

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 Teacher Education Manual on HIV and AIDS Prevention Philippine Pilot Version** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

UNESCO Teacher Education Manual on HIV Prevention contains **13 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “This Manual is primarily intended for the faculty of teacher education programs as well as their students. However the Manual will also be a useful tool for education planners, school administrators and teachers. Even if it is primarily designed for pre- and in-service teacher education programs, the Manual can also be used during the many shorter training programs and courses offered by government as well as non-government organizations.” (Introduction)

Target Age Group: Teachers

International Connections: UNESCO

For the complete text of *UNESCO Teacher Education Manual on HIV Prevention* see:

https://drive.google.com/file/d/171YNzxQkajiPaWlI3hQBdKb9cGIljQ_m/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</i>	“The groups should ideally have both male and female members [mixed groups], however in some cultures this will not be possible and the students can be grouped based on gender. They should draw life size body maps [without clothes] of males and females to show the physical changes that occur in bodies from the onset of puberty . Technical names and exact drawings are not necessary. It is better to use the language and terms normally used when talking with each other.” (p. 45) “Specifically, the discussion of the group will revolve on the following guide

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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

questions:

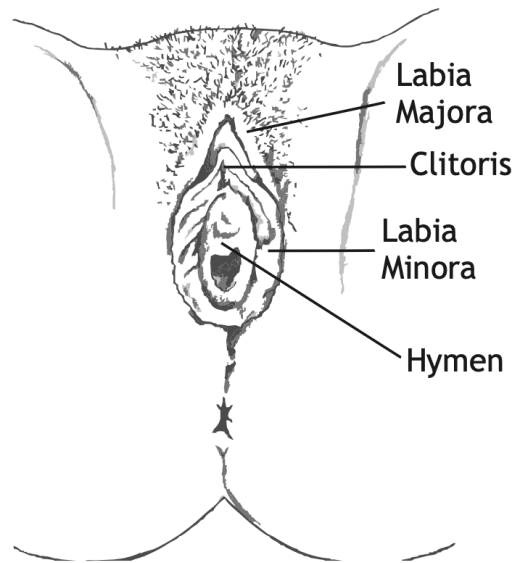
- When did you first notice a physical change in your body?
- How did you feel?
- How did you **feel about your body and your sexuality**? Why?
- Did you discuss your body and sexuality with your friends?
- When you grew up did you ever discussed [sic] these issues with any adult? Why or why not?
- During puberty, what questions came to your mind? Were you able to get the answers? Who did you talk to? Or how did you find out?
- Were you curious about the changes to the body of the opposite sex? What questions came to your mind? Who did you speak with about it?
- Did you know of any beliefs or taboos associated with these body parts? If yes, what are they? **And why would there be beliefs and taboos associated with sexual body parts and sexuality?**
- How did you feel about the opposite sex? Why?" (p. 46)

"It is often difficult for young adults to talk about what's on their mind: Why is my body changing? **Why do I get an erection? Why do I feel attracted to the opposite sex or to the same sex?** It is important to realize that sexuality is important for the development of a young person into a mature adult." (p. 46)

"While the vast majority of children do not become sexually active until they are adolescents or adults and may not think of themselves in sexual terms, many of the **building blocks of sexual development and sexual health start developing in early childhood** - these building blocks are of a physical, social as well as emotional nature." (p. 47)

"**Safer sex** includes practices that reduce the risk for contracting sexually transmitted infections, including HIV as well as pregnancies. These practices reduce contact with the partner's body fluids, including ejaculations from a man's penis [semen], vaginal fluids, blood, as well as discharges from open sores. Safer sex reduces, but does not totally eliminate, risk." (p. 48)

"Different people [men and women, boys and girls] have different needs, identities, choices, and life circumstances. Therefore, **not all people have similar sexual desires and concerns.**" (p. 51)



(p. 54)

“Terms like Ovum, Scrotum and Labia Minora may not be very effective in teaching children and young adults about sex and reproductive health. If we want to create open lines of communicate [sic] in the classroom we need to **use words and terms that are more in tune with what children and young adults use when they talk about sex.** Some of the words or terms might challenge our language sensitivities – But it is important that we familiarize ourselves with the vocabulary of children and young adults.” (p. 55)

“The groups should **find alternative expressions or terms for the lists of ‘Sex and Reproductive Organs for Boys and Girls’** that would more [sic] accessible and understandable for children and young adults.” (p. 55)

“**Phone Sex** is sexually explicit conversations between two or more persons via telephone – especially when at least one of the participants **masturbates or engages in sexual fantasies.**” (p. 58)

