

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 ***South Sudan Life Skill Training for Adolescent Girl Leaders*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 6 OUT OF 15

South Sudan Life Skill Training for Adolescent Girl Leaders 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: “To empower adolescents, especially girls, to participate meaningfully in decisions that affect their lives and to become active agents of social change. To create and sustain a supportive environment for adolescent girls’ development at the household and community level.” (p. 3)

Target Age Group: 15-24

International Connections: Bangladesh Relief and Rehabilitation Assistance Committee (BRAC)

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, attractions, fantasies or desires.</i>	Adolescent changes in boys: “Ejaculation following sexual stimulation and excitement. ” (p. 11)

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>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>No evidence found.</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>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>May teach 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>“If necessary, use condoms. Proper use of condoms, know were [sic] you have bought them and always read the instructions and the expired date.” (p. 22)</p> <p>“How can we prevent these infections?</p> <ul style="list-style-type: none"> • Consistence [sic] and proper use of condoms • Delaying sexual intercourse, especially for adolescents” (p. 24)

<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>Components of reproductive health: “Sexual health and sexual rights. One has a right to negotiate on sexual rights with partner and a right to his/her life.” (p. 13)</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>“Prevention early pregnancy [sic]</p> <ul style="list-style-type: none"> • Encouragement to postpone sexual involvement through awareness raising of effects of teenage pregnancies • Sexual education • Access to safe methods of contraception and confidential Family Planning services • Effective use of condom against pregnancy and HIV/AIDS” (pp. 21-22) <p>“Ways of spreading/ transmission:</p> <ul style="list-style-type: none"> • Having sexual intercourse with many partners • Having unsafe sex with an irregular partner. i.e. having unprotected sexual intercourse with many partners.” (p. 23) <p>“Importance of fertility regulation:</p> <ul style="list-style-type: none"> • Saves women’s lives • Saves children’s lives. • Encourages safer sex. • One may not fear the outcomes. • It helps young people to make perfect informed decisions about their sexual and reproductive health. On when to have sex or not to have sex.” (p. 26) <p>“Prevention</p> <ul style="list-style-type: none"> • Abstinence • Having one faithful HIV negative partner • Using condoms for every sexual intercourse • Constant health education and awareness campaigns” (p. 28)
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children</i></p>	<p>No evidence found.</p>

<p><i>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>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>Components of reproductive health: “Abortion and post abortion care. People who go through this have to go through good care.” (p. 13)</p> <p>“Complications that may occur during adolescence: Early pregnancy and unsafe abortion.” (p. 13)</p> <p>“Hormonal methods:</p> <ul style="list-style-type: none"> • Contraceptive pills. For example: pill plan These combined tablets containing [sic] different hormones, and are taken on daily basis for 28 days. Combined oral Contraceptive pills (CoC) have two different hormones; oestrogen and progesterone, which are taken for a period of 21 days followed by 7-days of iron supplements. Mini pills are tablets containing only one hormone: progesterone, they are taken every day at the same time. • Injections. For example: depo provera A hormonal (progesterone) injection, administered approximately every three months by a qualified service provider, stops ovulation and affects the mucus membrane of the uterus in the same way • Some fixed method (implants) like Norplant These are plastic capsules, containing only one hormone (progesterone). The capsules are implanted right under the skin, on the inner side of the upper arm. The (implants) slowly releases small amounts of hormone, which stops ovulation. The hormone also affects the mucous in the cervix, so the sperm cells cannot penetrate the uterus.” (p. 25) <p>“Barrier methods:</p> <ul style="list-style-type: none"> • Male and female condoms Condoms (rubber) are made of very thin rubber. The condom makes it impossible for the sperm cells to make actual contact with the woman’s genital organs. • Foaming tablets These are tablets used by women, they form lather in their sexual reproductive organs. This lather kills the sperm cells before the [sic] reach the uterus. • Spermicidal (suitable for men)

	<p>These are creams men apply on their penis to kill the sperm cells that try to escape from the testes.</p> <ul style="list-style-type: none"> • Vaginal diaphragms A diaphragm is a rubber hood with a soft, elastic ring around it. It should always be used in combination with spermicidal cream. A diaphragm is inserted on the cervix (up to two hours before sexual intercourse) closing access to the uterus, making it impossible for the sperm cells to reach he [sic] ovum. After sexual intercourse, the diaphragm should remain in place for six to eight hours, thereby allowing the spermicide to work. • Cervical cap • Tubal ligation (female sterilization) This is surgical procedure performed through the abdominal wall, either through a small incision or by means of an endoscope. A piece of the fallopian tube is removed, or squeezed with a clip, so that the sperm cells cannot reach the ovum. • Vasectomy (male sterilization) This is a small operation through the skin of the scrotum. A piece of the sperm ducts [sic] is removed, so that sperm cells cannot get through.” (p. 25) <p><i>Note: The information on spermicides is inaccurate. Spermicides are either applied to a condom or inserted into the vagina. They are not applied to the penis.</i></p> <p>“Natural family planning</p> <ul style="list-style-type: none"> • Abstinence This means that the woman uses the natural cycle of her body as a contraceptive method. By avoiding sex during the period where ovulation occurs, the risk of becoming pregnant is diminished. The woman follows the cycle of her body using moon beads. • Withdrawal This is when the man removes his penis from the vagina just before ejaculation. However, this method is not recommended because men normally release some fluids that may be carrying sperms before the main ejaculation occurs, thereby leading to pregnancy. • Intrauterine devices for preventing implantation An IUD is a small plastic device designed to be inserted in the uterus. Copper IUDs are wrapped in copper thread. Hormonal IUDs consist of a plastic container, which releases a hormone (gestagen) in the uterus. The IUD affects the cervix environment, diminishing the ability of sperm cells to move. It also affects the mucous membrane of the uterus so that, even if the ovum is fertilized, it cannot attach itself to the uterus.” (pp. 25-26)
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p>	<p>“Later on, the program arranged issue based life skills training for adolescents using an innovative and adolescent empowering methodology where the selected adolescents themselves were trained to provide training to their peers.” (p. 2)</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>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>No evidence found.</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>No evidence found.</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</i></p>	<p>No evidence found.</p>

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.InvestigatePPF.org)

For the complete text of *South Sudan Life Skill Training for Adolescent Girl Leaders* see:
https://drive.google.com/file/d/1XUrEKcOa_LrYCqxDPs1-P8RjD6OkESYD/view?usp=drive_link