

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 ***Adolescents and Young Persons Health Facilitator's Training Manual (Kenya)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15

Adolescents and Young Persons Health: Facilitator's Training Manual contains 10 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 goal of this training is to build the capacity of AYP Peer Educators and Leaders for Adolescent [sic] with the right attitude, knowledge and skills to transfer basic knowledge, attitudes and skills on sexual and reproductive health, STI & HIV, sexual and gender based violence, communication and relationships skills, peer education, life and facilitation skills, amongst other skills to their peers in their respective community." (p. 6)

Target Age Group: Ages 10-24

International Connections: LVCT Training Institute

For the complete text of *Adolescents and Young Persons Health: Facilitator's Training Manual* see: https://drive.google.com/file/d/1vHYvfBGg10fW0d3_0GhQsJfzeoMNstiH/view?usp=drive_link

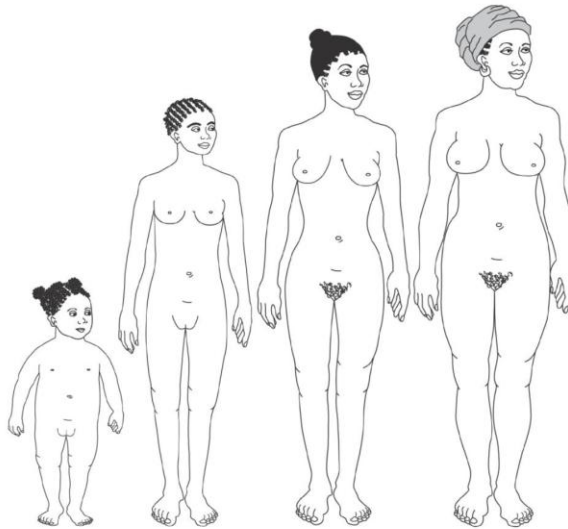
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use</i>	"Give each group two large pieces of blank paper and ask each group to draw the body of a young male and young female going through puberty . They should note the changes that the body is going through. They should draw, or use words or symbols to indicate the changes." (p. 11)

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.

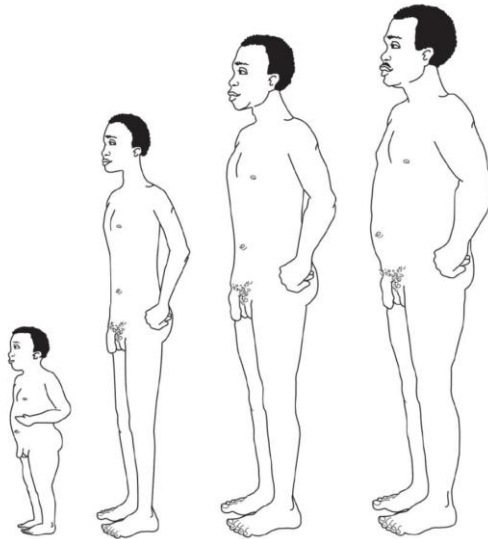
² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, 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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

My Body-Female changes during puberty



(p. 34)



(p. 35)

“Your sexuality is interplay between body image, gender identity, gender role, sexual orientation, **eroticism**, genitals, **intimacy**, relationships, and love and affection. A person’s sexuality includes his or her attitudes, values, knowledge and behaviours. How people **express their sexuality** is influenced by their families, culture, society, faith and beliefs.” (p. 36)

“As a result, boys begin to **have wet and erotic dreams** accompanied by nighttime semen emission. Likewise, girls and boys can also have wet dreams and **experience lubrication of the vagina** resulting into [sic] an internal urge to satisfy the dissatisfied sexual need. 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 to cope with the changes that occur at this stage.” (p. 36)

“The following are possible factors leading to unwanted pregnancy:

	<ul style="list-style-type: none"> • Early marriage • Peer pressure • Sexual experimentation • Unavailability of contraceptives • Misinformation or myths on male/female sexuality • Fear or myths about contraceptive use • Not using contraceptives • Lack of knowledge or information • Wish to express love • Failure to use contraceptive methods properly • Sexual abuse or sexual violence, such as rape and defilement • Lack of ability to negotiate contraceptive use or safer sex • Poverty” (p. 38) <p>“It is important to re-examine this concept in the light of working with adolescents or any group of children at any stage of development. Sexuality is not synonymous with sex; rather it is part of a person’s entire life from birth to death. It does not only entail genital and reproductive processes but encompasses gender roles, social roles, self-esteem, feelings and relationships. Sexuality is how one feels about him/herself as being a male or female, how one consequently relates to members of the same and opposite sex, and how one feels about her/himself as a total person.” (p. 37)</p> <p>“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. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.” (p. 37)</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.</i></p> <p><i>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.</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>“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.” (p. 45)</p> <p>“If you have vaginal or anal sex without a condom then you run the risk of catching an infection.” (p. 45)</p> <p>“The most common ways of transmitting HIV are through vaginal and anal sex; possibly oral sex; through sharing needles or other sharp equipment such as razors, which could have another’s blood on it; through direct blood transfusions of untested blood; or from mother to infant during pregnancy, delivery, or breastfeeding.” (p. 48)</p> <p>“Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact.” (p. 50)</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>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>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.</i></p>	<p>“Near the top of the lips, inside the folds, is the clitoris. The clitoris is very sensitive and is to help a woman have sexual pleasure.” (p. 36)</p> <p>“Key aspects of a healthy relationship include respect and communication, and healthy sexual elements include not only physical intimacy, but mutuality and pleasure as well. As stated by the American Academy of Paediatrics, ‘healthy sexuality includes the capacity to promote and preserve significant interpersonal relationships; value one’s body and personal health; interact with [others] in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one’s own values, sexual preferences, and abilities’” (p. 109)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development,</i></p>	<p>No evidence found.</p>

