CSE Harmful Elements Analysis Tool

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

Analysis of

Comprehensive Sexuality Education for 10–14 year olds (Africa)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Comprehensive Sexuality Education for 10–14 year olds **contains 14 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: "Young people, including very young adolescents, need information, values and skills to understand their own sexuality and sexual and reproductive health and rights, as well as make informed decisions, and act upon them, in relation to their own bodies and sexuality. This can be done through access to comprehensive sexuality education (CSE)." (p. 5)

Target Age Group: Ages 10-14

Supported by: Get Up Speak Out (GUSO), aidsfonds, CHOICE for Youth Sexuality, dance4life, IPPF, Rutgers, Simavi, Netherlands

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,*	"While there is no single definition of CSE, it can be understood as a holistic, developmental and age appropriate, culturally and contextually relevant and scientifically accurate learning process grounded in a vision of human rights, gender equality**, sex positivity** and citizenship that is aimed at: • Increasing an understanding of human rights**, sexual and reproductive rights**, and gender equality **amongst children and young people**, so that they are able to uphold their own rights as well as those of others • Increasing health literacy and the capacity of children and young people to understand health information, and process it, to make their own decisions about their health and **access sexual and reproductive health services** • Enhancing children's and young people's capacity **to engage in equal,**

[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.

attractions, fantasies or desires.	**happy, healthy, fulfilling and consensual relationships** and experiences" (p. 5) "Sexuality is a part of you **from the moment you are born**." (p. 29) "**People are sexual beings** throughout their lives." (p. 29) "Explain that this session will focus on **sexual and reproductive health and the rights of children**." (p. 20)
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them. 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.*	"Relationships should be **based on consent**, i.e. the mutual agreement of those involved." (p. 56) "Communication is an important part of any kind of relationship, including a sexual one. It ensures that **individuals are free to consent and are able to negotiate safer sexual practices** that prevent sexually transmitted infections, including HIV, and unwanted pregnancy." (p. 57) "**Learn skills to: consent to the use of contraceptives**, including emergency contraception; negotiate the use of condoms and contraception methods." (p. 80)
3. PROMOTES ANAL AND ORAL SEX *Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.*	"We can reduce the risk of the germs getting into our bodies by not having sex; by **using condoms properly every time we have sex** because they stop the germs going from one person to another; **doing sexy things together** without having sexual intercourse in the vagina, anus or mouth, or touching private parts, body fluids or any sores." (p. 93)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *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*	"Your gender identity does not condition your sexual orientation. Regardless of how you identify, **you may like people of the same sex** or of the opposite sex." (p. 28) "**SEXUAL DIVERSITY** – Sexual orientation is a person's affection and sexual preference. • **Gay** = a person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both male [sic] and females, but is commonly used to identify males only. • **Lesbian** = a female who is attracted physically and emotionally to other

information about homosexuality or homosexual sex.	females. • **Straight** = a person who feels attracted physically and emotionally to someone of the other sex. • **Bisexual** = a person who is attracted physically and emotionally to both males and females. • **Trans*** = a person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female." (p. 36) "Ask participants to brainstorm **what they think sexuality is**. Write all the words on the board / flipchart and discuss. Make sure words to describe a range of sexual expressions are included e.g. heterosexual, **homosexual, bisexual, transgender or transsexual**." (p. 39) "Ask participants to write the word '**homosexual**' in the centre square and then write the first words that come into their heads in the other squares." (p. 40) "A popular football/cricket/other sport player in your area tells some of his friends outside of school but not in school **about his homosexual feelings**. He/she decided not to tell it at school after a friend, last year, was known to be lesbian/gay at school and suffered verbal and physical abuse. He/she has, however, decided to ask for help from people he/she trusts. The participants must choose characters for each member of the group and role play how this scenario would play out. The group must work together to develop a conversation examining the following questions: • What concerns might this participant have about his/her safety? • What happens when someone listens and offers support to the participant? • What school and community support systems are available to this participant? • What can participants and staff do to make this school a safer place?" (p. 41) "End with the key message that **sexual diversity exists in all societies**, but it is often viewed negatively. You need to be aware that there may be people in your community who are gay, lesbian, bisexual, etc. It is important that you **model acceptance of sexual diversity** and affirm the value of all human beings regardless of their sexual orientation." (p. 41) "Sexual orientation has to do with the **gender(s) of the people we're attracted to, physically and romantically**. We don't choose our feelings just like we don't choose who we find attractive." (p. 44)
5. PROMOTES SEXUAL PLEASURE *May teach children they are entitled to or have a "right" to sexual pleasure or encourages*	"The key messages and activities in this section are divided into seven elements of CSE as defined in the IPPF Framework for CSE, i.e. 1. **Sexual rights** and sexual citizenship; 2. Gender and Sexuality; 3. Diversity;

