

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of

Gender & Sexual Diversity: A Training on Policies, Health, and Gender and Sexual Diversity in Kenya, Facilitator's Guide

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 6 OUT OF 15

***Gender & Sexual Diversity: A Training on Policies, Health, and Gender and Sexual Diversity in Kenya, Facilitator's Guide* contains 6 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: "The Gender & Sexual Diversity (GSD) training is an innovative and practical resource that helps public health and HIV professionals understand gender and sexual diversity in the context of their country and the world." (p. ii)

Target Age Group: All ages

International Connections: Health Policy Project (HPP), funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Fund for AIDS Relief (PEPFAR), in coordination with a U.S. Government interagency team comprised of members of the PEPFAR Key Populations Working Group and the PEPFAR Gender Technical Working Group. The Health Policy Plus (HP+) project, Gay and Lesbian Coalition of Kenya (GALCK), UHAI-EASHRI, LVCT Health, KELIN, and the Kenyan Human Rights Commission (KHRC). (p. ii)

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

No evidence found.

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.

<p><i>sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>No evidence found.</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Men who have sex with men have high HIV infection rates. Why is this? Some MSM engage in unprotected anal intercourse, an activity that carries a higher risk of HIV transmission than either protected anal intercourse or protected or unprotected vaginal intercourse (Baggaley, White, and Boily, 2010).” (p. 92)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“GSM [gender and sexual minorities] describes a very diverse group of people who may or may not identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). For example, there are many men who have sex with men (MSM) who do not identify as gay. Some women who enjoy romantic or sexual relationships with both women and men may not identify as bisexual.” (pp. 2-3)</p> <p>“While gender and sexual identities may be important to many gender and sexual minorities, gender and sexual diversity should be understood as inclusive of, but not limited to identity.” (p. 3)</p> <p>“Since many people who work on HIV are familiar with MSM, it may be useful to talk about MSM as an example of a sexual minority who do not always identify as LGBTI.” (p. 20)</p> <p>“Within the GSM subset of people, there are those who self-identify as LGBTI, or</p>

any of the **other identities used by gender and sexual minorities** in Kenya and around the world.” (p. 20)

“As with the previous three dimensions, **sexual orientation exists on a continuum** and each person’s sexual orientation is unique. However, four categories are commonly used to understand sexual orientation:

- a. Read the **definition of heterosexuality**: ‘An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a different gender. People who are heterosexual often identify as “straight.”’
- b. Read the **definition of homosexuality**: ‘An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of the same gender. People who are homosexual often identify as “gay” or “lesbian.”’” (p. 51)

“After reading **definitions for homosexuality and heterosexuality**, move to this slide and read the definitions.

- a. Read the definition of bisexuality: ‘An enduring emotional, romantic, or sexual attraction to people of two or more genders. People who are bisexual often identify as “bisexual.”’
- b. Read the definition of asexuality: ‘An enduring absence of sexual attraction. People who are asexual often identify as “asexual.”’” (p. 52)

“Clarify that these are only four categories. Around the world different communities divide the continuum into other categories. Some societies or cultures prefer not to think of sexual orientation as definitive categories at all and instead **view sexual orientation as fluid and varied.**” (p. 52)

“Explain that evidence suggests that efforts to **force or coerce a person to change sexual orientation** do not work and can cause serious psychological damage (PAHO and WHO, 2009).” (p. 52)

“Share the following takeaway messages:

- Sexual orientation is about emotional, romantic, and sexual attraction.
- Everyone has a sexual orientation and **sexual orientation exists along a continuum.**
- How we **divide the continuum into categories**, or whether we do so at all, depends on a society’s norms and, ultimately, upon the perspective of the individual.” (p. 52)

“Discussing homosexuality is not the same as promoting it. We are not promoting any sexual orientation, but rather **recognizing and respecting the diversity of human sexuality** and gender. We believe that all people are equal and deserve equal access to health services.” (p. 90)

