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

Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings: Training of Trainers Manual

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15

Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings Training of Trainers 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: "This manual has two main objectives:

- To provide a high-quality skills-based curriculum for peer education trainers on issues related to adolescents and youth in humanitarian settings – specifically on sexual and reproductive health (SRH), life skills education and youth empowerment.
- To support the design, implementation, and monitoring and evaluation of peer education programmes in humanitarian settings." (p. vi)

Target Age Group: Ages 10-24

International Connections: UNFPA Arab States Regional Office, Y-PEER networks in Djibouti, Lebanon, Yemen, Jordan and Pakistan, UNFPA Regional Office for Asia and the Pacific, Save the Children

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*	"Moreover, studies have shown that young people need to have access to youth friendly services in order to act responsibly and protect themselves. For example, **how can a youth who is sexually active protect him or herself from catching an STI** if he/she does not have access to condoms?" (p. 70) "Divide participants into groups of boys and girls and assign a trainer for each group. Ask each group to **draw the female reproductive system, internal and external**. When they're done, the trainers will review the drawings and explain how the menstrual cycle occurs. Repeat the same process for the male reproductive organs." (p. 73)

[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.

discussion of sexual experiences, attractions, fantasies or desires.	***Note:*** *If the clitoris is part of the drawing, sexual arousal could potentially be discussed.* "At the end of this activity, participants should be able to: Use easily and with confidence **terms related to sexual and reproductive health**." (p. 114)
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.*	**No evidence found.**
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.*	"HIV is transmitted through: Unprotected sexual intercourse (**vaginal, anal and to a lesser extent oral sex**) with an infected person." (p. 97) Materials: "Large index cards with words related to SRH written on them, one word per card. Examples: mucous membranes, penis, HIV/AIDS, vagina, anus, still birth [sic], ovaries, fallopian tubes, **sexual relationship, oral sex**, etc." (p. 114) "How are STIs transmitted? The main mode of transmission is unprotected sexual intercourse (**vaginal, anal and to a lesser extent oral sex**) with an infected person." (p. 192)
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 information about homosexuality or homosexual*	"**Sexual orientation develops progressively** and non-heterosexual individuals may begin to experience internal conflict, particularly during middle adolescence." (p. 74)

sex.	
5. PROMOTES SEXUAL PLEASURE *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.*	**No evidence found.**
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.*	**No evidence found.**
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.*	"We can protect ourselves from getting HIV through: • Abstaining from sex • Remaining faithful in a relationship with an uninfected equally faithful partner with no other risk behavior such as injecting drug use • **Using male or female condoms correctly** each time we have sex." (p. 97)

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.*	"Everyone, including girls and women, has the **right to decide whether or not to engage in sexual relationships**." (p. 207)
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.*	"Abstinence, i.e. not having sexual relationships. This is 100 percent effective in preventing HIV infection through sexual relationships. **Consistent and correct condom use is the next-best prevention** means for this mode of transmission." (p. 98) "List 5 ways to protect yourself against HIV: • Abstain from sex. • **Remain faithful in a relationship** with an uninfected equally faithful partner with no other risk behavior such as injecting drug use. • **Use male or female condoms** correctly each time you have sex. • Don't share needles and injecting equipment. • Don't share piercing or hijama equipment." (p. 179) "Give 3 risky behaviors for STIs: • Having **unprotected sexual relationships with sex workers**. • Having sexual contact – not just intercourse, but any form of intimate activity – **with multiple partners** rather than the same partner. • Having sexual activity at a young age; the younger a person starts having sex, the greater his or her chances of becoming infected with an STI." (p. 192) "What should a person do if he/she has an STI? • Seek medical care. • **Use a condom**. • Advise your partner to seek medical care even if he/she does not have signs and symptoms." (p. 194)
10. PROMOTES TRANSGENDER IDEOLOGY *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or*	"At the end of this activity, participants should be able to: • **Differentiate between sex and gender**. • Analyze how the concept of gender is applied in their communities and what effect does the humanitarian context have [sic]." (p. 117) "Take-home messages • **Sex** is a physical, biological difference between men and women. It refers

