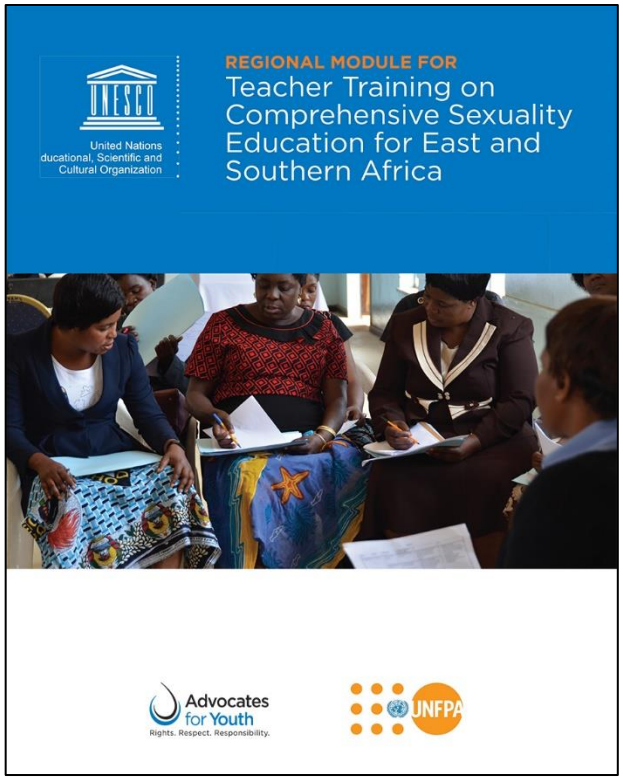
Analysis of

Sexual and Reproductive Health Facilitators' Training Manual

Based on 15 Harmful Elements Commonly Included in CSE Materials



The *Sexual and Reproductive Health Facilitator's Training Manual* is used to train teachers on facilitating CSE programs in Africa, including in Ethiopia, Kenya, Tanzania and Uganda.

The attached analysis of this program was done using the "CSE Harmful Elements Analysis Tool," created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE) curricula and materials. For more information, visit www.stopcse.org.

Warning:

We apologize for the graphic nature of pictures and content included in the following analysis.

Be advised that this content is taken directly from the analyzed manual, and **this is what UN agencies believe is appropriate for our children.**

CSE Harmful Elements Analysis Tool

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

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Sexual and Reproductive Health Facilitators' Training Manual

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Sexual and Reproductive Health Facilitators' Training 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 trains teachers on facilitating CSE programs in Ethiopia, Kenya, Tanzania and Uganda. Students learn how to consent to sex and how to achieve sexual pleasure. They are taught condom use in detail and study a wide array of contraceptive methods. Diverse sexual orientations and gender identities are accepted as normal. A unique aspect of this program is the heavy emphasis that is placed on peer education and counselling where students teach each other about sexual rights and how to have a healthy sex life.

Target Age Group: Ages 10-24

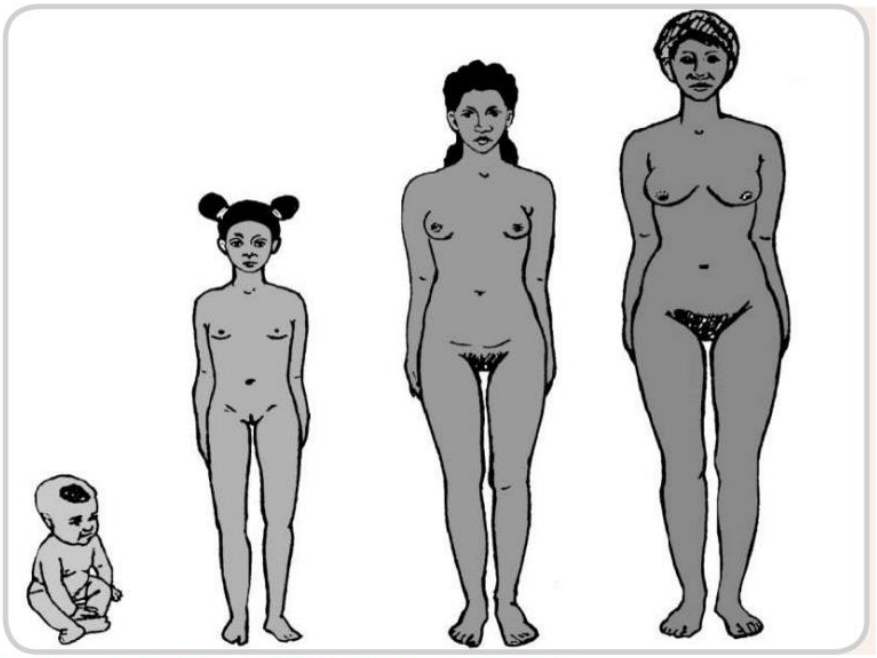
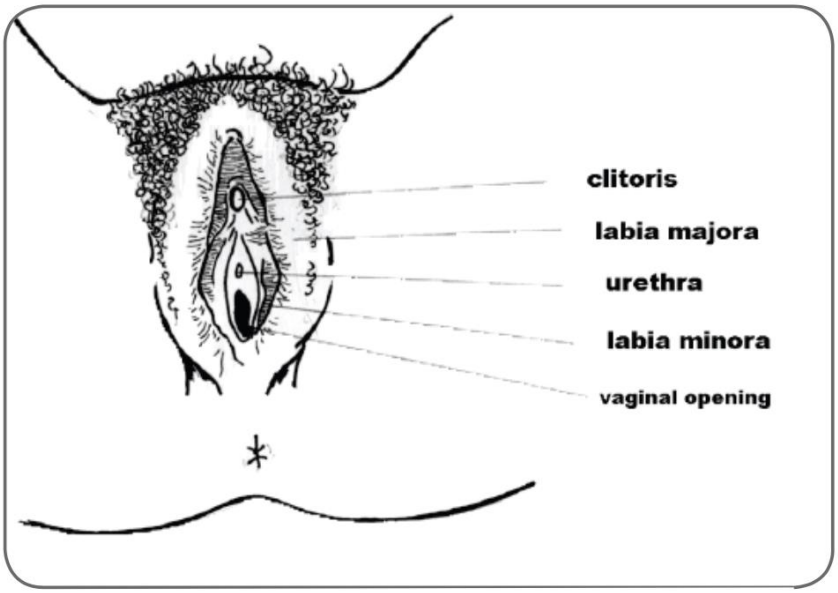
International Connections: Youth 2 Youth, DSW (Deutsche Stiftung Weltbevoelkerung)

