



The Status of “Comprehensive Sexuality Education” in International Law

INTRODUCTION: UNESCO claims that the following excerpts from Appendix I of their 2018 revised “International Technical Guidance on Sexuality Education” create the body of evidence showing that “comprehensive sexuality education” (CSE) is mandated by international agreements and standards. However, in most cases it is clear that the provisions they cite don't even mention CSE because CSE was rejected when that specific document was under negotiation by UN Member States. In the few UN documents where the term “comprehensive sexuality education” or its equivalent “comprehensive education on human sexuality” were adopted, these were either:

1. Nonbinding resolutions that were negotiated by a subset of UN Member States;
2. Nonbinding pronouncements by activist UN committees that were acting ultra vires since the agreement they monitor does not mention CSE;
3. Nonbinding references to CSE by UN entities or reports that have never been agreed to by UN Member States.

The reality is that comprehensive sexuality education is one of the most controversial terms at the United Nations, and fights over CSE have contributed in large part to UN documents being withdrawn from negotiations at the UN Commission on Population and Development because States bitterly disagreed.

Since UN agencies and their allies that promote CSE have been so unsuccessful in getting the body of the UN to openly and willingly adopt CSE as an international right, CSE advocates have resorted to interpreting language such as “education on sexual and reproductive health,” or “inclusive education” to encompass a right to CSE or to be defined as CSE.

Family Watch has provided the following commentary in boxes to provide context and clarifications. The anchor terms that UNESCO uses that imply either a direct or indirect right to CSE or that UN agencies try to interpret to encompass CSE have been bolded and highlighted in light blue.

Appendix I International agreements, instruments and standards related to comprehensive sexuality education (CSE) Relevant paragraphs from international agreements, instruments and standards that are of relevance to comprehensive sexuality education are quoted below:

Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1) Political Declaration including the Sustainable Development Goals (SDGs), 2015

COMMENT: Multiple proposals to include provisions, goals or targets on “comprehensive sexuality education” (CSE) or “comprehensive education on human sexuality” were explicitly rejected during the UN 2030 Agenda negotiations. Therefore, any interpretation of terms in the 2030 Agenda to encompass CSE is dishonest. To be clear, despite the many claims that are being made, CSE was hotly contested and flatly rejected in the 2030 Agenda by the majority of UN Member States.

19. We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to **human rights** and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental freedoms for all, **without distinction of any kind** as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability **or other status**.

COMMENT: The UN Committee monitoring compliance with the ICESCR issued a nonbinding, ultra vires comment stating that the term “or other status” is now to be interpreted to encompass sexual orientation and gender identity.

20. Realizing gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full **human rights** and opportunities. Women and girls must enjoy equal **access to quality education**, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. We will work for a significant increase in investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys. **The systematic mainstreaming of a gender perspective** in the implementation of the Agenda is crucial.

25. We commit to providing **inclusive** and equitable quality **education** at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, **especially those in vulnerable situations**, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through **safe schools** and cohesive communities and families.

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring **universal access to sexual and reproductive health-care services, including** for family planning, **information and education**.

Sustainable Development Goals (SDGs)

SDG3: Ensure healthy lives and promote well-being for all at all ages

3.3 By 2030, **end the epidemics of AIDS**, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

3.7 By 2030, **ensure universal access to sexual and reproductive health-care services, including** for family planning, **information and education**, and the integration of reproductive health into national strategies and programmes

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality **primary and secondary education** leading to relevant and effective learning outcomes

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through **education for sustainable development** and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of **cultural diversity** and of culture's contribution to sustainable development

SDG5: Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 **Eliminate all harmful practices**, such as child, early and forced marriage and female genital mutilation

5.6 Ensure **universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

SDG10: Reduce inequality within and among countries

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by **eliminating discriminatory** laws, **policies** and practices and promoting appropriate legislation, policies and action in this regard

SDG16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1 Significantly **reduce all forms of violence** and related death rates everywhere

16.2 **End abuse**, exploitation, trafficking and all forms of violence against and torture of children

16.b Promote and **enforce non-discriminatory laws and policies** for sustainable development

Education 2030 Incheon Declaration and Framework for Action for the implementation of Sustainable Development Goal 4. Towards inclusive and equitable quality education and lifelong learning for all 2015.