<p><i>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>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. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>"For the young women include information on the use of condoms correctly and consistently; being faithful to one partner of known HIV status." (p. 15)</p> <p>"For out of school girls and boys do a condom demonstration." (p. 17)</p> <p>"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 the clinic." (p. 45)</p> <p>"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." (p. 45)</p> <p>"You are at risk of getting a STI [sic] if you have:</p> <ul style="list-style-type: none"> • Unprotected sex with multiple partners of unknown status • Unprotected sex with a partner who has had unprotected sex with other partners • Unprotected sex when your partner uses injectable drugs." (p. 45) <p>"If you don't want to catch an STI, stay abstinent or use a condom." (p. 45)</p> <p>"The risk of contracting STI's is reduced by practicing safe sex: using a condom when having sex." (p. 45)</p> <p>"Steps to follow:</p> <ol style="list-style-type: none"> 1. Inspect the condom by checking the expiration date. Do not use if there are any tears or it is past the expiration date. 2. Carefully open the condom package by pushing the condom to one side. Do not use your teeth or fingernails to open the package. 3. Pinch the tip of the condom to prevent air being trapped. 4. Roll the condom gently down to the base of the erect penis. 5. Withdraw before the erection is completely gone and remove the condom carefully, tying it off so that the fluid does not spill and carefully dispose of the condom." (p. 50) <p>"Remember:</p> <ul style="list-style-type: none"> • It is important to talk to your partner about using a condom before sex. • Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly for lubrication. These will cause the condom to deteriorate. If a

	<p>condom breaks, immediate withdrawal is recommended. A new condom can then be used.</p> <ul style="list-style-type: none"> • Do not reuse the condom. Use a new condom for each act of sexual intercourse. • Condoms should never be used more than once. • Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact.” (p. 50) <p>“Rita says, ‘I told you that if you and that boyfriend of yours, Richard, cannot abstain, then remember to use a condom. You remember! I even gave you some condoms! Ah! But come on, my friend, what are you really doing here? Are you in trouble? What is it?’ Lucy, now in tears, confesses that she is pregnant with Richard’s baby.” (p. 110)</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>“List of the things that girls and boys need to decide about as they go through a relationship. If not mentioned help them to add:</p> <ul style="list-style-type: none"> • To go out/be with this person or another • To kiss or not • To get an HIV test together or not • To have sex or not.” (p. 30)
<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>“The best way to prevent STIs is to abstain from sex or use a condom.” (p. 16)</p> <p>“HIV prevention:</p> <ul style="list-style-type: none"> • Sexual Abstinence • Being faithful to one sexual partner of known status • Consistent and correct condom use” (p. 49) <p>“Studies show that people who know they are infected are far less likely to have unprotected sex than those who do not know.” (p. 49)</p> <p>“The most common mistake an individual can make is to be sexually active with one partner, break up with that individual, and then immediately become active with another even if it is months after the last sexual event. Not being tested between partners has led to a wildfire effect that has led to individuals being infected with HIV.” (p. 50)</p> <p>“Since HIV is usually transmitted through sex, not having sex is a good way to prevent HIV transmission. If someone has sex, latex condoms are a good barrier to protect one from coming in contact with the fluids. Condoms are not 100% percent effective, usually because they are not used consistently and correctly.”</p>

