

Policy Brief

The Deceptive "Eastern and Southern African (ESA) Commitment" on Comprehensive Sexuality Education (CSE)

UN agencies, their allied organizations, and several Western governments are using deceptive strategies to further their radical sexual rights agenda by facilitating multilateral government "commitment" documents to promote comprehensive sexuality education (CSE) for young children. This strategy of using CSE "commitment" or "declaration" documents has been implemented in Eastern and Southern Africa and in the Latin American and Caribbean region. All countries should be alert to this tactic.

The African Commitment to implement CSE, known as the Eastern and Southern African (ESA) "Commitment" on comprehensive sexuality education is a political commitment (not a legal one) signed by a group of twenty African health and education ministers. It announces an intention to implement CSE and to expand sexual and reproductive health (SRH) services for adolescents in their countries. It is promoted as the outcome document of a 2013 conference that was funded by Western governments and organized by UN agencies and their allied organizations, with the intent of manipulating African governments into embracing a controversial CSE and SRH agenda for adolescents.

The African health and education ministers signed the Commitment under false pretenses, as they were given false information regarding the nature, effectiveness and content of CSE programs. It is highly unlikely that the African ministers who were invited to this conference for the purpose of signing this agreement were ever shown the highly controversial CSE curricula and manuals being promoted by conference sponsors. If they had actually seen the CSE curricula, they likely would have strongly opposed the ESA commitment and refused to sign it.

UN Agenda Behind CSE

UNAIDS, the agency that chaired the African conference, reveals their radical vision for CSE on their website in the form of UNESCO's "International Technical Guidance on Sexuality Education," jointly published in January 2018 by UNAIDS, UNFPA, UNICEF, UN Women, WHO, and Education 2030. This UN "Guidance" on CSE promotes a problematic, rights-based approach to sexuality education that suggests children as young as age five should be taught, among other things, that they have a right to receive instruction in sexual pleasure and masturbation and that all children have a right to decide—without parental knowledge or consent—when and with whom they will have sex.

The UNESCO CSE Guidance promotes approval for promiscuous sexual behavior, diverse sexual practices and sexual orientations, and unscientific transgender ideology. It also falsely states that abstinence education is ineffective and harmful and that each person's (child's)

decision to be sexually active should be respected. It also asks children to question their parents' values and their cultural and religious norms regarding sexuality. It even states that "abstinenceonly programmes have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights." (A full analysis, including many controversial quotes from the Guidance, can be found in the "CSE Exposed" section of StopCSE.org.)

The ESA Commitment was likely written by the UN agencies and CSE advocates, including International Planned Parenthood Federation (the largest provider of CSE in the world), and not by the government ministers who signed it. IPPF supported the creation of the ESA Commitment and proudly posted it on its website too.

Further, the ESA Commitment is very similar to the Caribbean and Latin American "Declaration" called "Preventing Through Education" signed by health and education ministers in that region of the world, committing them to implement CSE and SRH for adolescents too.¹

Regarding the ESA Commitment, the UNAIDS website states:

"Effective sexuality education can provide young people with age-appropriate, accurate and sensitive information equipping them to make informed decisions."²

Dr. César Nunez, UNAIDS Regional Director for Latin American, stated that "The declaration noted that 'Sexuality is an essential part of being human ... 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."³

The Caribbean and Latin American education and health ministers also committed to two specific targets:

- 1. "By the year 2015, we will have <u>reduced by 75% the number of schools that do</u> <u>not provide comprehensive sexuality education</u>, of schools administered by the Ministries of Education."
- 2. "By the year 2015, we will reduce by 50% the number of adolescents and young people who are not covered by health services that appropriately attend to their sexual and reproductive health needs."

The African "Commitment" on CSE is quite similar to The Caribbean/Latin American "Declaration" in that it also establishes the following targets:

1. "Increase the number of all schools and teacher training institutions that provide CSE to 75%."