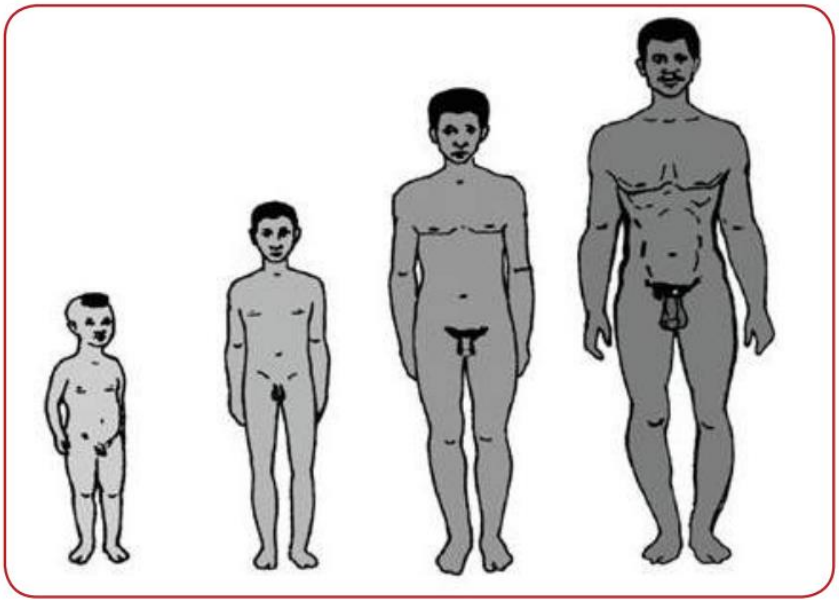
For the complete text of Sexual and Reproductive Health Facilitators' Training Manual see: https://drive.google.com/file/d/1u8xEMnmTa9rhVIxYeO3yRgNGYj44Bp_H/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual*	"This Module 3 of the SRH Facilitators' Training Manual focuses on young adolescents' sexual and reproductive health. The term 'young adolescent' as used herein refers to the age group of young people **between 10 and 14 years of age**." (Module 3, p. 1) "Module 3 Learning Objectives: Describe female and male reproductive organs and functions; …**Discuss their sexuality** and memorize the circles of sexuality." (Module 3, p. 2) "Every topic and issue of this Module are **highly sensitive and can easily make**

[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.

vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.	**young adolescents feeling shy, embarrassed or ashamed**." (Module 3, p. 1) "**Participants may not feel comfortable** in speaking openly about SRH or experiences or interacting in exercises with other peers, especially if they of the other sex. "(Module 3, pp. 1-2)  **1.1.1 Female reproductive organs** (Module 3, p. 3)  (Module 3, p. 5) "The walls of the vagina produce a fluid or discharge that serves to keep the region clean. The amount of discharge may differ over the month and increases particularly **at times of sexual excitement**." (Module 3, p. 5)



(Module 3, p. 6)

"The penis is the organ that carries semen with the sperm into the vagina. During sexual arousal, blood is pumped into the muscles of the penis. **This makes the penis stiffen/erect so it can easily enter the vagina**." (Module 3, p. 8)

"During puberty, the following changes occur in females' bodies and reproductive organs: …Sexual feelings – **excitement when touching our private parts**." (Module 3, p. 11)

"**Girls can also have sexy dreams** and some might find that they are **wet between their legs** at these times. This wetness is made in the vagina. When the girl is grown up, it will protect her vagina during sex. This is normal." (Module 3, p. 14)

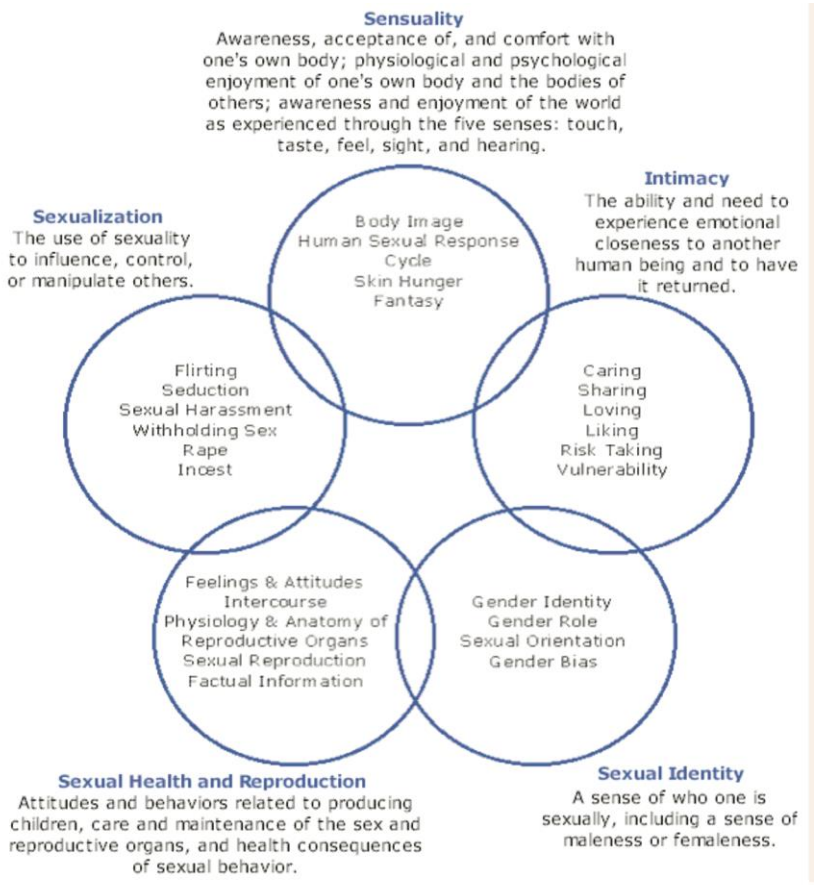
"What is sexuality? Objective: Participants understand that we are have [sic] our sexuality from the time we are born up to when we die and that **we do not only need sexual intercourse to enjoy our sexuality**." (Module 3, p. 27)

"Divide participants in six small groups and give each group one of the following to discuss:

- A baby boy and a baby girl
- A baby boy and girl aged 6 years
- A baby boy and girl aged 15 years
- A married man and woman aged 22 years
- A woman and man with a baby
- An elderly man and woman

Ask every group to discuss how the person they have been given **might feel and express his or her sexuality**. For example, a 6-year-old boy or girl plays mummy and daddy roles." (Module 3, p. 27)

