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

African Religious Leaders' Toolkit on Adolescent Sexual and Reproductive Health and Rights

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15

Religious Leaders' Toolkit on Adolescent Sexual and Reproductive Health and Rights **contains 10 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 toolkit is intended to provide religious leaders with resources for engaging with their communities to address needs and challenges that are related to Adolescent Sexual and Reproductive Health and Rights (ASRHR). It is meant to be used along with the *Religious Leaders' Handbook on Adolescent Sexual & Reproductive Health and Rights*. This combined program affirms the concept of gender identity being separate from biological sex and normalizes sexual activity among young people.

Target Age Group: Intended for religious leaders and parents to address sexual health with young people aged 5-24.

International Connections: UNESCO, INERELA, World Council of Churches.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *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*	"Adolescence is an opportune time to build healthy habits and lifestyles relating to SRH, as it is a period of ongoing physical, emotional and social change, as well as the period when many individuals will start **exploring their sexuality** and developing relationships with others." (p. 16) "Reproductive health implies that people are able to have **a satisfying and safe sex life** and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. WHO defines sexual health as: 'a state of physical, emotional, mental and social **well-being related to sexuality**; it is not merely the absence of disease, dysfunction or infirmity.'" (p. 18)

[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.

discussion of sexual experiences, attractions, fantasies or desires.	"**We should begin the discussion about sex at an early age** to equip our children to be aware and seek help if they are being abused." (p. 24) "**Conclude by explaining that it is okay to talk about the male and female reproductive systems** and knowing the male and female reproductive anatomy **and their functions**." (p. 35) ***Note:*** *Discussing the functions of reproductive anatomy can lead to conversations around erections, sexual excitement, and orgasm.* "**The size of a boy's or man's penis does not indicate whether he is or will be a good lover**, nor does it mean he is any more or less masculine." (p. 40) "Remember to highlight that ASRHR recognises the diversity of adolescents, draws attention to the health and rights of adolescents and has a **positive view towards human sexuality**." (p. 49) "Some STIs can be transmitted through **different types of sexual contact (involving the mouth, anus or genitals)**." (p. 78)
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.* *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.*	"**Consent and sex:** It is important for young people to hear us say that each person has the **right to make decisions about whether or not to have sex** with a person, and that no one has the right to push another person into a sexual relationship. Young men and young women both have the responsibility to **make sure their feelings are known to the other person**." (p. 51)
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.*	**No evidence found.**
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.*	**No evidence found.**
5. PROMOTES SEXUAL PLEASURE *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.*	**No evidence found.**
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.*	"Be sure to note that boys usually cannot control erections and that wet dreams are also normal and that **masturbation is a healthy practice.**" (p. 56)
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*	**No evidence found.**

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.	
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.*	"Although African cultures and religious traditions often discourage open discussions of sex among people of different age groups and gender, it is **important for religious leaders to be open minded about sex when engaging with adolescents** and other stakeholders." (p. 34) "**Children are indulging in sex much earlier in their lives** and they need our guidance not condemnation." (p. 68) "Encourage positive relationships, knowledge and critical thinking **skills for deciding when to have sex or not to**, and how best to protect oneself." (p. 96) "Indicate that we will now work in groups. The groups will discuss the role of adolescents and young people in addressing teen pregnancy. Have them consider their life goals, the importance of positive relationships, **what they will need to make decisions about sex** and how to protect themselves." (p. 98)
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.*	"All new relationships come with some risk that can be reduced with careful planning. Talk about where they can go for information and **help with safer sex**, before the relationship gets sexual. This includes prevention of HIV and STIs with condoms, getting a test for HIV, and contraception to prevent unintended pregnancy." (p. 52) "Ask some participants to **dramatise a situation where a teenage girl has been impregnated** by a teenage boy." (p. 58) "Abstinence remains the most appropriate sexual behaviour before marriage, however, when this has failed (and it does fail many times!), it is not the end of the world. **For those who cannot abstain, there are options for protection**." (p. 67) ***Note:*** *It's important to clarify to children and youth that abstinence never fails, and it is the only 100% way to prevent pregnancy. People may fail to practice abstinence, but the method does not fail.* "We need to talk with our children on **positive sexual behaviour from an early age** in an appropriate way that takes note of their ages. As a religious leader, always strive to talk with the children and below are activities that you can do with them to instil in them positive attitudes that will **prepare them to adopt positive sexual behaviour when they begin to transition from childhood to**

