

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

UNESCO Online CSE Course for Teachers (ESA)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

UNESCO CSE Online Teacher Training contains 14 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: “By successfully completing this programme, educators will have sufficient knowledge and understanding of the complexities of sexuality and reproductive health and of how best to communicate this information and support students in effective decision-making... School settings provide an important opportunity and an appropriate structure to reach large numbers of young people with comprehensive sexuality education (CSE) to equip them with the knowledge and skills to make responsible choices about their sexual and reproductive health.” (Course Description)

Target Age Group: Training for educators of young people

International Connections: UNESCO

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>	<p>“Sexualization has to do with all the ways in which sexuality and power intersect. It includes behaviours that range from the relatively harmless to the sadistically violent, cruel and criminal. These behaviours include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, incest and rape. People need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.” (Unit 2)</p> <p>“Flirting – Is a relatively harmless sexualization behaviour. It includes the way we interact with others in order to encourage their sexual interest in us. But when it is an attempt to manipulate someone else or when it goes too far it can cause a person to feel hurt, humiliated, and shame.” (Unit 2)</p> <p>“Seduction – Can be seen as a more harmful behaviour, depending on the</p>

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.

behaviour and the people involved. It implies manipulating someone else, usually so that other person will do something sexual with the seducer. Sometimes, this can be a consensual part of a relationship. In other cases, the seducer is using the person seduced for his/her own sexual gratification.” (Unit 2)

“**Sexual harassment** – Is an illegal behaviour. It includes making personal, embarrassing remarks about someone’s appearance, especially characteristics associated with sexual maturity, such as the size of a girl’s or woman’s breasts or of a boy’s or man’s testicles and penis...” (Unit 2)

“**Rape** – Means coercing or forcing someone else to have genital contact with another. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. People need to know that rape is always illegal and always cruel.” (Unit 2)

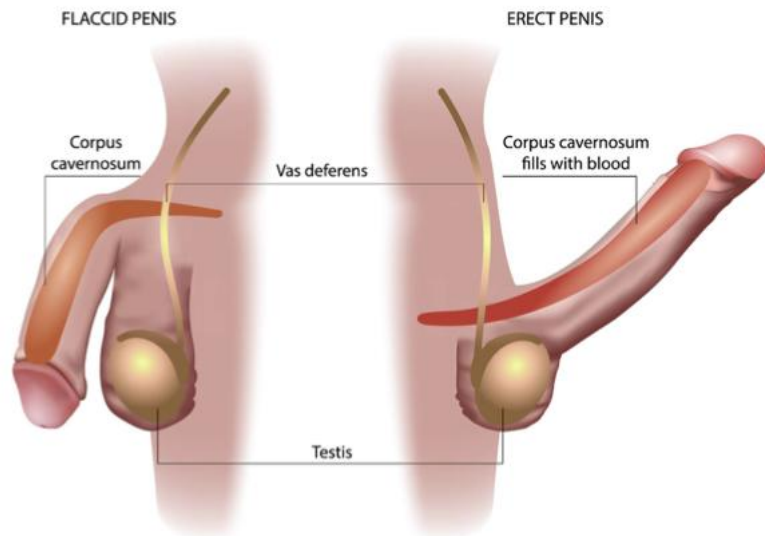
“**Incest** – Means sexual contact with someone who is related to the other person by birth or marriage. It is usually, although not always, initiative [sic] by an older relative on a younger one. Incest is always illegal and is extremely cruel because it betrays the trust that the younger person gave to their family.” (Unit 2)

“**Sexuality** is about much more than just sexual intercourse. It is **an inherent part of being human.**” (Unit 2)

“**Sexuality education** must start, age-appropriately, at **younger ages** and be comprehensive in scope.” (Unit 2)

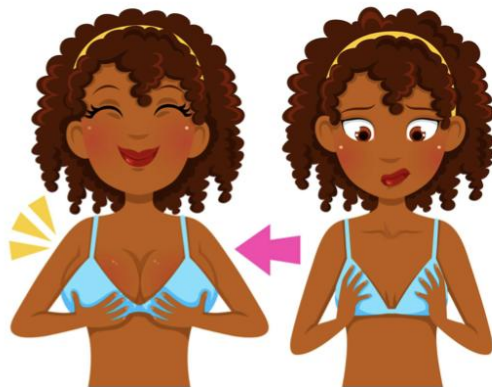
“**Skin hunger** – The need to be touched and held by others in loving, caring ways is often referred to as skin hunger... **Shared sexual behaviors at early ages** sometimes result from an adolescent’s need to have physical contact, rather than from sexual desire.” (Unit 2)