	(p. 50)
<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>“Describe the role of contraceptives. List and describe some of the common contraceptives.” (p. 21)</p> <p>“The facilitator takes the participants through:</p> <ul style="list-style-type: none"> • What contraceptive [sic] are and how they work. • How contraceptives are administered. <p>The facilitator then lists some of the common types of contraceptives and how each work and are administered. After every contraception, the facilitator welcomes any questions from the class.” (p. 21)</p> <p>“There are various ways to protect one from unwanted pregnancies. Modern contraceptives offer a high level of protection. For young adolescents it may be too early to know them in detail. 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.” (p. 37)</p> <p>“Contraception as defined by the oxford dictionaries is the deliberate use of artificial or other techniques to prevent pregnancy as a consequence of sexual intercourse... There are many different methods (types) of contraceptives available today. According to World Health Organization (2013), factors to consider when choosing a particular contraceptive method include:</p> <ul style="list-style-type: none"> • The characteristic of the potential user, • The background risk of diseases, • Safety and adverse effect profiles of different products, • Cost, • Availability and • Patient preferences.” (p. 66)

“Some of the common contraceptives are broadly categorized into four main types:

- a) Hormonal methods
- b) Intra uterine devices
- c) Barrier methods
- d) Natural methods” (p. 66)

“**Combined oral contraceptives** (Pills) – These are pills that contain estrogen and progesterone hormones. They function by preventing ovulation through the inhibition of follicle stimulating hormone and luteinizing hormone. The progesterone hormone makes the cervical mucus impenetrable and reduces the receptivity of the endometrium for conception. (WHO 2007, 41.) Combined oral contraceptives are said to **provide almost 100% protections** [sic] from unwanted pregnancies. While using them, the person experiences regular, short, light and painless bleeding at the end of each pack and this reassures protection.” (p. 66)

“**Progestogen only pills** (pop) also known as mini-pill contains progestogen hormone but no estrogen. They disrupt ovulation by suppressing the mid-cycle peak of luteinizing and follicle stimulating hormones. Progesterone only pills also reduce the amount and increase the viscosity of the cervical mucus hence preventing the penetration of sperms. The failure rate of progesterone only pills is slightly higher than that of combined oral contraceptives. **Pops’s** [sic] **are safe for almost all women** including those who have contradictions with estrogen. (Shoupe 2011, 40-41.) Progestrone [sic] only pills are taken daily with no pill-free days’ interval. They should be taken at the same time to [sic] every day to maintain efficacy. Progestrone [sic] only pills are however known to cause altered bleeding patterns.” (p. 66)

“**Emergency contraceptive pills** are pills that contain hormones similar to those in oral contraceptives but in higher doses. They are also known as **morning after or post-coital pills**. They can be used to prevent pregnancy up to three days after unprotected sex. Emergency contraceptive pills are not a regular family planning method and are intended for emergency use only. Emergency contraceptive pills work by preventing implantation by altering the inner lining of the uterus (endometrium), prevent fertilization and as well prevent transport of the sperm and ovum. The mechanism depends on the time of the menstrual cycle when emergency contraceptive pills are used. However, emergency contraceptive pills do not interrupt of [sic] abort an already established pregnancy. Once a pregnancy has occurred, they are not any more effective. They must be taken **within 72 hours of unprotected sex.**” (p. 67)

“**Progestin-only injectables** contain progestin similar to the natural hormone progesterone found in a woman’s body. They do not contain estrogen and they can be used throughout breastfeeding and by women who cannot use methods that contain estrogen... Progestogen [sic] only injectables are injected into the muscle (intramuscular injection). The hormone is then released slowly into the skin and works by preventing ovulation. The effectiveness depends on the

person getting injections regularly and the risk of pregnancy is greater when an injection is missed.” (p. 67)

“**Combined injectable contraceptives** are a group of hormonal contraceptives that are administered through intramuscular injection. As the name indicates they contain both progestin and estrogen. They provide protection against pregnancy for a period of 30 days hence the name **monthly injectables**. There are some similarities of CICs and progestin-only injectables in the sense that the new CICs contain exactly the same progestin as the two most widely used progestin-only injectables (Depo-provera and Noristerat) but the dose received over this time is lower with combined injectable contraceptives.” (p. 67)

“**Implants** – These are small flexible rods or capsules that are placed just under the skin of the upper arm. They are barely visible but can be felt under the skin. They are one of the most effective contraceptive methods and provide long-term protection of up to 3 to five years depending on the type. Implants do not affect future fertility and fertility returns immediately after they are removed. They work by thickening the cervical mucus and this blocks the sperm from meeting the egg. They also disrupt the menstrual cycle including preventing ovulation.” (p. 67)

“**Copper-bearing intrauterine device (IUD)** – This is a device that is inserted into a woman’s uterus by a specifically trained health care provider. It is a safe and very effective contraceptive and once inserted the user benefits from up to 12 years of effective protection against unintended pregnancy although the recommended years of use may vary according to guidelines and policies of a particular country.” (p. 68)

“**Levonorgestrel Intrauterine Device** – This is an intra-uterine device just like copper-bearing IUD. It is inserted into the uterus by a trained health professional. It contains levonorgestrel hormone. Levonorgestrel hormone is a hormone similar to the hormone progesterone produced by the body. As a hormone, levonorgestrel is used to prevent pregnancy, reduce blood loss for women with heavy menstrual periods and in preventing endometrial hyperplasia (abnormal proliferation of the endometrium).” (p. 68)