¹ UNAIDS. (2008). *Preventing Through Education Ministerial Declaration*. Retrieved from <u>http://data.unaids.org/pub/basedocument/2008/20080801_minsterdeclaration_en.pdf</u> ² UNAIDS. (2009). *Preventing HIV through education in Latin America and Caribbean*. Retrieved from <u>https://www.unaids.org/en/resources/presscentre/featurestories/2009/july/20090731edu</u> ³ Ibid. 2. "Decrease the number of adolescents and young people who do not have access to youth-friendly SRH service by 50%. This includes equitable, accessible, acceptable, appropriate and effective services related to HIV."

It should not be surprising that both regions came up with identical goals, since the same foreign actors were shaping those goals for them, trying to make it look like the ministers in these regions came up with this all on their own.

Strategies Used to Promote CSE

The creation of the ESA Commitment follows an established pattern for UN documents and reports that promote comprehensive sexuality education. This can be tracked in multiple health and education frameworks in developing countries that were written with the "assistance" of UN agencies that offer their "technical" support. Consider the following strategies used in many countries and with the ESA Commitment to advance CSE.

Step 1: Present justification for CSE

Step one consists of scaring African governments with country-specific information about young people in Africa with regard to HIV/AIDS and other STDs, teen pregnancy, violence against women and more. CSE proponents usually use inflated statistics, lumping in statistics for 18- and 19-year-olds with the statistics for younger ages to make it look like lots of young teens need CSE because they supposedly are having promiscuous sex.

For example, statements like these are used by CSE advocates to scare governments and make it look like CSE is the solution:

- "A high proportion of pregnancies among adolescent girls, aged 15 to 19 years, are unintended, ranging from 39 per cent in Tanzania to 59 per cent in Kenya."⁴
- "In 2013, the adolescent fertility rate in the ESA region was reportedly two times higher than the world average at 108.2 live births per 1,000 girls."⁵

Step 2: Claim CSE has been proven to prevent or solve all health-related issues for adolescents.

See examples below from the campaign called "Young People Today. Time to Act Now" that the UN and their allied government partners created around the ESA Commitment to push CSE implementation.

⁴ UNESCO. (2018). *Call for Expression of Interest*. Retrieved from <u>http://www.unesco.org/new/fileadmin/</u> MULTIMEDIA/FIELD/Harare/pdf/EUPCampaignDevelopmentCallForEOI.pdf

⁵ UNESCO. (2017). Vacancy Announcement: Situation analysis on early and unintended pregnancy in Eastern and Southern Africa. Retrieved from <u>https://hivhealthclearinghouse.unesco.org/sites/default/files/news/vasituation_analysis_on_the_status_of_early_and_unintended_pregnancy_situation_analysis_in_eastern_and_so_uthern_africa.pdf</u>

Step 3: Claim that CSE is an international human right supported by multiple international agreements, and states are obligated to provide it to all children to fulfil their rights.

Step 4: Establish a goal for implementing and scaling up CSE countrywide.

Step 5: Get high-level government officials to sign an agreement without ever showing them the content of CSE manuals.

Step 6: Take that agreement everywhere and put it in multiple UN reports and documents to claim that it establishes CSE as a binding obligation for every government.

These steps, or a variation of them, are often used in developing countries by UN agencies to promote CSE.

UN Project: "Young People Today. Time to Act Now."⁶

The document "Young People Today. Time to Act Now—Why Adolescents and Young People Need Comprehensive Sexuality Education and Sexual and Reproductive Health Services in Eastern and Southern Africa" lists all the outside agents at an organizing meeting for the campaign as follows:

"Partners at that meeting included regional representatives of the United Nations Joint Program on HIV/AIDS (UNAIDS), UNFPA, UNICEF and WHO, as well as the Church of Sweden, East African Community (EAC), Ford Foundation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Health and Development Africa Ltd, INERELA+, International Planned Parenthood Federation (IPPF) – Africa Regional Office, Rebranding HIV, Swedish International Development Cooperation Agency (SIDA) and Southern African Development Community (SADC)."

"UNESCO gratefully acknowledges the involvement and financial support of Germany's Ministry for Economic Cooperation and Development (BMZ), the OPEC Fund for International Development (OFID), the governments of Sweden and Norway, UNFPA, UNICEF, the Ford Foundation and IPPF."