"Point out that we can enjoy our sexuality at all ages even without having

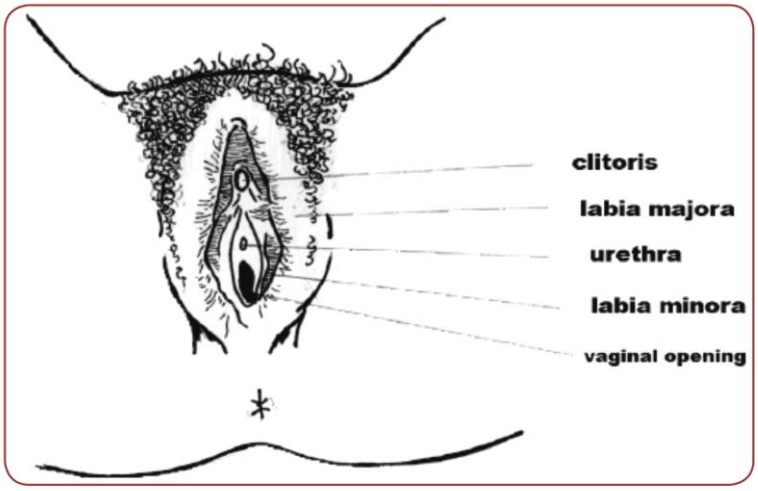
	sexual intercourse. **We should be in a hurry to have sexual intercourse but wait until our minds and bodies are mature**. We should trust ourselves that when the time comes, we shall do it well." (Module 3, p. 27) "During puberty the need for being in a relationship, **feelings of love and readiness for sexual involvement with the opposite sex become stronger**. As a result, boys begin to have wet and erotic dreams accompanied by night-time semen emission. Likewise, girls can also have wet dreams and experience lubrication of the vagina resulting into an internal urge to satisfy the dissatisfied sexual need." (Module 3, p. 27) "In addition to that, there is sometimes **peer group influence, erotic movies and music, pushing towards sexual activity**. Young adolescents therefore, need knowledge on SRH and life skills (see Module 2) to cope with the changes that occur at this stage." (Module 3, p. 27) "Sexuality begins at birth and stops at death… **Everyone is a sexual being**. Your sexuality is interplay between body image, gender identity, gender role, sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection." (Module 3, p. 28)  (Module 3, p. 29) "Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviours associated with being female or male,

	being attractive and being in love, **as well as being in relationships that include sexual intimacy and sensual and sexual activity**." (Module 3, p. 29) "Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. **Sensuality also allows us to enjoy the pleasure our bodies can give us and others**. This part of our sexuality affects our behaviour in several ways." (Module 3, p. 31) "Feeling physical attraction for another person: The centre of sensuality and attraction to others is not in the genitals (despite all the jokes). The centre of sensuality and attraction to others is in **the brain, humans' most important 'sex organ.'** The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia." (Module 3, p. 31) "**Fantasy: The brain also gives people the capacity to have fantasies about sexual behaviours and experiences**. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies." (Module 3, p. 31) "Sexual intercourse: Is one of the most common behaviours among humans. Sexual intercourse is a behaviour that may **produce sexual pleasure that often culminates in orgasm in females and in males**. Sexual intercourse may also result in pregnancy and/or STDs." (Module 3, p. 33) "**Having a sexual life is essential** and meaningful for human beings. It is pleasant and entertaining." (Module 4, p. 2) "Objective: To enable participants **name** [sic] **their sexual and reproductive organs openly**." (Module 4 p. 3) "Ask participants to draw a male and a female body including reproductive organs. Ask participants to **label the drawings in detail and include terms like vagina, penis, testicles,** uterus, **breasts,** pelvis, **pubic hair, mouth, rectum/anus, genital lips,** cheeks, eyes, etc. on the flip chart. Raise questions for discussion and encourage participants to express themselves openly. The following questions could be raised: • What value does this body part (including sexual organs) have for you? • What is its use in sexual relationships? • What is it for? • **How can it be stimulated**?" (Module 4, p. 3) "The above-mentioned parts are identified as reproductive or sexual organs **They are sexually stimulating and enticing organs** when they are seen, touched with lips and hands. They are natural, biological and pleasant organs." (Module 4, p. 3) "Write the following options [for healthy sexuality] on a flipchart and post

them on the wall **for discussion**:

- Virginity
- Abstinence from having sexual intercourse for one's whole life
- Abstinence from having sexual intercourse for a certain/limited period of time
- **Have sex whenever possible** and enjoy it
- Abstain from sexual intercourse until marriage
- Use condoms
- Go for HIV and AIDS testing
- Be faithful to one sex partner
- Homosexuality (gay and lesbianism)
- Delaying sex
- Finding **sexual pleasure in masturbation** (rubbing/massaging own genitals)
- Petting (hugging, caressing, and kissing each other)
- Using modern contraceptives
- Withdrawal, other traditional and natural contraceptive methods" (Module 4, p. 4)

External female reproductive organs



(Module 4, p. 19)

"The clitoris, located between the vagina and the urethra, is full of nerve ends that make it very sensitive. **The stimulation of it produces fast sexual excitement and clitoral erection**." (Module 4, p. 20)

"Medina is a 17-year-old girl. Her father died long ago and her mother is poor. She could not pursue her education beyond grade six. According to Medina, in her residential area, she got acquainted with a young guard of a private company. Initially, she was not aware why the guard wanted to be close to her. Gradually, he became friendly to her and began giving her some money and gifts. Finally he started taking her to his workplace in the evenings and **soon after they had sex**." (Module 4, p. 35)

"When she said she wanted to go upstairs and lie down, what was I supposed

	to think? I mean, we had talked about sex before and she knew I really cared about her. I thought this was her way of telling me this was the night. Maybe she did grumble a little when I started to kiss her and take her clothes off. But I just figured she wanted me to slow down since it was our first time. **We had sex, and I thought everything was OK when I took her home**." (Module 5, p. 20)
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them.* *Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.*	"In order to practice safe sex, you have to use a condom, be informed and able to **negotiate with your sex partner**." (Module 4, p. 19) "Sum up the exercise by emphasizing that there must always be mutual **agreement and consent** when any form of sexual behaviour is going on between two people." (Module 5, p. 21) "At this stage, condoms and other popular contraceptive methods need to be easily accessible and individuals need to feel capable of using them and **negotiating safer sex**." (Module 6, p. 27)
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.*	"In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate health information about sexual intercourse: **vaginal, oral, and anal**." (Module 3, p. 33) "Sexually transmissible diseases or sexually transmissible infections are any diseases that are passed from one person to another by sexual contact. This includes all forms of penetrative sex (**oral, vaginal and anal**) as well as some forms of foreplay such as genital touching." (Module 3, p. 45) "If you have **vaginal or anal sex** without a condom then you run the risk of catching an infection. The risk of contracting STI's is reduced by practicing safe sex: using a condom when having sex. Some STI's can be transferred through oral sex, so it is a good idea to use a condom **when having oral sex too**." (Module 3, p. 45) "Sexual intercourse, non-penetrative genital contact, **anal and oral sex** can all transmit an infection." (Module 6, p. 5) "For full protection, you need to use a condom EVERY TIME you have **vaginal or anal sex**." (Module 7, p. 8)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *Normalizes or promotes*	"Everyone is a sexual being. Your sexuality is interplay between body image, gender identity, gender role, **sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection**." (Module 3, p. 28)

