reproductive and sexual anatomy **and their functions**.” (p. 36)

**Note:** *Discussing the function of reproductive anatomy can include the topics of erections, sexual excitement, and orgasms.*

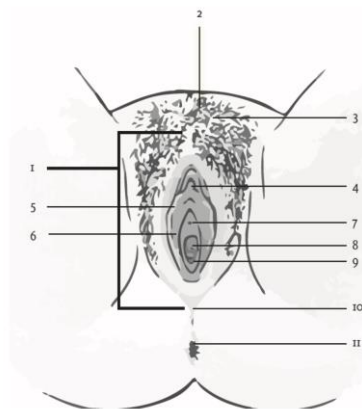
“Note to Facilitator: **Girls can have orgasms during their sleep**. These are also called wet dreams, since their vaginas lubricate or get wet, although they usually don’t ejaculate. **Girls also have erections**.” (p. 40)

“Name the main internal and external parts of the female sexual and reproductive systems; **Describe the functions of the clitoris, vagina, uterus, and ovaries**.” (p. 43)

“Put up the poster of the **Female Sexual and Reproductive Systems**, External (showing the external parts). Go through the answers by pointing to each body part and asking the following two questions for each one. What is this part called? **What is its purpose?**” (p. 44)

THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEMS

Discuss in your groups and write the names of the body parts in the diagram below.

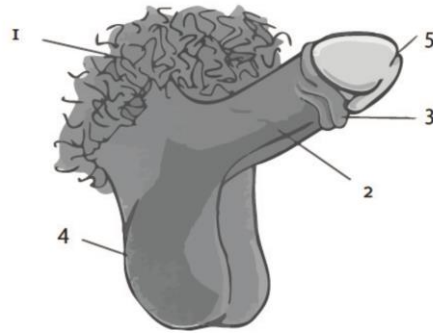


(p. 44)

“Name the main internal and external parts of the male sexual and reproductive systems; **Describe the functions of the penis, urethra, testes, prostate and seminal vesicles**.” (p. 52)

“Put up the posters of the Male Sexual and Reproductive Systems, External and Internal and ask participants to study it for a minute. **How many parts can they name?** Explain that the names of the parts are on pieces of paper. Ask for twelve

volunteers to come up and take one piece of paper each. Tell them they will see **if they can put the name on the correct part of the male sexual and reproductive systems.**" (p. 52)



(p. 52)

**"Write the words 'wet dreams' on flipchart paper** and ask the participants: What are wet dreams? Use the following notes to add to what the participants say as needed." (p. 53)

"Purpose: To get participants to speak more freely and feel **more comfortable when talking about sexuality and the parts of the reproductive and sexual organs.**" (p. 59)

"By the end of the activity, participants will be able to: **Talk about sexuality more easily.**" (p. 59)

"Explain that communication about sexuality and our sexual body parts is important. Write the headings 'Male Sexual Organs,' 'Female Sexual Organs,' and 'Sexual Intercourse' at the top of three pieces of flipchart paper and put them up on the wall... Tell the groups that when you say 'start', they should **brainstorm all the words they know for their topic.** They can be slang, scientific words, children's words, medical words, or vernacular." (p. 59)

"If Thulani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: **He will get an erection;** his heart may start beating faster). What about Betty – what will happen to her body? (Answer: **Her vagina may get wet, her clitoris may get hard,** her heart may start beating faster)." (p. 62)

"Incest: **sexual intercourse between blood-related family members,** such as a father and a daughter; a mother and a son or a sister and a brother." (p. 65)

"Sodomy: **anal or copulation-like act between males.**" (p. 65)

"Voyeurism: Sexual pleasure or excitement from **observing other [sic] undressing, making love, kissing, petting or masturbating.**" (p. 65)

"Exhibitionism: Sexual pleasure from **exposing one's genitals.**" (p. 65)

"Satyriasis: excessive **desire for sexual intercourse in men.**" (p. 66)

