

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of

## ***Swaziland Training of Trainers Manual for Sexual and Reproductive Health***

**Based on 15 Harmful Elements Commonly Included in CSE Materials**

### **CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15**

Swaziland Training of Trainers Manual for Sexual and Reproductive Health **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:** “The main objective of this standardized ASRH training manual is to strengthen the capacity of health care providers and improve the quality of youth friendly sexual and reproductive health (SRH) services provision in Swaziland.” (p. 5)

**Target Age Group:** 10-24 years old

**Planned Parenthood Connections:** UNFPA

For the complete text of *Training of Trainers Manual for Sexual and Reproductive Health* see:  
[https://drive.google.com/file/d/1Wp5y0s86xhoyq1uZsdfIZVmhwX12IX5R/view?usp=drive\\_link](https://drive.google.com/file/d/1Wp5y0s86xhoyq1uZsdfIZVmhwX12IX5R/view?usp=drive_link)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <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>	“Services that should be provided for young people: <ul style="list-style-type: none"><li>• Information and counselling on sexual and reproductive health issues</li><li>• <b>Promotion of healthy sexual behaviours</b></li><li>• Family planning information, counselling and methods of contraception (including emergency contraceptive methods)</li><li>• <b>Condom promotion and provision</b></li><li>• Testing and counselling services for pregnancy, HIV and other STIs</li><li>• Management of STIs</li><li>• Antenatal care (ANC), delivery services, postnatal care (PNC) and pregnant mother-to-child transmission (PMTCT)</li><li>• <b>Abortion and post-abortion care</b></li></ul> ”

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

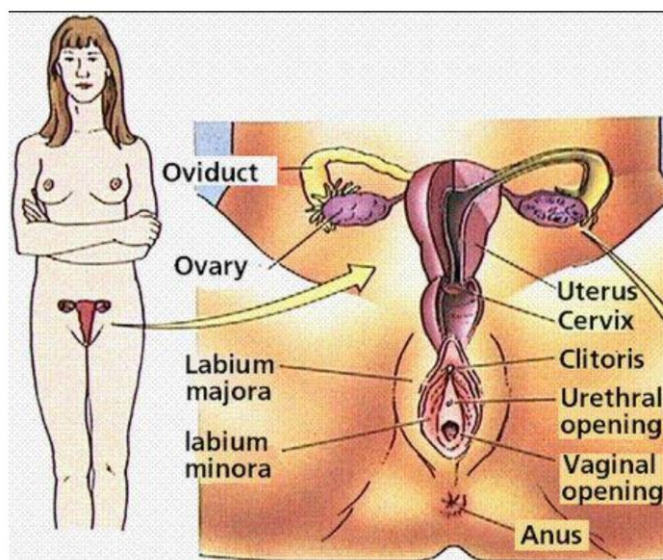
*attractions, fantasies or desires.*

- Appropriate referral linkage between health facilities at different levels.” (pp. 20-21)

“**Prepare a list of controversial topics** (e.g. **abortion, prostitution, condoms** and marriage and teens and family planning). Ask participants to pair off, select a topic and then take turns making statements about the selected topic. Before each new statement, however, each participant must paraphrase or summarize what the other person just said. After 5 minutes, stop the exercise and ask the following questions:

1. How did you feel doing this exercise?
2. Was anything difficult? Why?
3. What was useful about it?” (p. 97)

HANDOUT 2.1.2 FEMALE REPRODUCTIVE SYSTEM



(p. 24)

“Develop life skills such as **being able to talk about sex** with a partner.” (p. 102)