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.	"**Sexual orientation**: Whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (**homosexuality**) or to both genders (**bisexuality**) defines his/her sexual orientation. **Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same sex attraction by age 10 or 11**. Between three and 10: percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population feel attracted to both genders." (Module 3, p. 32) "Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behaviour, **including sexual play with same-gender peers**, crushes on same-gender adults, or **sexual fantasies about same-gender people are normal** for pre-teens and young teens and are not necessarily related to sexual orientation." (Module 3, p. 32) "Negative social messages and homophobia in the wider culture can mean that young adolescents who are experiencing sexual attraction to and **romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality**." (Module 3, p. 33) "**Homosexuality** (gay and lesbianism)" (Module 4, p. 4) "**Men who have sex with men** (MSM) can be difficult to reach with HIV prevention messages and services, since many are secretive about their sexual activities. To be successful, programs must address behavioral risk reduction and reach MSM in ways that reflect the diversity of their sexual behavior and their varied social and political contexts." (Module 6, p. 34)
5. PROMOTES SEXUAL PLEASURE *Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.*	"Clitoris: It is a small, sensitive organ above the vagina that **responds to stimulation during sexual intercourse**." (Module 3, p. 4) "Experiencing pleasure: **Sensuality allows a person to experience pleasure when certain parts of the body are touched**. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive." (Module 3, p. 31) "Sexuality is one of the essentials of human life. It includes sex, gender roles, sexual pleasure and giving birth, which are manifested in ones thinking, faith, desire, interaction and behaviour. **Sexual pleasure is essential for life**." (Module 4, p. 5) "**Sexual pleasure** does not come only from sexual intercourse, there are other things you can do also. Most people do not experience a loss of feeling with a condom, but if you do you can **use a lubricant** with spermicide in combination with a condom (NEVER use petroleum jelly!). Condoms protect against STI's, HIV and avoid unwanted pregnancy." (Module 7, p. 41)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*	"**Sexual feelings – excitement when touching our private parts**." (Module 3 p. 11) "**Finding sexual pleasure in masturbation** (rubbing massaging own genitals)" (Module 4, p. 4) "Ask participants if they have understood the idea of safe sex and encourage them to use their critical thinking skills and choose from the following safe sex options: …**Delay sex and masturbate instead**." (Module 4, p. 5)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*	"However, it might be useful for those between 12 and 14 to **see a condom and to know how it is used correctly** once before they are sexually active." (Module 3, p. 30) "Those who are shy of openly discussing condom use before having sex … **need to get rid of fear and shyness by developing self-confidence**." (Module 6, p. 22) "A male condom is a thin rubber sheath made of latex. It is placed on the erect penis before sexual intercourse to protect against unwanted pregnancy and STI's including HIV and AIDS. **Condoms come with different features: they can be smooth, ribbed, studded, lubricated, flavoured, coloured,** etc. They should be used only once and then properly disposed off [sic]." (Module 7, p. 5) "**How to use a male condom**: 1. Always put on a condom on [sic] once the penis is erect and before any contact is made with your partner. Make sure to a. Buy condoms from a reliable source and b. Check if the condom is still okay by checking the expiry date and pressing the wrapper to check if it is sealed and also feel if pressure is still there. 2. Carefully open the package so as not to damage the condom. Don't use nails or teeth. 3. **Penis should be erect** (hard) before putting on the condom. 4. Squeeze the tip of the condom and put on the head of the penis (squeezing the tip allows for semen to collect and reduces the possibility of bursting). 5. While still holding the tip, **unroll the condom down to the base of the penis**. (Do not put on a condom after it has been unrolled, for it may tear in the process.) 6. Then one is ready for intercourse. 7. **After ejaculation (coming), hold the base (ring) of the condom and withdraw (pull out) the penis** from your partner before the penis gets

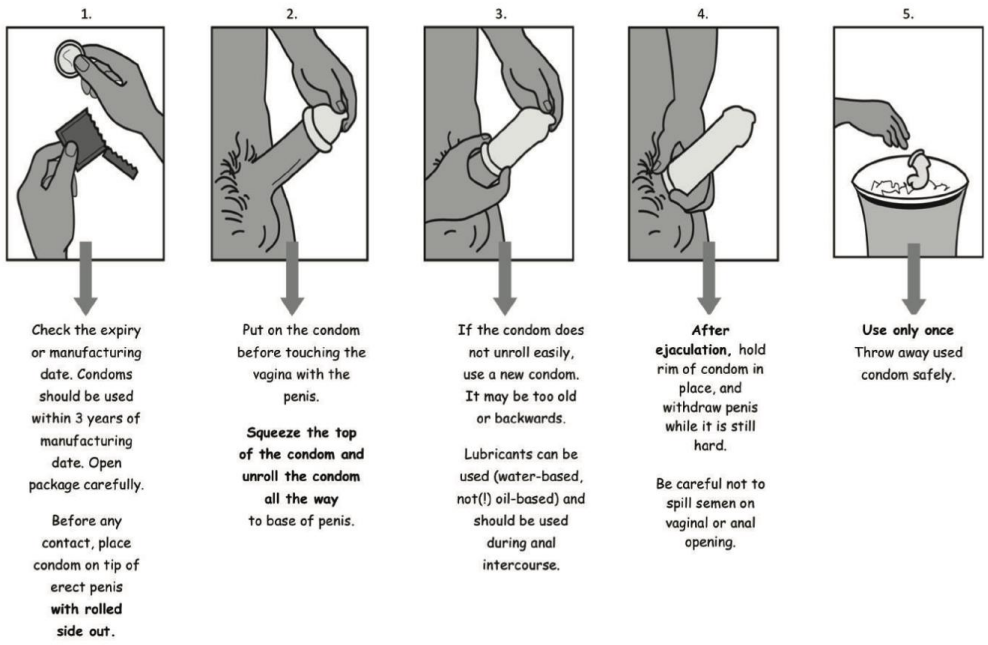
soft (holding the rim keeps the condom from slipping off).

