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

Pleasure-Positive Approach to Teaching Sexuality Education Among Adolescents (Rwanda)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

Pleasure-Positive Approach to Teaching Sexuality Education Among Adolescents **contains 9 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 Rwandan program does just what the title suggests. It teaches adolescents how to reduce the risks of sexual activity while having a pleasurable experience. Students learn about condoms, contraceptives, and how to give and receive sexual consent. They are also taught that they have a right to sexual health services.

Target Age Group: 10-19

International Connections: AmplifyChange, Haguruka

For the complete text of *Pleasure-Positive Approach to Teaching Sexuality Education Among Adolescents* see: https://drive.google.com/file/d/1iuJkeWa-Q1TZINsN8ml7Yezai16zd4Ax/view?usp=drive_link

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*	"In romantic relationships, sex means different things to different people. When most talk about **'having sex' they are usually referring to sexual intercourse (or penetrative sex) some call it making love**." (p. 20) "During adolescence one starts to become more sexually aware, it is natural to be curious about sex. One might learn about it by exploring their own body, and then learn more within a relationship. As you experience and learn more, you will find **what you are comfortable with, what you like, what feels right**, and, importantly, what feels safe." (p. 20)

[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.	"Keep in mind that **it is possible to be sexual without having intercourse**. Things like kissing; **touching, rubbing and stroking are all things that feel good too.** Knowing about all of these options can help you make informed choices that are best for you. Working out what your decision is prior to potentially intimate situations with a partner is a good start to healthy sexual development." (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.* *Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.*	"Communicating is important for healthy relationships… This is particularly important when it comes to discussing sex and having the confidence to **tell your partner what you like and what you want** and listening to what they want too. It is **essential that consent is both given and received** and that you are able to communicate about safer sex and contraception." (p. 21) "This also goes with consenting or agreeing to participate in sexual activity. Before being sexual with someone, **you need to know if they want to be sexual with you too**. It is also important, to be honest with your partner about what you want and do not want. Consenting and asking for consent is all about setting your personal boundaries and respecting those of your partner and checking in if things are not clear. **Both people must agree to sex every single time** for it to be consensual." (p. 21) "Is sex right for you? Sex is right for you when you and your partners have discussed and freely, **without any pressure consented to having it**." (p. 21) "This topic is to teach adolescents both boys and girls that each of them **has the right to agree or disagree to sexual intercourse** and that they have the right to stop whenever they no longer feel comfortable or interested in the act." (p. 27) "Consent is easy as FRIES: • **Freely given**. Consenting is a choice you make without pressure, manipulation, or under the influence of drugs or alcohol. • **Reversible**. Anyone can change their mind about what they feel like doing, anytime. Even if you have done it before, and even if you are both naked in bed. • **Informed**. You can only consent to something if you have the full story. For example, if someone says they will use a condom and then they do not, there is no full consent. • **Enthusiastic**. When it comes to sex, you should only do stuff you WANT to do, not things that you feel you are expected to do. • **Specific**. Saying yes to one thing (like going to the bedroom to make out) does not mean you have said yes to others (like having sex)." (pp. 27-28)

(p. 27)

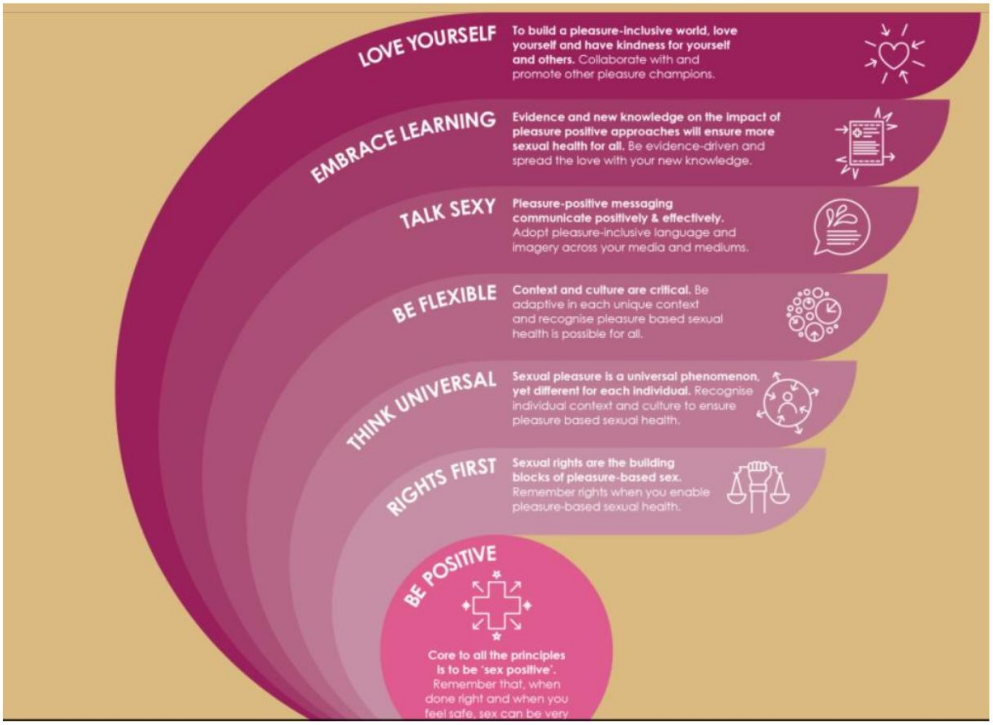
"**Sexual consent is always clearly communicated** – there should be no question or mystery. Silence is not consent. In addition, it is not just important the first time you are with someone. Couples who have had sex before or even ones who have been together for a long time also need to consent before sex, every time." (p. 28)

