

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 **12 Questions and Answers About Sexual and Reproductive Health and Rights** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

12 Questions and Answers about Sexual and Reproductive Health and Rights 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 manual provides information to migrant youth in Italy about their sexuality and reproductive rights.

Target Age Group: Youth

International Connections: UNFPA, UNICEF

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i>	<p>“Adolescence is a time in our lives when very particular changes take place. This is when we move from childhood to adulthood. As this happens, it is very important to be aware of – and to take care of – our sexual and reproductive health, because the decisions we make during this period will affect our health and well-being for the rest of our life.” (p. 1)</p> <p>“Having sex means different things for different people, and there are different types of sex. It is important to know that having sex and sexual contact has some physical and emotional consequences that we need to acknowledge and recognize.” (p. 21)</p> <p>“Sexuality is also about our own identity, the way we experience and pursue (or do not) sexual and romantic attraction, relationships and behaviours. So, we may ask ourselves: ‘How would I describe myself? What are my sexual and romantic experiences, if any, so far? Do I have any preferences when it comes</p>

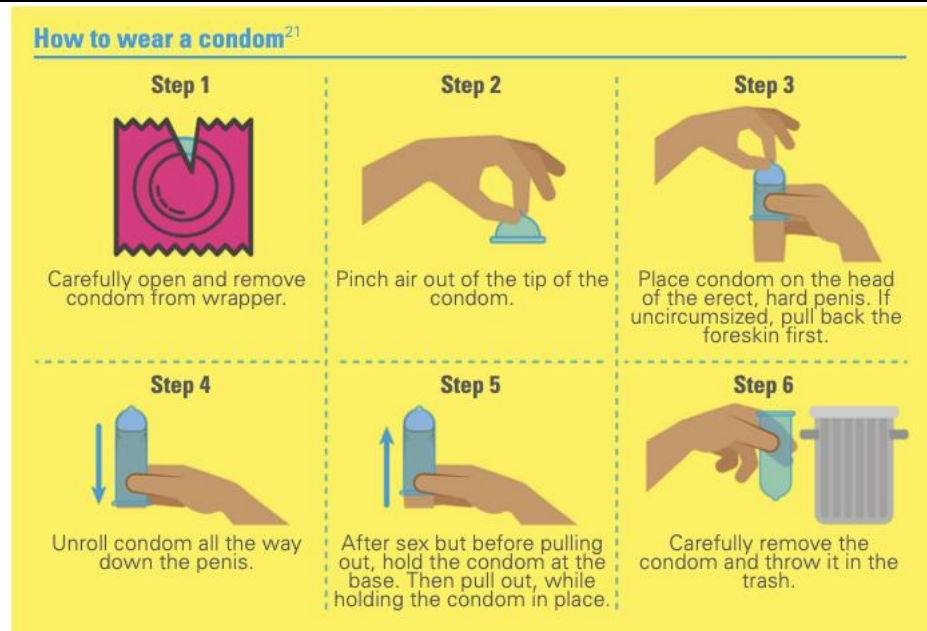
¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

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.

	<p>to finding a partner?” (p. 35)</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>“A sexual boundary is how far we are willing to go sexually or physically and these boundaries differ from one person to another. Understanding our own boundaries and those of our partner(s) is particularly important for a sexual experience where everyone feels safe and taken care of.” (p. 2)</p> <p>“The concept of ‘consent’ is also a key part of healthy relationships: an agreement to take part in a sexual activity. Before being sexual with someone, you need to know if they want to be sexual with you too. Also do not assume that because they have engaged in sexual activity in the past, they have already consented.” (p. 17)</p> <p>“Consent is when we agree and accept to take part in sexual activity and it must be freely given, reversible, informed, enthusiastic and specific...” (p. 18)</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>“For oral sex, direct contact between your mouth and the genitals or anus should be avoided. We should protect our mouth by having our partner use a condom or a latex sheet as a barrier between the mouth and the penis, vagina or anus.” (p. 28)</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>“Sexual orientation is an enduring pattern of romantic or sexual attraction (or a combination of these) to people of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender.” (p. 33)</p> <p>“We also hear the acronym LGBTI, the letters stand for:</p> <ul style="list-style-type: none"> • Lesbian (a person who identifies themselves as a woman, who experiences sexual, romantic, or emotional attraction to other women) • Gay (a person who identifies themselves as a man, who experiences sexual, romantic, or emotional attraction to other men) • Bisexual (someone who experiences sexual, romantic or emotional attraction to people of all genders).” (p. 34) <p>“More generally, LGBTI is an umbrella term used in this brochure to refer to people of diverse sexual orientation, gender identity, gender expression and sex characteristics.” (p. 34)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are</i></p>	<p>“A positive and respectful approach to sex and relationships is a good first step to sexual health and to sex that is safe and pleasurable, without any violence or</p>

