

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 ***Netball – Drills to Educate Young People About Sexual Reproductive Health and HIV/AIDS (Zimbabwe)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

Drills to Educate Young People About Sexual Reproductive Health and HIV/AIDS 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: “The manual has also been created to engage and educate young people about Sexual Reproductive Health (ASRH) and HIV/AIDS through imparting life skills and values that will develop their resilience.” (p. 3)

Note: Separate manuals exist for Netball, Soccer, and Volleyball with the same CSE lessons interspersed with coaching for the various sports. It attempts to use athletic drills to illustrate points of the CSE lessons. Since the information is the same for all three manuals, we have chosen to analyze only the Netball manual.

Target Age Group: Ages 10-24

International Connections: USAID, Vana Batswana Project, World Education, Planet Sports Zimbabwe

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</i></p>	<p>“If you suspect that you are pregnant, what do you do? What must we do to avoid unplanned pregnancies?” (p. 24)</p> <p>“Is it possible to control sexual urges? Tell me why? Are there boundaries we can set to help us with controlling our sexual urges?” (p. 28)</p> <p>“Reproductive Health: Is the state of complete physical, mental and social well-being of an individual in all matters relating to the reproductive system and its processes and functions... It also includes sexual health and suggests that people</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>sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>with adequate reproductive health have a satisfying and safe sexual life, can have children, and can make a choice as to whether they would like to have children and if so, when and how to have them.” (p. 6)</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>“In SRH discussions, there are other life-skills you need to emphasise as a coach which include teamwork, inter-personal communication and negotiation skills which are best brought out through role playing. Ask participants to do a role play on an adolescent relationship, for example a male youth negotiating for sex with his girlfriend. Negotiation takes at least two parties with two different views on an issue, in this case sexual behaviour.” (p. 10)</p> <p>“Tips for Negotiation</p> <ul style="list-style-type: none"> • Be a good listener. Let your partner know that you hear, understand and care about what she/he is saying and feeling. • Be ‘ask-able’ – let your partner know that you are open to questions and that you won’t jump on him/her or be offended by questions. • Be patient and remain firm in your decision that talking is important. • Recognize your limits. You don’t have to know all the answers. • Understand that success in talking does not mean one person getting the other person to do something. It does mean that you have both said what you think and feel respectfully and honestly. <ul style="list-style-type: none"> - Avoid making assumptions. Ask open-ended questions to discuss. - Avoid judging, labeling, blaming, threatening or bribing your partner. Don’t let your partner judge, label, threaten or bribe you. - Be assertive and not aggressive.” (p. 10) <p>“All relationships including sexual relationships should be based on consent, as without consent, one will be ignoring other people’s right to choose and this result [sic] in abuse.” (p. 55)</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>“A person who has HIV carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk. HIV is transmitted:</p> <ul style="list-style-type: none"> • Unprotected sexual intercourse (either vaginal or anal) with someone who has HIV... • Unprotected oral sex with someone who has HIV.” (pp. 29-30)
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state</i></p>	<p>No evidence found.</p>

<p><i>education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></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>"Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (p. 6)</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.</i></p>	<p>No evidence found.</p>

<p><i>May imply that condoms will provide complete protection against pregnancy or STIs.</i></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>“Sexual Rights include the human rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality.” (p. 18)</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>“All STIs are preventable, and it is your duty to protect yourself and the ones you love. Abstain from sexual intercourse. Stick to one uninfected, mutually faithful partner.” (p. 24)</p> <p>“Protect your body by abstaining from sex until you are sure you are in control.” (p. 26)</p> <p>“ASK: What can we do to protect ourselves and our health? Possible answers: eat a good diet, exercise, avoid taking drugs and alcohol, avoid having unprotected sex.” (p. 34)</p> <p>“How can we ensure that we control our decision not to have children yet? Possible answers: Don’t have sex, use condoms, use pills, etc.” (p. 39)</p> <p>“What might happen to someone who has unprotected sex? Possible answers: They may contract STIs and HIV, drop out of school, face social stigma, have unplanned pregnancies etc. Results of unprotected sex such as unplanned pregnancies can also cause stress, depression and even suicidal tendencies for both partners.” (p. 34)</p> <p>“What are some of the ways you know which protect or shield us from contracting STI’s [sic]? Possible answers: correct use of condoms, abstinence and having one faithful sexual partner.” (p. 35)</p> <p>“If those with STIs seek treatment early, most STIs can be treated and cured... Use condoms with all sexual partners until you are completely cured. Advise all sexual partners to seek treatment. Go for review even if you feel very well.” (p. 50)</p> <p>“Everyone can play a role in confronting the HIV/AIDS epidemic. Here are just a few suggestions for how you can make a difference:</p>

