HOW TO USE THIS GUIDE

This Resource Guide contains a wealth of powerful information that can be quickly accessed to effect pro-family outcomes in policy negotiations. We strongly recommend first reading all the sections marked with an asterisk in the Index below. This will help you become familiar with the most controversial issues covered in the Guide and enable you to see through the many deceptions associated with UN policy negotiations.

In the electronic version of the Guide, the topics in the Index are hyperlinked so clicking on the topic will take you directly to the information on that topic. There are two ways to return to the Index from anywhere in the Guide. At the bottom of each page, either click on "Go to Index," which will take you to the top of the Index or click on a letter to return to that alphabetical section of the Index.

Some sections contain UN consensus language that is supported by multiple UN documents or treaties which are indicated in the accompanying citations. Such language that has been repeated in multiple UN documents carries much greater weight when proposed in new documents under negotiation.

The icons throughout the Guide designate the following:

Overview: A magnifying glass indicates that there is an overview of the topic providing important information often including the deception behind the term.

UN consensus language supported by multiple documents: A star indicates consensus language that has been repeated in major UN documents including binding treaties with accompanying citations.

Talking points: A microphone indicates effective talking points that can be used by delegations during negotiations.

Negotiating strategies: This icon indicates negotiating strategies and language suggestions to assist in obtaining an outcome that is supportive of life and the family.

UN consensus language in context: This icon indicates full paragraphs from UN consensus documents with relevant pro-family language in bold.

INTRODUCTORY INFORMATION

INDEX TO FAMILY POLICY ISSUES

*An asterisk indicates sections with important commentary, talking points, and/or negotiating strategies. Topics without an asterisk contain UN consensus language only.

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Throughout the Resource Guide, emphasis has been added to quotations using bolding, italicizing and underlining.

INTRODUCTION
The Family and the UN 2030 Development Agenda

The year 2015 marked a historic one for the family with the adoption of an unprecedented "Protection of the Family" resolution by the UN Human Rights Council (A/HRC/29/L.X). This comprehensive eight-page document:

- Reaffirms that "*the family is the natural and fundamental group unit of society and is entitled to protection by society and state*" and that "*the family has the primary responsibility for the nurturing and protection of children from infancy to adolescence.*"

- Recognizes that the family plays a key role in development and contributes "*to eradicating poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases*" and much more.

- Encourages States to design, implement and promote "*family-sensitive policies in the field of housing, work, health, social security and education in order to create an environment supportive of the family*" and to analyze "*policies and programs with respect to their impact on family well-being.*"

However, the resolution also warns that the family "continues to be largely overlooked and underemphasized" in development. It is our hope that many of these strong, family-supportive provisions will be repeated in other UN documents and will also be used as a basis for establishing sound family-sensitive, family-supportive laws, policies and programs in countries at the national level.

The year 2015 was also historic for the world as the United Nations adopted the post-2015 UN development agenda (Agenda 2030). Negotiated for over two years by all UN Member States, Agenda 2030 with its 17 sustainable development goals (SDGs) and their 169 targets presents a formidable plan for how many of the world's problems will be addressed until 2030.

A great deal is at stake with the SDGs that are expected to drive UN and Member State policies, programs and millions of dollars of funding over the next 15 years. We have updated this Guide with Agenda 2030 consensus language in the appropriate sections.

No fewer than five binding treaties as well as multiple non-binding international agreements affirm that the family is the natural and fundamental group unit of society entitled to protection by society and the State, and over 110 countries affirm the family unit in their national constitutions.

We hope this Guide will serve as a powerful tool in helping governments place the family at the center of the UN 2030 Agenda. For as the family goes, so goes the nation, so goes the world.

NEGOTIATING TO PROTECT THE FAMILY

By Sharon Slater
President of Family Watch International

This Resource Guide contains the best family-supportive provisions and excerpts from UN treaties and major UN consensus documents that can be used to effect pro-family outcomes when negotiating family-related policies. The topics are alphabetized to help negotiators quickly locate what they need, and many sections also include documented talking points and effective arguments on family, life and human sexuality issues.

The Guide has been used effectively on the UN floor by ambassadors and diplomats to defend their pro-family and pro-life positions. However, this Guide can also be used to impact national, state and local policies since most nations are party to and have agreed to implement the family-supportive consensus provisions contained herein.

In order to effectively negotiate documents, laws or policies supportive of the institution of the family, it can be very helpful for policymakers and family advocates to become familiar with the existing family-supportive consensus language in UN treaties and major UN documents.

Negotiating documents, resolutions and treaties at the United Nations is a give-and-take process. Sometimes a UN Member State or voting bloc will propose a provision, then to counteract it, another country that disagrees with the provision might propose something quite the opposite within the same paragraph. In the end, the two opposing sides may compromise by agreeing to either keep both proposals in the final negotiated document or by inserting ambiguous language instead so that each party can interpret the provision as they wish. This is why many UN documents are internally inconsistent and sometimes even incoherent.

You will notice that many of the paragraphs in this Guide contain such contradictory provisions. Within the same paragraph, you might find phrases supportive of life and the family and other phrases opposing such positions. Where we have included these contradictory paragraphs in the Guide, the family-supportive language has been bolded to help you locate it quickly during negotiations.

A common negotiating tactic is to propose only part of a paragraph from a previous consensus document, omitting other parts that counteract a delegation's position on an issue. They will then insist that the language they propose is UN consensus language, thus, it must be accepted.

However, if you take the time to become familiar with the past family-supportive UN consensus language in this Guide, you will be able to quickly locate and propose pro-family provisions to counteract such attempts, thereby ensuring that the final negotiated paragraph or document remains balanced.

ANALYZING DOCUMENTS FOR NEGOTIATION

Before walking into any negotiation or policymaking arena, it is important to identify elements in any document under consideration that are supportive of the family as well as provisions that might undermine the family. Many times, vague language is inserted to deliberately deceive and to advance a sexual-rights or abortion agenda, usually in ways destructive to the family. Taking the following steps can aid you in uncovering such agendas and help you be better prepared to be an effective pro-family negotiator and policy advocate.

Step 1. Read through the entire zero draft with a family perspective noting any provisions that might undermine the family. Look for elements that may be missing that should be included to protect the family. For example, a document on children or youth should always recognize parental rights, mothers, fathers and the family. If there are no references to these important elements, find good consensus language in the Resource Guide to propose in the *Parents, Rights, Duties and Responsibilities* section.

Step 2. Search for the word "right." The intention of the party presenting a resolution, bill or policy is often revealed by looking at how the term "right" is used and to which issues it is attached. The advancement of specific elements of any agenda requires that these elements be established as "rights." For example, if a document about children or youth calls for controversial autonomous rights—like the right to sexuality education or sexual and reproductive rights or services without any reference to parents—these passages should be deleted where possible or balanced with language regarding the "right" of parents to guide the education of their children. Recognizing the "role" or "guidance" of parents rather than the "right" of parents is problematic because children's "rights" will always trump the "role" or "guidance" of parents. Therefore, always ensure the "rights" of parents are recognized.

Step 3. Search for individual words connected to agendas that are harmful to the family. A search for the word "sexual" will help you easily find problematic references, including "sexual orientation," "sexuality" or "sexual rights" and will help you see if a sexual agenda is being promoted in the document or policy. Count the number of times sexual references appear because often these references outnumber the real issue at hand. If such is the case, consider pointing out the unbalanced nature of the text and the unnecessary focus on sexual issues.

Also try a search for the term "reproductive," and see if it is used to promote healthy reproduction or if it is being used as a euphemism for abortion. Ensure that the term "rights" is never connected to the word "sexual" as in "sexual and reproductive health and rights" (also known as SRHR) or other similar formulations. Notice that "sexual" modifies "rights" in this phrase, so it equates to "sexual rights," a term that has never been accepted in any binding UN document. Instead, SRHR is a term used by abortion- and LGBT-rights activists to promote their agendas in ways that undermine the family.

A search for "gender" is often revealing as this term is now commonly used to promote gender identity rights related to transgenderism. (See the *Gender* and *Gender Identity* sections in this Guide as well as suggestions for dealing with "gender" in "*Negotiating Strategies*" in the

Introductory Information in this Guide.) "Abortion" should also be included in a search for problematic terms.

Step 4. Search for the terms "religion," "religious" or "sovereignty." Negotiated UN documents should include language calling for respect for religious and cultural values and/or national sovereignty in implementing the document. This can be achieved by proposing sovereignty language such as the following paragraph which originated in the Programme of Action of the International Conference on Population and Development (ICPD). Of course, the reference to the Programme of Action would need to be replaced with the title of the document being negotiated. This paragraph has also been included in a number of resolutions adopted by the UN Commission on Population and Development, and in fact, has been at the center of heated debates during several Commissions. For a history, see the *Sovereignty* section.

> "*Further reaffirms the sovereign right of each country to implement recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.*" – CPD 44, 45, 46, 47, 49

Please note that any opposition to a paragraph like this that promotes respect for religious values and cultural backgrounds would only come from those who intend to disrespect religious values, cultural backgrounds or national sovereignty to promote their agenda upon implementing the document.

Step 5. Identify all other documents and treaties referenced in the document you will be negotiating. Beware of "taking note of," "reaffirming," "welcoming" or "recognizing" in any way documents you are not familiar with or that contain provisions your delegation does not agree with. If unfamiliar with the documents that are referenced, do the same searches in them as suggested in steps 1 through 4 above. If a secondary document referred to in the draft promotes concepts harmful to the family, you could make one or more of the following statements, if applicable, while calling for its deletion:

- Our government (or "we" if in a legislature or other policymaking venue) needs more time to analyze the documents referred to.
- This document has not been negotiated by all UN Member States.
- The document contains controversial references that run counter to our government's policies or positions.

Step 6. Look for and highlight any new or ambiguous terms that are not consensus language or that are not clearly defined. During negotiations, insist that these terms be defined within the text or deleted so there is no room for ambiguity and so that such terms cannot be used to promote controversial agendas. Do not be content with just verbal assurances that words will only be defined certain ways. Make it a policy to never accept new or ambiguous terms

without an agreed-upon definition for them being incorporated in the text. Also, seemingly innocuous or ambiguous terms are often deliberately misinterpreted and used in deceptive ways. Consider the following examples:

- The ambiguous term "other status" in a non-discrimination clause in the ICESCR treaty has been reinterpreted by the UN Committee on Economic, Social and Cultural Rights to include protections for "sexual orientation and gender identity." Yet State parties to this treaty never agreed to such a definition, and many oppose such protections.

- The CEDAW treaty calls for the elimination of "stereotyped" roles for men and women without defining the term. Subsequently, the CEDAW Committee reprimanded the country of Belarus for instituting a Mother's Day because in their view Mother's Day represents a negative "stereotype" for women.

- The term "reproductive health" has been interpreted by the U.S. government to include abortion.

- "Reproductive rights" is now commonly understood to include abortion rights.

- "Comprehensive sexuality education" is not defined in any binding UN document, yet it is deceptively promoted as an established right for children and youth. This kind of "education" generally promotes promiscuity, high-risk sexual behaviors and LGBT and abortion rights to children.

- The term "negative stereotype" has been interpreted to include school curricula that depict heterosexual couples without also depicting homosexual couples.

All the above are examples of vague, undefined terms that were included in UN treaties or resolutions that were adopted in the past and subsequently have been used to promote controversial agendas that State parties never agreed to.

NEGOTIATING STRATEGIES

The following are some standard strategies for negotiating more family-friendly outcome documents. Each of the listed strategies includes a few examples of how to effectively use the suggested consensus language in this Guide.

1. Propose family-supportive language to modify the meaning of a potentially harmful provision under negotiation.

Examples:

• If a provision is proposed about **sex education**, to ensure parents' rights are respected, a pro-family negotiator might respond by proposing language from the bolded words in the Guide's section on *Parents, Role/Rights in Education of Children* such as:

"**Parents have a prior right to choose the kind of education that shall be given to their children.**" – Universal Declaration (1948), Article 26 (3).

Or

"... **with proper regard for parental guidance and responsibilities.**" – ICPD (1994), 7.47.

• If a provision calls for "**reproductive health services**" (a term often interpreted to include abortion), a pro-family negotiator might define and/or modify this phrase by proposing the following phrase from the *Healthy Infant* section of the Guide: "**to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy baby.**" – ICPD (1994), 7.2.

2. Propose positive language that gives Member States more flexibility in implementing problematic provisions in a way that refers to the entire document under negotiation.

This objective can be accomplished by inserting language from the Guide's sections on *Sovereignty* and *Religious and Ethical Values*.

Examples:

• "...**is the sovereign right of each country, consistent with national laws and development priorities.**" – Social Summit (1995), 3.

• "...**respect for sovereignty as set forth in the Charter of the United Nations.**" – Beijing (1995), 131.

• "**The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities.**" – ICPD (1994), Chapter II, Principles.

- "...**with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people.**" – ICPD (1994), 1.11.

- "...**take account of cultural, religious and ethical factors.**" – HIV/AIDS (2001), 63.

- "...**consistent with national laws, religious and ethical values and cultural backgrounds of its people.**" – Children's Summit (2002), 37.

3. Identify inflexible language when it mandates negative actions. Examples of inflexible, mandatory terms:

"must," "ensure," "shall," "require," "establish," "guarantee" and "imperative,"

and propose deleting the inflexible language and replacing these mandatory terms with more flexible ones:

Examples of more flexible language:

"promote," "encourage," "help," "assist," "increase efforts," "work toward," "facilitate," "suggest," "request," "support," "recommend" and "set a goal to"

As an alternative, delegates can also insert modifying phrases to increase flexibility.

Examples:

"as appropriate," "where appropriate," "where needed," "when merited," "where feasible," "where relevant" and "according to the needs of the member state."

4. Add language that will minimize the negative actions of UN agencies or treaty bodies that may overstep their mandates.

Example:

"Support the Commission on the Status of Women, **within its mandate**, in assessing and advancing the implementation of the Beijing Platform for Action..." – Beijing +5 (2000), 85(e).

5. Watch for terms for which the definitions are intentionally being expanded to incorporate and advance controversial agendas.

Example:

The term "gender" was once used exclusively to describe biological sex (male and female) but is increasingly being used in UN documents to mainstream multiple controversial genders, such as transgender, bigender, pangender and more. (Facebook recognizes many genders.) To prevent the term "gender" from being used to advance these concepts, we suggest wherever "gender" appears to:

- Replace "gender" with "sex."

- Define "gender" by proposing the consensus language found in the *Gender* section of this Guide that defines gender as male and female. This male/female definition can be proposed either in the text or as a footnote.

- Modify "gender" with language establishing the context as between men and women, using the suggestions in the *Gender* section of this Guide such as replacing "gender mainstreaming" with "mainstreaming equal opportunities for women and girls" or replacing "gender-based violence" with "violence against women." Many other such language suggestions for modifying gender can be found in the *Gender* section.

HOW TO USE TALKING POINTS

A number of sections in the Guide contain talking points. The talking points will aid in negotiations and in advocating pro-family positions. We strongly encourage you to familiarize yourself with all the talking points, many of which have already been used successfully on the UN floor or in other policymaking venues.

We have received positive feedback from UN diplomats, national policymakers, concerned citizens, pro-family advocates and even parents that the Guide's talking points have helped them to articulate pro-family positions respectfully and effectively. They contain no religious arguments but rather are based on logic and social science data and highlight policies that bring the best outcomes to men, women and children.

CHART OF DECEPTIVE TERMS WITH COMMENTARY

The terms below are used deceptively by sexual rights activists to advance abortion, comprehensive sexuality education, LGBTQI rights and sexual rights for children. The definitions provided reveal the hidden interpretations behind the terms and sometimes include commentary to provide additional context. Most of these definitions do not reflect what these terms should mean but rather what sexual rights activists interpret them to mean upon implementation. Terms with an asterisk have a full section in this Guide.

Term	SRHR Activists' Definition
Abortion, Legal/Illegal*	Illegal abortion = an abortion that is "unsafe." Legal abortion = an abortion that is "safe." Note: No abortion is safe regardless of the circumstances.
Abortion, Safe/Unsafe*	Safe abortion = any abortion that is performed where it is legal. Unsafe abortion = any abortion that is performed in a country where it is illegal. Note: No abortion is safe regardless of the circumstances.
Abstinence*	Anything goes, including petting, solo and mutual masturbation, grinding, etc., sometimes including anal and oral sex with "protection" as long as there is no vaginal penetration or exchange of bodily fluids. The UN's International Technical Guidance on Sexuality Education also defines abstinence as including deciding when and with whom you are going to have sex.
Abstinence Education	Fear-based, unscientific, religious instruction on sexuality that shames youth for having sex and promotes homophobia and transphobia. Denies youth the right to sexual information (including information on condoms and abortion).
Access (Give access to)	The removal of all legal restrictions especially in the context of sexual information and/or sexual and reproductive health services for children. Implies that these are rights, therefore, governments must provide them at no cost and remove any parental consent requirements.
Age Appropriate*	A term used to trick policymakers into accepting CSE. Gives a false sense of security that CSE will magically

	become sanitized and age appropriate if this is added when CSE materials are never appropriate at any age. The WHO and other UN agencies interpret "age appropriate" to mean teaching children ages 0 to 4 about sexual pleasure and masturbation and children ages 9 to 12 about orgasm and same-sex relationships.
All Persons	A term used to refer indirectly to children, especially in provisions mandating autonomous rights including sexual rights.
Barriers*	Parental consent requirements, laws limiting sexual consent or access to SRH services for minors, laws restricting abortion, fees for SRH services, laws restricting expression of sexual orientation and gender identity, or laws restricting prostitution.
Bodily Autonomy*	A right for everyone regardless of age to choose abortion, transgender medical interventions, engage in prostitution, and for children, to engage in sexual activity. It also includes the right to access services and receive financial support for all the above.
Bodily Integrity	Most often used as a synonym for bodily autonomy.
Commodities*	Contraceptives, medical abortion drugs, abortion kits that include manual vacuum aspirators.
Comprehensive Sexual and Reproductive Health Services	Among non-controversial SRH services, encompasses also abortion services, cross-sex hormones and surgeries for transgenders, sterilization, comprehensive sexuality education and more.
Comprehensive Sexuality Education (CSE)*	An international right for all ages. Encompasses instruction for children on solo and mutual masturbation, anal sex, oral sex, abortion, and how to obtain sexual pleasure, which is defined as a right. Indoctrination on transgender ideology and LGBT and abortion rights. Often includes training in SRHR/LGBT abortion rights advocacy. Increasingly, CSE programs are being deceptively labeled "comprehensive sexual and reproductive health information and education" as this links it to the UN Sustainable Development Goals and makes it seem as if the SDGs require CSE even though CSE was explicitly rejected when the SDGs were negotiated. Sometimes CSE programs are also deceptively labeled as life skills training or programs for prevention of gender-based violence, STDs including HIV and

	teen pregnancy, etc. (See the 15 Harmful Elements of CSE at StopCSE.org.)
Confidentiality and Privacy*	Access to information and services for minors—usually in regard to abortion, sexual information (especially comprehensive sexuality education) and contraception, and sometimes even cross-sex hormones and surgeries—without the knowledge or consent of parents.
Consent Education	Instruction on how to negotiate sexual encounters including how to ask someone for sexual favors. Under the guise of teaching "consent," the emphasis is on how to get a "yes" from someone instead of how to say "no." Many CSE programs have role plays where young children are asked to seduce each other in various ways (to ask for consent) to engage in sexual acts.
Conversion Therapy	A term used to stigmatize voluntary talk therapy to help people resolve their unwanted same-sex attraction or gender confusion.
Culturally Appropriate	This term often is inserted to modify "comprehensive sexuality education" to give the illusion that somehow the 15 Harmful Elements of CSE magically disappear when it is added. The problem is "culturally appropriate" CSE is an oxymoron, as it is never appropriate to indoctrinate children in LGBT/abortion rights ideology, which is the essence of CSE.
Demystify	To remove negative attitudes by changing beliefs about LGBTQI behavior and lifestyle.
Destigmatization	The normalization and mainstreaming of abortion, LGBT lifestyles, prostitution and sexual activity for children.
Discrimination*	Denying women abortion, which is a service only needed by women. Refusing to support LGBTQI rights or holding religious values in support of traditional marriage.
Discrimination Against Adolescents*	Denying children beginning at age 10 access to explicit sexual information or SRH services or requiring parental consent. Sexual consent laws that prohibit sexual activity between adolescents.
Discrimination Against Women*	Denying women abortion, which is a service only needed by women, or denying lesbians special rights. Denying men who identify as women the "right" to be treated as women.

Discrimination, Multiple and Intersecting Forms*	Discrimination based on "identities" especially LGBTQI identities.
Diverse Practices Related to Sexuality	LGBTQI sexuality.
Diversity*	LGBTQI-inclusive.
Diversity, In All Their*	The Global Fund states that "Women in all their diversity refers to all who identify as women including transgender women," (i.e., men who identify as women.) This term is also used to advance the LGBT agenda in general.
Education for Sustainable Development (ESD)	Curriculum that encompasses controversial "Comprehensive Sexuality Education." See above.
Education, Information and Counseling on Human Sexuality	"Comprehensive Sexuality Education." See above.
Eliminate Prejudices	Eliminate negative views about LGBTQI sexual activities and issues.
Emergency Contraception*	Chemicals that prevent sperm from fertilizing an egg or may prevent implantation of a fertilized egg.
Essential Health Care Services*	Abortion services or transgender surgeries or other cross-sex medical interventions.
Essential Medicines*	Abortifacients, puberty blockers and cross-sex hormones.
Evidence-Based	CSE programs backed by bogus research including studies often conducted by the program's author or CSE advocates. Usually knowledge about the subject matter is measured rather than behavioral outcomes or actual STDs or teen pregnancy rates.
Evolving Capacities* (of the child)	A legal principal used to justify providing CSE, abortion, contraceptives or transgender medical interventions for children without parental knowledge or consent. Providers who seek to bypass parents will justify their actions by claiming the child's "capacities" have "evolved" to the point where they can make their own decisions.
Families*	LGBTQI families.
The Family*	Oppressive, patriarchal, heteronormative, nuclear families that are homophobic and transphobic and deny children and women their rights.
Family Life Education	"Comprehensive Sexuality Education." (See above.)
Family Planning*	Euphemism for abortion services that also encompasses contraceptives.

Family, Various Forms of*	LGBTQI families.
Fertility Regulation*	Abortion. (A woman who aborts her baby resumes her menstrual cycle and has thus regulated her fertility.)
Forced Pregnancy	Not providing a mother with an abortion.
Gender*	Male, female, neither, somewhere in between, or any of over 100 fabricated genders.
Gender Affirming	Transgender affirming.
Gender Analysis*	LGBTQI analysis.
Gender Bias	Believing people can't change their sex. Bias against a person's LGBTQI status.
Gender Equality*	Not only equality between males and females but also equality between homosexuals and heterosexuals, and transgenders and non-transgenders.
Gender Identity*	Self-perceived identity that could be male or female, neither, both, a combination of male or female, or one of over 100 bizarre genders which can change at any time.
Gender Non-Conforming	A person who refuses to conform to the binary notion of male and female sex classifications.
Gender Responsive*	LGBTQI responsive.
Gender Role*	Traditional stereotyped roles for males and females.
Gender Sensitive*	LGBTQI sensitive.
Gender Stereotypes* (Negative)	The omission of LGBTQI identities when portraying males and females. Also a portrayal of males and females in traditional roles, (i.e., males as fathers, females as mothers).
Gender Transformative*	LGBTQI transformative.
Gender Transformative Education	See "Transformative Education."
Gender Variance*	Gender non-conforming or transgender identified.
Gender-Based Violence*	Violence against LGBTQI people, especially transgendered individuals.
Give Access	Ensure government funds for and removal of any legal restrictions.
Global Citizenship	LGBTQI-affirming behavior.
Harmful Gender Norms	Religious beliefs or norms that do not mainstream and affirm LGBTQI identities.
Harmful Practices*	Any practice that does not affirm LGBTQI ideology or the right of children to sexual pleasure. Religious practices and beliefs with rigid sexual standards, for example, teaching abstinence instead of CSE.

Health Rights	Abortion rights and any other claimed "sexual rights" listed under "sexual rights" below.
Healthy Relationships	Consensual sexual relations even among children.
Healthy Sexuality	Sexuality that encompasses diverse, pleasurable sexual experiences at any age; acceptance of LGBTQI sexual acts and identities; uninhibited sex as long as it's consensual.
HIV/AIDS Prevention Education	"Comprehensive Sexuality Education." (See above.)
Human Rights	Abortion rights and any and all claimed "sexual rights" for adults and children alike.
Human Rights Defenders*	Anyone who advocates for abortion, LGBTQI rights or the legalization of prostitution.
Human Rights Education*	LGBTQI, abortion rights, sexual pleasure education including CSE.
Inclusive*	Embracing homosexuality, promiscuity, transgenderism, etc.
Inclusive Education	LGBTQI education.
Informal [Sex/Sexual/Sexuality] Education	CSE outside of schools or on computers or phone apps where parents can't see the content.
Informed Consent*	Providing adolescents with information about abortion, contraceptives or transgender cross-sex medical interventions and deeming them competent to make their own decisions without parental knowledge or consent.
Informed Decision Making*	Similar to "informed consent," "informed decision making" implies that children can consent to SRH services or abortions without parental consent if they are properly informed.
Interruption of Pregnancy	Abortion.
Key Populations*	LGBTQI persons, men who have sex with men, prostitutes, drug users.
Leave No One Behind	Ensuring the mainstreaming in society, law and policy of LGBT rights and sexual rights for children.
LGBT*	Lesbian, Gay, Bisexual, Transgender. Other letters are often added including Q for Queer or Questioning, I for Intersex, A for Asexual, 2S for Two-Spirit.
Life Skills Program	"Comprehensive Sexuality Education." (See above.)
Maternal Health*	Abortion.
Maternal Mortality*	Deaths of mothers because abortion is illegal.
Medically Accurate	Used deceptively to describe CSE programs which in facts are NOT medically accurate and which omit

	essential medical information and promote transgender ideology that is not based in medicine or science. CSE advocates falsely claim that only CSE is medically accurate, while abstinence programs are not so if a law requires sex ed to be "medically accurate," abstinence programs will not qualify as they are often considered religious programs.
Multiple and Intersecting Forms of Discrimination*	Discrimination because a person is LGBTQI and also of another minority.
Non-Judgmental	Complete acceptance of any and all sexual behavior and choices of children. Also LGBTQI affirming.
Other Status*	A category in non-discrimination clauses in UN documents that deceptively encompasses sexual orientation and gender identity according to the ICESCR Committee.
Outcome Documents of Review Conferences*	Regional or thematic documents that have not been negotiated by all Member States, usually in relation to ICPD and Beijing, that have been manipulated by UN agencies to promote abortion, the LGBTQI agenda, and sexual rights for children, etc.
Parental Guidance as Appropriate	Parental involvement only when the school feels it is appropriate. Limits parental rights.
Privacy and Confidentiality*	Access to information and services, usually in regard to abortion, sexual information or contraception, without the knowledge or consent of parents.
Pronatalism	A term used to stigmatize the pro-life movement as a political ideology that promotes human reproduction and gives rise to the creation of restrictive abortion laws, increased global warming, overpopulation, etc.
Prostitution*	Legitimate profession also known as "sex work" that should be legalized.
Reproductive Autonomy	Synonymous with "bodily autonomy" – a right for everyone, regardless of age, to choose abortion, transgender medical interventions, engage in prostitution, and for children, to engage in sexual activity.
Reproductive Health*	Abortion.
Reproductive Health Care/Services	Services for abortion and transgender cross-sex hormones and surgeries, etc.
Reproductive Health Education	"Comprehensive Sexuality Education." (See above.)
Reproductive Health Services	Contraception and abortion services.

Reproductive Injustice	Laws and policies that limit abortion or that restrict LGBT couples from accessing reproductive technology services such as surrogacy or IVF.
Reproductive Rights*	Abortion rights and rights for same-sex couples to access reproductive technologies such as surrogacy, in-vitro fertilization, and adoption of children. (See ReproductiveRights.org.)
Right to Education*	Right to Comprehensive Sexuality Education, including the right to all forms of sexual information and services, including pornography. (See report on Special Rapporteur on the Right to Education.)
Right to Health*	Right to CSE, abortion, transgender cross-sex hormones and surgeries.
Right to Life*	The right to euthanasia and abortion.
Right to Self-Determinism	Right to abortion and transgender hormones and surgeries, etc. The right to anything anyone wants to do for adults and children alike.
Rights	Any demand an individual wants to make to legitimize or advance a behavior, service or cause.
Rights-Based Approach*	An undefined, vague, overly broad term that usually means an LGBTQI-, abortion rights-, sexual rights for children-based approach.
Risk-Reduction Approach	An approach that condones sexual behavior as long as steps are taken to reduce the risk of contracting STDs or pregnancy. This term is used to advance condom instruction and distribution, contraceptives, PReP drugs that reduce HIV viral loads and Gardasil, the HPV vaccine.
Safe Motherhood*	Abortion. Having the right to abort one's baby in order to be "safe" based on the false claim that abortion is safer than childbirth.
Safe Schools	LGBTQI-inclusive schools.
Safe Spaces	LGBTQI spaces.
Science-Based	LGBTQI affirming.
Scientifically Accurate	A term used to exclude abstinence or sexual risk avoidance programs. The claim is made that only CSE programs have content backed by science, and abstinence and sexual risk avoidance programs are based on false religious beliefs. Therefore, if a law or policy requires sex ed to be "scientifically accurate," CSE advocates will claim that only CSE programs qualify.

Self-Care*	The abortion advocacy organization Ipas defines abortion self-care as "an abortion with pills without a prescription, with or without the involvement of a health provider." Abortion provider, IPPF, defines abortion self-care as "self-administration of medical abortion."
Sex Assigned at Birth	An invented term to give the illusion that doctors arbitrarily assign a child a specific sex at birth and may make mistakes in doing so.
Sex Positive*	An approach to sex education that promotes sexual pleasure, promiscuity and acceptance of diverse sexual practices for children.
Sex Work	A euphemism used to promote prostitution as a legitimate form of employment.
Sexual and Reproductive Health (SRH)*	A compound term that includes "sexual health" and "reproductive health," which is often used to promote LGBTQI and abortion rights and services as well as promiscuity rights for youth.
Sexual and Reproductive Health and Rights (SRHR)*	A compound term that includes "sexual rights" and "reproductive rights," which encompasses all rights claimed under "sexual rights." (See below.)
Sexual Education*	"Comprehensive Sexuality Education." (See above.)
Sexual Health*	According to WHO's "Sexual Health, Human Rights and the Law," the term "sexual health" encompasses abortion, CSE, transgender cross-sex hormones and surgeries, promiscuity rights for children and more.
Sexual Minorities*	LGBTQI individuals, prostitutes, and sexually active adolescents.
Sexual Orientation*	Diverse sexual preferences and practices sometimes defined by law as encompassing three orientations, i.e., heterosexual, homosexual and bisexual. However, when used in the context of some sexuality education programs, it can also encompass "sexual patterns" including pedophilia, bestiality, sadomasochism, voyeurism, exhibitionism, necrophilia (sexual pleasure from corpses), urophilia (sexual pleasure from urine) and more.
Sexual Rights*	A right to any sexual activity or expression including any claimed rights related to contraception, abortion, sexual expression (cross dressing, nudity), LGBTQI rights, pornography (sale and use of), sexual relations,

	age of consent, sexual orientation, gender identity (identity papers, hormone therapy, sex-reassignment surgery, etc.), adultery, sodomy, prostitution, use of public facilities, adoption/fertility treatments, wedding services for same-sex couples, sexual education and more.
Sexuality*	According to the WHO working definition for "sexuality": "Sexuality encompasses gender identities and roles, Sexual orientation, Eroticism, Desires, Pleasure, Attitudes, Fantasies, Behaviors, Roles and Relationships." (Source: WHO, 2006)
Sexual and Reproductive Health Information	"Comprehensive Sexuality Education." (See above.)
Sexuality, Control Over*	Right to abortion and "sexual rights" including LGBTQI rights.
Tolerance	Embracing LGBTQI ideology and lifestyles and supporting rights based on LGBTQI status.
Torture*	According to the UN Independent Expert on sexual orientation and gender identity, Victor Madrigal-Borloz, providing voluntary talk therapy ("conversion therapy") to help someone resolve their unwanted same-sex attraction constitutes torture. Multiple special procedures mandate holders claim denying a woman an abortion also constitutes torture.
Transformative	The complete dismantling of traditional social norms around sexual promiscuity, sexual orientation, gender identity and expression, and abortion, including in laws, policies and culture.
Transformative Education	The indoctrination of children in abortion, LGBT and other sexual ideologies and training and mobilizing them for activism in the same.
Transgender*	A person who identifies as something other than their biological sex and therefore claims they are entitled to enter opposite-sex private spaces such as bathrooms, showers and locker rooms, to compete in sports as the opposite gender, and to be placed in opposite-sex prisons.
Underserved Populations	LGBTQI persons, prostitutes and sexually active adolescents.
Universal Health Coverage	Government-funded SRHR (i.e., abortion, CSE, transgender medical interventions, etc.).

Violence	Misgendering a transgender person (not calling a person by their preferred pronouns), withholding abortion from a pregnant woman, or stating views that are unsupportive of LGBTQI issues. All these things have been construed as psychological violence and are encompassed under the term "all forms of violence."
Vulnerable Groups*	LGBTQI groups, prostitutes, drug users or sexually active adolescents.
With the involvement of children, adolescents, youth	Involvement of youth indoctrinated in LGBTQI and abortion ideology.
Woman*	Any individual who claims to be female including males who identify as females.
Women's Rights	Abortion, lesbian rights, and rights for men who identify as women.
Yogyakarta Principles*	Manifesto of the LGBTQI movement promoting every kind of LGBTQI "right" imaginable.
Youth Friendly*	Confidential from parents, non-judgmental, sex-positive, services or information. May include CSE, abortion or transgender medical services.
Youth Led*	Organizations led by youth trained in LGBTQI and abortion rights, usually facilitated by organizations like International Planned Parenthood Federation or UNFPA.
Youth Participation	Participation of youth trained in LGBTQI and abortion rights advocacy, usually by UN agencies or International Planned Parenthood Federation and their allies.

Acronyms used for United Nations Treaties and Outcome Documents

UN Charter: The Charter of the United Nations (1945)
Universal Decl.: Universal Declaration of Human Rights (1948)
ICESCR: International Covenant on Economic, Social and Cultural Rights (1976)
ICCPR: International Covenant on Civil and Political Rights (1976)
CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women (1981)
CRC: Convention on the Rights of the Child (1990)
Children's Summit: World Summit for Children (1990)
Agenda 21: Conference on Environment and Development (1992)
Vienna: World Conference on Human Rights (1993)
ICPD: International Conference on Population and Development (1994)
Social Summit: World Summit for Social Development (1995)
Beijing: Fourth World Conference on Women (1995)
Habitat: Second United Nations Conference on Human Settlements (1996)
Earth Summit +5: (1997)
ICC: Rome Statute of the International Criminal Court (1998)
ICPD +5: (1999)
Social Summit +5: (2000)
Beijing +5: (2000)
Millennium: Millennium Declaration (2000)
Habitat +5: (2001)
HIV/AIDS: Declaration of Commitment on HIV/AIDS (2001)
Racism: World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (2001)
Ageing: Second World Assembly on Ageing (2002)
Children's Summit +10: A World Fit for Children (2002)
WSIS: World Summit on the Information Society (2003)
World Summit 2005
HIV/AIDS 2006: Political Declaration on HIV/AIDS (2006)
Disabilities: Convention on the Rights of Persons with Disabilities (2006)
HIV/AIDS 2011: Political Declaration on HIV/AIDS (2011)
Agenda 2030: Transforming our world: the 2030 Agenda for Sustainable Development (2015)

ABORTION/RIGHT TO LIFE

(See also Abortion, Negative Impact on Women | Abortion, Pre-natal Sex Selection | Healthy Infant | Pre-natal Care | Reproductive Rights | Reproductive Rights in the Context of Girls, Children, Youth or Adolescents | Sexual and Reproductive Health Care or Services | Sexual and Reproductive Health | Sexual and Reproductive Health Rights | Charts for Navigating Abortion/SRH Terms)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

Abortion/Right to Life

■ **In no case should abortion be promoted as a method of family planning.** – ICPD (1994), 8.25.; – Beijing (1995), 106(k); ICPD +5 (1999), 63 (i, ii, iii); Beijing +5 (2000), 72-o.

■ **Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning.** – ICPD (1994), 7.24; ICPD +5 (1999), 63 (i, ii, iii).

■ **Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.** – ICPD (1994), 8.25; Beijing (1995), 106(k); ICPD +5 (1999), 63 (i, ii, iii).

■ **Everyone has the right to life...** – Universal Declaration (1948), Article 3, **–** ICPD (1994), Chapter II, Principle 1.

BEST CONSENSUS LANGUAGE

Abortion/Right to Life

■ **Every human being has the inherent right to life**. – ICCPR (1976), Article 6, 1.

■ **… the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,** – CRC (1990), Preamble.

■ **… every child has the inherent right to life**. **2. States Parties shall ensure to the maximum extent possible the survival and development of the child.** – CRC (1990), Article 6. 1.

■ **… respect the right to live in dignity at all stages of life**; – Ageing (2002), 21(h).

NEGOTIATING STRATEGIES

Abortion/Right to Life

The excerpts below from ICPD discourage abortion and thus should be inserted as appropriate where references to *"reproductive health"* or *"reproductive rights"* or direct references to *"abortion"* or *"unsafe abortion"* appear.

For example, if a proposal calls for **"reproductive health services"** (a term often interpreted to include abortion), a negotiator might define and/or modify this phrase by proposing the following phrase from the *Healthy Infant* section of the Guide: **"to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy baby."** – ICPD (1994), 7.2.

