

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

SRHR Umbrella Peer Educator Reference Guide 2023 (Uganda)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

Peer Educator Reference Guide 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: “The Peer Educator Reference Guide has been designed to support youth peer educators who are reaching out to young people in their communities (ages 10-24) to increase their knowledge about healthy living, HIV, and sexual and reproductive health and rights and help them access the services they need.” (p. 1)

Target Age Group: Ages 10-24

International Connections: Frontline AIDS, SIDA, Embassy of Sweden, Alive Medical Services Uganda

| HARMFUL CSE ELEMENTS | EXCERPTED QUOTES FROM CSE MATERIAL |
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| <p>1. SEXUALIZES CHILDREN</p> <p><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> | <p>“Show your loving and sexual feelings through activities that are not risky – hugging, holding hands, kissing, touching each other, rubbing against each other with clothes on, talking about sexual dreams and thoughts, touching sexual organs without getting sexual fluids (semen, vaginal fluids) near any openings or broken skin.” (p. 57)</p> <p>“If abstinence is not a good choice for you, there are other ways to prevent pregnancy.” (p. 66)</p> <p>“The impact of teen pregnancy: ...Those who don’t marry may engage in transactional sex or sex work to provide for themselves and their child/ren, if they are unable to find other work.” (p. 70)</p> <p>“If you decide to have sex, use a condom correctly every time you have sex.” (p. 22)</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.

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| | <p>“Sexuality is all the things we enjoy and feel as male and females, such as our bodies, our clothes, the way we look and the way we express our feelings and our selves [sic], and who we want to have sex with. We might express our sexuality by the way we walk, talk, dance or sing.” (p. 74)</p> <p>“We all have our sexuality from the time we are born to the time we die. We can enjoy feeling and expressing it in different ways over our lives. We do not need to have sexual intercourse to enjoy our sexuality. Sexuality can be enjoyed at all ages even without sexual intercourse.” (p. 74)</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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p> | <p>“A negotiation is a discussion aimed at arriving at a peaceful agreement. People need to negotiate in many situations, for example, when they deal with peer pressure, play a sport, or make sexual decisions.” (p. 34)</p> <p>“Negotiation process:</p> <ol style="list-style-type: none"> 1. If necessary, get another person to help you settle the argument. 2. State your position clearly. 3. Listen to the other person’s position. 4. Brainstorm options that will work for both people. 5. Agree on a solution. 6. Try it out and evaluate the outcome.” (p. 35) |
| <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>“If you have vaginal, anal or oral sex without a condom, you could get or pass on an STI. HIV, chlamydia, herpes, syphilis, gonorrhoea and genital warts are all STIs.” (p. 20)</p> <p>“Using latex male condoms every time you have vaginal, anal or oral sex, or using a female condom for vaginal sex, is extremely effective. Use water-based lubricants (lube) to make sex safer. Lube reduces risk of tears or damage to the vagina or anus caused by dryness or friction during sex. It also reduces the risk of a condom breaking.” (p. 57)</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</i></p> | <p>“Sexual orientation refers to who we are physically and romantically attracted to. For example, people of a different sex/gender as us (heterosexual, straight), people of the same sex/gender as us (homosexual, lesbian, gay), or both (bisexual). Some people are attracted to people of a particular gender; others are attracted to people of more than one gender. Some are not attracted to anyone. A range of orientations exists in all cultures and societies.” (p. 74)</p> |

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| <p><i>provide medically inaccurate information about homosexuality or homosexual sex.</i></p> | |
| <p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p> | <p>No evidence found.</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>Physical changes during puberty: “Sexual feelings – excitement when touching our private parts.” (p. 9)</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</i></p> | <p>Ways to prevent HIV transmission: “If you are sexually active, using a condom correctly each time you have sex.</p> <ul style="list-style-type: none"> • Using latex male condoms every time you have vaginal, anal or oral sex, or using a female condom for vaginal sex, is extremely effective. • Use water-based lubricants (lube) to make sex safer. Lube reduces risk of tears or damage to the vagina or anus caused by dryness or friction during sex. It also reduces the risk of a condom breaking. • Never use oil-based products, such as hand lotions or baby oil, for lubrication. They will damage the condom and it will no longer protect you.” (p. 57) |