“**Human Sexual Response Cycle** – Physiologically, the body responds when stimulated sexually. This stimulation can come from our thoughts, **by consensual touch between partners or by self-stimulation.** Even if the touch is unwanted, our bodies respond sexually. This can be very confusing to adolescents who have been sexually abused or assaulted; it is important to tell them that if their bodies become aroused during abuse or an assault, it does not mean they enjoyed or are responsible for what happened to them.” (Unit 2)

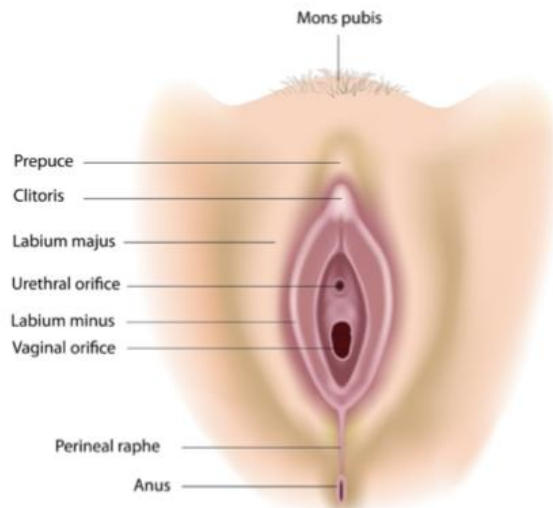


(Unit 3)

“An **erection** is what you call it when the **penis or the clitoris** fills up with blood and gets harder and bigger. Everyone gets erections, even babies. In fact, ultrasounds show us that male fetuses in their mothers’ uteruses are already getting erections. Presumably female fetuses do, too, but their clitorises would be too tiny to be visible in an ultrasound.” (Unit 3)



(Unit 3)



(Unit 4)

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.

“Although STIs are spread predominantly by sexual contact, including vaginal, **anal and oral sex.**” (Unit 6)

“Which behaviours are no-, low- or high-risk for STIs: **Unprotected anal sex;** Deep ‘tongue’ kissing; Unprotected anal sex” (Unit 6)

Which behaviours are no-, low- or high-risk for STIs.

Unprotected anal sex

High Risk

Deep “tongue” kissing

Low Risk

✗ Unprotected anal sex
Correct answer: No Risk

High Risk

✗ Incorrectly answered a few seconds ago • [Reset answer](#)

(Unit 6)

	<p>Note: This error in which “unprotected anal sex” is listed twice and once deemed “No Risk” could leave educators confused and unprepared to teach young people properly about the dangers of this high-risk behavior.</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>“Sexual Orientation is defined by whether a person’s primary sexual attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality). This begins to emerge by adolescence. Sometimes people use the acronym ‘LGBT’ when referring to individuals of diverse sexual orientations or gender identities. L stands for ‘lesbian,’ G stands for ‘gay,’ B stands for ‘bisexual,’ and T stands for ‘transgender.’” (Unit 2)</p> <p>“People who feel attraction for others where gender is not necessarily the defining factor might call themselves: Bisexual or pansexual” (Unit 2)</p> <p>“Everybody will feel this eventually, but some will notice these feelings earlier than others. These feelings of attraction may be towards people of their own sex, the other sex or both. It may or may not predict how they will feel when they’re grown. That is, really liking someone of a different sex doesn’t necessarily mean you will eventually be heterosexual (straight). Likewise, really liking someone of your own sex doesn’t necessarily mean you will eventually be gay or lesbian.” (Unit 3)</p> <p>“Another important component is sexual orientation, an individual's emotional and physical attraction towards another individual. Although we often think of sexual orientation as occurring on a continuum, we can also describe common orientations categorically. For example, individuals can be heterosexual, meaning that they have emotional and physical attraction towards individuals of the opposite sex. They can be homosexual, meaning that they have emotional and physical attraction towards individuals of the same sex. And they can also be bisexual having emotional and physical attraction towards individuals of both the same and opposite sex, or asexual, having limited erotic desire while there are other categories of sexual orientation.” (Unit 4, Sexual Behavior Psychology Video)</p> <p>“Girls and women sometimes have a little more flexibility in how they express their gender than boys and men. This is because of homophobia. Girls and women who try to achieve things boys and men do are elevating themselves; boys and men who do ‘female’ things are judged to be less masculine, and therefore gay.” (Unit 7)</p>