COMMENT: Since UN agencies couldn't get an explicit reference to CSE in the 2030 Agenda, they tried to get around that by creating a coalition called "Education for Sustainable Development" (ESD), that launched this framework and declaration on implementing SDG 4 on education. They then embedded CSE as part of the implementation framework for Goal 4 creating an indicator to measure States' compliance with implementing CSE as part of fulfilling Goal 4.

World Education Forum Comprehensive sexuality education is listed in relation to education for sustainable development (ESD) and global citizenship education (GCED).

Thematic Indicators to Monitor the Education 2030 Agenda. Indicator for SDG target 4.7: 28. (p. 79):

"Percentage of schools that provide life skills-based HIV and sexuality education".

63. Indicative strategies: Develop policies and programmes to promote ESD and GCED and bring them into the mainstream of formal, non-formal and informal education through systemwide interventions, teacher training, curricular reform and pedagogical support. This includes implementing the Global Action Programme on ESD* and addressing themes such as human rights, gender equality, health, **comprehensive sexuality education**, climate change, sustainable livelihoods and responsible and engaged citizenship, based on national experiences and capabilities.

COMMENT: ESD is Education for Sustainable Development. GCED is Global Citizenship Education. Please note the footnote to this paragraph below.

***Endorsed by the UNESCO General Conference (37C/Resolution 12) and acknowledged by the UN General Assembly (A/RES/69/211) as follow up to the UN Decade of ESD.**

COMMENT: An acknowledgement by the UNGA of a document is not the same as being adopted by the UNGA. The UNGA “takes note” of reports, statements and decisions, but may also “take note” of documents that are too controversial to adopt, or that States don't have time or a desire to analyze to determine if they want to formally adopt. Documents that are taken note of are never considered to be UN consensus documents nor agreements between all Member States.

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, 2016 (A/RES/70/266)

41. Remain deeply concerned that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, note that progress towards gender equality and the empowerment of all women and girls has been unacceptably slow and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal power relations in society between women and men and boys and girls, and unequal legal, economic and social status, **insufficient access to healthcare services, including sexual and reproductive health**, and all forms of discrimination and violence in the public and private spheres, including trafficking in persons, sexual violence, exploitation and harmful practices;

61. (c) Pledge to eliminate gender inequalities and genderbased abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, **including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education**, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

62. (c) Commit to accelerating efforts to scale up **scientifically accurate age-appropriate comprehensive education**, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, **with information on sexual and reproductive health** and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem, informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection;

Human Rights Instruments, Covenants and Standards:

1 The Universal Declaration of Human Rights (1948)

2 Convention on the Elimination of All forms of Discrimination against Women (CEDAW 1979)

3 Convention on the Rights of the Child (1989/90)

4 International Covenant on Economic, Social and Cultural Rights (1966/76)

5 The Convention on the Rights of Persons with disabilities (2006)

COMMENT: Since none of the “human rights covenants and standards” above mention CSE in any form, CSE advocates have adopted the strategy of misinterpreting existing language within them to encompass CSE, even though CSE was never accepted by the State parties to these agreements.

Human Rights Council: Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against all women and girls. A/HRC/35/L.15 2017

COMMENT: This is an HRC resolution that was not negotiated by all Member States. In the few UN resolutions such as this where CSE has been included by a UN commission or council that is a subset of Member States, most often, it is because not all States or their representatives were aware of the controversial nature of CSE. In January 2018 States had the benefit of seeing the true agenda behind CSE as per the controversial inter-agency UN standards for CSE in the new UNESCO 2018 CSE technical guidance. It is also important to keep in mind that it is one thing for States to adopt CSE as a concept or a policy, it is another thing to claim that a specific curriculum is mandated by international laws or standards just because it is labeled CSE.

