

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

Life Skills Education Toolkit for Orphans & Vulnerable Children in India

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

***Life Skills Education Toolkit for Orphans & Vulnerable Children in India* contains 11 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 toolkit is unique in aiming to develop essential life skills to manage and cope with risk situations in HIV/AIDS and to cope with difficult circumstances related to care and support including loss. The child-friendly participatory approach uses active learning methods including games, role plays, debates, brainstorming, drama, story telling, group learning, case studies and poster making.” (Preface)

Target Age Group: Children in India

International Connections: USAID, Family Health International, Impact, National AIDS Control Organisation (NACO), The National OVC Task Force including the Ministry of Women and Child Development (MoWCD), National AIDS Control Organisation (NACO), UNICEF and the India HIV/AIDS Alliance, United States President’s Emergency Plan for AIDS Relief, YouthNet

| HARMFUL CSE ELEMENTS | EXCERPTED QUOTES FROM CSE MATERIAL |
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| 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</i> | <p>“The Life Skills Education sessions encourages [sic] children to acquire psychosocial skills, enabling them to acquire the following abilities:</p> <ul style="list-style-type: none"> • Understand sexual issues and sexuality in order to reduce their vulnerability to HIV; • Cope effectively with risky situations; • Practice safe sex behavior to reduce HIV risks; and • Learn how to help and support other children.” (Part 1, p. 4) <p>“Young girls and boys receive correct information in simple language using active learning methods about how older men can lure them into sex and why it</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.

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| <p><i>discussion of sexual experiences, attractions, fantasies or desires.</i></p> | <p>is important to have safe sex.” (Part 2, p. 11)</p> <p>“Learn to talk comfortably about sex and sexuality.” (Part 3, p. 10)</p> <p>“List the more risky activities that they or their friends may be involved with. The list could include those used below, and make sure to add some if they have been missed. Some of the risky activities are applicable to older children and some to the younger ones.</p> <ul style="list-style-type: none"> • Having unprotected sex (for children 15 years and above)... • Going to a sex worker (for children 15 years and above)” (Part 3, Module 5, p. 6) <p>Role play scenario: “Ajay is a boy of 16. He likes to play cricket and spend time with friends. He recently found a girlfriend. All his friends have girlfriends. He feels that he should also have sex with this girl. Meena likes the attention she is getting. She knows Ajay has no job but is not worried about that fact. She believes that they are young and something good will happen in the future. She knows that Ajay wants to have sex but this reminds her of her friend who got pregnant and had to run away. Tomorrow Ajay has asked her to go with him to the park in the afternoon when it is empty. What should she do?” (Part 3, Module 5, p. 15)</p> <p>Role play scenario: “Samir is going to be married to Renuka in six months. Both parents know about this, and they have agreed. Samir keeps telling Renuka that they can have sex because they are getting married. Sometimes Renuka also feels like having sex.” (Part 3, Module 5, p. 15)</p> <p>Role play scenario: “Rahul and Samir have been friends for a long time and have developed feelings for each other. They are scared to tell people because of their reaction. They are also considering having sex, but do not know if it is right.” (Part 3, Module 5, p. 15)</p> <p>“Go through each list. If it is a mixed group, then ask a boy volunteer to say, ‘I want to have sex with you...’ The girl volunteer then says, ‘No, I do not want to get pregnant.’ From the list, the boy or girl reads out the reasons not to have sex.” (Part 3, Module 5, p. 16)</p> <p>“Write the following words on separate sheets: vagina, penis, menstruation, intercourse, backside, breasts, masturbation, testicles, condoms, semen, anal sex and oral intercourse. Add or remove words according to your group. Do not use more than eight to ten words. Ask the group to write down any slang words they use. Remind them that this is to ensure that they can learn to talk about different parts of their body and sexual acts so that they can protect themselves. If the group is shy, tell them to write on small pieces of paper and place them below the relevant sheet.” (Part 3, Module 7, p. 12)</p> |
| <p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> | <p>“Negotiation/refusal skills: Refuse sexual intercourse or negotiate the use of condoms” (Part 2, p. 6)</p> |

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| <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>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>“Write the following words on separate sheets: vagina, penis, menstruation, intercourse, backside, breasts, masturbation, testicles, condoms, semen, anal sex and oral intercourse.” (Part 3, Module 7, p. 12)</p> <p>“The main modes of [HIV] transmission are: Unprotected sexual contact where body fluids are exchanged (vaginal, anal or oral intercourse).” (Information Sheet 2)</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>“Young people should know that love can be between people of the same sex.” (Part 3, Module 4, p. 7)</p> <p>“Use this opportunity to ensure that young people understand relationships that are physical or emotional can be between people of the same or opposite sex.” (Part 3, Module 4, p. 7)</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</i></p> | <p>No evidence found.</p> |