(Unit 7)

“Match each description below with the term that it best describes.

- **Lesbian** – A woman who is sexually and romantically attracted to other women.
- **Homosexual** – A person who is emotionally, romantically attracted to people of the same gender.
- **Bisexual** – Refers to a person who is sexually and romantically attracted to both women and men.
- **Sexual Orientation** – Is determined by whether a person is attracted to a different gender or the same gender.
- **LGBTI** – An acronym used to abbreviate Lesbian, Gay, Bisexual, Transgender, and Intersex.” (Unit 7)

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.

“**Sensuality** is awareness and feeling about our own body and other people’s bodies. It has to do with how our bodies look and feel and what they can do. Sensuality also allows us to **enjoy the pleasure our bodies can give us** and others. This part of our sexuality affects our behavior in several ways.” (Unit 2)

“**Fantasy** – The unexplained mechanism responsible for sexual attraction rests in the brain. The brain also gives people the capacity to have **fantasies about sexual behaviors and experiences**. Adolescents often need help understanding that sexual fantasy is normal, but that one does not have to act upon sexual fantasies.” (Unit 2)

“**Experiencing pleasure** – There are **many ways people can experience pleasure**, many of which have nothing to do with shared sexual behaviors. Sensuality is through taste, touch, sight, hearing and smell.” (Unit 2)

“Sexual intercourse – Sexual intercourse is a behavior that may **produce sexual pleasure that often culminates in orgasm** in either or both partners. Sexual intercourse can include penis-vagina, penis-anus, or mouth-genital sex. Some kinds of intercourse may result in pregnancy, some in STIs, including HIV, and some may result in both.” (Unit 2)

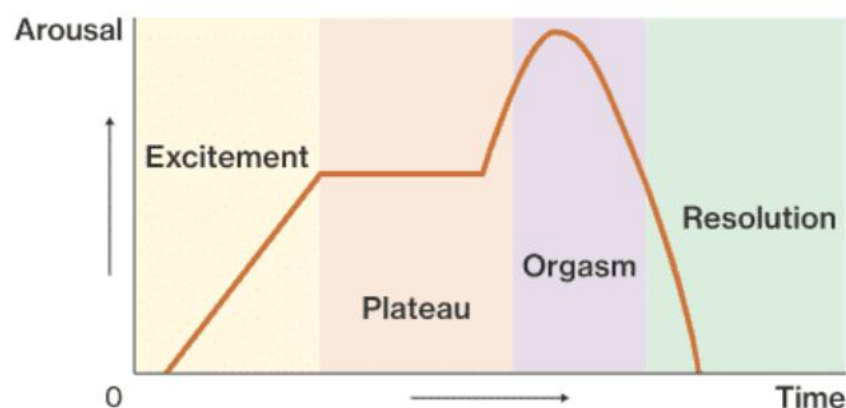
“For example, in the 1960s, Masters and Johnson created a stir by publishing about their research on the human sexual response cycle, which they described as a **four part model of physiological responses to sexual stimulation**, which

applied to both men and women. Other research focused on sexual desire or what motivates humans and other animals to seek out sexual partners with whom to engage in sexual activities.” (Unit 4 Sexual Behavior, Psychology Video)

“The Four-Step Model

In 1966, American scientists **Virginia Masters and William Johnson** were the first to publish research on how bodies respond sexually. This resulted in a four-step model to describe those human experiences.