(g) Developing and implementing educational programmes and teaching materials, **including comprehensive sexuality education**, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians, with the active involvement of all relevant stakeholders, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decision-making, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education. Human Rights Council: Accelerating efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls A/ HRC/32/L.28/Rev.1, 2016

7 (c) Taking measures to empower women by, inter alia, strengthening their economic autonomy and ensuring their full and equal participation in society and in decisionmaking processes by adopting and implementing social and economic policies that guarantee women full and equal access to quality education, **including comprehensive sexuality education**, and training, and affordable and adequate public and social services, as well as full and equal access to financial resources and decent work, and full and equal rights to own and to have access to and control over land and other property, and guaranteeing women’s and girls’ inheritance rights.

Committee on Economic, Social and Cultural Rights General Comment No. 22 on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) 2016

COMMENT: This is a nonbinding “comment” issued by an activist UN committee that is notorious for trying to invent controversial rights (such as a right to abortion) that don’t exist in the treaty they are monitoring (See provision # 9 below where they seek to insert CSE as part of a combined right to health and education.)

II.5. **The right to sexual and reproductive health** entails a set of freedoms and entitlements. The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, over matters concerning one’s body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of the Covenant.

II.6. Sexual health and reproductive health are distinct from, but closely linked, to each other. Sexual health, as defined by WHO, is ‘a state of physical, emotional, mental and social well-being in relation to sexuality. ‘Reproductive health, as described in the ICPD Programme of Action, concerns the capability to reproduce and the freedom to make informed, free and responsible decisions. **It also includes access to a range of reproductive health information**, goods, facilities and services to enable individuals to make informed, free and responsible decisions about their reproductive behaviour.

9. The realization of **the right to sexual and reproductive health** requires that States parties also meet their obligations under other provisions of the Covenant. For example, the right to sexual and reproductive health, **combined with the right to education** (articles 13 and 14) and the right to non-discrimination and equality between men and women (articles 2 (2) and 3), **entails a right to education on sexuality and reproduction that is comprehensive**, non-discriminatory, evidence-based, scientifically accurate and age appropriate. 28. The realization of women’s rights and gender equality, both in law and in practice, requires repealing or reforming the discriminatory laws, policies and practices in the area of sexual and reproductive health. Removal of all barriers interfering with women’s **access to comprehensive sexual and reproductive health** services, goods, **education and information** is required. To lower rates of maternal mortality and morbidity requires emergency obstetric care and skilled birth attendance, including in rural and remote areas, and prevention of unsafe abortions. Preventing unintended pregnancies and unsafe abortions requires States to adopt legal and policy measures to guarantee all individuals access to affordable, safe and effective contraceptives and **comprehensive sexuality education**, including for adolescents, liberalize restrictive abortion laws, guarantee women and girls access to safe abortion services and quality post-abortion care including by training health care providers, and respect women’s right to make autonomous decisions about their sexual and reproductive health.

Committee on the Rights of the Child CRC/C/GC/20, General comment No. 20) on the implementation of the rights of the child during adolescence 2016

COMMENT: Again, this is a nonbinding “comment” issued by another activist UN committee that is notorious for trying to invent controversial rights that don’t exist.

33. **Adolescents who are lesbian, gay, bisexual, transgender and intersex** commonly face persecution, including abuse and violence, stigmatization, discrimination, bullying, exclusion from education and training, as well as a lack of family and social support, or **access to sexual and reproductive health services and information**. In extreme cases, they face sexual assault, rape and even death. These experiences have been linked to low self- esteem, higher rates of depression, suicide and homelessness.

59. The Committee urges States to adopt comprehensive gender and sexuality-sensitive sexual and reproductive health policies for adolescents, emphasizing that unequal access by adolescents to such information, commodities and services amounts to discrimination. Lack of access to such services contributes to adolescent girls being the group most at risk of dying or suffering serious or lifelong injuries in pregnancy and childbirth. **All adolescents should have access to free, confidential, adolescent-responsive and non- discriminatory sexual and reproductive health services, information and education, available both online and in person**, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene.

