

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

Reproductive Health Lessons: A Supplemental Curriculum for Young People Adapted for Kenya

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

Reproductive Health Lessons: A Supplemental Curriculum for Young People Adapted for Kenya contains **9 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 curriculum is designed to supplement any life skills-based curriculum with Reproductive Health (RH) lessons. It is based on based on certain assumptions, such as:

- Young people are familiar with life skills lessons and have been taught them prior to the RH lessons.
- Leaders feel comfortable to deliver messages on reproductive health to youth.
- The RH lessons are part of a life skills education program.” (p. 6)

Target Age Group: Ages 14+

International Connections: International Youth Foundation, African Youth Alliance, Advocates for Youth, Peace Corps, FHI, UNICEF, the Consuelo Foundation, USAID, African Centre for Women and Information Communication Technology (ACWICT)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage</i></p>	<p>“Hand out to each group two sheets of chart paper with the body image of a boy and the body image of a girl drawn on one page. Ask one group to draw all the changes that happen to a boy between ages 10 and 16 and another group to do the same for a girl. Ask participants to discuss changes in physical appearance they see in boys and girls during puberty. What visual physical changes they see in boys and girls between 10 and 16 years old?” (p. 17)</p> <p>“Prepare a jigsaw puzzle for the male and female reproductive systems and cards with the names of reproductive organs.” (p. 22)</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

discussion of sexual experiences, attractions, fantasies or desires.

“Each group should name the parts of the male or female reproductive system. The participants can **name the organs with words they know** except for swear words.” (p. 23)

“Clitoris: Small organ at the upper part of the labia, which is **sensitive to stimulation.**” (p. 24)

“Lesson Plan:

1. Give each participant one card. Tell them to keep the special instructions on their cards a secret and follow the instructions. Ask the group to stand and shake hands with three people and ask each of them to sign the card. Make sure they move around the room.
2. When all participants have collected three signatures have them take their seats. Ask people with the ‘o’, ‘z’ and ‘x’ on their cards to stand up. Now tell the group to pretend that the person with the card marked ‘z’ was infected with gonorrhea, and instead of **shaking hands that person had unprotected sexual intercourse** with the three people whose signatures he/she collected. Do the same with the card marked ‘o’ – Chlamydia, and the card marked ‘x’ – genital herpes.
3. Ask everyone who shook hands with those people to stand up. Ask everyone who shook hands with a standing person to stand up. And so on until everyone is standing except for those participants who have card [sic] with a message not to follow the instructions.
4. Ask participants who had ‘c’ on their cards to raise their hands. **Explain that fortunately these people used condoms** and were not at significant risk for sexually transmitted infections as the rest of the group.
5. Have participants sit down and ask those with the card ‘Do not follow my directions’ to stand up. Explain that these people abstained from sexual intercourse and were protected from sexually transmitted infections.” (p. 47)

“Write the following statements on two separate pieces of paper and fold paper in half:

- **You just found out that your girlfriend is pregnant.**
- **You just found out that you are pregnant.**

Leader’s Note: If participants are younger than 15 years old, replace the statements with the following:

- You are 15 years old and you just found out that your girlfriend is pregnant.
- You are 15 years old and you just found out that you are pregnant.” (p. 31)

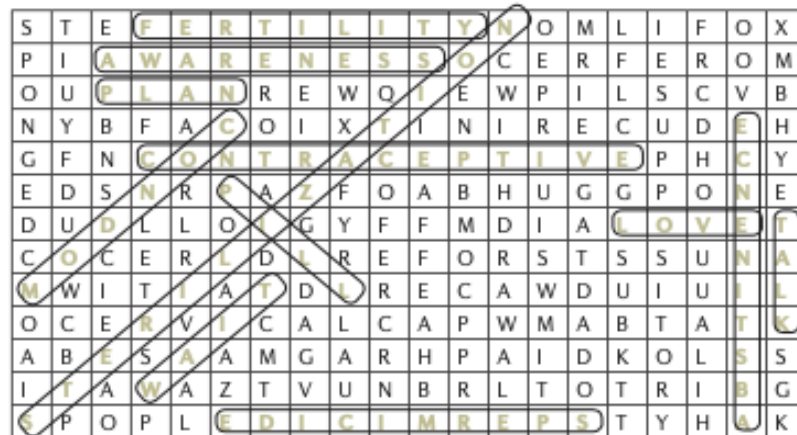
“Situation #1: George is 17 years old and Michelle is 15 years old. Michelle meets George at her friend’s party and is really attracted to him. She drinks a few beers and decides to talk to him. George likes Michelle as well. They both drink more beer and after few [sic] minutes they head up to a bedroom. When they get there, **Michelle is not sure that she wants to have sex.**” (p. 34)