	<p>“Nymphomania: excessive <b>desire for sexual intercourse</b> in women.” (p. 66)</p> <p>“Gerontosexuality: <b>sexual preference from elderly by a young person.</b>” (p. 66)</p> <p>“Frotteurosexuality: sexual pleasure from <b>rubbing one’s genitals against another person.</b>” (p. 66)</p> <p>“Paedophilia: sexual pleasure by having <b>intercourse with children.</b>” (p. 66)</p> <p>“Statutory rape: <b>sexual intercourse by an adult with a person under the age of 16 years.</b>” (p. 66)</p> <p>“Pederasty: <b>sexual pleasure from young boys.</b>” (p. 66)</p> <p>“Bestiality: <b>sexual pleasure from animals.</b>” (p. 66)</p> <p>“Necrophilia: <b>sexual pleasure from corpses.</b>” (p. 66)</p> <p>“Urophilia: <b>sexual pleasure from urine.</b>” (p. 66)</p> <p>“Coprophilia: <b>sexual pleasure from filth</b> such as faeces, dirt or soiled underwear.” (p. 66)</p> <p>“Sadism: <b>sexual pleasure from inflicting pain</b> on another person.” (p. 66)</p> <p>“Masochism: <b>sexual pleasure from receiving pain</b> from another person.” (p. 66)</p> <p>“Some of these behaviours are acceptable in some cultures whilst others are considered deviant in some cultures. <b>The definitions are meant to increase participants’ awareness of the sexual behaviours and patterns.</b>” (p. 66)</p> <p>“Pair up with someone next to you. For the purpose of this activity only, <b>this person will be considered your first sexual partner.</b>” (p. 228)</p> <p>“List the <b>advantages</b> and disadvantages of having a <b>sexual relationship with an older partner.</b>” (p. 232)</p> <p>“I am 15 years old now. <b>I’ve got different guys that I sleep with</b>, but they are not really my boyfriends. They are only guys who support me. I call them my Ministers. I got a Minister of Love, a Minister of Transport and a Minister of Finance... I have them all at the same time. The Minister of Love gives me love because everyone needs to be loved. The Minister of Finance buys everything for me and the Minister of Transport takes me anywhere I want to go. Among my Ministers, <b>there is a married guy.</b>” (p. 234)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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>“Purpose: To understand consent; and <b>to practise getting consent</b> and communicating our expectations clearly.” (p. 274)</p> <p>“By the end of the activity, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Explain what consent is;</li> <li>• Discuss why getting consent is important;</li> <li>• <b>Demonstrate how to get consent in a role play;</b></li> <li>• Demonstrate how to communicate their expectations clearly in a role play.” (p. 274)</li> </ul>

<p><i>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><b>“What does consent mean in a sexual situation?</b> (Answer: That both people clearly agree to the sexual activities that they do. They also need to understand what they are agreeing to do).” (p. 275)</p> <p>“How can a person <b>get consent in a sexual situation?</b>” (p. 275)</p> <p>“Why is it <b>important to get consent?</b> (Answer: To avoid raping someone, to keep the relationship healthy, to show respect).” (p. 275)</p> <p>“...[A]sk for one male and one female volunteer to <b>role play their dialogue [about obtaining sexual consent] in front of the rest of the group.</b> They should sit next to each other and can hold hands, but they do not have to touch each other.” (p. 276)</p> <p>“Ask participants what they learned from the activity. Add any of the following points that are not mentioned.</p> <ul style="list-style-type: none"> <li>• It is <b>important to get consent in sexual situations</b> because it prevents misunderstandings and rape.</li> <li>• Consent means that both people agree on what they want to do.</li> <li>• <b>Decide what you want to do sexually</b> and do not act confused about it. If you aren’t sure, then postpone the activity until you are sure.</li> <li>• It is important to <b>say clearly what you do and do not want to do</b> – do not leave it up to the other person to guess or ‘read your mind’.</li> <li>• If you get conflicting or confusing messages, ask direct questions. Don’t assume you know what the other person means.” (p. 276)</li> </ul>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“Sexual behaviours: Kissing, touching, hugging, petting, and penile-vaginal intercourse are often commonly thought of sexual behaviours. Oral sex, including <b>cunnilingus (mouth to vulva, vagina and/or clitoris) and fellatio (mouth to penis)</b> are acceptable in some cultures.” (p. 65)</p> <p>“Sodomy: <b>anal or copulation-like act between males.</b>” (p. 65)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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</i></p>	<p>“Objectives: By the end of the activity participants will be able to:</p> <ul style="list-style-type: none"> <li>• <b>Define sexual orientation.</b></li> <li>• List the different sexual patterns and define at least two of them.</li> <li>• Understand the health and social implications of different sexual patterns.” (p. 65)</li> </ul> <p>“Sexual Orientation: a preference for <b>sharing sexual expression</b> with members if the opposite sex, <b>members of one’s own sex, or members of both sexes.</b>” (p. 65)</p> <p>“Major sexual patterns</p> <ul style="list-style-type: none"> <li>• Heterosexuality: preferring sexual partners of the opposite sex.</li> </ul>