	<ul style="list-style-type: none"> • ...Delay sex. • If already sexually active, use protection during sex.” (p. 55)
<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>“Reproductive Rights are integral parts of human rights. They are the basic rights of women and men to decide freely and responsibly on issues of sexuality and family planning, to have access to information to make these decisions and the means to carry them out. Reproductive rights include the right to attain the highest standard of sexual and reproductive health and the right to decide on issues of reproduction free of discrimination, coercion and violence.” (p. 18)</p> <p>“Young people who are sexually active may require contraception to: avoid unintended pregnancies avoid unsafe abortions avoid sexually transmitted infections (STIs) including HIV.” (p. 25)</p> <p>“Share the list of contraceptive options that are available. Which option protects you from unwanted pregnancies and STIs including HIV and AIDS?” (p. 39)</p> <p>“Emergency contraception, which is also called the ‘morning-after pill,’ is a birth control measure that if taken after sexual intercourse, may prevent pregnancy. If a woman has unprotected sexual intercourse or a condom failure, she can take a regimen of pills within 120 hours that will prevent pregnancy.” (p. 45)</p> <p>“Condoms for males or females greatly reduce the risk of getting STIs and unplanned pregnancies if they are used correctly and consistently.” (p. 24 and p. 36)</p> <p>“While abstaining from sex until the right time and age is the best way to prevent unplanned pregnancy, STIs and HIV, adolescents who are sexually active may require contraception to:</p>

	<ul style="list-style-type: none"> • avoid unplanned pregnancies • avoid unsafe abortion • emergency contraception” (p. 45)
<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>“Youth Responsibilities vis-à-vis Rights</p> <ul style="list-style-type: none"> • Participation in issues that affect their sexual and reproductive rights • Advocacy for better services • Taking responsibility for consequences of one’s actions” (p. 19) <p>“Everyone can play a role in confronting the HIV/AIDS epidemic. Here are just a few suggestions for how you can make a difference:</p> <ul style="list-style-type: none"> • Volunteer with your local AIDS service organization. • Talk with the young people you know about HIV/AIDS. • Speak out against AIDS-related discrimination.” (p. 54)
<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>“Sexual and Reproductive health rights are human rights. These rights are listed below.</p> <ul style="list-style-type: none"> • The right to life • The right to liberty and security • The right to equality and to be free from all forms of discrimination • The right to privacy and confidentiality • The right to freedom of thought or expression • The right to information and education • The right to choose whether or not to marry, and whether or not to found and plan a family • The right to decide whether or not to have children • The right to health care and health protection • The right to the benefit of scientific progress • The right to freedom of assembly and political participation • The right to be free from torture and ill treatment • The right to have a safe and satisfying sexual relationship <p><i>As defined by International Planned Parenthood Federation, 2008. IPPF Sexual Rights: An IPPF Declaration.” (p. 19)</i></p> <p>“Core SRH activities include providing universal access to voluntary family planning and maternal health services; protection from STIs including HIV, gender violence and harmful traditional practices such as polygamy and child-marriages; and the reduction of gender inequalities.” (p. 6)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and</i></p>	<p>“Youths have a right to receive accurate sexual and reproductive health information and confidential services without discrimination. These services are called Youth Friendly Services (YFS) and are accessible, acceptable and appropriate for young people.” (p. 56)</p>

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.

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.InvestigatelPPF.org)

“Zimbabwe **provides friendly SRH services** to young people through health facilities, communities and schools...

Community: Service is offered via community youth centres including private pharmacies, police victim friendly units, new Start Centres, SRH drop-in or interact centres or clubs and institutions.” (p. 57)

“Where to get services and the kind of services offered:

Clinics

- Education and counseling on HIV and AIDS
- Post HIV-test support
- Screening and treatment of STIs
- Provision of contraceptives and other family planning methods
- Emergency contraception
- Pregnancy testing
- Comprehensive post rape care
- Youth Friendly Corners

New Start Centres

- HIV testing and counseling
- Medical male circumcision
- Health information

Community Based Distributors

- Education and counseling on HIV and AIDS
- Provision of information and education on SRH
- Promotion of family planning services including the re-supply of appropriate contraceptives to eligible clients.” (pp. 57-58)

For the complete text of *Netball – Drills to Educate Young People About Sexual Reproductive Health and HIV/AIDS* see: https://drive.google.com/file/d/16tNKlawOJgniaCEIZZ7Q0tEY1QYVyrR/view?usp=drive_link