- ***"Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning,"*** – ICPD (1994), 7.24.
- ***"In no case should abortion be promoted as a method of family planning."*** – ICPD (1994), 8.25.
- **"*… every attempt should be made to eliminate the need for abortion."*** – ICPD (1994), 8.25.
- ***"… changes related to abortion … can only be determined at the national or local level according to the national legislative process…"*** – ICPD +5 (1999), 63(i), Beijing (1995), 106(k), ICPD (1994), 8.25.
- ***"Since unsafe abortion is a major threat to the health and lives of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care."*** – ICPD 12.17.

Abortion is aggressively promoted in countless UN documents using a number of highly deceptive terms. See *Charts for Navigating Abortion/SRH Terms* for suggestions on dealing with this language.

TALKING POINTS
Abortion/Right to Life

1. Member States have made it very clear in binding UN documents that there is no international right to abortion on demand. For example, the Convention on the Rights of the Child (CRC) states: **"The child, by reason of his physical and mental immaturity, needs special safeguards and care, *including appropriate legal protection, before as well as after birth."*** (CRC Preamble).

2. The CRC also recognized that ***"every child has the inherent right to life."*** (CRC Art. 6) Abortion on demand would completely undermine this right to life established by the CRC, a binding international treaty.

3. Multiple UN consensus documents discourage abortion and clearly limit "abortion rights." For example, the outcome document of the International Conference on Population and Development (ICPD) states that ***"Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning ..."*** (ICPD, 1994, par. 7.24; see also par. 7.10, 8.25).

4. UN Member States also clarified in ICPD that ***"Any measures or changes related to abortion within the health care system can only be determined at the national or local level according to the national legislative process."*** (ICPD, par. 8.25) All of the above language also was agreed to at the Fourth World Conference on Women (see Beijing 1995, par. 106-k) and then again at Beijing +5 and ICPD +5. (ICPD +5, par. 63i, ii, iii and Beijing +5, par. 72-o). Therefore, UN consensus documents indicate in unambiguous language that:

- Member States have agreed to help women avoid abortion;
- UN agencies are prohibited from promoting abortion as a method of family planning; and
- The UN is not even authorized to dictate abortion policies as this matter is to be left to national legislatures.

5. The UN recognizes that abortion is permitted in some UN Member States only ***"under varying legal conditions to save the life of a woman"*** (ICPD par. 8.19.) and encourages all governments ***"to reduce the recourse to abortion."*** (ICPD par. 8.25).

6. Abortion rights activists have claimed that the *"right to health"* includes the right to *"reproductive health,"* or to *"sexual and reproductive health"* and that these rights somehow also include a right to abortion. However, **such claims are not founded in international law and cannot be substantiated by UN consensus documents** (namely, the CRC, ICPD, ICPD +5, Beijing and Beijing +5) since their provisions both discourage and restrict abortion rights.

(See the *Sexual and Reproductive Health* section for more information on how the terms *"reproductive health"* and *"sexual and reproductive health"* were created to advance abortion rights.)

UN CONSENSUS LANGUAGE IN CONTEXT
Abortion/Right to Life

■ All human beings are born free and equal in dignity and rights. 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. **Everyone has the right to life, liberty and security of person**. – ICPD (1994), Chapter II, Principle 1.

■ **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 only be determined 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. – ICPD (1994), 8.25.

■ All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. **Reproductive health care in the context of primary health care** should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for pre-natal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; **abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion**; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery *and abortion*, infertility, reproductive tract infections, breast

cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes. – ICPD (1994), 7.6.

■ Governments should take appropriate steps to **help women avoid abortion, which in no caseshould 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. – ICPD (1994), 7.24.

■ In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "**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 only be determined 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", consider reviewing laws containing punitive measures against women who have undergone illegal abortions; – Beijing (1995), 106(k).

■ **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 only be determined 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 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. – ICPD +5 (1999), 63 (i, ii, iii).

ABORTION, FAMILY PLANNING

(See also Abortion | Sexual and Reproductive Health | Reproductive Rights | Unmet Need for Family Planning/Contraception)

OVERVIEW

Abortion, Family Planning

According to a 2015 report by the Pew Research Center, "Over the last half century, the global fertility rate has fallen sharply. In the 1950 to 1955 period, the average woman was expected to have about five children over the course of her lifetime. By 2010-2015, the global average was about 2.5 children per woman.

According to the UN Department of Economic and Social Affairs

> "Fertility levels are projected to continue declining globally. The global fertility rate is expected to continue to fall from 2.5 live births per woman today to 2.2 in 2050 and further to 1.9 in 2100.3 It is projected that, in sub-Saharan Africa, the total fertility rate will fall from 4.6 live births per woman today to 3.1 in 2050 and further to 2.1 in 2100.
>
> Most countries that witnessed a sharp decline in fertility in recent years are in sub-Saharan Africa Between 2010 and 2019, 7 of the 10 countries witnessing the largest reductions in the total fertility rate were found in subSaharan Africa. Footnote Since 2010, it is estimated that Afghanistan experienced the largest decline in fertility (-1.7 live births per woman), followed by Uganda (-1.3), Malawi (-1.2), Sierra Leone, Ethiopia and Yemen (-1.0 each). In Kenya, Chad, Jordan and Somalia, the fertility rate fell by 0.9 live births per woman."[1]

In many developed nations there are not enough people being born to support their ageing populations, especially as people live longer due to advances in medical technologies. Developing nations, though years behind, are following similar patterns of decreasing fertility rates and shrinking populations. Yet the United Nations Population Fund (UNFPA) continues to expend billions of dollars to decrease the world's population through family planning, contraception and abortion.

Contrary to popular opinion, the world is not experiencing a population explosion, but instead, it is experiencing a population implosion that is having devastating impacts on countries and economies worldwide. In fact, some countries like Japan and Russia have resorted to paying their citizens to have children.

Organizations such as International Planned Parenthood make billions of dollars from their "family planning" services, providing condoms, various methods of modern contraception, and abortion, and have a vested interest in pushing the population control agenda as they work hand in hand with UNFPA to advance their lucrative population control agenda.

Paid Planned Parenthood lobbyists and lawyers have been at UN negotiations pushing for "family planning" provisions in almost every UN document as the answer to many world problems. And they are very effective at what they do, which is why family planning and the reproductive health /reproductive rights agenda is prominent in the UN 2030 Agenda.

[1] United Nations Department of Economic and Social Affairs. (2020, January). World Fertility and Family Planning 2020. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Oct/un-desa_pd_wfp2019_10_key_messages_10jan2020.pdf

International Planned Parenthood Federation with over 65,000 service points in over 170 countries is one of the largest abortion providers in the world, advancing abortion under the banner of "family planning" even though both Cairo and Beijing clearly state that *"in no case should abortion be promoted as a method of family planning"* (See ICPD (1994), 7.24, 8.25, ICPD +5 (1999), 63 (i, ii, iii), and Beijing (1995), 106(k)).

NEGOTIATING STRATEGIES

Abortion, Family Planning

Since in some countries "family planning" is coerced, please change the term "family planning" to "voluntary family planning."

TALKING POINTS

Abortion, Family Planning

1.Fertility levels are projected to continue declining globally. The global fertility rate is expected to continue to fall from 2.5 live births per woman today to 2.2 in 2050 and further to 1.9 in 2100.3 It is projected that, in sub-Saharan Africa, the total fertility rate will fall from 4.6 live births per woman today to 3.1 in 2050 and further to 2.1 in 2100.

Most countries that witnessed a sharp decline in fertility in recent years are in sub-Saharan Africa Between 2010 and 2019, 7 of the 10 countries witnessing the largest reductions in the total fertility rate were found in sub-Saharan Africa. Footnote Since 2010, it is estimated that Afghanistan experienced the largest decline in fertility (-1.7 live births per woman), followed by Uganda (-1.3), Malawi (-1.2), Sierra Leone, Ethiopia and Yemen (-1.0 each). In Kenya, Chad, Jordan and Somalia, the fertility rate fell by 0.9 live births per woman.

2. Are we trying to create a one-size fits all solution to human population when we have vast differences between countries as far as their needs?

3. Some developed countries are even paying their citizens to have children as they don't have enough children to drive their economies. How do we address this within this text?

4. If we encourage developing countries to focus on family planning, negative fertility trends are very difficult to reverse, and these countries may eventually end up having the similar problems of developing countries with shrinking populations.

UN CONSENSUS LANGUAGE IN CONTEXT

Abortion, Family Planning

■ **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 only be determined 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.** – ICPD (1994), 8.25.

■ All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. **Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services;** education and services for pre-natal care, safe delivery and postnatal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; **abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion**; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. **Referral for family-planning services** and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes. – ICPD (1994), 7.6.

■ In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "**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 only be determined 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", consider reviewing laws containing punitive measures against women who have undergone illegal abortions; – Beijing (1995), 106(k).

ABORTION, FORCED

UN CONSENSUS LANGUAGE IN CONTEXT

Abortion, Forced

■ The end of the cold war has resulted in international changes and diminished competition between the super-Powers. The threat of a global armed conflict has diminished, while international relations have improved and prospects for peace among nations have increased. Although the threat of global conflict has been reduced, wars of aggression, armed conflicts, colonial or other forms of alien domination and foreign occupation, civil wars, and terrorism continue to plague many parts of the world. **Grave violations of the human rights of women occur, particularly in times of armed conflict, and include murder, torture, systematic rape, forced pregnancy and forced abortion,** in particular under policies of ethnic cleansing. – Beijing (1995), 11.

ABORTION, INFORMED DECISION MAKING

(See Informed Decision Making)

ABORTION, LEGAL/ILLEGAL

(See also Abortion | Abortion, Maternal Mortality | Abortion, Negative Impact on Girls | Abortion, Negative Impact on Women | Abortion, Safe/Unsafe | Sexual and Reproductive Health)

OVERVIEW
Abortion, Legal/Illegal

Abortion activists claim that large numbers of maternal deaths are caused by *"illegal abortion;"* therefore, abortion should be legalized to make it *"safe."* However, abortion-related maternal deaths have nothing to do with the legal status of abortion, but rather are due to the dangers inherent in the abortion procedure itself.

It is estimated that 99 percent of all maternal deaths occur in developing countries.[2] This strongly suggests that the real issue surrounding abortion-related deaths is a lack of basic healthcare, not the availability of legal abortions.

TALKING POINTS
Abortion, Legal/Illegal

1. **Unless we are going to address the legality of abortion, "*illegal*" should be deleted before "*abortion*."**

2. Since ICPD informs us that abortion laws are to be decided at the national level, this means the legal status of abortion is not a competency of the UN. **Therefore, modifying abortion by "*illegal*" is not necessary.**

3. We would like an explanation for why "*illegal*" is needed to modify abortion. We would prefer the reference to abortion to be broader. **(*This point may or may not be relevant depending on the context in which "illegal abortion" appears*).**

ABORTION, MATERNAL HEALTH

OVERVIEW
Abortion, Maternal Health

A strategy used by abortion rights advocates is to use the term *"maternal health"* to eventually promote abortion. They reason mothers will have better health if they have less children to take care of, and they will be better able to take care of their existing children if they are able to abort subsequent children.

Those employing this strategy sought first to enshrine *"maternal health"* as a widely recognized right, without attaching controversial abortion rights to it. Then once maternal health was widely accepted, they then interpreted *"maternal health"* to encompass abortion through treaty body comments and

[2] World Health Organization. (2021). Maternal Health. https://www.afro.who.int/health-topics/maternal-health

various UN reports.

They were successful in first getting *"maternal health"* recognized in the Millennium Development Goals (MDG 5), but fortunately they failed to get *"reproductive health"* (RH) connected to *"maternal health,"* as the proposal to do so was rejected by Member States because of RH's connotation of abortion.

So the quest to promote abortion as a way to preserve *"maternal health"* (which in turn allegedly prevents *"maternal mortality"*) is sure to continue, particularly since the World Health Organization is claiming that *"unsafe abortion"* is a maternal health crisis in countries where abortion is illegal or difficult to access, leading to many preventable maternal deaths each year.

Therefore, it is important to make sure that the context in which *"maternal health"* is used in UN documents cannot easily be used to promote abortion. Also, be careful not to be deceived by the tactic of adding phrases like *"to protect maternal health"* to modify *"reproductive health"* language, as this will not prevent reproductive health language from being used to promote abortion for the reasons stated above.

ABORTION, MATERNAL MORTALITY

(See also Abortion | Abortion, Legal/Illegal | Abortion, Safe/Unsafe | Abortion, Safe Motherhood | Sexual and Reproductive Health)

OVERVIEW

Abortion, Maternal Mortality

Relentlessly, abortion is being presented as the solution to maternal mortality. Abortion advocates often point to maternal mortality rates (MMR) and illegal abortion rates that have been exaggerated or miscalculated and use these rates to claim that legalizing abortion will decrease maternal deaths. They argue that legalizing abortion makes it "*safe*," as mothers can openly seek out competent doctors to perform legal abortions. For example, the World Health Organization claims, *"To avoid maternal deaths … All women, including adolescents, need access to contraception*, [and] *safe abortion services to the full extent of the law*.[3]

However, the abortion procedure, regardless of the conditions under which it is performed, or whether it is legal or illegal, always carries health risks (see below), some even life threatening. The true solution to high maternal mortality rates is not abortion, but better health care, as the highest rates of maternal deaths, whether pregnancy related or abortion related, occur in developing countries with inadequate health care.

Here are some important facts regarding maternal mortality and abortion:

- **There are risks to pregnant women whether pregnancy is ended by abortion or live birth.** The key to lowering maternal mortality rates (MMR) is to improve and increase access to health care services, not to legalize abortion.

- **Illegal abortion rates are often inflated or minimized to pressure countries into legalizing abortion.** For example, in Mexico, abortion advocates claimed an annual illegal abortion rate

[3] World Health Organization. (2015). *Maternal Mortality Fact sheet N°348*. http://www.who.int/mediacentre/factsheets/fs348/en/

close to 200,000[4] and pushed for legalized abortion as the answer. Yet, less than five years after legalizing abortion, total legal abortions were reported to be less than 20,000. Venezuela claimed an illegal abortion rate of more than 33,000 and after abortion was legalized, the reported number of legal abortions was reported to be closer to 6,000. Studies showed, however, that these dramatic drops in actual abortions were not due to lower abortion, but rather to inaccurate reporting of illegal abortions in the needs analysis. Also, for years, abortion advocates at the UN claimed a global maternal mortality rate of over 500,000 annually, then later new data were published showing the rate was much closer to 300,000.

TALKING POINTS

Abortion, Maternal Mortality

1. **Abortion, even when performed in the safest or legal conditions, still carries serious health risks.** In one study, 17 percent of women undergoing "safe" (i.e., legal) abortion procedures in the United States experienced physical complications (such as abdominal bleeding or pelvic infection) after the abortion.[5] The percentage is likely higher when long-term physical effects are considered, not to mention psychological effects. Some of the short- and long-term adverse effects of abortion, legal or illegal, include:[6]

- Accidental tearing of uterine artery, tearing of the cervix, or scarring of the uterine wall
- Heavy bleeding, requiring blood transfusions
- Abdominal cramping, nausea, vomiting, diarrhea, and infection
- Allergic reaction to drugs or anesthesia, sometimes causing convulsions, or worse
- Heart attack, embolisms (caused by blood clots or other foreign matter in blood vessels)
- Perforation of the uterus and damage to other internal organs
- Miscarriage of future pregnancies, infertility or sterility
- Increased risk of subsequent tubal pregnancies
- Death (it is estimated that 20 percent of maternal deaths are due to abortion)
- Guilt, anger, anxiety, depression, suicidal thoughts
- Anniversary grief, flashbacks of abortion, memory repression
- Sexual dysfunction, relationship problems
- Eating disorders, sleep disorders
- Alcohol and drug abuse

2. Legalizing abortion does not lower maternal mortality rates because abortion has nothing to do with saving women's lives. In some cases, it may be necessary to deliver a baby early to save the life of a mother and, as a result of the premature birth, the baby may not survive; however, it is never necessary to deliberately kill a baby to save the life of a mother.

[4] Koch, E., Aracena, P., Gatica, S. Bravo, M., Huerta-Zepeda, A., & Calhoun, B. C. (2012). Fundamental discrepancies in abortion estimates and abortion-related mortality: A reevaluation of recent studies in Mexico with special reference to the International Classification of Diseases. *International Journal of Women's Health, 4*, 613-623.

[5] Major, B., Cozzarelli, C., Cooper, M. L., Zubek, J., Richards, C., Wilhite, M., Gramzow, R. H. (2000). Psychological Responses of Women After First-Trimester Abortions. *Archives of General Psychology, 57*, 777- 784.

[6] United Families International. (2007). *Guide to Family Issues: Abortion*. http://unitedfamilies.org/wp-content/uploads/2015/09/Abortion_GuidetoFamilyIssues.pdf

3. Most maternal deaths are not caused by abortion whether legal or illegal, they are caused by a lack of basic health care. This text should focus on language providing better access to competent health care and avoid a controversial abortion debate.[7]

A meta-analysis of multiple studies showed main causes of maternal deaths in some countries include:[8]

Lack of access to clean water (Mexico, South Africa)
Poor sanitation (Mexico, South Africa)
Female illiteracy (Mexico, South Africa)
Intimate partner violence (Mexico)
HIV/AIDS (A large percentage of deceased women who were counted as maternal deaths in South Africa were found to be infected with HIV.)
Obesity (South Africa, Britain, and one in three women of reproductive age in the United States)
Heart disease (United States, Britain)
Substandard care (South Africa)
Lack of transportation, or living in remote areas (South Africa)

We should be focusing on solutions to these major causes of maternal mortality.

4. Focusing on the promotion of abortion could potentially raise maternal mortality rates by taking vital funding, focus and time away from providing basic health care services to pregnant women.

5. If legalizing abortion reduces maternal mortality rates, it would follow that countries with permissive abortion laws would have low maternal mortality rates, and countries with more restrictive laws would have the highest maternal mortality rates. However, using data from the World Bank, consider the following:

- A number of countries with highly restrictive abortion laws—such as Poland, Kuwait, United Arab Emirates, Cyprus, Libya, Malta, and Chile—had very low maternal mortality rates in 2015.[9] (See data below.)

- Sierra Leone reports numbers that show they reduced their maternal mortality rate (MMR) by 48.3 percent between 1990 and 2015 without access to legal abortion. Very few countries have lowered MMRs to such a degree.

- Without legal abortion, Chile also reduced their maternal mortality rate by 64.1 percent between 1990 and 2015. Chile did this, not with abortions, but by implementing maternal and perinatal health programs and abortion prevention.

- The mortality rate due to abortion in Chile has continuously decreased over the past 50 years.

[7] A meta-analysis published in The Lancet found that hemorrhage accounted for 27.1 percent of maternal deaths, hypertensive disorders 14 percent, and sepsis 10.7 percent. Say, L., et al. (2014). Global causes of maternal death: a WHO systematic analysis. *Lancet Global Health, 2*(6). https://doi.org/10.1016/S2214-109X(14)70227-X
[8] Lawson, G. W., Keirse, M., (2013). Reflections on the Maternal Mortality Millennium Goal. *Birth, 40*(2), 96-102.
[9] WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. (2015). *Trends in Maternal Mortality: 1990 to 2015.*

- Maternal death in Chile as a result of induced abortion has become exceptionally rare (a risk of 1 in 4 million pregnant women of fertile age).[10]

- The British Medical Journal published a study of 32 states in Mexico that found:

    - **States in Mexico with abortion laws that restrict abortion reported 23 percent lower overall maternal mortality** and up to 47 percent lower mortality from complications of abortion.

    - **Less permissive abortion laws were not associated with increased maternal and abortion-related deaths** in official maternal mortality data from 32 states of Mexico between 2002 and 2011.

    - **Maternal healthcare, fertility, access to clean water, sanitation, female literacy and intimate-partner violence** were the factors affecting 51 percent to 88 percent of differences in maternal mortality in the 32 Mexican states.[11]

- **The legalization of abortion in 1973 in the United States had no apparent impact on the already-declining number of abortion-related deaths.**[12]

A comparison of MMRs with abortion laws in Latin American and Caribbean countries shows there is no consistent correlation between the two. For example, as shown below, Chile, with some of the most restrictive abortion laws, has a comparatively low maternal mortality rate (22) while Guyana, with very permissive laws, has a very high maternal mortality rate (229). But there are also high maternal mortality rates in countries with more restrictive laws (Suriname, 155, and Haiti, 359) and low rates in some countries with little restrictions (Puerto Rico, 14, and Uruguay, 15). These figures show conclusively that legalizing abortion is not the answer to maternal mortality.

Abortion Laws and Maternal Mortality Rates in Latin America and the Caribbean
(The number in parentheses following each country is an estimate of maternal mortality ratio, MMR, maternal deaths per 100,000 live births.)

Abortion is prohibited: Chile (MMR 22), El Salvador (MMR 54), Dominican Republic (MMR 92), Honduras (MMR 129), Jamaica (MMR 89), Nicaragua (MMR 150), Suriname (MMR 155), Haiti (MMR 359)

Permitted for saving life of mother, rape, fetal impairment (at state level): Mexico (MMR 38), Brazil (MMR 44), Guatemala (MMR 88), Panama (MMR 94), Venezuela (MMR 95), Paraguay (MMR 132), Antigua and Barbuda (no stats), Dominica (no stats)

Permitted for physical health and saving life of mother: Costa Rica (MMR 25), Grenada (MMR 27), Argentina (MMR 52), Ecuador (MMR 64), Peru (MMR 68), Bahamas (MMR 80), Bolivia (MMR 206)

[10] Koch, E. (2015). The epidemiology of abortion and its prevention in Chili. *Issues in Law & Medicine, 30*, 71-85.
[11] Koch, E., Chireau, M., Pliego, F., et al. (2015). Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states. *British Medical Journal Open 5* :e006013 doi:10.1136/bmjopen-2014006013
[12] Rolnick, J. A., & Vorhies, J. S. (2012). Legal restrictions and complications of abortion: Insights from data on complication rates in the United States. *Journal of Public Health Policy 33*, 348-362. doi:10.1057/jphp.2012.12

Permitted for mental health & all above reasons: St Lucia (MMR 48), Trinidad and Tobago (MMR 63), Colombia (MMR 64), St. Kitts and Nevis (no stats)

Permitted for socioeconomic grounds & all above reasons: Barbados (MMR 27), Belize (MMR 28), St. Vincent and the Grenadines (MMR 45)

Abortion without restriction: Puerto Rico (MMR 14), Uruguay (MMR 15), Guyana (MMR 229)[13]

6. Improving access to, and the quality of, pre-natal and postnatal healthcare in developing countries (not liberalizing abortion laws) will decrease the number of maternal deaths worldwide. In the past 30 years, maternal mortality has decreased by over one-third across the world.[14] Few abortion laws have been liberalized during that time, and some have even become more restrictive. So what was the major change? A *Lancet* study found that progress has been made in preventing pregnant women from dying based on the following four main reasons: (1) declining pregnancy rates in some countries; (2) higher per capita income; (3) higher education rates for women; and (4) increasing availability of basic medical care, including "skilled birth attendants." Legalizing abortion was not listed as one of the reasons.[15]

List of Countries with the Lowest and Highest Maternal Mortality Rates in 2015

Countries with Lowest Maternal Mortality Rates in 2015 (maternal deaths reported per 100,000 live births)

Finland (3), Greece (3), Iceland (3), Poland (3), Austria (4), Belarus (4), Czech Republic (4), Italy (4), Kuwait (4), Sweden (4), Israel (5), Japan (5), Norway (5), Spain (5), Switzerland (5), Australia (6), Denmark (6), Germany (6), Slovak Republic (6), United Arab Emirates (6), Belgium (7), Canada (7), Cyprus (7), Montenegro (7), Netherlands (7), Croatia (8), France (8), Ireland (8), Macedonia, FYR (8), Estonia (9), Libya (9), Malta (9), Slovenia (9), United Kingdom (9), Lithuania (10), Luxembourg (10), Portugal (10), Singapore (10), Bosnia and Herzegovina (11), Bulgaria (11), Korea, Republic (11), New Zealand (11), Kazakhstan (12), Saudi Arabia (12), Qatar (13), Puerto Rico (14), United States (14), Bahrain (15), Lebanon (15), Uruguay (15), Turkey (16), Hungary (17), Oman (17), Serbia (17), Latvia (18), Thailand (20), Chile (22), Brunei Darussalam (23), Moldova (23), Ukraine (24), Armenia (25), Azerbaijan (25), Costa Rica (25), Iran, Islamic Republic (25), Russian Federation (25)

Countries with Highest Maternal Mortality Rates in 2015 (maternal deaths reported per 100,000 live births)

Burkina Faso (371), Afghanistan (396), Benin (405), Congo, Republic (442), Zimbabwe (443), Angola (477), Lesotho (487), Mozambique (489), Eritrea (501), Kenya (510), Guinea-Bissau (549), Niger (553), Mali (587), Camaroon (596), Mauritania (602), Malawi (634), Cote d'lvoire (645), Guinea (679), Congo, Democratic Republic (693), the Gambia (706), Burundi (712), Liberia (725), Somalia (732), South Sudan (789), Nigeria (814), Chad (856), Central African Republic (882), Sierra Leone (1360)

[13] WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. (2015). *Trends in Maternal Mortality: 1990 to 2015.*

[14] Hogan, M. C., et al. (2010). Maternal mortality for 181 countries, 1980—2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet, 375,* 1609-1613 (estimating a decrease from 526,300 maternal deaths in 1980 to 342,900 maternal deaths in 2008).

[15] Ibid.

UN CONSENSUS LANGUAGE IN CONTEXT
Abortion, Maternal Mortality

■ By 2030, reduce **the global maternal mortality ratio to less than 70 per 100,000 live births.** – 2030 Agenda (2015), 3.1.

■ 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. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing anti-microbial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development. – 2030 Agenda (2015), 26.

■ All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, pre-natal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in **reducing maternal mortality** and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men's support for maternal health and safe motherhood should be developed. – ICPD (1994), 8.22.

ABORTION, MEDICAL

OVERVIEW
Abortion, Medical

The term “medical abortion” (or “drug-induced abortion,” “chemical abortion,” “medication abortion,” or “non-surgical abortion”) refers to the use of two drugs, mifepristone and misoprostol, given to pregnant women in order to terminate a pregnancy of no more than 10 weeks gestation.

Mifepristone blocks the release of progesterone, a hormone necessary to sustain a pregnancy, causing the lining of the uterus to deteriorate and the ultimate death of the fetus. The second drug, misoprostol, is given 24 to 48 hours later, which causes the uterus to contract and expel the fetus. Misoprostol is not approved by the U.S. Food and Drug Administration for use in medical abortions, so its use is considered “off label.”

The common side effects of mifepristone are fever, nausea, vomiting, chills, dizziness, cramping and pronounced bleeding. More serious side effects include hemorrhaging, immune system inhibition, pelvic inflammatory disease, infection, septic shock, ruptured ectopic pregnancy and death.[16]

A study in Finland found that 25 percent of women undergoing "safe" medical abortion experienced complications including hemorrhage, incomplete abortion and need for repeat surgery. The study also found that women undergoing medical abortion experienced four times the rates of complications compared to surgical abortion.[17]

In the U.S. the Food and Drug Administration reports that as of 2021 there have been 26 deaths from medical abortion and over 4,200 adverse events.[18] However, this is not an accurate representation of adverse events as states are not required to report them to the CDC.

ABORTION, NEGATIVE IMPACT ON GIRLS

(See also Abortion, Safe/Unsafe | Abortion, Legal/Illegal | Abortion, Negative Impact on Women | Abortion Regret | Sexual and Reproductive Health)

OVERVIEW
Abortion, Negative Impact on Girls

Increasingly, abortion activists are pushing for the legalization of abortion for girls as part of the right to "*reproductive health."* These misguided efforts completely ignore all of the negative physical, mental, social, and psychological impacts abortion can have on girls. Often, girls are provided with an abortion without parental knowledge and consent, yet it is the parents who have to deal with the aftermath. Any provisions related to health, reproductive health, reproductive health services, or abortion in the context of girls should be deleted. Where that is not possible, such provisions should also include a recognition of the rights of parents to guide reproductive health-related decisions.

TALKING POINTS
Abortion, Negative Impact on Girls

The following is a documented list of the negative impact abortion can have on girls.

Suicide attempts

- If a teenager has had an abortion in the last six months, she is six times more likely to attempt suicide than teenagers who have not had an abortion.[19]

[16] Israel, M. (2021, March 30). Chemical Abortion: A Review. *Heritage Foundation*. https://www.heritage.org/life/report/chemical-abortion-review
[17] Niinimäki, M., et al. (2009). Immediate complications after medical compared with surgical termination of pregnancy. *Obstetrics and Gynecology, 114*(4), 795-804.
[18] U.S. Food and Drug Administration. (n.d.). Mifepristone U.S. Post-Marketing Adverse Events Summary through 6/30/2021. https://www.fda.gov/media/154941/download
[19] Garfinkel, B., et al. (1986). *Stress, Depression and Suicide: A Study of Adolescents in Minnesota*. Minneapolis, MN: University of Minnesota.

- Teenagers who have an abortion are four times more likely to commit suicide than adults who abort.[20]
- Overall, women who have abortions have a six times higher rate of suicide than women who carry to term.[21]

Psychological problems

- Compared to teens in general, teenage girls who have an abortion are nearly three times more likely to be admitted to a mental health hospital.[22]
- Teens who have had an abortion compared to teens who carry even an "unwanted pregnancy" to term are five times more likely to seek help in the future for psychological and emotional problems.[23]
- After an abortion, teens are three times more likely to report subsequent trouble sleeping and are nine times more likely to report using marijuana.[24]
- Teens who abort are twice as likely as their peers to abuse alcohol or cocaine.[25]
- Teens who abort experience increased rates of depression, anxiety disorder, suicidal ideation, alcohol dependence, illicit drug dependence, nicotine dependence and cannabis abuse.[26]

Pain, infertility, risk of death

- Teens, compared to adult women, report more severe pain during the abortion procedure.[27]
- Compared to older women, teens are up to twice as likely to experience dangerous cervical lacerations during abortion.[28]
- Teens who have an abortion are at higher risk for infections, infertility and life-threatening complications, including pelvic inflammatory disease (PID) and endometritis, which increases risk of hysterectomy, ectopic pregnancy, and other serious complications.[29]

[20] Gissler, M., et al. (1996). Suicides After Pregnancy in Finland: 1987-94: register linkage study. *British Medical Journal, 313*, 1431-1434; Campbell, N., et al. (1988). Abortion in Adolescence. *Adolescence, 23,* 813-823.
[21] Ibid.
[22] Somers, R. (1979). Risk of Admission to Psychiatric Institutions Among Danish Women Who Experienced Induced Abortion: An Analysis Based on National Report Linkage. (Doctoral dissertation). Dissertation Abstracts International. (Order No. 7926066)
[23] Coleman, P. K. (2006). Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences. *Journal of Youth and Adolescence, 35*: 903. doi:10.1007/s10964-006-9094-x
[24] Ibid.
[25] Amaro, H., et al. (1989). Drug use among adolescent mothers: profile of risk. *Pediatrics, 84,* 144-150.
[26] Sullins, P. D. (2016). Abortion, Substance Abuse And Mental Health In Early Adulthood: Thirteen-year longitudinal evidence from the United States. *Sage Open Medicine*. https://ssrn.com/abstract=2813546
[27] Belanger, E., et al. (1989). Pain of First Trimester Abortion: A Study of Psychosocial and Medical Predictors. *Pain, 36*, 339-350; Smith, G. M., et al. (1979). Pain of first trimester abortion: Its quantification and relationships with other variables. *American Journal Obstetrics & Gynecology, 133*, 489-498.
[28] Burkman, R. T., et al. (1984). Morbidity Risk Among Young Adolescents Undergoing Elective Abortion. *Contraception, 30*, 99-105; Schulz, K. F., et al. (1993). Measures to Prevent Cervical Injury During Suction Curettage Abortion. *The Lancet, 8335,* 1182-1185.
[29] Burkman, R. T., et al. (1977). Culture and treatment results in endometritis following elective abortion. *American Journal of Obstetrics & Gynecology, 128,* 556-559; Avonts, D. & Piot, P. (1985). Genital infections in women undergoing therapeutic abortion. *European Journal of Obstetrics & Gynecology and Reproductive Biology, 20,* 53-59; and Cates, W. (1991). Teenagers and Sexual Risk Taking: The Best of Times and the Worst of Times. *Journal of Adolescent Health, 12,* 84-94.

- Abortion of a first pregnancy increases the risk of breast cancer by 30 to 50 percent.[30] If a pregnancy lasting more than eight weeks was terminated when a girl was younger than 18 years, the risk increased 800 percent.[31]
- Approximately one-third of abortions among teens are late-term abortions, which are riskier and are associated with more problems with subsequent pregnancies.[32]

Negative effects on relationships and parenting

- Compared to older abortion patients, teens who have abortions are more likely to have severe nightmares. These teens also score higher on measurements of antisocial traits, paranoia, psychotic delusions and drug abuse and have more problems later regarding sexuality and parenting.[33]
- After an abortion, teens are likely to become pregnant again within the next few years.[34]
- Teens who have aborted a baby are four times more likely to have a repeat abortion.[35]

ABORTION, NEGATIVE IMPACT ON WOMEN

(See also Abortion, Safe/Unsafe | Abortion, Legal/Illegal | Abortion, Negative Impact on Girls | Abortion Regret | Sexual and Reproductive Health)

OVERVIEW

Abortion, Negative Impact on Women

Abortion activists are constantly pushing for unlimited access and government funding of abortion through *"reproductive health"* and *"reproductive rights"* provisions. There are numerous negative physical, psychological, emotional and social impacts and complications associated with abortion that can negatively affect women for a lifetime, yet most women are never informed of these serious consequences until it is too late.

Studies show approximately 10 percent of women undergoing induced abortion suffer from immediate complications, of which one-fifth (two percent) of these complications are considered major.[36] However, the majority of complications, many of which are quite serious, take time to develop and may not appear for days, months or even years.

[30] Brind, J., et al. (1996). Induced abortion as an independent risk factor for breast cancer: a comprehensive review and analysis. Journal of Epidemiology & Community Health, 50, 481-496.
[31] Daling, J. R., Malone, K. E., Voigt, L. F., White, E. & Weiss, N. S. (1994). Risk of breast cancer among young women: Relationship to induced abortion. *Journal of the National Cancer Institute, 86,* 1584–92.
[32] Atrash, H. K. & Hogue, C. J. (2000). The effect of pregnancy termination on future reproduction. *Baillière's Clinical Obstetrics* and *Gynaecology, 4*, 391-405.
[33] Campbell, N., et al. (1988). Abortion in Adolescence. *Adolescence, 23,* 813-823.
[34] Wheeler, S. R. (1997). Adolescent Pregnancy Loss. In Woods, J. R., & Woods, J. L. (Eds.). *Loss During Pregnancy or in the Newborn Period*. Pitman, NJ: Jannetti Publications, Inc.; Cvejic, H., et al. (1977). Follow-up of 50 adolescent girls 2 years after abortion. *Canadian Medical Association Journal, 116,* 44-46.
[35] Joyce, T. (1988). The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in New York by Race and Ethnicity: A Multivariate Analysis. *American Journal of Public Health, 78,* 626-631.
[36] Frank, P. I., et al. (1985). Induced Abortion Operations and Their Early Sequelae. *The Journal of the Royal College of General Practitioners, 35*(273), 175-180; Freedman, M. A., Jillson, D. A., Coffin, R. R. , Novick, L. F. (1986). *American Journal of Public Health, 76*(5), 550-554.

A major study published in 2022 found that first-time abortions are especially damaging to women.[37] The study used data from U.S. Medicaid records of 5,453 women, 14,451 pregnancies, from seven states, over a 17-year period. The study found that compared to women whose first pregnancy ended in a live birth, women whose first pregnancy ended in abortion had on average:

- 53% more miscarriages
- 35% more pregnancies over their reproductive lifetime
- More than four times as many abortions
- Only half the number of live births

The lead researcher of the study concluded that abortion proponents want people "to believe that abortion empowers women. That optimistically misplaced narrative is simply not supported by the actual reproductive experiences of real women.… A first pregnancy abortion puts women at increased risk for a cascade of lifetime adverse events."[38]

A single induced abortion can have devastating consequences, but the negative outcomes for women who undergo multiple abortions are even more damaging and include:

- Extremely preterm (premature) birth in future pregnancies[39]
- Low birth weight in future pregnancies[40]
- Poor mental health (each abortion increased the risk of mental health problems by 23%)[41]
- Premature death[42]

See Talking Point 5 below for additional documented negative impacts to women from abortion.

TALKING POINTS
Abortion, Negative Impact on Women

1. **Abortion not only ends a human life but also carries risks and can have lasting, devastating impacts for the mother.**

2. **Reported physical complications from abortion include** accidental tearing of uterine artery, heavy bleeding requiring blood transfusions, abdominal cramping, nausea, vomiting, diarrhea, infection,

[37] Studnicki, J., Longbons, T., Reardon, D. C., et al. (2022). The Enduring Association of a First Pregnancy Abortion with Subsequent Pregnancy Outcomes: A Longitudinal Cohort Study. *Health Services Research and Managerial Epidemiology, 9*. doi:10.1177/23333928221130942

[38] Charlotte Lozier Institute. (2022, October 31). Medicaid Data: Decision to Abort First Pregnancy Carries Lifetime Risks of Adverse Events. https://lozierinstitute.org/medicaid-data-decision-to-abort-first-pregnancy-carries-lifetime-risks-of-adverse-events/

[39] Kc, S., Gissler, M., Virtanen, S. M., & Klemetti, R. (2017). Risks of Adverse Perinatal Outcomes after Repeat Terminations of Pregnancy by their Methods: A Nationwide Register-based Cohort Study in Finland 1996-2013. *Paediatric and Perinatal Epidemiology*, *31*(6), 485–492. https://doi.org/10.1111/ppe.12389

[40] Shah, P., Zao, J. (2009). Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analyses. *BJOG: An International Journal of Obstetrics & Gynaecology, 116,* 1425-1442. https://doi.org/10.1111/j.1471-0528.2009.02278.x

[41] Reardon, D. C. (2018). The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. *SAGE Open Medicine, 6*. doi:10.1177/2050312118807624

[42] Coleman, P. K., Reardon, D. C., & Calhoun, B. C. (2013). Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study. *European Journal of Public Health*, *23*(4), 569–574. https://doi.org/10.1093/eurpub/cks107

allergic reaction to drugs or anesthesia, heart attack, tearing of the cervix, scarring of the uterine wall, perforation of the uterus, damage to internal organs, breast cancer, miscarriage of future pregnancies, infertility, increased risk of subsequent tubal pregnancies, hepatitis, blood clots, embolisms, sterility, and death.

