CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] 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

Training of Trainers Manual on School Health
Republic of Namibia

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

Training of Trainers Manual on School Health **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: Under the premise that students learn better when they enjoy good health, this manual is provided to teachers in Namibia to help them integrate health lessons into their programs. Teachers are instructed to: "Make this Manual your desktop resource and use it every day as an expression of your commitment to a healthy and educated Namibia! The time to act is now!" (p. iii)

One topic to be covered and integrated is Comprehensive Sexuality Education. "Namibia's School Health Programme furthermore complements the Eastern and Southern African (ESA) Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights." (p. iii) Accordingly, this manual trains teachers to have sexual discussions with their students, to teach the steps of condom use in graphic detail, and to provide information on contraceptives and abortion. There is a heavy emphasis on informing students of their sexual and reproductive health rights and helping them exercise those rights. Abstinence is taught as the only way to completely avoid pregnancy and STDs, but far more time is spent on teaching contraception and sexual behavior.

Target Age Group: Unknown

Planned Parenthood Connections: The promotion of CSE through this program is based on the definition and recommendation of CSE by the International Planned Parenthood Federation (see page 125).

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of*	Students discuss the following female reproductive parts **and their functions**: Cervix, clitoris, fallopian tubes, hymen, labia majora, labia minora, ovaries, pelvis, urethra, uterus, vagina, vaginal fluid, vulva. (p. 113) "**Clitoris**: Small, sensitive organ above the vagina that **responds to**

[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.

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.	**stimulation** during sexual intercourse." (p. 113) "Vaginal fluid: Fluid produced by a pair of glands in the vagina **to moisten the vagina**." (p. 113) Students discuss the following male reproductive parts **and their functions**: Cowper's gland, epididymis, penis, prepuce, prostate, scrotum, seminal vesicles, testes, urethra, vas deferens. (p. 114) ***Note:*** *Discussions of reproductive functions can lead to conversations about erection, orgasm, and other sexually explicit topics.* "Erection and Ejaculation • If semen is going to come out of the penis it is **likely to be erect**. • **A penis gets erect** when blood rushes into it. • Muscles push the semen into the urethra and out the penis. • This is called ejaculation. • If a boy wakes up and finds a wet sticky spot on his pyjamas, semen came out when he was sleeping. This is called nocturnal emissions, or a 'wet dream'. • Some boys have wet dreams and some don't." (p. 115) "National health statistics indicate that about half of girls aged 15 to 19 are sexually active and about two thirds of boys in that age group. **Some adolescents engage in sexual activities well before the age of 15**." (p. 117) "Sexual risk behaviours comprise: • **Early sexual debut** is commonly defined as having had first sexual intercourse at or before age 14; • **Unprotected sex** means having sex without a condom; • **Multiple sexual partners** means having more than one sexual partner; • **Multiple concurrent partnerships** means having overlapping sexual relationships with more than one partner; • **Intergenerational sex** means having sex with an older partner usually with an age gap of 10 years; • Sex under the influence of alcohol as it likely leads to unprotected sex." (p. 117) Contributing factors to learner pregnancy: "**Consensual sex**, no/ failed contraception, lack of parental guidance, rape, gender inequality, **sugar daddies**, poverty, lack of knowledge, peer pressure." (p. 120) "A girl can become pregnant: • The first time she has sexual intercourse • If she has sex during ovulation before she's had her first period • Even if she has sex during her period • **Even if a boy pulls out** (withdraws his penis) before he comes/ejaculates • Even if she **has sex standing up** • Even if she forgets to take her pill for just one day." (p. 133)

	Advantage of Combined Oral Contraceptives: "**Don't interfere with sex**." (p. 134) "If used correctly **with every act of intercourse**, condoms are highly effective in protecting against pregnancy and most STIs." (p. 135) "Divide into four groups. Provide each group with a scenario to perform: • Group 1: You need to **inform a boy about condom use**. What will you do? • Group 2: You need to counsel a girl about the advantages and disadvantages of using the pill. • Group 3: A girl comes to you and tells you that **she had sex the previous evening and that the condom burst**. What advice will you give her? • Group 4: You need to talk to a class about family planning. What will you tell them?" (p. 143) "Studies have shown that adolescents who receive comprehensive reproductive health and HIV education that **includes accurate information about contraception and condoms** are more likely than those who receive abstinence-only messages to delay sexual activity and to **use contraceptives when they do become sexually active**." (p. 149) ***Note:*** *According to the Institute for Research and Evaluation, "It is simply not accurate to say there is no evidence that comprehensive sex education (CSE) has increased sexual activity at younger ages. Five recent studies endorsed by the federal Teen Pregnancy Prevention program have found that school-based CSE increased sexual risk behavior, either for the full population of participants or major subgroups, many of whom were 12 or 13 years old. These negative effects included increases in sexual initiation, oral sex, recent sex, number of partners, or pregnancy, and lasted anywhere from 6 to 24 months after the program ended." (See Abt Associates, 2018; Kelsey, et al., 2016; Markham, et al., 2014; Philliber, et al., 2016; Potter, et al., 2016).*
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*	**No evidence found.**