8. Slide the condom off the penis without spilling the semen. (If possible one should use tissue paper, towel, or anything available when unrolling the condom.)
9. If paper is available, wrap the condom in it and throw it in a pit latrine or bury it (condoms must only be used once).
10. Wash hands with soap and water." (Module 7, pp. 5-6)

"Advantages:

- Condoms are 97% effective and they protect against most STI's if used correctly and consistently.
- Condoms are the only contraceptives that can prevent STI's including HIV and AIDS and pregnancy at the same time.
- Condoms are inexpensive and easy to get.
- Condoms are lightweight and disposable.
- Condoms do not require a prescription.
- Condoms can help relieve premature ejaculation.
- **Condoms may help a man stay erect longer**.
- **Condoms can be put on as part of sex play**.
- Condoms can be used with other methods." (Module 7, p. 6)

"**A condom is extremely effective when used correctly**. The effectiveness is increased when used with spermicides." (Module 7, p. 6)

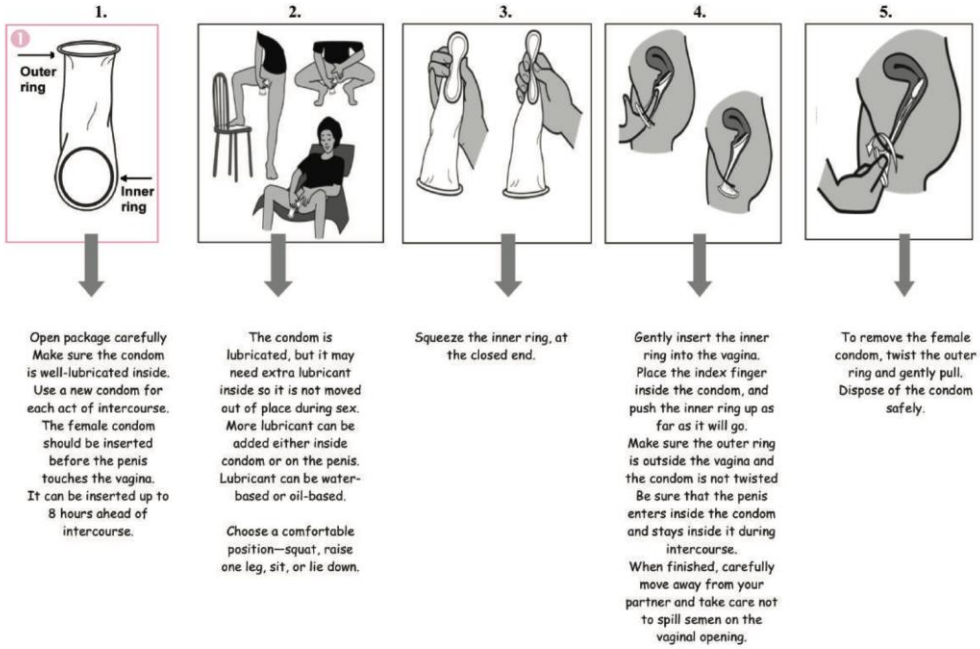


(Module 7, p. 7)

"More tips about condoms:

- **Correct and consistent use of condoms protects you and your partner from STI's and pregnancy**.

	• Using condoms is a responsible act that shows your concern for your own and your partners health. • Nearly everyone can use male condoms, **regardless of penis size**. • Using condoms may change the sensation of sex, but sex is still enjoyable. Some couple find sex even more enjoyable with condoms." (Module 7, p. 9) "Using a penis model and a condom, **demonstrate how to properly remove a condom from the package and place it on the model**, following the steps described below… After the demonstration and a brief discussion, distribute penis models (you can also use bananas or bottles) and condoms, every the [sic] participant should put a condom on a model at least once." (Module 7, p. 9) "Ask the participants to **practice putting on and removing a condom** using a penis model and a condom." (Module 7, p. 9) "In random order, distribute the prepared 'How to use a condom' cards to the volunteers. Instruct volunteers to look at each other's cards and **line up in correct order across the room**." (Module 7, p. 9) "Ask participants to form four small groups... Assign to each group one of the four most prominent barriers identified and ranked earlier. Ask the groups to **identify and list the kind of life skills necessary to overcome the barriers to the use of a condom**. Different life skills may apply to different behaviours." (Module 7, p. 11) "Be aware of yourself and **have the confidence to get a condom**. Having AIDS while you can protect yourself is more embarrassing than using a condom." (Module 7, p. 9) "A female condom is a barrier method consisting of a thin rubber tube with flexible rings at each end; **it is inserted into the vagina before sexual intercourse**." (Module 7, p. 15) "How to use a female condom: **The female condom can be inserted up to 8 hours before sexual intercourse.** One of the rings is use [sic] to insert the device and hold it in place. The other ring stays outside of the vagina. The female condom must be removed immediately after intercourse and disposed of. Use only once!" (Module 7, p. 15) "**Advantages of female condoms**: • Protects against STI's and HIV and AIDS • The female condom is **lubricated** to make it easier to use • **Can be put in any time before sex** • Protects against cervical cancer by avoiding infection with Human papillomaviruses." (Module 7, p. 15)

	"**A female condom is extremely effective when correctly used**." (Module 7, p. 15)  (Module 7, p. 16) "You need to use a condom EVERY TIME you have sex for full protection from pregnancy and infection. Use every time to prevent infecting yourself or your partner. You may also consider using another family planning method along with the condom. **Get more condoms before you run out**." (Module 7, p. 17) "Tips about condoms: • **Correct and consistent use of condoms protects you and your partner from STI's and pregnancy**. • Using condoms is a responsible act that shows your concern for your own and your partners health. • Many married couples use condoms. They are not only for sex outside marriage. • Most people who use condoms do not have HIV and are healthy. • Proposing condom use does not mean a person is infected with HIV. It means that the person is responsible and caring. It does not imply mistrust. • Condoms are high quality and do not have holes. • Condoms do not contain or spread HIV. • Nearly everyone can use male condoms, regardless of penis size. • Using condoms may change the sensation of sex, but sex is still enjoyable. • **Some couple find sex even more enjoyable with condoms.** • Male condoms do not make men sterile, impotent or weak and do not decrease their sex drive." (Module 7, pp. 9, 39)