60. There should be no barriers to commodities, **information** and counselling **on sexual and reproductive health and rights**, such as requirements for third-party consent or authorization. In addition, particular efforts need to be made to overcome barriers of stigma and fear experienced by, for example, adolescent girls, girls with disabilities and lesbian, gay, bisexual, transgender and intersex adolescents, in gaining access to such services. The Committee urges States to decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services, review legislation with a view to guaranteeing the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions.

61. Age-appropriate, **comprehensive and inclusive sexual and reproductive health education**, based on scientific evidence and human rights standards and developed with adolescents, should be **part of the mandatory school curriculum** and reach out-of-school adolescents. Attention should be given to gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood and sexual behaviour and violence prevention, as well as to preventing early pregnancy and sexually transmitted infections. Information should be available in alternative formats to ensure accessibility to all adolescents, especially adolescents with disabilities.

Human Rights Council: Protection against violence and discrimination based on sexual orientation and gender identity A/HRC/32/L.2/Rev.1 (2016)

1. Reaffirms that all human beings are born free and equal in dignity and rights, and that everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of

Human Rights, **without distinction of any kind**, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth **or other status**;

2. Strongly deplores acts of violence and **discrimination**, in all regions of the world, committed against individuals **because of their sexual orientation or gender identity**.

Human Rights Council: Human rights, sexual orientation and gender identity (after gender identity) A/HRC/27/L.27/Rev.1 (2014)

Expressing grave concern at acts of violence and **discrimination**, in all regions of the world, committed against individuals **because of their sexual orientation and gender identity**,

Welcoming positive developments at the international, regional and national levels in the fight against violence and **discrimination based on sexual orientation and gender identity**.

CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health) Adopted at the Twentieth Session of the Committee on the Elimination of Discrimination against Women, in 1999 (Contained in Document A/54/38/Rev.1, chap. I)

18. In particular, States parties should ensure **the rights of female and male adolescents to sexual and reproductive health education** by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality.

23. Particular attention should be paid to the **health education of adolescents**, including information and counselling on all methods of family planning.* (* **Health education** for adolescents **should further address**, inter alia, gender equality, violence, prevention of sexually transmitted diseases and **reproductive and sexual health rights**.)

31. (b) Ensure the **removal of all barriers to** women's access to health services, **education and information, including in the area of sexual and reproductive health**, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS.

The Convention on the Rights of Persons with disabilities (2006)

Article 5, Equality and non-discrimination: 1. States Parties recognize that all persons are equal before and under the law and are entitled **without any discrimination to the equal protection** and equal benefit of the law. 2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective **legal protection against discrimination on all grounds**;

Article 24, Education: 1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure **an inclusive education system** at all levels and **lifelong learning directed to:** (a) The full development of human potential and sense of dignity and self-

worth, and the **strengthening of respect for human rights, fundamental freedoms and human diversity**.

COMMENT: In no way were States contemplating CSE when they negotiated the 2006 convention on disabilities excerpted above.

Beijing Declaration and Platform for Action, the Fourth World Conference on Women, 1995 and the outcome documents of its review conferences

Resolution 60/2 Women, the girl child and HIV and AIDS. The Commission on the Status of Women E/CN.6/2016/22 2016

COMMENT: This is nonbinding and was not negotiated by all States. Also, CSE was explicitly rejected by States during negotiations on Resolution 60/2, yet UNESCO is citing to language here on “comprehensive information and education” regarding “sexual and reproductive health” implying that this encompasses CSE.

9. Urges governments to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health care, as well **as full access to comprehensive information and education**, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, **including their sexual and reproductive health**, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence and, in that context, reiterates the importance of the role of men and boys in achieving gender equality;

11. Calls upon governments to accelerate efforts to scale up scientifically accurate age-appropriate **comprehensive education**, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, **with information on sexual and reproductive health** and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem, informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection.

Challenges and achievements in the implementation of the Millennium Development Goals for women and girls, Commission on the Status of Women, Agreed Conclusions 2014

COMMENT: This is nonbinding and was not negotiated by all States. And while the exact term “comprehensive sexuality education” did not get in this document, a number of States that

oppose CSE accepted the phrase “including comprehensive evidence-based education for human sexuality” because they did not understand that this would be interpreted as a call for CSE.