“**Female sterilization** – This is a method of contraception that permanently prevents women from getting pregnant. It works by blocking the fallopian tubes such that the sperm cannot meet with the egg for fertilization. The procedure for female sterilization can be surgical or non-surgical. Through a surgical procedure, the fallopian tubes are cut, sealed or tied using tiny incisions made around the abdomen. This procedure is also known as tubal ligation and it works to prevent pregnancy right away.” (p. 68)

“**Vasectomy** is an operation that makes a man permanently unable to get a woman pregnant. In the male reproductive anatomy, sperms are made in the testicles and they travel through the vas deferens to mix with the seminal and prostrate [sic] fluids. The sperm, seminal fluid and prostate fluid makes up the semen that goes through the penis to outside the body during ejaculation.

	<p>Vasectomy involves cutting the vas deferens on each side such that the sperm can no longer get into the semen.” (p. 68)</p> <p>“Condoms – There are both male and female condoms. The male condom has a covering that fits over a man’s erect penis and forms a barrier to prevent contact of sperm and egg. With correct and consistence use, male condom effectiveness [sic] to prevent pregnancy is about 98 %. It also protects against sexually transmitted diseases including HIV. On the other hand, female condom is made of a thin transparent and soft plastic film. It contains linings that fit loosely inside a woman’s vagina hence forming a barrier to prevent sperm and egg from meeting. Effectiveness of a female condom is rated 90% when used correctly and consistently. Similar to the male condom, according to the World Health Organization (2013), female condoms also protects [sic] against sexually transmitted infections including HIV.” (p. 69)</p> <p>“Spermicides and Diaphragms – Diaphragm is a cup made of latex or silicone. This device is coated with a gel and is folded for insertion into the vagina. It is placed deep in the vagina before sex and needs to cover the cervix for proper protection. On the other hand, Spermicides is [sic] a jelly cream that is designed to prevent fertilization by killing or inactivating sperm and preventing passage of sperm to the cervical canal during contact. It dissolves the lipid component in cell membrane of the sperm. However, spermicides are not highly effective when used alone and are commonly used in combination with other barrier methods such as diaphragm for effectiveness.” (p. 69)</p> <p>“Cervical cap is a small, bowl-shaped device that fits over the cervix. It has a strap that makes it easy to remove. Like the diaphragm, the cervical cap is designed to use with the spermicide [sic]. It prevents pregnancy by creating both physical and spermicidal barrier at the opening of the cervix. After an [sic] intercourse, the cap should be left in place for at least six hours.” (p. 69)</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-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>“Explain that the Peer Education programme not only provides information, but also focuses on developing the skills necessary to better use this information.” (p. 29)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p>	<p>“Different cultures have different value placed on gender. Males most often inherit power, and keep it. This patriarchy affords men most of the social power in many societies. The division of gender roles is in such a way that the roles that</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>men play in the society are perceived to have greater value than those played by women. Attitudes, values and beliefs form a basis for gender inequality which is a major cause of Gender Based Violence in the society. Efforts to achieve gender equality, need to start with a progressive change on the traditional beliefs, attitudes and values in regard to gender and gender roles.” (p. 52)</p> <p>“Most parents and teachers have negative perceptions and they focus their messages on negative effects of contraceptives. Moreover, in many schools sexuality education is left to unskilled teachers who give negative messages on contraceptive use hence the information given is inadequate while as parents lack confidence to discuss sexuality issues with the young people.” (p. 71)</p> <p>“Religiosity which is simply defined as religious beliefs, practices, moral values and guidance and involvement in a faith community is also another factor when it comes to use of contraceptives. As part of moral guidance most religions have traditionally taught that sexual intercourse is between a man and woman who are within the context of marriage. There are those that teach that abortion and artificial means of contraceptives particularly the abortifacient types (those that are likely to cause abortion) are morally unacceptable.” (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>“Many parents adopt abstinence orientation but also discuss birth control with them to ensure they will use protection if they decide to engage in sexual intercourse. Some other parents are reluctant to adopt such approach with the fear that approving birth control may encourage adolescents to engage in sexual intercourse. Contrary to believes [sic] and perceptions, providing adolescents with information about contraception does not result in increased rates of sexual activity, earlier age of first intercourse or a greater number of partners.” (p. 70)</p> <p>“In addition, the environment for contraceptive by [sic] young people in both school and at home is not always that favorable and mostly the perceptions of contraceptives are generally negative. Majority [sic] of parents or guardian [sic] would object contraceptive [sic] use by unmarried adolescents and have negative opinion [sic] of unmarried adolescents using contraceptives.” (p. 71)</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</i></p>	<p>No evidence found.</p>

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)