

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 *Adolescent Health Club Discussion Guide* (Liberia)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

Adolescent Health Club Discussion Guide contains 9 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: Health club supervisors and peer educators will use this guide in both communities and schools to educate young people aged 13–16 years on sexual and reproductive health. The lessons in the booklet are designed for use by Adolescent Health Club facilitators and address the facilitator directly. (see p. 1)

Target Age Group: Ages 13–19

International Connections: USAID, Breakthrough Action

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
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>“After role playing each scenario, we’ll talk through what different groups thought of as a way to respond.</p> <ul style="list-style-type: none">You are kissing your boyfriend/girlfriend. You haven’t had sex yet, and your boyfriend/girlfriend says they want to have sex right now, otherwise they’re going to break up with you.You are in bed with your boyfriend. You have had sex before, but always with a condom. He says that he wants to try having sex without a condom because he heard that it feels much better.” (p. 11) <p>“What are qualities to look for in a romantic partner or friend?” (p. 12)</p> <p>“Spend no more than 10 minutes talking through these questions.</p> <ul style="list-style-type: none">What is sex?What are the different types of sex practices?

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.

	<ul style="list-style-type: none"> • What do we mean when we say ‘having sex before you’re ready’ or ‘early initiation of sex?’ • Why do some people have sex at an early age? • What are the effects of having sex at an early age? • What are the benefits of delaying sex?” (p. 18) <p>“Sex is often defined as sexual intercourse, or a man’s penis being inserted into a woman’s vagina. Without using contraception, sexual intercourse will often lead to pregnancy. To define sex more broadly, as it incorporates many different behaviors, sex can be thought of as when two people use their bodies to make them feel good.” (p. 18)</p> <p>“Different kinds of sexual practices or activities</p> <p>Physical Types of Sex</p> <ul style="list-style-type: none"> • Vaginal sex • Oral sex • Anal sex <p>Practices with Partners</p> <ul style="list-style-type: none"> • ‘Casual’ sex, or sex without a committed relationship • Sex with multiple partners • Any of the above without condom and/or contraceptive use” (p. 19) <p>“For STIs and HIV, how risky are different behaviors?</p> <ul style="list-style-type: none"> • Kissing: Less risk. As long as both mouths are healthy and not bleeding or having any sores. • Vaginal sex without a condom: More risk. STIs/HIV can be pass [sic] on to partner through vaginal sex. You cannot tell if someone has an STI/HIV just by looking at them. The risk can be lowered by using condoms... • Oral sex: Moderate risk. Many STIs such as chlamydia, gonorrhea, and herpes can be spread through oral sex, especially if the person has any sores or open cuts in their mouth. Risk can be lowered by using condoms... • Masturbating alone: Less risk. You are acting alone. • Having multiple sexual partners: More risk. Any additional partner increases your risk. Risk can be lowered by using condoms during every sexual act with every partner. However, it is best to only have one partner. • Getting drunk and having sex: More risk. When you are drunk, it is easy to forget to wear condoms. • Having sex without a condom: More risk. Having sex without a condom even one time can lead to pregnancy or getting an STI. You can reduce your risk by wearing condoms correctly and consistently every time.” (pp. 31-32)
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to</i></p>	<p>No evidence found.</p>

<p><i>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>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>“Different kinds of sexual practices or activities Physical Types of Sex</p> <ul style="list-style-type: none"> • Vaginal sex • Oral sex • Anal sex” (p. 19) <p>“Sexually transmitted infections, or STIs, are infections that spread from person to person through sexual activity, including anal, vaginal, or oral sex.” (p. 29)</p> <p>“Oral sex: Moderate risk. Many STIs such as chlamydia, gonorrhea, and herpes can be spread through oral sex, especially if the person has any sores or open cuts in their mouth. Risk can be lowered by using condoms.” (p. 31)</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</i></p>	<p>No evidence found.</p>

<p><i>potential outcomes for sexually active children.</i></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 exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Masturbating alone: Low Risk. You are acting alone.” (p. 31)</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>“Puberty is also when you start to feel sexual desires and may make you want to experiment with others. These are all very normal feelings.” (p. 14)</p> <p>“As you go through puberty and start to think about sex more often, this when [sic] it is crucial that you learn about how to be safe, use contraceptives, and not start having sex before you are ready.” (p. 15)</p> <p>“Some people may be ready to have sex at the age of 16. Other people may not be ready to have sex until 20. Every person is different, which is why it is important to understand your wants and values and respect the wishes of others.” (p. 19)</p> <p>“Note that many different circumstances and feelings influence people’s decisions about whether to have sex.” (p. 23)</p> <p>“Why is it important for young people to think clearly about the reasons for their choice to have or not have sex?” (p. 24)</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><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>“But if you are sexually active, you can take the following steps to lower your risk for STDs:</p> <ul style="list-style-type: none"> • Stick to one faithful sexual partner • Get tested if you think you may have an STI or HIV • Use condoms correctly every time you have sex • Do not drink alcohol or use drugs before and during sex” (p. 30) <p>“How can a person with HIV prevent passing HIV to others?</p> <ul style="list-style-type: none"> • Avoid having sex without a condom. • Take HIV medicines that a health care provider has prescribed to you daily. Treatment with HIV medicines (called antiretroviral therapy or ART) helps people with HIV live longer, healthier lives.” (p. 30)
<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</i></p>	<p>No evidence found.</p>