(o) Ensure the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action **and the outcome documents of their review conferences**, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality **comprehensive sexual and reproductive health-care** services, commodities, **information and education**, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV, and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence; x) Develop and implement educational programmes and teaching materials, **including comprehensive evidence-based education for human sexuality**, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with the appropriate direction and guidance from parents and legal guardians, with the involvement of children, adolescents, youth and communities and in coordination with women’s, youth and specialized non-governmental organizations, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build informed decision-making, communication and risk reduction skills for the development of respectful relationships and based on gender equality and human rights, as well as teacher education and training programmes **for both formal and non-formal education**.

International Conference on Population and Development (ICPD) Programme of Action (PoA), the key actions for its further implementation and the outcome documents of its review conferences

Resolution 2014/1, Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development, The Commission on Population and Development, 2014

COMMENT: This is nonbinding and was not negotiated by all States. And while the exact term “comprehensive sexuality education” did not get in this document either, again, a number of States that oppose CSE accepted the phrase “including comprehensive evidence-based education for human sexuality” because they did not understand that this would be interpreted as a call for CSE.

11. Urges Governments, the international community and all other relevant stakeholders to give particular attention to the areas of shortfall in the implementation of the Programme of Action, including, the elimination of preventable maternal morbidity and mortality through strengthening

health systems, equitable and universal access to quality, integrated and **comprehensive sexual and reproductive health services, and by ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based comprehensive education on human sexuality**, and promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights, and by addressing the persistence of discriminatory laws and the unfair and discriminatory application of laws.

Resolution 2012/1 Adolescents and youth. The Commission on Population and Development, (2012)

COMMENT: Same comment as above. This is nonbinding and was not negotiated by all States, and many States did not understand that “evidence-based comprehensive education on human sexuality” would be interpreted as a call for CSE.

26. Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with **evidence-based comprehensive education on human sexuality**, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality.

ICPD + 5 (1999)

63. (i) In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public-health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready **access to reliable information** and compassionate counselling. Any measures or changes related to abortion within the health system can be determined only at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, **education** and family planning services should be offered promptly, which will also help to avoid repeat abortions; (ii) Governments should take appropriate steps to help women to avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion; (iii) In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women’s health.

Regional references Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA), (2013)

COMMENT: This is a highly deceptive document that is cited to constantly by Planned Parenthood and UN agencies to claim an international right to CSE, especially for African children. However, while this African “Commitment” was being signed by unsuspecting health and education ministers at a regional conference in Africa, these same African governments had a firm position against CSE as a voting bloc at the UN. In other words, UNFPA, IPPF and their allies manipulated the African ministers, giving them false claims about how CSE will prevent HIV, teen pregnancy and STDs, etc., while hiding the true content of the highly controversial UN-backed CSE programs, frameworks, technical guidance, guidelines and standards. The African ministers had no idea what they were signing onto when they signed this declaration. This is evidenced by the fact that, for example, the country of Uganda whose minister signed this declaration has since passed a law against CSE and recalled all of the controversial CSE manuals they found in their schools. UN agencies and Planned Parenthood then supported organizations in filing a lawsuit to strike down the law against CSE. This suit is currently pending.

3.0 Based on the above considerations, we the ministers of education and health, will lead by bold actions to ensure quality **comprehensive sexuality education** and youth-friendly sexual and reproductive health services in the ESA region. Specifically, we commit to:

3.1 Work together on a common agenda for all adolescents and young people to **deliver comprehensive sexuality education** and youth-friendly SRH services that will strengthen our national responses to the HIV epidemic and reduce new HIV/STI infections, early and unintended pregnancy and strengthen care and support, particularly for those living with HIV. Establish inter-sectoral coordination mechanisms led through the existing regional economic communities, EAC, SADC and ECSA. Where such mechanisms already exist they must be strengthened and supported.