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| <p><i>active children.</i></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>“This can be quite a difficult activity for some boys and girls. Be sure to adapt to your situation. At the end of the session, ask the girl’s group and the boy’s group to discuss among themselves: How did you feel when you first got your periods/erection/wet dreams (or saw the other changes in your body)? Did you feel like masturbating?” (Part 3, Module 7, p. 8)</p> <p>“Loss of semen through a ‘wet dream,’ masturbation or sexual intercourse is perfectly natural and harmless. It is a normal part of human physiology. It should not be called a ‘dosh’ or weakness.” (Part 3, Module 7, p. 15)</p> <p>“Both boys and girls can practice masturbation or self-stimulation of genitals. It causes no harm.” (Part 3, Module 7, p. 15)</p> <p>“Too much masturbation affects sex life in later years. False. Another misconception.” (Part 3, Module 7, p. 15)</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>“Health skills: Correct and consistent use of condoms” (Part 2, p. 3)</p> <p>Adaptation on the immune system dance: “Each ‘pinched’ child is given one of these roles. ‘Disease’ children stand in one corner, ‘white blood cell’ children stand in another corner. Three couples are selected. The first couple comes in the center and does a dance of having sex. During the dance, the boy puts his condom hat on to show that the condom is being used during the intercourse. The second couple comes in, in which the girl demands that the condom hat be put on during the sexual dance but the boy pretends not to have it or searches for excuses, showing that a condom was not used during intercourse. They dance and move away. The third couple comes in; the boy propositions the girl to dance the sexual dance. The girl thinks about it and refuses.” (Part 3, Module 8, p. 7)</p> <p>No risk of HIV transmission: “Using a condom correctly and consistently with all sexual acts (only for children above 15). Condom [sic] can prevent sexual transmission of HIV significantly to an extent of 80-90% if used correctly and consistently with all sexual acts.” (Part 3, Module 8, p. 10)</p> <p>“Condoms are widely accepted as an effective means of HIV prevention, provided they are used correctly and consistently (only for children above 14).” (Part 3, Module 8, p. 18)</p> <p>“The condom race (only for children above 14) is a fun way of learning how to use condoms correctly.” (Part 3, Module 8, p. 18)</p> <p>“This should preferably be done in single sex groups with older children above 14 years. Mixed groups are possible only if both sexes in the group are comfortable handling condoms. Introduce the activity that to prevent HIV, condoms are very important, but that one must know how to use them correctly. Inform the children that in this activity they will acquire skills on how</p> |

to use condoms.” (Part 3, Module 8, p. 19)

“To give protection from HIV, the condom has to be used properly. **Ask the group to demonstrate how a condom is used** and list what they say. Divide the children into groups of three to four and give a set of nine cards to each group. Give clear directions that the group must discuss and place the cards in order beginning with the first action and ending with the last one. Do not number the points given below.

- Check expiry date. If expired do not use it.
- Check to see if the package is unopened.
- Open the package with your fingers; do not use teeth or other sharp object.
- Hold the condom at the tip and find the right side.
- **Penis should be erect** when you slip it on.
- Keep the tip squeezed and roll it on the penis. (This allows the semen to collect later)
- After intercourse, hold the rim and pull it off while penis is erect.
- Do not spill the semen; be careful.
- Tie a knot, wrap it in paper and dispose it [sic] in the dustbin.

The cards **may have pictures as well to make it easier for children who cannot read**. Check whether each group has been able to place the cards in order.

Clarify as required. If one group has placed their cards in the correct order, ask them to help others out.” (Part 3, Module 8, p. 19)

“**Give each child a condom, let them feel, smell and play with them.** Ask the children to go into their former groups and fill a liter of water in any one condom and check how strong it is. You could do a demonstration yourself if there is not enough time.” (Part 3, Module 8, p. 19)

“Discuss with the group **how they felt handling the condom**. Encourage them to talk about what they like and do not like about condoms. (Do talk of the dual protection of condoms – STIs/HIV and as a contraceptive.)” (Part 3, Module 8, p. 19)

“Have a game where the groups now **put the condom on a banana, bottle, and penis model**. Time the groups but the condom must be put on correctly. This game is useful because sometimes the condom is put on in haste.” (Part 3, Module 8, p. 19)

“Roleplay

- A boy of sixteen **wants to buy a condom**. He is scared to go to the shop to ask. What should he do?
- A girl wants her husband/boyfriend to use a condom but he does not do so. **Can she get a condom to give to him?** What will he think? What should she do?” (Part 3, Module 8, p. 20)