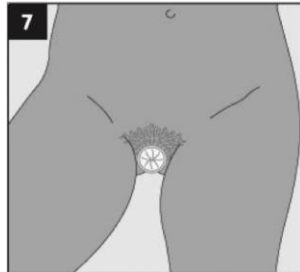
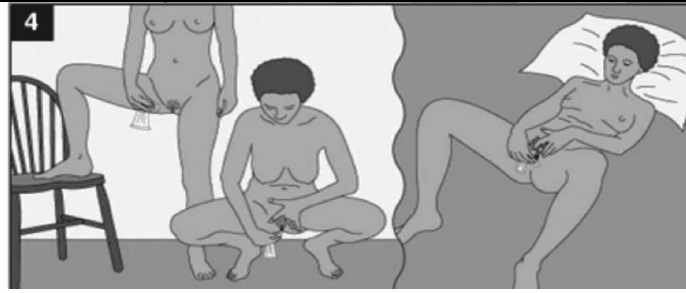
<p>sex.</p>	<ul style="list-style-type: none"> <li>• <b>Homosexuality:</b> preferring sexual partners of the same sex.</li> <li>• <b>Bisexuality:</b> enjoying sexual partners of both sexes.</li> <li>• <b>Asexuality:</b> having little or no sex drive.” (p. 65)</li> </ul>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. <b>Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.</b>” (p. 46)</p> <p>“The prostate is also very sensitive and <b>can give sexual pleasure</b> when massaged.” (p. 55)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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>“Masturbation: <b>manual manipulation of genitals for sexual gratification.</b>” (p. 65)</p> <p>“Masturbation is not harmful. It is a <b>safe alternative to satisfy sexual desire.</b> However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.” (p. 68)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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>“Condoms are made with lubrication that serves as an imitation of vaginal fluids. This <b>gives the illusion that the man is having sex without a condom.</b>” (p. 69)</p> <p>“Materials needed: ... <b>samples of contraceptive methods</b>, the pill (oral contraceptives), injectable contraceptive, IUCD, emergency contraception, male and female condoms and <b>male penis models (at least one for every three students)</b> and a <b>female reproductive system model.</b>” (p. 161)</p> <p>“<b>Use a penis model</b> (or female model) to demonstrate how to wear male and female condoms.” (p. 162)</p> <p>“<b>Practice putting a condom on</b> by following these steps:</p> <ul style="list-style-type: none"> <li>• Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don’t use it.</li> <li>• <b>When the penis is hard or erect</b>, carefully open the condom package along the side with the jagged edge (not the smooth side)...</li> <li>• Remove the condom and determine the correct side to unroll. Make sure</li> </ul>

it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, make sure the foreskin is rolled down before putting the condom on.

- Tip: **To increase the man's feeling when using a condom**, put a drop or two of water-based lubricant or saliva in the tip before putting it on.
- Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.
- While pinching or holding the tip with one hand, unroll the condom **all the way down to the base of the penis** with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.
- After ejaculation and **before the penis gets soft**, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.
- Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. **Use a new condom every time you have sex.**" (p. 163)

"Follow these **steps to use a female condom**:

- Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.
- When you are ready to insert the condom (**up to 8 hours before sex**), carefully open the package and remove the condom...
- Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or turns into a figure eight.
- Choose a comfortable position – raise one leg, sit or lie down.
- With your other hand, spread the lips open and gently insert the inner ring into the vagina. **Place your index finger inside the condom and push the inner ring up as far as it will go.** Make sure the outer ring is outside the vagina and the condom is not twisted.
- The condom is now in place... **When you are ready to have sex, guide the penis inside the condom.** Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex.
- To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet." (pp. 164-165)