3.5 **Initiate and scale up age-appropriate CSE** during primary school education to reach most adolescents before puberty, before most become sexually active, and before the risk of HIV transmission or unintended pregnancy increases. Using agreed international standards, **ensure that CSE** is age, gender and culturally appropriate, rights-based and includes core elements of knowledge, skills and values as preparation for adulthood: decisions about sexuality, relationships, gender equality, sexual and reproductive health and citizenship. Wherever possible, **make in-school CSE programmes intracurricular and examinable.**

3.6 Ensure that the design and **delivery of CSE** and SRH programmes includes ample participation by communities and families - particularly adolescents, young people, civil society and other community structures including faithbased organisations. At the same time, **adolescents and young people should be guaranteed safe spaces**, the right to be their own advocates and agents of change in their own communities, and to recommend good practices and innovations which meet their needs.

3.7 Integrate and scale up **youth-friendly HIV and SRH services** that take into account social and cultural contexts to improve age-appropriate access to and uptake of high quality **SRH services** and commodities, including condoms, contraception, HPV vaccine, HIV counselling and testing (HCT), HIV/STI treatment and care, family planning, safe abortion (where legal), post abortion care, safe delivery, prevention of mother-to-child transmission (PMTCT) **and other related services for young people in and out of school.**

3.9 Strengthen **gender equality and rights within education** and health services including measures **to address sexual** and other forms of violence, abuse and exploitation in and around school and community contexts whilst ensuring full and equal access to legal and other services for boys and girls, young men and women.

First session of the Regional Conference on Population and Development in Latin America and the Caribbean Full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo Programme of Action beyond 2014 (Montevideo Consensus on Population and Development), UNECLAC (2013)

COMMENT: This nonbinding document was a regional agreement that was not negotiated by all UN Member States and is the most controversial regional outcome document of the 20-year review of ICPD. And while it has direct references to CSE, again, many of the government negotiators were not aware of the true nature of CSE when they signed onto it.

11. Ensure the effective implementation from **early childhood of comprehensive sexuality education programmes**, recognizing the emotional dimension of human relationships, with respect for the evolving capacity of boys and girls and the informed decisions of adolescents and young people regarding their sexuality, from a participatory, intercultural, gender-sensitive, and human rights perspective;

12. Implement comprehensive, timely, good-quality **sexual health and reproductive health programmes for adolescents** and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, **pleasurable and healthy sex life**, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation;

NOTE: The following documents listed below **do not** appear in the 2018 UNESCO Technical Guidance on Sexuality Education publication. They are provided here by Family Watch International as additional examples of justifications used to promote CSE.

Ministerial Declaration Preventing through education

The Ministerial Declaration “Preventing through Education”, was approved in Mexico City in the framework of the 1st Meeting of Ministers of Health and Education to Stop HIV

in Latin America and the Caribbean. During this meeting, 30 Ministries of Health and 26 Ministries of Education, committed to promoting prevention as the main strategy to respond to HIV and AIDS in an effective way.

<http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Santiago/pdf/declaration-preventing-education-english.pdf>

COMMENT: IPPF and UN Agencies were the drivers behind this declaration. IPPF profits from all of the services that sexually active youth need once they are sexualized. Again, just like the African “commitment” to CSE listed above, many of the Caribbean health and education ministers were duped into signing this nonbinding agreement without knowing exactly what CSE really entails.

See at **<https://www.ippfwhr.org/sites/default/files/Ministerial-Declaration-Evaluation-2012.PDF>**

The goals established in the Declaration and agreed upon by the Ministries of Health and Ministries of Education are:

By 2015, **reduce by 75% the number of schools** under the jurisdiction of the Ministries of Education **that have failed to institutionalize comprehensive sex education**

To meet these goals **and to ensure comprehensive sexuality education and the promotion of sexuality and reproductive health among youth and adolescents**, the Declaration emphasizes the need for a strategic Alliance between the health and education sectors.

The commitment made by the countries of Latin America and the Caribbean involves the promotion and dissemination of the contents of this statement at all levels and in all sectors, and the allocation of resources for specific actions in compliance with the agreements reached.

Countries that signed the agreement:

MINISTRIES OF HEALTH: Antigua and Barbuda, Argentina, Barbados, Belize, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, Mexico, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, St. Vincent and the Grenadines, St. Kitts and Nevis, Suriname, Saint Lucia, Uruguay, Venezuela.