children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.	4. Violence; 5. Relationships; 6. **Pleasure**" (p. 12) "**Sexuality** – expressed alone or in a mutually consensual and respectful situation with a partner (of any sex) – can **be a source of pleasure** and meaning in life. It can enhance happiness, well-being, health and the quality of life. It can also foster intimacy and trust between partners." (p. 29)
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*	"STIs are infections that are transmitted through sexual activities by skin on skin contact or exchange of body fluids. STIs, including HIV, are preventable using condoms, or by engaging in lower-risk sex activity (e.g. **mutual masturbation**, using lubricants to avoid condom ruptures). All STIs can be treated to manage their consequences; however, not all can be cured." (p. 81)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*	**No evidence found.**

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.*	"Sexual and reproductive rights are fundamental human rights and sexual citizenship is about diverse people **taking responsibility of their own sexual life**." (p. 14) "Learn skills to: **make decisions about your life, body and sexuality** regardless of your sex or gender identity; demand equal rights regardless of sex or gender identity; promote non-discriminatory practices." (p. 28) "Good sexual health is about **being able to understand and enjoy your sexuality**, as well as understand issues around sex and how to behave responsibly to prevent unwanted pregnancy or sexually transmitted infections. **It is also about having personal choice** – you should be able to choose what kind of sexual relationships you want and with whom." (p. 29)
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.*	"**Sex can be more satisfactory if you know you are safe**. Using methods to prevent unintended pregnancy, STIs, and HIV can help you feel safe, while using drugs or alcohol can interfere with your safety and your decisions about having sex." (p. 57) "HIV is transmitted through **having sex without a condom** with someone who has HIV; sharing needles with people who have HIV; and from a parent living with HIV to their child during pregnancy, delivery or breastfeeding" (p. 96)
10. PROMOTES TRANSGENDER IDEOLOGY *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*	"The facilitator or youth leader must also **model a respectful approach to gender and diversity** and have value-free language, e.g. avoid using the male pronoun (he/his/him) to indicate a general reference and **instead use gender-neutral terms** (anyone, their, those)" (p. 9) "I am a facilitator; that's part of my identity. But in this session, we are talking about human sexuality, so we are going to be looking at parts of our sexual identity, including our **sexual orientation and our gender identity**." (p. 42) "People should be allowed to be and behave the way they feel comfortable, instead of having to conform with social norms. For some people, how they feel on the inside doesn't match their sexual body parts. **Maybe they have a penis but do not feel they are male.** The name for this is '**transgender**' or just 'trans.'" (p. 42) "The most important thing to keep in mind is that every person **has a right to**