3. **Reported psychological complications from abortion include** guilt, anger, anxiety, depression, suicidal thoughts, suicide, anniversary-grief, flashbacks of abortion, sexual dysfunction, relationship problems, convulsions, eating disorders, sleep disorders, alcohol and drug abuse, and memory repression.

4. **The lead author of a major 2022 U.S. study warned that the claim that abortion empowers women "is not supported by the actual reproductive experiences of real women."** The study examined 17 years of U.S. Medicaid records and found that compared to women whose first pregnancy ended in a live birth, women whose first pregnancy ended in abortion experienced:

- 53% more miscarriages
- 35% more pregnancies over their reproductive lifetime
- More than four times as many abortions
- Only half the number of live births

He further warned "A first pregnancy abortion puts women at increased risk for a cascade of lifetime adverse events."[43]

5. Research shows that, when compared to woman who carried to term, **women who had an abortion in the year prior to their deaths were 60 percent more likely to die from natural causes, seven times more likely to die from suicide, four times more likely to die of injuries related to accidents and fourteen times more likely to die from homicide.**[44]

The following is a list of some of the well-documented negative impacts that many women experience either during or after having an abortion:

- A study published in a major medical journal reported that 31 percent of American women suffer health complications after undergoing an abortion.[45]
- About 10 percent of women who have an abortion experience complications immediately, including cervical injury and perforation of the uterus. Leading causes of death during the week after an abortion are hemorrhage, infection, embolism, anesthesia complications, and undiagnosed ectopic pregnancies.[46]
- Abortion significantly increases the risk of breast cancer, cervical cancer, and lung cancer.[47]

[43] Charlotte Lozier Institute. (2022, October 31). Medicaid Data: Decision to Abort First Pregnancy Carries Lifetime Risks of Adverse Events. https://lozierinstitute.org/medicaid-data-decision-to-abort-first-pregnancy-carries-lifetime-risks-of-adverse-events/

[44] Abortion Four Times Deadlier Than Childbirth. (2000). Originally published in *The Post-Abortion Review, 8,* Elliot Institute. https://www.afterabortion.org/PAR/V8/n2/finland.html

[45] Rue, V. M., et al. (2004). Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. *Medical Science Monitor, 10,* SR5-16.

[46] Kaunitz, A. M., et al. (1985). Causes of Maternal Mortality in the United States. *Obstetrics and Gynecology, 65,* 605-612.

[47] Howe, H. L., et al. (1989). Early Abortion and Breast Cancer Risk Among Women Under Age 40. *International Journal of Epidemiology, 18,* 300-304.

- Abortion increases self-destructive lifestyle practices, increasing the risk of promiscuity, smoking, drug abuse, and eating disorders, which all put women at an increased risk for other health problems.[48]
- Abortion puts women at risk of pelvic inflammatory disease (PID), a condition that is a major direct cause of infertility and that increases risk of ectopic pregnancies.
- After abortion, for subsequent pregnancies, there is a seven- to 15-fold increase in placenta previa, a life-threatening condition for the mother and baby that increases the risk of birth defects, stillbirth, and excessive bleeding during labor.[49]
- Abortion can cause long-term and sometimes permanent damage to reproductive organs that can put future pregnancies at risk. After an abortion, women are more likely to experience ectopic pregnancies, infertility, hysterectomies, stillbirths, miscarriages, and premature births than women who have not had abortions.[50]
- Women with a history of abortion are significantly more likely to have shorter relationships and more divorces.[51]

Psychological Risks

- A meta-analysis covering 14 years of research found that women with an abortion history experienced an 81 percent increased risk for mental health problems including anxiety disorders, depression, substance abuse, and suicide behaviors.[52]
- A study published in the *Southern Medical Journal* found women who had an abortion had a 2.5 higher suicide rate for up to eight years after the pregnancy ended.[53]
- A study in the *Canadian Journal of Psychiatry* found that women who had abortions also had a 59 percent increased risk for suicidal thoughts, a 61 percent increased risk for mood disorders, a 61 percent increased risk for social anxiety disorders, a 261 percent increased risk for alcohol abuse, and a 280 percent increased risk for any substance use disorder.[54]
- Compared to women who delivered a baby, women who aborted were 65 percent more likely to experience long-term clinical depression.[55]

[48] Burke T. & Reardon, D. (2002). *Forbidden Grief: The Unspoken Pain of Abortion*. Springfield, IL: Acorn Books.
[49] Barrett, J. M., et al. (1981). Induced Abortion: A Risk Factor for Placenta Previa. *American Journal of Obstetrics and Gynecology, 141,* 769-772.
[50] Strahan, T. (Ed.). (2002). *Detrimental Effects of Abortion: An Annotated Bibliography with Commentary.* Springfield, IL: Acorn Books; Hardy, G., Benjamin, A., Abenhaim, H. A. (2013). Effect of Induced Abortions on Early Preterm Births and Adverse Perinatal Outcomes. *Journal of Obstetrics and Gynaecology Canada, 35*(2), 138-143; Swingle, H. M., Colaizy, T. T., Zimmerman, M. B., Morriss, F. H. (2009). Abortion and the risk of subsequent preterm birth: a systematic review with meta-analyses. *Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 54*(2): 95-108.
McCaffrey, M. (n.d.). *Abortion's Impact on Prematurity: Closing the Knowledge Gap.* https://aaplog.org/wp-content/uploads/2013/07/McCaffreys-article.pdf
[51] Shepard, M. J. & Bracken, M. B. (1979). Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation. *Journal of Biosocial Science, 11,* 289-302.
[52] Coleman, P. K. (2011). Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *The British Journal of Psychiatry, 199*(3), 180–186.
[53] Reardon, D. C., et al. (2002). Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women. *Southern Medical Journal, 95,* 834-841.
[54] Mota, N.P. et al (2010). Associations between abortion, mental disorders, and suicidal behaviors in a nationally representative sample. *The Canadian Journal of Psychiatry, 55*(4), 239-246.
[55] Cougle, J. R., et al. (2003). Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort. *Medical Science Monitor, 9,* 105-112; Sullins, P. D. (2016). Abortion, Substance Abuse And Mental Health In Early Adulthood: Thirteen-year longitudinal evidence from the United States. *Sage Open Medicine*. https://ssrn.com/abstract=2813546

- After an abortion, 65 percent of women experienced multiple symptoms of PTSD.[56]
- A wide range of studies show women who have an abortion experience psychological trauma, including:
    - Anxiety—women with no previous history of anxiety, were 30 percent more likely show symptoms of generalized anxiety.[57]
    - Sleep disorders—women were nearly twice as likely to experience sleep disorders after an abortion.[58]
    - Eating disorders—after abortion, 39 percent reported eating disorders.[59]
    - Substance abuse—women had a five times higher risk of drug and alcohol abuse.[60]
    - Sexual dysfunction—30-50 percent of post-abortive women report experiencing sexual dysfunctions, such as promiscuity, loss of pleasure from intercourse, increased pain, and aversion to sex and/or men.[61]

UN CONSENSUS LANGUAGE IN CONTEXT
Abortion, Negative Impact on Women

■ Since unsafe abortion is a major threat to the health and lives of women, **research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted**, as well as research on treatment of complications of abortions and post-abortion care. – ICPD (1994), 12.17.

■ Since unsafe abortion is a major threat to the health and life of women, **research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted**, as well as research on treatment of complications of abortions and post-abortion care; – Beijing (1995), 109 (i).

ABORTION, PRE-NATAL SEX SELECTION

UN CONSENSUS LANGUAGE IN CONTEXT
Abortion, Pre-Natal Sex Selection

■ Since in all societies **discrimination on the basis of sex often starts at the earliest stages of life**, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, **the practice of pre-natal sex selection**, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that "son preference" is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine

[56] Rue, V. M., et al. (2004). Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. *Medical Science Monitor, 10,* SR5-16. Coleman, P. K., Coyle, C. T., & Rue, V.M. (2010). Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms, *Journal of Pregnancy, 2010,* Article ID 130519.
[57] Cougle, J. R., et al. (2005). Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth. *Journal of Anxiety Disorders, 19,* 137-142.
[58] Ibid.
[59] Burke T. & Reardon, D. (2002). *Forbidden Grief: The Unspoken Pain of Abortion*. Springfield, IL: Acorn Books.
[60] Reardon, D. C. & Ney, P. G. (2000). Abortion and Subsequent Substance Abuse, *American Journal of Drug and Alcohol Abuse, 26,* 61-75.
[61] Speckhard, A. (1987). *Psycho-social Stress Following Abortion.* Kansas City, MO: Sheed & Ward.

foetal sex, resulting in abortion of female foetuses. Investments made in the girl child's health, nutrition and education, from infancy through adolescence, are critical. – ICPD (1994), 4.15.

■ Governments are urged to take the necessary measures to prevent infanticide, **pre-natal sex selection**, trafficking in girl children and use of girls in prostitution and pornography. – ICPD (1994), 4.23.

■ Eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in **harmful and unethical practices such as pre-natal sex selection** and female infanticide; this is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female foetuses; – Beijing (1995), 277 (c).

■ Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can result in **harmful and unethical practices such as pre-natal sex selection**, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status and in protecting the health and well-being of girls should be enhanced and supported. – ICPD +5 (1999), 48.

ABORTION REGRET

(See also Abortion, Negative Impact on Girls | Abortion, Negative Impact on Women)

OVERVIEW

Abortion Regret

A study widely reported in the media titled the Turnaway Study by the abortion advocacy group Advancing New Standards in Reproductive Health (ANSIRH) compared women who had abortions near the gestational limit to women who were past the legal gestational limit and were turned away from abortion clinics.[62] The study claims to have proven that (a) most women who have abortions are glad they did, (b) there is no evidence of negative mental health effects following abortion, and (c) the only women really suffering are those who are being denied late-term abortions due to legal restrictions based on gestational age.[63]

The reality is that the authors of the fatally flawed study misled the public using an unrepresentative, highly biased sample, flawed methodology and misleading questions. Among other things, the researchers failed to disclose that over 68 percent of the women invited to participate in the study refused, and over half of those who agreed dropped out. Only 17 percent of the invited women participated through to the end of the five-year study, all but ensuring self-selection of women who were glad they had an abortion and may not have experienced negative mental health effects. More than fifty papers have been published from the data gathered from the Turnaway Study.

[62] Advancing New Standards in Reproductive Health. (n.d.). The Turnaway Study. https://www.ansirh.org/research/ongoing/turnaway-study

[63] Reardon, D. C. (2018). The Embrace of the Proabortion Turnaway Study: Wishful Thinking? or Willful Deceptions? *Linacre Quarterly 85*(3), 204–212.

The measure of the distress of the women in the group who were denied an abortion because of the gestational age of the fetus was based on a single statistic: anxiety scores just one week after they were turned away. An analysis of the misleading study with regard to this anxiety score reported:

> "What is remarkable is how the ANSIRH researchers turn this single benign data point into a declaration that women "denied an abortion" face greater risk of 'adverse psychological outcomes' (plural)—a conclusion widely reported by the proabortion press.
>
> In fact, ANSIRH's own data actually revealed that beyond this first week, the women denied an abortion who actually did carry to term had significant improvements in anxiety, depression, and self-esteem. Indeed, the researchers admitted that they could observe no significant differences between the groups. But this is only admitted in the details of the study, not the abstract, conclusions, or news releases."[64]

Another statistic from the Turnaway Study data not reported in the media and not reported until much later is that 96 percent of the women who were denied an abortion and subsequently had the baby did not still wish they had received the abortion.[65] That is, 96 percent of women who were "forced" to have the baby ended up not regretting their situation. In fact, by just one week after being denied an abortion, only 59 percent still wished they could have an abortion. This shrunk to 11 percent by birth, and only 4 percent by five years. Researchers had to admit that "Women who were denied abortions, however, did not experience substantial negative psychological outcomes. In fact, they experienced comparatively few negative psychological outcomes."[66] Participants reported that not only did they bond with their babies, in many cases having a baby put their life back on track, helping them to avoid drugs and alcohol and pursue a career.

ANSIRH has not made any of their data available for reanalysis, claiming a duty to protect patient privacy, and they have refused requests to disclose their complete questionnaire. Data of this nature can be easily deidentified, and withholding it is a violation of the American Psychological Association's standards that require data to be made available for reanalysis.

ABORTION, REPRODUCTIVE RIGHTS

(See Sexual and Reproductive Health (SRH))

ABORTION, SAFE/UNSAFE

(See also Abortion | Abortion, Legal/Illegal | Abortion, Maternal Mortality | Abortion, Negative Impact on Girls | Abortion, Negative Impact on Women | Reproductive Rights | Sexual and Reproductive Health)

OVERVIEW
Abortion, Safe/Unsafe

Abortion advocates often argue that legalizing abortion makes it *"safe"* because when abortions are

[64] Ibid.
[65] Foster, D. G. (2020). *The Turnaway Study*. New York: Scribner.
[66] Rocca, C. H., Moseson, H., Gould, H., Foster, D. G., Kimport, K. (2021). Emotions over five years after denial of abortion in the United States: Contextualizing the effects of abortion denial on women's health and lives. *Social Science & Medicine, 269*.

legal, women can openly seek out competent doctors to perform them, and where it is illegal, their abortions will likely be performed in *"unsafe"* conditions, therefore making illegal abortions "*unsafe*."

Abortion rights advocates deliberately insert the word "safe" before "abortion" as a means of psychological manipulation. When you hear the word "safe" before "abortion," it sounds like it's a good thing rather than the terrible, life-ending procedure that it is. They similarly use this psychologically manipulative tactic when they insert the word "safe" before "sex" as in "safe sex" in the context of children having sex even though there is always inherent risk when children have sex such as pregnancy, STIs as well as many other potential harms.

However, modifying abortion with *"unsafe"* implies that some abortions can be *"safe"* while others are *"unsafe,"* and abortion is a medical procedure that always carries some risks for women and girls, even where it is legal and supposedly *"safe."* In fact, so-called *"safe"* abortions contribute to maternal mortality when women experience life-threating complications, even when their abortions are performed under the best or safest of medical conditions.

In one study, 17 percent of women undergoing *"safe"* (i.e., legal) abortion procedures in the U.S. experienced physical complications (such as abdominal bleeding or pelvic infection) after the abortion.[67] The percentage is likely higher when long-term physical effects are considered, not to mention psychological effects. Some of the short- and long-term adverse effects of abortion, legal or illegal include:[68]

- Accidental tearing of uterine artery, tearing of the cervix, or scarring of the uterine wall
- Heavy bleeding, requiring blood transfusions
- Abdominal cramping, nausea, vomiting, diarrhea, and infection
- Allergic reaction to drugs or anesthesia, sometimes causing convulsions, or worse
- Heart attack, embolisms (caused by blood clots or other foreign matter in blood vessels)
- Perforation of the uterus and damage to other internal organs
- Miscarriage of future pregnancies, infertility or sterility
- Increased risk of subsequent tubal pregnancies
- Death (it is estimated that 20 percent of maternal deaths are due to abortion)
- Guilt, anger, anxiety, depression, suicidal thoughts
- Anniversary grief, flashbacks of abortion, memory repression
- Sexual dysfunction, relationship problems
- Eating disorders, sleep disorders
- Alcohol and drug abuse

NEGOTIATING STRATEGIES
Abortion, Safe/Unsafe

While the term *"unsafe abortion"* appears in multiple UN documents, nations are under no obligation to continue to accept *"unsafe abortion"* in new documents.

Whenever the term *"unsafe abortion"* is proposed, excerpts from Paragraph 12.17 in ICPD can be used "to show that *"induced abortion"* is also unsafe and has consequences. ICPD 12.17 states:

[67] Major, B., et al. (2000). Psychological Responses of Women After First-Trimester Abortions. *Archives of General Psychology, 57,* 777-784.
[68] United Families International. (2007). *Guide to Family Issues: Abortion*. http://unitedfamilies.org/wp-content/uploads/2015/09/Abortion_GuidetoFamilyIssues.pdf

> *"Since unsafe abortion is a major threat to the health and lives of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted as well as research on treatment of complications of abortions and post-abortion care."*

This paragraph indicates that not only "unsafe abortion" but also "induced abortion" can have ill effects on "fertility" and "reproductive and mental health."

Accordingly, a good negotiation strategy would be to propose the following language to modify "unsafe abortion" when it cannot be deleted:

> Recognizing that *"unsafe abortion"* [**INSERT**: whether legal or illegal] *is a major threat to the health and lives of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care."*

Adding this ICPD excerpt, while also inserting *"whether legal or illegal,"* will prevent abortion rights activists from using the term "*unsafe abortion*" to promote the legalization of abortion in order to eliminate so-called "*unsafe*" abortions. It will also highlight the truth that all abortions can have serious negative health impacts on women.

TALKING POINTS
Abortion, Safe/Unsafe

1. **Abortion is a medical procedure, and as with any medical procedure, there are always health risks,** even under the best of conditions, especially in developing countries. Therefore, modifying abortion with *"safe,"* even though this term is often used, is not only misleading, it is medically inaccurate.

2. **Optional: (Bring up all of the potential complications from abortion listed above that can occur regardless of its legal status.)**

3. ***"Safe abortion"* is not only an oxymoron, it is a medical impossibility** since every abortion is always *"unsafe"* for the unborn child. Abortion is often also *"unsafe"* for the mother since she may experience life-threatening complications or many of the other abortion-related complications, even if the abortion is performed under the best of circumstances and medical conditions. (See *Abortion, Negative Impact on Women* section.)

4. **Modifying "*abortion*" with "*unsafe*" is also misleading** as this implies that some abortions are without risk or "*safe*," which is simply not true. All abortions carry risks for the mother regardless of the quality of medical care. Therefore, we cannot accept the terms either "*safe*" or "*unsafe*" before "*abortion.*" (See *Abortion, Negative Impact on Women* section.)

5. Since abortion policies among States vary so widely and this is such a sensitive issue that we will likely never all agree upon, **it would be better to delete all references to abortion in this document so we can focus on the main topic at hand.**

6. **What is the motive for inserting *"safe"* before abortion?** The motive seems to be to promote abortion in general by calling it "safe." While some medical procedures may be described as safe, no other medical procedure is promoted and marketed by putting the word "safe" in front of it. You never

hear about a "safe" tonsillectomy or a "safe" appendectomy. Are we going to do this for every medical procedure we include or just for "abortion?"

7. **Can any medical procedure ever be considered entirely *"safe"* since all medical procedures carry some level of risk to the patient?**

UN CONSENSUS LANGUAGE IN CONTEXT
Abortion, Safe/Unsafe

■ **Recognize and deal with the health impact of unsafe abortion as a major public health concern**, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development; – Beijing (1994), 106 (j).

■ Discrimination against girls, often resulting from son preference, in access to nutrition and health-care services endangers their current and future health and well-being. Conditions that force girls into early marriage, pregnancy and child-bearing and subject them to harmful practices, such as female genital mutilation, pose grave health risks. Adolescent girls need, but too often do not have, access to necessary health and nutrition services as they mature. Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and ayoung woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. **The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and others sexually transmitted diseases, as well as unsafe abortions.** Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, for young women early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on the quality of their lives and the lives of their children. Young men are often not educated to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction. –Beijing (1994), 93.

■ Further, women are subject to particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Similar problems exist to a certain degree in some countries with economies in transition. **Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk.** Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognizing the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. These problems and means should be addressed on the basis of the report of the International Conference on Population and Development, with particular reference to relevant paragraphs of the Programme of Action of the Conference. In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared

responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health. – Beijing (1994), 97

■ **Since unsafe abortion is a major threat to the health and life of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted,** as well as research on treatment of complications of abortions and post-abortion care; – Beijing (1994), 109 (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; – ICPD +5 (1999), 63 (i).

ABORTION, SAFE MOTHERHOOD

(See also Abortion, Safe/Unsafe | Sexual and Reproductive Health)

OVERVIEW

Abortion, Safe Motherhood

Since *"safe motherhood"* is a term often used to promote abortion, it is important to ensure that the context in which it appears is regarding safe delivery of a healthy child rather than abortion. The language below from a WHO position paper is good model language.

"Safe motherhood aims at attaining optimal maternal and newborn health. It implies reduction of maternal mortality and morbidity and enhancement of the health of newborn infants through equitable access to primary health care, including family planning, pre-natal, delivery and post-natal care for the mother and infant, and access to essential obstetric and neonatal care." (World Health Organization, Health Population and Development, WHO Position Paper, Geneva, 1994 - WHO/FHE/ 94.1). – ICPD (1994), endnote.

ABORTION, SELF-CARE

(See also Abortion, Medical)

OVERVIEW

Abortion, Self-Care

With the goal of "eliminating unsafe abortion," the World Health Organization now recommends "self-care" for medical abortion.[69]

To achieve this goal, the recommendations include:

- "Self-assessing eligibility,"
- "Managing the mifepristone and misoprostol medication without direct supervision of a health-care provider" up to 12 weeks of gestation provided "women have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process,"
- "Self-assessing completeness of the abortion process using pregnancy tests and checklists," again, provided "women have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process."

WHO asserts that self-management of abortion is "empowering" and provides for the optimization of health workforce resources and sharing of tasks.

WHO claims the recommendations "are NOT an endorsement of clandestine self-use by women without access to information or a trained health-care provider/health-care facility as a backup."

However, abortion is never safe. Whether surgical or medical, there are always known risks, and both procedures are fraught with potential negative side effects and complications. For the well-documented complications of medical abortions, see the *Abortion, Medical* section.

Perhaps most disturbing of all, WHO states, "Self-care for SRHR has perhaps the greatest potential to address unmet needs or demands in marginalized populations or in contexts of limited access to health care, including, for instance, **self-managed medical abortion in countries where abortion is illegal or restricted**."

TALKING POINTS

Abortion, Self-Care

1. We can't support any reference to maternal self-care as the World Health Organization in the publication "WHO Consolidated Guideline on Self-Care Interventions for Health" actually defines self-care as self-managed abortions. Such abortions can be dangerous and carry the potential for serious health complications and traumatic experiences, even death, for women and girls. Those who promote abortion often use the argument that if abortion is not legalized then women will resort to self-managed abortion, and yet here if we accept a reference to "self-care" in relation to maternal health, we are actually relegating women and girls to potentially dangerous abortions without immediate medical support.

[69] World Health Organization. (2019). WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights. https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1

2. If a woman is considering a self-managed abortion and she has not been assessed by a health care professional, she may not even know how far along her pregnancy really is. This could lead to serious and life-threatening complications.

ABORTION, SEXUAL AND REPRODUCTIVE HEALTH

(See Sexual and Reproductive Health)

ABORTION, SEXUAL AND REPRODUCTIVE RIGHTS

(See Sexual and Reproductive Health)

ABORTION, UNFPA PROMOTION OF

OVERVIEW
Abortion, UNFPA Promotion Of

The "Frequently Asked Questions" section of UNFPA's website asks: "Does UNFPA promote abortion?" The website then goes on to claim that *"UNFPA does not promote abortion … UNFPA does not promote changes to the legal status of abortion."*[70]

However, this is completely false. Just one of many examples of UNFPA promoting abortion is the report, "Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF Synthesis Report January 24th, 2004." UNFPA partnered in this project with Planned Parenthood (See *International Planned Parenthood Federation* section.), one of the largest providers of abortion in the United States. When reporting activities in Burkina Faso the report states:

> "UNFPA Burkina Faso - **There has been significant legislative and policy reform on issues that affect reproductive rights of young people over the last two decades … modifications to the law against abortion** (still illegal except for specific circumstances). "**UNFPA has been a major player in these reforms through its direct advocacy with high-level authorities, and by supporting the creation of other lobbying groups, and sensitisation of parliamentarians.**"[71]

This clearly shows in UNFPA's own words that they have lobbied successfully to impact Burkina Faso's abortion laws and also participated in "the creation of other lobbying groups" to do the same.

[70] UNFPA. (2018). Frequently Asked Questions. http://www.unfpa.org/frequently-asked-questions#emergency
[71] Price, N. (2004). Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF. https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/vedlegg-til-publikasjoner/synthesis-report.pdf

ABSTINENCE

(See also Comprehensive Sexuality Education | Condoms | Sexual Debut | Parents, Sex Education of Children | Sexual Risk Avoidance (SRA) Education)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

Abstinence

■ **encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms;** – HIV/AIDS (2011), 25; HIV/AIDS (2011), 59(c); HIV/AIDS (2001), 52; HIV/AIDS (2006), 22.

OVERVIEW

Abstinence

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that EU and likeminded countries find it unacceptable to include references that encourage abstinence as the expected standard for children as they support the right of children to choose to have sex. An advocacy manual funded by the Netherlands to train LGBT and abortion-rights youth advocates at the UN reveals this agenda in the following excerpt:

"**Abstinence and fidelity:** while there is nothing wrong with choosing to remain abstinent or choosing to have one sexual partner, **it is not ok to promote these choices as 'the ideal' way as this implies that anyone who does not choose abstinence or fidelity is abnormal, or, in extreme forms even weak or morally corrupt**." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[72]

NOTE: Abstinence and fidelity should always be proposed in the list of topics to be covered in a provision specifying what should be taught in any kind of sex education or sexuality education paragraph. In the past, it was often added, and over the last several years, it has been left out and needs to be brought back. Since EU countries and their allies always oppose references to abstinence and fidelity, it is important to propose it, not only because it is consensus language and what is best for children but also because it can be used as a bargaining chip along with "delay of sexual debut" to remove harmful "sexuality" language from a paragraph.

According to the U.S. Centers for Disease Control and Prevention (CDC), "The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long-term, mutually monogamous relationship with a partner known to be uninfected."[73] It is an indisputable fact that

[72] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.

[73] U.S. Centers for Disease Control and Prevention. (2015, June 5). *Sexually Transmitted Diseases Treatment Guidelines, 2015*. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm

abstinence until marriage is the only 100 percent effective method for preventing teen pregnancy and STIs including HIV.

Yet sex education programs for youth that teach these facts and that encourage youth to remain abstinent are often incorrectly labeled as "religious," "fear based," "medically inaccurate" or criticized by opponents as being designed to instill guilt and shame.

Research regarding abstinence and sexuality education that is often cited internationally largely comes from the United States and shows that teens who are sexually active can experience the following negative consequences:[74]

- Less likely to use contraception[75]
- More likely to experience an STI[76]
- More concurrent or lifetime sexual partners[77]
- More likely to experience pregnancy[78]
- Lower educational attainment (not necessarily linked to pregnancy)[79]
- Increased sexual abuse and victimization[80]

[74] Ascend. (2016). *Sexual Risk Avoidance Works*. https://weascend.org/wp-content/uploads/2017/10/sraworksweb.pdf

[75] Crosby, R., Geter, A., Ricks, J., Jones, M., Salazar, L. (2015). Developmental investigation of age at sexual debut and subsequent sexual risk behaviours: a study of high-risk young black males. *Sexual Health, 12,* 390–396; Sandfort, T., Orr, M., Hirsch, J., Santelli, J. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results from a National US Study *American Journal of Public Health, 98,* 155-161.

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- Decreased general physical and psychological health, including depression[81]
- Decreased relationship quality, stability and more likely to divorce[82]
- More frequent engagement in other risk behaviors such as smoking, drinking and drugs[83]
- More likely to participate in antisocial or delinquent behavior[84]
- Less likely to exercise self-efficacy and self-regulation[85]
- Less attachment to parents, school and faith[86]

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- Less financial net worth and more likely to live in poverty[87]
- Early sexual behaviors set a pattern for later ones[88]

A compelling report from the U.S. Centers for Disease Control (CDC), the Youth Risk Behavior Survey released in 2016, shows that youth who remain abstinent rate significantly and consistently better in nearly all health-related behaviors and measures than their sexually active peers. Sexually abstinent youth are less likely to smoke daily, binge drink, smoke marijuana, ride with a drunk driver, engage in physical fights, use IV drugs, experience dating violence, and are more likely to wear a seat belt, get a good night's sleep, and eat breakfast daily.[89]

The Youth Risk Behavior Survey released two years later in 2018 found much the same thing. Compared to students who had sexual contact with the same sex, opposite sex, or both sexes, students who had no sexual contact had much lower rates of:

- all five injury-related risk behaviors
- all 13 violence-related risk behaviors
- all five suicide-related risk behaviors
- all 19 tobacco use-related risk behaviors
- all 19 risk behaviors related to alcohol and other drug use[90]

Clearly, it would be in the best interest of youth to avoid all of these problems by delaying sexual debut. See the *Sexual Risk Avoidance (SRA) Education* section for more information.

It should also be noted that fathers can have a positive impact on adolescent sexual behavior. Research shows that a father's presence alone, even if the relationship wasn't emotionally close, decreased sexual behaviors in teenagers. In addition, a father's disapproval of promiscuity lowered "risky sexual behaviors" including multiple partners and sexual intercourse outside of marriage. Also, the closer the father was to his children, the less likely they were to have sex in adolescent and teenage years.[91] Researchers have found that teens with involved fathers are 75% less likely to have a teen birth.

UN CONSENSUS LANGUAGE IN CONTEXT

Abstinence

■ Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV

[87] Finger, R., Thelen, T., Vessey, J. T., Mohn, J. K., Mann, J. R. (2004). Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolescent and Family Health, 3,* 164–170.

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[89] Centers for Disease Control and Prevention. (2016, August 12). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *Morbidity and Mortality Weekly Report.* https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf

[90] Kann L, McManus T, Harris WA, Shanklin SL, Flint KH, Queen B, Lowry R, Chyen D, Whittle L, Thornton J, Lim C, Bradford D, Yamakawa Y, Leon M, Brener N, Ethier KA. Youth Risk Behavior Surveillance - United States, 2017. MMWR Surveill Summ. 2018 Jun 15;67(8):1-114. doi: 10.15585/mmwr.ss6708a1. PMID: 29902162; PMCID: PMC6002027. https://www.cdc.gov/mmwr/volumes/67/ss/pdfs/ss6708a1-H.pdf

[91] Grossman, J. M., Black, A. C., Richer, A. M., Lynch, A. D. (2019). Parenting Practices and Emerging Adult Sexual Health: The Role of Residential Fathers. *The Journal of Primary Prevention 40*(5), 505-528.

each day, and note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves that only 34 per cent of young people possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual health-care and HIV-related services, such as voluntary and confidential HIV-testing, counselling and age-appropriate sex and HIV prevention education, while also recognizing the importance of reducing risk taking behaviour and **encouraging responsible sexual behaviour, including abstinence, fidelity** and correct and consistent use of condoms; – HIV/AIDS (2011), 25.

■ Reducing risk-taking behaviour and **encouraging responsible sexual behaviour including abstinence, fidelity** and consistent and correct use of condoms; – HIV/AIDS (2011), 59(c).

■ By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and **encouraging responsible sexual behaviour, including abstinence and fidelity**; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections; – HIV/AIDS (2001), 52.

■ The objectives are:

(a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, **including voluntary abstinence**, and the provision of appropriate services and counselling specifically suitable for that age group;

(b) To substantially reduce all adolescent pregnancies. – ICPD (1994), 7.44.

■ Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk taking behaviours and **encouraging responsible sexual behaviour, including abstinence and fidelity**; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections; – HIV/AIDS (2006), 22.

■ Programmes to reduce the spread of HIV infection should give high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family-planning providers, need training in counseling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and responsible sexual behaviour, **including voluntary abstinence**, and condom use; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among injecting drug users. Governments should develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health-care services. Wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and

treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured. – ICPD (1994), 8.31.

■ Responsible sexual behaviour, **including voluntary sexual abstinence**, for the prevention of HIV infection should be promoted and included in education and information programmes. Condoms and drugs for the prevention and treatment of sexually transmitted diseases should be made widely available and affordable and should be included in all essential drug lists. Effective action should be taken to further control the quality of blood products and equipment decontamination. – ICPD (1994), 8.35.

■ Basic reproductive health, including family-planning services, involving support for necessary training, supplies, infrastructure and management systems, especially at the primary health-care level, would include the following major components, which should be integrated into basic national programmes for population and reproductive health:

(c) In the sexually transmitted diseases/HIV/AIDS prevention programme component - mass media and in-school education programmes, **promotion of voluntary abstinence** and responsible sexual behavior and expanded distribution of condoms; – ICPD (1994), 13.14(c).

■ By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

(l) Design specific programmes for men of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e) above, aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other sexually transmitted diseases **through, inter alia, abstinence** and condom use; – Beijing (1995), 108(l).

■ As a matter of priority, especially in those countries most affected, and in partnership with NGOs, wherever possible, intensify education, services and community based mobilization strategies to protect women of all ages from HIV and other sexually transmitted infections, including through the development of safe, affordable, effective and easily accessible female-controlled methods, including methods such as microbicides and female condoms that protect against sexually transmitted infections and HIV/AIDS; voluntary and confidential HIV testing and counselling, and the promotion of responsible sexual behaviour, **including abstinence** and condom use; development of vaccines, simple low-cost diagnosis and single dose treatments for sexually transmitted infections; – Beijing +5 (2000), 103(b).

ADOPTED BY THE GENERAL ASSEMBLY

(See also Outcome Documents of Review Conferences)

OVERVIEW

Adopted by the General Assembly

The term “adopted by the General Assembly” is an important caveat that should always be added to references to “outcome documents of review conferences” or general references to “reviews” of any documents. By adding this caveat to, for example, the phrase “sexual and reproductive health and reproductive rights” in accordance with ICPD and Beijing “and the outcome documents of their review conferences” this limits it to be understood as only encompassing reviews that were adopted by all UN Member States. This is important because there are many review outcome documents for both ICPD

and Beijing that have not been negotiated and adopted by all states that are highly controversial and problematic. See *Outcome Documents of Review Conferences* section for a detailed analysis of these harmful reviews.

AGE APPROPRIATE

(See also Comprehensive Sexuality Education | Parents, Sex Education of Children)

OVERVIEW
Age Appropriate

The term "age appropriate" was once an effective modifier that served to protect children from exposure to harmful and explicit sexuality education. This is no longer the case, as the term has become the most effective strategy used by sexual rights activists to get CSE adopted in UN documents. "Age appropriate" is used to engender a false sense of security in those who want to protect the innocence of children, and it has become meaningless. It is these sexual rights activists who are implementing sexuality programs for children who will determine the definition of "age appropriate," not the policymakers who believe that the use of the term will protect children.

For example, credible entities like the National Union of Teachers in the UK have called for "age-appropriate" sexuality education for preschoolers starting at age two that includes instruction on LGBT issues.[92] Even the World Health Organization believes that teaching children from age zero to four about masturbation and sexual pleasure is "age appropriate." Clearly, the term "age appropriate" can no longer be considered protective language because of the different notions of what is actually "age appropriate" for children.

TALKING POINTS
Age Appropriate

1. In light of the WHO Standards for Sexuality Education in Europe that recommend teaching children about masturbation and other controversial things from birth, modifying CSE with the term "age-appropriate" is somewhat meaningless. Who decides what is age-appropriate? The UNESCO guidelines recommend teaching children from age 5 about sexual pleasure among other questionable things, and a UNFPA-funded toolkit teaches many other controversial concepts. Therefore, since adding the term "age appropriate" will not resolve any of our concerns, we are calling for the deletion of CSE from this document.

ANAL SEX

(See also Abstinence | Comprehensive Sexuality Education | Condoms | Men Who Have Sex with Men | Oral Sex)

OVERVIEW
Anal Sex

For both women and men, anal sex is the highest risk behavior for spreading the HIV virus.

[92] Fox News. (2017, April 21). LGBTQ, transgender issues should be taught in nursery school, UK teachers' union says. https://www.foxnews.com/world/lgbtq-transgender-issues-should-be-taught-in-nursery-school-uk-teachers-union-says

Increasingly, comprehensive sexuality education programs around the world are incorrectly and irresponsibly instructing children that anal sex is safe and is an acceptable practice with little risk. In addition, language is being proposed in UN documents in an attempt to destigmatize *"men who have sex with men"* (MSM) to advance special protections and categorize them as a *"vulnerable group."* Engaging in this extremely high-risk sexual behavior makes both men and women vulnerable to HIV and other STIs.

The following irrefutable medical facts can be used to discourage the adoption of any kind of language that would promote anal sex as either healthy or safe. The well-documented data can also be used to delete proposals that attempt to destigmatize anal sex or the groups that define themselves by this particular sexual behavior.

It is important to be aware that heterosexual anal sex is prevalent among young people throughout the world. For women, anal sex is always receptive anal intercourse which carries the very highest transmission risk for acquiring HIV.

The first four facts below on anal sex are documented in an article titled, "Receptive Anal Intercourse and HIV Infection," published in the peer-reviewed *World Journal of AIDS.*[93]

- Since the beginning of the U.S. HIV epidemic in the early 1980s, **more cases of HIV infection have been caused by anal intercourse than any other route** of transmission.

- **Receptive anal intercourse has the highest exposure risk for the transmission of HIV,** 17 times that of unprotected vaginal intercourse, 13 times the risk of insertive anal intercourse, and twice the risk of needle-sharing injection drug use.

- **When one or both partners are infected with a sexually transmitted disease (STD), even with condom use, the risks are very high.** PrEP can reduce but not eliminate the risks.

- **Among men who have sex with men, consistent condom use during anal intercourse was only16.4%.**

- **Up until 2022 the U.S. Food and Drug Administration (FDA) did not approve condoms for use during anal intercourse.** The FDA warned, "Condoms may be more likely to break during anal intercourse than during other types of sex because of the greater amount of friction and other stresses involved." However, in February 2022 the FDA approved one single brand of male condoms for anal sex while also admitting that "the risk of STI transmission during anal intercourse is significantly higher than during vaginal intercourse." The "One Condom" comes in 52 different sizes and includes a paper template to "aid in finding the best condom size for each user."