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.	to attributes that are not considered interchangeable. • **Gender** refers to the economic, social and cultural attributes and opportunities associated with being male and female (school, family, religious institutions, etc.). It refers to the **expectations that society has of people because they are men or women**. These expectations (gender norms) reveal what society considers acceptable and appropriate for both sexes and are related to: o Appearance and dress o Roles (activities) and pastimes o Responsibilities o Behavior o Public display of emotions o Intellectual pursuits, education." (p. 118)
11. PROMOTES CONTRACEPTION/ 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.*	"The **emergency contraceptive pill** (ECP) is a birth control pill taken to prevent pregnancy up to five days (120 hours) after unprotected sex." (p. 137) "Review the tenets of reproductive health and introduce the concept of FP. Ask the participants the following question: '**What are the family planning methods you know about**?' Briefly explain the various methods of FP (worksheet D6-TT3-A2-W2). Tell them which methods are available in the community and/or at the camp dispensary or health centers to which they have access. Conclude by saying that every couple needs to **select the FP method most appropriate for them** after consulting with a health care professional." (p. 139) "We may want to **continue using the contraceptive method** that we used before displacement." (p. 139) "**Where should an abortion, if any, take place?** In an appropriate health care setting, performed by a health care professional." (p. 212) "**Barrier Methods** In most refugee situations, the most important barrier method will be male latex condoms. Consistent and correct use of condoms can play the dual role of protection against STI and HIV infection and prevention of conception. They can be **used alone or in combination with another method** to increase effectiveness. Only water-based lubricants should be used with condoms. Other barrier methods, such as spermicides and female condoms, may be requested by refugees who are familiar with these methods from their country of origin. If requested, every effort should be made to supply these methods." (p. 217) "**Hormonal Contraceptives** Oral contraceptive pills should include at least: • one combined oral contraceptive (COC): ethinyl oestradiol < 0.035 mg and levonorgestrel 0.15 mg; • one progestogen-only oral contraceptive (POP): levonorgestrel 0.03 mg or norethisterone 0.35 mg.

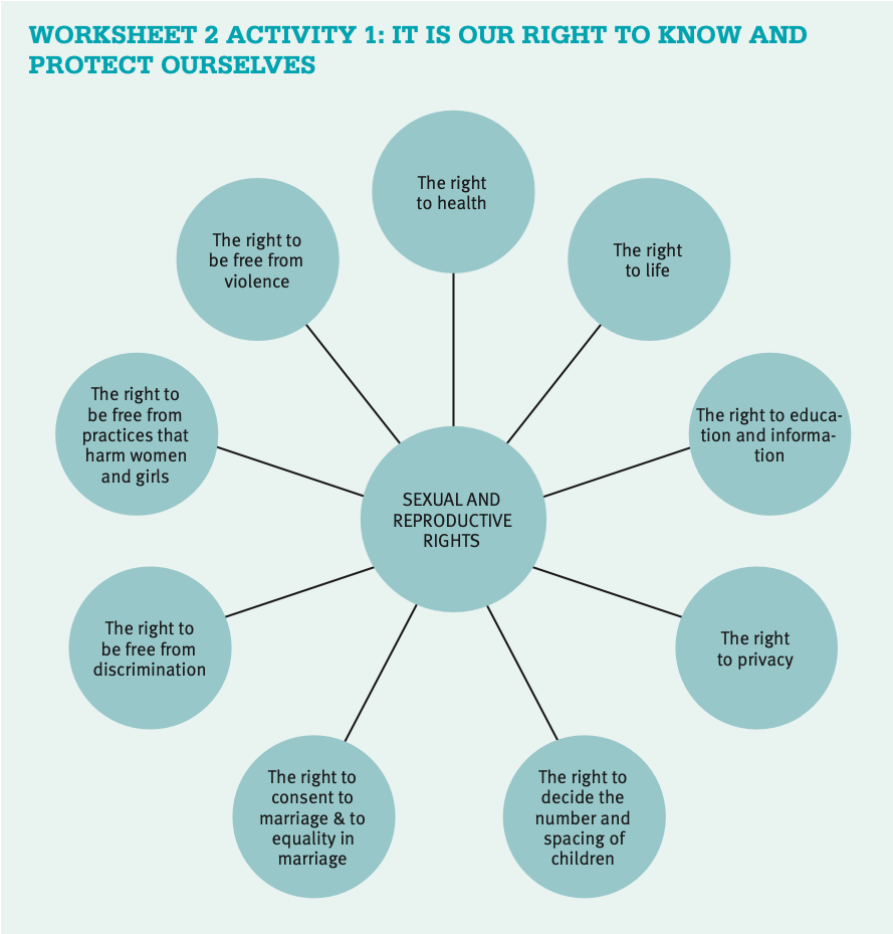
	Injectable contraceptives could include depot-medroxyprogesterone acetate (DMPA, Depo-provera), one injection every three months; norethisterone enatharem (NET-EN) one injection every 2 months; or Cyclofem, one injection per month. Trained health professionals should administer injectables. It is recommended that only one injectable method should be used to avoid confusion and misunderstanding over the schedule for reinjection." (p. 217) "**Copper IUDs (Intra-Uterine Devices)** IUD insertion, like sterilisation and implants, requires special training, facilities and equipment that must be in place before it can be provided. Women known to be infected or at high risk for an STI, including HIV, should not have an IUD inserted. For women who have never given birth, an IUD is not the first method of choice." (p. 218) "**Hormonal Implants** An implant is a long-lasting progestogen-only contraceptive. The most widely used types (Norplant and Norplant 2) consist, respectively, of six or two silastic (soft plastic) capsules containing the progestogen levonorgestrel. The capsules, inserted under the skin of the arm, slowly release the progestogen. These implants are effective for five years." (p. 219) "**Voluntary Surgical Contraception** Both male (vasectomy) and female sterilisation are desirable methods of contraception for some clients. As a surgical method, sterilisation should only be performed in safe conditions, with the formal consent of the user and by trained personnel with the necessary equipment. Sterilisation is an option if it is familiar to the refugees from their country of origin and is allowed within the host country." (p. 219)
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.*	"**Peer education is one part of a complex strategy for improving young people's sexual and reproductive health** by preventing HIV, Sexually Transmitted Infections (STIs) and substance use, among other health-related concerns." (p. ix) "**Advocate for youth peer education about SRH and HIV** by sensitizing adults – parents, policymakers, decision-makers, program managers, community leaders, etc. Introduce the goals, objectives and activities of peer education and its expected results for youth and the community. Get community members involved by talking about youth participation." (p. 69) "Training topic 1: **Sexual and Reproductive Health rights**: It's our right to know and protect ourselves; **Advocating for our rights**" (p. 126) "At the end of this activity, participants should be able to: **Define sexual and reproductive health (SRH).** Define their rights including SRH rights. Acknowledge the importance of the realization of these rights." (p. 127) "Define sexual and reproductive health and **introduce the topic of the rights** of