“**SMS and MMS Sex** is increasingly common among young people. SMS and MMS are used to **exchange nude pictures, porn videos,** sexual/sex related jokes as well as to create contacts for [casual] sex dates.” (p. 58)

“**Cyber Sex** is sexually explicit chat – including the use of web cams [cameras] – between two or more persons via the internet [chat rooms] especially when at least one of the participants masturbates or engages in sexual fantasies / activities.” (p. 58)

“**Touch:** Stimulating sensual and sexual pleasure without intercourse, masturbation or oral sex. Touch also enhances sensuality by stimulating the release of endorphins, the body’s mood-elevating chemicals. Caresses can reduce blood pressure and make people feel calmer and happier. The **largest**

	<p>sexual ‘organ’ of a human being is the skin.” (p. 58)</p> <p>“At the end of lesson four and five, the students would:</p> <ul style="list-style-type: none"> • Realize the need to be responsible in terms of sexuality, and • Be understanding of people who have different sexual behaviors / standards than those promoted in these lessons.” (p. 85) <p>“The teacher explains the involvement of all the aspects in man/woman related to sexual intercourse.” (p. 86)</p>
<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>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>“Unprotected anal and vaginal sex with an infected person carries a high risk for a transmission of the infection. Unprotected oral sex carries a lower risk but is not risk-free. Here are some of the protections that can be used to make sex safer.” (p. 48)</p> <p>“Ejaculation: The release of semen from the penis caused by sexual excitement. This can occur in situations other than intercourse [oral, vaginal and anal] and masturbation or other sexual activities.” (p. 52)</p> <p>“Rectum/Anus: Point of entry during anal intercourse and a point of sexual stimulation for many men [not only for men who have sex with men].” (p. 53)</p> <p>“Heterosexual Sex: Sex with a person of the opposite sex. Heterosexual sex can consist of kissing, mutual masturbation, oral and vaginal as well as anal intercourse. This often ends with the male partner discharging semen onto the female body [mouth, vagina or anus] and/or the female reaching orgasm – The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the female’s body without the protection of a condom.” (p. 57)</p> <p>“Anal Intercourse is when the erect penis enters into the anus of the male or female partner.” (p. 57)</p>

	<p>“Oral Sex is when one person’s genital or anus is in contact with the mouth of the other person.” (p. 57)</p> <p>“1st Myth: ‘I haven’t been exposed to sexually transmitted diseases because we haven’t gone all the way. We usually only kiss and touch each other – well we did have oral sex, but only once.’ Fact: There are three ways to transmit sexually transmitted infections. These ways are vaginal or anal intercourse and oral sex.” (p. 60)</p> <p><i>Note: HPV is transmitted via skin-to-skin contact.</i></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>“The immediate outcomes of the sex drive for the adolescent are:</p> <ul style="list-style-type: none"> • Attraction towards members of the opposite sex [for heterosexuals and bisexuals] or same sex [for homosexuals and bisexuals] • Crushes or infatuations [can be with persons of opposite sex or same sex].” (p. 48) <p>“The term describes the direction of a person's sexuality. The following terms are often used to describe sexual orientation:</p> <ul style="list-style-type: none"> • Heterosexual [straight]: A male or a female who is sexually and emotionally attracted to another person of the opposite sex [gender]. • Homosexual [gay and lesbian]: A male or female who is sexually and emotionally attracted to another person of the same sex [gender]. Male homosexual [sic] are also called gays, while female homosexuals are also called lesbians. • Bisexual [bi]: A male or female who is sexually and emotionally attracted to both sexes [genders].” (p. 56) <p>“Homosexuals are being discriminated against in most countries. In some countries homosexual practices are punishable by law. In spite of the current climate of discrimination and persecution you may have both homosexual colleagues and pupils in your school. Divide the students into groups of five to six. They should search for organizations and self-help groups of gays and lesbians and invite these to small group discussions about how it is to grow up as a homosexual. Each of the student groups should write a report about their discussion. The gay and lesbian activists involved should select the best and most effective report for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page.” (p. 56)</p> <p>“Learning outcomes:</p> <ul style="list-style-type: none"> • That homosexuals are not different from anyone else • That if we are not homosexual ourselves, we will probably have a gay or lesbian relative, friend, colleague, neighbor or pupil • Realize some of the barriers gays and lesbians experience in their daily lives” (p. 56) <p>“Cultures and religions have different moral [and legal] points of views of the</p>