	adulthood." (p. 69) "Key Points for the Facilitator: Studies in many different parts of the world, including in Africa, are consistently showing that the **age of sexual debut for many young people is around the age of 15, with some as early as 12**, while others are delaying sexual debut into their 20s. Faith communities remain largely in denial about these statistics. This toolkit is urging faith communities to come out of denial and to begin **engaging adolescents on this subject and to promote positive sexual behaviours** among adolescents and youths." (p. 73) "The following are ways to avoid STIs: **Only having one sexual partner**." (p. 77) "Sexual transmission of STIs and HIV can be prevented by: **Being faithful to one partner**; **Using a condom correctly and consistently**." (p. 78) "Ask participants to role-play the following situations: **A partner has been diagnosed with an STI.** How does the other partner respond to this information? Process the role-play and ask participants to give their reaction. Ask if healing can take place in this situation? If so, how?" (p. 84) "After testing, **everyone should only have safe sex**, regardless of their test result." (p. 86) "A person living with HIV can have a **safe sexual relationship** with another person. This requires several things: 1) good communication and disclosure of their results to the other person; 2) good treatment adherence and monitoring to be sure they are virally suppressed; 3) safe sex using condoms consistently and correctly (STIs are still possible); 4) The partner can use PrEP for extra protection. PrEP = Pre-Exposure Prophylaxis which must be taken each day while at risk, **even if they do not have sex every day**." (p. 89) "All sexual contact has some risk. **If a person has sex,** condoms are an effective way to reduce that risk." (p. 93) "What other options do people have to reduce their risk? **Monogamy: sex with only one person who only has sex with you**." (p. 93)
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*	"By the end of this unit, religious leaders will be able to: Demonstrate skills for addressing sex in their communities; Demonstrate **skills for addressing gender** in their communities; Apply skills and knowledge to challenge gender stereotypes in their communities; Reflect on and engage with their knowledge of **sexual and gender diversity in their communities**." (p. 21) "What do you understand by sex? What do you understand by gender? When do children get **assigned their sex**?" (p. 24) "By the end of this exercise, participants will be able to: Explain the concept of gender. **Express gender identity** through reflections on what happens in their

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.	families." (p. 25) "By the end of this exercise, participants will be able to: **Explain the concept of gender identity** through reflections on their upbringing." (p. 28)
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.*	"Young people should be aware of the need for 'dual protection' – protection from both infections and pregnancy. **While condoms work for both**, many young women feel better protected if they also **use another method of contraception for the extra protection from pregnancy**. Condom use should be the responsibility of both partners - young women as well as young men have the right to get condoms, carry them, and insist on their use." (p. 51) "The following are ways to avoid STIs: **Correct and consistent use of a condom in all sexual relationships**." (p. 77) "**If you have sex, using condoms correctly every time is the best way to prevent STIs**. If you have an STI, you must get treated and then practice safe sex or you are likely to get infected again. Both partners must be treated." (p. 81) "What actions can a person use to protect themselves and their partners? • **Using condoms correctly**, every time. • Avoiding dry sex and using lubricant to reduce the chance of a condom breaking. • **Condoms must be put on before any sexual contact** between the penis and the partner's body (vagina, mouth and anus)." (p. 93) "**STIs and HIV – How to prevent them: Condom use.** Other methods: PrEP, PEP, treatment as prevention (viral suppression)" (p. 141) "Preventing pregnancy: **Promoting use of contraception;** Advising on where to find it; Supporting to **decide on a method**" (p. 141) "Ask the group what young people need to be able to prevent early and unintended pregnancy." (p. 59) "If you are comfortable, **you can also explicitly encourage those who are not able to abstain to take steps for protection against pregnancy**, HIV and other sexually transmitted infections, as well as abusive or violent relationships. **Consider the different contraceptive methods** such as condoms, pills and injectables, in the Handbook. More information on these methods can be accessed from health centres." (p. 73) "**Avoid explicit condemnation of condoms** (even if you do not agree with their use) – this is the main means through which people can protect themselves from HIV if they cannot avoid having sex. **Avoid explicit condemnation of other**

	contraceptives (even if you do not agree with their use)." (p. 67)
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.*	**No evidence found.**
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.*	"**There are numerous passages within the sacred texts that support the focus on ASRHR**. It is strategic for one to be familiar with these." (p. 45) "As the groups report back, you can supplement their responses as required by making reference to: • International and national laws that address ASRHR and children's rights. • **Religious and cultural factors that prevent full access to ASRHR** and children's rights." (p. 49) "We must commit ourselves to **challenge social, cultural and religious practices** that are behind the prevalence of gender-based violence in our community. We must also change the way we socialize our children." (p. 112)
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 children not to tell their parents what they are being taught about sex in school.*	"Consent laws requiring a parent or caregiver's consent to HIV testing can also complicate access to testing and treatment for adolescents in particular. It is important for the religious leader to know the laws in their country and to be able to clarify with parents as well as **inform young people about whether or not they need parental or a caregiver's consent** to get tested, and where they can get tested." (p. 86)
15. REFERS CHILDREN TO HARMFUL RESOURCES *Refers children to harmful*	"Look for **fact sheets that provide information about HIV among young people**, teen pregnancy, child marriage, and sexual violence. Sources for this will include the websites and local offices of UNESCO, UNAIDS, UNFPA and your Ministry of

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)*	Health." (p. 11) "Helpful Resources: • Global Factsheet on Adolescent Sexual and Reproductive Health (provided at the end of this unit; see the introduction for suggested sources in your country context). • Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights Handbook • **UNESCO International Technical Guidance on Sexuality Education**, https://www.who.int/reproductivehealth/publications/technical-guidance- sexuality-education/en/" (p. 16) ***Note:*** *The analysis of UNESCO's International Technical Guidance on Sexuality Education received a score of 15/15 on the CSE Harmful Elements Analysis Tool.* "Request participants to get into groups. Ask them to **identify the services** that they are aware of and discuss strategies to ensure that they access sexual and reproductive health services in their communities." (p. 49) "Conclude the discussion by emphasising the **need for young people to be able to access youth-friendly reproductive services from health centres** and from trusted sources in their families and communities. Also mention that it is possible to minimise early and unintended pregnancies through comprehensive sexuality education for in school and out of school adolescents and young people." (p. 59)