“Variation: The condom can be introduced and its correct use demonstrated or understood before this session is started. This could be **done through the use of**

penis models. A condom album with **different types of condoms** in packets and out-of-packets can be passed around.” (Part 3, Module 8, p. 20)

“Review

- How did you feel **while handling a condom**?
- How was the role play different for the girls and the boys?
- What are the **problems in getting a condom**?
- What are the solutions you can think of to solve this problem?” (Part 3, Module 8, p. 20)

“Linking Learning With Life

Map the places where you get condoms. Do a simple survey to find out how to access condoms. This can be done in pairs or in groups of three. Some sample questions are:

- **How many places display condoms?** Are there any places where you can get them free? Where do girls go to get condoms? Boys?
- Analyze results and discuss with the children what to do next. Who will find the information useful? How should it be disseminated? What is the outcome of providing this information?” (Part 3, Module 8, p. 20)

“Condom use programs promote the following:

- ...The importance of correctly and **consistently using condoms during every sexual encounter** with partners known to be HIV-positive (discordant couples), or partners whose status is unknown...
- The developments [sic] of skills for **obtaining and correctly and consistently using condoms**, including skills for vulnerable persons.” (Information Sheet 4)

“Adolescents will learn: ...**How to use a condom appropriately**” (Part 4, p. 31)

“Adolescents will demonstrate: ...Conviction that **condoms are beneficial in protecting against HIV/STIs** to a great extent but do not eliminate the risk.” (Part 4, p. 31)

“Adolescents will be able to: ...Seek out and **identify sources from which condoms can be obtained** (only for children above 14); and Appropriately use health products (condoms) (only for children above 14).” (Part 4, p. 31)

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 to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.

No evidence found.

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.

“Some **reasons to have sex** could be:

- Everyone is having it;
- I love her/him;
- Curious what it is;
- One partner convinces the other that there is no problem;
- The partner will lose interest.” (Part 3, Module 5, p. 15)

“Abstaining from sex or being faithful to one partner, and **practicing safe sex become desirable choices** that ensure prevention of HIV and STIs.” (p. 286)

No risk of HIV transmission: “A man and woman have sex only between themselves. **If you are faithful to your only sex partner you are absolutely safe.** But you must make sure that your partner is faithful too.” (Part 3, Module 8, p. 10)

“Remember if you are not abstaining and having sex with **unknown partners, multiple partners or sex workers**, you should use a condom.” (Part 3, Module 8, p. 20)

“Instruction for facilitators – ...Stress that delaying sex till marriage **and being mutually faithful to one partner** are the most effective methods for STI/HIV prevention. Consistent and correct use of condoms is 80-90% effective in preventing STIs/HIV. It can also prevent unwanted pregnancy.” (Part 3, Module 8, p. 20)

“How many of your friends **have multiple partners**? Do they know what risk they are at if they are **having unprotected sex**?” (Part 3, Module 8, p. 14)

“There are three different boats available for the people to **escape the HIV/AIDS flood**. They are called:

- i. Abstinence;
- ii. **Mutual Faithfulness**; and
- iii. **Condom** (only for children above 14).” (Part 3, Module 8, p. 21)

“Each person in the village can choose which boat they want to get on,

depending on their culture, religion, character or way of life... Ask the children to choose which boat they feel they would like to get into. Remember to tell them that they can change the boat any time they like... An example could be as follows: Let's suppose that **because of our religious beliefs or cultural beliefs** we are in the abstinence and faithfulness boats all the time. But circumstances may change so that it may be difficult to stay on those boats. **Then we must have a condom boat**; otherwise we will fall into the water, which is dangerous. If the earlier sessions have been completed, the children would know how HIV/AIDS is transmitted through several routes." (Part 3, Module 8, pp. 21-22)

"Place one cardboard figure each of a man and a woman in the abstinence boat. They have just met. They had been in the water but now they are in the boat. Ask the children if these two people will stay on the boat if any of the following things happen:

- Share a cup of tea (totally safe);
- Hold hands (totally safe);
- Falling in love, decide to marry (totally safe);
- Kiss (very safe unless they have sores in the mouth);
- **Have sex using a condom** (change to condom boat. Very safe if the condom is used properly)." (Part 3, Module 8, p. 22)

"Show the cutout of a young man. Say this man has been faithful to his wife but now he has to go to a big city for work. He is on the abstinence boat. He is away many months. He misses his wife and one day goes out with his friends for a drink. He meets someone or (goes to a sex worker). **If he decides to have sex with her, he must get on the condom boat**; otherwise he will take a dive in the water." (Part 3, Module 8, p. 22)

