

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 *African Religious Leaders' Handbook on Adolescent Sexual & Reproductive Health and Rights* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

Religious Leaders' Handbook on Adolescent Sexual & Reproductive Health and Rights 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: This handbook is a tool for religious leaders to understand and address “sexual and reproductive health and rights issues” among children and youth aged 5-24 years old. Its stated purpose is to “assist religious leaders and parents to provide effective sexual and reproductive health guidance to children and adolescents” (see page 5). This is not a curriculum but is instead a guidebook for religious leaders. It claims to use scriptures from the Bible and the Quran to support messages which affirm gender identity and normalize pre-marital sex.

Target Age Group: Ages 5-24

International Connections: INERELA, Save the Children Sweden, Sweden Sverige, UNESCO

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit</i></p>	<p>“Whereas discourses of secrecy, shame and silence have tended to characterize approaches to sex and sexuality in Africa (mainly due to the impact of missionary religions and modernity), CSE seeks to mobilize religious leaders to equip children with knowledge and skills and a positive view of sexuality and sex.” (p. 12)</p> <p>“Sexuality is an important part of being human... Sexuality may lead to relationships, which may lead to sexual activity.” (p. 20)</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

<p><i>sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Provide a space for honest and open dialogue on sex and sexuality.” (p. 48)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i></p> <p><i>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.</i></p>	<p>Causes of teen pregnancy: “Girls lack the requisite skills to negotiate for safer sex because of the lack of appropriate education and information.” (p. 44)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Non-discrimination means that all children have the same right to develop to their potential in all situations and at all times. For example, every child should have equal access to education regardless of their gender, race, ethnicity, nationality, religion, disability, parentage, sexual orientation or other status.” (p. 22)</p> <p>“The following groups of adolescents are at a greater risk of [Gender Based Violence]:</p> <ul style="list-style-type: none"> • young homosexual people who may be at greater risk because they are often socially marginalized. • young people who are vulnerable to homophobic or ‘corrective rape.’” (p. 54)
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are</i></p>	<p>No evidence found.</p>

<p><i>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>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>“Masturbation does not cause any kind of sickness or infertility. It is not harmful unless a person becomes overly preoccupied with it.” (p. 18)</p> <p>“Masturbation is self-led sexual stimulation of a male or female’s genitals for the purposes of pleasure. Masturbation does not cause health problems such as infertility, blindness, or lack of virility. For boys and girls, it can be a safe alternative to acting on sexual feelings, thus preventing early sex. It is an alternative for couples hoping to abstain from sexual intercourse until marriage.” (p. 28)</p> <p>“Scholars of Islamic law have differed on masturbation. Some argue that it is forbidden because Allah asked us to protect our genitals except in marriage. Others say that masturbation is obligatory if a person fears getting into unsanctioned sexual relationships, because masturbation is the lesser of two evils (therefore it is disliked but not a sin). Some add that these views also apply to girls and women.” (p. 28)</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>Role of the peer counselor: “Preparing and making supportive educational material, such as a penis model for condom demonstration and different types of contraceptives.” (p. 62)</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.

“Sexuality Education provides opportunities to **explore one’s own values and attitudes on sexuality** and to develop decision making, communication and risk-reduction skills.” (p. 7)

“Responsible CSE must therefore be available so that **young people can navigate their way through the maze of sexuality.**” (p. 20)

“This chapter focuses on **positive sexual behavior for adolescents**. Parents, guardians, religious leaders and faith communities must empower adolescents with life skills that will **help them adopt positive sexual behaviors.**” (p. 33)

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.

“Health Challenges:

- **Unprotected sex** leading to STIs, including HIV and AIDS
- **Unprotected sex** leading to unintended pregnancy” (p. 21)

“While many religious leaders, parents, guardians and teachers promote virginity (no sexual intercourse), **not every young person or adolescent will succeed in delaying their sexual activity.** For such persons, **choosing to have safe(r) sex and limiting the number of sexual partners** is a more reasonable expectation to have.” (p. 33)

“The following are ways to avoid STIs:

- Abstaining from sexual intercourse.
- Getting tested with your partner **before sexual intercourse.**
- Only having **one sexual partner.**
- Proper and consistent use of a condom **in all sexual relationships.**” (p. 39)

“**It is not always possible for young people to abstain from sex or be faithful in relationships,** hence the need to encourage early treatment for both partners should an STI be contracted... **If a person has multiple partners,** he or she should be prompted to **reduce the number of partners.**” (p. 39)

“**For young people who do choose to have sex,** the best choice is to use quality condoms consistently and correctly. It is also important to first get tested with a partner.” (p. 40)

“In the context of sex and sexuality, counselling involves giving options to the client so that he/she can confidently **respond to issues such as unintended pregnancy, STIs, and HIV and AIDS.** Counselling can offer a space where creative solutions are found for an existing problem related to the client’s sexual and reproductive health.” (p. 61)

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.