	<p>sexual acts described below - some are allowed while others are considered forbidden or taboo – many of these are considered to be gender bias [different/double standards for men and women]. Without approving or disapproving particular practices it is important that members of faculty of basic and higher education institutions, school administrators as well as students have knowledge about these and realize that all practices described below are common in our communities. Homosexual practices are recognized in the Philippines and discrimination based on sexual preference is prohibited.” (p. 57)</p> <p>“Homosexual Sex: Sex with a person of the same sex [gender]. Homosexual sex can consist of kissing, mutual masturbation, oral and anal intercourse or vaginal play. For male homosexuals this often ends with discharge of semen onto or into [mouth or anus] the partner’s body – The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the male’s body [mouth or anus] without the protection of a condom.” (p. 57)</p> <p>“Research on the following:</p> <ul style="list-style-type: none"> • Reproductive organs & their functions • Heterosexuality, homosexuality and bisexuality.” (p. 78)
<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 pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Sexuality is part of everyone’s life. Sexuality is complex. It can be a pleasurable, satisfying, and enriching part of life. An affirmative [means ‘not denying’] approach improves sexual well-being. It is also important to emphasise the need all people have for physical and emotional closeness.” (p. 51)</p> <p>“Orgasm: The ‘peak’ of sexual sensation during self stimulation [masturbation] and/or sexual interaction with a sex partner. Orgasm – mostly in form [sic] of an ejaculation – can also be reached without masturbation or vaginal, oral and anal penetration.”” (p. 52)</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>“Masturbation / Mutual Masturbation: Stimulation of the sexual organs / genitals of another person to achieve sexual pleasure – Most forms of masturbation / mutual masturbation are considered relatively safe.”</p> <p>“Sexual Self Stimulation / Masturbation: Stimulation of the sexual organs / genitals of oneself [or another person] to achieve sexual pleasure. The use of the word masturbation usually suggests that the person is manipulating his or her own genitals [self stimulation] to the point of intense pleasure or orgasm.” (p. 57)</p> <p>“According to experts, masturbation allows a healthy way to express and explore sexuality and to release sexual tension without all the associated risks of sexual intercourse:</p> <ul style="list-style-type: none"> • Masturbation or sexual self-stimulation can help relieve stress • Reduce embarrassing spontaneous erections for teen males • Reduce the number of wet dreams for young mem [sic].” (p. 58)

<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>Questionnaire agree/disagree question: “Consistent use of condoms is one of the best way [sic] of preventing HIV infections. [Agree]” (p. 6)</p> <p>Questionnaire agree/disagree question: “The government should encourage people to use condoms to prevent people from having unsafe sex. [Agree]” (p. 7)</p> <p>“Male Condoms is [sic] usually made of latex and are worn during vaginal, oral and anal sex. Male condoms comes [sic] in different colors and sizes, some have flavors and are especially [sic; sentence was not finished].” (p. 49)</p> <p>“Some of these behaviors are unsafe sex - sex without using condoms - and sharing needles and/or syringes when injecting drugs.” (p. 63)</p> <p>“HIV is spread through: Unsafe sex – People get infected with HIV by having unprotected sexual intercourse – vaginal or anal sex without a condom. HIV may also be transmitted through unprotected oral sex or sharing sex toys with others.” (p. 67)</p> <p>Note: <i>Condoms are not 100% effective in preventing HIV transmission.</i></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>“However, youth is a time for experimentation – it would therefore be wise to include some aspects of sex and sexuality both before and during adolescence and puberty.” (p. 48)</p> <p>“Everyone [men and women, boys and girls] have [sic] the right to make their own free and informed choices about all aspects of their lives, including their sexual lives and preferences, as long as they do not harm others. It is important that men respect a ‘no’ from a woman.” (p. 51)</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</i></p>	<p>“Responsible sexual behaviour is one way to stop the spread of HIV infections.” (p. 6)</p> <p>“People might agree or disagree about values but in order to develop responsible sexual behaviors the following practical consequences should be considered when interacting sexually with others.” (p. 48)</p> <p>“The safest form of sex is within a monogamous [mutually faithful] relationship where both partners are HIV negative, free from sexually transmitted infections and not using drugs [sharing needles and syringes].” (p. 48)</p> <p>“Polygamy/Polygamous Sexual Behavior is the custom in some religions and cultures for men to have more than one wife within a mutually faithful</p>