"[T]he initiative has expanded and now includes core UN partners and civil society organizations from across the region with significant financial and technical support from Sweden, Norway, UNFPA, UNICEF, the Ford Foundation and the International Planned Parenthood Federation (IPPF)."

ESA Commitment Founded on Flawed Research

In the document, "Young People Today. Time to Act Now," credit for the project is given to

⁶ "Young People Today. Time to Act Now" is a project of multiple UN agencies and foreign governments to promote CSE and to push African governments into implementing the CSE Commitment in their countries. See more at: <u>https://www.youngpeopletoday.org/wp-content/uploads/2014/08/SummaryReport-English.pdf</u>

American, Douglas Bernard Kirby, PhD, a founding member of UNESCO's Global Advisory Group on Sexuality Education.

The report makes the following claim, which is largely based on Kirby's research:

"Evidence has shown that CSE that is scientifically accurate, culturally and age appropriate, gender sensitive and life skills-based can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle (UNESCO, 2009a). Research points to the fact that CSE can effectively delay sex among young people, as well as increasing condom and overall contraceptive use among sexually active youth (Boonstra, 2007, p. 5)."

But what does the research really show?

A great deal of Kirby's research has been thoroughly discredited by a new analysis examining the studies Kirby used to make these claims. In fact, only *one* study out of 120 studies examining school-based CSE was found to have independent evidence showing that CSE holds up to any of its claims—119 studies show it does not. Worldwide, there was an 87% failure rate, and 24% of African school-based CSE programs were found to produce negative effects. (See analysis at SexEdReport.org.)

Claims that CSE is an International Right

The "Young People Today" report also falsely claims:

"Strong international agreements exist to promote the roll-out of CSE. These include the Convention on the Rights of the Child (CRC) and the Committee on the Elimination of Discrimination Against Women (CEDAW). The International Conference on Population and Development (ICPD) in 1994, the Fourth World Conference on Women in 1995 and the World Summit on Children in 2002 have extended the scope of the CRC, by affirming the right of all children and adolescents to receive SRH information, education and services in accordance with their specific needs (WHO, 2011a). The Framework for Action in Sub-Saharan Africa, the Maputo Plan of Action, the African Youth Charter and a range of other regionally focused declarations and strategies further stress the need for education on HIV, reproductive health and gender."

However, CSE was *never* mentioned in any of these documents, and the entire African voting bloc at the United Nations rejected CSE in the UN Sustainable Goals negotiations and then issued a reservation on CSE just to make sure the SDG language calling for education on sexual and reproductive health would not be construed to encompass CSE.

The African Group reservation is as follows:

"With regard to information and education in the context of sexual and reproductive health services, as referred to under Goal 3 and target 3 ... <u>The African Group does not</u> think that comprehensive sexual education should be included as part of it. First and

foremost, parents have the right to choose the type of education to give to their children—a right enshrined in the Universal Declaration of Human Rights, which must be respected." (See A/69/PV.101.)

So how can African ministers on the one hand sign a commitment to implement controversial CSE programs, but on the other hand, have their governments flatly reject it at the United Nations?

The answer lies in the hidden LGBT/abortion rights agenda behind CSE. The signing African ministers were likely unaware of the true nature of CSE, while the diplomats at the UN who express African positions have seen evidence of the harmful CSE programs promoted by the UN. (See "CSE Exposed" tab at StopCSE.org.)

UN Agencies Reveal Their Agenda Behind CSE

The "Young People Today" report also states:

"Across the ESA region, attitudes towards sex and condoms associate condom use with promiscuity and unfaithfulness, as well as interfering with pleasure, fertility and the meaning and purpose of sex (Maticka-Tyndale, 2012, p. 66)."

"[A]mong adolescents and young people, evidence shows that eliminating information about condoms in favour of abstinence-only messages can lead to a higher incidence of unprotected sex at first intercourse and unfavourable attitudes towards condoms in the future."

"Evidence on sexuality education in general shows that abstinence-only messages are the least effective for young people (UNESCO, 2009a), and that education, as well as services, must focus on increasing health behaviours, which includes condom use."

And while that may sound good, the new global 2019 report, "Re-examining the Evidence for Comprehensive Sex Education in Schools," that looked at all the evidence available found the opposite to be true. (See SexEdReport.org.)