“There is a common misconception that sex and gender are the same thing. Sex describes the anatomy and the physical functions of the male and female, whereas **gender refers to the societal norms and expectations of what makes a male a ‘man’ and a female a ‘woman.’**” (p. 10)

“Therefore, **gender is a social construct** that affects an individual’s identity from birth (pink is associated with girls and blue is associated with boys for example) and continues to inform their expected development and identity through all stages of life.” (p. 10)

“Crucially, **sex does not necessarily determine gender**: a male can identify more as woman than a man and vice versa. Therefore, there are more than two forms of gender identity. People can be masculine, feminine, **transgender, bi-gender, gender-fluid, agender** or any blend of these.” (p. 10)

“**Gender identity** refers to a person’s **internal sense of being male, female or something else**. Gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice or body characteristics.” (p. 11)

“**Transgender**: Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the **sex to which they were assigned at birth**. Transgender people are sometimes called transsexual if they desire medical assistance to transition from one sex to another.” (p. 11)

“**Bi-gender**: Someone who closely identifies with both masculine and feminine.” (p. 11)

“**Gender-fluid**: Someone whose gender shifts between masculine, feminine and everything in between.” (p. 11)

“**Agender**: Someone who does not have a gender identity, is neither masculine, feminine, transgender nor bi-gender.” (p. 11)

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.

“Health Challenges:

- **Unsafe abortions** to get rid of unintended pregnancy” (p. 21)

“Choosing to **use contraceptives to avoid pregnancy and using condoms** to minimize the risk of contracting an STI are also positive sexual behaviours.” (p. 33)

“...[S]exually active youth should be encouraged to use condoms consistently and properly to reduce STI and the risk of unintended pregnancy. **If a person has multiple partners**, he or she should be prompted to **reduce the number of partners**.” (p. 39)

“How to avoid STI: Proper and **consistent use of a condom** in all sexual

<p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>relationships.” (p. 39)</p> <p>“For young people who do choose to have sex, the best choice is to use quality condoms consistently and correctly. It is also important to first get tested with a partner.” (p. 40)</p> <p>“The counsellor should have full knowledge about and the skills to explain: ...Contraceptive methods” (p. 62)</p> <p>“Do I have enough samples of contraceptive methods for demonstration purposes?” (p. 62)</p> <p>“Condoms provide protection against pregnancy and sexual transmitted diseases.” (p. 65)</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>“Role of the Peer Counsellor:</p> <ul style="list-style-type: none"> • Assisting the client/peer to make informed decisions by assessing the client’s own personal behaviors and attitudes that make them vulnerable to unintended pregnancy and STIs. • Identifying myths and facts about SRH issues with the client. • Providing priority consideration to the needs and feelings of the client. • Preparing and making supportive educational material, such as a penis model for condom demonstration and different types of contraceptives. • Keeping simple records. • Maintaining client confidentiality. • Referring clients to ASRHR clinics/centers for further services if needed.” (p. 62)
<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>“Religious leaders, should they use their power effectively, can lead societies towards sustainable transformation on many issues.” (p. 7)</p> <p>“Whereas, in the past, many religious leaders were only prepared to discuss sexuality education with young adults in preparation for marriage, it is now important to introduce CSE to children from as early as four years old, in an age-appropriate manner.” (p. 8)</p> <p>“Although African culture 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.” (p. 15)</p> <p>“Even though religious communities may have contributed to the staggering numbers of teen pregnancy, religious leaders can help turn the tide around.” (p. 48)</p> <p>“Advocate for CSE to minimize teen pregnancies.” (p. 48)</p> <p>“Young people’s lack of access to adequate and appropriate information on sex</p>

	<p>and gender, and the threats made to those who don't conform, means religion and religious leaders are required to revisit traditional teachings." (p. 13)</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>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, 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 creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>“Key advocacy points for religious leaders:</p> <ul style="list-style-type: none"> • Support CSE for adolescents to acquire accurate and up-to-date information on sexuality and STIs. Religious leaders should promote access to information on sexuality and STIs for young people by being friendly and approachable. • Collaborate with stakeholders to ensure that health centers are youth friendly to enable young people to access information and treatment of STIs.” (p. 42)