abuse prevention.	
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.*	"STIs are passed on from one person to another through sexual contact and sometimes by genital contact. The infection can be passed on via vaginal intercourse, **oral sex and anal sex**." (p. 144) "Human Papilloma Virus (HPV). It is usually spread sexually through **oral, anal or vaginal sex**, but also by skin-to-skin contact." (p. 144) "Chlamydia is spread mostly by vaginal or **anal sex**, but can also be spread through **oral sex**." (p. 144) "Agree: Studies have confirmed that some girls do **practice anal sex** due to fear of pregnancy, and for religious and cultural purposes." (p. 159)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *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.*	**"**In countries where same-sex relationships are criminalised, men who have sex with men may find it difficult to access condoms or treatment services … Examples of structural interventions: **Decriminalise** sex work, **homosexuality**, drug use and the use of harm reduction services." (p. 148) "Sexuality encompasses sex, gender identities and roles, **sexual orientation**, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships." (p. 154) ***Note:*** *This is the verbatim working definition of sexuality from the World Health Organization. See https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/* "Sexual orientation is used to describe a person's sexual identity **in relation to the gender to which they are attracted**. A person attracted to another person of the same sex is said to have a **homosexual orientation** and may be called gay (both men and women) or lesbian (women). Individuals attracted to persons of the opposite sex are said to have a heterosexual orientation. Individuals who are **attracted to both men and women** are said to be bisexual." (p. 154)
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.*	"Sexuality encompasses sex, gender identities and roles, sexual orientation, **eroticism, pleasure**, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, **fantasies, desires**, beliefs, attitudes, values, behaviours, practices, roles and relationships." (p. 154) ***Note:*** *This is the verbatim working definition of sexuality from the World Health Organization. See https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/*
6. PROMOTES SOLO AND/OR	

MUTUAL MASTURBATION *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.*	**No evidence found.**
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *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.*	**Illustrations** demonstrate **how to apply a condom to an erect penis**. (p. 135) Disadvantages of male condom: • "Interrupts the sex act. • May cause **decreased sexual sensitivity**. • Requires skills to use properly and negotiate their use with a partner. • A new condom must be used each time the couple has sex. • A **supply of condoms must be available** before sex occurs. • A condom **may occasionally** break or slip off during intercourse." (p. 135) "If used correctly with every act of intercourse, **condoms are highly effective** in protecting against pregnancy and most STIs." (p. 135) "The female condom also effectively prevents many STIs, including HIV, **when used correctly every time** an adolescent and her partner have sexual intercourse." (p. 136) Regarding female condoms: "**Occasionally, a condom may break** or slip out during intercourse." (p. 136) ***Note:*** *Adequate information regarding condom failure rates is not given.* Graphic illustrations show **how a female condom is inserted**. (p. 137)