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.*	"The main aim of the life skill exercises in this Module 2 is to promote people's capabilities to: 1. **Make positive sexual choices**; 2. Take informed decisions in sexual matters; 3. **Practice healthy sexual behaviours**; 4. Recognise and avoid risky sexual situations and behaviours." (Module 2, p. 5) "Examples of abilities in decision-making: • 'No, I don't want to have sex' or '**Yes, I do want to have sex,'** and understand the consequences of both decisions. • To decide on the appropriate contraceptive (condom, the pill) to use if you do have sex." (Module 2, p. 10) "Teens need this information so they can **make informed decisions about sexual expression** and protect their health." (Module 3, p.33) "Therefore, it is essential to empower young people to utilize critical thinking, communicate and take responsible decisions in order **to exercise their human right to a healthy sexual life**." (Module 4, p. 2) "Objective: To enable the participants to name different ways to **practise healthy sexuality**." (Module 4, p. 4) "Informed adolescents are able to recognize and assess the situation when confronted with sexuality through critical thinking. Raise questions like: What is sex? **With whom should I have sex? How is it performed?** When is it performed? What consequences can it have? Am I ready for it?" (Module 4, p. 5) "On the issue of deciding whether or not to practice sex, smart young people are able to **identify healthy sex options and decide to go for it**." (Module 4, p. 6) "**Young adolescents and young people make a decision when to have sex**. This decision lies entirely with the individual." (Module 7, p. 2) "Young people **have a right to decide when to have sex**, however, the longer they delay having sex, the better is the position they find themselves in to make informed decisions and successfully plan their family." (Module 7, p. 2)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention*	"Because you may not know whether you or your partner has an STI, it is important to **use a condom and to have regular check-ups** at your doctor or local family planning clinic." (Module 3, p. 45) "If you don't want to catch an STI, stay abstinent **or use a condom**." (Module 3, p. 45)

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.*	"Write the following statements on the board/a flip chart and ask participants to discuss ways to stay healthy. To stay healthy... ...**We will use condoms** ...We will use life skills ...**We will not have unsafe sex**." (Module 6, p. 30) "But when is a good time to start having sex? It advisable not to start sex at a very young age. Wait until you, not only your reproductive organs, are ready for it. Whereas reproductive organs may develop during puberty, this is not enough for healthy sex: Healthy sex requires information and a stable mind. **If abstaining from sex is difficult, other healthy sex options can be sought**." (Module 4, p. 6) "**Healthy sex may be practiced with a partner who is responsible, able to communicate effectively** (see Module 2) and openly discuss risks such as unwanted pregnancy and sexually transmitted infections to prevent them from occurring." (Module 4, p. 6) "**Risky thinking and practices**: 1. Underestimating the problems caused by STI's. 2. Ignoring the risk of contracting an STI's being driven by sexual urges. 3. Believing that having sex only once cannot cause any harm. 4. Having unprotected sex with multiple sex partners. 5. Having unprotected sex with commercial sex workers. 6. **Not using condoms**." (Module 6, p. 5) "**Do not have unprotected sex if you have an STI**, since co-infection is likely, i.e. you are more likely to contract other STI's if you have one already." (Module 6, p. 5) "**The best way of protecting yourself against STI's is to use a condom whenever you have sex**, are faithful [sic] to one partner or abstain from sexual intercourse." (Module 6, p. 5) "How to prevent STI's and HIV infection: • Abstinence • **Consistent and correct use of condoms**." (Module 6, p. 6) "**If you do decide to have sex without a condom** (to get pregnant, for example) always ensure that you and your partner both go for an HIV test first." (Module 6, p. 14)

HIGH RISK	LOW RISK	NO RISK	NOT SURE
Sharing sexual toys	Having sex using a condom	Kissing on the cheek, caressing dry areas of the body	Tears, breath, saliva (unless they have blood in them)
Unprotected sexual intercourse	Ear piercing	Hand shaking	
Sharing injection needles	Body cutting	Sharing household utensils	
Breast feeding by an HIV positive mother	Female/male Circumcision	Hugging HIV patient and sleeping in one bed	
Inherited marriage	Blood donation	Share swimming pool, shower	
Having sex with commercial sex workers (prostitutes)	Sharing a comb	Mosquito or insect bite	
Using another person's tooth brush		Pets like cats, dogs, or birds…	
Having sex with a person who has an STI		Medical examination	
Sharing syringes		Going in the same bus or taxi	
Practicing unprotected sex		Sitting together at school	
Contact with wounds/body fluids		Seating next to each other, learning in the same class, playing together, opening doors, using public phones, sharing bath rooms	
Sharing sharp materials		Sneezing	
Having more than one sexual partner		Taking care of People Living with HIV	

(Module 6, p.15)

"A partner who believes that because both people love each other, they do not incur any risk in engaging in sex

- Needs correct information on the risks involved in having sex.
- Needs social skills to negotiate and **agree on how to have a safe sex** [sic], by convincing the other person or refusing the unsafe sex." (Module 6, p. 23)

"**Partner reduction is a prevention strategy** focused on decreasing overall number of partners in order to lessen the risk of becoming infected with or transmitting HIV." (Module 6, p. 35)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or

"**Sexual identity** is a person's understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three 'interlocking pieces' that, together, affect how each person sees him/herself. Each 'piece' is important." (Module 3, p. 32)

"**Gender identity**: Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a

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.

person's **biological gender is not the same as his/her gender identity**: this is called being transgender." (Module 3, p. 32)

"Point out that **many people confuse sex with gender** or vice versa. The word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on application forms)." (Module 5, p. 4)

The difference between sex and gender

	Sex	Gender
What?	Sex refers to the biological characteristics of women and men (penis, vagina, breasts, testes, ovaries, etc.)	Gender refers to the roles, responsibilities and behaviours attributed and associated with women and men
Who defines it?	Sex (male or female) is universally the same	Gender is socially and culturally constructed
When?	Sex is defined pre-birth	Gender identity is learned starting at birth
Can it be changed?	Naturally sex cannot be changed	Gender norms and values vary within and between cultures, they change over time[2]

(Module 5, p. 5)

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.