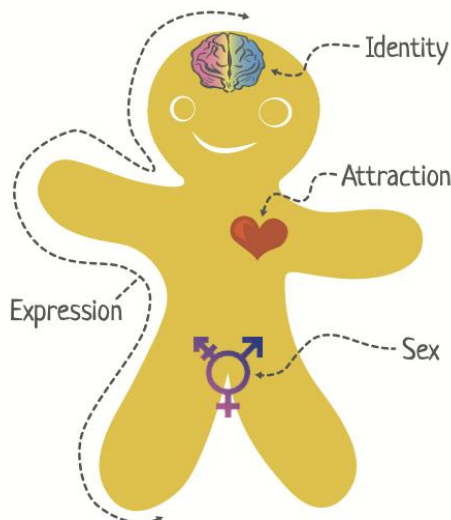
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| <p><i>against pregnancy or STIs.</i></p> | |
| <p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p> | <p>“Respect women and girls. All women and girls have the right to live free from violence and to make decisions about their own lives. They should be able to choose whether to stay in school, who they want to have sex with and when, whether to use contraception, if they want to marry, who they marry and when.” (p. 16)</p> <p>“If you decide to have sex, use a condom correctly every time you have sex.” (p. 22)</p> <p>“Young people face some problems when they have to decide on important issues, such as whether to have sex or to drink alcohol.” (p. 29)</p> <p>“When young women and adolescent girls can control their fertility, they have more choices.” (p. 65)</p> |
| <p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p> | <p>“An STI – or sexually transmitted infection – is an infection that is spread through unprotected sexual contact with someone who already has an STI.” (p. 20)</p> <p>“Abstain from sex, or practice safer sex, until both you and your partner finish treatment.” (p. 23)</p> <p>“Ask the person/people you are having sex with to get tested as well. If only one sexual partner gets treatment, you might get infected again.” (p. 23)</p> <p>“There are different ways to prevent yourself from getting HIV:</p> <ul style="list-style-type: none"> • If you are sexually active, using a condom correctly each time you have sex. • Abstaining from sexual intercourse (this means choosing not to have sex).” (p. 57) <p>“Sex without a condom is safe only if you and your partner do not have HIV. The only way for both of you to be sure is to get tested, never have sex with other people and stay faithful and honest to each other.” (p. 57)</p> <p>“PrEP and PEP are medications that people who do not have HIV can use to reduce their risk of acquiring HIV... PrEP has to be taken every day. It will reduce your risk of getting HIV if you are having unprotected sex with multiple partners, unprotected sex with sexual partners who are living with HIV, if you are selling sex, and/or inject drugs.” (p. 58)</p> |
| <p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children</i></p> | <p>“Gender identity refers to how we feel inside our heads about ourselves and who we are. This may or may not be the same as the sex we were assigned at birth. If it is not the same, we may identify as transgender or another term of our choice. A range of identities exists in all cultures and societies.” (p. 74)</p> |

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.

“Gender expression refers to how we show our gender in the way we dress, behave, talk and relate to others, based on how we are taught as children. As we grow up, we develop our own ideas of what is right for us; this may or may not be the same as how we were taught or expected to act.” (p. 74)

they affect our lives and our sexuality. Then we can change those which are harmful.

The Genderbread Person v4 by its pronounced METROsexual.com



⊖ means a lack of what's on the right side

Gender Identity

⊖ → Woman-ness
⊖ → Man-ness

Gender Expression

⊖ → Femininity
⊖ → Masculinity

Anatomical Sex

⊖ → Female-ness
⊖ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
□ Female □ Intersex □ Male

Sexually Attracted to... and/or (a/o)

⊖ → Women a/o Feminine a/o Female People
⊖ → Men a/o Masculine a/o Male People

Romantically Attracted to...

⊖ → Women a/o Feminine a/o Female People
⊖ → Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at: www.genderbread.org

(p. 75)

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

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.

“It is important to help young people understand how they can become pregnant and **how they can prevent pregnancy** until they are ready to become parents.” (p. 65)

“Birth control, **also known as contraception**, is the use of different methods or devices to prevent unintended pregnancy. Becoming pregnant at a very young age puts young women at increased risk of health problems and death from early childbearing.” (p. 65)

“Contraception **reduces the need for unsafe abortions**, which can lead to injury, illness or even death.” (p. 65)

“There are **different ways we can prevent unintended pregnancies**. There are

May encourage the use of contraceptives, while failing to present failure rates or side effects.

both natural and medical procedures and some are more effective than others.

- **Withdrawal** is when the man takes his penis out of the vagina before he ejaculates. This is not a reliable method for preventing pregnancy. Sperm can leak out of the penis before he ejaculates and he may not pull out in time.
- **Abstinence**, deciding not to have sex, is the safest way to avoid pregnancy, STIs and HIV.
- If abstinence is not a good choice for you, there are other ways to prevent pregnancy. **These methods are called contraceptives.** They allow people to choose when to have a baby rather than leaving it to chance... Young people should be made aware of the fact that there are two types of birth control – permanent and temporary.” (p. 66)

“Permanent birth control methods:

- Male sterilization
- Female sterilization” (p. 67)

“Temporary birth control methods:

- Birth control pill
- Birth control injections
- Implants (under the skin)
- Intrauterine device (IUD)
- Condoms
- Calendar/rhythm method
- Early withdrawal” (pp. 67-68)

“It is important to **discuss contraception methods with your sexual partner** if this is possible. All contraception methods have their strong and weak sides. However, condoms are seen as an effective mean [sic] of preventing pregnancy and HIV/STIs.” (p. 68)