8. PROMOTES PREMATURE SEXUAL AUTONOMY *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.*	"**When selecting a method, each adolescent should consider**: • the nature of his/ her sexual relationship(s) • sexual behaviours engaged in • frequency of intercourse • risk of STIs/HIV • efficacy of the method • ability to comply with use • ability to tolerate side-effects • services available • cost • convenience • religious beliefs • partner(s) attitudes • additional personal factors that may influence the decision and method compliance" (p. 132) Emergency contraception pills "are safe for all adolescents and **readily available**." (p. 139) "Abstinence is the safest option for young people who are not yet sexually active however for those adolescents and young people who are already sexually active require full information **to enable them to make informed choices** and to protect themselves **if they choose** to remain sexually active." [sic] (p. 149)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *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.*	"Providing CSE to children has positive benefits, as children who have received CSE in school or through clubs are more likely to: • Abstain from **or delay** sexual relations • Avoid or reduce the frequency **of unprotected sex** when they become sexually active • Have **fewer sexual partners** when sexually active • Use protective and preventative methods against unintended pregnancy and sexually transmitted infections (STIs) **if they engage in sexual activities**." (p. 125) ***Note:*** *According to the Institute for Research and Evaluation, "It is simply not accurate to say there is no evidence that comprehensive sex education (CSE) has increased sexual activity at younger ages. Five recent studies endorsed by the federal Teen Pregnancy Prevention program have found that school-based CSE increased sexual risk behavior, either for the full population of participants or major subgroups, many of whom were 12 or 13 years old. These negative effects included increases in sexual initiation, oral sex, recent sex, number of partners, or pregnancy, and lasted anywhere from 6 to 24 months after the program ended." (See Abt Associates, 2018; Kelsey, et al., 2016; Markham, et al., 2014; Philliber, et al., 2016; Potter, et al., 2016).* "When sexual activity is infrequent **or if multiple partners are likely**, condoms may be a priority option." (p. 133)

	"**Adolescents who engage in frequent intercourse** may opt for methods that are not coitally related to protect against pregnancy, but will still require routine condom use for STI/HIV prevention." (p. 133) "It is important to stress the following when dealing with adolescents: There are two main options – either don't have sex, **or if you are going to have sex, use contraception**. Both boys and girls should use condoms as a dual method of protection." (p. 133) "'Be Faithful' means **only having sexual relations with one partner at a time**, preferably one that has been tested for HIV." (p. 147) "Behavioural interventions seek to reduce the risk of HIV transmission by addressing risky behaviours. A behavioural intervention may aim to **reduce the number of sexual partners** individuals have, improve treatment adherence among people living with HIV, increase the use of clean needles among people whi [sic] inject drugs (PWID), or **increase the consistent and correct use of condoms**. To date, these types of interventions have proved the most successful." (p. 148) "A comprehensive approach to prevention of HIV is most desirable especially for young people. Critical elements includes delayed initiation of sexual intercourse, **reduction in number of sexual partner and increased use of condoms**." (p. 149) "Abstinence is the safest option for young people who are not yet sexually active however **for those adolescents and young people who are already sexually active** require full information to enable them to make informed choices and to protect themselves if they choose to remain sexually active." [sic] (p. 149)
10. PROMOTES TRANSGENDER IDEOLOGY *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.*	"Sexuality encompasses sex, **gender identities and roles**, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships." (p. 154) ***Note:*** *This is the verbatim working definition of sexuality from the World Health Organization. See* *https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/* "Transgender is a state in which a person embarks on a process to be able to **fully live as a member of the opposite sex**." (p. 154) "Transvestite refers to a person **who dresses in the style and manner of the opposite sex** (cross-dressing). Individuals who cross-dress generally have no desire to permanently change their sex." (p. 154)

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.* *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"**Abortion is a safe way to end a pregnancy** and involves the removal or forcing out from the womb of a fetus or embryo before it is able to survive on its own." (p. 122) "It is important not to confuse arguments about whether abortion is right or wrong with facts about the medical procedure. **Having a safe abortion does not affect your future ability to have children**." (p. 122) "**Reasons for seeking abortion** • Contraceptive failure – due to incorrect or inconsistent use • Sexual Assault Victim • Parity – having children already and/or having young children • Not liking the father – and therefore having a child with him will potentially ruin other relationship prospects • Education – fear of expulsion from school or interruption of education • Economic – poverty and limited resources to care for a child • Social – being condemned by society or bringing shame to their parents • Relationship – not having a stable relationship and support" (p. 123) "As a group, discuss the possible **reasons why a young woman would seek to terminate a pregnancy**. List answers on a flip chart." (p. 124) "Results from many countries show that combined interventions such as educational and **contraceptive promotion** can play a key role in reducing unintended pregnancies among adolescents." (p. 125) "Services package should include: • Information & counseling on sexuality, **safe sex**, and reproductive health • Family Planning - **Contraception method provision** • **Post-Abortion Care** counseling" (p. 126) "Characteristics of Adolescent Friendly Services: Youth are **counseled on dual protection**." (p. 127) "Prevention: The main focus of this policy is to provide the learner with information and **preventative measures** in order to discouraged [sic] pregnancy amongst learners." (p. 129) "Contraceptives or also called birth control, are usually used to prevent pregnancies. The best method to prevent HIV, sexually transmitted diseases (STIs) or pregnancy is abstinence. However, many young people are sexually active and **need to have more information regarding the different contraceptive methods available to them**." (p. 132) "**Emergency contraceptive pills are an option** in the event of condom breakage, slippage, or other causes of unprotected intercourse." (p. 133) "It is important to stress the following when dealing with adolescents: There are