- Stage 1: **Arousal** – As bodies start to experience arousal, boys/men will experience erections and girls/women will experience vaginal lubrication and clitoral erections.
- Stage 2: **Plateau** – As sexual touching or intercourse continues, both bodies will continue to remain aroused. Blood has pooled in the pelvises (which causes the erections) and heart and breathing rates increase. Shortly into this phase, all of these physical changes increase and become intense.
- Stage 3: **Orgasm** – As sexual feelings and tension increase, orgasm provides a release of those built-up feelings. For boys and men, orgasm is often accompanied by ejaculation, or the release of semen. Women’s orgasms can vary from woman to woman. Some girls and women may also ejaculate during orgasm, although not all can or do.
- Stage 4: **Resolution** – During this final stage, the body returns to its unaroused state: heart rate returns to normal, blood flow moves away from sexual body parts. Boys/men experience a ‘refractory period,’ during which they cannot experience another erection. This can last minutes, hours or days. Girls and women may reach resolution later than boys and men; some can reach multiple orgasms, and others are no longer aroused after one. The differences in orgasm/resolution phases are outlined in the image on the right.” (Unit 4)



(Unit 4)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part

“A man may ejaculate during sleep, **masturbation**, or sexual touch with a partner.” (Unit 3)

“Once a boy starts making sperm during puberty, his testicles never stop. So,

<p><i>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>even if he masturbates frequently, it is not possible for his body to run out of sperm.” (Unit 3)</p> <p>“Masturbation is a normal part of sexual expression for most people. It will not cause a person to go crazy or blind. Many people of all ages masturbate, although some don’t because it goes against their values.” (Unit 3)</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>“Safer sex: Some bacteria and viruses can get into the vagina during sex. These include the bugs that cause chlamydia, gonorrhoea, genital herpes, genital warts, syphilis and HIV. You can protect your vagina against these infections by using a condom every time you have sex.” (Unit 4)</p> <p>“Emphasizing condoms is always a good idea because they provide protection against both pregnancy and HIV/STIs. The challenge is that condoms must be used by boys and men, and there may be resistance to this. This is one of many reasons why sexuality education must emphasize the roles and responsibilities of boys and men rather than leaving it all up to girls/women. Female condoms are available and should also be discussed as an option.” (Unit 5)</p> <p>“Make condoms enough of a habit, and one day it will become inconceivable that people have sex without them.” (Unit 6)</p>
<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>“Whenever we have a decision to make, we need to think before we act if we want to make a SMART decision. But how? In this model, each letter in the word ‘SMART’ stands for one step toward making smart decisions. This model can be taught to your student to improve their decision-making.</p> <ul style="list-style-type: none"> • S – Slow down. The LEAST effective way to make a decision is in the moment, before thinking about it first. Look at all the things that are going on – who might be involved? Who’s definitely not? You have the right to take as much time as you need to make sure you are making a good decision. • M – Make a list of your options. Looking at every possible choice you can make – even the silly ones, even the irresponsible ones – will help you know that you’ve really thought everything through. Talk about your options with people in your life who you know well and trust. Once you’ve made up your list. • A – Analyze your choices. This means thinking about the pros and cons of each and being honest with yourself. If your choice will lead to healthy behaviours, is consistent with your values, and will help you meet your future goals, it’s the SMART choice for YOU. Once you’ve figured this out, you’re ready to. [sic] • R – Reach a decision. After analyzing your choices, pick the one that feels

