

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of *Health and Family Life Education Curriculum (Jamaica)* Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15**

*Health and Family Life Education Curriculum* 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:** “HFLE is a comprehensive, life skills-based programme, which focuses on the development of the whole person in that it:

- Enhances the potential of young persons to become productive and contributing adults/citizens.
- Promotes an understanding of the principles that underlie personal and social well-being.
- Fosters the development of knowledge, skills and attitudes that make for healthy family life.
- Provides opportunities to demonstrate sound health-related knowledge, attitudes and practices.
- Increases the ability to practice responsible decision-making about social and sexual behaviour.
- Aims to increase the awareness of children and youth of the fact that the choices they make in everyday life profoundly influence their health and personal development into adulthood.” (p. vii)

**Target Age Group:** Ages 9-14

**International Connections:** United States Agency for International Development (USAID); United Nations Children Fund (UNICEF); National Health Fund; Food and Agricultural Organization of the United Nations (FAO)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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</i></p>	<p>“<b>Sexuality is an integral part of personality.</b> There are physical, emotional and psychological components to sexuality, as well as components related to gender – what it means to be a man or woman.” (p. 18, Grade 7)</p> <p>“Demonstrate an understanding that the concept of <b>human sexuality as expressed throughout the life cycle</b> is an integral part of every individual.” (p. 96, Grade 7)</p> <p>“<b>Sexuality has a variety of dimensions which include biological sex and gender.</b></p>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

*graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.*

One's sexuality also encompasses the many social, emotional and psychological factors that shape the expression of values, attitudes, social roles and beliefs about self and others as being male or female." (p. 97, Grade 7)

#### **"Components of Sexuality**

- Sensuality
- Intimacy
- Sexual health and reproduction." (p. 101, Grade 7)

"Class will discuss the question '**Why is it important for me to understand my sexuality?**'" (p. 101, Grade 7)

"Students will **respond to statements that are considered sexual** by moving to spaces labelled 'Agree, Neutral, and Disagree.' Teacher will facilitate discussion on each statement and the various positions held by students and provide clarity where necessary. Sample statements:

It is ok to **touch a friend on his/her bottom**

It is ok to **tell someone that he/she is sexy**" (p. 101, Grade 7)

"Students will acquire knowledge and skills that will assist them in **understanding their own sexuality and making decisions about their sexual engagement**, which will allow them to realize their potential as responsible and caring human beings." (p. 106, Grade 7)

"Critically examine the impact of various influences **on their own expression of sexuality.**" (p. 107, Grade 7)

"Driven by the need for a better life, some men/women and girls/boys **use sex as a commodity** in exchange for goods, services, accommodation, gifts, food and other necessities. Emotional support has also been a driving factor for some adolescents. This kind of behaviour is referred to as 'transactional sex'. **Transactional sex involves relationships between persons**, often with multiple and older partners." (p. 108, Grade 7)

"Effective communication means that one can **talk about oneself and one's feelings about sexuality**. This requires an individual to be conscious of his/her feelings and thoughts, and then to share thoughts and feelings with someone else. Talking honestly and openly about sexual issues can be hard as many people feel shy or embarrassed to talk." (p. 108, Grade 7)

"In their portfolios, students will **create a healthy sexuality and sexual health life plan** highlighting their possible actions for the future." (p. 108, Grade 7)

"Once research is completed they will participate in a Fishbowl Debate to **justify the role of STI education in adolescent sexual and reproductive health.**" (p. 118, Grade 7)

"As an adolescent matures, so does their sexuality and sexual urges. It is during

this time that **many people begin to experiment with their bodies and with other people.**" (p. 121, Grade 7)

"In groups, students will be given **real-life scenarios of adolescents engaging in situations that may compromise their sexual and reproductive health.** They will role-play alternative strategies to minimize their risks of becoming infected with an STI or developing cervical/penile cancer thus enhancing their reproductive health." (p. 122, Grade 7)