adolescents and youth. Post the cards and explain the various rights, showing how they are related. Give examples of the rights that were not respected in the play." (p. 128)

"Under international law, adolescents have rights through the CRC until they reach 18 years of age. **These include the right to reproductive health information and services** and protection from discrimination, abuse and exploitation. Health staff, adolescents, community members (including parents) and humanitarian workers should be aware of the rights of adolescents and work together to ensure that these rights are protected even in times of crisis." (p. 129)

"Standards of PE [peer education] and code of ethics:

1. Respect, promote and **protect human rights**.
2. **Show cultural sensitivity.**
3. Respect diversity.
4. Promote gender equality and equity.
5. Assure and protect confidentiality." (p. 161)



(p. 201)

"**State three [reproductive health] rights**…

- The right to attain the highest standard of sexual and reproductive health throughout the life cycle, for both men and women.
- The right to sexual and reproductive security, including freedom from

	sexual violence and coercion, and the right to privacy. • The **right to make free and informed decisions concerning reproduction** free of discrimination based on gender, coercion and violence, as expressed in human rights documents. • The right to the benefits of scientific progress **in relation to family planning methods** and care." (p. 206)
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.*	"The **main focus of the manual is sexual and reproductive rights and health**, the prevention of HIV transmission, life skills, and youth empowerment for adolescents and young people in humanitarian settings." (p. vii) "High-risk adolescents and young people must be **encouraged to participate in programming**. The participation of such groups, including heads of household, CAAFAG, the very young, and those who are marginalized, have disabilities or are separated from their families, is particularly important during crisis situations. Their participation **reduces barriers to accessing SRH information** and services and ensures that their needs are met." (p. 10) "**Given the sensitivity of SRH issues and the related cultural taboo** in some societies, which might hinder access to information and services, we need to: Sensitize adults – parents, policymakers, decision-makers, program managers, community leaders, etc. – about the importance of **addressing SRH issues with youth**, including their right to health, services and accurate information." (p. 19) "**Advocacy involves attempts to influence** the political climate, public perceptions, policy decisions and funding determinations in order to improve adolescent reproductive and sexual health." (p. 69) "Introduce the session by explaining that SRH/HIV/GBV peer education aims to **develop and/or change young people** [sic] **knowledge, attitudes, beliefs and skills** in order to enable them to be responsible for and protect their own health." (p. 70)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *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*.	**No evidence found.**

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)*	**No evidence found.**
For the complete text of Peer Education on Youth Sexual and Reproductive Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings Training of Trainers Manual see: https://drive.google.com/file/d/1nh6tOVbNuWnAjSW9qfnmfvrJWtyEedd2/view?usp=drive_link	