(p. 164)

“Purpose: To **review how to use a male condom correctly**; to discuss the excuses that some people give for not using condoms; and to develop responses to them.” (p. 240)

“**Give the volunteer the penis model and the condoms**. Ask them to describe what they are doing as they do it.” (p. 240)

“What should you do if you want to protect yourself from STIs when giving oral sex? (Answer: **Put a condom without spermicide or scent on a man before giving him oral sex** – you can use a **flavoured condom** (different from scented ones) if you like. Put a dental dam (latex square that dentists use), a condom use [sic] so that it lies flat, or a **piece of plastic wrap over the woman’s vulva** before giving her oral sex).” (p. 240)

## 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.*

“We are the ones who make decisions about what happens to our bodies – for example, **if we have sex**, get pregnant, have an HIV test, take medicine, drink alcohol, have an operation, get circumcised, get female genital mutilation, get a tattoo, get piercings, or any other change to our bodies. **We can decide for ourselves whether to have sex or not.**” (p. 31)

“By the end of the activity, participants will be able to: **Talk and ask questions about sex more openly**; Participate in a dialogue about how young men and women feel about sex.” (p. 67)

“Talking more openly can help us **take care of sexual health and to enjoy our sexual relationships** more.” (p. 67)

“Purpose: To **improve knowledge and understanding about sexuality and healthy sexual behaviours** as well as address myths related to sex.” (p. 68)

“Put up the drawing of the scale and explain that the scale represents **two choices young people can make about having sexual intercourse** – either to



	<p>have sexual intercourse now (as an adolescent) or to wait.” (p. 127)</p> <p><b>“Reasons young people have sexual intercourse:</b></p> <ul style="list-style-type: none"> <li>• To communicate loving feelings in a relationship</li> <li>• <b>To receive and give pleasure</b></li> <li>• To get affection</li> <li>• To satisfy curiosity</li> <li>• <b>To not be a virgin anymore</b></li> <li>• To feel close or closer</li> <li>• To stop pressure from partner or friends</li> <li>• To hold onto a partner</li> <li>• To avoid loneliness</li> <li>• To get gifts or other benefits</li> <li>• <b>To show independence from parents</b> and other adults</li> <li>• To show one is an adult” (p. 128)</li> </ul> <p>“What were some of the <b>reasons to have sex that you personally thought were good?</b>” (p. 128)</p> <p>“Tell the participants that most young people who have not had sex, will eventually have sex at some time in the future. Ask them: What does a young person need to know or be prepared to do, <b>if she/he is going to have sexual intercourse?</b>” (p. 129)</p> <p>“Note to Facilitator: In this activity and those that follow, do not moralize (i.e. do not preach about what is right or try to impose your own sexual morals on the participants) and <b>do not tell them that one type of relationship is better than another</b>. It is essential to allow participants to come to their own conclusions about which relationships and behaviours are right and wrong for them and how they can protect themselves.” (p. 225)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>Role play situation: “You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetheart and <b>really want to have sex with him or her soon.</b>” (p. 134)</p> <p>Role play situation: “You and sweetheart <b>have been using condoms for the last month</b> and you are tired of them. You really want to know what it is like without a condom.” (p. 134)</p> <p>Role play situation: “You <b>want to have sex without a condom</b> first and then put one on before ejaculating.” (p. 134)</p> <p>“Outer course means <b>being sexually intimate without having oral, vaginal, or anal sex</b>. It is a type of abstinence. Outer course can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing etc. Outer course can be effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.” (p. 167)</p>

“Some disadvantages of abstinence and outer course are: **it may be difficult not to have sex for long periods of time**; and you may lose control and forget the decision not to have sex (in which case, you may not be prepared to use protection against pregnancy and STIs).” (p. 167)

Discussion scenario: “You and your girlfriend have been **having sex regularly for a few weeks**. You have not used a condom every time. You were hoping that she is using the pill or something so that she doesn’t become pregnant. But now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect yourselves.” (p. 170)