	<p>like a healthy, smart choice for you. Once you've made a SMART decision, think about what you'll need to STICK to it. For example, if your decision is to wait to have sex, who in your life can support you in this decision?</p> <ul style="list-style-type: none"> • T – Think and evaluate. Depending on the choice you make, you may wish to check in from time to time, see how things are going, and look at what may need to change in order to stick with – or alter – the decision you’ve made. Thinking about how you made your decision in the first place – even going through the SMART model again – can really help you stay true to what YOU think is best, not what you think your friends want you to do.” (Unit 9)
<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>“If a girl does not want to get pregnant/her male partner does not want to cause a pregnancy, they have two options: They can avoid having vaginal sexual intercourse, or they can use one or more reliable methods of birth control.” (Unit 5)</p> <p>“Multiple Partners</p> <ol style="list-style-type: none"> 1. Having multiple partners, particularly during adolescent/teen years, carries risks. 2. Emotional issues relating to jealousy, self-esteem and more can lead to conflict and poor decision-making. 3. Physical risks relate to increased risk for STIs, including HIV, as well as for pregnancy (if a girl or young woman has multiple male partners).” (Unit 9) <p>“Benefits to girls who date older men: Increased status, Greater chance he will have money/be able to buy things for her/her family, More mature than boys the same age, More sexually experienced than boys the same age, Potential for marriage” (Unit 9)</p> <p>“Benefits to older men who date girls: Often less mature than girls/women their own age, therefore greater ability to connect with a younger girl, Less or no sexual experience, so reduced risk of STIs/HIV, Status of having younger, perhaps more attractive girlfriend or potential wife” (Unit 9)</p> <p>“Although using a condom or other barrier isn’t a guarantee that you won’t get any STI, condoms are your best way to avoid getting infected while still having sex. Even the STIs, such as HPV, that condoms don’t prevent entirely, have reduced transmission rates when condoms are used. Other than abstinence, consistent condom use, which means using a condom every time you have sex with every partner you have, is the best way to prevent STIs.” (Unit 6)</p> <p>“Some people only date one person at a time, but still date a large number of people each year. This is referred to as serial monogamy. The danger for people who practice serial monogamy is that each time they are involved in an ‘exclusive’ sexual relationship they are likely to be tempted to stop using safer sex precautions. But monogamy is only an effective way to prevent STIs in long term relationships where both of you have been tested. Since some tests aren’t</p>

	<p>reliable until you’ve been infected for some time, many serially monogamous relationships don’t last long enough for that to even be a viable option.” (Unit 6)</p> <p>“A range of interventions offer primary prevention against STIs (including HIV), as well as against unintended pregnancies. These include:</p> <ul style="list-style-type: none"> • comprehensive sexuality education, STI and HIV pre- and post-test counselling; • safer sex/risk-reduction counselling, condom promotion; and • interventions targeted at key and vulnerable populations, such as adolescents, sex workers, men who have sex with men and people who inject drugs. • use of barrier methods. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely.)” (Unit 6)
<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>“Sexual identity is our understanding of who we are. This includes our inner sense of who we are in terms of gender, which sometimes matches our body parts and sometimes does not; the ways in which society tells us to express our gender and the ways in which we fulfill or ignore those expectations; and our feelings of attraction to others based on their gender.” (Unit 2)</p> <p>“Biological sex – All babies are born with certain chromosomes, reproductive capacity and genitalia. In most cases, babies are born with either xx chromosomes, ovaries, and a vulva – or xy chromosomes, testes and a penis. These girls and boys are referred to as cisgender, although most adolescents will simply refer to themselves as boys and girls.” (Unit 2)</p> <p>“Gender identity – In most cases, a person’s physical body will match their inner feelings about their gender – a person with a penis and testicles will feel on the inside that he is male; a person with a vulva and vagina will feel on the inside that she is female. In some cases, however, a person’s body and their inner sense of who they are will not match. This is called being transgender.” (Unit 2)</p> <p>“Biological sex refers to the body parts, chromosomes and reproductive capacity a person has. What is gender identity? How a person feels on the inside, which sometimes matches their biological sex, and sometimes does not.” (Unit 2)</p> <p>“Intersex/DSD Babies: An Ugly History – Sex determined by looking at genitals; if clitoris too big or penis too small, surgery is done to ‘correct’ this. Did not understand that gender identity was independent of anatomy – therefore, some boys grew up knowing on the inside they were boys, but their anatomy had been ‘feminized.’ Shaving down clitoris reduced or eliminated sexual sensation for many girls/women.” (Unit 4)</p> <p>“Intersex conditions are not the same thing as being transgender. Being transgender is when a person’s inner sense of their gender does not match their physical body. There is no correlation between people with intersex</p>

conditions/DSDs and being transgender.” (Unit 4)

“Behaviors that are compatible with cultural expectations are referred to as **gender normative**, while behaviors that are incompatible with cultural expectations are referred to as **gender non-conforming**. This relates to the separate but related component of **gender identity, the sense of oneself as male, female, or being elsewhere on the gender spectrum**. People use the term transgender to refer to having a gender identity that does not match the one they were assigned at birth.” (Unit 4, Sexual Behavior Psychology Video)

“Match each description below with the term that it best describes.