BARRIERS

OVERVIEW
Barriers

When language is proposed calling for the elimination of *"barriers"* without defining what those *"barriers"* are, it is often intended to be interpreted as a mandate to remove any laws or restrictions on services such as abortion, contraception or explicit sexuality education for minors, or parental consent requirements for such. The lack of government funding for contraception, "sex-change" operations,

[93] Lavoie, G. R. and Fisher, J. F. (2017). Receptive Anal Intercourse and HIV Infection. *World Journal of AIDS, 7*(4), 269-278.

abortion, or other controversial services has also been characterized as a *"barrier."* See specific examples below.

Whenever language is proposed calling for the elimination of *"barriers,"* the question must be asked, what kind of barriers does this mean? Are laws barriers? If so, which ones? Is parental consent the "barrier" or lack of government funding? Probing questions can help bring out the true intentions behind such proposals. Indeed, insisting that a list of the specific "*barriers*" such language is supposed to address be included in the text can also flush out deceptive intentions.

Examples of How "Barriers" Has Been Defined

- According to the Guttmacher Institute, *"barriers"* to abortion and post abortion care for adolescents include *"legal restrictions, such as requiring parental notification or consent,"*[94]

- According to the Bali Global Youth Forum Declaration, the outcome document from the UNFPA- and Planned Parenthood-sponsored youth review of ICPD:

  "Cultural and religious barriers such as parental and spousal consent should never prevent access to safe and legal abortion, and other reproductive health services – recognizing that young people have autonomy over their own bodies, pleasures, and desires. (p. 10)

- As per their report, "ICPD and Human Rights: 20 years of advancing reproductive rights," UNFPA lists *"restrictive abortion laws"* and *"illegal abortion"* as *"barriers"* to *"reproductive rights."* It also identifies laws criminalizing same-sex behavior or HIV transmission as *"barriers"* to the fulfillment of reproductive rights. This same UNFPA report calls for the removal of:
  - "barriers to realizing sexual and reproductive health and rights" [Translation: **laws restricting abortion or regulating sexual behavior**]
  - "barriers to sexuality education, such as parental consent"
  - "barriers to accessing safe abortion services, such as third-party authorization requirements [Translation: **parental consent for abortion**]"
  - "barriers to accessing contraception, including … emergency contraception"
  - barriers [**for adolescents**] in accessing comprehensive sexual and reproductive health services—"laws denying adolescents decision making capacity or requiring that they obtain parental consent"

According to the World Health Organization:

- "**Laws that prohibit or criminalize the use of certain medical procedures** represent, **by definition, a barrier to access.** Such laws and other legal restrictions may prevent access to certain **commodities** needed for sexual and reproductive health (e.g. **contraceptives**), they may directly outlaw a particular service (e.g. **abortion**), or they **may ban the provision of sexual and reproductive information through school-based or other education programmes**." (pg. 16, 3.2.4.—Criminalization of sexual-health-related services)

- "**Barriers to sexual health** that are susceptible to regulation by law include: access to essential medicines, **conscientious objection by health-care providers**…" (pg. 14, 3.2—Creating enabling legal and regulatory frameworks and eliminating barriers)

[94] Adolescents' Need for and Use of Abortion Services in Developing Countries. (2016). Guttmacher Institute. https://www.guttmacher.org/fact-sheet/adolescents-need-and-use-abortion-services-developing-countries

TALKING POINTS
Barriers

1. **What kind of barriers does this mean? Are laws barriers? If so, which ones? This is too vague and unclear.**

2. As per their report, "ICPD and Human Rights: 20 years of advancing reproductive rights," **UNFPA lists *"restrictive abortion laws"* and *"illegal abortion"* as *"barriers"* to *"reproductive rights."*** UNFPA's report identifies laws criminalizing same-sex behavior or HIV transmission as *"barriers"* to the fulfillment of reproductive rights.

3. **UNFPA's report also calls for the removal of:**

- "barriers to realizing sexual and reproductive health and rights"
- "barriers to sexuality education, such as parental consent"
- "barriers to accessing safe abortion services, such as third-party authorization requirements [parental consent for abortion]"
- "barriers to accessing contraception, including … emergency contraception"
- barriers [for adolescents] in accessing comprehensive sexual and reproductive health services—"laws denying adolescents decision making capacity or requiring that they obtain parental consent"

BIRTH ATTENDANT TRAINING

UN CONSENSUS LANGUAGE IN CONTEXT
Birth Attendant Training

■ All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, **pre-natal care** that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. **All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants**. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men's support for maternal health and safe motherhood should be developed. ICPD (1994), 8.22.

BODILY AUTONOMY

(See also Sexual and Reproductive Health)

OVERVIEW
Bodily Autonomy

Bodily autonomy is a broad term that can encompass alleged rights to abortion, prostitution, transgender surgeries and hormones, and a right for children and youth to have sex, all under the banner of "My body, My right."

For example, the Women's Global March website states, **"abortion bans and laws that restrict a woman's access to safe and legal abortions are a violation of women's human right to bodily autonomy."**

It appears that UNFPA agrees. UNFPA's strategic plan 2018-2021 states:

> "UNFPA will intensify its evidence-based advocacy, policy engagement … to prioritize, invest and empower adolescents and youth, especially adolescent girls. This will enable them to exercise autonomy and choice with regard to their sexual and reproductive health and rights, and well-being."[95] (See *Sexual and Reproductive Health* section showing how SRH is defined by UN interagency documents to include rights to abortion, transgender and homosexual rights, sexual rights for children and more.)

CHILDREN

CHILDREN, ADOPTION OF

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Adoption of

■ 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. **Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background**. – CRC (1990), Article 20-1, 2, 3.

[95] UNFPA Strategic Plan, 2018-2021. (2017). DP/FPA/2017/9. Para 23. https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

■ The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence. Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, **children should grow up in a family environment, in an atmosphere of happiness, love and understanding**. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) **Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary**;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs. – CRC (1990), Article 21-a, b, c, d, e.

■ States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

(f) **The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children**, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount; – CEDAW (1981), Article 16-1(f).

■ Governments of both receiving countries and countries of origin should adopt effective sanctions against those who organize undocumented migration, exploit undocumented migrants or engage in trafficking in undocumented migrants, especially those who engage in any form of international traffic in women, youth and children. Governments of countries of origin, where the activities of agents or other intermediaries in the migration process are legal, should regulate such activities in order to **prevent abuses, especially exploitation, prostitution and coercive adoption**. – ICPD (1994), 10.18.

■ States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, **adoption of children** or similar institutions, where these concepts exist in national legislation; **in all cases the best interests of the child shall be paramount.** States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities. – Disabilities (2006), Article 23(2).

CHILDREN, CHILD CARE

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Child Care

■ **Parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children**, and must be supported in the performance of their child-rearing responsibilities. All our policies and programmes should promote the shared responsibility of parents, families, legal guardians and other caregivers, and society as a whole in this regard. – Children's Summit +10 (2002), 32(2).

■ **The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence.** Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ **The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. The primary responsibility for the protection, upbringing and development of children rests with the family.** All institutions of society should respect children's rights and secure their well-being and **render appropriate assistance to parents, families,** legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit (1990), 15.

■ **Parents have a prior right to choose the kind of education that shall be given to their children.** – Universal Declaration (1948), Article 26(3).

■ **We recognize and support parents and families or, as the case may be, legal guardians as the primary caretakers of children,** and we will strengthen their capacity to provide the optimum care, nurturing and protection. – Children's Summit +10 (2002), 6.

■ We will work for respect for the role of the family in providing for children and **will support the efforts of parents, other care-givers and communities to nurture and care for children,** from the earliest stages of childhood through adolescence. We also recognize the special needs of children who are separated from their families. – Children's Summit (1990), 20-5.

■ States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care **within the wider family**, and failing that, within the community **in a family setting**. – Disabilities (2006), Article 23(5).

■ States Parties shall ensure that **a child shall not be separated from his or her parents against their will,** except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. **In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents**. – Disabilities (2006), Article 23(4).

■ Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can

result in harmful and unethical practices such as pre-natal sex selection, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. **The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status and in protecting the health and well-being of girls should be enhanced and supported**. – ICPD +5 (1999), 48.

■ Women play a critical role in the family. The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and **the role of parents in the family and in the upbringing of children should be acknowledged.** The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

CHILDREN, CONFIDENTIALITY AND PRIVACY

(See Confidentiality and Privacy)

CHILDREN, DEVELOPMENT OF

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Development of

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. **The primary responsibility for the protection, upbringing and development of children rests with the family.** All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit +10 (2002), 15.

CHILDREN, DISTORTION OF RIGHTS

(*See also Youth, Bali Global Youth Declaration* | *Youth, Distortion of Rights*)

OVERVIEW
Children, Distortion of Rights

To protect children's rights in public policies it is critical to distinguish between two categories of children's rights: *"protection rights"* and *"autonomous rights."* This is because *"protection rights"* are essential for the well-being of children and should be protected and promoted. However, *"autonomous*

rights" are often used to sexualize and indoctrinate children in radical sexual and gender ideologies and behaviors. In negotiations, to protect children, delegations should support and encourage protection rights and discourage language pushing autonomous or *"choice rights"* for children. Children will have plenty of time when they reach adulthood to enjoy autonomous rights.

Children's "Protection Rights"

Children's protection rights include such things as the right to food, shelter, essential medicines and health care, to have parents, to grow up in a family, freedom from violence or abuse, etc. When people hear the term *"children's rights,"* most people think of these kinds of protection rights, and most people agree that such protection rights for children are essential, legitimate rights that should be widely upheld and promoted.

Children's "Autonomous Rights"

"Autonomous rights," on the other hand, are rights related to *"choice."* They include such things as the right to participate (to have a say in laws and policies), to be heard, to sexual freedom, a right to any kind of information—sexual or otherwise without parental consent**,** a right to confidentiality from parents, to abortion, to control their sexuality, to view explicit materials, or to privacy, etc.

While some of these may be legitimate rights for adults, they create problems when applied to children. This is because the brains of children are not fully formed until their early twenties, therefore, children and adolescents lack the impulse control and maturity of adults to handle many of these alleged *"rights"* in a mature, safe and responsible manner.

Treating children like miniature adult *"rights bearers"* by granting them autonomous rights that make them independent from their parents puts them at risk of being manipulated and exploited by sexual rights activists.

Grooming Children to Advance Abortion and LGBT Rights

Sexual rights activists aggressively promote autonomous rights for children because it allows them access to children and youth to promote their sexual agenda. For example, if a child has a right to *"control their sexuality,"* then they basically have a right to have sex, and in the case of gender-confused children, this language may even grant them the right to "cross-sex" surgery without parental consent. Or if a child has a right to *"confidentiality"* and *"privacy,"* then activists can influence them with their sexual materials and ideologies with impunity.

Granting children autonomous rights like participation in policymaking also enables the manipulation of youth as adults groom them to become advocates of their sexual rights agenda. The Bali Global Youth Forum Declaration is a clear example of this manipulation. (See *Youth, Bali Global Youth Declaration* section.)

To Protect Children's Rights, We Must Protect Parental Rights

Parents and religious values can be a protective factor against these negative influences, which is why sexual rights activists strongly oppose any meaningful references to parents or religion in documents where they are seeking to advance autonomous rights for minors.

A pattern we see again and again is that the other side will fight aggressively to keep out any mention of the *"right"* of parents and will try to insert language relegating parents to only having a "role" along with other stakeholders.

Modifying language that sexual rights activists usually propose in education provisions for children, such as *"as appropriate"* or *"according to the evolving capacities of the child"* does nothing to protect children from the aggressive and orchestrated efforts of UN agencies and sexual rights advocacy organizations such as International Planned Parenthood that consider graphic sexuality education that encourages promiscuity to be *"appropriate"* at all levels and at all ages. Sexual rights activists believe children have a right to such information in order to realize an alleged right to sexual pleasure, which is why they are pushing hard to make access to comprehensive sexuality education (CSE) an international right.

The UN Special Rapporteur on the Right to Education in his report to the General Assembly also pushed comprehensive sexuality education and a right to sexual pleasure for children without parental consent.

See FWI's brief, "Comprehensive Sexuality Education: Sexual Rights or Sexual Health" at FamilyWatch.org to learn more about the sexual pleasure education agenda for children. Our website StopCSE.org also contains extensive documentation on the serious harmful components and graphic nature of many CSE programs promoted by UN agencies.

NEGOTIATING STRATEGIES
Children, Distortion of Rights

To protect children, it is vital that any mention of autonomous rights for children or youth in UN documents be avoided. Consider calling for deletion of any of the following terms wherever they appear in the context of minor age children (i.e., girls, boys, children, adolescents, youth) or alternatively call for the deletion of the reference to children:

"confidentiality"
"privacy"
"family planning"
"contraception"
"reproductive health"
"reproductive rights"
"sexual health"
the right to control "fertility" or "sexuality"
"sexuality education"
"education" or "information" relating to any of the above

If it isn't possible to remove references to children in connection to any of the above concepts, then balance this language with the "*rights*" of parents to guide such information, education or services.

Parental rights should never be modified with *"as appropriate"* or *"according to the evolving capacities of the child"* as these are arbitrary standards that cannot be measured or regulated and are used to override parental rights. The *"rights"* of parents should be inserted to modify any language granting youth *"access"* to services, education or information of any kind, especially in sexual matters.

(See the *Parents, Rights, Duties and Responsibilities* section for specific language suggestions.)

CHILDREN, FAMILY AS NATURAL ENVIRONMENT FOR

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Family as Natural Environment for

■ Convinced that **the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children**, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, – CRC (1990), Preamble, paragraph 5.

CHILDREN, FAMILY PROTECTION OF

(See Family, Protection of Children)

CHILDREN, NEGOTIATING POLICIES RELATED TO

(See Youth, Negotiating Polices Related to)

CHILDREN, PROTECTING ROLE OF THE FAMILY

(See Family, Protection of Children)

CHILDREN, RIGHT TO PARENTAL CARE

(See also Family | Parents, Guidance of Children)

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Right to Parental Care

■ The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by his or her parents**. – CRC (1990), Article 7-1.

■ Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by their parents.** – Disabilities (2006), Article 18-2.

■ **All States and families should give the highest possible priority to children.** The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. **The child has the right to be cared for, guided and supported by parents, families and society** and to be protected by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and trafficking in its organs. – ICPD (1994), II, Principle 11.

■ Consistent with article 7 of the Convention on the Rights of the Child, take measures to ensure that a child is registered immediately after birth and has the right from birth to a name, the right to acquire a

nationality and, **as far as possible, the right to know and be cared for by his or her parents**; – Beijing (1995), 274(b).

CHILDREN, STREET CHILDREN

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Street Children

■ Governments should assist single parent families, and pay special attention to the needs of widows and orphans. **All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example, those involving street children.** – ICPD (1994), 5.13.

■ Setting specific target dates for eliminating all forms of child labour that are contrary to accepted international standards and ensuring the full enforcement of relevant existing laws, and, where appropriate, enacting the legislation necessary to implement the Convention on the Rights of the Child and ILO standards, **ensuring the protection of working children, in particular of street children, through the provision of appropriate health, education and other social services**; – Social Summit (1995), 55-d.

■ **Expanding basic education by developing special measures to provide schooling** for children and youth living in sparsely populated and remote areas, for children and youth of nomadic, pastoral, migrant or indigenous parents, and **for street children**, children and youth working or looking after younger siblings and disabled or aged parents, and disabled children and youth; establishing, in partnership with indigenous people, educational systems that will meet the unique needs of their cultures; – Social Summit (1995), 74(h).

■ We will work to ameliorate the plight of millions of children who live under especially difficult circumstances - as victims of apartheid and foreign occupation; **orphans and street children** and children of migrant workers; the displaced children and victims of natural and man-made disasters; the disabled and the abused, the socially disadvantaged and the exploited. Refugee children must be helped to find new roots in life. We will work for special protection of the working child and for the abolition of illegal child labour. We will do our best to ensure that children are not drawn into becoming victims of the scourge of illicit drugs. – Children's Summit (1990), Declaration 20(7).

CHILDREN, TRAFFICKING IN

UN CONSENSUS LANGUAGE IN CONTEXT
Children, Trafficking in

■ **States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form**. – CRC (1990), Article 35.

■ States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall: (d) **Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;** – CRC (1990), Article 21(d).

■ All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. **The child has the right to be cared for, guided and supported by parents, families and society and to be protected** by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, **trafficking**, sexual abuse, and trafficking in its organs. – ICPD (1994), Principle 11.

CLIMATE CHANGE

(See also Sexual and Reproductive Health and Rights | UN Agencies, UNFPA)

OVERVIEW
Climate Change

Family Watch International does not take a position on climate change except to warn that the UN has linked climate change to abortion, CSE and LGBT agendas under the umbrella of SRHR. UNFPA provides us with some prime examples of policy contortions they engage in to link the SRHR agenda to climate change.[96]

> "Denial of SRHR prevents women and girls from fully engaging in climate action, thereby impeding their educational and economic opportunities and hindering their ability to participate in local and national decision-making."

> "Realizing SRHR is crucial to achieving gender equality and is a central component of gender-responsive adaptation to climate change."

> "Sexual and reproductive health and rights is a cross-cutting issue and should receive a stronger focus in climate policy and programming. One example of how SRHR intersects with other key areas of climate action is in energy transitions. The use of local biomass as a household energy source exemplifies the disproportionate impacts of climate change on women and children and highlights how elements of their health and rights are central to climate action."

> "An intersectional approach that explicitly considers existing barriers and inequalities will best promote the full realization of SRHR with corresponding benefits for climate adaptation and resilience. Many of the people who already face barriers to SRH services and realization of their sexual and reproductive rights are being disproportionately affected by climate change. Factors related to identity and social position are experienced as overlapping and intersecting drivers of marginalization. An intersectional approach is essential to tackling existing inequalities in SRHR and maximizing the power of SRHR to help build adaptive capacity and resilience to climate change."

> "The challenge climate change poses to access to SRH services will be felt most keenly by those who already face discrimination and marginalization (e.g. LGBTQIA+ people…)."

[96] UNFPA. (2021). Sexual and Reproductive Health and Rights in National Climate Policy. https://esaro.unfpa.org/sites/default/files/pub-pdf/ndc_report_final.pdf

TALKING POINTS
Climate Change

Climate change is a serious issue that affects everyone. It is not appropriate to try to link controversial sexual agendas to this issue.

COMMODITIES

OVERVIEW
Commodities

"Commodities" in the context of reproductive health can include abortion kits and emergency contraception (i.e., the "morning after pill"). For example, in the United Nations Population Fund's publication, "Interagency Reproductive Health Kits for Crisis Situations,"[97]

UNFPA reveals the contents of their "reproductive health kits for use by humanitarian agencies" that are "intended to speed up the provision of appropriate **reproductive health services** in emergency and refugee situations." These reproductive health kits include:

- The "Ipas EasyGrip®" hand operated abortion vacuum suction kit, also labeled as a "Gynecological aspiration system, for uterine aspiration/uterine evacuation in obstetrics and gynecology patients";
- "Manual Vacuum Aspiration (MVA) Set (adapted from IPAS set 2 x IA18)"
- "Emergency contraception patient information leaflet, to be adapted locally"; and
- "Levonorgestrel, tablet, 1.5 mg, (emergency contraception)."

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

(See also Abstinence | Age Appropriate | Anal Sex | Sexual Debut | Emergency Contraception | Evolving Capacities | Fidelity | Formal/Informal Sex Education | International Planned Parenthood Federation (IPPF) | Nairobi ICPD+25 Summit and Outcome Document | Parents, Sex Education of Children | Right to Education | Rights-Based Approach | Sex Education | Sexual Risk Avoidance (SRA) Education | Sexuality | UN Agencies)

There are no binding UN documents or treaties that mention or provide a right to comprehensive sexuality education (CSE)!

Note: The dangers to children of harmful CSE programs cannot be overstated. To better understand these serious dangers, see:

- The *Oral Sex and Anal Sex* sections of this Guide.
- The multiple examples of harmful CSE materials published by UN agencies and their partners in *Additional Resources* at the end of this CSE section,
- Examples of graphic CSE programs at StopCSE.org under the "CSE Exposed" tab,
- A 10-minute clip of our documentary exposing CSE at WaronChildren.org, available in 19 different languages.

[97] UNFPA. (2011). *Interagency Reproductive Health Kits for Crisis Situations*. https://www.unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf

OVERVIEW
Comprehensive Sexuality Education (CSE)

CSE Defined

Comprehensive Sexuality Education (CSE) is one of the greatest assaults on the health and innocence of children in history. This is because, unlike traditional sex education, comprehensive sexuality education is highly explicit and promotes promiscuity and high-risk sexual behaviors to children as healthy and normal. CSE programs have an almost obsessive focus on teaching children how to obtain sexual pleasure in various ways. Yet, ironically, comprehensive sexuality education programs are anything but comprehensive as they fail to teach children about all the emotional, psychological and physical health risks of promiscuous sexual activity and abortion.

CSE utilizes a "rights-based" approach to sex education that promotes alleged "sexual rights" for children at the expense of their sexual and emotional health. CSE is delivered largely through schools, but also through clinics, usually funded by foreign governments. CSE is also provided to children through phone apps and through online school curricula, most often without the knowledge or consent of parents. (See UNFPA's phone app at TuneMe.org.)

One of the best definitions for CSE that reveals its true nature was published in the journal, *Reproductive Health Matters*, as follows:

> "Comprehensive sexuality education, within a human rights framework, is key to reinforce the importance of acceptance and endorsement of sexual diversity and of striving for gender equality. It is instrumental in offering a safe and supportive environment for young people to explore their sexual orientation; empowering girls (and boys) to embrace and demand equal respect for their sexual choices, preferences and behaviours."[98]

UN Inter-Agency Definitions

According to the UN inter-agency WHO-led publication titled *Sexual Health, Human Rights and the Law*, "'sexuality information' refers to information pertinent to sexual health, including information about sex and sexuality, about different forms of relationships and sexual practices, as well as ideas and opinions which convey diverse perspectives on sexuality."[99]

According to the UN's inter-agency 2018 *International Technical Guidance on Sexuality*, "Sexuality" encompasses "gender identity; sexual orientation; sexual intimacy; pleasure..." This *"Guidance"* also affirms that "…CSE includes ongoing discussions about social and cultural factors … such as gender and power inequalities … sexual orientation and gender identity."[100]

The longstanding World Health Organization's "working definition" for "sexuality" as published on the WHO website states that "sexuality" also encompasses "fantasies" and "desires."

Therefore, according to multiple UN agencies, comprehensive sexuality education should encompass:

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[98] Heidari, S. (2015). Sexual rights and bodily integrity as human rights. *Reproductive Health Matters, 23*(46), 1-6, DOI: 10.1016/j.rhm.2015.12.001

[99] World Health Organization. (2015). *Sexual Health, Human Rights, and the Law*. https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf

[100] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality.* P. 18. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

- sexual orientation (Translation: homosexuality)
- gender identity (Translation: transgender ideology)
- sexual pleasure and intimacy
- diverse sexual practices and sexual perspectives
- fantasies
- desires

The UN CSE Technical Guidance also states, "young people want and need sexuality and sexual health information **as early and comprehensively as possible**…."[101]

Common Harmful CSE Elements

Typically, CSE programs contain many, and often all, of 15 elements identified as common to CSE programs that are harmful to children.

15 Common Harmful CSE Elements:

1. Sexualizes children
2. Teaches children how to consent to sex
3. Normalizes anal & oral sex
4. Promotes homosexual/bisexual behavior
5. Promotes sexual pleasure
6. Promotes solo and/or mutual masturbation
7. Promotes condom use in inappropriate ways
8. Promotes early sexual autonomy
9. Fails to establish abstinence as the expected standard
10. Promotes transgender ideology
11. Promotes contraception/abortion to children
12. Promotes peer-to-peer sex ed or sexual rights advocacy
13. Undermines traditional values and beliefs
14. Undermines parents or parental rights
15. Refers children to harmful resources

Most UN-supported CSE programs or materials, when analyzed using the "15 Harmful CSE Elements" analysis tool (See at StopCSE.org), score 14 or 15 out of 15 possible harmful elements. Prime examples include UNFPA and UNESCO's *Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa*, which scored 15/15, and the World Health Organization's *Standards for Sexuality Education in Europe*, which scored 14 out of 15 for harmful elements. (Disturbing examples from both publications can be found in *Additional Resources* at the end of this section.)

The Agenda Behind CSE

Comprehensive sexuality education (CSE) is the number one tool used by sexual rights and abortion activists to indoctrinate and sexualize children. Though most often promoted as sexual and reproductive health education, CSE is designed to transform the sexual and gender norms of societies. CSE materials mainstream diverse sexual orientations and identities, controversial sexual acts, transgender ideologies, abortion, and more, into policy, law, and culture. Countries that oppose such concepts are especially

[101] Ibid, p. 35.

targeted by CSE advocates who imbed CSE wherever possible in countrywide school curricula while claiming that CSE is an international right for children.

CSE is also promoted as essential for achieving the UN's sustainable development goals, even though CSE was explicitly rejected by a large number of UN Member States when the SDGs were negotiated. Notwithstanding, CSE proponents dishonestly interpret SDG goals and targets related to sexual and reproductive health, education, and gender equality as mandates for implementing CSE.

The Major Entities Behind the CSE Agenda

It is critical to understand which entities are behind the harmful CSE agenda that the American College of Pediatricians calls "one of the greatest assaults on the health and innocence of children."

Western Governments: The CSE agenda is a global agenda backed mainly by many Western governments, in particular, the governments of Sweden, Denmark, the Netherlands, Norway, Finland, the UK, Canada, the U.S. government (under the Obama administration), and more.

UN Agencies: For many years, Western governments have used their funding to manipulate UN agencies to promote the radical sexual and reproductive health and rights (SRHR)/CSE agenda. UN agencies that have been compromised in this manner include UNESCO, UNAIDS, UNDP, UNFPA, UNICEF, UN Women, and the World Health Organization.

International Planned Parenthood Federation (IPPF): The main partner of most governments and UN agencies in promoting CSE is Planned Parenthood, the largest provider of CSE in the world and the main driver of CSE worldwide. With a presence in over 170 countries, IPPF produces, promotes and implements CSE with UN and government funding.

For example, IPPF is the *only* NGO partner in the UN's Human Reproduction Program (HRP), along with UNDP, UNFPA, UNICEF, the World Bank, and UNAIDS. According to the HRP website, the Human Reproduction Program is the "main instrument and leading research agency within the United Nations system concerned with sexual and reproductive health and rights," with the World Health Organization "as the executing agency." Thus, IPPF's partnership in the HRP gives it significant influence over the UN's development of CSE.

This constitutes a clear conflict of interest. IPPF first sexualizes children with CSE, and then ensures that wherever possible, CSE programs refer the sexualized children to IPPF's "youth friendly" "sexual and reproductive health" clinics. For example, UNFPA's CSE training module for African teachers actually includes a brochure referring youth to Planned Parenthood clinics for abortion and more. (See "CSE Exposed" tab at StopCSE.org.)

IPPF clinics then profit from their sexual and reproductive health services by providing condoms, contraception, abortions, STD testing and treatment, cross-sex hormone treatment for transgenders, and more. (See https://familywatch.org/investigateippf/.) This is a multibillion-dollar industry for Planned Parenthood, involving over 150 IPPF member associations with 65,000 service centers in over 170 countries operating under various names.

Other NGOs: Other aggressive CSE proponents include Advocates for Youth (AFY), the Sexuality Education and Information Council of the United States (SEICUS), Rutgers and Choice for Youth (funded by the Netherlands government), Swedish International Development Cooperation Agency (SIDA), the Kinsey Institute, and Marie Stopes.

CSE is a primary marketing tool that turns sexualized children into customers that generate big profits for the purveyors of these services.

The Status of "Comprehensive Sexuality Education" in International Law

Contrary to assertions by some UN agencies, there is no international human right to comprehensive sexuality education. CSE is not mentioned in any binding UN document, only in some nonbinding resolutions and UN reports or activist committee statements. In fact, CSE remains one of the most controversial issues at the UN. Since, despite their best efforts, CSE advocates have failed to get the entire body of the UN to openly and willingly adopt CSE as an international human right, they have resorted to reinterpreting various vague provisions in nonbinding UN documents to encompass CSE.

For example, a comment from the committee that monitors compliance with the ICESCR tried to claim that "the right to sexual and reproductive health, combined with the right to education (articles 13 and 14), entails a right to education on sexuality and reproduction that is comprehensive."[102] Yet CSE undermines health.

UN agencies also have persuaded unsuspecting national ministers of health and education to commit to CSE on a regional basis (without showing them any curriculum), and then claimed that CSE therefore has wide policy support. For instance, unsuspecting African ministers of health and education committed to "lead by bold actions to ensure quality comprehensive sexuality education and youth-friendly sexual and reproductive health services" and a small group of Caribbean and Latin American ministers were convinced to do the same. (See *Eastern and Southern African (ESA) Commitment on CSE and SRH Services for Adolescents* section and FWI Policy Brief titled The Status of "Sexuality Education" Under International Law.)

Evidence Showing How CSE Promotes Abortion

A number of the main entities behind the CSE agenda are abortion clinics and other businesses that profit from abortion. CSE is the perfect marketing tool for their businesses because CSE curricula typically (i) teach adolescents they have a right to sex, then (ii) tell them condoms will prevent pregnancy without informing them of the high condom failure rates among youth, (iii) introduce adolescents to

[102] 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). Para 9. https://bit.ly/G_C_22

abortion as a positive option, and then (iv) refer adolescents to their lucrative abortion clinics. In fact, Ipas, the manufacturer of the handheld manual vacuum aspiration abortion device called "Ipas Easy Grip" even sponsored an event during the 62nd session of the UN Commission on the Status of Women

brazenly entitled, **"Without Abortion, It's Not Comprehensive Sexuality Education."** In 2016 alone, Ipas spent $60 million advocating for abortion worldwide and marketing and selling their handheld abortion kit expending $20 million alone in Africa. It is no wonder that they are also in the business of pushing CSE.

A co-sponsor of that same UN event, **"Without Abortion, It's Not Comprehensive Sexuality Education,"** was the EU-funded Youth Coalition for Sexual and Reproductive Rights. Their publication, *Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy,* openly calls upon youth to "advocate for comprehensive sexuality education" as a way of eliminating "social and cultural stigma related to abortion."

Consider the following examples of UN-supported CSE publications that promote abortion:

1. *UNESCO International Guidelines on Sexuality Education* (2009)

- "Legal **abortion** performed under sterile conditions by medically trained personnel is safe." (p. 51, Learning Objectives, ages 9-12)

- "Access to **safe abortion** and post-abortion care." (p. 52, Learning Objectives, ages 12-15)

- According to the *Guidelines*, by age 15, adolescents should be exposed to "advocacy to promote the **right to and access to safe abortion**." (p. 42, Learning Objectives, ages 15-18)

2. *It's All One Curriculum* (Funded in part by UNFPA and promoted by UNESCO as the standard for all CSE programs.) The *It's All One Curriculum* aggressively promotes abortion with over 140 references to abortion. The program uses scare tactics, telling girls that every minute of every hour a pregnant girl is dying, so abortion must be legalized. Students are required to read several sympathy-generating case studies of girls who have had abortions, so they can learn to "walk in her shoes" in the decision to have an abortion. Two examples of case studies of youth who decide to have abortions are as follows:

"My girlfriend and I are both in school, and we know we are too young to be good parents. We decided that the best decision for us was an abortion." (Vol. 2, p. 175)

"I have decided to go to a place where I have heard there is a doctor who performs abortions without asking many questions." (Vol. 2, p. 168)

3. ***You, Your Life, Your Dreams: A Book for Caribbean Adolescents*** (Promoted by UNFPA, UNICEF, and UNESCO)

"When performed by trained medical personnel under hygienic conditions, **abortion is a very safe medical procedure, one that is even safer than childbirth**." (Vol. 3, p. 120,)

4. ***Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa*** (Published by UNFPA and Advocates for Youth, the youth partner of Planned Parenthood.) This African CSE teaching module contains a brochure that refers youth to Planned Parenthood clinics for abortion counseling.

Clearly, CSE is used to destigmatize and normalize abortion and to promote it among children and youth worldwide.

The CSE "Rights-Based" Approach to Sex Education

The sexual and reproductive health and rights (SRHR) agenda is inextricably linked with the CSE agenda. In fact, CSE is the main vehicle used to advance the SRHR agenda. The following excerpts from three IPPF publications reveal the dangerous sexual philosophies that permeate CSE and SRHR policies worldwide. Many more examples of IPPF's radical sexual philosophies can be found in the *International Planned Parenthood Federation (IPPF)* section.

- "**Communicating around sexual preferences and vocalising what gives one sensations of pleasure** is an empowering act in itself for many young people."[103] [IPPF defines young people as beginning at age 10!]

- "**[E]nsure sessions on biology and anatomy discuss pleasure responses**, not just reproductive capacity."[104]

- "**...young people regardless of age ... need to be able to explore, experience and express their sexuality in pleasurable and safe ways** ... This can only happen when young people's sexual rights are recognised and guaranteed."[105]

[103] International Planned Parenthood Federation. (2016, August). *Putting Sexuality Back in Comprehensive Sexuality Education: Making the Case for a Rights-Based, Sex-Positive Approach.* P. 8. https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20Comprehensive%20Sexuality%20Education_0.pdf

[104] International Planned Parenthood Federation. (2016, October). *Putting Sexuality Back into Comprehensive Sexuality Education: Tips for Delivering Sex-Positive Workshops for Young People.* P.3. https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20CSE%20-%20tips%20for%20delivering%20sex-positive%20workshops%20for%20young%20people.pdf

[105] International Planned Parenthood Federation & World Association for Sexual Health. (2016). Fulfil! Guidance document for the implementation of young people's sexual rights. https://www.ippf.org/sites/default/files/2016-09/Fulfil%21%20Guidance%20document%20for%20the%20implementation%20of%20young%20people%27s%20sexual%20rights%20%28IPPF-WAS%29.pdf

The UN's Inter-agency CSE *Guidance* Publication

The UN's UNESCO-led Inter-agency *International Technical Guidance on Sexuality Education* released in January of 2018 is one of the most revealing documents published by the United Nations to date.[106] (Hereafter, *UN Inter-agency CSE Guidance*.) It clearly exposes the UN's global agenda to manipulate and sexualize children through CSE.

The fact that the *UN Inter-agency CSE Guidance* was written with the support of IPPF largely explains why it is so controversial. It is astonishing that IPPF managed to get their core radical philosophies (although in a slightly toned-down form) integrated into the entire text of the *UN Inter-agency CSE Guidance*, launched with the backing of multiple UN agencies. It shows just how compromised UN agencies have become.

Deceptive Strategies Used to Advance CSE

The following strategies are used by Planned Parenthood, UN agencies and other CSE advocates to deceptively implement CSE programs throughout the world. Understanding their strategies will help to recognize and counteract them. Calling advocates out and pointing out exactly what they are doing also helps to counteract these deceptive tactics.

Fake data strategy – Use inflated STD and teen pregnancy statistics to scare everyone and claim CSE is the answer. Lump statistics for 18- and 19-year-olds with the statistics for younger ages to make it look like lots of young children are having promiscuous sex, and CSE will magically protect them.

Fake science strategy – Use bad science to claim CSE is effective and abstinence education is harmful (See SexEdReport.org.)

Hide the curriculum strategy – Claim CSE is the answer to teen pregnancy, STIs, violence, etc., but never show its highly controversial content (See StopCSE.org.)

Deceptive CSE definition strategy – Use innocent sounding terms to describe explicit and highly controversial CSE content.

Lazy or stupid parent strategy – Claim parents are all either too lazy or too inept to talk to their kids about sex so the government must do it.

Age-appropriate strategy – Claim parents don't need to worry because CSE is always age appropriate when it is impossible for CSE to ever be age appropriate. While there may be sex education programs that are age appropriate, CSE is something entirely different. (See *Age Appropriate* section.)

Medically accurate strategy – Claim only CSE is medically accurate, and abstinence education is not.

Human rights strategy – Claim CSE is a human right that is part of the right to health and education.

Inclusive strategy – Claim LGBT students need to see themselves in the curriculum, and if instruction on LGBT sex is not included then the curriculum is discriminatory.

Hate labeling strategy – Claim anyone opposing CSE is an LGBT hater.

[106] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality*. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

Victim strategy – Have people tell sad stories about how they got pregnant or violated because they didn't get CSE or how abstinence education harmed them, even though there is no way to prove a causal relationship.

False Claims Made About CSE – What the Research Shows

CSE proponents, including many UN agencies, erroneously claim that governments have an obligation to provide CSE as part of a duty to fulfill the rights of young people and to protect their sexual and reproductive health. False claims are made that CSE will prevent teen pregnancy and STDs (especially HIV), that CSE will delay sexual debut, and that CSE does *not* increase sexual risk-taking behaviors.

However, a landmark report by the Institute for Research and Evaluation published in the peer-reviewed journal *Issues in Law and Medicine* found that the research evidence does not support these claims.[107]

In fact, worldwide, school-based CSE programs were found to have an 87% failure rate (89% for Africa). Moreover, a concerning number of CSE programs actually increased sexual risk-taking behavior and negative outcomes for youth.

For example, in Africa, 24% of studies (about one in every four) found school-based CSE had harmful effects on program participants. (See more details on this research in the "Talking Points" below.)

Materials Exposing the CSE Agenda

1. We strongly recommend reading the direct quotes from some of the radical UN-supported CSE materials **included in *Additional Resources* at the end of this CSE section**.