"The risk of contracting STI's is reduced by practicing safe sex: **using a condom** when having sex." (Module 3, p. 45)

"Condoms are very effective in preventing the transmission or passing on of sexually transmissible infections (STI's). **Using condoms, when having sex, is practicing safer sex**." (Module 3, p. 45)

"**Never engage in sexual intercourse without using a condom**." (Module 6, p. 14)

"To help protect themselves against the virus, young people should: Use latex (rubber) **condoms every time they have sexual intercourse**." (Module 6, p. 17)

"Unprotected sex can have consequences, so we must think before we have sex. But it can happen nevertheless. If you find that you are pregnant but did not plan to be – don't panic and don't hurt yourself. You can take a few days (but not too long) to make a decision. Consult a person you trust, maybe your parents, a relative, your partner, a good friend, a doctor, a counsellor, a family planning service provider or a peer educator, or a telephone hotline. At some point, however, **you must decide whether to have the baby or not**." (Module 4, p. 38)

"Not to have the baby

- First: **Never attempt unsafe abortion** by a layperson or even by yourself,

	since this can permanently damage your reproductive organs and even kill you… • Also where abortion is illegal according to applicable law, abortions should only be carried out by health professionals and not by laypersons. • Seek the support of a family planning service provider, a counsellor or peer educator who can provide you with information, or ask your medical doctor for help. • Your parents, relatives and your partner should support you by buying the medications you need, **help you to cope with the psychological effects of an abortion** and take you to the hospital/doctor **if any post-abortion complications arise**. • If done by a health professional in a clinic, **an abortion is a relatively safe and simple procedure** within the first 12 weeks. Up to that time, it usually does not require an overnight stay in the hospital." (Module 4, pp. 38-39) "Young people who have little knowledge of family planning methods may face unwanted pregnancy. They do not know where family planning services are provided and thus have no access to counselling and/or contraceptives. Therefore, **it is essential to inform young people about family planning and contraceptives**." (Module 4, p. 39) "This manual notes that **although abortion is restricted by law, there is overwhelming evidence that it is widely practiced in most countries** for East Africa..." (Module 4, p. 40) "Facilitator provides a background of the topic; **define abortion**, contextual data and other types of abortion." (Module 4, p. 41) "**Abortion is termination of pregnancy** before viability (age of pregnancy when the foetus has chances of survival if born) – KMA." (Module 4, p. 41) "**Both wanted and unwanted pregnancies may be terminated**." (Module 4, p. 42) "Skilled medical personnel who are trained and equipped to **provide safe abortion** are limited. Policies and laws restrict who can perform uterine evacuation – usually permitting only doctors to perform this simple procedure – and healthcare training institutions do not provide healthcare professionals with adequate relevant skills. As a result, safe abortion services are not accessible to the majority of women in our region. (Module 4, p. 43) "**Contraceptives are widely available in most health facilities** (including hospitals, health centres, clinics, pharmacies and drug shops) and from sexual and reproductive health or family planning organizations. Even in non-medical enterprises, one can find contraceptives (e.g. condoms). Most government aided health facilities and sexual and reproductive health organizations provide contraceptives and information on their use free of charge." (Module 7, p. 3)

	"**Contraceptives can be bought in commercial enterprises such as private clinics, drug shops, pharmacies and shops** (condoms). Where someone cannot afford contraceptives, it is possible to visit a government-supported health facility where contraceptives are available free of charge. The prices differ for different contraceptives. The condom and pill are the cheapest and tubal ligation and vasectomy are the most expensive ones, as they involve surgery." (Module 7, p. 3) "Which particular contraceptive to use is a decision everyone will take individually. **To choose which contraceptive works best for you**, you need to know the advantages, disadvantages and proper use of the various available methods. You are therefore strongly advised to contact a qualified family planning service provider, a health care professional or counsellor before using any type of contraceptive." (Module 7, p. 3) "When you are a Peer Educator or **counselling young adolescents and young people on which contraceptives to use**, remember to consider their individual situation." (Module 7, p. 4) "A contraceptive is a drug or device used to prevent pregnancy. There are many contraceptive methods, but **only the condom can prevent both prevent pregnancy and STI's**." (Module 7, p. 5) "This Module 7 **introduces a range of contraceptive methods**. Even though not all of the methods introduced may be recommended for young adolescents and young people or available where you are, it is important to know them and understand how they work. Contraceptive methods are frequently referred to by the way they prevent pregnancy. There are: • Barrier methods • Intrauterine methods • Hormonal methods • Surgical (permanent) methods • Natural methods • Emergency contraception." (Module 7, p. 5) "Use an emergency contraceptive pill if condom breaks or slips. Condoms rarely break if properly used. If condoms break often, make sure they are not damaged or old. Review instructions for proper use. Also, try lubricated condoms, or use water or water-based lubricant on outside of the condom. Do not use a condom if the unopened package is torn or leaking, or the condom is dried out." (Module 7, p. 8) "If the female condom does not stay in place or gets pushed inside the vagina, or if the penis was not inside the condom, **emergency contraception can help prevent pregnancy**." (Module 7, p. 17) **Detailed information is given on the following contraceptive methods**,

including advantages, disadvantages, and effective rates:

- Diaphragm/cervical cap (Module 7, p. 18)
- Spermicides (Module 7, p. 19)
- Intrauterine devices (Module 7, p. 20)
- Oral contraceptives (Module 7, p. 21)
- Injectables (Module 7, p. 25)
- Implants (Module 7, p. 26)
- Birth control patch (Module 7, p. 26)
- Tubal ligation (Module 7, p. 27)
- Vasectomy (Module 7, p. 27)
- Emergency oral contraceptives (Module 7, p. 28)

"**Taking the pill is simple, safe, and convenient**. Many women who take the pill have fewer menstrual cramps and lighter periods. The pill does not interfere with having sex." (Module 7, p. 21)

"**Give one pill packet (if possible) to each participant**, or at least one per group. Explain the steps of using the pill following the arrow on the package. Ask participants to form a buzz group and discuss your input briefly. Write the following questions on a flip chart or a large piece of paper.

1. Where will you get the pill?
2. When do you take the pill?
3. In what order will you take the pill?
4. How will you remember to take a pill a day?
5. What happens if you miss two days? Or three days?" (Module 7, p. 24)

Advantages/disadvantages of selected methods (an example)

Condom	• Prevents STI's including HIV and AIDS • Prevents pregnancy • Doesn't necessitate going to the clinic • Success rate 97%	• Partner may refuse to wear condom • Takes partner longer time to "come" • The condom could break or slip off • Less lubrication during sex • Less enjoyment due to reduced sensation for the man
The pill	• Highly effective in prevention of pregnancy • Reduces blood lost during menstruation • Easy to get	• Must be swallowed every day at the same time • Can be missed/forgotten • Small temporary side effects • Doesn't prevent STI's
Injectables	• Easy to use • Long-acting (2–3 months) • Success rate of 99.7%	• Not easily available • Menstrual period irregular for some time • Fertility returns after 12–14 months • Don't prevent STI's
Norplant	• Highly effective • Success rate of 99.9% • Long-acting 5 years • Fertility returns quickly	• Must be inserted by a trained health worker • Bleeding irregular for a short time • More frequent periods or longer period
Abstinence	• Highly effective • No side effects	• Requires decision and discipline • May not persist

(Module 7, p. 32)