## 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*

**No evidence found.**

<p><i>never be encouraged to “consent” to sex.</i></p>	
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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><b>No evidence found.</b></p>
<p><b>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</b></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><b>The illustration below indicates sexuality disparities across the population;</b></p> <div data-bbox="565 730 1338 1213"> </div> <p>(p. 63)</p> <p>“A person’s sexual orientation is its identity in relations [sic] to the sex/gender (concept) to which they are attracted, <b>the fact of being heterosexual, homosexual, and bisexual.</b> This is a person [sic] sexual expression between man-woman, man-man, woman-woman or both sexes.</p> <ul style="list-style-type: none"> <li>• Heterosexual [sic] are persons that are sexually attracted to male – female sexual relationships; Individuals who prefer partners of opposite sex [sic].</li> <li>• Gender and Sexual minority (GSM) – People whose gender, sexual orientation, or biological sex characteristics differ from what is typically expected by a culture or society.</li> <li>• Lesbian, Gay, Bisexual and Transgender (LGBT), <b>Lesbian</b> – are female persons who are sexually attracted to only females, <b>Gay</b> – are male persons who are sexually attracted to only males, <b>Bisexual</b> – are either male or female persons that are sexually attracted to both sex [sic] (male and female), <b>Transgender</b> – are persons who have a gender identity, or gender expression, that differs from their assigned sex. They are referred to as Transsexual if they desire medical assistance to transition from one</li> </ul>

	<p>sex to another.” (pp. 62-63)</p> <p>“Non Judgmental – The provider does not have to be an expert on sexual orientation. <b>Providing an understanding ear, not being judgmental despite your personal belief</b> and referring the adolescent to resources is often enough.” (p. 65)</p> <p>“Confidentiality – Adolescence is a period when sexual identity starts to be defined. An adolescent who realizes s/he <b>may be gay, bisexual, or transgendered</b> may feel isolated and depressed, which can sometimes lead to suicide. It is the provider's responsibility to help the adolescent cope with her/his sexual orientation and accept her/himself and keep the adolescent safe from communal gender norm [sic].” (p. 65)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>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.</i></p>	<p><b>No evidence found.</b></p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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>“Reasons why adolescents may not practice safer sex: ...May not be aware of alternatives to risky sex, <b>such as mutual masturbation</b>, etc.” (p. 116)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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</i></p>	<p><b>“Learn how to use condoms.</b> If young people are already sexually active, it is important to make sure they know how to use condoms correctly. You should <b>demonstrate the proper use of condoms in your education sessions</b> related to sexually transmitted infections either individually or in group meetings (in schools, at the health post or in the community).” (p. 52)</p>

<p><i>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><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></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>“Reproductive Rights of the Adolescent Client:</p> <ul style="list-style-type: none"> <li>• The right to good reproductive health</li> <li>• The right to decide freely and responsibly on all aspects of one's sexuality</li> <li>• <b>The right to information and education about sexual and reproductive health</b> so that good decisions can be made about relationships and having children</li> <li>• The rights to own, control, and protect one’s own body</li> <li>• The right to be free of discrimination, coercion, and violence in one’s sexual decisions and sexual life</li> <li>• The right to expect and demand equality, full consent, and mutual respect in sexual relationships</li> <li>• The right to quality and affordable reproductive health care regardless of sex, color, marital status, or location</li> <li>• The right to privacy and confidentiality when dealing with health workers and doctors</li> <li>• The right to be treated with dignity, courtesy, attentiveness, and respect</li> <li>• The right to express views on the services offered</li> <li>• The right to gender equality and equity</li> <li>• The right to receive reproductive health services for as long as needed</li> <li>• The right to feel comfortable when receiving services</li> <li>• The right to choose freely one's life/sexual partners” (p. 40)</li> </ul> <p>“Reproductive rights: Are the basic rights of women and men to decide freely and responsibly on issues of sexuality and family planning, <b>to have access to information to make these decisions and the means to carry them out.</b> 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. (1) ‘<b>people are able to have a satisfying and safe sex life</b> and that they have the capability to reproduce and the freedom to decide if, when and how often to do so’” (p. 41)</p> <p>“Sexual rights: Include the human rights of women and men to have control over and <b>decide freely and responsibly on matters related to their sexuality.</b>” (p. 42)</p> <p>“In many cases, young people lack knowledge and information about how to engage in safe and respectful sexual behaviour, menstrual hygiene management, how to protect themselves from pregnancy and infection etc. CSE is needed to <b>ensure that</b> individuals and in particular <b>adolescents gain a better</b></p>