- **LBGTI** [sic] – An acronym used to abbreviate Lesbian, Gay, Bisexual, Transgender, and Intersex.
- **Biological Sex** – Assigned at birth based on genitals, e.g. when someone has a vulva or a penis.
- **Gender Identity** – Is a deep feeling people have about whether they are a man, a woman, both or neither.” (Unit 7)

“Important Gender Terms

- **Gender Expression:** how we demonstrate our masculinity and femininity through clothing and behaviour.
- **Gender Identity:** our inner sense of who we are in terms of gender. In most cases, our biological sex matches our feelings, which makes us ‘cisgender,’ or what most people call ‘male’ or ‘female.’ When our biological sex does not match our inner sense of who we are, we are called ‘**transgender**.’ (see Section 2 for more)
- **Gender Norms:** Socially-constructed ideals and expectations for men and women; in romantic relationships, these dictate who does what to whom, and when, how and why they do these things.
- **Gender Scripts:** Similar to lines given to an actor in a play or movie, these are how we are told to behave and even speak **based on our perceived gender**.” (Unit 7)

“**Gender identity** is how a person sees themselves – their own internal sense and personal experience of gender. Only the individual can determine their own gender identity. Gender identity is different from sexual orientation. Sexual orientation has to do with who a person is attracted to on the basis of gender. Some of the words used to describe sexual orientation include gay, bisexual, lesbian, heterosexual or straight.” (Unit 7)

“**Gender binary is the problematic assumption that there are only two genders** (man/male, woman/female) and that they are distinct and unchanging. There is now more awareness of, and support for, the different ways that people identify outside of the gender binary (ie. Genderqueer/gender non-conforming/gender non-binary). People who do not identify as a man or a woman **may identify as both genders, neither gender, between genders, or not gendered at all**. Gender does not always match a person’s assigned sex at birth, and gender can change over time.” (Unit 7)

	<p>“Some people whose biological sex does not match their gender identity may make physical and social changes to express their identified gender. This may involve using a different name, pronouns, clothing, hair or makeup style. It may also involve medical changes, such as taking hormones or getting gender-affirming surgery. This process is called transition.” (Unit 7)</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>“Adolescents need to have information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. People also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STIs.” (Unit 2)</p> <p>“When a girl or woman becomes pregnant, she may have up to three options, depending on where she lives. She can carry the pregnancy to term and become a parent; she can terminate the pregnancy through legal or illegal/unsafe abortion; she can give birth and either has a family member raise the baby or place the baby for adoption.” (Unit 5)</p> <p>“Birth Control Implant:</p> <ul style="list-style-type: none"> • 99% Effective • Can cost \$0 to \$1300 • Lasts up to 5 years • The birth control implant (AKA Nexplanon) is a tiny, thin rod about the size of a matchstick. The implant releases hormones into your body that prevent you from getting pregnant. A nurse or doctor inserts the implant into your arm and that’s it – you’re protected from pregnancy for up to 5 years. It’s get-it-and-forget-it birth control. It does not prevent STIs.” (Unit 5) <p>“Inter [sic] Uterine Device:</p> <ul style="list-style-type: none"> • 99% Effective • Can cost \$0 to \$1300 • Lasts up to 3-12 years • An IUD is a tiny device that’s put into your uterus to prevent pregnancy. It’s long-term, reversible, and one of the most effective birth control methods out there.” (Unit 5) <p>“Birth Control Shot:</p> <ul style="list-style-type: none"> • 94% Effective • Can cost \$0 to \$150 • Get every 3 months • The depo shot (AKA Depo-Provera) is an injection you get once every 3 months. It’s a safe, convenient, and a private birth control method that works really well if you always get it on time.” (Unit 5) <p>“Birth Control Vaginal Ring:</p>

- 91% Effective
- Can cost \$0 to \$200
- Replace monthly
- The **birth control ring (AKA NuvaRing)** is a safe and convenient birth control method that works really well if you always use it correctly. You wear the small, flexible ring inside your vagina, and it prevents pregnancy by releasing hormones into your body. The ring has lots of other health benefits, too.” (Unit 5)