Discussion scenario: “A number of your friends have become pregnant. Your boyfriend **wants to have sex with you and you think you might be ready**, too.” (p. 170)

“Participants learn about the risks posed by multiple, **concurrent sexual partnerships**; having relationships with older partners, especially when the young person receives benefits in exchange for sex; and drinking. **It looks in depth at outer course as a safer sex behaviour** and reviews how to use male and female condoms correctly.” (p. 223)

“Note to Facilitator: In this activity and those that follow, do not moralize (i.e. do not preach about what is right or try to impose your own sexual morals on the participants) and **do not tell them that one type of relationship is better than another**. It is essential to allow participants to come to their own conclusions about which relationships and behaviours are right and wrong for them and how they can protect themselves. **Do not tell them that monogamy is better than other sexual behaviours or that it is safe**. Being monogamous does not protect you.” (p. 225)

“You can reduce your risk of getting HIV by: using condoms correctly every time you have sex; **having only one partner at a time**; having fewer partners in your lifetime; getting tested and treated for STIs; getting circumcised for men; and **having only partners close to your own age**.” (p. 248)

“If you do any of these things to reduce your risk, you must still use condoms **when you have sex** if you do not want to get HIV and STIs.” (p. 248)

“**Only do non-penetrative sexual behaviours**/practice outer course (no vaginal, anal or oral sex); for example, hugging, kissing and touching each other. Why: If you don’t have sex, you cannot get HIV from sex. **This is one way of abstaining**.” (p. 249)

“**Have only one partner at a time. (Don’t have concurrent partners)**. Why: If you have only one partner at a time, you will probably have fewer partners in your lifetime and so you will be connected to fewer sexual networks and less likely to expose yourself to HIV.” (p. 249)

**10. PROMOTES TRANSGENDER IDEOLOGY**

*Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific 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.*

“At birth, **your sex is assigned to you** based on your genitals.” (p. 81)

“Born with: Generally unchanging (although **change is now possible** with hormones and **surgical intervention**).” (p. 83)

“Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person’s biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However, **some people feel that they are in the wrong body. They are transgender.** Some say that they have a **female brain trapped in a male body**, or the other way around. Some identify with neither genders; some identify with both genders; while others feel they cannot relate to the idea of gender at all. **Some transgendered people change their sex by taking hormones and having surgery.**” (p. 83)

**11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN**

*Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.*

*May encourage the use of contraceptives, while failing to present failure rates or side effects.*

“This unit describes how pregnancy happens and explores the consequences of an unintended or unwanted pregnancy on a young person’s life. It teaches decision-making skills by looking at the **options that a woman has when she becomes pregnant** and emphasizes **how to prevent unintended pregnancies.**” (p. 155)

“Purpose: To discuss the process by which pregnancy happens and to **provide information on emergency contraception** to reduce the risk of pregnancy if they have unprotected sex, a condom burst, or are raped.” (p. 157)

“Emphasize that **emergency contraception is the only method you can use to help prevent an unintended pregnancy after sex.** Emergency contraception is a special dose of concentrated oral contraceptive pills that are meant to be taken within 120 hours (5 days) of unprotected sex but the sooner after the unprotected sex, the more effective an emergency contraceptive is.” (p. 158)

“Ask: **What do you know about emergency contraception?** Praise correct responses and use their answers to lead into the next step.” (p. 158)

“Emergency contraception is **available in clinics and, in some countries, at pharmacies.** Just ask for emergency contraception.” (p. 159)

“Ask participants the following questions to generate discussion and bring out key points: It is for emergencies. What is an ‘emergency’? Main points: **When a condom bursts or breaks;** If you are raped or forced to have sex; **If you did not use a condom or other contraception;** If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.” (p. 159)

“Using emergency contraception is **not the same as having an abortion** because

emergency contraceptive pills work before pregnancy begins.” (p. 160)

“In addition to taking emergency contraceptive pills, **a woman can have a Copper-T IUCD inserted up to five days after unprotected sex.** The copper in Copper-T IUCDs can prevent sperm from fertilizing an egg and may also prevent implantation of a fertilized egg.” (p. 160)