“Are gender and sexual minorities in Kenya a product of Western influence? Gender and sexual minorities are members of all communities, nations, and religions. **Gender and sexual diversity is not a Western phenomenon; it is a**

	<p>human and biological phenomenon. Gender and sexual diversity exists throughout the world, and historical accounts provide evidence of such diversity in nearly every culture and society throughout history. Although the term is new to many people, the practice is not a new phenomenon. People do not choose to be a gender or sexual minority because it is ‘fashionable’ or ‘cool’ or ‘Western.’” (p. 90)</p>
<p>5. PROMOTES SEXUAL PLEASURE</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>No evidence found.</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>No evidence found.</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates.</i></p>	<p>No evidence found.</p>

<p><i>May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Sexuality is an integral part of being human. Every person has the right to make decisions about their body and sexuality.” (p. 92)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>No evidence found.</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most</i></p>	<p>“Note to readers: the authors of this curriculum have chosen to use the third-person plural pronoun they in place of the traditional third-person singular he/she to acknowledge that gender is not binary and that not all people identify as he or she.” (p. iii)</p> <p>“Key populations are groups that experience a disproportionately greater risk of HIV infection compared to the general population... The U.S. President’s Emergency Fund for AIDS Relief (PEPFAR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and many other leading health institutions consider four groups to be key populations: people who inject drugs, MSM, transgender persons, and sex workers. This means that a subset of gender and</p>

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.

sexual minorities – MSM and transgender persons – are key populations.” (p. 3)

“As a transition, before advancing to this slide you can ask participants if they think the risk is higher or lower for trans women. This engages participants and prompts them to think critically about **stigma and vulnerabilities that are unique to transgender women.**” (p. 23)

“For some groups, you may want to **discuss how transgender persons are often falsely accused of personation** (the assumption of another person’s identity with intent to deceive). Chapter XXXIX of the penal code explains that personation refers to an individual, not a gender, and that the crime of personation exists only if there is an intent to defraud another person.” (p. 29)

“Through a series of activities, **biological sex, gender expression, gender identity, and sexual orientation** are presented as important concepts in understanding gender and are discussed at length.” (p. 37)

“Understand that everyone has a **biological sex, gender expression, gender identity, and sexual orientation**, and recognize that each of these concepts exists on a continuum” (p. 37)

“Participants **meet the Gender Person** [sic], a visual aid in learning concepts and terms related to gender and sexual minorities (Killermann, 2013). This activity includes the introduction of four concepts that are central to gender: biological sex, **gender expression, gender identity**, and sexual orientation. Each concept contains vocabulary that is useful when discussing gender in the workplace and health and development programs.” (p. 43)

“Goals:

- Understand and **apply concepts of biological sex, gender expression, gender identity, sexual orientation**, and related terms and concepts.
- Describe how biological sex, gender expression, **gender identity**, and sexual orientation **exist on continuums**.
- Explore the relationship between separate continuums, understanding that they are interrelated but not interconnected.” (p. 43)

“**Introduce the Gender Person** that demonstrates four key dimensions of a human being in relation to gender and sexuality: biological sex, gender expression, gender identity, and sexual orientation.” (p. 43)