	two main options – either don't have sex, **or if you are going to have sex, use contraception**. Both boys and girls should use condoms as a dual method of protection." (p. 133) **Detailed information**, including advantages and disadvantages, **is given for the following contraceptive methods**: Combined oral contraceptives, male condom, female condom, DMPA (the injectable contraceptive), emergency contraception pills, IUD, lactation amenorrhea method, progestin only oral contraceptive, sterilization. (pp. 134-143) Advantage of **Combined Oral Contraceptives**: "Don't interfere with sex." (p. 134) "If used correctly with every act of intercourse, **condoms are highly effective** in protecting against pregnancy and most STIs." (p. 135) "Note for the facilitators: Facilitator should emphasize that **a condom is the most preferred method** for sexually active youth as it is a dual method." (p. 137)

12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS 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.*
	"Adolescent-friendly health services, as defined by the IPP [International Planned Parenthood], are based on a comprehensive understanding of what young people in any given society or community want and need. It is also based on an understanding of, and respect for, **the realities of young people's diversity and sexual rights**." (p. 126)
	
	"**Reproductive rights** are those rights specific to personal decision-making and behavior in the reproductive sphere, including access to reproductive health information, guidance from a trained professional, and reproductive health services. In addition to rights established within individual countries, **major international conventions have articulated reproductive rights**, including those that are specific to adolescents." (p. 152)
	
	"These policies provide the basis **for the following adolescent rights**:
	• The right to good reproductive health.
	• The right to decide freely and responsibly on all aspects of one's sexuality.
	• The **right to information and education about sexual and reproductive health** so that good decisions can be made about relationships and having children.
	• The rights to own, control, and protect ones' own body.
	• The right to be free of discrimination, coercion and violence in one's sexual decisions and sexual lives.
	• The right to expect and demand equality, full consent, and mutual respect in sexual relationships.
	• The **right to quality and affordable reproductive health care** regardless of sex, creed, color, marital status, or location. This care includes:
	  ○ **Contraception information, counseling, and services**.
	  ○ Prenatal, postnatal, and delivery care.

	○ Healthcare for infants. ○ Prevention and treatment of reproductive tract infections (RTI). ○ **Legal, safe abortion services** and management of abortion-related complications. ○ Prevention and treatment of infertility. ○ Emergency services. • The right to privacy and confidentiality when dealing with health workers and doctors. • The right to be treated with dignity, courtesy, attentiveness, and respect. • The right to express views on the services offered. • The right to gender equality and equity. • The right to receive reproductive health services for as long as needed. • The right to feel comfortable when receiving services. • The right to choose freely one's life/sexual partners. • The right to celibacy. • The right to refuse marriage. • The right to say no to sex within marriage." (pp. 152-153) "The application of existing human rights to sexuality and sexual health constitute sexual rights. **Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health**, with due regard for the rights of others and within a framework of protection against discrimination." (p. 153) "Sexual rights are critical to the realisation of sexual health and include: **the right to information, as well as education**." (p. 154) "**Emphasise the need for sexual rights**, sexual health and responsibilities involved (refer to explanations referred above)." (p. 155)
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.*	"The following are some **obstacles/barriers that may prevent adolescent rights from being fulfilled**: Local laws, customs, or policies; **Religion**; Community pressure; **Family pressure**." (p. 153)
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*	"By focusing on school going children and **turning schools into centres of health** and cleanliness, future generations will be better prepared to care for their families, health of communities and clean environment." (p. ii) ***Note:*** *While the manual does say that the family is the most important place of learning, the idea of turning schools into centers of health opens the door for confidential treatment to be administered without parental knowledge or consent.*

children not to tell their parents what they are being taught about sex in school.	
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 *Training of Trainers Manual on School Health* see: https://drive.google.com/file/d/1UO04pX7XWwDrEd6djNEm7Oe7NHs8t1OV/view?usp=sharing	