

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

Our Future, Grades 4-5

Sexuality and Life Skills Education for Young People

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [12 OUT OF 15]

***Our Future, Grades 4-5* contains [12 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: Published and distributed by the International HIV/AIDS Alliance, this series of three books was developed in the Chipata District of Zambia, with the Zambian Ministry of Education, Planned Parenthood Association of Zambia and Young, Happy, Healthy and Safe.

Target Age Group: Ages 9-11

Planned Parenthood Connections: Planned Parenthood Association of Zambia (PPAZ) helped develop and implement this curriculum.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>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>	<p>“Esther was worried. She had played hide-and-seek and then had sex with Mabvuto, a boy in her class. Now she had some white stuff coming from her private parts and it was itching and sore.” (p. 5)</p> <p>Students are shown a cartoon drawing wherein a female student says, “We girls are afraid of being brought down on the way home after talking about sex.” A male student then says to her, “Well, it’s your own fault. You attract us with your nice bonnita (breasts) and buttocks.” And the male teacher says to the female student, “Yes, you girls with your miniskirts and the way you talk.” (p. 9)</p> <p>A game is played called “Snakes and Ladders.” Negative behaviors that cause a player to move back include: “Teacher called a girl a prostitute” and “We beat a girl who was walking home.” Positive behaviors that cause a player to move ahead include: “I explained wet dreams to my friend” and “I reported an adult who proposed me.” (p. 10)</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.

“Examples of guiding rules on boy, girl and teacher behaviour:

- We should not **touch breasts or private parts** or propose each other.
- Boys should not take class discussion as a way of **proposing girls**.
- Teachers shouldn't **say we are prostitutes** if we discuss freely.
- Teachers should not take advantage of a pupil's situation or secrets to **convince pupils to have sex.**” (p. 11)

“Sexual intercourse is when a man **puts his penis in a woman's vagina** and they make love. This is also called ‘having sex.’” (p. 16)

“Sexuality and life skills education is about: **expressing our sexual feelings safely.**” (p. 17)

“Mutinta lived with her Auntie Lombiwe. Whenever she wanted to eat, her auntie would tell Mutinta that she never bought food for the home. She stopped school and started begging for food in the streets. One day a very rich man promised that he would give her lots of money. He took Mutinta to a guest house. **Mutinta was raped.** After one week she found she had a disease in her private parts.” (p. 27)

The concept of bad touch is **illustrated by a boy touching a girl's breast.** (p. 29)

The concept of bad touch is **illustrated by a girl grabbing a boy's genitals.** (p. 30)

The chapter on puberty includes an illustration of a **fully nude man and woman.** Children are then instructed to draw their own nude person and label body parts that go through changes during puberty. (pp. 36-37)

“**Penis goes inside the vagina** during sex and puts sperm into the vagina.” (p. 40)

“The **erect penis is placed in the vagina** during sexual intercourse.” (p. 43)

“Sometimes a boy's first ejaculation happens at night when he is asleep. This is called a wet dream and the boy **may have a sexy dream** when it happens.” (p. 50)

“Girls can also **have sexy dreams** and some might find that they are wet between their legs at these times. This wetness is made in the vagina. When the girl is mature or grown up, it will protect her vagina during sex.” (p. 50)

Agree/Disagree statement example: “A ‘real’ wife does as she is told and keeps quiet while her husband, a ‘real’ man, **has sex with lots of partners without using condoms.**” (p. 77)

“Your friends say that you must prove that you are a real man by drinking beer and **paying a girl for sex.**” (p. 79)