“Situation #3: Alexander and Maria are high school students. They are both 16 years old. They have been dating for six months now. Recently, **Alexander has insisted on having sex to ‘prove’ their love. Maria does not want to lose Alexander as a boyfriend and agrees with him** but she is not sure that she is ready and she is afraid of becoming pregnant.” (pp. 34-35)

“Situation #4: Natalie and Lilly are best friends and don’t have secrets from each other. Lately, Natalie has noticed that Lilly has become nervous and depressed. Natalie asks her friend what is going on. **Lilly tells her that she had sex with her boyfriend some time ago** and now she is worried that she may be pregnant because she missed her period, and it has already been a month.” (p. 35)

Abstinence	Pill	Condom	Contraceptive
Spermicide	Sterilization	Love	Talk
Fertility	Plan	Awareness	Wait

Key:



(p. 39)

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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.

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

“Ask the group about the best time a couple should talk about their sexual expectations for a relationship. Let participants to express [sic] their ideas and then emphasize that these **conversations should take place BEFORE they have sex**. These discussions should show maturity and responsibility.” (p. 43)

“What skills can help a young person to avoid STIs? Abstain from sex; Say ‘no’ to unprotected sex; **Negotiate condom use**; Make informed decisions.” (p. 50)

Learning objective: “**Practice negotiation skills** and to be assertive about their decisions” (p. 52)

“Role Play:

1. Divide the group into two rows, standing opposite each other.
2. Explain that the purpose of the activity is to **explore negotiating safer sex** but that it is up to them whether this will be the result of their role-play.
3. Each row is given a situation card with their character on it. For example:

	<ul style="list-style-type: none"> - All students standing in Row A will play Sam and those who are in row B will play Rita. - The situation is: Sam and Rita are dating. Sam has had a lesson at school about HIV and he wants to start using a condom but Rita is not keen... <p>4. The person at the top of row A begins a conversation as if he or she was Sam. The person opposite replies as if he or she was Rita. Then the second person in row A replies in character as Sam. The person opposite replies as Rita, and so on taking turns until the last person in row B has spoken, then back to the first person in row A.</p> <p>5. When the conversation comes to a conclusion you can discuss the following points:</p> <ul style="list-style-type: none"> - How long did it take for the characters to talk about safer sex? - What made it difficult for the characters to talk about safer sex? - What do you think are the advantages and disadvantages of discussing safer sex? - Was it different for boys and girls?" (p. 56)
<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>"Pass out handout on Sexually Transmitted Infections (Annex F). Explain that STIs are infections that are spread through sexual contact. Any form of intercourse – vaginal, anal, oral – can spread STIs." (p. 47)</p> <p>"How can STIs be transmitted? By skin to skin [sic] contact; by oral sex, by vaginal sex, by anal sex" (p. 49)</p> <p>"What behavior has the highest risk for the most dangerous STIs? Unprotected sex (anal and vaginal)" (p. 49)</p> <p>"If you choose to have vaginal or anal intercourse, use a condom every time." (p. 98)</p> <p>"If you choose to have vaginal or anal intercourse, use a condom every time. Giving or getting gonorrhea during oral sex is rare, but you can further reduce your risk by using condoms or latex or plastic barriers." (p. 98)</p> <p>"HPV is spread by skin-to-skin contact – usually during vaginal, anal, or oral sex play." (p. 100)</p> <p>"If you choose to have vaginal or anal intercourse, use condoms every time. They can reduce the risk of genital warts." (p. 101)</p> <p>"If you choose to have vaginal or anal intercourse, use female or latex condoms every time." (p. 102)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes</i></p>	<p>No evidence found.</p>

<p><i>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>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</i></p>	<p>No evidence found.</p>