"**Consent is an agreement between participants to engage in sexual activity**. Consent should be clearly and freely communicated. A verbal and affirmative expression of consent can help both you and your partner to understand and respect each other's boundaries." (p. 28)

"**When you are engaging in sexual activity, consent is about communication**. Moreover, it should happen every time for every type of activity. Consenting to one activity, one time, does not mean someone gives consent for other activities or for the same activity on other occasions. For example, agreeing to kiss someone does not give that person permission to remove your clothes. Having sex with someone in the past does not give that person permission to have sex with you again in the future. It is important to discuss boundaries and expectations with your partner prior to engaging in any sexual behavior." (p. 29)

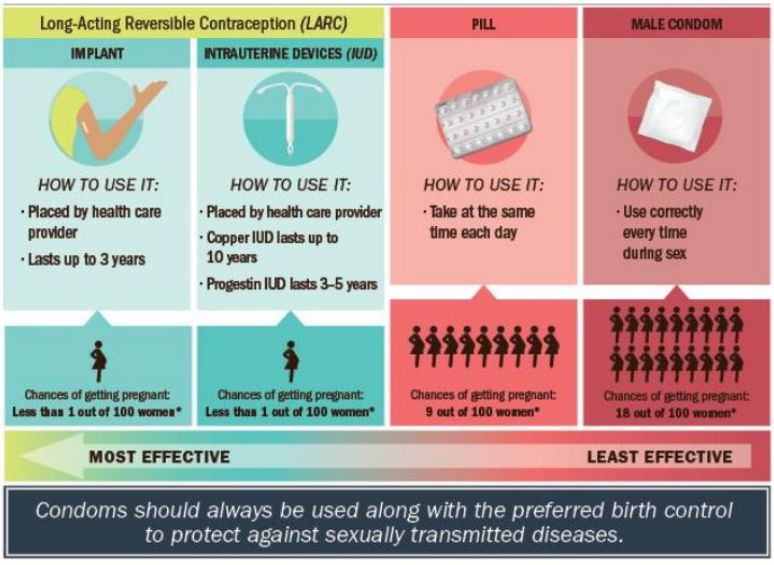
"**Enthusiastic consent** is a newer model for understanding consent that focuses on a positive expression of consent. Simply put, enthusiastic consent means **looking for the presence of a 'yes' rather than the absence of a 'no.'** Enthusiastic consent can be expressed verbally or through nonverbal clues, such

	as positive body language like smiling, maintaining eye contact, and nodding. These clues alone do not necessarily represent consent, but they are additional details that may reflect consent." (p. 29) "**Enthusiastic consent can look like this**: • Asking permission before you change the type or degree of sexual activity with phrases like 'Is this OK?' • Confirming that there is reciprocal interest before initiating any physical touch. • Letting your partner know that you can stop at any time. • Periodically checking in with your partner, such as asking, 'Is this still okay?' • Providing positive feedback when you are comfortable with an activity. • Explicitly agreeing to certain activities, either by saying 'yes' or another affirmative statement, like 'I'm open to trying.' • Using physical cues to let the other person know you are comfortable taking things to the next level (see note below)." (p. 30) "**Sex is healthier and much more enjoyable** and will have more positive outcomes if both partners have agreed to have it at all stages. Both partners talking and agreeing at every stage during sex makes it easier to have safe sex." (p. 31)
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.*	**No evidence found.**
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 sex.*	**No evidence found.**

5. PROMOTES SEXUAL PLEASURE *Teaches 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.*	"This manual is designed to facilitate learning opportunities in which participants recognize and understand comprehensive sexuality education through a **human rights and pleasure perspective**, appreciate the dignity of adolescents in relation to decide [sic] independently about SRHR, and realize opportunities to advocate for better access SRHR [sic] services." (p. 5) **Pleasure approach principles**  (p. 7) "Objective: To **acknowledge participants' concerns about discussing sex and pleasure.** Ask each participant to take a piece of paper and a pen and to complete (in silence) the following sentence: The thing that scares me most about talking about sex and pleasure here is_____. When everyone has done this, gather all the pieces of paper and redistribute them among participants ensuring that no one has his or her own paper." (p. 8) "Ask them to consider specifically what will be needed in order for people to feel able **to talk in this setting about sex and pleasure** (e.g. assumptions about people and disclosure)." (p. 9) "Objective: To explore participants' comfort with **talking about sex and pleasure**." (p. 10) "Explain that you will call out a series of statements and that participants should place themselves immediately on the line in relation to how they feel in response to the statement. When everyone has placed himself or herself on the line, participants should have a brief conversation with whoever is standing nearest to them as to why they have each placed themselves where they are. When this conversation dies down call out the next statement.