“Birth Control Patch:

- 91% Effective
- Can cost \$0 to \$150
- Replace weekly
- The **transdermal contraceptive patch** is a safe and convenient birth control method that works really well if you always use it correctly. You wear the patch on certain parts of your body, and it releases hormones through your skin that prevent pregnancy. The patch has lots of other health benefits, too.” (Unit 5)

“Birth Control Pill:

- 91% Effective
- Can cost \$0 to \$50
- Take daily
- **Birth control pills** are a kind of medicine with hormones. Birth control pills come in a pack, and you take 1 pill every day. The pill is safe, affordable, and effective if you always take your pill on time. Besides preventing pregnancy, the pill has lots of other health benefits, too.” (Unit 5)

“Condom:

- 85% Effective
- Can cost \$0 to \$2
- Use every time
- Condoms are small, thin pouches made of latex (rubber), plastic (polyurethane, nitrile, or polyisoprene) or lambskin, that cover your penis during sex and collect semen (cum). Condoms stop sperm from getting into the vagina, so sperm can’t meet up with an egg and cause pregnancy. **Condoms also prevent STDs** by covering the penis, which prevents contact with semen and vaginal fluids, and limits skin-to-skin contact that can spread sexually transmitted infections.” (Unit 5)

“Internal Condom:

- 79% Effective
- Can cost \$0 to \$3
- Use every time
- **Internal condoms** – also called ‘female’ condoms – are an alternative to regular condoms. They provide pretty much the same great protection from pregnancy and STDs. What’s different about them? Instead of going

	<p>on the penis, internal condoms go inside your vagina for pregnancy prevention or into the vagina or anus for protection from STDs. For a long time they were called ‘female condoms.’ However, people of any gender can use them for vaginal or anal sex.” (Unit 5)</p> <p>“Diaphragm:</p> <ul style="list-style-type: none">• 88% Effective• Can cost \$0 to \$75• Use every time• The diaphragm is a barrier that covers your cervix, stopping sperm from joining an egg. In order for a diaphragm to work best, it must be used with spermicide (a cream or gel that kills sperm).” (Unit 5) <p>“Cervical Cap:</p> <ul style="list-style-type: none">• 71 - 86% Effective• Can cost \$0 to \$90• Use every time• A cervical cap is a little cup made from soft silicone and shaped like a sailor's hat. You put it deep inside your vagina to cover your cervix. The cervical cap covers your cervix, stopping sperm from joining an egg. In order for a cervical cap to work best, it must be used with spermicide (cream or gel that kills sperm).” (Unit 5) <p>“Spermicide:</p> <ul style="list-style-type: none">• 71% Effective• Can cost \$0 to \$8• Use every time• Spermicide is a chemical that you put deep into your vagina right before sex. It prevents pregnancy two ways: blocking the entrance to the cervix so sperm can’t get to your egg, and stopping sperm from moving well enough to swim to your egg. Spermicide can be used by itself, or combined with other birth control methods. Using spermicide plus a condom gives you extra protection from pregnancy (bonus: condoms prevent STDs, too).” (Unit 5) <p>“There are many different contraceptive methods available. The only methods that protect against BOTH pregnancy and STIs, including HIV, are the female and the male condoms.” (Unit 5)</p> <p>“Emergency contraception can be taken up to 5 days after unprotected sexual intercourse but is most effective within the first 72 hours, and as soon as possible after sex. It is not the same as an abortion; if a girl or woman does not know she is pregnant and takes EC, it will have no effect on her pregnant [sic].” (Unit 5)</p>
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS	<p>“Young people have a right to know about sex and sexuality in order to make the best decisions for themselves, now and in the future.” (Unit 2)</p>

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.

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.

CSE and the SDGs



Addressing causes of school dropout and gender disparities, e.g. early and unintended pregnancy (EUP), school related gender based violence, bullying and discrimination in school settings; Developing knowledge and skills to promote human rights, gender equality, peace and non-violence



Preventing EUP and new infection, promoting uptake of testing and treatment, healthy lives, through good quality CSE and links to SRH service; Referral for health and counselling services



Reducing gender inequalities, through empowering girls in their communities and relationships; Improving their future employment prospects and income and engagement with boys; Promoting attitudes and values that support gender equality and tackle harmful gender norms



Developing attitudes values and skills required for peaceful tolerant and inclusive societies; Providing safe and supportive learning environments, free from violence and discrimination, and instill respect for rights, diversity and equality, as a model for later life

(Unit 1)

What are the facts about CSE ?