<p><i>“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>relationship. We only apply the term polygamy to married or committed heterosexual couples [one husband and multiple wives] where no other sex partners are involved.” (p. 58)</p> <p>“Polyandry/Polyandrous Sexual Behavior is the custom in some cultures for women to have more than one husband within a mutually faithful relationship. We only apply the term polyandry to married or committed heterosexual couples [one wife and multiple husbands] where no other sex partners are involved.” (p. 58)</p> <p>“Promiscuity/Promiscuous Sexual Behavior: Having many sex partners. It refers to sexual contacts with multiple partners. Some people who are sexually promiscuous may actually be quite selective in their choice of sexual partners, while others are indiscriminate and casual in their choice of partners.” (p. 59)</p> <p>“Men having Sex with Men [MSM] are sexually active homosexuals, bisexual men who are sexually active with other men as well as heterosexual men who have sex with other men often due to a strict separation of genders. This can be due to culture, tradition and religion or due to being physically isolated from female sex partners over longer periods of time [school, institution, work place, military service place, prison, etc.].” (p. 59)</p> <p>“Sex workers: Females and males who sell or exchange sexual services. Some people choose to become sex workers while others are forced into the sex industry – it is therefore important to distinguish between these two groups. However, both groups deserve our respect and support according their [sic] individual needs and situations.” (p. 59)</p> <p>“It is important for all children and young adults to understand that the only way to prevent HIV infection is to avoid behaviors that put you at risk of infection, such as experimenting with and using drugs, sharing needles and having unprotected sex.” (p. 63)</p> <p>Note: <i>Condoms are not 100% effective in preventing HIV transmission.</i></p> <p>“Show a short film or pictures on issues like unplanned pregnancies, youth engaged in irresponsible sexual behavior, youth being infected with HIV.” (p. 78)</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</i></p>	<p>“Young children are developing gender identities [the realization that they are either a boy or a girl] and gender roles [adopting social characteristics typical for girls or boys].” (p. 47)</p>

<p><i>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>“Some of these girls decide to give birth while others opt for an abortion – which is forbidden as well as socially unacceptable in the Philippines and some will even try to commit suicide.” (p. 43)</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>“Human sexuality and reproductive health education should be part of all quality education programs. Teaching and informing children and young adults about sex, development of sexuality and reproductive health will reduce unplanned pregnancies, sexually transmitted infections and HIV.” (p. 10)</p> <p>“The Philippine Government has committed to respect, protect and promote sexual and reproductive health and rights, particularly of women.” (p. 13)</p> <p>“The students should look for information about the legal rights related to education and health services for children in general and for children affected by HIV in particular.” (p. 15)</p> <p>“Human rights and child rights should be taught to children on all levels as part of social studies.” (p. 16)</p> <p>“Programs that are based on gender equity recognize and provide for women and men, girls and boys to have equitable access to information, services and education that promote sexual well-being.” (p. 51)</p>

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.

“Teachers and school administrators should include – **through subject integration** – relevant issues related to HIV and AIDS, drugs, reproductive health, **sexuality and sexually transmitted infections [STI]** at the appropriate age.” (p. 5)

“Life skills should be **incorporated into all subject matters** as it will enable **children and young adults to develop responsible sexual behaviors** and empower them to make educated decisions regarding drugs.” (p. 10)

“A life skills approach is an interactive process of teaching and learning, focusing on developing knowledge, attitudes and skills that can support a positive **change in habits and behavior patterns.**” (p. 36)

“Learning outcomes:

- How to **include life skills into different subject matters such as mathematics, language, social studies, natural science, religious studies**, etc.
- How to link life skills with other inclusive and child-friendly practices.” (p. 39)

“People have differing value systems and **make different choices about sexuality**. Providers must respect these values and refrain from judging others or imposing their own values on them.” (p. 51)

“We will also discuss how we can best educate our children and youth about HIV and AIDS since many children and young adults **form their sex and drug habits during their years in school.**” (p. 63)

“At the end of these lessons, the students shall have developed a **deep knowledge for and the desire to maintain reproductive health and to practice the values that enhance their sexuality.**” (p. 85)

“Knowledge of human sexuality is a large contributory variable to the **development of positive and meaningful human relationships.**” (p. 85)

“Other behavior/practices:

- Polygamy
- Polyandry
- **Promiscuity**
- Men having sex with men [MSM]
- **Commercial sex work.**” (p. 87)

14. UNDERMINES PARENTS OR PARENTAL RIGHTS

May instruct children they have rights to confidentiality and

“Teachers and school administrators must respect the rights and dignity of all their students, regardless of their HIV and health status, abilities, disabilities, gender, as well as social, economical, ethnic and religious backgrounds. This includes **keeping education and health records confidential** – respecting the privacy of all children and their parents.” (p. 5)

<p><i>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>“Even if parents have the main responsibility to teach their children about reproductive health and human sexuality, schools must complement their efforts with comprehensive information and education in this regard.” (p. 43)</p> <p>“Sexuality touches upon intimate aspects of people’s lives. Individuals have a right to privacy and confidentiality.” (p. 51)</p> <p>“Accessibility entails more than availability of services. It includes quality, confidentiality, staffing, and catering to a range of needs.” (p. 51)</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>