"Use two narrow sticks about 2 metres long. One should be colored half white and half blue and is known as the **Abstinence** (white)/**Faithfulness** (blue) bridge. The other stick should be yellow and is known as the **Condom Bridge**. Explain to the children that there is only one Bridge – the Abstinence/Faithfulness Bridge to cross a river. Place this stick on the ground with a blue sheet around it to show water and some cardboard cutouts of crocodiles. Place a green piece of paper at the end of the stick to show an island. Invite children to walk one by one on this narrow stick, keeping their toes from the back foot to the heel of the front foot. This makes it an exercise requiring balance. Ask some children to cross this dangerous water using the bridge. Clap if they reach the other side. If they fall into the water, ask them to stand on one side until another bridge is built. Place the **yellow stick Condom Bridge** parallel to the previous stick but one foot away. Ask the children to **once again cross the Abstinence/Faithfulness Bridge but this time, if they lose their balance, they can use the Condom Bridge to steady themselves**. The children will be able to walk easily. Discuss with them – Are two bridges better than one? Why?" (Part 3, Module 8, p. 23)

"**Safer sex**: Abstinence, **being faithful** in a monogamous relationship, or **using condoms** correctly and consistently for every sexual act can prevent sexual transmission." (Information Sheet 2)

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| <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>“Seek services for help with reproductive and sexual health issues including, contraception, condoms to prevent HIV or unplanned pregnancy, sexual abuse, exploitation, discrimination, gender-based violence or other emotional trauma.” (Part 2, p. 6)</p> <p>“Value statements, which bring a variety of answers, indicate what the children are not sure of, and are therefore useful for the facilitator to review and discuss with the group: ...Birth control is a woman’s responsibility.” (Part 3, Module 2, p. 14)</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</i></p> | <p>“Present arguments for access to sexual and reproductive health information, services and counseling for young people.” (Part 2, p. 6)</p> <p>“Young people are are [sic] understood, the young people discuss what they have learned so as to link learning with their day-to-day lives from the outset. Next, children work together to make plans and take action. Working with other children in teams and as peer educators is central to the Child-to-Child approach.” (Part 2, p. 13)</p> <p>“Tell the children to contact you at a specific time if they would like to continue meeting or want to develop a group such as a street children’s club or a peer</p> |

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| <p><i>sexual rights (including a right to CSE itself) or to promote abortion.</i></p> | <p>club.” (Part 3, Module 10, p. 16)</p> <p>“Adolescents will demonstrate: Encouragement of peers, siblings and family members to take part in HIV prevention activities” (Part 4, p. 31)</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>“A Life Skills Education Program can be conducted in a variety of settings such as institutions, the open community, community centers, schools, children’s clubs or any other place where children like to gather.” (Part 2, p. 15)</p> <p>“In three corners of the room paste three signs: ‘Agree,’ ‘Disagree’ and ‘Not Sure.’ Tell the children that you will be reading out some statements that expresses [sic] some values. The group will vote on each of the statements. After each statement, the children must go to the sign which best describes what they feel about the value... Some suggested value statements are listed below...</p> <ul style="list-style-type: none"> • You must wait until you are married to have sex. • Birth control is a woman’s responsibility.” (Module 2, p. 14) <p>“The facilitator must be careful not to make value judgments and must be comfortable with sex and sexuality issues.” (Part 3, Module 5, p. 16)</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>“One of the ground rules that must be established relate [sic] to confidentiality. Training sessions are set up to be supportive. Children will discuss personal matters, and their right to decide about disclosure must be respected. This information is not to be shared or talked about outside the training center.” (Part 2, p. 29)</p> <p>“Children’s rights to decide for themselves should be respected at all times... Children’s rights to confidentiality and freedom from discrimination should not be compromised by their participation. Children must understand and accept that confidentiality will be maintained when they participate.” (Part 2, p. 29)</p> <p>“Strict confidentiality needs to be observed which must be reflected on the ground. The children need to understand that everyone will be treated with respect, that no one will be made fun of and that private thoughts and feelings stated in the sessions will not be disclosed outside the training setting nor talked about casually.” (Part 3, Module 1, p. 6)</p> <p>“Some of the children may have experienced sexual abuse, so this session must include facilitators and counselors who can handle emotional trauma. Some children may reveal what has happened to them so confidentiality must be maintained.” (Part 3, Module 7, p. 18)</p> |
| <p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside</i></p> | <p>No evidence found.</p> |

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)

For the complete text of *Life Skills Education Toolkit for Orphans & Vulnerable Children in India* see:
https://drive.google.com/file/d/1qXirFUcfg5MLJhzgBRH1caVRJYIWpjYG/view?usp=drive_link