health disorder (gender dysphoria) that can be helped with mental health intervention.	**express their gender as it makes most sense to them**. No one has the right to make fun of someone else for how they express their gender." (p. 43) "Just like sexual orientation, a person doesn't choose **to feel male, female or a combination of both**." (p. 44) "A person can **look like a boy or a man and feel on the inside like they are a girl or a woman**. Some people find the idea of being transgender easier to understand when what they see matches what they are being told. However, it need not be always so that what you see matches what the person feels like inside." (p. 44)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.* *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"Contraceptives include female and male condoms, pills, injectables, IUDs, the implant, among others. Our health status, life style and preferences are important when choosing a method. • Young women can **safely use long acting contraceptive methods**. • **Condoms** are the only contraceptive method that simultaneously prevents STIs, including HIV. • **Emergency contraceptive** methods can be used to prevent pregnancy up to 72 hours after sex… • All young people – including those 10-14 – should have the right to confidential advice and information about pregnancy prevention. • Gender inequality has damaging effects on women's sexual health and wellbeing and on their access to sexual and reproductive health services. For example, **in some societies, girls/women cannot access contraceptives without the consent of parents or husbands**; in many places, it is not always seen as appropriate for a girl to carry a condom. • **Learn skills to: consent to the use of contraceptives**, including emergency contraception; negotiate the use of condoms and contraception methods." (p. 80) "Access to safe abortion isn't viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to bodily autonomy and bodily integrity. **Denying women access to abortion services is a violation of their human rights**." (p. 81) "There are **two main methods of safe abortion**: medical abortion, where medication is used to end the pregnancy, and surgical abortion, which involves a medical procedure performed by a trained professional." (p. 81) "**Abortion is a safe procedure** when it is performed within the appropriate context. For surgical abortion, that means when it is performed by a trained provider in sanitary conditions; for medical abortion, that means when a person has access to high quality medication, information and support. There are different websites where women can access information about safe access to medications. Information on safe abortion can also be accessed through friends, health providers or pharmacies." (p. 81)

	"**You can participate in efforts to reduce abortion stigma and to increase access to safe abortion services** – e.g. by writing blogs, sharing testimonials and disseminating information about safe methods and their availability." (p. 81) "Learn skills to: identify **high quality services that provide safe abortion** or post-abortion care services; consent to the use of contraceptive methods and decide what to do about an unintended pregnancy…" (p. 81) "Learning Objectives: • Learn what **comprehensive abortion care** is including post-abortion care • Learn basic factual information about abortion and have the opportunity to correct any myths." (p. 114) "Explain to participants the key message that safe, **high-quality abortion services** mean abortion that is provided by someone trained to do so and in sanitary conditions." (p. 115) "A condom is the only method that can **prevent** both pregnancy and **protect against** STIs/HIV." (p. 106) "Remind participants that they should visit a health centre if they want more details on these methods. • **Withdrawal**: Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina. This method does not protect against STIs/HIV. • **Condoms**: A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina. This method is the only one that protects against both STIs/HIV and pregnancy. An internal or female condom is inserted into the vagina prior to sexual intercourse. • **Diaphragms**: A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm from entering, and the spermicide kills sperm. • **Fertility awareness methods**: Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. This method involves identifying the fertile days during which she can abstain from sex or use a barrier method of contraception. This method does not protect against STIs/HIV. • **Injectables**: An injection given at regular intervals, usually every one or three months, containing synthetic hormones that prevents [sic] ovulation. • **LAM**: For breastfeeding women only. Breastfeeding causes the body to produce hormones that can prevent ovulation. As contraception, this method is effective only during the first six months of breastfeeding or until the woman has resumed menstruation (whichever comes first), and only if the baby is fed only breastmilk and on demand. This method does not protect against STIs/HIV. • **Oral contraceptives**: Small pills containing synthetic hormones that