MINISTRIES OF EDUCATION: Argentina, Bahamas, Barbados, Belize, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, Mexico, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Dominican Republic, Suriname, Saint Lucia, Uruguay, Venezuela.

Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health (2010)

Created by UNFPA in consultation with IPPF and staff from UNICEF and UNESCO

http://www.academia.edu/2600056/Report_on_Comprehensive_Sexuality_Education_Advancing_Human_Rights_Gender_Equality_and_Improved_Sexual_and_Reproductive_Health

PART 1: BACKGROUND: INTERNATIONAL RECOGNITION OF SEXUALITY EDUCATION AS A RIGHT AND A NECESSITY

COMMENT: The claims by UNESCO and their partners that CSE is an established international right are absurd, and at best, wishful thinking. None of the UN treaties they cite to even mention comprehensive “sexuality” education, yet alone establish CSE as a right. Many of the statements below are completely false.

The right to comprehensive and non-discriminatory sexuality education is based on rights protected by several human rights agreements and documents, including inter alia the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities. **These and other documents establish the right to education and information about sexuality, sexual and reproductive health and HIV. They assert that sexuality education is essential for the realization of other human rights.** Furthermore, many of these documents argue that sexuality education programmes should actively promote the principles of equality, equity and non-discrimination. Indeed, the achievement of gender equality and non-discrimination are themselves global mandates, established in multiple human rights documents.

The International Conference on Population and Development (ICPD) in Cairo in 1994 identifies sexuality education as a human right, essential to development and human well-being. The ICPD Programme of Action states:

Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child... Educational efforts should begin within the family unit, in the community and **in the schools** at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts. (ICPD POA, para. 7.37)

COMMENT: Notice this is only “support” for “sexual” education and not a right to sexual education. It uses the term “sexual” and not “sexuality” education, and this is supposed to be with the “guidance of their parents” in line with the CRC.

The UN Convention on the Rights of the Child (1990) states:

“Children have the right to good quality health care--the best health care possible... **and information to help them stay healthy.**”

(Article 24) One recent development was the Report of the UN Special Rapporteur on the right to education to the General Assembly in July 2010, which states:

COMMENT: This was a highly contested report that was rejected by a group of UN States when it was introduced at the UN General Assembly.

*As in all areas of education, **sexual education** must be adapted to different age groups and cultures. In addition, teaching strategies must be differentiated and flexible to meet the differing needs of female and male students, taking into account the fact that persons with special needs — such as young people not attending school or young married women — **need to be taught about sexuality through methods other than formal education**, as do adults who, often because of misconceptions, do not have a full sexual life.*

Comprehensive sexual education is extremely important** in view of the threat of HIV/AIDS and sexually transmitted diseases, especially for groups at risk and persons in particularly vulnerable situations, such as women and girls exposed to gender-based violence or persons in difficult financial circumstances.... **There is no valid excuse for not providing people with the comprehensive sexual education** that they need in order to lead a dignified and healthy life. **Enjoyment of the right to sexual education plays a crucial preventive role and may be a question of life or death....

The Report of the UN Special Rapporteur goes on to call for **sexual education as a “human right in itself and an indispensable means of realizing other human rights,”** referring to the basis for this in international law and in other international documents and treaties.

The Rapporteur recommends that States adopt and strengthen relevant legislation, encourage and provide resources for the design and implementation of comprehensive programmes starting in primary school, provide teacher training and a curriculum framework, and promote alternative forms of education, e.g. media, peer education and working with civil society and health care professionals. He calls for inclusion of families and communities and “respect for cultural relevance and age-specific criteria.”

According to the report, **comprehensive sexuality education must “pay special attention to diversity,”** saying that it can be a tool for fighting discrimination on the basis of sexual orientation or gender identity.