<p><i>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>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>“Prepare five value statements for the group activity. Make sure that the statements are appropriate for the country context. Suggested statements include:</p> <ul style="list-style-type: none"> • In a family, financial support is a man’s responsibility. • People with HIV and AIDS do not have to tell their sexual partners that they are infected. • Having a good education and a job is important. • Since it is the girl who gets pregnant, it is her responsibility to use birth control. • Young people can make positive changes in their communities. • A family with many children is better than a family with fewer children. • Boys and girls are treated equally in schools and at home. • Waiting to have sexual intercourse until you are married is a good idea. • You should have sex only with someone you truly love. • Making money makes you happy. <p>Post signs marked ‘Agree’, ‘Disagree’ and Not sure’ in three spots around the room. Explain that the participants will be asked to express their feelings about particular values. Go over the instructions for the activity:</p> <ul style="list-style-type: none"> • Each statement will be read aloud to the group. Each statement is either for or against a particular position. • When the participants hear a statement, each of them should decide whether he/ she agrees, disagrees or is unsure about it. • When they are told, they should find the sign on the wall that matches their position about the statement and stand beneath the sign. <p>Outline the guidelines for this activity: There is no right or wrong answer, only opinions based on your values.” (p. 13)</p>

ANNEX G: LEADER'S RESOURCE — RISK QUESTIONNAIRE

QUESTION	ANSWER	MARKS (Choose corresponding to answer)	SCORE
Are you physically mature?	Yes	10	
	No	20	
Have you started having sex?	No	0	
	Yes, but not frequently	20	
	Yes, frequently	40	
Have you had more than one sexual partner?	None at all	0	
	Only one	20	
	More than one	40	
Do you use a condom when having sex?	Always	25	
	Sometimes	50	
	Never	100	
Do you have sex when high on alcohol or other substances?	No	0	
	Yes	40	
Have you ever had a sexually transmitted infection (STI)?	No	0	
	Yes	40	
Do you know the consequences of having sex?	Yes	5	
	No	20	
TOTAL SCORE			

(p. 105)

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 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.

“When combined with reproductive health information and services, these programs can motivate youth to postpone sexual activity **or practice safer sexual behavior** by helping them understand the long-term impact of their decisions and the importance of planning their futures.” (p. 3)

“Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is **best to wait until one is older.**” (p. 18)

“However, if young people have **already engaged in sexual relationships, they should protect themselves** from unintended pregnancy and STIs, including HIV/AIDS.” (p. 34)

“Role Play: Simon and Mary

- **Simon:** You are in a high school (Form One). You love Mary but can't understand **why she has not agreed to have sex with you yet.** You wonder if she cares about you less than you care about her. You want to talk to her about your relationship.
- **Mary:** You are in the same grade as Simon. Simon and you have been

dating for 6 months. You love him very much. **You are thinking about having sex** but you don't want to risk pregnancy and you don't know much about birth control. You asked your friend, Jane, about contraception and she said that birth control pills can make girls fat and cause cancer, and a constant use of condoms may make a man impotent. She also mentioned that first time sex does not lead to a pregnancy. You want to share this with Simon and talk to him about sexual relationship [sic]. You think you can have sex and deal with birth control later.

- **The Scene:** The scene opens with Simon and Mary sitting on a couch and Simon is asking whether Mary loves him. **Mary is ready to have a sexual relationship but she asks Simon about what they should do to protect themselves** and repeats the information given to her by Jane. Simon is ready to use condoms but only from time to time. He heard that it is not always dangerous to have unprotected sex.
- After the demonstration ask the group the following questions:
 - What is happening in the scenario (in your own words)?
 - What risks are Simon and Mary taking?
 - What are some possible consequences if they have sex?" (p. 42)

"How could Simon and Mary **lower their risks** and the chances for an unwanted consequence? Possible responses might be:

- Abstain from sexual intercourse
- **Use contraception** consistent and correctly" (p. 42)

"**Limiting the number of sexual partners and using condoms** or dual protection every time can greatly lower the risk of getting STIs." (p. 49)

"Encourage participants to think about their risks of contracting STI [sic]. To help them, provide participants (or display on a flipchart) list [sic] of statements that they should assess individually. **Ask them to write 'risky', 'not risky' or 'not sure'** on note paper for each statement according to what they believe.

- I have **more than one sexual partner**.
- I **do not always use condoms** when having sex.
- I abstain.
- I only have sex with one partner.
- I drink beer or other kinds of alcohol.
- I can use drugs.
- I always use condoms.
- I **have sex for gifts/money/ food/protection**.
- Using more than one condom at a time will prevent HIV/AIDS

After few minutes, explain to the participants that the most risky behaviors include unprotected sex, multiple partners, alcohol and drug use. Emphasize that sometimes it is difficult to tell how much at risk we may be. Not all behavior is clear-cut, so we may find ourselves doing something that unknowingly exposes us to the risk of STIs." (p. 50)

"Lesson Plan:

1. Prepare the bags but do not explain to the group what is in them.

2. Give each person a bag, a small card and a pencil.
3. Ask people to walk around the room and exchange sweets with other people in the group if they want to. Explain that they do not have to exchange sweets if they do not want to but if they do they must get a signature on their card from each person they have exchanged sweets with. Tell them not to eat the sweets yet!
4. After about 5 minutes ask people to sit down again. Find out who has the most signatures on their card. **Explain that in this game exchanging sweets with someone means having sex with them.** People who chose not to exchange sweets and who have no signatures on their card have chosen to abstain from sex.
5. Tell the group that two people have an X marked on the bottom of their bag. Ask them to stand up. Explain that these two people were the only people to have green sweets (or paper balls) and that in this games [sic] it represents HIV virus.
6. Now ask anyone else with a green sweet (or paper ball) in their bag to stand up. Explain that because they exchanged sweets with someone with HIV they have become HIV infected too.
7. Next ask people still sitting whose card has been signed by someone who is standing up to stand up too. They could also have become infected with HIV, though this time they have not.
8. If anyone has a C on their card they can sit down. In this game the C **means that they used condoms** and were protected from the virus.
9. The game is now over. Remind everyone that it was only a game and that the 'virus' has been 'removed'. Ask everyone to say what they felt about the game in a few words.
10. Questions for discussion could include:
 - How many people were infected by the end of the game and how did they feel?
 - Did anyone choose not to exchange sweets and if so, how did it feel? How did others react to your choice not to exchange sweets?
 - How did the people who used condoms feel at the end of the game?" (pp. 53-54)

"After the presentation, ask participants how to prevent HIV. Write down their responses on a flipchart paper. Add from the following list:

- Abstaining from sexual intercourse (vaginal, anal or oral)
- **Using condoms correctly** every time during sex
- Not practicing intravenous drug use
- Not sharing needles for intravenous drug use
- Not having body piercing, tattooing or getting cut with razors or other sharp objects that have not been sterilized
- Avoiding direct contact with blood by using gloves
- Pregnant HIV positive women taking special medicine to prevent infecting their babies with HIV
- **Avoiding multiple sexual partners**
- Steer clear of **sexual relationships with older men/women** (a.k.a. sugar

	<p>daddies/ mommas)</p> <ul style="list-style-type: none"> • Stop having sex in exchange for gifts and money” (p. 56) <p>“Individuals can also lower their chances of getting HPV by being in a mutually faithful relationship with someone who has had no or few sex partners.” (p. 100)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Abortion is the ending of pregnancy before the foetus is viable. A pregnancy that ends on its own is called a miscarriage. An abortion may be induced – that is, a woman or girl may seek to end a pregnancy. Where it is legal, it tends to be safer.” (p. 33)</p> <p>“Participants will:</p> <ul style="list-style-type: none"> • Learn about family planning • Be able to describe several contraception methods • Discuss how to communicate about contraceptive use” (p. 38) <p>“Lesson Preview:</p> <ul style="list-style-type: none"> • Explain the meaning of family planning. • Discuss different methods of contraception. • Practice skills for making informed decisions about sexual behavior and contraception. • Discuss the optimal time to communicate with partners about contraceptive use. • Understand personal values related to family planning.” (p. 38) <p>“Continue the discussion with a question on what can be done to prevent a teenage pregnancy. Refer them to the list of risky behaviors they identified earlier. Give participants five minutes to discuss the issues. Possible answers</p>

may include:

- Abstain from sexual relationships until you are ready to have a family.
- **Practice safer sex** (use of condoms and other methods of contraception).
- Resist peer pressure to drink alcohol or use drugs that can lead to poor decisions such as **having unprotected sex.**" (p. 34)

"Ask participants to name **as many methods of contraception as they can**. List their responses and add any they omitted. Emphasize contraceptives available in your country and region.

- Abstinence
- Pill
- Condom
- Injectables
- Withdrawal
- Rhythm
- Spermicides (cream, gel, film)
- IUD
- Norplant
- Diaphragm
- Sterilization: female and male" (p. 40)

"Tell the participants that **contraception can be permanent and temporary**. Permanent methods include sterilization female (tubal ligation) and male (vasectomy). Temporary methods include all other methods that can be long acting such as IUD and implants or short acting such as pills, injections, and spermicides." (p. 40)

"Tell the group that now they are going to learn about some specific methods of family planning. Divide the participants in six groups. **Give each group a form of contraception**. Some of contraceptives [sic] to have on hand to distribute to the small groups include:

- Male condoms
- Spermicides
- Pills
- Emergency contraception pills
- A card with the word 'Abstinence' on it