	<p><b>knowledge about their rights and to be able to make informed choices about sex and relationships.</b> CSE can also counteract myths and false perceptions about sexuality. Ideally, CSE comprises a rights-based approach that includes prevention of sexual harassment, gender-based violence and discrimination.” (p. 48)</p> <p>“3 C’s to Good Decision-Making</p> <ol style="list-style-type: none"> <li>1. Challenge (or decision being faced): should I have sex?</li> <li>2. Choices: <b>To have sex</b>; Not to have sex; To seek advice; <b>To have protected sex.</b></li> <li>3. Consequences of each choice” (pp. 91-92)</li> </ol> <p>CHOICE A (to have sex)</p> <table border="1"> <thead> <tr> <th data-bbox="548 625 1170 659">Positive Consequences</th> <th data-bbox="1170 625 1198 659">N</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 659 1170 1157"> <ul style="list-style-type: none"> <li>• Sexual gratification</li> <li>• Prove one is an adult</li> <li>• Prove manhood/boast (boys)</li> <li>• Acceptance by peers</li> <li>• Gain experience</li> <li>• Satisfy curiosity</li> <li>• Recreation</li> <li>• Stop pressure from friends/partner</li> <li>• Communicate loving feelings in a relationship</li> <li>• Get affection</li> <li>• Avoid loneliness</li> <li>• Hold on to a partner</li> <li>• Become a parent</li> <li>• Get material rewards (girls)</li> </ul> </td><td data-bbox="1170 659 1198 1157"></td></tr> </tbody> </table> <p>(p. 92)</p>	Positive Consequences	N	<ul style="list-style-type: none"> <li>• Sexual gratification</li> <li>• Prove one is an adult</li> <li>• Prove manhood/boast (boys)</li> <li>• Acceptance by peers</li> <li>• Gain experience</li> <li>• Satisfy curiosity</li> <li>• Recreation</li> <li>• Stop pressure from friends/partner</li> <li>• Communicate loving feelings in a relationship</li> <li>• Get affection</li> <li>• Avoid loneliness</li> <li>• Hold on to a partner</li> <li>• Become a parent</li> <li>• Get material rewards (girls)</li> </ul>	
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<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>Adolescent Development Chart: “Forms stable relationships</p> <ul style="list-style-type: none"> <li>• Has mutual and balanced sexual relations</li> <li>• <b>Is more able to manage close and long-term sexual relationships.</b>” (p. 27)</li> </ul> <p>“<b>Condoms should always be used</b> except when pregnancy is desired or when partners in a stable relationship know for certain they are both disease-free. Avoid any kind of risky behavior; <b>try to stick with one partner.</b>” (p. 52)</p> <p>“The <b>correct and consistent use of condoms</b> with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).” (p. 77)</p> <p>“Adolescents who are assertive <b>can effectively negotiate safer sex</b> to prevent unwanted pregnancy and STIs, including HIV, and resist unwanted sexual proposals from adults.” (p. 90)</p>				

## 10. PROMOTES TRANSGENDER IDEOLOGY

*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.*

“In this module, health workers will be equipped with pertinent information on gender, **gender diversity**, **gender and norms**, **Gender and Sexual minority (GSM) needs**.” (p. 61)

“This module will give participants an understanding of the following:

1. Gender and sex
2. Sexual orientation and diversity
3. Gender norms and health
4. **Gender Person and Reaching GSM adolescents.**” (p. 61)