The report reflects a growing recognition of the right to sexuality education, based on existing international principles and agreements, and of the importance of using pedagogic methods that engage young people in critical thinking about gender, equality, and non-discrimination. **Nonetheless, the report has faced opposition since its release.**

Developments at the regional level have also been significant, for example, the *Preventing Through Education* Declaration by the Ministers of Health and Education of

Latin America and the Caribbean. In August 2008, on the occasion of the XVII International AIDS Conference in Mexico City, 30 Ministries of Health and 26 Ministries of Education came together for the first Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean. At the end of the meeting, the Ministers issued a pledge to provide **comprehensive sex education.**

The “Preventing Through Education” Declaration asserted, “It is necessary to provide quality education that includes **comprehensive education on sexuality both as a human right**, as well as one that contributes to present and future quality of life.” The Ministers recognized that “unequal relationships between the sexes and among age groups, socioeconomic and cultural differences, and **diversity in sexual orientation and identities**, when associated with risk factors, create situations of increased vulnerability to HIV/STI infection.”

The Declaration was a significant commitment by Ministries of Education and Health of Latin American and the Caribbean to work together with each other and with other key partners, including legislators, civil society organizations, communities and parents.

The Ministers dedicated themselves to a specific target for provision of comprehensive sexuality education by 2015. Follow-up to the Declaration continues, offering an important opportunity for strengthening sexuality education in Latin America and the Caribbean.

The Protocol on the Rights of Women in to the African Charter on Human and People’s Rights, better known as the “Maputo Protocol,” was signed at the July 2003 Session of the African Union in Maputo, Mozambique, and entered into force in November 2005, after being ratified by the requisite 15 member states. The Protocol condemns and prohibits sexual violence (Articles 3 and 4) and harmful practices (Article 5). Article 14, on health and reproductive rights, obliges States to provide affordable health services, including information and education, to women. Article 12, on the right to education and training, calls on States to “take all appropriate measures” to:

-Eliminate all stereotypes in textbooks, syllabuses and the media, that perpetuate such discrimination [against women];

-Protect women, especially the girl-child from all forms of abuse, including sexual harassment in schools and other educational institutions and provide for sanctions against the perpetrators of such practices;

-Provide access to counselling and rehabilitation services to women who suffer abuses and sexual harassment;

-Integrate gender sensitization and human rights education at all levels of education curricula including teacher training.

The international community’s commitment to universal access to comprehensive sexuality education is not only reflected in human rights laws and principles, but also in major development goals and plans, such as the Millennium Development Goals (MDGs).

Increasing access to **rights-based comprehensive sexuality education would contribute to eradicating poverty (MDG 1)**; achieving universal primary education (MDG 2); promoting gender equality and the empowerment of women (MDG 3); fighting against infant and maternal mortality and morbidity and achieving universal access to reproductive health (MDGs 4 and 5); and reducing transmission of HIV and AIDS (MDG 6).

The *Joint Action for Results: UNAIDS Outcome Framework, 2009 – 2011*, affirms the commitment of UN partners to “universal access to comprehensive prevention programmes, treatment, care and support.”

In so doing, it calls for expanded prevention efforts, with particular attention to marginalized populations and the “promotion of human rights and gender equality.” **The Outcome Framework outlines ten priority areas that are interconnected, several of which speak to the need for sexuality education.** These priorities include: reaching populations that are most affected and those that are often **marginalized, including men who have sex with men, sex workers and transgender people**; empowering women and girls and responding to sexual and gender-based violence; and “uphold[ing] non-discrimination in all efforts.” One of the ten areas, “Empowering young people to protect themselves from HIV” specifically addresses reaching young people with sexuality education programmes:

*We can empower young people to protect themselves from HIV: By putting young people’s leadership at the centre of national responses, **providing rights-based sexual and reproductive health education and services** and empowering young people to prevent sexual and other transmission of HIV infection among their peers. By ensuring access to HIV testing and prevention efforts with and for young people **in the context of sexuality education.** And by ensuring enabling legal environments, education and employment opportunities to reduce vulnerability to HIV.*

Additional Links to info on the Ministerial Declaration

<http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&featureID=1468>

<http://unesdoc.unesco.org/images/0017/001786/178616E.pdf>

Evolution and Resistance to Sexuality Education in Mexico

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5878067/>

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