“Your teacher asks a question about safer sex in class. You know the answer but

	<p>you feel shy to say it because the boys will call you a prostitute." (p. 79)</p> <p>Students are to answer the following questions verbally in front of a co-ed classroom:</p> <ul style="list-style-type: none"> • "How does the penis become erect? • Name one thing that causes the penis to become erect (repeat until pupils have said everything). • Name one way in which a boy can make his penis go down (repeat until people run out of ideas). • Should a boy whose penis is erect find someone to have sexual intercourse with? • What happens to girls when they feel sexy?" (p. 82) <p>Students are to read this letter and discuss as a co-ed group how Masauso should deal with his sexual feelings: "Dear Auntie Emily, Please help me. I think I am turning into a sex maniac. I think about sex all the time. My penis keeps standing up, even at school. Whenever I see a girl, I want to take her clothes off and have sex with her. At night I dream of sexy girls and wake up with sperm on the bed. I feel like masturbating all the time." (p. 84)</p> <p>"Albert has made his girlfriend pregnant. Draw the picture and fill in the bubble. What do you imagine he is thinking? What should he do now?" One thought bubble is already drawn, showing Albert in bed with a female partner, both are nude. (p. 95)</p> <p>Class activity: "Draw a map of your community and indicate on it areas such as school, church, bar, shops, market, station, bush and so on. On the map, indicate with the letter 'X' places where a boy or girl might be at risk of sex and contracting STIs and HIV. Explain why these places are dangerous. Rank the risky places according to high, medium and low risk. How can pupils avoid these places or make them safer?" (p. 104)</p> <p>"Brainstorm on all the ways that two young people might enjoy their sexuality together and write them on pieces of paper. For example, kissing, dancing together, hugging, holding hands, touching breasts or sexual organs as well as having sexual intercourse. Think of as many ways as possible. In the group, discuss whether this activity has no risk, low risk or high risk." (p. 117)</p> <p>"Erection: When the penis stands stiff" (p. 124)</p> <p>"Find out whether there are any herbs or medicines used in your community to make boys and girls feel sexy. Why are they given? What do people think are the good and bad points of using them?" (p. 85)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX <i>May teach children how to negotiate sexual encounters or</i></p>	<p>"In mixed groups, prepare one of these role plays and show to the class: A girl asking her boyfriend to have sexual intercourse when he is against the idea; A boy asking his girlfriend to have sexual intercourse when she is against the idea. What can happen if the boy agreed to have sexual intercourse?" (p. 92)</p>

<p><i>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>“In groups of three or four, role-play situations where someone is proposing sex and another is refusing. Role-play different situations, including elderly men or women proposing girls and boys, classmates proposing each other and so on. Help each other to find strong ways of saying ‘No’. Remember: you have the right to say ‘No.’” (p. 104)</p> <p>Cartoons illustrate the following scenario: A girl and boy are sitting down, talking. Girl says, “Please, let’s use a condom.” Boy says, “No, then we won’t enjoy sex.” The next cartoon shows them in bed having sex. Two thought bubbles show that both are thinking the same thing: “I hope she/he’s STI free.” Students are asked to roleplay a better conversation between the girl and boy. (p. 104)</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>“HIV is transmitted through sexual intercourse in the vagina or anus.” (p. 111)</p> <p>“There are other ways that people can enjoy their sexual feelings without sexual intercourse, that is the penis going into the vagina or anus.” (p. 116)</p> <p>“Sexual intercourse: The act of having sex, when the penis enters another person’s vagina or anus” (p. 125)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>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>“Touching the clitoris gently increases sexual feelings and pleasure.” (p. 40)</p> <p>“At orgasm the male ejaculates (reaches) and semen spurts out.” (p. 43)</p> <p>“Read this letter from Chipili to his aunt. ‘Dear Auntie, I am now 13 years old. Last week I woke up with a wet patch on my bed. It smelled funny and I noticed that it was on my penis too. I remembered that I had a sexy dream about a girl in my class. I wanted to touch her body! My older brother noticed the wet patch and laughed at me. He said that the only way I can stop this happening is to get the girl to agree to have sex with me. Now I am afraid. Can you help me?’” (p. 51)</p> <p>“Erections in boys, and for girls getting excited, warm and wet in the genitals,</p>

