

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 *Skills for Life for Youth* (South Sudan) Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 6 OUT OF 15

Skills for Life for Youth contains 6 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 Skills for Life Toolkit helps teachers give children and youth the information and skills they need before, during and after emergencies. (p. 6)

Target Age Group: Youth

International Connections: South Sudan Education Cluster, UNESCO, USAID

For the complete text of *Skills for Life for Youth* see:

https://drive.google.com/file/d/1wPydORYClvsePMSzaMNoN3WSnHfHMMwA/view?usp=drive_link

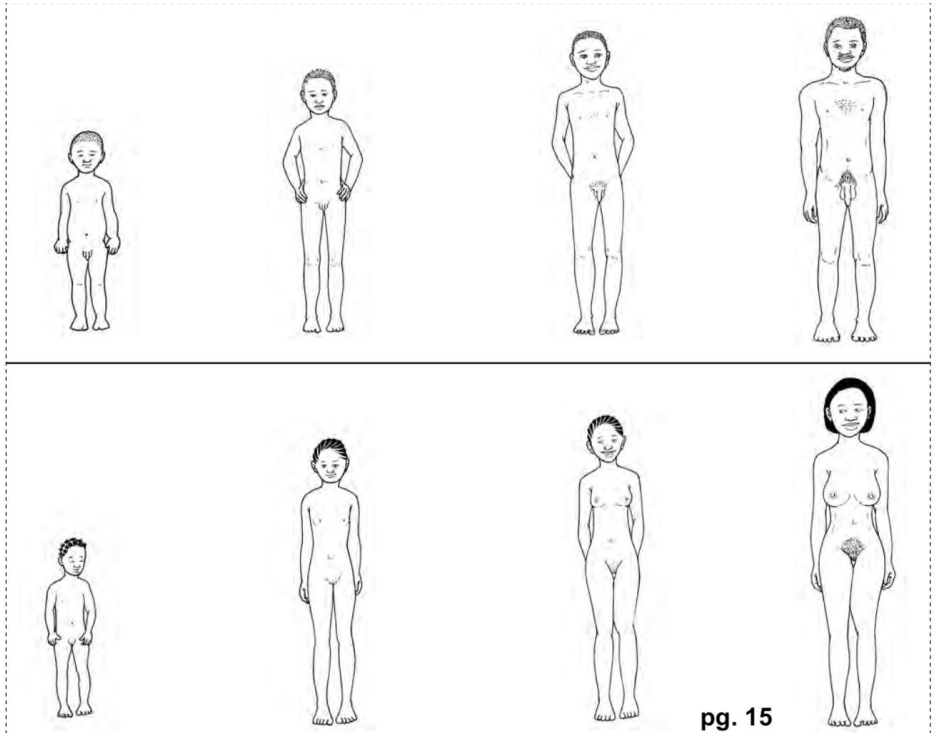
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i>	<p>“Awol is in a bar. He drinks a lot of alcohol, and ends up having sex with a bargirl. He does not use a condom... The next week Awol wants to go to his village to see his wife. But he is worried. His genital area itches and it hurts to urinate. He thinks he might have a sexually transmitted infection.” (pp. 117-118)</p> <p>“If you have sex, you should wait 3 months before you take a test to find out if you are HIV-positive or negative. During these 3 months you can still pass on the HIV infection to other people if you are infected.” (p. 119)</p> <p>“Hold up the Module 1, Session 1 picture poster. Ask:</p> <ul style="list-style-type: none">• What do you see in this picture?• How are these young men different? How are they similar?

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.

attractions, fantasies or desires.

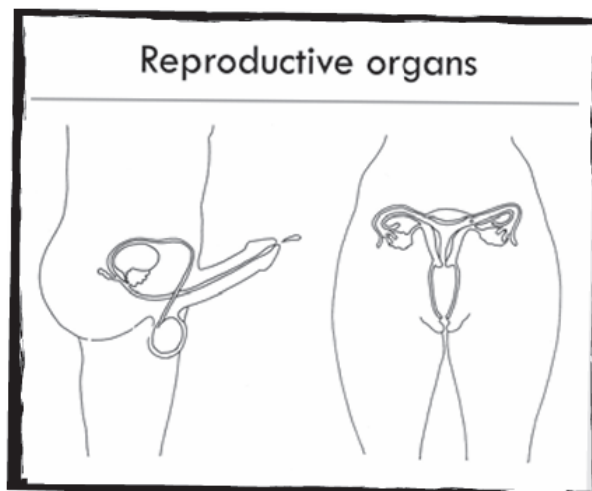
- How are these young women different? How are they similar?
- Which of these young men and women is a child?
- **Which of them is an adolescent?"** (p. 16)



“Today we will **talk about reproduction and sexual intercourse**. You should not feel embarrassed to say the words or ask questions.” (p. 30)

“Hold up the module 1, session 3 picture poster. Ask:

- **What do you see in this picture?**
- Which body is a young man?
- Which body is a young woman?” (p. 30)



Session 3 picture

(p. 30)

<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.</i></p> <p><i>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.</i></p>	<p>“Sex should only happen with the agreement of both people.” (p. 45)</p> <p>“We are going to use our imaginations. Close your eyes. Imagine you are in love. Every time you see this other person, you are more in love. You are so in love that you want to have sex. Now, I am going to ask you some questions. Think about the answers to yourselves. Ask:</p> <ul style="list-style-type: none"> • What are your worries about having sex? • How are you going to protect yourself from HIV? • How will you convince the other person this is the right decision?” (p. 107)
<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>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual</i></p>	<p>No evidence found.</p>

<p><i>pleasure. Fails to present data on the multiple negative potential outcomes for sexually 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>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>

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.

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.

“If we act on these feelings by **having unprotected sex**, it can lead to pregnancy, which can stop young women from finishing school and achieving their ambitions. Both young men and young women have a responsibility to protect themselves from sexually transmitted diseases and to protect young women from becoming pregnant by deciding not to have sex **or by using a condom.**” (p. 39)

“**Protected sex:** sex with a condom
Unprotected sex: sex without a condom” (p. 39)

“**Unprotected sex** can lead to pregnancy or HIV or Sexually Transmitted Diseases.” (p. 39)

“Sex is natural, but there are **responsibilities that come with having sex**. You need to avoid getting pregnant until you are ready to have a child. There is also the risk of getting HIV or other illnesses if you have sex.” (p. 42)

“You should **wait or use a condom** if you want to avoid HIV.” (p. 43)

“If you **have sex with a condom**, your chances of getting pregnant are less than 10%. (Agree: If you use condoms correctly, they are 98% reliable to prevent pregnancy.)” (p. 49)

“The best way to prevent HIV is to **avoid having unprotected sex.**” (p. 89)

“But we can protect ourselves from HIV by **not having unprotected sex** or sharing sharp razors or other tools.” (p. 93)

“Today we will talk about how to prevent HIV. **There are three ways.**

- Abstain
- Be faithful
- **Use condoms.**” (p. 100)

“Ask each group to discuss things they should **consider before having sex.**” (p.

	<p>43)</p> <p>“Unprotected sex can also lead to pregnancy, HIV or sexually transmitted diseases.)” (p. 44)</p> <p>“Utem wants to have sex with Victoria. She wants him to use a condom. He says he does not have a condom. He wants to have sex now. Victoria refuses. She tells Utem it is not safe and she may get pregnant or get HIV. Utem agrees to wait until they can use a condom.” (p. 102)</p> <p>“Ask each group to discuss how HIV is spread and how to prevent HIV. Say:</p> <ul style="list-style-type: none"> • HIV is spread by unprotected sex, shared needles, blood transfusions, and from babies to mothers. • We can prevent HIV by abstaining from sex. • We can have one uninfected partner and be faithful to that partner. • If we do have sex, we have to use condoms correctly every time.” (p. 104) <p><i>Note: HIV is spread from mothers to babies, not from babies to mothers. This is an important distinction.</i></p> <p>“If the man is having sex with both his wife and girlfriend without condoms he is at high risk of getting HIV and giving HIV.” (p. 108)</p>
<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</i></p>	<p>“The last picture is a condom. If you use it correctly, it prevents HIV from spreading during sex.” (p. 100)</p> <p>“Use condoms to protect yourself and others from HIV.” (p. 117)</p>

<p><i>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>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>No evidence found.</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>“Adolescents follow the traditions and rules of their community. (Disagree: Adolescents may challenge rules set by their family and community.)” (p. 22)</p> <p>“Our culture sometimes decides the way we should behave. It is possible to slowly change this so that we can behave in ways that are fairer or that make us happier.” (p. 58)</p> <p>“Our communities may expect different things from men and women. This does not mean these expectations are correct. Some expectations can seem unfair and we can question them.” (p. 60)</p> <p>“If a young man is called nick-names [sic] because he is helping to cook, he is experiencing gender-based violence. (Agree: Many people do not think cooking is a proper activity for young men.)” (p. 67)</p> <p>“If a young woman is called names because she wants to play football, she is experiencing gender-based violence. (Agree: Many people do not think football is a proper activity for young women.)” (p. 67)</p> <p>Note: <i>These are ridiculous examples of gender-based violence that minimize the legitimate issue of gender-based violence.</i></p>

	<p>“The Government of the Republic of South Sudan wants women to participate in all types of life. It wants to eliminate harmful traditions that limit women’s progress.” (p. 137)</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>“Anna wants to make her own decisions. She does not want her parents to tell her what to do.” (p. 18)</p> <p>“Adolescents are happy to do what their parents tell them. (Disagree: Adolescents usually want to be independent, like adults.)” (p. 22)</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>