<p><i>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>discrimination. Good sexual health means respecting and protecting our own sexual rights and the rights of our partner(s).” (p. 16)</p> <p>“Sexual identity begins to emerge before puberty, but puberty brings with it a greater interest in sex and a greater range of sexual exploration. Sex is a common and healthy activity among humans, both for pleasure and reproduction.” (p. 21)</p> <p>“Human sexuality is much more than sex: it is also about gender identities and roles, sexual orientation, eroticism, pleasure and intimacy and it has strong links to reproduction.” (p. 33)</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>“Masturbation: is it normal? We might feel worried the first time we feel sexual desire, and this is definitely a common feeling! We may feel the urge to masturbate. Masturbation is when we have sexual pleasure (alone or with others) by stimulating sensitive parts of our genitals, often to the point of orgasm – the peak of sexual arousal. Masturbating gives us the chance to learn more about our own body, our attractions, and what we like and don’t like. Masturbation will not harm us, physically or mentally. Of course, it’s best to do it in private, somewhere we feel safe and comfortable and we don’t invade someone else’s privacy. At the same time, not everyone enjoys masturbation, and there is no reason to masturbate if you don’t want to. That is perfectly normal too!” (p. 14)</p> <p>“There is no relationship between masturbation and erectile dysfunction (when you can’t get or maintain an erection.” (p. 14)</p> <p>“It’s common for people of any gender to do it [masturbate] even if they don’t talk about it.” (p. 14)</p> <p>“Masturbation is a common and natural activity, and a safe way to explore our body. It happens among people of all ages, backgrounds, genders and ethnic groups. Despite the myths about masturbation, it has no harmful physical effects.” (p. 43)</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</i></p>	<p>“For those who are sexually active, the best prevention is safe-sex behaviour. Safe sex includes using a condom; using it correctly and using one every time you have sex. This means learning how to use condoms and how to negotiate the use of condoms with your partner.” (p. 24)</p> <p>“To reduce the risk of HIV, STIs or unplanned pregnancy we should use a condom every time we have sex with anyone else, from start to finish. We should not let anyone put pressure on us to have sex without a condom. Condoms come in many sizes, they are usually made of latex, but if you are allergic to latex, you can use a condom made from polyurethane. Condoms are effective when stored adequately (heat can damage them) and correctly used.” (p. 28)</p>

or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.



(p. 28)

“Condoms are most effective when used with a lubricant and another form of contraception. Condoms used by males and females are available in several sizes (you may discuss this with the pharmacist or health professional). In Italy, condoms can be purchased by anyone without any age restriction, and some organizations might also provide them for free. **Internal or external condoms** have two main roles: to reduce the risk of pregnancy and the risk of transmitting sexually transmitted infections (or STIs).” (p. 43)

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.

“There are many things to know when it comes to sex and sexuality. They include knowing our own body, thinking about our sexual orientation, **figuring out if we are ready emotionally and physically**, learning how to protect ourselves from sexually transmitted infections, being informed about contraceptives, understanding what consent is and what our rights and responsibilities are toward the person(s) we want to have sex with. **We should make our own decisions about our sexual behaviours**: these decisions should come from within ourselves.” (p. 2)

“Our choices – and the choices made by other people about their sexual life – should be respected and not judged. For example, when it comes to having sex (or not) **we choose the right circumstances**, such as a comfortable and safe place, the right person and the right time.” (p. 2)

“We need to ask ourselves: ‘Am I emotionally and physically ready for this? Do I really know enough about myself and my partner? **Do I know enough and have the right information about sex?**’” (p. 3)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD










“A sexual boundary is how far we are willing to go sexually or physically and these boundaries differ from one person to another. Understanding our own boundaries and those of our partner(s) is particularly important for a **sexual experience where everyone feels safe** and taken care of.” (p. 2)

<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>“There is no reason why a woman should avoid sex during her period. This is her choice.” (p. 10)</p> <p>“Several STIs have severe health consequences if untreated; so, it is important to always test ourselves and be responsible when having sex.” (p. 22)</p> <p>“Having sex is a much healthier and happier thing to do when everyone involved feels safe and their boundaries are respected.” (p. 29)</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>“An exciting part of our journey is understanding and embracing such diversity and learning to value the needs and opinions of other people, regardless of their appearance, country of origin, gender identity, sexual orientation, age and so on.” (p. 13)</p> <p>“When our first sexual desires begin, we may ask ourselves questions about our sexual orientation and gender identity, such as ‘am I attracted more to men, to women, to both or none?’ Sometimes we might ask questions about our gender identity, such as ‘do I identify as being a male or female or something else?’” (p. 15)</p> <p>“Gender identity is our personal sense of our own gender. Gender identity can be linked to our assigned sex at birth or can differ from it.” (p. 33)</p> <p>“Cisgender describes someone who feels that they are the same gender (or sex) as the physical body they were born with.” (p. 33)</p> <p>“Transgender (people whose gender is not the same as the sex assigned at birth). Transgender may also add any of the other letters when describing themselves, because sexual orientation is not the same as sexual identity.” (p. 34)</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</i></p>	<p>“The best way to lower the risks of pregnancies that are unwanted or unplanned is to protect ourselves. There are many forms of contraception that can be used for protection. You can consult a doctor to get advice.” (p. 21)</p> <p>“We can minimize the risk of HIV, STIs and unplanned pregnancies if we have the right information and we use contraceptive methods correctly.” (p. 25)</p> <p>“Remember those risks linked to unsafe sex? Contraception can help to minimize them. Some methods can protect us from HIV, STIs and unwanted pregnancies, such as internal and externals. Others, such as the pill, the vaginal ring, the patch or other hormone-based contraceptives, prevent pregnancies but do not protect us against contracting an infection.” (p. 28)</p>

abortion providers.