“There are **no safety concerns or known health risks** about using emergency contraceptive pills more than once or even repeatedly.” (p. 160)

“Purpose: To discuss the different **methods of preventing pregnancy** and how they work; and to identify those that are **suitable for young people.**” (p. 161)

“By the end of the activity, participants will be able to: Name at least three modern **contraceptive methods that are suitable for young people**; Explain the **advantages and disadvantages** of a contraceptive method that they would like to use; Correctly demonstrate how to use a male and female condom (if you have them) on a model.” (p. 161)

“Materials needed: ... **samples of contraceptive methods**, the pill (oral contraceptives), injectable contraceptive, IUCD, emergency contraception, male and female condoms and **male penis models (at least one for every three students)** and a **female reproductive system model.**” (p. 161)

“Add any of the following methods that are missing from the list below: Abstinence; The pill (oral contraceptives); **Injections; Implants; Intra-uterine Copper device or IUCD**; Male condoms; Female condoms.” (p. 161)

“**Which of the methods that you know** prevents pregnancy and STIs and HIV? (Answer: Abstinence, male and female condoms).” (p. 166)

“The **methods for preventing pregnancy that are recommended for young people** are:

- Abstinence and outer course (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections e.g. Depo Provera
- Implants e.g. Jadelle
- Intra-uterine copper device (IUCD)
- Emergency contraception” (p. 167)

“**Some advantages of the pill are:** lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples.” (p. 168)

“**Some advantages of contraceptive injections are:** private - no one needs to know that the woman is using it except the health care worker; does not require

	<p>regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone oestrogen; may decrease the risk of cancer of the ovary or uterus.” (p. 168)</p> <p>“<b>Some advantages of the IUD are:</b> immediate [sic] starts preventing pregnancy; regular attention is not required; effective for 5-10 years; no interference with sexual activity; low cost over time.” (p. 168)</p> <p>“Objectives: By the end of the activity, participants will be able to: <b>Feel more comfortable talking about contraception;</b> Demonstrate the ability to talk about contraception in a role play.” (p. 170)</p> <p>“Abstinence, outer course, and male and female condoms are the most suitable methods because they protect against both pregnancy and STIs, including HIV. <b>These methods can be combined with other contraceptive methods,</b> such as the pill or injections, for extra protection against pregnancy.” (p. 180)</p> <p>“<b>Condoms are very effective protection</b> when they are used correctly and consistently when you have sex since they prevent the transmission of semen and vaginal fluids. However, other contraceptive methods (including the pill and contraceptive injections) do not prevent the transmission of HIV.” (p. 194)</p> <p>“Note to Facilitator: If necessary, emphasize that we’ve talked a lot about how to deal with someone who does not want to use a condom. But, in fact, most young people use condoms when they have sex and that <b>all young people should expect and want to use condoms to protect themselves,</b> if they have sex. So if they tell or ask someone to use a condom, the person is likely to agree.” (p. 253)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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>“Purpose: To introduce the concept of human rights; and to familiarize participants with <b>their basic human rights related to health sexuality and gender.</b>” (p. 30)</p> <p>“By the end of the activity, participants will be able to: List at least <b>five human rights related to health, sexuality and gender.</b>” (p. 30)</p> <p>“Ask them for a couple of examples of some human rights. Explain that <b>rights can be related to gender, sexuality and health.</b>” (p. 30)</p> <p>“The right to have a healthy life... We can go to <b>get sexual and reproductive health services, including family planning services,</b> and testing, treatment, care and support for STIs and HIV. No one can refuse to give us health care we need.” (p. 32)</p> <p>“The right to ask for, receive and share information. This right includes <b>information about health and sexuality.</b>” (p. 32)</p> <p>“The right to have a healthy life. We have the right to the highest attainable</p>