2

You Soup

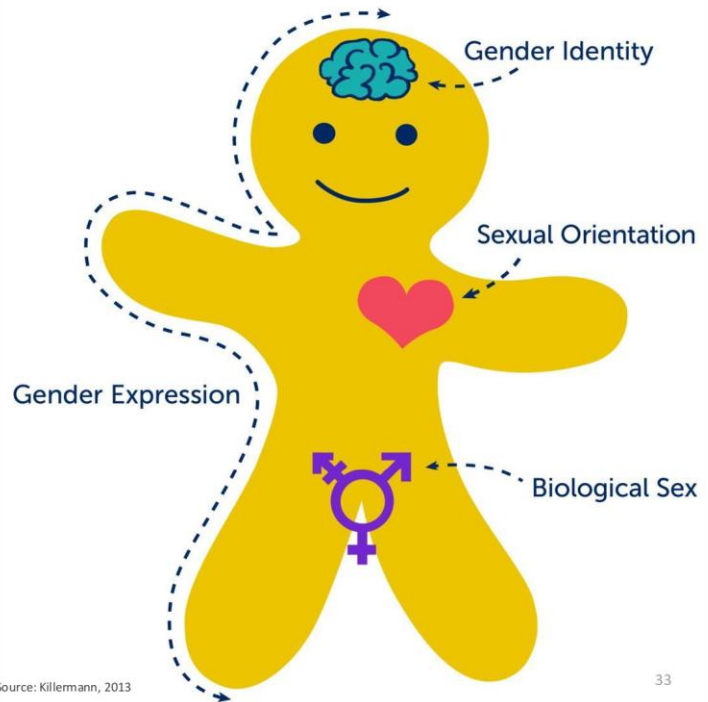
Diversity in Kenya

The Gender Person

Local Terminology

Additional Terminology

Myths and Misconceptions



(p. 43 and Slide 33)

“Ask participants to choose **the correct definition of biological sex** from the four options on the slide. Point out that this is not a test, but a fun way to learn what is probably new material for most people... Click the slide again and read the correct definition: ‘The chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.’” (p. 44)

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You Soup

Diversity in Kenya

The Gender Person

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Myths and Misconceptions

Which of the following is the meaning of biological sex?

- a. The chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- b. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- c. A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- d. The external display of one’s gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

(p. 44 and Slide 34)

“**Explain biological sex:**

- Typically, when a mother delivers a baby, **the baby is assigned a sex based solely on the baby's visible genitalia** (i.e., what's between their legs).
- However, biological sex is much more complicated than simple genitalia. Biological sex includes a person's chromosomal, hormonal, and anatomical characteristics.
- Many of us know that typical male sex characteristics include testes, a penis, more testosterone than estrogen, XY chromosomes, and features that develop in puberty such as wide shoulders and thick facial hair.
- Likewise, typical female characteristics include a vulva, vagina, ovaries, a uterus, more estrogen than testosterone, XX chromosomes, and features that develop in puberty such as breasts and wide hips." (p. 44)

2

You Soup

Diversity in Kenya

The Gender Person

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Biological Sex

The chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.



Intersex: An umbrella term that refers to a variety of chromosomal, hormonal, and anatomical conditions in which a person does not seem to fit the typical definitions of female or male.

Source: Killemann, 2013

35

(p. 44 and Slide 35)

“Biological sex is not binary. In fact, studies show that at genetic and cellular levels, many people have a mix of traits that are considered ‘male’ or ‘female’ (Ainsworth, 2015). It’s therefore easiest to **understand biological sex as a continuum**, with ‘male’ and ‘female’ on either end. All four dimensions are presented as continuums to represent the diversity that exists.” (p. 45)

Note: Disorders of sexual development do not represent additional biological sexes.

“Relate these takeaway messages:

- Everyone has a biological sex and **biological sex exists along a continuum.**
- Biological human diversity is much more complicated than most people think!” (p. 45)

“Let’s **explore the topic of gender expression** further.

- Gender expression is how a person presents and expresses him- or herself to the world; it is often the most immediate way that someone learns about one’s gender.
- Clothing, mannerisms, gait, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more **comprise a person’s gender expression**.
- It’s (also) easiest to understand gender expression as a continuum – in this case, with ‘feminine’ and ‘masculine’ on either end.” (p. 46)

“Review these takeaway messages:

- a. Everyone has one or more gender expressions that, for most people, are influenced by gender norms.
- b. **Gender expression exists along a continuum** and changes over time and depending on setting – **even within a single day.**” (p. 47)

“Next say ‘Now, let’s learn about gender identity.’ Slowly read each definition aloud, pausing between each statement. Ask for a volunteer to read the correct answer. Click the slide again and read the correct definition: ‘A person’s deeply felt internal and individual experience of gender, **which may or may not correspond with the sex assigned at birth.**’” (p. 48)

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You Soup

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Myths and Misconceptions

Which of the following is the meaning of gender identity?