<p><i>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>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>“Set the scene for the session by asking some of these opening questions to the group. Allow participants to disagree with one another and build on one another’s answers. Politely correct any information participants share that is factually incorrect, taking care not to embarrass the person that stated the false information). Spend no more than 10 minutes talking through these questions.</p> <ul style="list-style-type: none"> • What are modern contraceptive methods? • Why [sic] are the benefits of using contraceptive methods? • What is the difference between contraception and family planning? • What are some benefits of family planning? • Who is eligible to take contraceptives? • How can you access contraception?” (p. 25) <p>“Modern contraceptive methods are tools, such as physical barriers or medicines, that can help a couple prevent having a baby. An individual can use a contraceptive at any time.” (p. 25)</p> <p>“Some modern contraceptive methods that boys and girls in Liberia use are:</p> <ul style="list-style-type: none"> • Condoms <ul style="list-style-type: none"> ○ What it is: A latex covering that goes over the penis and acts as a barrier that is effective at preventing pregnancy. Condoms are most commonly used by men, but female condoms, which are inserted into the vagina, can also sometimes be found. ○ How long it lasts: Must be used every time you have sex. ○ Side effects: Few to none ○ Reversible: Can get pregnant again immediately when not using condoms. ○ STI protection: Condoms are the only contraceptive method that protects against all STIs. • The ‘pill’: <ul style="list-style-type: none"> ○ What it is: A daily pill [sic] that a woman takes to prevent pregnancy. ○ How long it lasts: Pill [sic] must be taken every day in order to be effective. Missing days can reduce the pill’s effectiveness. ○ Side effects: Mild side effects that usually go away after the first 2–3 months of taking the pill. ○ Reversible: Women can get pregnant within 1–2 months after stopping the pill. ○ STI protection: The pill does not protect against STIs. • Depo-provera: <ul style="list-style-type: none"> ○ What it is: An injection that is given regularly to a woman that

prevents her from becoming pregnant.

- How long it lasts: Injection must be given every three months to prevent pregnancy.
- Side effects: Mild side effects that usually go away after the first 2–3 months of getting depo-provera injections.
- Reversible: Completely reversible, however, it may take several months after the final depo shot to resume regular menstruation.
- STI protection: Does not protect against STIs.

- **Intra-uterine device (IUD):**

- What it is: A small piece of plastic that is put inside the uterus by a health provider.
- How long it lasts: Can last up to 10 years.
- Side effects: Mild side effects that usually go away after the first 2–3 months of getting an IUD.
- Reversible: After being removed, women can become pregnant within one month.
- STI protection: Does not protect against STIs.

- **Implants:**

- What it is: A small rod about the size of a matchstick that is surgically placed inside a woman's upper arm.
- How long it lasts: Can last 3–5 years
- Side effects: Mild side effects that usually go away after the first 2–3 months of getting an implant.
- Reversible: After being removed, women can become pregnant within one month.
- STI protection: Does not protect against STIs.” (pp. 25-26)

“Modern contraceptives and family planning **can be beneficial for the following reasons:**

- It helps people decide when to begin having children
- It helps people decide how far apart they want their children to be born
- It helps people control the number of children they want to have
- It helps people control when they want to stop having children
- It helps reduce unwanted pregnancy
- It helps reduce the risk of pregnancy-related complications, diseases, and death. Having a baby at a young age can especially result in dangerous complications.
- It helps reduce the risk of developing uterine cancer
- It helps ensure babies are born healthy. Young mothers are especially at risk, as they are more likely to give birth to underweight babies and are at higher risk of death giving birth.
- Some contraceptive methods help control many menstruation-related symptoms and disorders
- It allows adolescents to follow education and career goals that may be interrupted by having children. This empowers people and increases their ability to earn more.” (pp. 26-27)

“Who can use, take, or is **eligible for contraception/family planning** methods?”

	<p>Everyone at reproductive age who is not ready or wants to have a child is eligible. They can be sexually active or be thinking about becoming sexually active. Contraceptives and family planning need to be considered before a person decides have sex.” (p. 27)</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>“For peer education for in-school adolescents:</p> <ol style="list-style-type: none"> 1. The school health clubs will once a week [sic] on a set day and time set by the school authorities to educate their peers on health issues. 2. The students will meet at an ideal place provided by the school to conduct a meeting for health education. 3. Selected peer educators will facilitate the session. 4. The school administrator will help guide the process to avoid disturbances during the meeting. 5. One teacher (science or health) will co-facilitate the session with the peer educator. 6. A CHW and the District Reproductive Health Supervisor will visit each group at least once a month to provide supportive supervision, as well as respond to any technical questions. 7. Students will discuss one topic per week. 8. The teacher will note concerns, challenges, and recommendations.” (p. 2)
<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>Story of a girl who started her menstrual cycle: “I waited for the next weekend to come and went to visit my Aunt Mary. She was the only person I could trust... At the end she said that I must not talk to anybody about the things she told me, except for my closest friends or people that I trust. She especially said that I shouldn’t tell Mama until she has had a chance to speak to her. I am lucky to have such a loving aunt. I just wished that my mother had prepared me for this important event, so that I wouldn’t have been so scared.” (p. 17)</p>
<p>15. REFERS CHILDREN TO</p>	<p>“How can you access contraception/family planning methods? You can get family planning methods from the nearest clinic, health center, hospital, or</p>

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)

Youth Friendly Centers, and from CHAs.” (p. 27)

For the complete text of *Liberia Adolescent Health Discussion Guide* see:
[https://drive.google.com/file/d/1Y7vgsXAR91m_DaGm5b3Tj9PjO5pyv_Kj/view?usp=drive link](https://drive.google.com/file/d/1Y7vgsXAR91m_DaGm5b3Tj9PjO5pyv_Kj/view?usp=drive_link)