2. Watch the 10-minute video clip at WarOnChildren.org (available in 19 languages).

3. Go to StopCSE.org and click on the "CSE Exposed" tab where you will find links to:

- "CSE Materials Exposed" page with disturbing quotes from CSE programs supported by UNESCO, UNAIDS, WHO, UNFPA and more
- CSE Facts
- 15 Common Harmful CSE Elements
- Videos exposing CSE

4. Go to SexEdReport.org to find the summary of a major global report/analysis by the Institute for Research and Evaluation showing an 87% failure rate (89% in Africa) for school-based CSE programs worldwide and a surprising rate of harmful impact (about one in six programs). The report was subsequently published in a peer-reviewed journal, *Issues in Law and Medicine*, and gives some promising evidence for the effectiveness of abstinence education.[108]

5. See the FWI policy brief titled The Status of "Sexuality Education" Under International Law debunking claims by UNESCO and UNFPA that CSE is an international right for children.

[107] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182. SexEdReport.org
[108] Ibid.

NEGOTIATING STRATEGIES
Comprehensive Sexuality Education (CSE)

Seven Strategies to Stop the CSE Agenda

Strategy #1: Quote directly from CSE materials and expose them for what they are. You can draw from multiple UN-supported CSE publications found in *Additional Resources* at the end of this CSE section. Most government representatives actually have no idea what CSE really is, so reading highly controversial direct quotes from UN CSE publications can be very effective.

Strategy #2: Always insist on replacing references that are intended to refer to CSE with the simple term "sex education." Comprehensive sexuality education (CSE) is often disguised under many names including:

"sexual education"
"comprehensive sex education"
"education, information and counseling on human sexuality"
"comprehensive sex education"
"comprehensive sexual health education, information and services"
"sexuality and reproductive health information"
"family life education"
"HIV/AIDS prevention education"
"life skills program"

Replace such terms with "sex education." Be sure to omit any references to "comprehensive" or "rights" related to sex education.

Strategy #3: Don't Be Deceived by the "Age-Appropriate" Strategy. The most deceptive and effective strategy used by CSE advocates to get CSE provisions adopted is to modify CSE with the phrase "age-appropriate." Many governments fall for this tactic because they don't understand that the "age-appropriate" modifier is meaningless. **It may serve to make governments feel better about accepting CSE,** but it will not and cannot change the harmful content of CSE. See the *Age Appropriate* section for more information.

This is because **by its very nature, CSE is *never* appropriate for any age**. "Age-appropriate comprehensive sexuality education" is an oxymoron—there is no such thing because the UN and IPPF (the largest providers and promoters of CSE worldwide) define CSE to encompass sexual orientation, gender identity, sexual pleasure, abortion and more. That fact doesn't go away by simply adding "age-appropriate" to it. (See "Talking Point" #16 below suggestions on how to delete this term.)

Strategy #4: Avoid All Deceptive CSE Terminology. Don't be deceived by the "definition" or "anchor language" strategy used by CSE advocates**.** Since CSE advocates are well aware that the term "comprehensive sexuality education" is highly controversial, their fallback position is to propose as many elements from their program descriptions as possible. This makes it almost impossible for anything other than a CSE program to meet all the requirements. The following euphemistic terms are most often listed in the descriptions of UN-supported CSE programs and should be avoided at all costs, even though they may sound harmless. See the *Chart for Navigating CSE Terms* for more information.

Some Deceptive CSE Terms that Should Always be Avoided

"age appropriate" – See Strategy #3 above. See also "Talking Points to Defeat CSE Provisions" – Talking Point # 11 below.

"appropriate" – The term "appropriate" (or "as appropriate") when modifying "parental guidance" or parental involvement in the implementation of CSE is deceptive because it can be interpreted two ways. Who decides what is appropriate for children? People of good faith believe it will be interpreted to mean that when parents feel it is "appropriate" they can be involved. However, CSE advocates insert "as appropriate" to *limit* parental involvement because they believe it is only "appropriate" for parents to be involved if they support the controversial sexual values taught in CSE.

"according to" or "consistent with" the "evolving capacities of the child" – Who decides what is consistent with a child's capacity? How do governments determine this? Parents' rights are necessarily limited by such an arbitrary and unmeasurable standard. While this CRC language may sound good, it is being distorted to mean that any age restrictions on sexual activity and explicit sexual information are inappropriate since each child's capacity to have and enjoy sex evolves at a different rate.

According to IPPF and UNICEF, children should have the right to consent to sex and sexual health services without the knowledge or consent of parents if they desire such. In their twisted thinking, the very fact that a child desires to have sex or to receive explicit information about sex indicates their capacities have evolved enough to not involve the parents. Consider the following examples:

UNICEF's publication *Legal Minimum Ages and the Realization of Adolescents' Rights* states:

- "…for adolescents, **the possibility to have access to sexual and reproductive health services without parental consent is a critical** dimension of access." (p. 30)
- "**In accordance with their evolving capacities, children should have access to confidential counseling and advice without parental or legal guardian consent**, where this is assessed by the professionals working with the child to be in the child's best interests." (p. 32)
- The World Health Organization cites the "evolving capacities" standard to justify giving adolescents as young as age 10 "sexual and reproductive health services without parental consent" as follows: "Human rights standards at the international, regional and national levels are well developed regarding **the protection of adolescents under 18** [WHO defines adolescents as people aged 10–18] from discrimination in accessing both information and services for sexual health. They also require states to guarantee adolescents' rights to privacy and confidentiality by **providing sexual and reproductive health services without parental consent on the basis of their evolving capacities**."[109]

(See "Talking Point" #23 below for suggestions on "evolving capacities.")

"privacy and confidentiality" – Privacy from whom? Confidentiality from whom? Many governments were not aware when they became party to the UN Convention on the Rights of the

[109]World Health Organization. (2015). *Sexual Health, Human Rights, and the Law*. http://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1

Child that the provisions granting children privacy and confidentiality rights would be interpreted by the CRC monitoring committee to mean privacy and confidentiality from parents. The following CRC Committee comment shows how *"confidentiality"* and *"privacy"* provisions are interpreted in ways that clearly violate parental rights:

> "*Adolescents deemed mature enough to receive counseling without the presence of a parent or other person are entitled to privacy and may request confidential services, including treatment."*[110]

The goal of the Committee and the activists who influence its comments is to abolish parental consent laws for controversial services such as abortion, contraception, and sexual counselling or possibly for controversial medical procedures such as transgender hormone treatments or cross-sex surgery as well.

For example, a *report of the United Nations High Commissioner for Human Rights on child health* (See HRC/22/31) claims that a child's "right" to sexual and reproductive health (see *Sexual and Reproductive Health* section) includes a right to "full access to *confidential* youth-friendly and evidence-based sexual and reproductive health services." Confidential services means without the knowledge and consent of parents.

Clearly, any references to confidentiality or privacy in relation to children, youth, or adolescents should be opposed in all UN negotiations.

"evidence-based" – This language is aimed at excluding religiously-based or abstinence-based programs that sexual rights activists claim are not based on evidence. In fact, UNESCO claims that only CSE programs are evidence-based and that abstinence programs are harmful.

"based on full and accurate information" – Who decides what is "full" or "accurate"?

"for all adolescents and youth" – Adolescents are defined by the UN as starting at 10 years old. Most parents would consider the explicit materials found in UN-supported CSE programs to be inappropriate for adults, let alone children. If this is for "all" youth, what about those who have religious objections to the promotion of LGBT rights or abortion? Can they be exempted?

"with the appropriate direction and guidance from parents and legal guardians" – When this was first negotiated, suggestions to recognize the rights of parents were rejected, and this weaker formulation was accepted. This phrase is intended to subject the parents' role to what others deem "appropriate."

"with the involvement of children, adolescents, youth" – At what age? How will they be involved? We should not accept the idea that somehow children and youth are supposed to be involved in developing and teaching sex education. Children do not have the expertise or knowledge, capacity, or even brain development to be addressing sexual issues with each other.

"and in coordination with women's, youth and specialized non-governmental organizations" – This specifies that CSE programs must involve outside entities, and the most likely ones that would be involved are those that have CSE programs to sell, such as IPPF.

[110] Ibid.

"in order to modify the social and cultural patterns of conduct of men and women of all ages" – What kind of social and cultural patterns need to be modified? Sexual and gender norms? In what way do they need to be modified? To embrace homosexual and transgender rights? Most CSE programs are not just aimed at fostering equality between the sexes, but rather at mainstreaming LGBT rights and behaviors.

"to eliminate prejudices" – Prejudices against whom? Homosexuals, lesbians and transgender individuals? This is dangerously open ended.

"and build … risk reduction skills" – Risk reduction skills assume children will be sexually active and focus on only reducing the risk of pregnancy or disease with condoms or contraceptives. "Risk reduction" education programs usually do not promote abstinence or fidelity; those are "risk elimination" skills.

For more information on problematic CSE terms see *Chart for Navigating CSE Terms*.

Strategy #5: Ensure that the "rights of parents" always modifies any language providing youth with, or granting youth "access" to, sex/sexual/sexuality services, education or information of any kind. A pattern we see again and again is that CSE proponents will fight aggressively to keep out any mention of the "rights of parents" or will try to insert language relegating parents to only having a "role" along with other stakeholders.

Suggestions:

- **Any time there is a provision regarding sex or sexual education, it should always recognize the right of parents to direct that education.** (See the *Parents, Rights, Duties and Responsibilities* section for consensus language suggestions on parental rights.)

- **Never allow any sex education policy to be adopted in the context of a "right,**" or part of another right like the "right to health" or the "right to education," especially when there is no mention of parental "rights" to guide that sex education.

- **Never allow a provision to relegate parents to only having a "role"** in their children's sex education.

- **Never allow parents to be relegated to the status of just one of many stakeholders** in their child's education.

- **Never allow parental rights to be restricted by the "evolving capacities of the child."**

Strategy #6: Ask questions that put CSE proponents on the spot and show there is wide disagreement among states over what children should be taught. The following are sample questions that could be used:

- Should schools be teaching children about sexual pleasure, masturbation or eroticism?

- Is it appropriate or healthy for children of minor age to have sexual relations under any circumstances? If so, what kind of sexual activities are appropriate and at what ages?

- Is it appropriate for children to be taught that there are more than two genders?

- At what ages should CSE be taught to children? Is CSE appropriate for newborns, toddlers or 5-year-old children? If so, who is going to ensure that what is taught is appropriate?

- Do you agree with the WHO *Standards for Sexuality Education for European Youth*? (These standards encourage instruction on masturbation for children ages 0-4, recommend teaching children ages 4-6 about same-sex relationships and exploring gender identities, and teaches young children they can receive and give sexual pleasure to a person of the same sex or the opposite sex.)[111]

- Is it appropriate for children to be taught about abortion and how to access abortion with or without parental consent?

Strategy #7: Emphasize that peer-reviewed research shows school-based CSE worldwide is not only ineffective, it has also been shown to increase sexual risk-taking among youth.[112] (See "CSE Research Finding Talking Points" below.)

Chart for Navigating CSE Terms

ACCEPTABLE SEX EDUCATION TERMS
"abstinence education"
"delay of sexual debut"
"fidelity"
"male" or "female"
"optimal adolescent health"
"pornography prevention"
"refusal skills"
"rights of parents"
"sex education"
"sexual risk avoidance education"

PROBLEMATIC TERMS	SUGGESTED REPLACEMENT TERMS OR RECOMMENDED ACTIONS
"abstinence-based sex education"	**REPLACE WITH:** "abstinence sex education" or "sexual risk avoidance education." (See *Abstinence* section.)

[111] Federal Centre for Health Education (BZgA) and the WHO Regional Office for Europe. (2010). *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe*. https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf

[112] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182.

"access"	**BALANCE WITH:** "rights of parents." Granting children access could violate parental rights. (See *Parents* section.)
"age appropriate"	**DELETE.** Never, ever accept! It is an oxymoron in the context of CSE. Adding it deceives one into thinking CSE can be or is age-appropriate, when by its very nature, it is age-inappropriate. (See *Age Appropriate* section.)
"and in coordination with women's, youth and specialized non-governmental organizations"	**DELETE.** Opens the door to Planned Parenthood and allies to sexualize children for profit to get customers for abortions, STD treatment, etc. Parents and local leaders know best.
"based on full and accurate information"	**DELETE:** "full." This means radical comprehensive sexuality education.
"best interest of the child"	**DELETE.** Or **MODIFY** by adding parental rights language like "with full respect for the rights, duties and responsibilities of parents," or this language from the UDHR, "Parents have a prior right to choose the kind of education that shall be given to their children." This phrase is being used to remove parental rights claiming others know best what children need.
"comprehensive sex education"	**DELETE ENTIRELY OR DELETE:** "comprehensive" **OR REPLACE WITH:** "optimal health education," or "adolescent health education," or "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"comprehensive sexuality education"	**DELETE ENTIRELY OR DELETE:** "comprehensive" **OR REPLACE WITH:** "optimal health education," or "adolescent health education," or "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"consent"	**REPLACE WITH:** "refusal skills." Children should not be learning how to consent to sex.
"diverse practices related to "sexuality"	**DELETE.** Can include "vaginal sex," "anal sex," "oral sex," etc.
"education, information and counseling on human sexuality"	**REPLACE WITH:** "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"evidence-based"	**DELETE.** Code word for CSE programs since they all claim they are evidence-based.

"evolving capacities of the child"	**DELETE.** Used to rationalize giving children sexual information and SRH services without parental knowledge or consent. (See *Evolving Capacities* section.)
"family life education"	**DEFINE.** Used as a euphemism for CSE.
"for all adolescents and youth"	**DELETE:** "all." Means as young as age 10 since adolescence begins at age 10.
"gender"	**DELETE OR REPLACE WITH:** "sex" or "male and female" or other terms in the *Gender* section.
"gender equality"	**REPLACE WITH:** "equality between the sexes of male or female." (See *Gender Equality* section.)
"HIV/AIDS prevention education"	**DEFINE.** Used as a euphemism for CSE.
"human rights education"	**DELETE.** "Human rights" is defined by UN agencies to mean LGBT and abortion rights. (See *Human Rights, Distortions of* and *Human Rights Education* sections.)
"in line with international human rights standards"	**DELETE.** Refers to the International Technical Guidance on Sexuality Education.
"informal" [sex/sexual/sexuality] education	**DELETE:** "informal." Encompasses peer-to-peer, computer-based and phone-accessed CSE, often without parental knowledge.
"informed decision making"	**DELETE.** Used to rationalize providing sexual information (CSE) and SRH services including abortion to children without parental consent as long as they are "informed." (See *Informed Decision Making* section.)
"in order to modify the social and cultural patterns of conduct of men and women of all ages"	**DELETE.** In what ways? To mainstream LGBT issues? To promote abortion or acceptance of transgender behavior?
"life skills program"	**DEFINE.** Used as a euphemism for CSE.
"medically accurate"	**DELETE.** UN agencies falsely claim only CSE is medically accurate, and abstinence is not. This is used to exclude abstinence programs.
"privacy and confidentiality"	**DELETE.** Not applicable to children. Often interpreted as privacy from parents. (See *Confidentiality and Privacy* section.)
"reproductive health education"	**REPLACE WITH:** "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)

"reproductive rights"	**DELETE or REPLACE WITH:** "health rights." Must not apply to children. (See *Reproductive Rights* section.)
"risk reduction skills"	**REPLACE WITH:** "risk elimination skills" or "sexual risk avoidance."
"role of parents"	**REPLACE WITH:** "rights of parents." (See *Parents, Rights, Duties and Responsibilities* and *Parents, Sex Education of Children* sections.)
"scientifically accurate"	**DELETE.** UN agencies falsely claim only CSE is scientifically accurate and abstinence is not. This is used to exclude abstinence programs.
"sexual and reproductive health education" and/or "information"	**DELETE OR REPLACE WITH:** "optimal health education," or "adolescent health education," or "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"sexual education"	**DELETE OR REPLACE WITH:** "optimal health education," or "adolescent health education," or "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"sexual pleasure"	**DELETE.** Must not apply to children.
"sexual rights"	**DELETE OR REPLACE WITH:** "health rights." Must not apply to children. (See *Sexual Rights* section.)
"sexuality"	**DELETE OR REPLACE WITH:** "sex." (See *Sexuality* section.)
"sexuality and reproductive health information"	**DELETE OR REPLACE WITH:** "optimal health education," or "adolescent health education," or "sex education" or "abstinence education" or "sexual risk avoidance education." (See *Sexual Risk Avoidance (SRA) Education* and *Abstinence* sections.)
"to eliminate prejudices"	**DELETE.** Opens the door to LGBGTQ agenda.
"with the appropriate direction and guidance from parents and legal guardians"	**DELETE:** "appropriate" as it can limit parental rights or involvement**. REPLACE WITH:** "recognizing the rights, duties, and responsibilities of parents." (See *Parents, Rights, Duties and Responsibilities* section.)
"with the involvement of children, adolescents, youth"	**DELETE.** Not appropriate for children to be teaching other children about sex.

Talking Points Regarding CSE Research Findings by the Institute for Research and Evaluation (IRE)

NOTE: You may want to select facts from the findings of a global study showing CSE ineffectiveness found in "Additional Resources" at the end of these talking points. There are many powerful data points you can use showing that **not only is CSE is ineffective, it is also causing harm.**

1. Findings from a global study published in the peer-reviewed journal *Issues in Law and Medicine* on school-based CSE worldwide contradict the many claims that CSE has proven to be effective. In fact, the researchers concluded: "Three decades of research indicate that c**omprehensive sex education has not been an effective public health strategy in schools around the world,** has shown far more evidence of failure than success, and has produced a concerning number of harmful impacts."[113] (See Institute for Research and Evaluation.) Certainly, children deserve better than CSE.

2. Since we are discussing CSE, we want to make delegations aware of a study released in 2019 on school-based CSE. The researchers concluded that "**Worldwide, 87% of the school-based CSE programs that measured effects at least 12 months post-program failed to produce sustained effects on any key protective outcome for the intended youth population. School-based CSE programs outside the U.S. showed a lack of success similar to those within the U.S., with 89% of non-U.S. and 85% of U.S. programs that measured these effects failing to produce them."**[114]

3. **A 2019 study on school-based CSE found that "claims that school-based CSE has been proven effective and abstinence education is ineffective are not supported by 120 of the strongest and most recent outcome studies of sex education worldwide**, the same studies that have been relied upon by the U.S. government and UNESCO in their extensive reviews of CSE research."

4. **The research indicates that comprehensive sex education has not been an effective public health strategy in schools around the world,** has shown far more evidence of failure than success and has produced a concerning number of harmful impacts.

5. **Multiple UN agencies cite the UNESCO database of studies and claim that CSE does not increase sexual activity in youth. However, this assertion is false.** Five recent studies found that "school-based CSE increased sexual risk behavior, either for the full population of participants or major subgroups, many of whom were 12 or 13 years old. These negative effects included increases in sexual initiation, oral sex, recent sex, number of partners, or pregnancy, and lasted anywhere from 6 to 24 months after the program ended."[115]

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[113] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182. See also SexEdReport.org

[114] Ibid.

[115] Abt and Associates. (2018). Reducing the Risk: Impact findings from the Teen Pregnancy Prevention Replication Study (Research Brief and Impact Evaluation Findings), November 5, 2018. U.S. Department of Health and Human Services. https://aspe.hhs.gov/pdf-report/reducing-risk-impacts-teen-pregnancy-prevention-replication-study-research-brief; Kelsey, M., Layzer, C., Layzer, J., Price, C., Juras, R., et. al. (2016). Replicating ¡Cuídate!: 6-Month Impact Findings of a Randomized Controlled Trial. *American Journal of Public Health, 106*(S1), S70–S77; Markham, C. M., Peskin, M. F., Shegog, R., Baumler, E. R., Addy, R. C., Thiel, M., Escobar-Chaves, S. L., Robin, L., Tortolero, S. R. (2014). Behavioral and psychosocial effects of two middle school sexual health education programs at tenth-grade follow-up. *Journal of Adolescent Health,*

More information to help answer questions regarding the CSE study by the Institute for Research and Evaluation, as well as more facts to add to the above talking points, are below this list of talking points.

Talking Points Regarding CSE Content

6. After reviewing the controversial content of many UN-supported CSE programs, for example [**read several quotes from UN-supported CSE programs in *Additional Resources* at the end of this CSE section**], we cannot accept any references to CSE in this document.

7. According to the 2018 UNESCO *International Guidance on Sexuality Education*, **"CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship** …." (UN Inter-agency CSE *Guidance*, p. 18). Our laws prohibit sexual relations between children; therefore, we must oppose any and all references to CSE.

8. The 2018 UNESCO *International Guidance on Sexuality Education* **teaches children, as part of CSE, "that each person's decision to be sexually active is a personal one, which can change over time and should be respected at all times.**" (UN Inter-agency *Guidance*, p. 71). We do not believe sexual promiscuity among youth should be respected, therefore we oppose any reference to CSE.

9. **The 2018 UNESCO *International Guidance on Sexuality Education* requires children to "demonstrate respect for diverse practices related to sexuality."** (UN Inter-agency *Guidance*, Learning objectives 9-12 years, p. 48). This, along with other requirements in the UN's *Guidance*, runs counter to the values of our country. We therefore strongly oppose any references to CSE.

10. The World Health Organization has proposed in their *Standards for Sexuality Education in Europe* that children from newborn to age 4 should be taught to touch their body parts for sexual pleasure. For youth ages, teachers are instructed to address orgasm, controversial gender identity ideology, and giving and receiving sexual pleasure. (Consider quoting from the *WHO European CSE standards excerpts* provided in *Additional Resources* at the end of this CSE section.) **Since the world's leading health organizations define CSE to include such controversial topics for children, we must strongly oppose any references to CSE whatsoever.**

11. **How is "sexuality" to be defined in this document?** The World Health Organization's "working definition" for sexuality "encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" and "thoughts, fantasies, [and] desires…"[116] **Is this the definition for sexuality that is intended?**

12. **Is it really the role of the UN, governments or schools** to be giving children detailed information about eroticism, pleasure and desires? (See World Health Organization's definition for "sexuality" above.)

54(2), 151–159; Philliber, A. E., Philliber, S., & Brown, S. (2015). Evaluation of the Teen Outreach Program® in The Pacific Northwest. Accord, NY: Philliber Research & Evaluation. https://collections.nlm.nih.gov/master/borndig/101697789/ppgnw-final-report.pdf; Potter, S., Coyle, K., Glassman, J., Kershner, S., Prince, M. (2016). It's Your Game … Keep It Real in South Carolina: A Group Randomized Trial Evaluating the Replication of an Evidence-Based Adolescent Pregnancy and Sexually Transmitted Infection Prevention Program. *American Journal of Public Health*, *106*(S1), S60–S69.

[116] World Health Organization. (n.d.). *Sexual and Reproductive Health*. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/. WHO claims their "working definition" for sexuality does not necessarily represent the official position of WHO, yet they use this definition in their publications. It is often cited as authoritative by other entities, and many CSE programs do contain these controversial elements.

13. **We cannot accept any references to "sexuality education" unless the term "sexuality" is clearly defined in a non-controversial way.**

14. **At what age is CSE supposed to be taught to children, and what specifically would be taught at each age?** Can someone provide an example of the kind of CSE curricula we are referring to so we know what we are talking about? (Don't accept general descriptions of programs. Insist on actually seeing the curriculum manuals.)

15. According to a 2011 report of the UN Special Rapporteur on the Right to Education, comprehensive sexual education includes a right to "pleasurable sexual experiences." The rapporteur also stated that "pleasure in and enjoyment of sexuality ... should be one of the goals of comprehensive sexual education, abolishing guilt feelings about eroticism that restrict sexuality to the mere reproductive function." **If this is what CSE entails, we must strongly oppose it.**[117]

Talking Point Regarding "Age Appropriate" CSE

16. Our delegation cannot accept any references to sexual, sexuality, or sexual and reproductive health education for children even if such terms are modified by age appropriate. This is because there is widespread disagreement among what is appropriate for children in this regard. Indeed, many of the UN-published, UN-supported sexuality education manuals that are now even sometimes referred to as sexual and reproductive health education contain highly age-inappropriate content. To be clear, the only acceptable formulation for our delegation would be age-appropriate sex education as long as it is not modified by comprehensive This is because when comprehensive modifies any kind of sex education that opens the door for inappropriate content to be taught to children.

[Optional: read selected quotes from those publications found in *Additional Resources* at the end of this CSE section.]

Talking Points Regarding National Sovereignty and CSE

17. Since sexuality education is such a sensitive topic and cultural norms regarding sexuality vary vastly across the world, **it will be impossible to come up with a one-size-fits-all definition or program that all Member States can agree upon.**

18. With the vast differences in worldviews between Member States regarding children and sexuality, **we propose replacing "sexuality education" with the agreed term "sex education."** Each country can then determine what that includes.

19. **The term "comprehensive sexuality education" has <u>never</u> been accepted in a binding treaty or major UN consensus document**, is highly controversial, and is opposed by a large majority of states. Do we really want to open up such a contentious subject again?

20. Member States who have expressed strong objections to CSE should be respected. **We are not trying to push our country's ideas about what sex education policies are best for your children, and we would ask you for the same respect.**

[117] United Nations General Assembly. (2010, July 23). *Report of the United Nations Special Rapporteur on the right to education* (A/65/162). https://undocs.org/A/65/162

Talking Points Regarding Child Protection and CSE

21. **How do we ensure that children are not exploited by organizations that profit from sexualizing children with CSE programs?** For example, a number of the providers of sexual and reproductive health services such as sexual counseling, contraception, condoms, abortion, commodities, pharmaceuticals, vaccines, and testing and treatment for STIs, including HIV/AIDS, are the very same providers of CSE. Isn't this a conflict of interest?

22. **The reputable American College of Pediatricians has stated that "comprehensive sexuality education is a dangerous assault on the health and innocence of children."** How can we endorse and adopt such a controversial kind of education? (Ample evidence backing this claim can be found at AC-Peds.org and at StopCSE.org)

Talking Points Regarding Abstinence and CSE

23. **We propose a focus on abstinence education instead of CSE** since studies show that sexually active youth are more likely to experience many negative outcomes including:

- Less likely to use contraception
- More likely to experience STIs
- More concurrent or lifetime partners
- More likely to experience pregnancy
- Lower educational attainment (and not necessarily linked to pregnancy)
- Increased sexual abuse and victimization
- Decreased general physical and psychological health, including depression
- Decreased relationship quality, stability and more likely to divorce
- More frequent engagement in other risk behaviors, such as smoking, drinking and drugs
- More likely to participate in anti-social or delinquent behavior
- Less likely to exercise self-efficacy and self-regulation
- Less attachment to parents, school and faith
- Less financial net worth and more likely to live in poverty
- Early sexual behaviors set a pattern for later ones[118]

24. **A critical element of effective sex education is the promotion of abstinence and delay of sexual debut. Why aren't we promoting abstinence as the expected standard?**

25. CSE is a risk reduction strategy designed to only reduce risks for diseases and pregnancy. Don't our children deserve better than that? **Why aren't we promoting sexual risk avoidance education that prepares our children to avoid 100 percent of the risks?**

Talking Points Regarding Parental Rights and CSE

26. Article 26.3 of the Universal Declaration of Human Rights states that parents have a "prior right" to guide the education of their children. Surely an issue as sensitive as sexuality education **should be taught with respect for the rights, duties and responsibilities of parents** as enshrined in multiple UN treaties and major UN documents. (See the *Parents, Rights, Duties and Responsibilities* section of this Resource Guide for language proposal suggestions.)

[118] Ascend. (2016). *Policy Priorities: Why Sexual Delay Should be the Goal in Sex Education … And Why Teen Pregnancy Prevention Isn't Enough.* http://www.thepublicdiscourse.com/wp-content/uploads/2016/05/Sexual-Delay-Priorities-1.pdf

27. **Any reference to sex education for children that does not also explicitly recognize the rights of parents to guide such education as called for in Article 26.3 of the Universal Declaration of Human Rights is unacceptable.**

Talking Point Regarding "Privacy and Confidentiality" and CSE

28. **We oppose any language granting privacy and confidentiality to children with regard to sex education** as such provisions have been interpreted in ways that violate the well-established rights of parents. (See Strategy #4 in Negotiation Strategies above for more information and also the *Confidentiality and Privacy* section of this Guide.)

Talking Point Regarding "Evolving Capacities" and CSE

29. UNICEF, in their publication *Legal Minimum Ages and the Realization of Adolescents' Rights* states: "**In accordance with their evolving capacities, children should have access to confidential counseling and advice without parental or legal guardian consent**" (p. 32). Then the World Health Organization in Section 3.2.4 of their publication *Sexual Health, Human Rights and the Law* requires "states to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities."[119] **We do not accept that children can evolve to a point that it negates the rights of their parents;** therefore, we cannot accept any references that would restrict parental rights with such a vague and arbitrary standard as "the evolving capacity of the child." While this standard may appear in the UN Convention on the Rights of the Child, we still oppose the term because of the controversial way it has been interpreted subsequently by WHO and UNICEF. (See Strategy #4 in the Negotiation Strategies Section.)

Talking Point Regarding African Voting Bloc Against CSE

30. At the time of the adoption of the UN 2030 Agenda, the African Group stated as part of its reservation (See A/69/PV.101), "With regard to information and education in the context of sexual and reproductive health services, as referred to under Goal 3 and target 3 … **the African Group does not 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." **This African Group reservation on CSE still stands.**

COMPREHENSIVE SEXUALITY EDUCATION, IN AND OUT OF SCHOOL

(See also Comprehensive Sexuality Education)

OVERVIEW

Comprehensive Sexuality Education, In and Out of School

Comprehensive sexuality education advocates always insist that any references to "sexuality education" or "sexual and reproductive health education" be accompanied by a reference to "in and out of school." This may seem like a good provision that would help marginalized children who cannot go to school or would provide a beneficial service to children after school, however, it is used for nefarious purposes.

[119] World Health Organization. (2015). *Sexual Health, Human Rights, and the Law*. http://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1

In developing countries, CSE advocates have openly stated that many schools do not allow for more progressive and explicit sexuality education curricula, nor will schools allow for LGBT sex education to be included in the classroom setting. They therefore see "out of school" programs as the vehicle in which they can promote and teach all the harmful elements that have been identified in the 15 harmful CSE elements analysis tool (see StopCSE.org).

According to these advocates, "out of school" programs allow for reaching children with more controversial CSE curricula out of the sight of parents or teachers. Indeed the "out of school" curriculum published by UNFPA with support from multiple UN agencies and multiple seemingly reputable civil society organizations as well as donor countries provide some of the most shocking examples of harmful CSE elements that can be imagined.

For example, a UNFPA-published "out of school" CSE program for Zimbabwe youth teaches them about pedophilia, bestiality and more. "Out of school" manuals for Zambian and Malawian children promote masturbation, sexual pleasure, respect for diverse sexual orientations and gender identities, and more. See below for exact quotes from these programs that are readily accessible online:

Comprehensive Sexuality Education for Out of School Young People in Zimbabwe – Facilitator's Manual

Supported by: National AIDS Council, Zimbabwe National Family Planning Council, Safeguarding Young People Programme, UNFPA, Health Development Fund, UKAid, European Commission, Sweden, Irish Aid, Schweizerische Eidgenossenschaft, Gavi, Zimbabwe AIDS Prevention and Support Organization, Zimbabwe Health Intervention Research Project, F.A.C.T., World Vision

For children and youth ages 10-20 years

In an activity on sexual orientation, students are required to list different sexual patterns and define at least two of them. A partial list of these sexual patterns is below:

"Major Sexual Patterns

Voyeurism: sexual pleasure or excitement from observing other [sic] undressing, making love, kissing, petting or masturbating.
Exhibitionism: sexual pleasure from exposing one's genitals.
Gerontosexuality: sexual preference from elderly by a young person.
Frotteurosexuality: sexual pleasure from rubbing one's genitals against another person.
Pederasty: sexual pleasure from young boys.
Bestiality: sexual pleasure from animals.
Necrophilia: sexual pleasure from corpses.
Urophilia: sexual pleasure from urine.
Coprophilia: sexual pleasure from filth such as faeces, dirt or soiled underwear.
Sadism: sexual pleasure from inflicting pain on another person.
Masochism: sexual pleasure from receiving pain from another person."[120]

"The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to

[120] Ministry of Health and Child Care. (2017). Comprehensive Sexuality Education for Out of School Young People in Zimbabwe – Facilitator's Manual. https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Comprehensive%20Sexuality%20Education%20Facilitators%20Manual%20final.pdf

give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm."[121]

Comprehensive Sexuality Education for Out of School Young People in Zambia – Participant Workbook

Published by the Republic of Zambia Ministry of Youth with support from UNFPA.

For children and youth ages 10-20 years

"Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other among others."[122]

"Key Messages about Sexuality

- Physical touch and mental stimulation or fantasy can make the body respond sexually. This is called the Human Sexual Response Cycle.
- The parts of the sexual response cycle, whether alone or with a partner, are: desire, excitement, orgasm, and resolution.
- Knowing how your body responds to sexual stimulation can help you to feel more in control of your body, to give and receive pleasure and improve your relationships.
- Masturbation can be helpful to learn about one's body and to solve sexual problems."[123]

Comprehensive Sexuality Education for Out of School Young People in Malawi – Facilitator's Manual

Supported by: UNFPA, the Swiss Development Cooperation Agency and the EU/SIDA. Acknowledges individuals from the Malawi Ministry of Labour, Youth, Sports and Manpower Development, National Youth Council of Malawi, Malawi Girl Guide Association, YONECO and the Malawi Ministry of Education

For children and youth ages 10-20 years

"Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse."[124]

"Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems."[125]

[121] Ibid.
[122] Zambia Ministry of Youth. (2016). Comprehensive Sexuality Education for Out of School Young People in Zambia.
[123] Ibid.
[124] Malawi Ministry of Labour, Youth, Sports and Manpower Development. (2017). Comprehensive Sexuality Education for Out of School Young People in Malawi.
[125] Ibid.

Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in East and Southern Africa – Facilitators Manual

Supported by: UNFPA, Swiss Development Cooperation Agency and EU/SIDA

For children and youth ages 10-20 years

"If Thulani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: He will get an erection, his heart may start beating faster.) What about Betty – what will happen to her body? (Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster.)"[126]

"Note to facilitator: If necessary, build on their responses and explain that penetration refers to the insertion of a penis, finger, tongue, object or sex toy into the vagina, anus, or mouth."[127]

"Sex toys or using objects: The safety of sexual practices that use toys or objects depends on whether or not the toys or objects are shared; whether or not condoms are used on them and changed if they are shared; whether or not the toy or object is cleaned properly before it is used on another person; and whether there is broken skin on either partner. Also explain that when using sex toys or objects in the anus, it is important for the base of the toy to be wider than the toy or object so it does not slip into the anus and become difficult to get out. Emphasize the need for caution because if the toy becomes unreachable, they will need to go to a doctor to get it removed! If it is a vibrator that is turned on, it is a medical emergency because the heat generated will damage the tissue."[128]

These quotes barely scratch the surface of the harmful content in these manuals. To see additional information on these programs and a complete harm analysis of these programs go to StopCSE.org.

NEGOTIATING STRATEGIES

Comprehensive Sexuality Education, In and Out of School

It is important to delete references of "out of school" sexuality education as this will prevent governments from committing to provide it and thus prevent more children from being damaged by the harmful provisions above. Certainly it would be better to eliminate all such programs which enable sexual discussions away from teachers and parents.

TALKING POINTS

Comprehensive Sexuality Education, In and Out of School

1. Our delegation calls for deletion of "out of school" programs. While we have accepted that with no problem in the past, in light of new information that has been brought to our attention, we have learned that many children are being taught atrocious sexual concepts that are highly inappropriate for children.

2. Select and read several quotations from the UNFPA-published "out of school" programs in African countries.

[126] UNFPA. (2017). Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in East and Southern Africa – Facilitators Manual. https://esaro.unfpa.org/sites/default/files/pub-pdf/CSE%20Facilitators%20Manual.pdf
[127] Ibid.
[128] Ibid.

"Re-Examining the Evidence for Comprehensive Sex Education in Schools: A Global Research Review"[129]

an analysis by

The Institute for Research and Evaluation (IRE)

Summarized by Family Watch International

[**Note:** If you are in an urgent negotiation setting, skip to findings below.]

I. Background

Comprehensive sex education (CSE) is widely promoted by a number of UN agencies (in particular UNESCO, UNFPA, and UNAIDS) and governments as being effective at protecting adolescents from STDs and teen pregnancy and as a remedy that should be implemented in school classrooms worldwide. Yet the permissive and explicit content of many CSE curricula raise questions about its acceptability, and the weak definitions of "effectiveness" used in many reviews of CSE research raise serious concerns about its true impact.[130]

II. Data Reviewed

The IRE researchers (Ericksen and Weed, 2019) examined available school-based sex education studies deemed to be sufficiently rigorous by three authoritative research reviews of sex education effectiveness conducted by:

1. The United Nations Educational, Scientific and Cultural Organization (UNESCO, 2009, 2018)
2. The U.S. federal government's Teen Pregnancy Prevention evidence review
3. A Centers for Disease Control and Prevention-supported meta-analysis study (Chin, et al, 2012)

It should be noted that the IRE review examined the very same studies cited by one or more of these three agencies to claim effectiveness for comprehensive sex education.

A total of 120 studies of school-based sex education were vetted for research quality by at least one of these agencies, including 60 U.S. studies and 43 non-U.S. studies of school-based CSE programs (103 total), and 17 U.S. studies of school-based abstinence education (AE) programs. (Outside of the U.S.,

[129] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182. See also SexEdReport.org

[130] Claims made for CSE: 1. UNESCO states that "Overall, the evidence base for the effectiveness of school-based [CSE] continues to grow and strengthen, with many reviews reporting positive results on a range of outcomes." 2. The CDC-sponsored meta-analysis asserted that CSE programs are effective "across a range of populations and settings … [including] both … school and community settings." 3. The U.S. *Teen Pregnancy Prevention* website indicates that all of the school-based CSE programs on its list have "shown evidence of effectiveness." Yet the findings from the 103 school-based CSE studies in their combined databases do not support these claims.

there were not enough studies of true abstinence programs to allow for a meaningful international analysis.)