"**Fantasy** – fantasies are mental images which often reflect our conscious or subconscious desires. It is important that adolescents understand that **though sexual fantasy is normal,** one does not have to act upon sexual fantasies and that not all sexual fantasies are healthy." (p. 130, Grade 7 and p. 336, Grade 8)

"Summarize the **five components of sexuality.**" (p. 300, Grade 8)

"**Sexuality includes** sensuality, intimacy, sexual health and reproduction, sexualisation and sexual identity." (p. 300, Grade 8)

"In their journals, students will reflect on **how they feel about what they have learnt about sexuality** using the following reflective questions as a guide:

- What have I learned about sexuality that I did not know before?
- How do I feel about what I have learned?
- How comfortable am I talking about sexuality issues with my parents?
- What behaviours do I need to change to **express my sexuality in positive ways?**" (p. 301, Grade 8)

"In their journals, students will then reflect and identify the sources that have impacted their thoughts, actions and behaviours **about their sexual development and how they express it.** Students will share their responses with the entire class." (p. 307, Grade 8)

"Opposite ends of the classroom will be labelled 'Agree' and 'Disagree.' Students will listen to a series of questions and **indicate their beliefs** by standing under the appropriate sign. Students will **justify their choice** in a large group discussion and share what influences their beliefs about the issue. Examples of questions include:

1. It is OK to wait until marriage to have sexual intercourse.
2. It is OK to date at my age.
3. Sex was designed to be enjoyed between a man and a woman.
4. It is OK to **have sex with someone you have just met.**
5. It is OK to say no to sexual pressure.
6. Sexual activities with older men/women, including family members, should be reported.
7. Sexual involvement is OK when it is with someone against their wishes.
8. It is OK to **have more than one sexual partner.**
9. I believe adolescents should not engage in any form of sexual activity.
10. I believe **sexual activities in exchange for favours, gifts, money** or other

	<p>material items is not a big deal.” (p. 308, Grade 8)</p> <p>“<b>Sexuality is more than the sexual feelings we experience</b> and sexual intercourse. In fact, integral parts of our sexuality include our thoughts, beliefs and our behaviours; how we identify as male and female, who we are as a person, the relationships we form and the love that we share.” (p. 336, Grade 8)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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><b>No evidence found.</b></p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“As always, the best way to make sure you don’t get an STD like HPV is to avoid any sexual contact with another person – that includes <b>vaginal, oral and anal penetration</b>, and any other genital contact.” (p. 118, Grade 7)</p> <p>“Sexual activities which can result in the spread of STIs include <b>oral sex, vaginal sex, anal penetration</b> as well as unprotected sexual intercourse.” (p. 320, Grade 8)</p> <p>“For some STIs, girls are more prone to infection due to their physiology. <b>Oral, vaginal or anal penetration</b> increases the risk of infection for both boys and girls.” (p. 320, Grade 8)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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</i></p>	<p><b>No evidence found.</b></p>

<p>sex.</p>	
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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><b>“Sensuality:</b> Enjoyment, expression or pursuit of physical, <b>especially sexual, pleasure.”</b> (p. 101, Grade 7 and p. 336, Grade 8)</p> <p>“Experiencing pleasure – sensuality allows us to <b>experience pleasure through the arousal of our senses:</b> taste, touch, sight, hearing and smell.” (p. 130, Grade 7)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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><b>No evidence found.</b></p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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><b>“Critically examine</b> abstinence, fidelity, and <b>condom use</b> (if permitted) as preventive methods in the transmission of HIV and STIs.” (p. 298, Grade 8)</p> <p>“Engaging in group sex – Engaging in sexual intercourse with more than one partner, especially at the same time, increases the risk of contracting HIV and other STIs. <b>Using a condom may protect a male partner from HIV</b> (but not some STIs) however if the same condom is used on all female partners, STIs can be passed from one female to another.” (p. 340, Grade 8)</p> <p><b>Note:</b> <i>A condom should never be used with more than one partner!</i></p>

**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.*

“Assess the **capacity to enter intimate sexual relationships.**” (p. 298, Grade 8)

“Students will reflect on how they **manage their sexual feelings** and pressures to engage in sexual activities, by answering the following questions in their journals:

1. What is the difference between love and sex?
2. What are some things that may **tempt someone to consider having sex?**
3. What kinds of activities encourage or can lead to sex?
4. What are some ways to express feelings without having sex?
5. What are some **things to think about before having sex?**” (p. 304, Grade 8)

“At the end of the activity, students will **record all the risky sexual behaviours** on a handout and express how they feel about engaging in these activities using the following question to guide their thoughts:

1. What does engaging in risky sexual activities say about how much I value my life and my self-respect?
2. How does **engaging in sexual activity** align with my spiritual/religious beliefs and values?
3. How do I feel about adolescents participating in sexual activities in exchange for gifts, money or favours?
4. How do I feel about **having multiple partners, engaging in casual sex** and sex without a condom?
5. If I were to engage in this kind of activity, how would I feel about myself?
6. What does **engaging in transactional sex** say about my self-worth, self-respect and self-esteem?” (p. 321, Grade 8)

“Given the right tools, young people have the potential to **take responsibility for their sexual and reproductive health.**” (p. 102, Grade 7)

“An adolescent’s **ability to make safe and informed decisions regarding sexual behaviours** depends on the family, religion, community, culture, society and economic status in which he/she lives.” (p. 107, Grade 7)

“Students should be capable of **identifying a range of age-appropriate health services** in their communities. Through an informed use of these services, they should **acquire the necessary knowledge, skills and attitudes** needed for a lifelong commitment to the promotion of personal, family and community health, including advocacy. Age-appropriate health services in the community may address the following: sexuality, child abuse, sexual assault/harassment and domestic violence.” (p. 125, Grade 7 and p. 331, Grade 8)

**9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD**

*Fails to establish abstinence (or a return to abstinence) as the*

“Immunization with the HPV vaccine **before first sexual contact**-because they have not been exposed to HPV can also provide protection.” (p. 118, Grade 7)

“It is therefore important to practise behaviours that **reduce the risk** of infection. These include abstinence, consistent condom use and immunization where applicable. This is critical as adolescents often engage in risky sexual behaviours which increase their risk of contracting HIV and other STIs. These

<p><i>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>behaviours include <b>unprotected sex, multiple partners, casual sex and transactional sex.</b>” (p. 321, Grade 8)</p> <p>“<b>Having several casual sex partners</b> – Having more than one sexual partner, increases the risk of contracting STIs; even if a condom is used, it cannot protect against all STIs, therefore the more partners one has, the greater the risk.” (p. 341, Grade 8)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></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>“<b>Gender is sometimes confused with sex.</b> Sex is defined as the biological characteristics which define us as male or female. Gender, on the other, hand refers to expected and established cultural norms of male and female behaviour (how males and females should act, think and feel).” (p. 103, Grade 7)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></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</i></p>	<p>“They must demonstrate behaviour which will render them less vulnerable to threats to reproductive health, by critically analysing <b>options such as abstinence</b>, a drug-free lifestyle, <b>use of contraception</b> and assertive behaviour.” (p. 116, Grade 7 and p. 318, Grade 8)</p>