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

Contraception methods²⁰

<p>Internal condoms</p>  <p>Made from soft, thin synthetic latex or polyurethane. They are worn inside the vagina before sex to create a physical barrier.</p>	<p>External condoms</p>  <p>Made from very thin latex (rubber), polyisoprene or polyurethane. They are worn on the penis before sex to create a physical barrier.</p>	<p>Oral contraceptive or "the pill"</p>  <p>A pill that releases hormones into the body. The pill needs to be taken every day and at the same time.</p>
<p>Vaginal ring</p>  <p>A small soft, plastic ring that is placed inside the vagina and releases hormones.</p>	<p>Contraceptive diaphragm</p>  <p>A circular dome made of thin, soft silicone that's inserted into the vagina before sex.</p>	<p>Combined contraceptive patch</p>  <p>A small sticky patch that releases hormones into the body through the skin.</p>
<p>Implants</p>  <p>A small flexible plastic rod that's placed under the skin in the upper arm by a doctor or nurse. It releases hormones and lasts for 3 years.</p>	<p>Intrauterine device (IUD)</p>  <p>A small T-shaped plastic and copper device that's put into the womb (uterus) by a doctor or nurse.</p>	<p>Emergency contraception</p>  <p>Can prevent pregnancy after unprotected sex or if the contraception used has failed. There are two types of this contraception: the 'morning after pill' and the intrauterine device.</p>

(p. 27)

"Some types of contraception (such as condoms) can be bought at the supermarket, pharmacy or from vending machines. It is important to always check the date and not to use out-of-date or incorrect condoms or lubricant, to avoid a split in the condom. External condoms have different lengths, so we should know the right size and/or ask a health specialist or pharmacist for advice." (p. 30)

<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>“Human rights include some sexual rights that are part of national laws. They include the right of each of us to live our lives – including our sexual lives – free of coercion, discrimination and violence, regardless of our sexual orientation and identity or nationality.” (p. 36)</p> <p>“For all of this to work out for everyone, each one of us must respect the rights of everyone else. And for lasting sexual and reproductive health, each one of us must also respect and protect the sexual rights of everyone else. So we should ask ourselves: ‘Are my rights being respected and do I respect the rights of others? How can I support and protect the rights of those who are disadvantaged because of various factors?’” (p. 37)</p> <p>“Remember that it is your right to access comprehensive and quality health care services, including services for sexual and reproductive health.” (p. 39)</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>“Sex education and information help us feel safer when having sex.” (p. 29)</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>“If we feel that we cannot live up to our ideals or those of other people, we should not punish ourselves for that. It is better to talk to a trusted friend or adult, perhaps someone like a teacher, a nurse, a physician or a psychologist, or an independent professional or spiritual counsellor.” (p. 32)</p> <p>“The most important places in Italy where you can get sexual and reproductive health information services are called Consultori: public health services that help individuals and families. Here you can get confidential support, information and services from health and social professionals, including gynaecologists, obstetricians, psychologists and social workers.” (p. 39)</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</i></p>	<p>“If you want to learn more about many sexual and reproductive health topics, you can find useful information on this reliable source: In Arabic, English, French and 10 other languages: https://www.zanzu.de/en/” (p. 3)</p> <p>Note: This website is referenced throughout the program and has explicit images of genitalia and vaginal, anal, and oral sexual behavior. Read the Zanzu: My Body in Words and Images Harms Analysis here.</p> <p>“Watch the UNFPA video ‘Bodily Autonomy’ on how sexual and reproductive</p>

partners for their 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.InvestigatelPPF.org)

health rights matter for our lives, which is available in Arabic, English, French, and Spanish.

(<https://www.youtube.com/watch?v=TdFz6FiZ2bs&list=RDCMUC1MOaUuMyeBPHilWr16tAgw>)” (p. 38)

“UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, WHO. *International technical guidance on sexuality education: An evidence-informed approach*, Geneva, 2018 (<https://unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>).” (p. 46)

“UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, WHO. *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (CSE)*, Geneva, 2020 (www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive).” (p. 46)

“The Population Council. *It’s All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, New York, 2009 (https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf). (p. 46)

Note: This URL printed in the manual is no longer correct. The It’s All One Guidelines can be found here:

https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/743/

For the complete text of 12 Questions and Answers About Sexual and Reproductive Health and Rights see:

https://drive.google.com/file/d/1bgsHEA8DxXJSmmrFtFWI6rE1keDBsPyt/view?usp=drive_link