- CSE does not increase sexual activity, sexual risk-taking behaviour or HIV infection rates, nor does it encourage earlier sexual activity
- Abstinence is an essential element of CSE, but abstinence only programme are not effective
- Gender-focused programmes are more effective than "gender-blind programme"
- Programs complemented with non-discriminatory, youth-friendly services and parental engagement are most impactful



(Unit 1)

Responding to fears & prejudices about sexuality education [1]

- Sexuality education does not lead to early sexuality or more frequent intercourse. On the contrary, it delays the age of first intercourse, and encourages more responsible behavior, such as abstinence, or if necessary the use of condoms and contraception.
- Programmes need to work with local cultural guardians to adapt content to the context, while addressing social norms and practices that violate human rights.
- SE programmes must actively seek collaboration with parents to be more effective.

(Unit 1)

What content for a CSE curriculum

- A comprehensive set of key concepts, themes and learning objectives to guide the development of **locally adapted curricula**
- **Age appropriate, progressive and logically sequenced** learning objectives (5-8 years, 9-12 years, 12-15 years and 15-18+ years)
- **8 key concepts** (equally important, mutually reinforcing and meant to be taught alongside each other) and 3 learning areas: **knowledge, attitudes and skills**

Relationships

Values, rights, culture and sexuality

Understanding gender

Violence and security

Skills for health and well-being

Human body and development

Sexuality and sexual behaviour

Sexual and reproductive health

(Unit 1)

“Identify **national-level policies and frameworks** that address comprehensive sexuality education.” (Unit 2)

“Key stakeholders, including religious leaders, must be involved in the development of what form sexuality education takes. However, it’s also important to **change social norms and harmful practices** that are not in line with human rights and increase vulnerability and risk, especially for girls and young women.” (Unit 2)

“Although **comprehensive sexuality education should begin at the earliest ages**, the most common age at which schools tend to provide it is late elementary/early middle school in order to help young people understand the physical changes of puberty.” (Unit 3)

“Using a diversity of activities is a characteristic of effective sexuality education programs. Learning is not just about knowledge to **impact behavior and reduce sexual risk among adolescents**, it’s essential to address different factors in addition to knowledge, including the perception of risk, **understanding of values and attitudes, perception of peer norms**, self-efficacy, intentions, and parent-child communication.” (Unit 9)

DOMAINS OF CSE ASSESSMENT

- ❑ **KNOWLEDGE:** (content/acquired information):
e.g. demonstrate understanding in puberty and menstrual cycle processes.
- ❑ **SKILLS:**(ability to do/perform something):
e.g. apply critical thinking /decision making skills when dealing with early child marriage issues.
- ❑ **ATTITUDES:** (mind-set which is held/contained in thoughts, emotions, perceptions, values, will etc)
e.g. show/express empathy towards people living with HIV and AIDS.

(Unit 9)

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.



“When I reached my puberty age I couldn't tell my mother. Because we didn't have that kind of relationship. I rather told my teacher.

”

PATRICIA AGYEPONG, AKOSUA'S MOTHER
GHANA

(Unit 1)

“Contraception should be available to students **without parental consent.**” (Unit 2)

“It's important to know the laws in your country and to be able to inform learners about **whether or not they need parental or a caregiver's consent** to get tested and where they can get tested.” (Unit 6)

“**Young people have the right to access the information** they need to make

	healthy decisions about their sexual behaviours and to work to avoid STIs and HIV.” (Unit 6)
<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.InvestigatelPPF.org)</i></p>	<p>“Being a Young Person: Comprehensive Sexuality Education – https://youtu.be/eV92ALv-TGw” (Unit 1)</p>
<p>For more information on UNESCO Online CSE Course for Teachers see: https://csetraining.pathwright.com/library/cse-course-for-teachers-179303/402985/about/</p>	