III. Methods

The researchers evaluated the outcomes of these 120 studies according to meaningful criteria of effectiveness derived from the field of prevention research: a positive effect sustained at least 12 months after the program, on a key protective indicator (abstinence, condom use—especially consistent condom use, pregnancy, or STDs), for the main (intended) youth population, based on the preponderance of research evidence, excluding programs that had any negative effects.

IV. Findings

Global Findings for School-Based CSE (U.S. and international studies combined)

- **There was "far more evidence of failure (87%) for school-based CSE programs than success (13%)."** (Success is defined as having a positive effect that is sustained at least one year after the program, on a key protective outcome—abstinence, condom use, pregnancy, or STDs—for the intended youth population, without other negative effects.)

- **Only one of the 103 school-based CSE studies (60 in the U.S., 43 internationally) found "independent" evidence of effectiveness, that is, in a study that was not conducted by the program's developer.** Five other CSE studies found evidence of effectiveness, but those studies were conducted by the program's developer, not by independent evaluators.[131] (Effectiveness is defined as having a positive effect that is sustained at least one year after the program, on a key protective outcome—abstinence, condom use, pregnancy, or STDs—for the intended youth population, without other negative effects.)

- **A total of 16 studies (16%) found 22 instances of negative CSE impact** (six programs produced multiple negative effects), including increases in teen sexual activity or other risk behaviors, in direct contradiction to UNESCO's assertion that CSE "does not increase sexual activity [or] sexual risk-taking behaviour."

- **School-based CSE programs implemented outside the U.S. appeared more likely to produce negative impact than those in U.S. settings**: 21% of school-based CSE studies outside the U.S. found harmful effects, compared to 12% of U.S. studies. **The rate of negative effects for school-based CSE programs appeared especially high in Africa, at 24% of the studies.**

- **Although one of the 103 studies found a reduction in teen pregnancy and one study found a reduction in teen STDs**, 12 months after the program for the intended population, without other negative effects, these results have not been replicated.

- **There was no evidence of success at increasing *consistent* condom use—the behavior required for significant protection from STDs.**

[131] The authors caution that "The fact that almost all of the evidence of school-based CSE effectiveness (5 out of 6 studies) was produced by the programs' developers should not be taken lightly." According to *The Society for Prevention Research*, evaluation studies conducted by the program's developers tend to find more positive program effects than research on the same program conducted by independent evaluators.

- **No effectiveness was found for the purported dual benefit of CSE**—increasing both abstinence and condom use (by sexually active teens) within the same population.

Findings for U.S. School-Based Abstinence Education – (**Note:** Outside the U.S., not enough studies of true abstinence programs were found for a meaningful international analysis.)

- Applying the same standards used for the CSE results to the 17 studies of school-based abstinence education in the U.S., **seven AE programs delayed sexual initiation (increased abstinence) at least 12 months after the program for the intended population, without other negative effects.** Five of these seven studies were by independent evaluators. These results have not yet been replicated.
- **The nine studies of AE that measured AE impact on condom use found no detrimental effects**, strong evidence that AE does not reduce teen condom use.
- **One AE program produced a negative effect: an increase in number of sex partners**.

Comparative Findings

- **The failure rate for school-based CSE in the U.S. appeared substantially higher than the rate of failure for AE** (85% CSE failure rate vs. 53% AE failure rate in the U.S.).
- **Worldwide, it appeared that more school-based CSE programs produced evidence of harmful effects (16 studies) than evidence of effectiveness (six studies).**
- **School-based AE in the U.S. appeared to show more evidence of effectiveness (seven studies) than harm (one study).**
- **In the U.S., school-based CSE appeared to have a higher rate of negative impact (12%) than school-based AE (6%).**

V. IRE Conclusions

1. Applying meaningful, scientifically derived standards of effectiveness to sex education outcomes produces a very different, less positive pattern of evidence for school-based CSE than what is typically reported by other research reviews that employ lax definitions of effectiveness.

2. Claims that school-based CSE has been proven effective and AE has been proven to be ineffective are not supported by 120 of the strongest and most recent outcome studies of sex education worldwide, the same studies that have been relied upon by the U.S. government and UNESCO in their extensive reviews of CSE research.

3. The research indicates that comprehensive sex education has not been an effective public health strategy in schools around the world, has shown far more evidence of failure than success, and has produced a concerning number of harmful impacts.

4. The evidence for abstinence education effectiveness though limited, appears more promising—enough to justify additional research.

CONTROVERSIAL QUOTES FROM UN-SUPPORTED CSE PUBLICATIONS

Direct Quotes

from UNESCO's *International Technical Guidance on Sexuality Education* (2018 Revised Edition)

Referred to below as "UN Inter-agency CSE *Guidance*"[132]

(Supporting UN Agencies: UNESCO, UNICEF, WHO, UNFPA, UN Women, UNAIDS)

The UNESCO-led inter-agency CSE *Technical Guidance on Sexuality* was written with support of IPPF and closely mirrors IPPF's policies and positions. It should therefore not be surprising that this UN CSE *Guidance* document scored 15 out of 15 for harmful CSE elements.

See a small sample of quotes from this publication below. A complete listing can be found here.

- **"CSE promotes the right to choose when and with whom** a person will have any form of intimate or sexual relationship." (UN Inter-agency CSE *Guidance*, p. 18)
- "**Engaging in sexual behaviours should feel pleasurable.**" (UN Inter-agency CSE *Guidance,* p. 72)
- "…demonstrate **respect for the gender identity** of others." (UN Inter-agency CSE *Guidance,* p. 50)
- "…**diversity in the way young people manage their sexual expression.**" (UN Inter-agency CSE *Guidance,* p. 18)
- "…everyone has the **right to accurate information and services … without making judgment on sexual behaviour, sexual orientation, gender identity or health status**." (UN Inter-agency CSE *Guidance*, p. 85)

Direct Quotes

from *Regional Module for Teacher Training on CSE for East and Southern Africa*

(Supported by UNESCO, UNFPA and Advocates for Youth)

Description: This African module, supported by UNESCO and UNFPA, was created as a training for teachers for the delivery of school-based sexuality education in East and Southern Africa. It was written

[132] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality*. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

by Advocates for Youth (AFY), the main youth partner of Planned Parenthood, and even features an AFY brochure that refers children to Planned Parenthood clinics for abortions and other services. This UN-supported African module scored 15 out of 15 harmful CSE elements as follows:

See a small sample quotes from this publication below. A complete listing can be found here.

- "**Children are sexual even before birth**." (African CSE Module, p. 79)
- "Adolescents sometimes need help understanding that **sexual fantasy is normal**…" (African CSE Module, p. 86)
- **Youth need accurate health information about all forms of sexual intercourse—vaginal, oral, and anal**." (African CSE Module, p. 89)
- "If having vaginal sex, ensure that the vagina is lubricated or if having anal sex, that the anus is lubricated so that the condom will not break or tear." (African CSE Module, p. 262)
- "**Same–gender sexual behavior is common at this age**." (African CSE Module, p. 79)
- "**the right to pleasure,** to sexuality information, to choose if and whom to be intimate with…" (African CSE Module, p. 78)
- "School–age children may play sexual games with friends of their same sex, touching each other's genitals and/or **masturbating together**." (African CSE Module, p. 79)
- "How does the female condom help me? • **Can be put on as part of sex play**" (African CSE Module, p. 168)
- "**Gender Identity—Knowing whether one is male, female, neither, or somewhere in between**.

Direct Quotes

from *Sexual Health, Human Rights and the Law*

(Supported by WHO, UNDP, UNFPA, UNICEF, World Bank and IPPF)

Description: This document makes multiple false claims about CSE, human rights, and the law that are similar to the UNESCO-led *International Sexuality Education Guidelines* and constitutes an all-out assault on children by multiple UN agencies in partnership with IPPF. These claims are largely FALSE.

See a small sample of quotes from this publication below. A complete listing can be found here.

"**Laws and regulations that exclude specific topics from sexuality information and education … have detrimental consequences for sexual health.**" (*Sexual Health,* p. 2)

"**[M]aterials with sexuality-related content should not be considered harmful or pornographic** … provided that the materials have been approved by the competent authority." (*Sexual Health,* p. 33)

"States should review and **consider allowing children to consent to certain medical treatments and services without the permission of a parent or guardian** … including education and guidance on sexual health, contraception and safe abortion." (*Sexual Health*, p. 33-34)

Direct Quotes

from *The European Standards for Sexuality Education*

(Published by WHO and BZgA)

Description: These standards were published in 2010 by the World Health Organization (WHO) and the Federal Centre for Health Education (BZgA) in collaboration IPPF and others. They promote masturbation, homosexuality, transgenderism, sexual promiscuity, and actually even direct children as young as nine years old to Planned Parenthood to learn about their alleged "sexual rights."

See a small sample of quotes from this publication below. A complete listing can be found here.

(For Children Age 0-4 years)

"Give information about enjoyment and pleasure when touching one's body, **early childhood masturbation.**" (WHO European CSE Standards, p. 38)

"Give the right to **explore gender identities.**" (WHO European CSE Standards, p. 39)

(For Children Age 4-6 years)

"Give information about **same-sex relationships.**" (WHO European CSE Standards, p. 41)

(For Children Age 9-12 years)

"Give information about **pleasure, masturbation, orgasm.**" (WHO European CSE Standards, p. 44)

(For Children Age 12-15 years)

"Give information about **gender identity** and **sexual orientation**, including coming-out/homosexuality." (WHO European CSE Standards, p. 46)

Direct Quotes
from *Inside & Out: A Comprehensive Sexuality Education Assessment Tool*

(Published by IPPF and UNESCO)

Description: *Inside & Out*, a CSE assessment tool created by IPPF in partnership with UNESCO, is a list of essential CSE topics against which all CSE programs should be evaluated. In other words, it provides a checklist of topics that UNESCO and IPPF believe must be included in an effective CSE program. While there are a number of good elements listed as part of CSE, the full list clearly shows

that CSE programming is also designed to promote sexual rights and sexual pleasure to children at the expense of their sexual health. Consider the following controversial quotes excerpted from their CSE checklist:

See a small sample of quotes from this publication below. A complete listing can be found here.

- "Sexual rights apply to young people"
- "How to identify cultural and religious beliefs that support sexual rights and those that violate sexual rights"
- "Definitions of sexual diversity, sexual orientation (LGBTQ) and gender identity."
- "Communication skills to speak openly about sexuality and pleasure"
- "Diversity in sexual organs"
- "Different types of safe abortions"

The full list of UNESCO/IPPF suggested CSE elements can be accessed at https://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool.

FINAL NOTE:

It is imperative that we protect the health and innocence of all children by eliminating comprehensive sexuality education and providing safe, abstinence-based or sexual risk avoidance sex education. Children worldwide deserve protection from those who would exploit them for profit or political power. For more information and resources, go to StopCSE.org.

Negotiating a CSE Paragraph Successfully: A Case Study from the World Health Assembly

In 2021 at the World Health Assembly, the CSE paragraph below was proposed in a resolution titled Ending Violence Against Children through Health Systems Strengthening and Multisectoral Approaches. The following analysis exposing a total of 12 harmful elements was sent to multiple delegations in Geneva. This contributed to the complete withdrawal of the paragraph and thus no reference to CSE appeared in the final resolution.

Since similar language formulations are often proposed in other UN negotiated documents, it can be beneficial for delegates to take the time to understand each of these harmful elements and point them out to other likeminded delegations in future negotiations on CSE paragraphs.

Ending Violence Against Children through Health Systems Strengthening and Multisectoral Approaches

WHA74
Agenda item 23

Below we have provided you with an analysis of the sex education paragraph that contains 12 harmful elements for children.

PLEASE, FOR THE SAKE OF CHILDREN, INSIST ON THE DELETION OF OP1.6 BIS!

OP1.6 bis To provide accessible gender-sensitive, free from gender stereotypes, evidence-based and appropriate to age and evolving capacities sexuality education to children, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern to empower and enable them to realize their health wellbeing and dignity, build communication, self-protection and risk reduction skills, as a fundamental part of the efforts to prevent, recognize and respond to violence against children;

12 Harmful Elements in OP1.6 bis

OP1.6 bis To provide **#1. accessible #2. gender-sensitive**, **#3. free from gender stereotypes**, **#4. evidence-based** and **#5. appropriate to age** and **#6. evolving capacities #7. sexuality education #8. to children**, and **#9. with appropriate** direction and guidance from parents and legal guardians, **#10. with the best interests of the child as their basic concern** to empower and enable them to realize their health wellbeing and dignity, build communication, self-protection and **#11. risk reduction skills**, **#12. as a fundamental part of the efforts to prevent, recognize and respond to violence against children**;

1. "accessible"

Providing access, according to UNICEF, means providing CSE without parental consent. For example, UNICEF's publication *Legal Minimum Ages and the Realization of Adolescents' Rights* states, "In accordance with their evolving capacities, children **should have access** to confidential counseling and advice **without parental or legal guardian consent.**" (p. 32).[133]

2. "gender-sensitive"

The term "gender-sensitive" has a double meaning; (a) sensitive to sex differences between women and men and/or (b) sensitive to multiple transgender gender identities. In other words, "gender sensitive" is code for transgender-inclusive sex ed which is a common element in sex ed programs. An example of "gender-sensitive" sexuality education is the ESA African teachers training module published by UNESCO and UNFPA, which teaches on page 82 that "Gender Identity" means "Knowing whether one is male, female, neither, or somewhere in between." **Then there are also courses on "gender-sensitive" language while teaching sex ed like using transgender pronouns.** See example here: https://eige.europa.eu/publications/gender-sensitive-communication/practical-tools/solutions-how-use-gender-sensitive-language

3. "free from gender stereotypes"

The most commonly understood meaning for "gender stereotypes" would be depictions of women as inferior or weaker than men or depicting women in roles that are typically female. However, "gender stereotypes" can also be understood to mean stereotypes that fail to be inclusive of LGBTQ identities. So if sexuality education is to be "free from gender stereotypes," positive examples of LGBTQ individuals, romantic relationships and families would need to be included. This second meaning is found in an NGO submission on the OHCHR website:

"*General gender stereotypes are directly harmful for LBT youth, as for all girls. However, these stereotypes cause special harm and exclusion to LBT youth, since they imply the inevitability of heterosexual relationships or of a particular gender expression. Indeed, many LBT individuals defy gender stereotypes by their very being...*"[134]

[133] UNICEF. (2016). *Legal Minimum Ages and the Realization of Adolescents' Rights.* https://www.comprehensivesexualityeducation.org/wp-content/uploads/20160406_UNICEF_Edades_Minima_Eng1_.pdf

[134] IGLHRC. (2014, June 20). Why Sexual Orientation and Gender Identity Must be Specifically Referenced in the Forthcoming CEDAW General Recommendation on Girls' and Women's Access to Education. https://www.ohchr.org/Documents/HRBodies/CEDAW/WomensRightEducation/IGLHRCContribution.pdf.

In other words, this provision would require sexuality education that would be inclusive of various gender identities to balance sexual discussions about gender identity in accordance with biological sex/heterosexual identities.

4. "evidence-based"

While this sounds great as we all want effective sex education, unfortunately, UN agencies and publishers of CSE curricula have co-opted this term falsely calling all CSE programs "evidence-based" and all abstinence programs "ineffective." So by definition, according to the UN and their *International Technical Guidance on Sexuality Education*, only CSE programs would qualify under this definition. This language is also aimed at excluding religiously based or abstinence-based programs that UN agencies claim are not based on evidence. In fact, the UNESCO Guidance also claims that not only are abstinence programs ineffective, but they are "harmful" for children. This has been proven to be false in a global peer-reviewed study of school-based CSE programs and abstinence programs worldwide shows that an alarming number of CSE programs increased sexual risk taking while abstinence programs had better results.[135] However, the UN does not acknowledge that study and is still claiming only CSE is "evidenced based."

5. "appropriate to age"

One of the most deceptive and effective strategies used by CSE advocates to get CSE provisions adopted is to simply modify CSE with the phrase "age appropriate." Many governments have fallen for this tactic because they don't understand that the "age-appropriate" modifier is meaningless. It may serve to make governments feel better about accepting CSE, but it will not and cannot change the harmful content of UN-mandated CSE. In other words, **"age-appropriate sexuality education" is an oxymoron because by its very nature, CSE is *never* appropriate for any age**. Just by labeling it so doesn't make it so. It is kind of like saying age-appropriate pornography or age-appropriate LGBT and abortion rights education because that is what CSE is. For example, LGBT activists call materials "that help youth understand gender identity and sexual orientation" to be "age-appropriate" for any age. Add to that the World Health Organization's Standards for Sexuality Education in Europe that actually recommend as age-appropriate for ages 0-4 to:

"Give information about enjoyment and pleasure when touching one's body … masturbation" and to teach 9-year-olds "Gender orientation and differences between gender identity and biological sex" and "information about pleasure, masturbation, orgasm."[136]

In other words, the so-called age-appropriate "qualifier" is deceptive because it does not specify what is "age appropriate" nor who gets to decide what is appropriate, and the UN's idea of "age-appropriate" is radical beyond belief.

6. "evolving capacities of the child"

The "evolving capacities" principle is the most deceptive and dangerous of all the fake caveats. It is a loophole for removing parental rights to approve of or give consent for their child to have sexuality education. For example, UNICEF, in their publication *Legal Minimum Ages and the Realization of*

[135] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182. See also SexEdReport.org

[136] Federal Centre for Health Education (BZgA) and the WHO Regional Office for Europe. (2010). *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe*. https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf

Adolescents' Rights states: "In accordance with their evolving capacities, children should have access to confidential counseling and advice without parental or legal guardian consent" (p. 32).[137]

Then the World Health Organization in Section 3.2.4 of their publication *Sexual Health, Human Rights and the Law* requires "states to guarantee adolescents' rights to privacy and confidentiality by **providing sexual and reproductive health services without parental consent on the basis of their evolving capacities**."[138] Finally, although "the evolving capacity of the child" unfortunately was accepted in the UN Convention of the Rights of the Child, that reference was not in the context of sexuality education, thus it should never be accepted in this context. States should NEVER accept that children of minor age can evolve to a point that it negates the rights of their parents to guide them. Such a vague and arbitrary standard as "the evolving capacity of the child" should never be repeated in UN documents as it only serves to limit parental rights.

7. "sexuality education"

UN agencies abide by the World Health Organization definition of "sexuality," which "encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" and "thoughts, fantasies, [and] desires..."[139] Thus, "sexuality education" encompasses education about each of those controversial topics**.** At the link below, you can find content analyses of over 20 UN-supported or UN-published CSE guidelines, programs or materials, many of which have scored 15 out of 15 for harmful elements, including promoting sexual pleasure, LGBT rights and abortion. https://www.comprehensivesexualityeducation.org/cse-materials-index/.

8. "to children"

This breaks dangerous new ground as previous sex ed paragraphs applied to adolescents or young people or youth and not to children in general. **This paragraph now includes "children" with no age limit,** which means it applies to the youngest of children. This should not surprise us, however, as it is in line with the WHO standards for sexuality education that recommends teaching about "masturbation" to toddlers and "orgasm" and "gender identities" to 9-year-olds, See here at: https://www.comprehensivesexualityeducation.org/cse-materials-index/who-european-standards.

9. "with appropriate" "direction and guidance from parents and legal guardians"

This phrase is intended to subject the parents' role to what others deem "appropriate" and NOT what the parents think is appropriate. To see if this is true **try proposing the deletion of "with appropriate" and watch the Europeans go crazy** as they use "with appropriate" to limit the involvement of parents that oppose LGBT/abortion rights/sexualizing CSE programs published by UN agencies.

10. "with the best interests of the child as their basic concern"

Unfortunately, "the best interest of the child" standard is often interpreted to mean that if the parents don't agree with the school or the government they can act in place of the parents to ensure "the best interest of the child." In other words, if the parents don't agree with their children getting CSE when this document dictates that children need CSE to be safe from violence, then the school or the

[137] UNICEF. (2016). *Legal Minimum Ages and the Realization of Adolescents' Rights.* https://www.comprehensivesexualityeducation.org/wp-content/uploads/20160406_UNICEF_Edades_Minima_Eng1_.pdf

[138] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

[139] World Health Organization. (n.d.). *Sexual and Reproductive Health*. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/. WHO claims their "working definition" for sexuality does not necessarily represent the official position of WHO, yet they use this definition in their publications. It is often cited as authoritative by other entities, and many CSE programs do contain these controversial elements.

government can override the parents and make sure that CSE is "accessible" (i.e., not blocked by the parents) as that is in "the best interest of the child" according to this paragraph. In other words, "the best interest" standard can be used to remove parental rights if the parents do not want their child to receive CSE because it will be claimed that they are not acting in their child's best interest.

11. "risk reduction skills"

Risk reduction skills education assumes children will be sexually active and focuses on reducing the risk of pregnancy or STDs rather than eliminating the risk. In other words, "risk reduction skills" is a euphemism for condom and contraceptive instruction. **Many CSE programs we have analyzed tell children they can engage in mutual masturbation or grinding or even sexting as a risk reduction skill that avoids pregnancy and STDs**. Find that unbelievable? See this recent UNICEF/UNFPA/UN-AIDS publication for Asia Pacific children wherein it actually states,

"*A growing body of research has pointed to the ways in which consensual sexting can potentially fit within the healthy sexual development of older adolescents, by helping young people evaluate their own sexual feelings and actions. Sexting may be used to seek positive feedback on body image from peers, and therefore help to improve self-esteem and sense of identity*."[140]

"Sexual risk avoidance" not "risk reduction" should be the approach to sex education because we want children of minor age to completely avoid sexual risk. We don't tell children to use nicotine-reduced cigarettes or to smoke less potent marijuana or use less powerful drugs, we encourage children of minor age to avoid those risks completely. Even children who are sexually active can be encouraged to return to abstinence until they are older. In fact, a number of older adolescents who became sexually active early have expressed regrets and wish they had waited. Children of minor age should be taught that abstinence is the expected standard, and at a minimum, "sexual risk avoidance" should be added to any paragraph on sex or sexuality education even if "risk reduction" is retained, otherwise, risk avoidance (i.e., abstinence) will not be encouraged at all.

12. "sexuality education" is a "fundamental part of the efforts to prevent, recognize and respond to violence against children."

This establishes something that is inherently false. There are no studies showing that CSE contributes to the prevention, recognition, or responses to "violence against children." There are some limited studies that show that sexual abuse prevention programs may have a limited impact in preventing or identifying sexual abuse, but such programs do not have all the harmful elements of CSE. **If governments allow CSE to be considered "fundamental" in UN efforts to prevent violence against children, that would be like adding fuel to a fire**. This is because research shows 1) CSE programs increase sexual risk-taking behaviors in youth (see SexEdReport.org), and 2) sexually active youth are more vulnerable to sexual violence.

PLEASE, FOR THE SAKE OF CHILDREN, INSIST OF THE DELETION ON OP1.6 BIS!

[140] UNFPA. (2021). My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific. https://asiapacific.unfpa.org/en/publications/my-body-my-body-my-life-my-life-sexual-and-reproductive-health-and-rights-young-people

CONDOMS

(See also Abstinence | Anal Sex | Comprehensive Sexuality Education | Contraceptives | Oral Sex | Parents, Sex Education of Children | Sexual Risk Avoidance (SRA) Education)

OVERVIEW

Condoms

Much of the UN's efforts related to preventing teen pregnancy and STIs, including HIV/AIDS, has focused on the widespread distribution and promotion of condoms. However, there are several evidence-based reasons why this approach has failed.

- **Condom Failure Rates –** Due to defects or inappropriate use caused by common human error, condoms can fail, therefore, they only provide partial protection against STI's and pregnancy. And since condom failures sometimes result in a deadly disease (which is an unacceptable result), condoms should not be relied on or promoted as the best way to prevent HIV infections or other STIs.

- **Condom Approval for Anal Sex –** Up until 2022 the U.S. Food and Drug (FDA) did not approve condoms for use during anal intercourse. The FDA warned, "Condoms may be more likely to break during anal intercourse than during other types of sex because of the greater amount of friction and other stresses involved." However, in February 2022 the FDA approved one single brand of male condoms for anal sex while also admitting that "the risk of STI transmission during anal intercourse is significantly higher than during vaginal intercourse." The "One Condom" comes in 52 different sizes and includes a paper template to "aid in finding the best condom size for each user."

- **Inconsistent Condom Use –** Research shows that the benefits of condoms are only attainable by those who use condoms correctly and consistently every time they engage in sexual intercourse, yet studies show that couples fail to use condoms consistently even when they are highly motivated to use them. Surprisingly, even most discordant couples (where one of the partners is known to be HIV positive) report failing to use condoms each time they have sex. One study in Rwanda found only nine out of fifty-three discordant couples reported using a condom every time.[141]

- **Adolescent Inconsistent Condom Use –** Adolescents are even less likely than adults to use condoms consistently and correctly. A two-year study by the Alan Guttmacher Institute found that sexually active youth using condoms for protection experienced a 25.8 percent condom failure rate resulting in pregnancy.[142]

- **Condom Use and HIV/AIDS –** A study by UNAIDS in four African cities found that condoms had virtually no measurable effect on HIV levels.[143] In fact, increased condom use often

[141] Allen, S., et al. (1992). Effect of Serotesting with Counseling on Condom Use and Seroconversion among HIV Discordant Couples in Africa. *BMJ, 304,* 1605-1609.
[142] Ranjit, N., Bankole, A., Darroch, J. E., & Singh, S. (2001). Contraceptive Failure in the First Two Years of Use: Differences Across Socioeconomic Subgroups, *Family Planning Perspectives, 33,* 19-27.
[143] Green, E. (2001). Broken Promises: How the AIDS Establishment Has Betrayed the Developing World. Sausalito, CA: Polipoint Press.

correlates with *greater* HIV risk.[144] Former Harvard researcher, Dr. Edward Green stated, "More condom use is associated with more casual and commercial sex and often higher—not lower—HIV infection rates.[145] If you want to protect them, you [need to] use something other than a condom." (See also *Anal Sex* section.)

- **Condoms Cannot Prevent HPV –** Condoms cannot provide protection from the Human papillomavirus (HPV), which is spread by skin-to-skin contact. HPV causes virtually all cases of cervical cancers, 95 percent of anal cancers, and 70 percent of oropharyngeal cancers.[146]

Condoms are a multibillion-dollar worldwide industry. Unfortunately, while promoting condoms as a cure-all, condom advocates often do not disclose many of the well-documented research findings regarding failure rates that can result in devastating STI's and unwanted pregnancy.

TALKING POINTS
Condoms

1. **A meta-analysis of 50 studies representing 14 countries showed condom use errors are common worldwide.**[147] Condoms are a highly effective form of contraception, but *only* when used consistently and correctly. Knowing that it is rare for adults, let alone children, to use condoms consistently and correctly, shouldn't abstinence for youth be promoted as the primary method for preventing pregnancy and STIs including HIV?

2. **A two-year study by the Alan Guttmacher Institute found that sexually active youth using condoms for protection experienced a 25.8 percent condom failure rate resulting in pregnancy.**[148] This is an unacceptable rate if we are serious about ending teen pregnancy. Shouldn't we be promoting abstinence with the goal of completely eliminating this risk rather than just seeking to reduce it?

3. **According to the U.S. Centers for Disease Control and Prevention, "[C]ondom use cannot provide absolute protection against any STD," and "Inconsistent or nonuse can lead to STD acquisition because transmission can occur with a single sex act with an infected partner."** The CDC concluded that, "The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner."[149] Shouldn't we be promoting abstinence until marriage here instead of condoms?

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[144] Kajubi, P., Kamya, M. R., Kamya, S., Chen, S., McFarland, W., & Hearst, N. (2005). Increasing Condom Use without Reducing HIV Risk: Results of a Controlled Community Trial in Uganda. *Journal of Acquired Immune Deficiency Syndromes, 40,* 77-82.

[145] Green, E. (2001). Broken Promises: How the AIDS Establishment Has Betrayed the Developing World. Sausalito, CA: Polipoint Press.

[146] Division of STD Prevention (1999). *Prevention of genital HPV infection and sequelae: report of an external consultants' meeting*. Atlanta, GA: Centers for Disease Control and Prevention; Winer RL, Hughes JP, Feng Q, et al. Condom use and the risk of genital human papillomavirus infection in young women. *New England Journal of Medicine* 2006; 354(25):2645–2654; Chaturvedi AK, Engels EA, Pfeiffer RM, et al. Human papillomavirus and rising oropharyngeal cancer incidence in the United States. *Journal of Clinical Oncology* 2011; 29(32):4294–4301.

[147] Sanders, S. A., Yarber, W. L., Kaufman, E. L., Crosby, R. A., Graham, C. A., Milhausen, R. R. (2012). Condom use errors and problems: a global view. *Sexual Health, 9*, 81-95. doi: 10.1071/SH11095

[148] Ranjit, N., Bankole, A., Darroch, J. E., & Singh, S. (2001). Contraceptive Failure in the First Two Years of Use: Differences Across Socioeconomic Subgroups, *Family Planning Perspectives, 33,* 19-27.

[149] Centers for Disease Control and Prevention. (2013, March 25). *Condom Fact Sheet in Brief*. https://www.cdc.gov/condomeffectiveness/brief.html

4. **With regard to anal sex, the U.S. Centers for Disease Control and Prevention found that people using condoms consistently reduce their risk of contracting HIV through insertive anal sex with an HIV-positive partner, on average, by only 63 percent, and receptive anal sex with an HIV-positive partner, on average, by only 72 percent**.[150] Note also that this reduction in risk occurs only if the condoms are used consistently. So there is always a risk when condoms are used for anal sex, and failure can mean the contraction of a deadly disease. Wouldn't we serve people better by discouraging high-risk sexual behaviors such as anal sex completely rather than giving people, and especially youth, a false sense of confidence in the reliability of condoms to protect them?

5. **Former Harvard researcher Dr. Edward Green found that "More condom use is associated with more casual and commercial sex and often higher – not lower – HIV infection rates.** [151] Also a study by UNAIDS in four African cities found that condoms had virtually no measurable effect on HIV levels.[152] Since researchers have found that increased condom use may correlate with even greater HIV risk as well as risks for pregnancy and other STIs,[153] we believe these important facts about condoms should be reflected in the document so we don't give people the false expectation that condoms will provide them complete protection.

6. We are concerned that if we promote condoms here without making it clear that condoms cannot protect against STIs that are spread by skin to skin contact such as the human papillomavirus (one of the major causes of cervical, anal, and throat cancers) we may be misleading youth into thinking that condoms protect against such serious infections, thus putting them at risk.

7. A review of studies worldwide found that condom breakage, slippage, or complete failure was experienced by 25 to 45 percent of adults over a three-month time period.[154]

8. Even with consistent and correct use, condoms offer only partial protection against STDs, ranging from a 30 percent risk reduction for genital herpes to 80 percent risk reduction for HIV—both of which are incurable and can be contracted through a single act of sex.[155]

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[150] Centers for Disease Control and Prevention. (2021, December 8). Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV. https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html

[151] Green, E. (2001). Broken Promises: How the AIDS Establishment Has Betrayed the Developing World. Sausalito, CA: Polipoint Press.

[152] Hearst, N. & Chen, S. (2004). Condom Promotion for AIDS Prevention in the Developing World: Is It Working? *Studies in Family Planning, 35*, 39-47.

[153] Kajubi, P., Kamya, M. R., Kamya, S., Chen, S., McFarland, W., & Hearst, N. (2005). Increasing Condom Use without Reducing HIV Risk: Results of a Controlled Community Trial in Uganda. *Journal of Acquired Immune Deficiency Syndromes, 40,* 77-82.

[154] Sanders, S. A., Yarber, W. L., Kaufman, E. L., Crosby, R. A., Graham, C. A., and Milhausen, R. R. (2012). Condom use errors and problems: a global view. *Sexual Health*, *9*(1), 81–95.

[155] Martin, E.T., Krantz, E., Gottlieb, S. L., Magaret, A. S., Langenberg, A., Stanberry, L., Kamb, M., Wald, A. A. (2009). Pooled Analysis of the Effect of Condoms in Preventing HSV-2 Acquisition. *Archives of Internal Medicine, 169*(13), 1233–1240. doi:10.1001/archinternmed.2009.177; Weller, S. & Davis, K. (2002). Condom effectiveness in reducing heterosexual HIV transmission. The Cochrane Database of Systematic Reviews. doi:10.1002/14651858.CD003255; Sanchez, J., Campos, P., Courtois, B., Gutierrez, L., Carrillo, C., Alarcon, J., Gotuzzo, E., Hughes, J., Watts, D., Hillier, S. L., Buchanan, K., Holmes, K. K. (2003). Prevention of sexually transmitted diseases (STDs) in female sex workers: Prospective evaluation of condom promotion and strengthened STD services. *Sexually Transmitted Diseases, 30*(4), 273–279; Holmes, K. K., Levine, R., Weaver, M. (2004). Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of the World Health Organization, 82*(6), 454–461.

9. A study of African American teen girls found that more than one in six who used condoms consistently acquired an STD, and the number was about one in three for those who used condoms inconsistently.[156]

CONFIDENTIALITY AND PRIVACY

(See also Children, Distortion of Rights | Youth Friendly | Youth, Distortion of Rights)

OVERVIEW
Confidentiality and Privacy

Many governments were not aware when they became party to the UN Convention on the Rights of the Child that the provisions granting children privacy and confidentiality rights would be interpreted by the CRC monitoring committee to mean privacy and confidentiality from parents.

While *"confidentiality"* and *"privacy"* rights may be legitimate rights for adults, they often create problems when granted to children as they put them at risk of being manipulated and exploited by sexual rights activists. The following CRC Committee comments show how the Committee is interpreting *"confidentiality"* and "*privacy*," provisions in ways that clearly violate parental rights:

- *"In order to promote adolescent health and development, States parties are also encouraged to strictly respect the right to privacy and confidentiality* [of adolescents], *including confidential advice and counseling on all health matters …"*[157]

- *"Adolescents deemed mature enough to receive counseling without the presence of a parent or other person are entitled to privacy and may request confidential services, including treatment."*[158]

- *"… States Parties should provide adolescents with access to sexual and reproductive information … regardless of … prior consent from parents or guardians."*[159]

- *"In the context of the rights of adolescents to health and development, States parties need to ensure that specific legal provisions are guaranteed under domestic law, including … the possibility of medical treatment without parental consent …"*[160]

What the Committee and the activists who influence its comments are really after here is to abolish parental consent laws for controversial services, such as abortion, contraception, and sexual counselling or perhaps even for controversial medical procedures, such as transgender hormone treatments or cross-sex surgery.

In this regard the *"Report of the United Nations High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health"* (HRC/22/31) is also highly problematic. For example, the Commissioner's report falsely claims that the right to sexual and

[156] Crosby, R. A., DiClemente, R. J., Wingood, G. M., Lang, D., Harrington, K. F. (2003). Value of consistent condom use: A study of sexually transmitted disease prevention among African American adolescent females. *American Journal of Public Health, 93*(6), 901–902. doi: 10.2105/AJPH.93.6.901.
[157] Committee on the Rights of the Child, General Comment No. 4 on *"Adolescent health and development in the context of the Convention on the Rights of the Child,"* para. 6(e).
[158] Ibid.
[159] Ibid., para. 21.
[160] Ibid., para. 9.

reproductive health for children includes a number of other alleged sexual *"rights"* including *"full access to confidential youth-friendly and evidence-based sexual and reproductive health services."*

The Commissioner's report also openly stresses the importance of confidentiality from parents wherein it states: *"Laws, regulations and policies can also constitute barriers to the realization of the right of the child to health, such as, inter alia, requirements for parental and/or spousal consent for access to health information and/or services …. and restrictions on the provision of comprehensive sexuality education."*

The UN Committee on Economic, Social and Cultural Rights also exploits privacy and confidentiality provisions as follows:

- *"The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services."*[161]

- *"The right to health is not to be understood as a right to be healthy … The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom."*[162]

- *"States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health, from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information."*[163]

Clearly any references to confidentiality or privacy in relation to children, youth, or adolescents should be opposed in all UN negotiations.

TALKING POINTS
Confidentiality and Privacy

1. We are concerned about any references to privacy and confidentiality for children, adolescents or youth. Privacy from whom? Confidentiality from whom? **We believe this is intended to exclude the parents, which would be a violation of well-established rights.** (See the *Parents, Rights, Duties and Responsibilities* section for examples of provisions this would violate.)

2. **We oppose any references to confidentiality for minors as they are under the care and protection of their parents.** Parents need to know and consents to their children's activities to safeguard them.

3. A child's brain is not fully formed until their early twenties; therefore, **children and adolescents lack the impulse control and maturity of adults and need parents to guide them.** We are concerned that these references might be used against parents and prevent them from being involved in their children's lives.

[161] Committee on Economic, Social and Cultural Rights, General Comment No. 14 on *"The Right to the Highest Attainable Standard of Health,"* para. 22. https://digitallibrary.un.org/record/425041?ln=en
[162] Ibid., para. 8.
[163] Ibid., para. 34.

CONSCIENCE

(See also Moral/Morality | Religion | Religious and Ethical Values | Values)

UN CONSENSUS LANGUAGE IN CONTEXT

Conscience

■ All human beings are born free and equal in dignity and rights. **They are endowed with reason and conscience** and should act towards one another in a spirit of brotherhood. **–** Universal Declaration (1948), Article 1.

■ 1. States Parties shall respect the right of the child to **freedom of thought, conscience and religion**. 2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child. – CRC (1990), Article 14-1 and 2.

■ Religion, spirituality and belief play a central role in the lives of millions of women and men, in the way they live and in the aspirations they have for the future. The right to freedom of thought, conscience and religion is inalienable and must be universally enjoyed. This right includes the freedom to have or to adopt the religion or belief of their choice either individually or in community with others, in public or in private, and to manifest their religion or belief in worship, observance, practice and teaching. In order to realize equality, development and peace, there is a need to respect these rights and freedoms fully. **Religion, thought, conscience and belief may, and can, contribute to fulfilling women's and men's moral, ethical and spiritual needs and to realizing their full potential in society**. However, it is acknowledged that any form of extremism may have a negative impact on women and can lead to violence and discrimination. – Beijing (1995), 24.