“Often, **dual protection** is recommended to avoid pregnancy and HIV/STIs. Dual protection can be achieved through abstinence, correct and consistent condom use, or **using condoms and hormonal contraceptive** [sic] **together** to protect against pregnancies and HIV/STIs.” (p. 68)

“**Induced abortion** is when a person does something to end a pregnancy. Women may do this because they are sick, have too many children or children too close together. They may have been raped, want to continue school, are too young or are pressured by the father or family to end the pregnancy.” (p. 69)

“**Abortion is legally restricted** in Uganda and only permitted if the pregnancy would harm the mother’s physical or mental health. **A safe abortion** is one carried out by a medically qualified person in a clean environment during the first three months of pregnancy.” (p. 69)

“You can go to any health facility **to access post-abortion care services.** Please ensure that it’s a youth-friendly health centre as abortion has some stigma

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| <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>attached to it.” (p. 70)</p> <p>“You and your friends can help to change harmful attitudes and beliefs in your community. Here are some things you can do:</p> <ul style="list-style-type: none"> • Speak out against gender-based violence. It’s up to everyone, including men and boys, to call out or report gender-based violence. • Defend the rights of marginalised people. LGBT people, sex workers and women with disabilities often experience stigma, discrimination and violence. Like everyone else, they have the right to live free from violence. • Challenge traditional ideas that limit how men, women, girls and boys should act. Show others in your family and community there are different ways of behaving, for example, by sharing housework and unpaid care work. When there is a disagreement, discuss things calmly rather than shouting or getting aggressive.” (p. 16) <p>“Tips for Peer Educators – Supporting survivors of gender-based violence. What to do if someone asks for your help:</p> <ul style="list-style-type: none"> • Remember your role. Introduce yourself, say calming words. Listen but never judge; practice respect. Do not try to solve their problem yourself. • Provide reliable and comprehensive information on the available services and support. Let the survivor make their own choices. • Know what you can and cannot manage. Even if there is not a gender-based violence specialist in your area, there may be other partners, such as a child protection or mental health specialist, who can support survivors who require additional attention and support. Ask the survivor for permission before connecting them to anyone else. Do not force the survivor if they say no. • Do not proactively identify or seek out survivors of gender-based violence, but be available in case someone asks for support. Maintain confidentiality and respect their wishes. Do not record their personal data. • Remember your mandate. All humanitarian actors are mandated to provide non-judgemental and non-discriminatory support to people in need, regardless of: gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race, who perpetrated/committed the violence, and the situation in which the violence was committed.” (p. 18) <p>“Bodily autonomy means my body is for me; my body is my own. It’s about power, and it’s about agency. It’s about choice, and it’s about dignity. Bodily autonomy is the right to make free and informed decisions about your body and life.” (p. 78)</p> |
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BODILY AUTONOMY

Choosing how you dress and express yourself

Choosing who and how you love

Taking decisions related to your health and well-being

Reproductive choices describe a person's bodily autonomy to choose when to give birth, with whom and why. Reproductive choices also entail family planning and contraceptive choices.



“Questions to ask to **understand whether we have bodily autonomy**:

1. Who usually makes decisions about healthcare for you?
2. Who usually makes the decision on whether or not you should use contraception?
3. Can you say no to your husband or partner if you do not want to have sex?” (p. 79)

“There are factors that affect women’s decision-making power. They include:

- **Knowledge on sexual and reproductive health and rights**
- Pressures or encouragement from the community (in some communities, norms and values may dictate a woman’s understanding of bodily autonomy)” (p. 79)

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.

“**Types of gender-based violence**: ...Emotional violence, e.g. threatening, shouting, controlling or **criticizing**” (p. 15)

Note: *This definition of gender-based violence can include any disagreement people may have with varying sexual orientations and gender identities.*

“Lesbian, gay, bisexual and transgender (LGBT) people **face high levels of gender-based violence.**” (p. 14)

“Speak out against all forms of **stigma and discrimination**, for example, against women, young people and **sex workers.**” (p. 59)

14. UNDERMINES PARENTS OR PARENTAL RIGHTS

May instruct children they have

“Changes to feelings and thinking: Wanting to be more independent, **fighting more with parents.**” (p. 10)

Advice for those experiencing gender-based violence: “**Access confidential**

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.

psychosocial support, counselling and advice. Speak to someone you trust who will listen without judging. You can also talk to a gender-based violence focal person in your local health facility.” (p. 17)

“Lots of people gets [sic] STIs, and you have the **right to** respectful and **confidential treatment.**” (p. 23)

15. REFERS CHILDREN TO HARMFUL RESOURCES

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.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)

No evidence found.

For the complete text of Uganda Peer Educator Reference Guide see: https://drive.google.com/file/d/1Pb9buLusMJPPv-y3jXa6iKVvvl4q_PL/view?usp=drive_link