

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 ***Guidance and Counselling Life Skills Education Teacher's Handbook, Level 1*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 5 OUT OF 15

Guidance and Counselling Life Skills Education Teacher's Handbook, Level 1 contains 5 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 programme enables learners to gain comprehensive knowledge, information and life skills to curb the HIV and AIDS pandemic. It also seeks to help learners acquire skills and values on behaviour change for HIV prevention, treatment, care and support. In addition, they acquire knowledge and skills to deal with issues of puberty, reproductive health, human sexuality, health and hygiene, nutrition, environmental cleanliness, sexual and substance abuse, gender, and common infections.” (p. vii)

Target Age Group: Level 1 Secondary Schools

International Connections: National Curriculum Centre, COSISA, UNICEF, UNESCO, UNFPA, Schweizerische Eidgenossenschaft, Bantwana Initiative (World Education), Media and Education Trust (MIET)

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 discussion of sexual experiences,</i></p>	<p>“Role play: The three girls are naughty. They love older men because they get all the good things teenage girls love, such as cell phones, pocket money and trendy clothes (the three ‘C’s’ – cell phones, cash, clothes). They also indulge in sexual activity. They like this kind of lifestyle because they enjoy being trendy and outclassing the other girls at school.” (p. 29)</p> <p>“Early sexual debut means young men and women have their first sexual encounter at an early age (below 15 years).” (p. 82)</p> <p>“Explain the term ‘drivers’ of HIV and AIDS by reading and discussing the following scenario: A 13 year old girl has a sugar daddy that bought her a cell</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><i>attractions, fantasies or desires.</i></p>	<p>phone and gives her money. He usually has sex with her and insists that they cannot use a condom. She also has a boyfriend who is almost her age that she has sex with occasionally. They do not always use a condom.” (p. 85)</p> <p>“Your friend has had unprotected sex and wants to test for HIV. What services can he seek and where could he get them?” (p. 94)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>No evidence found.</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</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>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>No evidence found.</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>No evidence found.</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>No evidence found.</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>No evidence found.</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“This is a stage where young people begin to experiment on sexual intercourse, drugs and substances.” (p. 64)</p> <p>“This session aims at providing the learners with information about the drivers of HIV in Swaziland. ‘Drivers’ refer to specific, high-risk behaviours that put people at risk to exposure of HIV. The drivers include: unprotected sex, early sexual debut, multiple and concurrent sexual partnerships (MCP), intergenerational sex (having sex with people who are more than 5 years older) and transactional sex (exchanging sex for money or other goods).” (p. 83)</p> <p>“Youth who begin sexual activity early may also be more likely to have sex with high-risk partners or multiple partners and less likely to use condoms.” (p. 83)</p> <p>“Unprotected sex means not using a condom, incorrect and inconsistent use of condoms during each sexual encounter.” (p. 83)</p> <p>“Transactional sex refers to the practice of exchanging sex for financial or any other forms reward.” (p. 83)</p> <p>“The drivers of HIV and AIDS in Swaziland refer to common specific and high risk behavioural trends that fuel HIV transmission include [sic]:</p> <ul style="list-style-type: none"> • Early sexual debut • Unprotected sex • Transactional sex • Intergenerational sex • Multiple concurrent partners” (p. 84) <p>“Emphasise the effect that having a ‘network’ of sexual partners has on a community, a family and eventually on society.” (p. 85)</p> <p>“Thus, HIV prevention methods try to address three main modes of transmission that have been listed through social, behavioural and medical strategies, and these include:</p> <ul style="list-style-type: none"> • Abstinence is decision to refrain from engaging in sex and any behaviour

that may put you at risk of being infected with HIV for example: alcohol and substance abuse, sharing needles.