	<p>may be caused by:</p> <ul style="list-style-type: none"> ● touching the genitals or breasts ● the sight of an attractive person ● thinking about sex ● tension, anxiety or stress ● no reason at all.” (p. 81) <p>“The pain felt in boys’ testes and the lower abdomen in girls is caused by blood going there when we feel sexy. When the sexy feelings go away, the pain will also go. This is not a sickness and our testes cannot burst. Everyone has enough time to practise sex when they are more mature. Loving couples can enjoy practising together and trying out new ways of loving each other.” (p. 103)</p> <p>“People need to decide themselves what sexual activities they will do and be sure that they can stop before having intercourse. Otherwise they may start feeling so sexy that they cannot stop.” (p. 116)</p> <p>“HIV is mainly spread through sexual intercourse without a condom. However, there are other ways that people can enjoy their sexual feelings without sexual intercourse, that is the penis going into the vagina or anus.” (p. 116)</p> <p>“Can people be satisfied with sexual activities without intercourse? Will people be able to stop if they get sexy from these activities?” (p. 117)</p> <p>“Wet dream: A sexually exciting dream which causes a release of semen from a male’s penis while he is sleeping” (p. 125)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION <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>“Massaging the genitals to increase sexual feelings is called masturbation. The feelings can build up until the person reaches. This is normal and a good way to reduce sexual feelings and to learn about the body.” (p. 81)</p> <p>Students are to read this letter and discuss as a co-ed group how Masauso should deal with his sexual feelings: “Dear Auntie Emily, Please help me. I think I am turning into a sex maniac. I think about sex all the time. My penis keeps standing up, even at school. Whenever I see a girl, I want to take her clothes off and have sex with her. At night I dream of sexy girls and wake up with sperm on the bed. I feel like masturbating all the time.” (p. 84)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <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,</i></p>	<p>“People who are having sexual intercourse can avoid pregnancy by using a condom or other contraceptives available from the health centre.” (p. 94)</p> <p>Note: <i>No failure rates mentioned. Contraceptives are presented as absolute protection.</i></p>

<p><i>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>8. PROMOTES PREMATURE SEXUAL AUTONOMY <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>“People who decide to have sex can use a condom properly every time. This prevents the germs passing from an infected person to another person.” (p. 103)</p> <p>Home activity: “Meet with a peer educator or community worker and ask them to show you around the youth-friendly corner or clinic near you. Draw a picture to show the different kinds of help that you can get at the youth-friendly corner.” (p. 110)</p> <p>“People need to decide themselves what sexual activities they will do and be sure that they can stop before having intercourse.” (p. 116)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD <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. 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>“Sexuality and life skills education helps us to avoid sex or to do it safely.” (p. 17)</p> <p>“Some gender values and stereotypes put everyone at risk of HIV, unwanted pregnancy and infertility. For example, if girls and women are expected to be quiet and obedient, they cannot say no to unsafe sex.” (p. 76)</p> <p>“One day, as Sara and Vincent were studying in Sara’s bedroom, they got attracted to each other and started kissing and touching each other. Eventually they had sexual intercourse because it just came so naturally to them.” (p. 89)</p> <p>“Let’s protect our fertility by abstaining or, if we have sex, by using condoms correctly every time.” (p. 101)</p> <p>“Discuss in single and mixed sex groups and list: the advantages of abstaining from sex at our age; the disadvantages of abstaining from sex at our age.” (p. 102)</p> <p>“People who do have sex can avoid STIs if they have sex only with each other and they know that they do not have an STI or HIV.” (p. 103)</p> <p>“People who decide to have sex can use a condom properly every time. This prevents the germs passing from an infected person to another person.” (p. 103)</p> <p>“Condoms are 90 per cent safe because they occasionally break or slip off. However, this is 90 times safer than sex without a condom.” (p. 103)</p>

	<p>“Imitate crossing a river that is infested with vicious crocodiles. The crocodiles symbolise STIs and HIV. People can cross the river in the boats of abstinence, condoms and faithfulness. Some people are unable to jump into any of the boats for their own personal reasons, and they keep swimming.” (p. 106)</p> <p>Roleplay this story: “Eunice has signs and symptoms of an STI and goes to see her friend Mary, who is a peer educator in the youth-friendly clinic. She tells Mary about her problem and Mary accompanies her to see the nurse. The nurse takes some of the liquid coming from her vagina to send for tests to find out what infection she has and treat it correctly. Mary later tells Eunice that she has gonorrhoea and helps her to collect her medicine and take it correctly. She tells Eunice to bring her boyfriend for treatment.” (p. 110)</p> <p>“People who do have sex should use condoms every time because they help to stop the virus spreading from one person to another.” (p. 111)</p> <p>“Those of us living with HIV can have a good life for a long time by living positively. This means: protecting ourselves and others from further HIV or sexually transmitted infections by practising safer sex.” (p. 112)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY <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>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN <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>“Sexuality and life skills education is about: pregnancy and ways to avoid it.” (p. 17)</p> <p>Home activity: “Find out some of the ways that people use to try to end an unwanted pregnancy. This is called abortion.” (p. 92)</p> <p>“Abortion is the ending of a pregnancy before the baby is grown enough to live outside the mother. There are two types of abortion:</p> <ul style="list-style-type: none"> • Forced abortion, where people do something to end the pregnancy. • Natural abortion, when the pregnancy stops on its own before the baby can survive outside. This is also called miscarriage.” (p. 93)