■ **Everyone has the right to freedom of thought, conscience and religion**; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance. – Universal Declaration (1948), Article 18.

■ Everyone shall have the right to **freedom of thought, conscience and religion**. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching. – ICCPR (1976), Article 18-1.

■ States Parties shall **respect the right of the child to freedom of thought, conscience and religion**. – CRC (1990), Article 14-1.

■ The World Conference on Human Rights calls upon all Governments to take all appropriate measures in compliance with their international obligations and with due regard to their respective legal systems to counter intolerance and related violence based on religion or belief, including practices of discrimination against women and including the desecration of religious sites, recognizing that **every individual has the right to freedom of thought, conscience, expression and religion**. The Conference also invites all States to put into practice the provisions of the Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief. – Vienna (1993), 22.

■ **Promote respect for the right of women and men to the freedom of thought, conscience and religion**. Recognize the central role that religion, spirituality and belief play in the lives of millions of women and men. – Beijing +5, 98(c).

■ The empowerment and advancement of women**, including the right to freedom of thought, conscience, religion and belief**, thus contributing to the moral, ethical, spiritual and intellectual needs of women and men, individually or in community with others and thereby guaranteeing them the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations. – Beijing Declaration, 12.

CONTRACEPTIVES

(See also Condoms | Emergency Contraception | Unmet Need for Family Planning/Contraception)

OVERVIEW
Contraceptives

Increasingly, attempts are being made to grant children as young as age 10 the right to contraception without the knowledge or consent of their parents. In most cases, these children are not informed of the health risks associated with these drugs. This is not only a direct violation of parental rights, but it also puts children at risk of exploitation.

Hormonal contraceptives have been on the market for over 50 years. Numerous studies have documented serious side effects including increased risk of breast cancer, cervical cancer, inflammatory bowel disease, lupus, depression and suicide, venous thrombosis and cardiovascular events, multiple sclerosis, bone fractures, diabetes, and urogenital problems (such as interstitial cystitis, bacteriuria, urinary tract infections, bladder trabeculation, vulvovaginal candidiasis, vaginal dryness, vulvar vestibulitis, and female sexual dysfunction), even brain shrinkage. Yet these side effects are not disclosed to adolescents in situations where comprehensive sexuality education is provided, and likely not in clinical situations.[164]

Also, there is conclusive evidence that the injectable contraceptive Depot Medroxyprogesterone Acetate (DMPA; Depo Provera) facilitates the transmission of HIV from men to women.

An additional concern is the data with regard to the relatively recent development of long-acting reversible contraceptives (LARC), specifically, intrauterine devices and implants and their negative effects on teenagers. LARC can prevent pregnancy for three to ten years, however, they do nothing to protect against STDs. Research shows that teens who use LARC were 60 percent less likely to use condoms than those who used birth control pills, even if they have multiple partners. This is likely because of the perception that they were better protected from pregnancy and there was no need for backup protection. This places LARC users at greater risk of STDs and pelvic inflammatory disease, which can lead to infertility, pelvic pain, and ectopic pregnancies.[165]

[164] Williams, W. V., Brind, J., Manhart, M., et al. (2019). *Petition on Hormonal Contraceptives*. http://www.cathmed.org/wp-content/uploads/2019/05/Citizens-petition-Hormonal-Contraceptives-2019May9-submitted.pdf; Chen, K. X., et al. (2021). Oral contraceptive use is associated with smaller hypothalamic and pituitary gland volumes in healthy women: A structural MRI study. *PLoS One, 16*(4).

[165] Steiner, R. J., et al. (2016). Long-Acting Reversible Contraception and Condom Use Among Female US High School Students: Implications for Sexually Transmitted Infection Prevention. *JAMA Pediatrics, 170*(5), 428-434. doi.10.1001/jamapediatrics 2016.0007

TALKING POINTS
Contraceptives

Talking Points for Contraceptive Use by Children and Teens

1. The American Academy of Pediatrics reported that **with regard to oral contraceptive pills (OCPs) "failure rates range between 5% and 8% with typical use and for adolescents may reach 15% to 26% because of noncompliance.** Adolescents may have difficulty complying with OCPs because of forgetfulness, attempts to hide contraception from parents, and inconsistency of sexual relations, among other reasons. The National Survey on Family Growth reported that as many as 42% of adolescents 15 to 19 years of age missed 2 or more pills in a 3-month period."[166]

Talking Points on Contraceptive Use by Women

2. **Research shows that contraceptives may have serious health consequences for women.** An article published in January 2015 by the prestigious medical journal, *The Lancet*, summarized the findings of two studies involving more than 40,000 women and concluded that women in Sub-Saharan Africa taking Depo-Provera were at a 40 percent greater risk of contracting HIV than women taking other contraceptives or no contraceptives at all. Other reports of health risks include greater risk of osteoporosis and cancer.[167]

3. Research reported in the 2012 medical journal, *Cancer Research*, found that **use of the injectable contraceptive known as DMPA more than doubled the risk of developing breast cancer**.[168]

CONTRACEPTIVES, FULL RANGE OF

(See also Condoms | Contraceptives | Emergency Contraception)

OVERVIEW
Contraceptives, Full Range of

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

An advocacy manual funded by the Netherlands to train abortion rights youth advocates at the UN reveals that the full range of contraceptives is to be understood to encompass "emergency contraceptives," which is the euphemism for RU 486, which may prevent a fertilized egg from implanting in the uterine wall. Most pro-life advocates consider this to be an "abortion pill" since a fertilized egg contains all the genetic components for the full development of the human person. The following quote from their advocacy manual provides a window into their thoughts regarding this:

"**The full range of contraceptives:** when mentioning contraceptives you always want to ensure that (young) people have access to the full range (including emergency contraceptives). Unfortunately,

[166] Contraception and Adolescents. (2007). *American Academy of Pediatrics.120*(5).
[167] Ralph, L. J., et al. (2015). Hormonal contraceptive use and women's risk of HIV acquisition: a meta-analysis of observational studies. *The Lancet Infectious Diseases, 15,* 181-189.
[168] Li, C. I., et al. (2012). Effect of Depo-Medroxyprogesterone Acetate on Breast Cancer Risk among Women 20 to 44 Years of Age. *Cancer Research, 72,* 2028-2035.

quite often you will see that access to contraceptives = access to male condoms, however, since not everyone is able to use, or even have access to male condoms, this greatly restricts some people's freedom in regards to their sexuality. As such, it is important that all (young) people are able to make free and informed decisions about which contraceptive method best suits their lifestyle." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[169]

CONTROL OVER SEXUALITY

(See Sexuality, Control Over)

CULTURALLY RELEVANT

OVERVIEW
Culturally Relevant

The term "culturally relevant" is what is called a constructively ambiguous term—a term that is deliberately ambiguous to accomplish a hidden purpose as it can be interpreted two different ways to have mean two polar opposite meanings.

For example, adding "culturally relevant" to modify "comprehensive sexuality education" is a tactic that has been used to get governments that oppose CSE to accept it. This is because CSE proponents know that governments will likely interpret "culturally relevant CSE" to mean that nothing which goes against their traditional culture will appear in sexuality education curriculum. At the same time, UN agencies and donor countries who aggressively push CSE will most likely interpret it to encompass what *they* believe is culturally relevant for a country. And what they might think is most relevant, especially in developing countries, is a strong need to mainstream and destigmatize abortion, LGBT issues, and adolescent sexual rights—a goal they know can be accomplished by changing the views of the youth on these issues through CSE. Indeed, this is sometimes the main reason donor countries push CSE in developing countries as they believe the LGBT agenda, eliminating what they perceive to be "transphobia" and "homophobia," and liberating children from their parents' restrictive religious beliefs are some of the most pressing culturally relevant issues especially in places like Africa.

In fact, to convince several reluctant African nations to sign on to an Eastern Southern Africa Ministerial Commitment on CSE and SRH services for youth, UNESCO added the term "culturally relevant" to Target 1 in this Commitment as follows:

> "Target 1: 95% of adolescents and young people are reached with good-quality, age-appropriate, **culturally-relevant** and evidence-based **sexuality education** through in- and out- of-school programmes."

[169] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.

Unfortunately, this caused some conservative African countries to sign on to this 10-year CSE Commitment because they understood the term "culturally relevant" to mean that only topics supportive of their conservative culture would be taught to children as part of sexuality education in and out of their schools. (Learn more at ESACommitment.org.)

CULTURE / CULTURAL VALUES / CULTURAL BACKGROUNDS

(See also Religious and Ethical Values | Sovereignty)

UN CONSENSUS LANGUAGE IN CONTEXT

Culture/Cultural Values/Cultural Backgrounds

■ **States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents**, **his or her own cultural identity, language and values**, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; – CRC (1990), Article 29-1 (c).

■ Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights and other instruments relating to human rights and international law; and **emphasize the importance of cultural, ethical and religious values**, the vital role of the family and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care; – HIV/AIDS (2011), 38.

■ Commit to redouble HIV prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches, **taking into account local circumstances, ethics and cultural values**, including through, but not limited to: – HIV/AIDS (2011), 59.

■ Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that **take account of local circumstances, ethics and cultural values** is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and **respectful of cultures,** aimed at reducing risk taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections; – HIV/AIDS (2006), 22.

■ While the International Conference on Population and Development does not create any new international human rights, it affirms the application of universally recognized human rights standards to all aspects of population programmes. It also represents the last opportunity in the twentieth century for the international community to collectively address the critical challenges and interrelationships between population and development. **The Programme of Action will require the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds.** The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfil them, as part of a new global partnership among all the world's

countries and peoples, based on a sense of shared but differentiated responsibility for each other and for our planetary home. – ICPD (1994), 1.15.

■ Implementation of the Habitat Agenda, including implementation through national laws and development priorities, programmes and policies, is the sovereign right and responsibility of each State in conformity with all human rights and fundamental freedoms, including the right to development, and taking into account the significance of and **with full respect for various religious and ethical values, cultural backgrounds**, and philosophical convictions of individuals and their communities, contributing to the full enjoyment by all of their human rights in order to achieve the objectives of adequate shelter for all and sustainable human settlements development. – Habitat (1996), 24.

■ The implementation of the recommendations contained in the Programme of Action and those contained in the present document is the sovereign right of each country, consistent with national laws and development priorities, **with full respect for the various religious and ethical values and cultural backgrounds of its people,** and in conformity with universally recognized international human rights. – ICPD +5 (1999), Preamble 5.

■ Governments, while designing and implementing their development policies, should ensure that people are placed at the centre of development. Therefore, people must have the right and the ability to participate fully in the social, economic and political life of their societies. Our global drive for social development and the recommendations for action contained in the present document are made in a spirit of consensus and international cooperation, in full conformity with the purposes and principles of the Charter of the United Nations, recognizing that the formulation and implementation of strategies, policies, programmes and actions for social development are the responsibility of each country and should take into account the diverse economic, social and environmental conditions in each country, **with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people,** and in conformity with all human rights and fundamental freedoms. In this context, international cooperation is essential for the full implementation of social development programmes and actions. – Social Summit +5 (2000), III, Commitment 1-2.

■ The objective of the Platform for Action, which is in full conformity with the purposes and principles of the Charter of the United Nations and international law, is the empowerment of all women. The full realization of all human rights and fundamental freedoms of all women is essential for the empowerment of women. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms. The implementation of the Platform, as well as further actions and initiatives contained in this document, including through national laws and the formulation of strategies, policies, programmes and development priorities, is the sovereign responsibility of each State, in conformity with all human rights and fundamental freedoms, and the significance of and **full respect for various religious and ethical values, cultural backgrounds and philosophical convictions of individuals and their communities** should contribute to the full enjoyment by women of their human rights in order to achieve equality, development and peace. – Beijing +5 (2000), 3.

■ The implementation of the International Plan of Action on Ageing, 2002 also requires, inter alia, a political, economic, ethical and **spiritual vision** for social development of older persons based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and **full respect for the various religious and ethical values and cultural backgrounds of people**. – Ageing (2002), 115.

■ Implement, as a matter of urgency, in accordance with country-specific conditions and legal systems, measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children and have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, taking into account ethical and cultural considerations. Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities, which include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values, **taking into account ethical and cultural considerations.** Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well-being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness; – Agenda 21 (1992), 3.8(j).

DELAY OF SEXUAL DEBUT

(See Sexual Debut)

DIGNITY

UN CONSENSUS LANGUAGE IN CONTEXT
Dignity

■ We are determined to end poverty and hunger, in all their forms and dimensions, and to ensure that **all human beings can fulfil their potential in dignity** and equality and in a healthy environment. – 2030 Agenda (2015), Preamble.

■ As we embark on this great collective journey, we pledge that no one will be left behind. **Recognizing that the dignity of the human person is fundamental**, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first. – 2030 Agenda (2015), 4.

■ We envisage a world of **universal respect for human rights and human dignity**, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realization of human potential and contributing to shared prosperity. A world which invests in its children and in which every child grows up free from violence and exploitation. A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met. – 2030 Agenda (2015), 8.

■ We are meeting at a time of immense challenges to sustainable development. **Billions of our citizens continue to live in poverty and are denied a life of dignity.** There are rising inequalities within and among countries. There are enormous disparities of opportunity, wealth and power. Gender inequality remains a key challenge. Unemployment, particularly youth unemployment, is a major concern. Global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of

the development progress made in recent decades. Natural resource depletion and adverse impacts of environmental degradation, including desertification, drought, land degradation, freshwater scarcity and loss of biodiversity, add to and exacerbate the list of challenges which humanity faces. Climate change is one of the greatest challenges of our time and its adverse impacts undermine the ability of all countries to achieve sustainable development. Increases in global temperature, sea level rise, ocean acidification and other climate change impacts are seriously affecting coastal areas and low-lying coastal countries, including many least developed countries and small island developing States. The survival of many societies, and of the biological support systems of the planet, is at risk. – 2030 Agenda (2015), 14.

■ **All human beings are born free and equal in dignity and rights.** They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. **–** Universal Declaration (1948), Article 1.

■ **All human beings are born free and equal in dignity and rights.** 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. Everyone has the right to life, liberty and security of person. **–** ICPD (1994), Chapter II, Principle 1.

■ The implementation of the International Plan of Action on Ageing, 2002 also **requires, inter alia, a political, economic, ethical and spiritual vision for social development of older persons based on human dignity,** human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and full respect for the various religious and ethical values and cultural backgrounds of people. – Ageing (2002), 115.

■ Leave no child behind. **Each girl and boy is born free and equal in dignity** and rights; therefore, all forms of discrimination affecting children must end. – Children's Summit +10 (2002), 3.

■ In line with these principles and objectives, we adopt the Plan of Action contained in section III below, confident that together we will build a world in which all girls and boys can enjoy childhood — a time of play and learning, in which they are loved, respected and cherished, their rights are promoted and protected, without discrimination of any kind, **in which their safety and well-being are paramount and in which they can develop in health, peace and dignity**. – Children's Summit +10 (2002), 9.

DISABILITIES

UN CONSENSUS LANGUAGE IN CONTEXT
Disabilities

■ Convinced that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that **persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities**, – Disabilities (2006), Preamble (x).

■ Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by their parents.** – Disabilities (2006), Article 18-2.

■ States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) **The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized**; – Disabilities (2006), 23-1(a).

■ States Parties shall ensure that **a child shall not be separated from his or her parents against their will,** except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. **In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents**. – Disabilities (2006), Article 23-4.

■ States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care **within the wider family**, and failing that, within the community **in a family settin**g. Disabilities (2006), Article 23-5.

DISCRIMINATION

(See also Discrimination Against Adolescents | Discrimination Against Women | Discrimination, Multiple and Intersecting Forms of | HIV/AIDS, Discrimination)

OVERVIEW

Discrimination

The concept of *"discrimination"* can be positive or negative depending on how it is used. SDG target 10.3 calls for *"eliminating discriminatory laws, policies and practices,"* and SDG target 16.B calls upon governments to *"Promote and enforce non-discriminatory laws and practices for sustainable development."*

The problem is that these targets do not specify what kind of discrimination is being referred to. These references to discrimination leave the door open for broad interpretation to promote LGBT rights. The examples below show that UN agencies clearly are already interpreting non-discrimination provisions to advance LGBT rights.

For example, in 2012, the OHCHR prepared the first official UN report on violence and *"discrimination"* based on sexual orientation and gender identity (A/HRC/19/41). Then in 2013, the High Commissioner launched their global Free & Equal campaign aimed at *"raising awareness of homophobic and transphobic violence and discrimination."*

Next, in November 2014, OHCHR issued a major report titled, *"The Role of the United Nations in Combatting Discrimination and Violence against Individuals Based on Sexual Orientation and Gender Identity – A Programmatic Overview."*[170] This report included input from 12 UN agencies and provided a summary of the their work in combating *discrimination* and violence based on sexual orientation and gender identity and related work in support of lesbian, gay, bisexual, transgender (LGBT) and intersex individuals around the world.

[170] The Role of the United Nations in Combatting Discrimination and Violence against Individuals Based on Sexual Orientation and Gender Identity – A Programmatic Overview. (2015, November 25). Joint UN Statement. https://www.ohchr.org/Documents/Issues/Discrimination/LGBT/UN_LGBTI_Summary.pdf

The report lists as contributing UN agencies: OHCHR, UNDP, UNFPA, UNHCR, UNICEF, UN Women, ILO, UNESCO, WHO, the World Bank, and UNAIDS (the Joint UN Programme on HIV/AIDS).

In other words, this report is defining discrimination as any laws or policies that do not support the LGBT agenda.

Further, UNFPA has claimed that laws and policies that deny adolescents "access" to "sexuality education and information," or contraceptives, including emergency contraception because of parental consent requirements "constitute discrimination" based on age (see *Emergency Contraception* section). They also have called parental consent laws "barriers" to sexual and reproductive health services and stated that "access is central to achieving … adolescents' participation as full and equal members of society."[171]

Therefore, it is important to understand the context in which non-discrimination language appears and to ensure that such language is not inadvertently promoting harmful policies. See also the *Other Status* section which illustrates how even this term in the context of a non-discrimination paragraph is being defined by a UN treaty body to encompass protection for sexual orientation and gender identity.

Moreover, abortion rights activists have also claimed that laws that restrict abortion are discriminatory.

NEGOTIATING STRATEGIES
Discrimination

Language that is often proposed in order to leave the door open for advancing controversial rights are proposals calling for the elimination of *"all forms of discrimination."*

One way to prevent this from being used to promote, for example, same-sex marriage rights would be to insert the term *"unjust"* so it would read *"unjust discrimination."*

DISCRIMINATION (HIV/AIDS)
(See HIV/AIDS, Discrimination)

DISCRIMINATION AGAINST ADOLESCENTS

OVERVIEW
Discrimination Against Adolescents

The following statement by the World Health Organization shows that WHO defines *"discrimination"* against adolescents (beginning at age 10) to include requiring parental consent for sexual and reproductive health services:

> *"Human rights standards at the international, regional and national levels are well developed regarding the protection of adolescents under 18* [WHO defines adolescents as people aged 10–

[171] UNFPA and Center for Reproductive Rights. *The Right to Contraceptive Information and Services for Women and Adolescents*. (2010). https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf

18] *from discrimination in accessing both information and services for sexual health. They also require states to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities."*[172]

In other words, according to WHO, parental consent requirements are discriminatory against youth when applied to sexual and reproductive health services.

UNFPA calls "discrimination" a "barrier" claiming that laws and policies that deny adolescents "access" to "sexuality education and information," or contraceptives, including emergency contraception (see *Emergency Contraception* section), that require parental consent "constitute discrimination." They also claim "such access is central to achieving … adolescents' participation as full and equal members of society."[173]

DISCRIMINATION AGAINST WOMEN

OVERVIEW
Discrimination Against Women

According to the 2015 World Health Organization publication, *Sexual Health, Human Rights and the Law*, laws that restrict abortion constitute discrimination against women. In the section titled "Criminalization of sexual-health-related services," it states that discrimination against women includes *"laws that interfere with the equal enjoyment of rights by women, including those laws that criminalize and restrict medical procedures needed only by women* [i.e., abortion] *and that punish women who undergo these procedures."*[174]

In addition, the CEDAW treaty states: "'[D]iscrimination against women' shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women…." The CEDAW Committee monitoring compliance with the treaty determined that restrictive abortion laws constitute discrimination against women because abortion is a medical procedure that only women receive.

DISCRIMINATION, MULTIPLE AND INTERSECTING FORMS OF

(See also Discrimination | Diversity, Women in All Their | Gender Identity Sexual Orientation | Transgender)

OVERVIEW
Discrimination, Multiple and Intersecting Forms of

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

[172] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1
[173] UNFPA and Center for Reproductive Rights. *The Right to Contraceptive Information and Services for Women and Adolescents*. (2010). https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf
[174] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

Family Watch has been warning delegations for some time that the phrase "multiple and intersecting forms of discrimination" was code for LGBT discrimination and thus should be avoided. Finally, we have proof that activists consider this phrase as the "way to get SOIE into the text." The following is a quote from an advocacy manual funded by the Netherlands to train LGBT and abortion rights youth advocates at the UN.

"**Multiple and intersecting forms of discrimination:** This is considered strong language because it acknowledges that many people in the world experience discrimination from multiple factors (their gender, their sexual orientation, their socio-economic status etc.). **This phrase has also been seen as a way 'to get SOGIE into the text', because while it does not explicitly refer to gender or sexuality it opens the door to recognizing multiple and intersecting identities**." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[175]

The use of the term "multiple and intersecting forms of discrimination," sometimes called "intersectionality," is an effective tool used by activists to bring in controversial LGBT non-discrimination categories into a document without actually having to name them. This term suggests that there are layers of different kinds of discrimination that marginalized individuals experience and that these layers of discrimination build on each other to create intolerable situations that require special consideration. But as noted in the box above, and in the information below, this term is mainly used by sexual rights activists to bring LGBT issues into a document covertly.

The World Health Organization also provides a window into how UN agencies understand the intersectional approach to discrimination as follows:

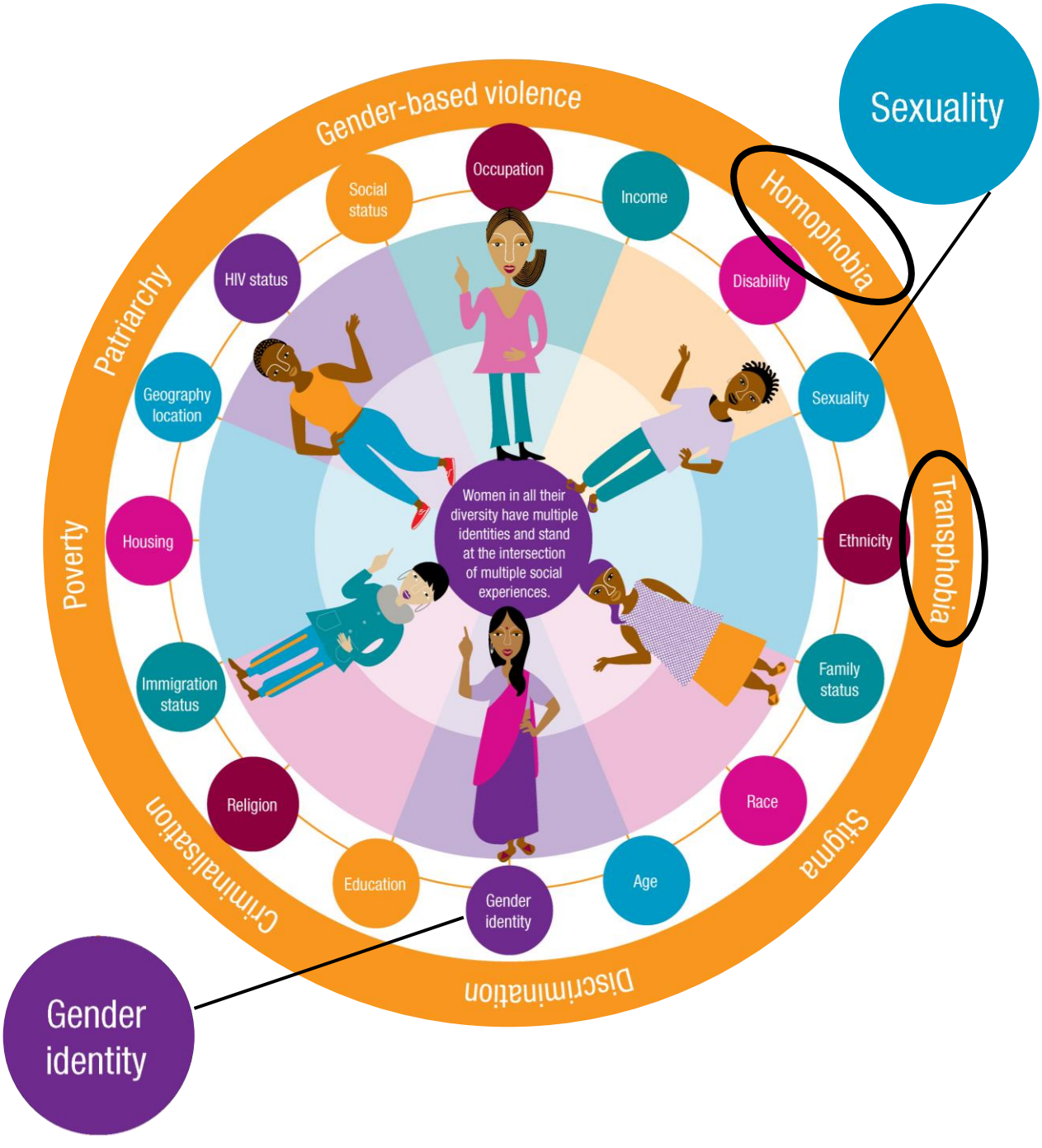
"Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. Gender-based discrimination intersects with other factors of discrimination, such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity and sexual orientation, among others. This is referred to as intersectionality."[176]

An OHCHR UN human rights expert statement on the 2018 International Day against Homophobia, Transphobia and Biphobia refers to "trans, gender non-conforming, and LGB persons affected by multiple and intersecting forms of discrimination (including based on age, gender, ethnicity, disability and social status), are suffering from the lack of access to their economic, social, and cultural rights."[177]

The graphic below is from a publication called *Gender Transformative HIV Programming: Identifying and meeting the needs of women and girls in all their diversity* published by the International HIV/AIDS Alliance and illustrates what is meant by intersectionality.[178]

[175] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.
[176] World Health Organization. (n.d.). *Gender and Health*. https://www.who.int/health-topics/gender#tab=tab_1
[177] Office of the High Commissioner for Human Rights. (2018, May 17). Leave no LGBT person behind. https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=23092&LangID
[178] International HIV/AIDS Alliance. *Good Practice Guide: Gender-transformative HIV programming*. (2018, February). https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-gender-transformative_original.pdf?1519649267

Multiple and Intersecting Forms of Discrimination



At the center of the graphic it states: **"Women in all their diversity have multiple identities and stand at the intersection of multiple social experiences."** The phrase *"women in all their diversity"* refers to women with multiple *"identities"* that *"intersect."* These terms are most often used to describe how identities related to *"sexual orientation"* or *"gender identity"* intersect with other *"identities"* of women to create "*multiple and intersecting forms of discrimination."*

Clearly, the term "multiple and intersecting forms of discrimination" when proposed in UN documents is intended to advance the LGBT agenda by encompassing all of the possible ways in which someone could experience discrimination.

NEGOTIATING STRATEGIES
Discrimination, Multiple and Intersecting Forms of

Propose deleting "multiple and intersecting forms of" before "discrimination" or replacing that term with "all forms of unjust discrimination" or "discrimination against women and girls."

DIVERSITY

(See also Diversity, In All Their)

OVERVIEW
Diversity

Diversity can be a positive term that can be used to recognize people with diverse ethnic backgrounds and cultures, but it has also been co-opted by the LGBT movement. For example, at the UN, the phrase *"women in all their diversity"* has been used as a euphemism to recognize lesbians, and the phrase *"families in all their diversity"* has been used as a euphemism to recognize LGBT families. For this reason, this term was specifically rejected during the 2015 CSocD negotiations when States learned that the developing countries pushing this language intended it to advance LGBT rights. In fact, the U.S., under the Trump administration, in their comments at the close of CSocD 2015, complained that this phrase had been rejected in the outcome document and made it clear that they were disappointed because they understood it to recognize LGBT families.

DIVERSITY, IN ALL THEIR

(See also Diversity | Discrimination, Multiple and Intersecting Forms of)

OVERVIEW
Diversity, In All Their

The term "in all their diversity" is used euphemistically to bring in the LGBT agenda. The glossary and thesaurus of the European Commission's Gender Equality Strategy 2020-2025 states "The expression 'in all their diversity' is used in this strategy to express that, where women or men are mentioned, these are a heterogeneous categories [sic] **including in relation to their sex, gender identity, gender expression or sex characteristics.**" In other words, "in all their diversity" is intended to encompass persons with transgender identities and thus deceptively bring in the transgender agenda without explicitly referring to it. This term is also used to generally advance the LGBT agenda. This term can be used in conjunction with "people (in all their diversity)," "adolescents (in all their diversity)," "women (in all their diversity)," etc.

Women in All Their Diversity

Biological males who identify as "transgender women" typically want to be considered as and recognized as biological women. Some, therefore, do not want to be referred to as "transgender women" as

that indicates that they are not truly biological women. So the term "women in all their diversity" was created and is a politically correct way to refer to male-to-female transgender individuals. This term is also used to refer to lesbian women, women prostitutes, and female drug users, etc.. Therefore, using this phrase in a policy document is a deceptive way to bring in all of these controversial categories of women without all UN Member States realizing it. This is particularly problematic in the case of men who identify as women as it could create a policy that would allow them to use female bathrooms, showers, and other sex-segregated private spaces depending on the context where the term is used.

For example:

- An organization called the International HIV/AIDS Alliance uses the term women and girls "in all their diversity" to refer to "women who sell sex and use drugs," "women who have sex with women," and "transgender people including those selling sex."[179]

- A 2019 report by the Global Fund titled "Investing in the Future: Women and Girls in All Their Diversity" defines "women in all their diversity" as including biological men who identify as women.[180]

- A Global Fund Facebook page has been created as an "**interactive space for women and girls *in all their diversity*** – including ***transgender women*** – and men who support gender equality who want to engage with the Global Fund to make sure that programmes on HIV, TB and malaria are gender transformative."[181]

- The International HIV/AIDS Alliance explained in one of their publications that **"We use the phrase 'women in all their diversity'** to highlight that there are many distinctions among women, with differences associated with age, race, **gender identity or expression, sexual orientation …** In other words, there is no one generic 'woman.' Being a woman **(or man or transgender person)** encompasses all these factors and experiences among others too numerous to name."[182]

- **This AIDS Alliance publication also states, "*Women and girls in all their diversity***: Refers to all women and girls, recognising the differences, and often overlapping and intersecting identities among them. In the context of the Alliance, it has a specific focus on women living with HIV, young women, women who do sex work, women in same-sex relationships, **transgender people**, women who use drugs, and women who are sexual partners of men who have sex with men, men living with HIV, men who use drugs and ***trans people.***"[183]

[179] International HIV/AIDS Alliance. (2018). *Gender Transformative HIV Programming*. https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-gender-transformative_original.pdf?1519649267

[180] The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019, May 24.). Investing in the Future: Women and Girls in All Their Diversity. https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomengirls_report_en.pdf

[181] AIDS Strategy Advocacy and Policy. (2013, June). *ASAP brings together women in all their diversity for the Global Fund Gender Equality Strategy*. http://asapltd.com/2014/07/asap-brings-together-women-in-all-their-diversity-for-the-global-fund-gender-equality-strategy/

[182] International HIV/AIDS Alliance. (2018). *Gender Transformative HIV Programming*. https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-gender-transformative_original.pdf?1519649267

[183] Ibid.

NEGOTIATING STRATEGIES
Diversity, Women in All Their

Propose "all women" to replace the term "women in all their diversity" or call for the deletion of "in all their diversity."

EARLY SEXUAL DEBUT

(See Sexual Debut)

EASTERN AND SOUTHERN AFRICAN (ESA) COMMITMENT ON CSE AND SRH SERVICES FOR ADOLESCENTS

(See also Comprehensive Sexuality Education)

OVERVIEW
"Eastern and Southern African (ESA) Commitment"
on Sexuality Education and Reproductive Health Services

The Eastern and Southern African (ESA) "Commitment" on comprehensive sexuality education is a highly deceptive five-year political commitment (not a legal one) originally signed by a group of African health and education ministers from 20 countries in 2013. These same countries were pressured by the UN agencies, donor countries and NGOs driving the agreement to enter into a new 10-year commitment that reaffirms and expands upon the original Commitment in harmful ways.

However, due to the efforts of civil society and religious leaders in the countries exposing the harmful agenda behind the ESA commitment, a number of the previous parties to the Commitment declined to sign on to the new one in 2021.

The entities behind this ESA Commitment created an online platform called Young People Today. The partners page on their website reveals which governments, UN agencies and NGOs are funding and pushing for this Commitment. Ironically, the home page of this website states that the Commitment is "led by Ministries of Health and Education from the ESA region." However, this simply is not true.

Consider this partial list of the major organizations, UN agencies, businesses and donor countries that are pushing this agenda into African countries: the World Health Organization, UNFPA, UNICEF, UN-AIDS, UNESCO, International Planned Parenthood Federation Africa Region, Sweden, German Cooperation, Swiss Agency for Development and Cooperation and the Ford Foundation.

When countries complained about highly controversial CSE curricula found in their countries, ministers were told not to worry as the commitment has caveats they can rely on such as in Target #1 which requires sexuality education to be "age-appropriate" and "culturally relevant."

However, Family Watch commentary on Target #1 in the new commitment as listed below explains why these "caveats" are meaningless and will do nothing to stop CSE advocates from teaching children sexuality education programs that include any or all of the 15 Harmful CSE elements common to CSE programming.

Consider Target 1 of the new 10-year Commitment with added Family Watch commentary below it:

> **Target 1:** 95% of adolescents and young people are reached with good-quality, **age- appropriate, culturally-relevant** and evidence-based **sexuality education** through **in- and out- of-school programmes**.

Family Watch Commentary:

There can be no doubt that the UN agencies, major NGOs and donor countries behind the CSE Commitment who operate through the Young People Today platform (see YoungPeopleToday.org) will interpret "sexuality education" to encompass some of the same controversial elements their CSE programs have encompassed to date. In fact they revealed their agenda quite clearly when they recently added a Glossary of Terms at the end of the Commitment that defines sexuality as follows (emphasis added):

> "**Sexuality** – A central aspect of being human which **encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction**. This is experienced and expressed in thoughts, **fantasies, desires**, beliefs, attitudes, values, behaviours, roles and relationships throughout an individual's whole life. (UNFPA, n.d.)"

This controversial definition for sexuality, now included as part of a new Glossary of Terms in Annex 3 of the Commitment, provides the basis for defining "sexuality education" in the Commitment which is also defined in the Glossary as follows:

> "**Sexuality Education** – Is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social **aspects of sexuality**… based on gender equality and a human rights approach (UNESCO, 2017)."

So in other words, "sexuality education" will encompass all "cognitive, emotional, physical, and social aspects" of "sexuality" which is defined in the Commitment Glossary as encompassing **sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.**

In other words, the African countries that just joined this Commitment for the next 10 years, possibly unknowingly committed to teaching their children about "gender identities and roles, sexual orientation, eroticism, pleasure … fantasies, [and] desires."

Further, since sexuality education under this agreement is based on a "human rights approach" this Commitment also brings in a controversial definition for "sexual rights" defined in the Commitment's Glossary in Annex 3 as follows:

> **"Sexual rights** – Human rights **which relate specifically to sexuality** and which are articulated by national laws, international human rights documents and other international agreements. Sexual rights seek to ensure that **all people can express their sexuality** free of coercion, discrimination and violence (UNFPA, n.d.)."

So "sexual rights" in the Commitment is defined as rights relating to "sexuality," which again is defined to encompass "gender identities and roles, sexual orientation, eroticism, pleasure …fantasies, [and] desires,"

This is significant because SRHR, sexual and reproductive health and rights, appears in the Commitment text 15 times including in three of the Targets. And SRHR encompasses the controversial concept of "sexual rights," which in turn encompasses controversial rights relating to "sexuality" etc.

It should be noted here that the terms "sexuality education" and "SRHR" and "sexual rights" are terms that are never accepted in UN negotiated documents precisely because African countries strongly oppose them every time because of their harmful definitions.

Yet these same governments have now allowed these very things to get into a 10-year commitment as to what will be taught to their children as early as age 10!

How did this happen? It is because the Young People Today platform, government, NGOs, and UN agency partners knew they were losing the policy battles over sexuality education at the UN because government representatives there fully understood the deceptive meanings behind the terms. So instead, they worked with the largely unsuspecting government ministers who had no reason to doubt the motives and meanings behind the terms. And this was done intentionally.

Further, with regard to the term "culturally-relevant," this is not defined in the Commitment and was added to modify "sexuality education" in the 11th hour of negotiations by UN agencies in a last ditch effort to convince reluctant countries to sign on. ESA countries were told they didn't have to worry about inappropriate CSE materials reaching their young children because "culturally-relevant" was added to Target #1.

But what exactly does "culturally relevant" mean and how will this vague term be defined upon implementation, and who decides what it means?

"Culturally relevant." The term "culturally relevant" is what is called a constructive ambiguous term—a term that is deliberately ambiguous to accomplish a hidden purpose and which can be interpreted to mean two polar opposite things. For example, Africa ministers likely interpret it to mean that nothing which goes against their traditional culture will appear in sexuality education. At the same time, UN agencies and donor countries will likely interpret what *they* believe is culturally relevant for Africa which they believe is a strong need to mainstream and destigmatize abortion, LGBT, and adolescent sexual rights—a goal they know can be accomplished by changing the views of the youth on these issues through CSE. Indeed, this may be the only reason they are pushing for CSE at all as they believe the LGBT agenda and liberating children from their parents' restrictive religious beliefs are the most pressing culturally relevant issues for Africa.