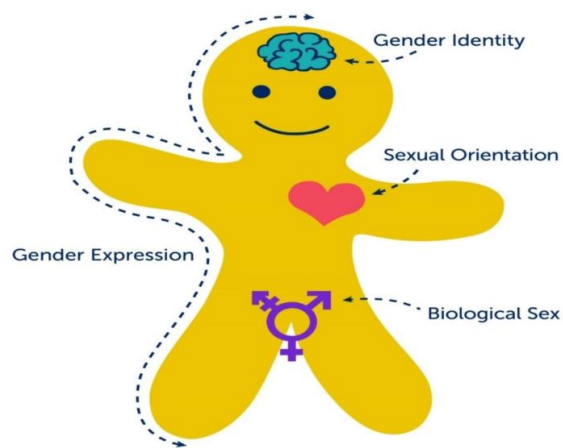
“**Gender** – This describes certain attitudes, roles and responsibilities assigned through a social process to males and females, and can often result in different opportunities and behavior for both men and women. Gender role is determined by society and influenced by cultural, economic, political and environmental factors. It also varies within and between societies.” (p. 62)

“**Sex** – This describes the biological characteristics of being a boy or girl, male or female. This is a crucial element in everyone’s sexuality.” (p. 62)

“**All health personnel are expected to be a gender person** – that understand the different dimension [sic] of gender and sexuality and advocate for good health delivery and accessibility for the GSMs, especially adolescents, who have multiple health and psychological needs.” (p. 63)



**BRAINSTORMING:** Ask participants what they understand from the figure below; tease out all reasons for arrows pointing at different body parts.



(p. 64)

## 11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

*Presents abortion as a safe or positive option while omitting data on the many potential*

“Services that should be provided for young people:

- Information and counselling on sexual and reproductive health issues
- Promotion of healthy sexual behaviours
- Family planning information, counselling and methods of contraception (**including emergency contraceptive methods**)
- **Condom promotion and provision**
- Testing and counselling services for pregnancy, HIV and other STIs



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.

- Management of STIs
- Antenatal care (ANC), delivery services, postnatal care (PNC) and pregnant mother-to-child transmission (PMTCT)
- **Abortion and post-abortion care**
- Appropriate referral linkage between health facilities at different levels.” (pp. 20-21)

#### HANDOUT 19.1.1: CONTRACEPTIVE METHOD

##### contraceptive methods

temporary “user-controlled” methods that block the sperm from reaching the egg

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
<b>Male condom</b> 	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer. It enables men and boys to protect themselves and their partners. It is easily available. It must be put on during sexual activity prior to intercourse. Some people find that it reduces sensation. It may break or leak, especially if used incorrectly.
<b>Female condom</b> 	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix. It forms a pouch that collects the semen.	Yes	It can be inserted hours before sexual activity begins. It enables women and girls to protect themselves and their partners. It is noticeable during sex, and insertion may require practice. It is expensive in comparison with the male condom.
<b>Diaphragm or Cervical cap</b> 	<p>Diaphragm: A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm from entering, and the spermicide kills sperm.</p> <p>Cervical Cap: A thimble-shaped latex cup that is inserted into the vagina, fitting snugly over the cervix and held in place by suction to block sperm. It should be used with a spermicide.</p>	It is not yet known whether the cap or diaphragm offers any protection against infections	It can be inserted before sexual activity begins. It is not widely available. It may be dislodged during sex. It must be fitted by a health care provider.
<b>Spermicides</b> 	Chemical foams, creams, jellies, film, or suppositories inserted into the vagina before intercourse, creating a barrier and killing sperm. A spermicide can be used alone or with a barrier method, such as a condom, to increase its effectiveness.	No	Repeated use of nonoxonyl-9 (N-9) spermicides can lead to genital lesions, which can increase the risk of HIV transmission. They should not be used by women at high risk for HIV infection. Some are messy.

(p. 115)

“Condoms should be available in places that are **accessible to young people**, for the prevention of unwanted pregnancies and STIs including HIV.” (p. 138)

## 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.

No evidence found.