<p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“A safe abortion is carried out by a medically qualified person in a clean environment during the first three months of pregnancy.” (p. 93)</p> <p>“An unsafe abortion is done by an unqualified person using dangerous methods like an overdose of drugs or using a sharp object to get the small baby out in a dirty environment. These methods are very dangerous and should never be practised, as they can cause infertility or death.” (p. 94)</p> <p>Students complete a crossword puzzle with abortion terms. (pp. 96-97)</p> <p>“If young people have sexual intercourse, they should always use condoms to prevent sexually transmitted infections, early pregnancy and unsafe abortion.” (p. 98)</p> <p>“Abortion: Ending a pregnancy before the baby is grown enough to live outside the mother. This can be forced, or happen naturally (miscarriage).” (p. 124)</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>Home activity: “Find out more about pregnancy from your local peer educator, family planning provider or health centre.” (p. 90)</p> <p>Home activity: “Meet with a peer educator or community worker and ask them to show you around the youth-friendly corner or clinic near you.” (p. 110)</p> <p>Roleplay this story: “Eunice has signs and symptoms of an STI and goes to see her friend Mary, who is a peer educator in the youth-friendly clinic.” (p. 110)</p> <p>“We always have the right to keep quiet about our own lives in discussions about sex and HIV and AIDS. We never have to tell friends, classmates, teachers or other adults about our sexual lives or problems unless we choose to.” (p. 4)</p> <p>“Our government says that all young people have a right to information and protection from sickness and death. Our parents and teachers must give us correct facts about sexuality and help us to practise life skills.” (p. 17)</p> <p>Children fill in the blank to complete the following sentence: “Children have a right to true information and protection from HIV and AIDS by the government and parents.” (p. 18)</p> <p>Home activity: “Find out from your family what they know about human rights and children’s rights.” (p. 18)</p> <p>“As you grow up your body changes to prepare itself for having children. You may find that you are sexually attracted to another person and want to get close to them. You have rights to help and protect you in these things. They are called sexual and reproductive rights. These are rights that include being able to:</p> <ul style="list-style-type: none"> • feel well and happy in your body and your mind • have good relationships with those around you

	<ul style="list-style-type: none"> • refuse to be forced into having sexual intercourse or other sexual activity.” (p. 22) <p>“You have a right to information about how your body works, sexuality, pregnancy, contraception (preventing pregnancy), sexually transmitted infections and HIV. You also have a right to talk to friends about this.” (p. 23)</p> <p>“Boys and girls have a right to correct and full information and help on everything about puberty and growing up.” (p. 65)</p> <p>“Talk to older brothers and sisters or friends about how they cope with their sexual feelings, and share ideas from the lesson with them.” (p. 82)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS <i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS <i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“When we talk about sexuality, it is important that we trust each other and keep each other’s secrets.” (p. 4)</p> <p>“Trust means being able to do what we promise to others. This includes keeping secrets, being reliable and faithful. In sexuality education it is important to trust each other and keep secrets. If we do not keep our classmates’ secrets, they might be angry or hurt and they might be punished or abused.” (p. 4)</p> <p>Note: <i>This implies that students should not talk with their parents or elders about what they discussed in class.</i></p> <p>“Respect is following the rules of our family or school to make life run smoothly. However, this does not mean accepting anything that an older person asks without questioning.” (p. 7)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES <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>Home activity: “Find out more about pregnancy from your local peer educator, family planning provider or health centre.” (p. 90)</p> <p>“Make up a rap song about the signs and symptoms of STIs and the need to go to the clinic for treatment.” (p. 102)</p> <p>“People who do have sex can avoid STIs if they have sex only with each other and they know that they do not have an STI or HIV. Unless they are both virgins, they can only find this out by having a check-up and HIV test at the clinic, because many people have no signs of infection.” (p. 103)</p> <p>Home activity: “Meet with a peer educator or community worker and ask them to show you around the youth-friendly corner or clinic near you. Draw a</p>

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)

picture to show the different kinds of help that you can get at the youth-friendly corner.” (p. 110)

Note: *Often the clinics that push CSE curricula are the same that financially benefit from youth coming in for HIV and STI testing.*

For the complete text of *Our Future, Grades 4-5*, see

https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_alliance_our_future_grades_4_5_554c_en.pdf.