	prevent ovulation and interfere in sperm migration. They are taken orally every day by the woman for 21 or 28 days, depending on the brand and type. This method does not protect against STIs/HIV. • **Implants**: One or two small, soft rods implanted in the woman's upper arm that release a steady low dose of progestin over a period of three to five years to inhibit ovulation. This method does not protect against STIs/HIV. • **IUD**: Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release hormones, while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years. This method does not protect against STIs/HIV. • **Female sterilization**: A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman's ability to have sex or to feel sexual pleasure. This method does not protect against STIs / HIV. • **Vasectomy**: A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen. It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate. This method does not protect against STIs/HIV." (p. 104) "Now explain that there are things that a couple can do if they have had sexual intercourse, but have not used contraception and want to prevent a pregnancy. **This is known as emergency contraception**. The emergency contraceptive pill (ECP) is one or two pills that work by preventing or delaying the release of eggs from the ovary (ovulation)." (p. 105)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY *May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives*. *May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.*	"Sexual and reproductive rights are human rights. These include, among others, the right to choose friends, spouses, sex partners based on preferences, choice and consent; the right to say yes or no to sex; the right to express sexuality, including the **right to seek pleasure**; the right to enjoy **bodily autonomy**, free from sexual violence or exploitation; and the right to obtain full and accurate information, education and services." (p. 14) "The IPPF Declaration on Sexual Rights says that **young people have**: the right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender; the right to participation for all persons, regardless of sex, sexuality or gender; right to life, liberty, security of the person and **bodily integrity**; right to privacy; **right to personal autonomy** and recognition before the law; right to freedom of thought, opinion and expression; right to association; right to health and to the benefits of scientific progress; **right to education and information**; right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children." (p. 14) "Young people can **play an active role as educators or advocates**, as well as in the design, implementation, monitoring and evaluation of programmes and projects affecting their lives and the well-being of their communities." (p. 15)

	"Learn skills to: **uphold your rights** and the rights of others; investigate issues in the local, school and wider community; analyse issues **and participate in action** aimed at achieving a sustainable future by raising a voice and taking leadership." (p. 15) "**Young people can play an active role** in ensuring that all types of relationships – including between people of the same sex – are legally recognized and respected by all members of society." (p. 56) "Body, Puberty and Reproduction: • …Young people can play an active role in fighting against bullying and discrimination linked to body image, and in upholding **everyone's right to enjoy their sexuality** regardless of their physical or health status. • Young people can **promote sexual and reproductive rights** among members of their community. • Learn skills to decide when and how to engage in sexual relationships." (p. 80)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	"This is where facilitators have a role to play in **challenging social beliefs that are harmful** and enabling participants to develop critical thinking skills." (p. 9) "Some societies may not recognize your or someone else's rights. The **social norms about sex and sexuality** may or may not coincide with the laws, or with international agreements." (p. 14) "Remind participants about the Universal Declaration of Human Rights that applies to all human beings. Explain that the **Convention on the Rights of the Child** (1989) was an effort to make sure that all children have these rights." (p. 18) "Recognising gender norms helps people to question the fairness of the roles and **challenge those practices that are unjust and harmful**." (p. 32) "Explain to participants the key message that safe, high-quality abortion services mean abortion that is provided by someone trained to do so and in sanitary conditions. **Where abortion is banned**, it doesn't stop it from happening, it just means that women have to use illegal, often unsafe methods. **Unsafe abortion is a public health concern**, and young people are amongst the most vulnerable. However, it is important to understand that girls and women can access post-abortion care to minimise the risk to their health." (p. 115)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May*	"You may need to remind adolescents about the importance of privacy and/or anonymity, and ensuring that **private information shared during the sessions must not be disclosed or discussed outside the session**, or used to ridicule individuals." (p. 9) "Explain to participants that this session is going to focus on the **right to privacy**

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.	**and bodily integrity**." (p. 26) "It is important to know your rights, that you have the **right to privacy, confidentiality and bodily integrity**." (p. 27) "Gender inequality has damaging effects on women's sexual health and wellbeing and on their access to sexual and reproductive health services. For example, in some societies, girls/women **cannot access contraceptives without the consent of parents or husbands**; in many places, it is not always seen as appropriate for a girl to carry a condom." (p. 80)
15. REFERS CHILDREN TO HARMFUL RESOURCES *Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)* *Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.* *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	"**Online Resources**: • https://lovemattersafrica.com • http://www.scarleteen.com • https://amaze.org • https://www.youthdoit.org/themes/sexual-and-reproductive-healthand-rights-are-human-rights • https://www.menstrupedia.com/quickguide" (p. 10)
For the complete text of *Comprehensive Sexuality Education for 10–14-year-olds* see: https://drive.google.com/file/d/1ClQRkgbMdAYEsSlbNWOs3WPMx5iJFOpu/view?usp=drive_link.	