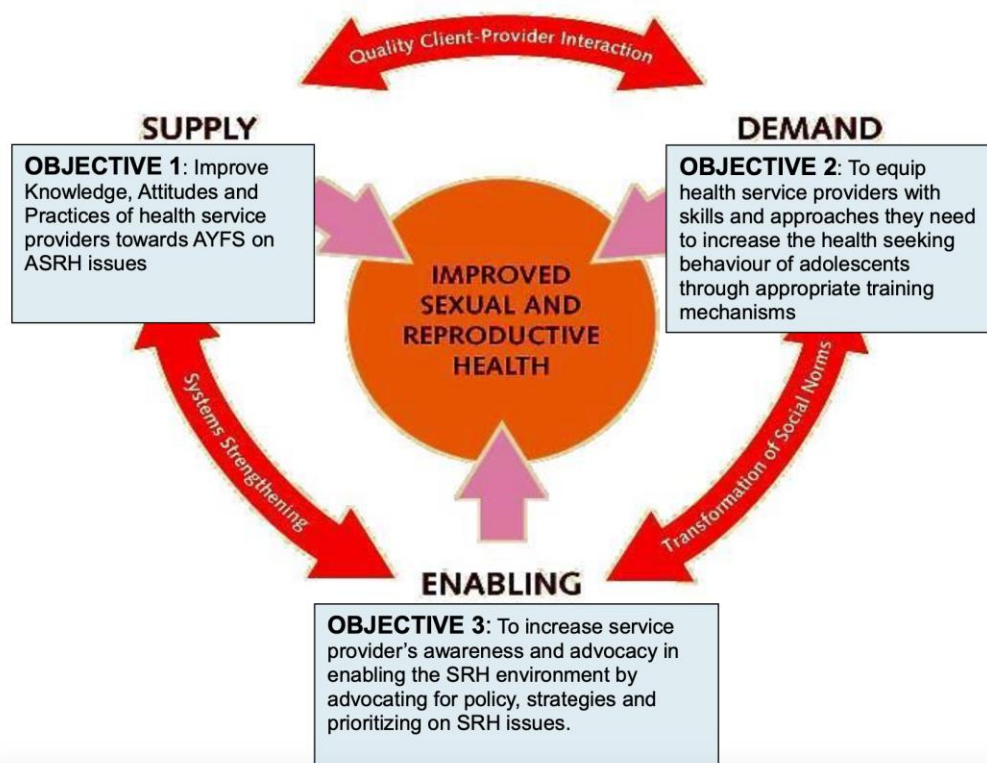
### 13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

*May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*

"ASRH on the other hand is a component of SRH and is defined as the physical, mental, and emotional well-being of adolescents. It includes **freedom from: unwanted pregnancy, unsafe abortion**, maternal death and disability (MOH, 2013); sexually transmitted infections (STIs), including HIV/AIDS and all forms of sexual violence and coercion." (p. 10)

"We believe this initiative will make **ASRH service delivery youth friendly** and therefore attract more youth to access healthcare services." (p. 10)

#### 1.2 OBJECTIVES OF THE MANUAL



(p. 13)

"The **high HIV incidence among adolescents is attributed to low comprehensive knowledge on HIV prevention, low condom use**, cross-generational and transactional sexual relationships, and inadequate testing and treatment of sexually transmitted infections (STIs) including HIV." (p. 19)

"**Conflicts between cultural/parental expectations** and adolescents' emerging values present serious challenges for young people." (p. 20)

"Values Clarification means sorting out one's own '**real**' (intrinsic) values from the (extrinsic) values of the outside world – separating one's personal beliefs from the beliefs of others. It means saying what we really mean." (p. 29)

### 14. UNDERMINES PARENTS OR

"Staff are trained in adolescent issues:  
Respect is shown to young people

<p><b>PARENTAL RIGHTS</b></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><b>Privacy and confidentiality are maintained” (p. 21)</b></p> <p><b>“Confidentiality is honored.” (p. 21)</b></p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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 <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigatethePPF.org">www.InvestigatethePPF.org</a>)</i></p>	<p><b>No evidence found.</b></p>