<p>effects.</p>	
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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>“Students work together to <b>mount a social media public awareness campaign around the life skills</b> Refusal, Assertiveness, Advocacy and Communication regarding STI prevention and treatment among adolescents. They can also prepare charts, posters, brochures and flyers using steps of specific life skills to show how they can minimize personal risks.” (p. 119, Grade 7)</p> <p>“<b>Students will plan and execute a symposium</b> under the theme ‘Treat Youth with Respect.’ Using the data collected, they will inform participants of the services needed by adolescents and the importance of offering these services in a friendly non-threatening manner. They will also invite resource persons and <b>adolescents who have accessed services</b> to share their stories. They may also create, display and distribute posters or flyers highlighting the SRH services and resources. Students will discuss their thoughts on the following questions:</p> <ul style="list-style-type: none"> <li>• How do I feel about accessing adolescent friendly health services?</li> <li>• <b>How can I advocate in my community for better adolescent health services?</b> Students will create an online space to provide adolescents with links, resources and scenarios where there may be a lack of adolescent-friendly health services in their communities. They will also include information on how adolescents may access health services based on age, emancipated status etc. They will share tips on how to cope when the services are not friendly and <b>how others can advocate</b> for increased quality of service.” (p. 127, Grade 7)</li> </ul>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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>“Justify why an <b>understanding of human sexuality is important to their personal development.</b>” (p. 100, Grade 7)</p> <p>“<b>Sexuality</b> is the total expression of one’s self as male or female which can include values, mental attitudes, physical appearance, beliefs, emotions, likes, dislikes, spiritual selves and how we are socialized. It involves an individual’s entire self-concept. It <b>begins at birth and lasts a lifetime.</b>” (p. 100, Grade 7)</p> <p>“Evaluate ways in which <b>traditional gender roles have been changing</b> in Jamaica Show support to persons who assume non-traditional gender roles” (p. 103, Grade 7)</p> <p>“They will <b>research traditional and non-traditional roles</b> carried out by males and females in a country of their choice and if possible identify when things changed or state if they have remained the same.” (p. 103, Grade 7)</p> <p>“It is important to note <b>how gender roles create inequalities</b> in how men and women are treated.” (p. 103, Grade 7)</p> <p>“Justify the <b>critical role STI education plays</b> in adolescent sexual and reproductive health.” (p. 117, Grade 7)</p> <p>“<b>Adolescents and youth need Sexual and Reproductive Health (SRH) services,</b> information, skills and opportunities. They need to manage issues affecting them</p>

	<p>in ways that build their confidence, increase resilience and reduce vulnerability. Vulnerable adolescents, and adolescents who may not reside in areas where SRH services are easily accessible, need to be equipped with knowledge and life skills to improve their health-seeking behaviours and to access key health, second-chance education and protective services.” (p. 126, Grade 7)</p> <p>“In groups, students will brainstorm about <b>sexual and reproductive health (SRH) challenges facing young people.</b>” (p. 332, Grade 8)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></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>“<b>A trusted adult</b> is someone you can talk to about anything; someone you feel comfortable being around; someone who is a good listener; or someone who has helped you before.” (p. 36, Grade 7)</p> <p>“However, <b>not all adolescents</b> based on age, emancipated status etc. <b>will need parental consent to access health services.</b> Information on STIs can be acquired from:</p> <ul style="list-style-type: none"> <li>• National Family Planning Board</li> <li>• Health Centres</li> <li>• Family doctor</li> <li>• Hospitals</li> <li>• Guidance Counsellor</li> <li>• School nurse</li> <li>• Red Cross</li> <li>• Jamaica AIDS Support for Life</li> <li>• Ministry of Education Guidance and Counselling Unit</li> <li>• Ministry of Health National HIV/STI Programme</li> <li>• Jamaica Family Planning Association” (p. 128, Grade 7)</li> </ul>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in</i></p>	<p>“<b>Name local and national health services available to adolescents.</b> Explore the range of SRH services needed by adolescents. Justify the importance of making adolescent-friendly health services available.” (p. 126, Grade 7)</p> <p>“In groups, students will <b>identify available health services in their community</b> and create a youth-friendly directory with relevant contact information (name, addresses, contact information and email addresses). Students will design a survey (work with teacher and peers to ensure that the tool is developed well) to be distributed to peers and adults to ascertain the services they think adolescents need.” (p. 126, Grade 7)</p>

*creating or implementing sex education programs.*

*(For more information on how Planned Parenthood sexualizes children for profit see [www.WaronChildren.org](http://www.WaronChildren.org) and [www.InvestigatePPF.org](http://www.InvestigatePPF.org))*

For the complete text of *Health and Family Life Education Curriculum* see:

[https://drive.google.com/file/d/1ITEdekqE\\_FJruEG8vCRcqz2nVma0bRdZ/view?usp=drive link](https://drive.google.com/file/d/1ITEdekqE_FJruEG8vCRcqz2nVma0bRdZ/view?usp=drive_link)