	• I feel relaxed at the prospect of **talking about sex and pleasure during this workshop**. • I think I know more than enough already about sex and pleasure. • Sexual pleasure matters more to men than to women. • **Pleasure is the main reason why people have sex**." (pp. 10-11) "**Sex is good and can be very satisfying** when it is safe. Having sex is one's right and if the person feels safe and ready to have sex they should be able to do it." (p. 25) "**While sex can be fun and pleasurable,** it is more enjoyable if it is protected. Having safe sex is fun and reduces the risk of disease." (p. 35)
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.*	**Safety is sexy**  (p. 22) "Sex can be enjoyable and fulfilling but does feel more enjoyable when it is safe. For example, using a **condom during sex increases one's sense of comfortability** and safety making sex so much more enjoyable." (p. 22) "However, **if you are sexually active, use condoms correctly** every time you have sex." (p. 34)

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.*	"The primary goal of sexuality education is that adolescents and young people become equipped with the knowledge, skills and values to **make responsible choices about their sexual and social relationships**." (p. 8) "Planning to **become sexually active is a major** decision that should be well thought of and discussed. If two people **decide to have sex**, it is important for both partners to talk about contraception options and to consistently use contraception whenever having sex." (p. 23)
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.*	"In this topic, we shall discuss relationships, sex, **having safe sex, sex rights,** consent, what good friendships should look like, and bodily autonomy." (p. 19) "Physical attraction may lead to decisions about having sex (intercourse). **The best sex usually takes place** within a well-developed, trusting relationship when both people are sure and ready." (p. 20) "Some things to think about **if you are considering having sex:** • Am I having sex because it is what I want? (it is important to have sex when both partners want to have it) • Am I doing it because my partner is constantly pressuring me to have sex and is it right to have sex just because your partner wants it if you don't feel like it? (one should only have sex if they are ready and sure they want to) • **Is the sex going to be safe**? • Do you have condoms? • Do you have other forms of contraception?" (p. 22) "Safer sex really starts right at the beginning – with talking to your partner and **being sure that you both are ready and want to have sex**." (p. 24) "Mukashema, a senior three student, is from a very religious family. Her mother is a pastor; her father is church deacon [sic], her and her brother sing in the church choir. Mukashema has a boyfriend and they have talked about having sex, **they have agreed to have safe sex**. She feels ready to do it. According to you, what should she do?" (p. 25) "Mucyo **wants to have sex but his partner has asked him to use a condom** and he does not want to because Claude, his best friend, told him that when one uses a condom they do not enjoy sex very much." (p. 25)
10. PROMOTES TRANSGENDER IDEOLOGY	**No evidence found.**

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.	
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.*	"The **responsibility for contraception** should be shared equally between partners. Contraception does not just protect one from unplanned pregnancy and STIs but gives both partners the freedom of enjoying sex without worry which makes sex all the more enjoyable." (p. 23) ***Note:*** *This statement is misleading and inaccurate. Condoms are the only form of contraception that also may prevent STIs.* "There are many different types of contraception and it can be confusing to decide which method is right. **Common contraceptive options for girls and women also include**: • Condoms • Contraceptive pill, which must be taken at the same time every day • Implant, a small plastic rod implanted under the skin of the arm that slowly releases hormones." (p. 23)  (p. 24)

	 (p. 24)
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.*	"Women and girls in Rwanda need interventions that **establish, promote, and reinforce appropriate SRH rights**, skills, and values." (p. 4) "The objectives of sexuality education are: • To increase knowledge and understanding. • To explain and clarify feelings, values and attitudes. • **To prompt dialogue, critical thinking around adolescent SRHR**. • To promote and sustain risk-reducing behaviour that may lead to different consequences including teen pregnancies, and getting STIs." (p. 8) "Adolescents have **the right to have access to reproductive health and rights information and services**. Adolescents' knowledge and access to reproductive health services is important for their physical and psychosocial wellbeing. It has been found in an earlier study that the lack of knowledge about the consequences of unprotected premarital sex among adolescent females predisposed them to unwanted pregnancies, unsafe abortion and its complications, and sexually transmitted infections." (p. 23)
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 **prevailing religious beliefs and myths** about family planning have **disempowered women and girls** to develop attitudes, values and skills to utilize available SRH services." (p. 4)
14. Undermines Parents or Parental Rights *May instruct children they have rights to confidentiality and privacy from their parents. May*	**No evidence found.**

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.InvestigateIPPF.org)*	**No evidence found.**