- a. The chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- b. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- c. A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- d. The external display of one’s gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

(p. 48 and Slide 38)

“Transition by saying ‘Let’s explore the topic of gender identity further.’

- a. **Gender identity** is how a person understands their own gender. It is deeply felt and often remains private.

- b. Formation of identity is influenced by hormones, environment, biological sex, culture, class, and other personal circumstances.
- c. Our scientific understanding of gender identity suggests that children can **form a gender identity by the age of three** (Money, 1994).” (p. 48)

2

You Soup

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Gender Identity

A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.



Transgender: An umbrella term referring to an individual whose gender identity is different from their sex assigned at birth.



Source: Killemann, 2013

39

(p. 48 and Slide 39)

“Explain that people who develop a gender identity that does not correspond with their biological sex often **fall under the umbrella term of ‘transgender.’** Read the definition: ‘Transgender is an umbrella term referring to an individual whose gender identity is different from their sex at birth.’” (p. 49)

“Share these takeaway messages:

- a. **Gender identity** is one’s internal experience of gender, i.e., how one wishes to define their own gender.
- b. Sometimes one’s gender identity is the same as one’s biological sex, sometimes not.
- c. Like the other gender and sexuality dimensions we’ve seen, **gender identity exists along a continuum.**” (p. 49)

“Participants may have questions about the transgender concept. Here are a few definitions and tips to help you respond to common questions.

- A **transgender woman** is a person whose sex was assigned male at birth, but who identifies as a woman.
- A **transgender man** is a person whose sex was assigned female at birth, but who identifies as a man.
- Someone who is **transsexual** has taken steps to alter their biological sex characteristics (e.g., hormone therapy, sex reassignment surgery). Not all transgender people wish to alter their biological sex characteristics, regardless of cost. Unlike ‘transgender,’ ‘transsexual’ is not an umbrella

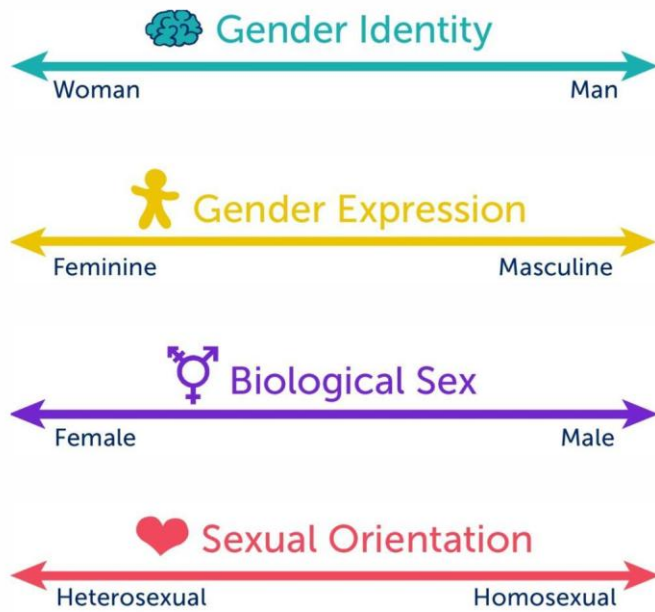
	<p>term.</p> <ul style="list-style-type: none"> • A transvestite is a person who dresses in a style or manner traditionally associated with the opposite sex. This is a form of gender expression that may or may not reflect a person’s gender identity. • Cisgender is a term used to describe someone who is not transgender; that is, their gender identity corresponds with their sex assigned at birth. • Transgender is not the same as intersex. Intersex refers to biological sex, while transgender is linked to gender identity and expression. • Gender non-conforming has two meanings. It can be used to describe a gender expression that does not fit society’s expectations (e.g., feminine man or masculine woman). It can also be a gender identity label for a person who identifies outside of the social gender binary. • Before assuming that someone uses any of these words to identify their gender, it is respectful to ask them which term they use/prefer.” (p. 50) <p>“There is some evidence that the transgender experience might arise, in part, based on how the brain develops. Sexual differentiation of the brain happens during the second half of pregnancy, later than sexual differentiation of the genitals and body, which begins during the first two months of pregnancy. Because these two processes can be influenced independently from one another, it may be possible that the brain and the body develop in different directions (Kranz et al., 2014).” (p. 93)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>No evidence found.</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-</i></p>	<p>No evidence found.</p>