	<p>standard of health, including sexual and reproductive health. We all, <b>including young people, have the right to access sexual and reproductive health services, including family planning services</b>, and testing, treatment, care and support for STIs and HIV. We also have the right to have a satisfying, safe <b>and pleasurable sexual life</b>, free from pressure or force.” (p. 32)</p> <p>“The right to education, including <b>education about health and sexuality.</b>” (p. 33)</p> <p>Relationship rights: “To get reliable sexual health information. <b>To access reproductive health services.</b>” (p. 110)</p> <p>“Purpose: <b>To discuss how they can share what they have learned with other young people</b>; to understand what advocacy means; and to identify how young people can get involved in advocacy.” (p. 281)</p> <p>“Purpose: To identify what <b>issues young people can advocate for</b> and discuss ways to do this.” (p. 283)</p> <p>“Objectives: By the end of the activity, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Explain <b>what issues affecting young people</b> they would like to advocate for;</li> <li>• Describe <b>how they would advocate</b> on that issue.” (p. 283)</li> </ul>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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>“<b>Purpose:</b> To explore the influence of family, culture, religion and friends on their values; to <b>identify which influences they disregard and why</b>; and to examine how they decide on their personal values.” (p. 24)</p> <p>“Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about. <b>We need to learn to talk about sex more openly.</b>” (p. 67)</p> <p>“Sex is still considered a ‘taboo’ in some cultures, and <b>this can make it more difficult to talk about it.</b> For this reason, many young people can find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.” (p. 166)</p> <p>“Purpose: To identify traditional practices related to relationships, gender, <b>sexuality and reproductive health</b>; to analyse their effects on reproductive health; to analyse whether they are in line with human rights or not; and to <b>discuss whether they should be kept, changed or stopped.</b>” (p. 265)</p> <p>“It can be difficult for young people to question or examine familiar traditional practices, because parents or elders might object. However, young people are members of the community and the future leaders of the community, and therefore <b>have the right and obligation to think about the community’s beliefs and practices.</b>” (p. 279)</p>
<p><b>14. UNDERMINES PARENTS OR</b></p>	<p>“Confidentiality: What we share in this group will remain in this group and <b>will</b></p>

<p><b>PARENTAL RIGHTS</b></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><b>not be told to others.”</b> (p. 14)</p> <p>“Remind participants that <b>what is said in the room must stay in the room.</b>” (p. 16)</p> <p>“To know what your own values are, you need to figure out <b>what you truly believe regardless of what your family or others around you believe.</b> And you need to be willing to say what you really think and not what we think that is what others want to hear. We should not be afraid to stand up for our own values.” (p. 26)</p> <p>“Your parents are responsible for your safety and well-being until you are an adult. While you are living under their roof, you need to obey them <b>unless your human rights are truly being violated.</b>” (p. 33)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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 <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigateIPPF.org">www.InvestigateIPPF.org</a>)</i></p>	<p>“Objectives: By the end of the activity, participants will be able to: Identify at least five sources of <b>information about sexuality in their own lives</b>; Explain which sources are reliable and which are not.” (p. 60)</p> <p>“Where are <b>youth-friendly sexual and reproductive health services</b> available in this community?” (p. 166)</p> <p>“By the end of the activity, participants will be able to: Describe where they can go for youth friendly sexual and reproductive health services; Explain what happened when they went to visit the service and their impression of the services and providers; <b>Feel more comfortable accessing sexual and reproductive health services.</b>” (p. 177)</p> <p>“Tell them that they will be going to visit [Name of the facility] <b>to see what sexual and reproductive services they provide</b> and what the place is like.” (p. 177)</p> <p>“Use the following questions to stimulate discussion:</p> <ul style="list-style-type: none"> <li>● <b>How did you feel about going to a place that offers sexual and reproductive health services?</b></li> <li>● Were the facilities youth-friendly? Why or why not?</li> <li>● How did the girls’ experiences differ from the boys’?</li> <li>● If you ever needed treatment for STIs or contraceptives, <b>would you go to this facility?</b> Why or why not?</li> <li>● Would you recommend this facility to other young people? Why or why not?” (p. 177) <p>“List what they are doing to make their service <b>friendly and welcoming to young people.</b> What special services do they provide for young people? Include anything about the services that appeals to you as a young person.” (p. 178)</p> </li></ul>

For the complete text of this manual see <https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Comprehensive%20Sexuality%20Education%20Facilitators%20Manual%20final.pdf>