Give to each group the Contraception – Worksheet Handout (Annex C) and the Contraception – Methods Handout (Annex D). Tell the groups that they will have about 10 minutes to **answer the questions on the worksheets about their method**. Tell the youth that they later present their method to the entire class." (p. 41)

"Explain to the group that not all contraceptives protect from STIs and HIV/AIDS as well as pregnancy. To prevent both, **it is important to use dual protection**. Dual protection is a protection from unwanted pregnancy and STIs, including HIV/AIDS, through:

- Consistent and correct use of male or female condom
- Use of condom and other contraceptive method

- Abstinence (can be primary or secondary)
- Avoidance of all types of penetrative sex” (p. 41)

“Explain to the participants that withdrawal method is the least effective contraception to be used, while **dual protection** (combination of a condom and another contraceptive such as the birth control pill or spermicide) **is the best.**” (p. 41)

“Explain to the youth about **the Standard Days method**. It is a form of natural family planning where a female can count the days in her menstrual cycle to determine when she is most likely and least likely to get pregnant. While this method can be used in scenarios where contraceptives are frowned upon for religious or cultural reasons, it should be noted that this method does not have a high success rate – particularly among young girls who may not have regular menstrual cycles.” (p. 41)

“After the presentation tell the youth about clinics and agencies in the community where they can get family planning information and services. Ask for two volunteers (boy and girl). Give them the **Contraception – Role Play Handout** (Annex E) and a few minutes to read it and get ready. The role play should last about 5-7 minutes.” (p. 41)

“While male circumcision reduces the risk of acquiring HIV infection and other sexually transmitted infections, it is not 100% effective and should not be viewed as a substitute for other HIV and STI prevention methods such as abstinence, limiting sex to one uninfected partner and **consistent and correct condom use.**” (p. 55)

“**Having intercourse using a condom properly: Probably not a risk**” (p. 57)

A chart with **detailed information about the following contraceptive methods** is provided:

- Abstinence (completely avoiding any form of sexual intercourse)
- The pill (combined oral)
- Injectables (DepoProvera)
- Male condom
- Spermicides
- Emergency contraceptive pill
- Female condom
- Standard days method (pp. 89-93)

“Scenario 2: Stella and Andrew have known each other for a year, but they live in different towns because of their schools. Andrew is coming to visit Stella during the December holiday and it is **likely that they will end up having sex**. Stella knows that unprotected sex is risky and she goes to the corner pharmacy **to buy some condoms**. The cashier says to her that girls have no business buying condoms and she refuses to sell them to Stella. What should Stella do?” (p. 72)

<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>No evidence found.</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>“Read aloud the following statements and ask the participants to stand near the sign (‘Strongly Agree’, ‘Agree’, ‘Disagree’ or ‘Strongly Disagree’) that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements (two or three more).</p> <ul style="list-style-type: none"> • It is easier to be a boy/man than a girl/woman. • Women make better parents than men. • Family planning is a woman’s responsibility. • A man is more of a ‘man’ once he has fathered a child. • Sex is more important to men than to women. • It is okay for a man to have sex outside of marriage if his wife does not know about it. • Men are smarter than women. • Boys are better at math than girls.” (p. 69) <p>“How can social norms and expectations to ‘act like a woman’ and ‘act like a man’ have a negative impact on a woman’s and a man’s sexual behavior and reproductive health?” (p. 71)</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>“Before introducing lessons on reproductive health, it is important to create a safe space for youth to share their ideas and openly discuss sensitive topics by establishing rules of behavior and communication in the group. If ground rules have been developed prior to the reproductive health lessons, a leader should review the rules with the participants to make sure that the following issues are addressed: Confidentiality: Information shared in the group will remain there and will not be repeated or discussed outside the group.” (p. 7)</p> <p>“Tell the participants that you want them to examine their values and their family values. Give them a list of ‘Family Values’ and tell them to write their own perception of each of the values and ask an adult in their families about at least three values.</p> <ul style="list-style-type: none"> • Grades in school • Dating • Using drugs or alcohol

	<ul style="list-style-type: none"> • Graduating from school • Getting married • Getting a job • Having sex at 16 • Going to college • Making money <p>The question for the participants is: ‘Does your perception agree with your family’s values?’” (p. 14)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“Provide information about STI services available in the area for young people.” (p. 49)</p>
<p>For the complete text of <i>A Supplemental Curriculum for Young People Adapted for Kenya</i> see: https://drive.google.com/drive/folders/1vFWsjEk9NfaqXsUXp4q3PAvTBdEgBSxh</p>	