<p><i>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>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Even the best exercises are unlikely to completely change attitudes in a short period of time, but offering alternative perspectives will encourage people to think about and question their own attitudes and beliefs.” (p. 9)</p> <p>“This module introduces epidemiological and human rights arguments for engaging gender and sexual minorities and increasing access to appropriate health services. It describes the existing legal and policy framework in Kenya that provides a basis for the provision of HIV and health services to gender and sexual minorities.” (p. 15)</p> <p>“Without going into great depth or debate, the facilitator gently introduces the idea that sex and gender are different, briefly touching on the idea that gender is determined by culture and history. Facilitators should take time to differentiate between gender and sex and emphasize that these two concepts will be discussed in greater detail later in the training.” (p. 19)</p> <p>“Culture and tradition are very important in bringing a community together. However, some beliefs and practices can have harmful consequences for health, including increasing HIV risk and vulnerability.” (p. 32)</p> <p>“Being born biologically one way, but then identifying another way (e.g., someone who is biologically female but who identifies as a man) may cause distress in places with rigid gender norms and/or hostility toward gender non-conformity.” (p. 49)</p> <p>“Explain that biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. Use the following script while showing slide 43:</p> <ol style="list-style-type: none"> a. The four continuums are interrelated in that one may influence another. For example, one’s biological sex influences one’s gender identity. One’s sexual orientation might even influence one’s gender expression. b. However, where a person is situated on one continuum does not determine where they are situated on another. They are not interconnected. For example, just because someone is born biologically female, it does not mean that this person will identify as a woman or express their gender in feminine ways. c. Why does this matter? Because attempting to guess where someone is situated on one continuum based on where they exist on another is not only often wrong, but can be insulting.” (p. 53)

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You Soup
Diversity in Kenya
The Gender Person

Local Terminology
Additional Terminology
Myths and Misconceptions



Source: Killemann, 2013

43

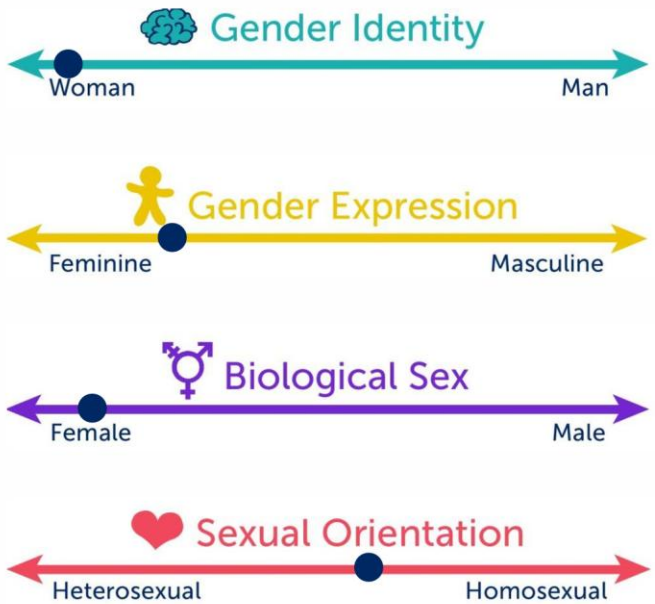
(p. 53 and Slide 43)

