

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 ***National Sexuality Education Framework, 2018*** ***Republic of Uganda***

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 3 OUT OF 15

***National Sexuality Education Framework* contains 3 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: In this National Sexuality Education Framework for the Republic of Uganda, learners are grouped into five categories: Early Childhood (3 to 5 years); Lower Primary (6 to 9 years); Upper Primary (10 to 12 years); Lower Secondary (13 to 16 years); and A-level/Tertiary Institutions (17+). While this framework has a strong emphasis on pre-marital sexual abstinence, there are some areas that subject children to premature sexualization and open the door for graphic sexual discussions to take place.

Target Age Group: Ages 3+

Planned Parenthood Connections: None found

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<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>“How to tell the difference between male and female external body parts.” (p. 13, Ages 6-9)</p> <p>“Identifying the reproductive organs in the male and female bodies.” (p. 13, Ages 6-9)</p> <p>“The functions of the different organs of the human reproductive system.” (p. 19, Ages 10-12)</p> <p>“The myths, misconceptions, and misinformation about the human reproductive organs.” (p. 19, Ages 10-12)</p> <p>Note: <i>Discussions of reproductive organs can lead to conversations about erections, ejaculation, sexual pleasure, and orgasm.</i></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.

	<p>“Resisting situations that may make one lose his/her virginity.” (p. 15, Ages 6-9)</p> <p>“What unacceptable sexual behaviour means and includes.” (p. 16, Ages 6-9)</p> <p>“Where to report unacceptable sexual behaviour.” (p. 16, Ages 6-9)</p> <p>“What deviant sexual behaviour means and examples of such.” (p. 23, Ages 10-12)</p> <p>“Importance of learning about sexual deviancy.” (p. 23, Ages 10-12)</p> <p>“The importance of early and timely interventions as soon as sexually deviant behaviour and attitudes are noticed.” (p. 31, Ages 13-16)</p> <p>“Where and when to seek help upon noticing sexually deviant behaviour or attitude in others.” (p. 31, Ages 13-16)</p> <p>Note: <i>How in depth are the discussions and descriptions of unacceptable/deviant sexual behavior?</i></p> <p>“Myths, misconceptions, and misinformation about teenage sexual activity.” (p. 23, Ages 10-12)</p> <p>“Myths, misconceptions, and misinformation about early sexual intercourse.” (p. 27, Ages 13-16)</p> <p>“Factors that may lead young people into early sexual activity.” (p. 29, Ages 13-16)</p> <p>“The influences that tempt teenagers to engage in various forms of sexual activity.” (p. 31, Ages 13-16)</p> <p>“Identifying when a relationship is fast-moving toward any form of sexual activity.” (p. 31, Ages 13-16)</p> <p>“Resisting unwanted sexual pressure and advances from peers and adults.” (p. 31, Ages 13-16)</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</i></p>	<p>No evidence found.</p>

<p><i>abuse prevention.</i></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>No evidence found.</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>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</i></p>	<p>No evidence found.</p>

<p><i>exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></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>No evidence found.</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>No evidence found.</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>No evidence found.</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>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>No evidence found.</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>“Pros and cons of the various methods of preventing teenage pregnancy.” (p. 32, Ages 13-16)</p> <p>“Post-abortion care services that are available in Uganda’s reproductive health package.” (p. 32, Ages 13-16)</p> <p>“Where and when to seek help from in the event of post-abortion effects.” (p. 32, Ages 13-16)</p> <p>“Other different methods of preventing transmission of STI/Ds and their effectiveness.” (p. 33, Ages 13-16)</p> <p>“Other various methods of preventing transmission of HIV and their effectiveness.” (p. 33, Ages 13-16)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS</p>	<p>No evidence found.</p>

<p>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>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><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</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Children are not born with integrity or the behaviours associated with it, such as honesty, honour, self-respect, respect for others, social responsibility and the courage to stand up for what they believe is right. It is formed in them from a process of cultural socialization – influences from all spheres of a child’s life. While we have them in school, we must ensure that students acquire these values – from adult role models and peers, and through an understanding of the principles of integrity. When students learn integrity in the classroom setting, it helps them apply similar principles to all other aspects of their lives, including their sexuality.” (Introductory letter from the Minister of Education and Sports)</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,</i></p>	<p>No evidence found.</p>

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)

For the complete text of *National Sexuality Education Framework*, see <https://www.education.go.ug/files/downloads/NATIONAL%20SEXUALITY%20EDUCATION%20FRAMEWORK.pdf>.