UN agencies also reveal their usually hidden agenda in support of abortion and LGBT policies. They assert that in order to fully exercise their right to health, including sexual and reproductive health (SRH), children must be provided with abortions as follows:

"[A]ll adolescents [this means children as young as ten years' old] and young people require safe, effective, affordable and acceptable access to a range of services – particularly services related to pregnancy, HIV and STI prevention, testing and treatment." And that "These essential SRH services and commodities include, but may not be limited to ... abortion (where legal)."⁷

The legalization of prostitution and reducing stigma for "men who have sex with men" are also

⁷ UNESCO. (2013). Young People Today. Time to Act Now. p. 27.

promoted:

"The majority of countries criminalize HIV transmission, <u>consensual sexual activities</u> <u>between people of the same sex, and sex work</u>. These laws all limit the ability of HIV prevention or care services to reach the most vulnerable populations and create an environment of fear and stigma..."⁸

"Stigma, discrimination and criminalization of certain key populations such as men who have sex with men (MSM), sexually exploited adolescents and young people who use drugs limit the effectiveness of programmes to improve their SRH, including HIV risk. Key populations are even further marginalized for being both young and at risk."⁹

"Adolescents and young people who are lesbian, gay, transgender or otherwise gender non-conforming (LGBTI) are a vulnerable population."¹⁰

Also, a posting on AfricaSexuality.org, titled "Comprehensive Sexuality Education and the ESA Commitment," reveals how the ESA Commitment is being used to promote sexual orientation, sensuality, eroticism, and gender fluidity through CSE.¹¹

Conclusion

In summary, all these UN agencies and Western donor countries in this report reveal their intent to:

- 1. "Scale up comprehensive sexuality education."
- 2. "Eliminate barriers to access for all young people. Contradictory and outmoded policy, laws and practice concerning access to services and commodities for adolescents and young people are a major barrier to better health."
- **3. Remove parental consent laws** claiming, "legal restrictions, particularly around the age of independent consent to services, constitute a major barrier in access to those services ... Universal access goals for young people require changes in these laws and policies, where they still exist."
- 4. Lower age of consent laws. "Advances have been made in lowering the age of consent in some countries (e.g., Malawi and South Africa)."
- 5. "Identify populations that are most marginalized ... adolescent key populations, including young men who have sex with men, sexually exploited adolescents and young adults who sell sex."

⁸ Ibid, p. 29.

⁹ Ibid, p. 41.

¹⁰ Ibid, p. 29.

¹¹ Comprehensive Sexuality Education and the ESA Commitment (2014). Retrieved from http://www.africasexuality.org/comprehensive-sexuality-education-and-the-esa-commitment/

6. "[P]lan and deliver CSE and SRH services that will make a decisive change."

What Can be Done to Neutralize the ESA Commitment?

The ESA Commitment is a dangerous document that could open the doors to implementation of CSE and radical sexual rights agendas that would damage the children and youth of Africa. Steps must be taken immediately to reverse this commitment and protect the children of each African nation.

African governments that signed the ESA Commitment could:

1. Formally withdraw from the Commitment.

This could be accomplished with an official letter from the Minister of Education addressed to the Regional Economic Communities (EAC and SADC), UNAIDS, UNICEF, UNESCO, WHO, and UNFPA, with copies to the Ministers of Education and Health of the nineteen other African countries that also signed this Commitment.

This would significantly increase the awareness of the harms of CSE that could result, and, most importantly, this also would do much to protect Africa's children from the deceptive and harmful CSE agenda.

2. Refuse to let UN agencies and foreign governments design or implement sex education in ESA countries.

3. Hold a firm, consistent position against CSE in all negotiated UN and regional agreements.

Nations would also do well to examine what kind of sex education programs are being implemented in their countries and root out all of the harmful CSE programs that are likely already in African communities and schools.

The children in developing countries deserve no less.

Further, all nations should protect their children and youth by calling out the deceptive tactics used by UN agencies, their allied organizations, and several Western governments to further their radical sexual rights agenda and promote CSE to children.

Surely, all children deserve no less.

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8-19-19