“Option A (personal experience): customize slide 44 by moving the black dots on each continuum to represent your own biological sex, gender expression, gender identity, and sexual orientation. Display slide 44. You can start by saying ‘Take me, for example,’ explaining very briefly where you exist along each continuum.” (p. 53)

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The Gender Person

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Source: Killemann, 2013

44

(p. 53 and Slide 44)

“Ask participants to think of **all the words they know in the local language(s) that describe gender and sexual minorities**. Encourage them to think of as

many as possible and reassure them that they shouldn't worry if the words are slang or street language." (p. 56)

"Additional Terminology:

- **MSM:** Men who have sex with men. Men may be considered MSM if they engage in sex with other men, regardless of whether or not they identify as gay or bisexual.
- **LGBTI:** Lesbian, gay, bisexual, transgender, intersex. This acronym is commonly used to refer to gender and sexual minority communities. Variations exist that add, omit or reorder letters (e.g., LGBT, LGB, GLBT).
- **GSM:** People whose gender, sexual orientation, or sex characteristics differ from what is typically expected by a particular culture or society.
- **Homophobia/biphobia/transphobia:** Fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexual, bisexual, or transgender people.
- **Heteronormativity:** The presumption that everyone is heterosexual or the belief that heterosexual people are naturally superior to gender and sexual minorities.
- **Sexism:** Prejudice or discrimination based on a person's sex or gender. Sexist attitudes may stem from traditional stereotypes of gender roles and may include the belief that a person of one sex is naturally superior to a person of another.
- **Closeted:** The state of secrecy or cautious privacy regarding one's sexual orientation or gender identity (also referred to as being "in the closet").
- **Coming out:** The personal process of accepting and disclosing to others that one is LGBT or a gender or sexual minority.
- **Outing:** Telling people (e.g., through gossip) that someone else is LGBT or a gender or sexual minority without that person's permission, no matter the intention.
- **Champion:** A person who openly supports the equal treatment and human rights of gender and sexual minorities." (p. 59 and Slides 48-50)

"Homophobia/Biphobia/Transphobia

- Are '**homophobia,**' '**biophobia** [sic],' and '**transphobia**' spoken about in Kenya? What do these words mean?
- Are the terms homophobia and transphobia useful to the work that you do? Why? Why not?
- What are the different **layers of homophobia** that can exist (internal, interpersonal, social, and systemic)?
- How does homophobia reveal itself in our public health programs? Can anyone think of an example of homophobia that is present in a health clinic or the way interventions are designed?
- How does homophobia reveal itself in our shared workspaces?" (p. 60)

"Heteronormativity

- What is heteronormativity?
- Can anyone think of an example of heteronormativity in an office setting? What about in a health clinic?

	<ul style="list-style-type: none"> • How might this unconscious bias reveal itself in public health programming? In our workplaces?” (p. 60) <p>“Everyone has a biological sex, gender expression, gender identity, and sexual orientation. Each exists on a continuum and varies from person to person.” (p. 63)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“The first task of a facilitator is to create a safe and supportive environment within the workshop to enable participants to disclose their identities if they wish to do so. Establishing a warm, welcoming climate and firm expectations play a vital role in ensuring confidentiality and the establishment of a respectful environment.” (p. 8)</p> <p>“Confidentiality: creating a safe space is better for everyone.” (p. 16)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see</i></p>	<p>No evidence found.</p>

www.WaronChildren.org and
www.InvestigateIPPF.org)

For the complete text of *Gender & Sexual Diversity: A Training on Policies, Health, and Gender and Sexual Diversity in Kenya, Facilitator's Guide* see: https://drive.google.com/file/d/1nJs6chJEmXGONzy3NjR9vtt66YeqBL-D/view?usp=drive_link.