- **Faithfulness to one partner:** being faithful to your partner.
- **Condom and lubricant use:** male and female condom use.
- **Circumcision:** male circumcision has been scientifically proven to reduce chances of contracting HIV via heterosexual intercourse.
- **Post exposure prophylaxis:** this is prompt treatment for people who have been exposed to HIV infection such as; health workers and rape victims.
- **Pre-exposure prophylaxis:** this is an experimental HIV prevention strategy that uses ARV's [sic] treatment to protect HIV negative people from HIV infection." (p. 88)

"Key prevention methods are:

- Abstain from Sex
- **Be Mutually Faithful**
- **Consistent and Correct Use of Condoms**
- Do Not Share Sharp or Piercing Instruments
- **Delay Sex Until You are Mature Enough** to Have a Responsible Sexual Life" (p. 89)

"The following are examples of health seeking behaviours in relation to HIV and AIDS:

- Voluntary HIV Testing and Counselling (HTC): HIV testing involves visiting a testing site/centre to be tested for HIV or to find out how to test for HIV.
- **Effective and Proper Condom Use:** While abstinence is the only method that is 100% effective for preventing the sexual transmission of HIV and other STIs, **using condoms correctly and consistently is another effective way** of preventing transmission for sexually active individuals." (p. 91)

"HIV and sexual reproductive health (SRH) services are available for the youth **to prepare them with the skills they need to seek appropriate health services.**" (p. 92)

"Read other materials on post exposure prophylaxis (PEP), **appropriate condom use**, adherence to Antiretroviral Therapy (ART), male circumcision, HTC and adolescent sexual reproductive health." (p. 93)

"Elaborate on Health seeking behaviour Medical interventions [sic] associated with prevention of HIV infection, which are:

- Voluntary HIV Testing and Counselling (HTC)
- **Effective and proper condom use**
- Diagnosis and treatment of HIV and other STIs Post-Exposure Prophylaxis (PEP)" (p. 94)

"When should someone seek HTC and where could he/she go to get these

	<p>services? If someone has been accidentally exposed to HIV, what can he/she do? If someone has a symptom of an STI, what should he/she do? When and why should a person seek the following:</p> <ul style="list-style-type: none"> • Voluntary HIV Testing and Counselling (HTC) • Effective and proper condom use • Diagnosis and treatment of HIV and other STIs • Safe male circumcision • Post-Exposure Prophylaxis (PEP)” (p. 95) <p>“Augustine is 14 and was recently diagnosed with HIV. He is not sure how he was infected but he believes that it was from one of his multiple sexual partners. Aside from testing, he hasn’t yet gone for a check-up; he is not taking any medication, and has not told any of his partners that he has the virus. He is scared. What advice can you give Augustine? What help should he get and where can he get it?” (p. 99)</p> <p>“Always have protected sex to avoid:</p> <ul style="list-style-type: none"> • Infecting other people who may not be infected with HIV. • Re-infection with a different strain of HIV. • Pregnancy which weakens the health of the HIV positive mother and can infect the unborn child with HIV. • STIs that tend to be more aggressive in HIV positive persons.” (p. 96)
<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</i></p>	<p>No evidence found.</p>

<p><i>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>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>“You often adopt a bystander role in which you passively accept (mis)perceptions of the status quo rather than actively intervene to change it because you want to be seen as popular rather than unpopular. The bystander role is self-perpetuating because it discourages an individual from expressing one’s opinions – and think their opinions are different from everyone else’s, when others secretly share their opinions. Appropriate information when carefully targeted, can help shift people from a bystander or confined position to one where they feel they can take a stand, or intervene. Our non-action makes us a part of the problem rather than a part of the solution.” (p. 46)</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>“Many factors influence our decisions. For example, deciding on which career to pursue, one should consider ability, interests, values, beliefs and circumstances that influence decisions. Others are influenced by their religious beliefs when they decide what to do. At times our decisions are influenced by what people say. Other people’s opinion or views do influence the decisions we make. It is rare to ignore what society says when making decisions. Generally, people consider whether or not what they decide to do is acceptable in society. Sometimes it is difficult to go against societal values because that may alienate you from that society.” (p. 34)</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</i></p>	<p>“As a teacher, building trust and keeping students’ problems confidential is important because you may be the only person the students decide to talk to about their decisions.” (p. 34)</p> <p>“Talking to a friend or other trusted individual can help to relieve feelings. Most of these changes are only temporary, and will settle down with time.” (p. 65)</p>

<p><i>parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></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>No evidence found.</p>
<p>For the complete text of <i>Guidance and Counselling Life Skills Education Teacher's Handbook, Level 1</i> see: https://drive.google.com/file/d/19FawO_3YmiCMCl8m3qlf11Qh4ezkVtXc/view?usp=drive_link</p>	