"**Help the client to choose a contraceptive that is suitable for him**: Ask what

	kind of contraceptive he would like to use. It is important here to help the client see if what he has chosen is appropriate for him and his situation. Give a brief explanation about the type of contraceptive he chose and identify both positive and negative aspects." (Module 8, p. 14) "Explain the use of the contraceptive: Once the client has chosen a contraceptive method, **explain in detail how it is used and indicate the next steps to get it**. To ensure that he has understood properly, ask him to repeat what you said. Warn him if there are contraindications or side effects and refer him to an appropriate health service provider. Give him a flyer or brochure or similar info on contraceptives. Invite him to come again and say you will be happy to see him again." (Module 8, p. 14)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY *May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.*	"The role of peer educators is to apply the facilitation skills they have acquired during their trainings in order to organise and **conduct peer learning groups at the grass root level of youth clubs**." (p. 8) "The opening ceremony helps to raise awareness of **the importance and approach of SRH peer learning** to society and is an opportunity to increase support among invited guests and guest speakers." (Module 1, p. 8) Training objective: "To **equip peer educator trainers, peer educators,** and peer learning group facilitators with knowledge and skills on comprehensive sexual reproductive health and rights." (Module 1, p. 11) "Sexuality and reproduction are basic physical functions of human beings. **Sexual rights are incorporated in international human right documents, constitutions and laws as fundamental human rights**. These rights clearly show that sex may and should be practiced without obligation, stigma and violence. If having a sexual life is a basic human right, how can we exercise this right be exercised without causing harm to oneself and to others?" (Module 4, p. 4) "The following are **sexual and reproductive rights**: • People's right to respect the safety of the reproductive body • People's right to choose their sexual partner • People's right to have or not to have sexual intercourse • People's right to make love with the other person's consent • People's right to decide when to give birth or not to give birth • People's right to have a satisfying, pleasant, and healthy sexual life • People's right to access to quality reproductive health care, information and services • People's right to seek, access and distribute sex related information (not pornography) • People's **right to access to sex related education**." (Module 4, p. 5) "**Young people have a right to live a healthy sexual life**, have access to the information they need to protect themselves and their partners from STIs including HIV/ AIDS and unwanted pregnancy, to youth friendly reproductive

	health services, testing facilities and treatment as needed, and affordable contraceptives as needed." (Module 4, p. 39) "Peer outreach and education (POE) engage members of a specific group to influence other members to adopt healthy sexual behaviors and modify norms. **Peer educators may be more effective at influencing hard-to-reach or disenfranchised individuals** because they're seen as more credible or less judgmental than non-peers." (Module 6, p. 35) "**Peer-led approaches have been successful in sex education** programmes for young people, who feel more comfortable talking about sexuality with their peers in a safe environment rather than turning to an adult with their problems, questions and concerns." (Module 8, p. 2) "Although there is little experience of good practice **young people acting as 'counsellors'** for their peers (as opposed to 'peer information' programmes), this approach **may be appropriate in reaching some groups** of especially vulnerable young people." (Module 8, p. 2) "In DSW's Youth-to-Youth (Y2Y) Initiative, **peer counselling/ education/ information provided by trained peer counsellors/ peer educators is an important element**. Many youth clubs under the Y2Y Initiative provide peer education and information services, and when a peer education programme is delivered, it is not uncommon for a young person from the audience to share a personal problem with one of the peer educators and ask for advice." (Module 8, p. 2) "Conclude stating that **peer-led approaches are not about teaching or advising, but rather seeking to enable the peer to opt for a healthy sexual life** and make the right choices and decisions on his/her own." (Module 8, p. 5) "Young people become sexually active, but they often lack the information they need to protect themselves from unwanted consequences such as pregnancy and STI's/HIV... There is a huge and unmet need for correct and reliable sexual and reproductive health information among young people. **Peer counselling can help to fill this gap**, as it gives young people a chance to access the information and advice they need in a safe and youth-friendly environment." (Module 8, pp. 10-11) "Counselling services are often provided by trained professionals. However, in the field of adolescent sexual and reproductive health, **peer counselling has proven a successful approach in providing information and referral services to young people**. DSW's Youth-to-Youth (Y2Y) Initiative includes peer counselling/education/information provided by trained peer counsellors/educators as an important element." (Module 8, p. 11)

13. Undermines Traditional Values and Beliefs *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	"Learning objective: **Identify harmful traditional practices**, their effect on young people's physical and emotional health and learn coping mechanisms." (Module 4, p. 1) "However, such natural desires may be suppressed by cultural restrictions or taboos and the absence of free and open discussion with peers or family. Due to this, young people may suffer from ambiguous feelings of enjoyment and anxiety regarding their sexuality. Sometimes, this may result in risky behaviour. A happy and healthy sexual life is a human right (see below). Hence, **sexual relationships should be free and informed**." (Module 4, p. 2) "These roles, responsibilities and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and media (also refer to definitions of sex and gender in the background information). They are also influenced by custom, law, class, ethnicity and individual or institutional bias. **The definitions of what it means to be female or male are learned**, vary among cultures and change over time." (Module 5, p. 4) "Young people in many countries have unprotected sexual intercourse with one or more partners, potentially exposing themselves to HIV, other sexually transmitted infections (STIs), or unintentional pregnancy. **Comprehensive sexuality education (CSE) programs work to delay initiation of sex, reduce the number of sexual partners, and increase the use of condoms and other forms of contraception**." (Module 6, p. 34)
14. Undermines Parents or Parental Rights *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school*.	"Sexual desire is one of the most favourable feelings for everyone. However, **adults or parents may not understand the value young people attribute to love**." (Module 4, p. 7) "**Keep it confidential**. Clients will tell you intensely personal things. Except as specified in your peer counselling contract, keep this information to yourself. Violating a confidence not only destroys your client's trust, it can ruin the entire peer counselling program." (Module 8, p. 18)
15. Refers Children to Harmful Resources *Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their*	"The Circles of Sexuality Source: http://www.advocatesforyouth.org/lessonplans/circlesofsexuality3.htm" (Module 3, p. 28) "**The International Planned Parenthood Federation (IPPF)** has published the Charter on Sexual and Reproductive Rights in 1996. This IPPF charter demonstrates why sexual and reproductive rights are basic human rights. The right to sexual and reproductive health implies that people are able to enjoy a

lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.) *Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.* *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. http://ippf. org/resources/publications/ippf-charter-sexual-and-reproductive-rights IPPF, Charter on Sexual and Reproductive Rights, 1996." (Module 5, p.11) "**Refer your clients to a health facility** you know and be sure to have evaluated and **proved that this facility offers youth friendly services**. Young adolescents and young people need youth-friendly services that provide for privacy, respect and equal treatment instead of being blamed. After referral, follow up with both the individual and the health facility to establish whether your client actually received a satisfactory and youth-friendly service." (Module 7, p. 4)