"Age-appropriate." This term which modifies "sexuality education" is also a constructively ambiguous term which is used everywhere advocates are pushing CSE. The African ministers likely understood this to mean that nothing age inappropriate will ever be taught to children while the UN agencies and donor countries that control a great deal of the implementation understand "age appropriate" to mean teaching children at the earliest age about masturbation, sexual pleasure, sexual orientation and gender identity and about their "sexual rights." This is what donor countries consider to be "age appropriate."

The alarming quotes below provided below come directly from CSE manuals published by the Young People Today coalition members including UN agencies and donor countries and should convince even the most reluctant believer that involving UN agencies and donor countries in Africa's sex education is like allowing a fox into a hen house. These shocking quotes are from sexuality education manuals intended for African children to be taught under the auspices of the previous and the new ESA Commitment.

Quotes from CSE Manuals Published for Africa by Young People Today Coalition Members:

Note: A full listing of the quotes from the following manuals analyzed according to the 15 Harmful CSE Elements Analysis Tool can be found at StopCSE.org. Only a few selected quotes are included below.

"out of school" sexuality education: Target #1 of the new commitment also calls for "sexuality education" to be taught to "out of school" adolescents. This is because Young People Today partners know that it will be difficult to get African countries to allow all of the 15 Harmful CSE Elements into their

curriculum so it is in the "out of school" setting, away from the eyes of parents and teachers that they can really push their sexual agendas.

Consider the following quotes from an "Out of School" manual for teaching youth in ESA countries. It should be noted that this is published by ESA Commitment partners: UNFPA, Path, Advocates for Youth, the Swiss Development Cooperation Agency, the European Union and SIDA, the Swedish government's Development Agency.

Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in East and Southern Africa – Facilitators Manual

For children and youth ages 10-20 years

"If Thulani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: He will get an erection, his heart may start beating faster.) What about Betty – what will happen to her body? (Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster.)"

"**Note to facilitator:** If necessary, build on their responses and explain that penetration refers to the insertion of a penis, finger, tongue, object or sex toy into the vagina, anus, or mouth."

"Sex toys or using objects: The safety of sexual practices that use toys or objects depends on whether or not the toys or objects are shared; whether or not condoms are used on them and changed if they are shared; whether or not the toy or object is cleaned properly before it is used on another person; and whether there is broken skin on either partner.

Also explain that when using sex toys or objects in the anus, it is important for the base of the toy to be wider than the toy or object so it does not slip into the anus and become difficult to get out.

Emphasize the need for caution because if the toy becomes unreachable, they will need to go to a doctor to get it removed! If it is a vibrator that is turned on, it is a medical emergency because the heat generated will damage the tissue."

See many more examples in the Harm Analysis of this program at StopCSE.org.

Comprehensive Sexuality Education for Out of School Young People in Zimbabwe – Facilitator's Manual

Supporting Entities: National AIDS Council, Zimbabew National Family Planning Council, **Safeguarding Young People Programme, UNFPA, Health Development Fund, UKAid, European Commission, Sweden, Irish Aid, Schweizerische Eidgenossenschaft (Germany) , Gavi**, Zimbabwe AIDS Prevention and Support Organization, Zimbabwe Health Intervention Research Project, F.A.C.T., **World Vision.**

For children and youth ages 10-20 years

Students are asked to study these sexual patterns from this list select 2 to share with the group.

"Major Sexual Patterns

Voyeurism: sexual pleasure or excitement from observing other [sic] undressing, making love, kissing, petting or masturbating.

Exhibitionism: sexual pleasure from exposing one's genitals.

Gerontosexuality: sexual preference from elderly by a young person.

Frotteurosexuality: sexual pleasure from rubbing one's genitals against another person.

Pederasty: sexual pleasure from young boys.

Bestiality: sexual pleasure from animals.

Necrophilia: sexual pleasure from corpses.

Urophilia: sexual pleasure from urine.

Coprophilia: sexual pleasure from filth such as faeces, dirt or soiled underwear.

Sadism: sexual pleasure from inflicting pain on another person.

Masochism: sexual pleasure from receiving pain from another person."[184]

"The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm."[185]

See the full Harm Analysis for this manual with many more quotes at StopCSE.org.

Comprehensive Sexuality Education for Out of School Young People in Zambia – Participant Workbook

For children and youth ages 10-20 years

"Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other among others."[186]

"Key Messages about Sexuality

- Physical touch and mental stimulation or fantasy can make the body respond sexually. This is called the Human Sexual Response Cycle.
- The parts of the sexual response cycle, whether alone or with a partner, are: desire, excitement, orgasm, and resolution.
- Knowing how your body responds to sexual stimulation can help you to feel more in control of your body, to give and receive pleasure and improve your relationships.
- Masturbation can be helpful to learn about one's body and to solve sexual problems."[187]

[184] Ministry of Health and Child Care. (2017). Comprehensive Sexuality Education for Out of School Young People in Zimbabwe – Facilitator's Manual. https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Comprehensive%20Sexuality%20Education%20Facilitators%20Manual%20final.pdf
[185] Ibid.
[186] Zambia Ministry of Youth. (2016). Comprehensive Sexuality Education for Out of School Young People in Zambia.
[187] Ibid.

"Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse."[188]

"Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems."[189]

See more quotes from this and the other manuals excerpted above under the CSE curricula tab at DeviousESACommitment.org.

Finally, the scope of this section in the Resource Guide does not allow for a full analysis of the CSE Commitment Targets and obligations. However, an entire website has been created to expose the serious harmful elements within the ESA Commitment at www.DeviousESACommitment.org. On that site you will also find documented 15 Serious Concerns with the ESA Ministerial Commitment on "Sexuality Education" and "Sexual and Reproductive Health and Rights Services."

Note: To understand the harmful nature of Target #2, "Adolescent and youth-friendly SRHR services are integrated into Universal Health Coverage packages," go to the *Youth Friendly* and *Sexual and Reproductive Health* and *Sexual and Reproductive Health and Rights* sections of this guide.

EDUCATION, RIGHT TO

(See Right to Education)

EDUCATION, SEXUAL RISK AVOIDANCE

(See Sexual Risk Avoidance Education)

EMERGENCY CONTRACEPTION

OVERVIEW

Emergency Contraception

Emergency contraception, also commonly called the "morning after pill," most often refers to chemical medications that block the hormone progesterone that is needed for a pregnancy to continue. According to the U.S. Food and Drug Administration (FDA), Mifeprex, when used together with another medicine called misoprostol, is used to end an early pregnancy. It is usually only effective if used within 120 hours after sex. Since it can also prevent the implantation of a fertilized ovum, many consider *"emergency contraception"* to be a euphemism for early abortion. The United Nations Population Fund (UNFPA) recommends the provision of emergency contraception to women in humanitarian situations.

[188] Malawi Ministry of Labour, Youth, Sports and Manpower Development. (2017). Comprehensive Sexuality Education for Out of School Young People in Malawi.
[189] Ibid.

Side effects of emergency contraception include:

- Cramping
- Vaginal bleeding that in some cases requires a surgical procedure to stop
- Nausea
- Weakness
- Fever/chills
- Vomiting
- Headache
- Diarrhea
- Dizziness

In addition to these side effects which are not uncommon after using emergency contraception, the FDA has reported serious adverse events including death (22 deaths were reported as of December 31, 2017).[190]

ESSENTIAL HEALTH CARE SERVICES

OVERVIEW
Essential Health Care Services

Target 3.8 of the SDGs includes access to quality *"essential health care services."* This seemingly innocuous term can no longer be considered as such.

An LGBTIQ rights organization that is accredited with ECOSOC, Outright Action International, argues that Member States must provide *"essential health care services"* that include:

- "gender affirmation and sex reassignment services"
- "viable options to alternative assisted reproductive technologies for LGBTI people with parenting intentions"[191]

ESSENTIAL MATERNAL HEALTH PACKAGE

(See also Essential Medicines)

OVERVIEW
Essential Maternal Health Package

While the term "essential maternal health package" encompasses such things as obstetric supplies, counseling, and pre-natal health care with the ultimate goal of a reduction in maternal mortality, it also can encompass abortion. For example, according to a publication by the International Labour Organization

[190] U.S. Food and Drug Administration. (2021). Questions and Answers on Mifeprex. https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm492705.htm

[191] Outright Action International. (2017, July 5). *Recommendations and Indicators for LGBTIQ Inclusion to SDG 3.* https://www.outrightinternational.org/content/recommendations-and-indicators-lgbtiq-inclusion-sdg-3

(ILO), "The essential maternal health package includes access to contraception and safe abortion services."[192]

ESSENTIAL MEDICINES

(See also Essential Maternal Health Package)

OVERVIEW

Essential Medicines

The World Health Organization (WHO) "Model List of Essential Medicines" includes *"emergency contraception, or mifepristone and misoprostol for medical abortion."*[193]

ETHICAL AND CULTURAL CONSIDERATIONS

(See also Parents, Respect for Religious Beliefs of | Religious and Ethical Values)

UN CONSENSUS LANGUAGE IN CONTEXT

Ethical and Cultural Considerations

■ Implement, as a matter of urgency, in accordance with country-specific conditions and legal systems, measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children and have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, **taking into account ethical and cultural considerations**. Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities, which include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values, **taking into account ethical and cultural considerations**. Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well-being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness; – Agenda 21 (1992), 3.8(j).

■ Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities that include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, **in keeping with freedom, dignity and personally held values and taking into account ethical and cultural considerations.** Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months

[192] International Labour Organization. (2015). *Feasibility Study for Non-Contributory Maternity Income Protection and Health Protection Package In Zambia*. https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---ilo-lusaka/documents/publication/wcms_541619.pdf

[193] World Health Organization. (2015). *19th WHO Model List of Essential Medicines (April 2015).* http://www.who.int/medicines/publications/essentialmedicines/EML2015_8-May-15.pdf

post-partum. Programmes should fully support women's productive and reproductive roles and well being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness. – Agenda 21 (1992), 5.51.

■ Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that **take account of local circumstances, ethics and cultural values is available in all countries**, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections; – HIV/AIDS (2006), 22.

EVOLVING CAPACITIES

OVERVIEW
Evolving Capacities

The following statement by the World Health Organization shows that WHO uses the *"evolving capacities"* standard to justify giving adolescents as young as age 10 *"sexual and reproductive health services without parental consent"*:

> *"Human rights standards at the international, regional and national levels are well developed regarding the protection of adolescents under 18* [WHO defines adolescents as people aged 10–18] *from discrimination in accessing both information and services for sexual health. They also require states to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities."*[194]

FAMILIES

(See also Family, Various Forms of)

OVERVIEW
Families

The simple word *"families"* has become quite controversial in UN negotiations. This is because it can be interpreted to mean diverse family forms that can include homosexual unions or other nontradtional family structures. Policy battles often ensue over whether to use the term *"families,"* which can be used to refer to diverse forms of the family, or *"the family,"* which is more commonly understood to refer only to a family based on the union of a man and a woman.

[194] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

It should be noted that some pro-family delegations consider the word *"families"* to be non-controversial when it is used grammatically as the plural of *"family,"* and *"families"* is always more acceptable than the term *"various forms of the family,"* which is often interpreted to be inclusive of LGBT and other alternative family structures. In any case, it is always preferable to use the term *"the family"* wherever possible. Delegations should insist on using the correct consensus language *"the family"* when the context is in relation to being the fundamental unit of society, or playing a major role in society, or as the best environment for children.

During the negotiations of the Sustainable Development Goals, there were heated discussions over the term *"the family."* This resulted in the unfortunate removal of the only significant reference to the key role of *"the family"* in development. Less controversial family-related language that did make it into the Agenda includes one direct reference to *"the family"* in the context of shared responsibilities in the household (SDG target 5.4), a reference to *"family farmers"* in relation to increasing family farm productivity and incomes (SDG target 2.3), and a reference to *"families"* in relation to contributing to a nurturing educational environment for children as follows: *"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."* Unfortunately, this last reference to *"families"* relegates them to being just one stakeholder along with communities and schools in relation to providing a nurturing environment for children. This reference should have been to *"the family"* as the environment for nurturing children. (See the *Family, Nurturing Environment* section for consensus language.)

While it is not possible to predict all of the various contexts in which *"families"* maybe be proposed, here are a few guidelines that can be helpful:

Not acceptable:

"families" in the context of being the fundamental unit of society
"families" in a legal context granting rights
"families" in the context of *"various forms of the family"*

Acceptable:

"families" as the plural form of *"family"*
"families" in the context of providing help or support

On a positive note, Agenda 2030 does reaffirm a number of consensus documents that do recognize the family as the fundamental unit of society.

◆ HRC Protection of the Family Resolution ◆

Conscious that **families** are sensitive to strain caused by social and economic changes, and expresses deep concern that conditions have worsened for many **families** owing to economic and financial crises, lack of job security, temporary employment and lack of regular income and gainful employment, as well as measures taken by Governments seeking to balance their budget by reducing social expenditure; -- Protection of the Family Resolution, HRC, (2015), 7.

Urges Member States to create a conducive environment to strengthen and support **all families**, recognizing that equality between women and men and respect for all the human rights and fundamental

freedoms of all family members are essential to family well-being and to society at large, noting the importance of reconciliation of work and family life and recognizing the principle of shared parental responsibility for the upbringing and development of the child; -- Protection of the Family Resolution, HRC, (2015), 9.

Emphasizes that States should ensure that children with disabilities have equal rights with respect to family life with a view to realizing these rights, and prevent concealment, abandonment, neglect and segregation of children with disabilities, and that States should take measures to provide early and comprehensive information, services and support to children with disabilities and their **families**; -- Protection of the Family Resolution, HRC, (2015), 15.

Stresses that persons with disabilities and their family members should receive the necessary protection and assistance to enable **families** to contribute to the full and equal enjoyment of the rights of persons with disabilities, and that States should, where the immediate family is unable to care for a child with disabilities, make every effort to provide alternative care within the wider family, and failing that, within the community in a family setting; -- Protection of the Family Resolution, HRC, (2015), 16.

Recognizes the positive impact that policies and measures to protect the family can have on protecting and promoting the human rights of its members and can contribute to, inter alia, decreasing drop-out rates from educational institutions, achieving equality between women and men and girls and boys, empowering women and girls and enhancing the protection against violence, abuses, sexual exploitation, harmful practices and the worst forms of child labour, while bearing in mind that violations and abuses of the human rights and fundamental freedoms of family members adversely affect **families** and have a negative impact on efforts aimed at protecting the family; -- Protection of the Family Resolution, HRC, (2015), 17.

Supporting research and developing comprehensive strategies to enhance the ability of **families** and communities to care for older family members and to reinforce the role of grandparents in raising grandchildren; -- Protection of the Family Resolution, HRC, (2015), 20 (d).

Facilitating, as appropriate, the integration of **families** into society and their reunification, preservation and protection, including by providing adequate shelter, access to basic services and a sustainable livelihood; -- Protection of the Family Resolution, HRC, (2015), 20 (f).

Working towards reducing poverty by, inter alia, granting assistance to **families** in difficult life situations and increasing the earning power of all adult members of economically deprived **families**; -- Protection of the Family Resolution, HRC, (2015), 20 (g).

Calls upon States and encourages non-governmental organizations and community organizations concerned to develop innovative ways to provide more effective assistance to **families** and the individuals within them who may be affected by specific problems, such as extreme poverty, chronic unemployment, illness, domestic and sexual violence, dowry payments, drug or alcohol dependence, incest, child abuse, neglect or abandonment; -- Protection of the Family Resolution, HRC, (2015), 21.

Requests the High Commissioner to prepare a report on the impact of the implementation by States of their obligations under relevant provisions of international human rights law with regard to the protection of the family, and on the contribution of **families** in realizing the right to an adequate standard of living for their members, particularly through their role in poverty eradication and in achieving

sustainable development, while giving due consideration to the status of the family in the developments related to the ongoing work on the future sustainable development goals and the post-2015 development agenda, and to present it to the Human Rights Council at its thirty-first session; -- Protection of the Family Resolution, HRC, (2015), 29.

FAMILY

(See also Families)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

Family

■ **The family is the basic unit of society.** – ICPD (1994), Chapter II, Principle 9; Social Summit (1995), 80; Social Summit +5 (2000), II 25, III 56; Beijing (1995), 29, 60; Habitat (1996), 31; Habitat +5 (2001), 30; – Children's Summit +10 (2002), 15.

■ **The family is the natural and fundamental group unit of society** and is entitled to protection by society and the State. – Universal Declaration (1948), Article 16 (3); ICESCR (1976), Article 10-1; ICCPR (1976), Article 23-1; Disabilities (2006), Preamble (x).

OVERVIEW

Family

Multiple binding (marked by an asterisk) and non-binding UN documents call for Member States to protect, preserve, assist, support and strengthen the family as the fundamental unit of society. This is because the family provides a natural environment for the growth, social development and well-being of all its members and particularly children. (*based on* Universal Declaration, Article 16 (3); ICESCR, Article 10-1;* ICCPR, Article 23-1;* Disabilities, Preamble (x)*; Migrant Workers Convention (Article 44)*; Habitat (1996), 31; Beijing (1995), 29).

- **The family** is the natural and fundamental group unit of society and is **entitled to protection** by society and the State (Universal Declaration, Article 16 (3)).
- Convinced that **the family, as the fundamental group of society** and the natural environment for the growth and well-being of all its members and particularly children, **should be afforded the necessary protection and assistance** (CRC, Preamble).*
- **The widest possible protection and assistance should be accorded to the family**, which is **the natural and fundamental group unit of society**, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses (ICESCR, Article 10-1).*

- **The family** is the **natural and fundamental group unit of society and is entitled to protection** by society and the State (ICCPR, Article 23-1).*

- Convinced that **the family** is the natural and fundamental group unit of society and is **entitled to protection** by society and the State (Disabilities, Preamble (x)).*

- Recognizing that **the family** is the natural and fundamental group unit of society and is entitled to protection by society and the State, shall **take appropriate measures to ensure the protection of the unity of the families** of migrant workers (Migrant Workers Convention (Article 44)).*

- **The family**, as a fundamental group and natural environment for the growth and well-being of children, **should be given all necessary protection and assistance** (Children's Summit (1990), 14).

- **Recognize the family as the basic unit of society,** and acknowledge that **it plays a key role in social development and as such should be strengthened** … It is entitled to receive comprehensive **protection** and **support** (Social Summit (1995), 26(h)).

- **The family** is the basic unit of society and as such should be strengthened. **It is entitled to receive comprehensive protection and support** (Habitat (1996), 31).

- Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, **preservation** (Habitat +5 (2001), 30).

- **The family** is the basic unit of society and as such should be strengthened. It **is entitled to receive comprehensive protection and support** (Beijing (1995), 29).

Member States are under obligation to protect the following rights related to the family as the fundamental unit of society:

NOTE: The following paragraphs are not consensus language, but are compilations based on consensus language.

- **Men and women, including those with disabilities, have the right to marry and to found a family,** with the free and full consent of the intending spouses (*based on* Universal Declaration (1948), Article 16.1 & 2; ICCPR, Article 23 – 2, 3, 4*; ICESR (1976), Article 10-1*; Habitat (1996), 31, Habitat +5 (2001), 30; Social Summit (1995), 80; Disabilities (2006), 23-1(a)*).

- **Men and women are entitled to equal rights as to marriage, during marriage and at its dissolution** (*based on* Universal Declaration (1948), Article 16 1, 2; ICCPR, Article 23-2, 3, 4*; Social Summit (1995), 80; ICPD (1994), Principle 9; Habitat (1996), 31, Habitat +5 (2001), 30); equality and equity between women and men and **respect for all family members are essential for family well-being and for society at large** (Social Summit +5 (2000), III 56).

- **Motherhood and childhood are entitled to special care and assistance** (Universal Declaration, Article 25-2) to be provided to mothers **during a reasonable period before and after childbirth** (*based on* ICESCR, Article 10-2*; CRC (1990), Article 24-2(d)*) by trained persons, preferably nurses and midwives (*based on* ICPD (1994), 8.22; Children's Summit (1990), 14, 17). **Governments should enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support** (*based on* ICPD 8.18).

- **The social significance of maternity and paternity continue to be inadequately addressed** (Beijing +5 (2000), 60). **Motherhood and fatherhood** and the role of parents and legal

guardians . . . **must not be a basis for discrimination** (Beijing +5 (2000), 60), including the role of women in procreation (*based on* Beijing (1995), 29).

- **Each child has the right to know and be cared for by his or her parents,** including children with disabilities, and shall be registered immediately after birth and have the right from birth to a name, and the right to acquire a nationality (*based on* CRC (1990), Article 7-1*; Disabilities (2006), Article 18-2*; Beijing (1995), 274(b)). **This includes the right to be guided and supported by parents, families and society** (*based on* ICPD (1994), II, Principle 11).

- **States Parties shall respect the *rights, responsibilities*, and *duties* of parents** (CRC (1990), Articles 5, 14-2*; *based on* ICPD (1994), 7.45; ICPD +5 (1999), 73(e)) and other persons legally responsible for children (*based on* Habitat (1996), 13).

- *Parental rights* include (i) **parents have a prior right to choose the kind of education that shall be given to their children** (Universal Declaration (1948), Article 26(3); *based on* ICPD (1994), II, Principle 10); and (ii) **respect for the liberty of parents to ensure the religious and moral education of their children in conformity with their own convictions** (*based on* ICESCR (1976), Article 13-3*; ICCPR (1976), Article 18-4*).

- *Parental responsibilities* include (i) **parents or, as the case may be, legal guardians, have the primary responsibility for the protection, upbringing and development of the children rests with the family** (CRC (1990), Article 18-1*; *based on* Children's Summit +10 (2002), 15, 32(2)), and (ii) **parents or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development** (CRC (1990), Article 27-2*), and **parents, families, legal guardians and other caregivers … must be supported in the performance of their child-rearing responsibilities** (Children Summit +10 (1990), 32(2)).Based on the foregoing family rights and responsibilities, **Member States are obligated to create family-friendly policies to support the family and should assess such policies and programmes for their impact on family well-being** (*based on* Social Summit (1995), 81(a)). Among other issues, government policies and programmes should:

- **Protect the family from the causes and consequences of family disintegration** (*based on* Social Summit +5 (2000), III 56); Beijing (1995), 22; ICPD (1994), 5.7).

- **Be family friendly in their design, implementation and promotion** (*based on* Beijing +5 (2000), 82(d); Beijing (1995), 285(a)). Governments should formulate family-sensitive policies **in the field of housing, work, health, social security and education** in order to create an environment supportive of the family (ICPD (1994), 5.2(a) and 5.9).

- **Reaffirm the central role of the family ... in reducing vulnerability to HIV** (HIV/AIDS (2011), 43) and **caring for victims of HIV/AIDS** through research, strategies policies, programmes and financial, social and moral support for their parents families and legal guardians (*based on* HIV/AIDS (2001), 63; HIV/AIDS (2011), 68; ICPD+5 (1999), 21-c).

- **Reduce poverty by granting** assistance to families in difficult life situations (*based on* ICPD (1994), 5.7) and **increasing the earning power of all adult members of economically deprived families** (*based on* ICPD (1994), 5.7).

- **Facilitate the family's integration, reunification, preservation, improvement**, and protection with adequate shelter, access to basic services and a sustainable livelihood (*based on*

Habitat +5 (2001), 30) and **ensure the reunification of documented migrants** (*based on* Social Summit (1995), 77 (b)); ICPD (1994), 10.9).

- **Recognize that stable, supportive and nurturing family relationships, supported by communities and, where available, professional services, can provide a vital shield against substance abuse,** particularly among minors (Social Summit +5 (2000), III, 72).

- **Make every effort to ensure fathers have opportunities to participate in their children's lives** (Children's Summit +10 (2202), 24), and . . . **emphasize men's shared responsibility and promote their active involvement in responsible parenthood** (ICPD (1994), 4.27), including their support for maternal health and motherhood, and ensuring their financial support for their children and families (*based on* ICPD (1994), 4.28 & 8.22).

- **Ensure access by children to any health related services**, including those concerning reproductive and sexual health, is done **with the support and guidance of their parents** (*based on* ICPD (1994), 6.15).

- **… Respond more effectively to the material and spiritual needs of** individuals, **their families** and the communities in which they live throughout our diverse countries and regions (Social Summit (1995), Declaration, 3), including the religious beliefs and cultural values of documented migrants and their families (*based on* ICPD (1994), 10.9).

- Support research and develop comprehensive strategies ... to **enhance the ability of families and communities to care for older family members; the ability of the elderly to care for family members ...** (ICPD +5 (1999), 21-c; Social Summit (1995), 40(d)); and **reinforce the positive role of grandparents in raising grandchildren** (*based on* Ageing (2002), 106(c)).

- **Assist single parent families**, and pay special attention to the needs of widows and orphans. All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example with single parents, making sure there is compatibility between labour force participation and parental responsibilities, payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and stronger legal enforcement of male parental financial responsibilities (*based on* ICPD (1994), 5.3, 5.7, 5.13; Social Summit +5 (2000), 49(c); Ageing (2002), 46).

FAMILY, 2030 AGENDA AND DEVELOPMENT

(See also Family, Protection of)

OVERVIEW

Family, 2030 Agenda and Development

Although the 2030 Agenda includes only one *direct* reference to *"the family"* in the context of shared responsibilities in the household (target 5.4), one reference to *"family"* in the context of *"family farmers"* (target 2.3), and a reference to *"families"* in relation to nurturing an educational environment for children (para 25), there are *no* direct references to the role of the family or to its protection. However, the 2030 Agenda does reaffirm a number of important UN documents that in turn, strongly affirm the institution of the family.

For example, paragraph 10 states that the 2030 Agenda is *"grounded in the Universal Declaration of Human Rights (UDHR) and international human rights treaties,"* and Article 16.3 of the UDHR states,

"The family is the natural and fundamental group unit of society and is entitled to protection by society and the State." And since paragraph 10 also affirms *"international human rights treaties,"* it is important to understand that such treaties also strongly affirm the family as follows:

- **International Covenant on Economic, Social and Cultural Right**s, Article 10-1: "The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society,"

- **International Covenant on Civil and Political Rights**, Article 23-1: "The family is the natural and fundamental group unit of society and is entitled to protection by society and the State."

- **Convention on the Rights of the Child**, Preamble (sixth paragraph): "Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community."

In addition, Paragraph 11 of the 2030 Agenda reaffirms the outcomes of all major United Nations conferences and summits, including the World Summit for Social Development, the Programme of Action of the International Conference on Population and Development, and the Beijing Platform for Action. These documents in turn also affirm the family as follows:

- **World Summit for Social Developmen**t, 80: "The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support."

- **Programme of Action of the International Conference on Population and Development**, Principle 9: "The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support."

- **Beijing Platform for Action**, 29: "The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support."

Paragraph 11 of the 2030 Agenda continues, "*We also reaffirm the follow-up to these conferences."* These follow-up conference documents include:

- **Social Summit +5**, 25: "There has been continued recognition that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration."

- **Beijing +5**, 60: "The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened."

These strong family provisions referred to indirectly in the 2030 Agenda through the reaffirmation of the documents provide strong language that can be built on when negotiating new documents or policies related to development. Certainly, sovereign Member States have the right and indeed the obligation, based in these treaties and documents, to place the protection of the family at the center of their post-2015 development efforts.

Indeed, since the family is the natural and fundamental group unit of society, nations would do well to assess all development policies and programs for their impact on the family while working to empower families to realize their full potential as critical contributors to development.

■ 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**. – 2030 Agenda (2015), 25.

■ By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, **family farmers**, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment. – 2030 Agenda (2015), 2.3.

■ Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household **and the family** as nationally appropriate. – 2030 Agenda (2015), 5.4.

■ **Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations** – ICPD (1994), 5.7.

■ When formulating socio-economic development policies, **special consideration should be given to increasing the earning power of all adult members of economically deprived families** – ICPD (1994), 5.4.

■ **Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as such should be strengthened,** with attention to the rights, capabilities and responsibilities of its members. In different cultural, political and social systems various forms of family exist. It is entitled to receive comprehensive protection and support; – Social Summit (1995), 26(h).

■ There has been continued recognition that **the family is the basic unit of society and that it plays a key role in social development** and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. – Social Summit +5 (2000), II 25.

■ **Society should facilitate**, as appropriate, all necessary conditions for its [the family's] integration, reunification, preservation, improvement, and **protection within adequate shelter and with access to basic services and a sustainable livelihood –** Habitat +5 (2001), 30

.FAMILY, BASIC UNIT OF SOCIETY

(See also Family, Natural Group Unit | Family, Fundamental Group Unit)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

Family, Basic Unit of Society

■ **The family is the basic unit of society.** – ICPD (1994), Chapter II, Principle 9; Social Summit (1995), 80; Social Summit +5 (2000), II 25, III 56; Beijing (1995), 29, 60; Habitat (1996), 31; Habitat +5 (2001), 30; Children's Summit +10 (2002), 15.

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Basic Unit of Society

■ **The family is the basic unit of society and as such should be strengthened**. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, **and husband and wife should be equal partners**. – ICPD (1994), Chapter II, Principle 9.

■ **Recognize the family as the basic unit of society**, and acknowledge that it plays a key role in social development and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members. In different cultural, political and social systems various forms of family exist. It is entitled to receive comprehensive protection and support; – Social Summit (1995), 26(h).

■ **The family is the basic unit of society and as such should be strengthened**. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, **and husband and wife should be equal partners**. – Social Summit (1995), 80.

■ There has been continued recognition that **the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration**. In different cultural, political and social systems, various forms of the family exist. – Social Summit +5 (2000), II 25.

■ **Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration**. In different cultural, political and social systems, various forms of the family exist. Further recognize that equality and equity between women and men and respect for the rights of all family members are essential for family well-being and for society at large, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. **Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration,** and to the adoption of measures to reconcile work and family life for women and men. – Social Summit +5 (2000), III 56.

■ Women play a critical role in the family. **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and

responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and **the role of parents in the family and in the upbringing of children should be acknowledged.** The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

■ Women play a critical role in the family. **The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened.** The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. In different cultural, political and social systems, various forms of the family exist and the rights, capabilities and responsibilities of family members must be respected. Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed. Motherhood and fatherhood and the role of parents and legal guardians in the family and in the upbringing of children and **the importance of all family members to the family's well-being** is also acknowledged and must not be a basis for discrimination. Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities. – Beijing +5 (2000), 60.

■ **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement, and protection within adequate shelter and with access to basic services and a sustainable livelihood. – Habitat (1996), 31.

■ (Exact repeat of Habitat, 31, above) – Habitat +5 (2001), 30.

■ **The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. The primary responsibility for the protection, upbringing and development of children rests with the family.** All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children’s Summit +10 (2002), 15.

FAMILY, CENTRAL ROLE OF

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Central Role of

■ **Reaffirm the central role of the family**, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth-friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2011), 43.

■ Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights5 and other instruments relating to human rights and international law; and emphasize the importance of cultural, ethical and religious values, **the vital role of the family** and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care; – HIV/AIDS (2011), 38.

FAMILY, DEVELOPMENT ROLE AND CONTRIBUTIONS OF

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Development Role and Contributions of

■ **Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations** – ICPD (1994), 5.7.

■ When formulating socio-economic development policies, **special consideration should be given to increasing the earning power of all adult members of economically deprived families** – ICPD (1994), 5.4.

■ **Society should facilitate**, as appropriate, all necessary conditions for its [the family's] integration, reunification, preservation, improvement, and **protection within adequate shelter and with access to basic services and a sustainable livelihood –** Habitat +5 (2001), 30.

FAMILY, DISINTEGRATION OF

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Disintegration

■ One fourth of all households world wide are headed by women and many other households are dependent on female income even where men are present. Female-maintained households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labour market and other gender-based barriers. **Family disintegration**, population movements between urban and rural areas within countries, international migration, war and internal displacements are **factors contributing to the rise of female- headed households. –** Beijing (1995), 22.

■ Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. Further recognize that equality and equity between women and men and respect for the rights of all family members are essential for family well-being and for society at large, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. **Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration**, and to the adoption of measures to reconcile work and family life for women and men. – Social Summit +5 (2000), III 56.

FAMILY, EDUCATION AND

(See also Parents, Respect for Religious Beliefs of | Parents, Sex Education of Children | Sex Education)

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Education and

■ Education is a human right and an essential tool for achieving the goals of equality, development and peace. Non-discriminatory education benefits both girls and boys and thus ultimately contributes to more equal relationships between women and men. Equality of access to and attainment of educational qualifications is necessary if more women are to become agents of change. **Literacy of women is an important key to improving health, nutrition and education in the family** and to empowering women to participate in decision-making in society. Investing in formal and non-formal education and training for girls and women, with its exceptionally high social and economic return, has proved to be one of the best means of achieving sustainable development and economic growth that is both sustained and sustainable. **–** Beijing (1995), 69.

■ **Encourage adult and family engagement in learning to promote total literacy for all people; –** Beijing (1995), 81 (e).

■ **Develop training programmes and materials for teachers and educators that raise awareness about the status, role and contribution of women and men in the family**, as defined in paragraph 29 above, and society; in this context, promote equality, cooperation, mutual respect and shared responsibilities between girls and boys from pre-school level onward and develop, in particular, educational

modules to ensure that boys have the skills necessary to take care of their own domestic needs and to share responsibility for their household and for the care of dependants; – Beijing (1995), 83 (b).

■ **Develop policies, inter alia, in education to change attitudes that reinforce the division of labour based on gender in order to promote the concept of shared family responsibility for work in the home, particularly in relation to children and elder care; –** Beijing (1995), 179 (d).

■ **Ensure education and dissemination of information to girls, especially adolescent girls, regarding the physiology of reproduction, reproductive and sexual health, as agreed to in the Programme ofAction of the International Conference on Population and Development** and as established in the report of that Conference, responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, **recognizing the parental roles referred to in paragraph 267**; **–** Beijing (1995), 281 (e).

■ Particular efforts should be made to **protect children and youth by**:
(a) **Promoting family stability and supporting families in providing mutual support, including in their role as nurturers and educators of children**; – Social Summit (1995), 39-a.

■ **To ensure that all segments of society, in particular parents and children, are informed, have access to education** and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; **–** CRC (1990), Article 24 - 2 (e).

■ Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can result in harmful and unethical practices such as pre-natal sex selection, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. **The girl child's access to health, nutrition, education and life** opportunities should be protected and promoted. The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status and in protecting the health and well-being of girls should be enhanced and supported. **–** ICPD + 5 (1999), 48.

■ The States Parties to the present Covenant recognize that: 1. The widest possible protection and assistance should be accorded to **the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children.** Marriage must be entered into with the free consent of the intending spouses. **–** ICESCR (1976), Article 10.

■ **Recognize the potential of older persons as leaders in the family and community for education,** communication and conflict resolution; Ageing (2002), 56 (b)

FAMILY, ELDERLY AND

(See also Generational Solidarity | Grandparents)

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Elderly and

■ A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. **They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members,** productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized. – Ageing (2002), 19.

■ **Factors affecting older women in the labour market deserve special attention, in particular those factors that affect women's engagement in paid work, including lower salaries, lack of career development due to interrupted work histories, family care obligations** and their ability to build pensions and other resources for their retirement. **A lack of family-friendly policy regarding the organization of work can increase these difficulties.** Poverty and low income during women's earning years can often lead to poverty in old age. An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace. – Ageing (2002), 25.

■ Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, persons with disabilities and persons with chronic diseases, including HIV/AIDS, **by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and caregiving responsibilities**; – Ageing (2002), 28 (i).

■ In many developing countries and countries with economies in transition, the ageing population is marked in rural areas, owing to the exodus of young adults. **Older persons may be left behind without traditional family support and even without adequate financial resources.** Policies and programmes for food security and agricultural production must take into account the implications of rural ageing. **Older women in rural areas are particularly vulnerable economically, especially when their role is restricted to non-remunerated work for family upkeep and they are dependent on others for their support and survival.** Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources. – Ageing (2002), 29.

■ **The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas**. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization and exclusion, in particular if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. **The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home.** – Ageing (2002), 31.

■ **Encourage and support traditional and non-traditional multigenerational mutual assistance activities with a clear gender perspective in the family,** the neighbourhood and the community; – Ageing (2002),41 (d).

■ **At the family and community level, intergenerational ties can be valuable for everyone.** Despite geographic mobility and other pressures of contemporary life that can keep people apart, **the great majority of people in all cultures maintain close relations with their families throughout their lives.** These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons. – Ageing (2002), 43.

■ **Recognize the potential of older persons as leaders in the family and community for education,** communication and conflict resolution; – Ageing (2002), 56 (b).

■ In developing countries, and some countries with economies in transition, rapid demographic ageing is taking place in a context of continuing urbanization and a growing number of persons who are ageing in urban areas lack affordable housing and services. **At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family.** Left alone, they are often without adequate transportation and support systems. – Ageing (2002), 96.

■ **Develop social support systems, both formal and informal, with a view to enhancing the ability of families to take care of older persons within the family,** including in particular the provision of long-term support and services for the growing number of frail older persons; – Ageing (2002), 105 (h).

■ **Promote provision of community-based care and support of family care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life**. – Ageing (2002), 105 (j).

■ Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and **the elderly, particularly in their role as caregivers;** promoting child oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them; HIV/AIDS (2006), 32.

■ **Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations.** Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single parent families headed by women, **poor families with elderly members** or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and youths are left to their own devices as family ties break down, and hence are increasingly exposed to risks such as dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases. – ICPD (1994), 5.7.

FAMILY, ENVIRONMENT

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Environment

■ Convinced that **the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children**, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, – CRC (1990), Preamble, paragraph 5.

◆ HRC Protection of the Family Resolution ◆

Recognizing that the family has the primary responsibility for the nurturing and protection of children and that **children, for the full and harmonious development of their personality, should grow up in a family environment and in an atmosphere of happiness, love and understanding,** -- Protection of the Family Resolution, HRC, (2015), Preamble.

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, -- Protection of the Family Resolution, HRC, (2015), Preamble.

Reaffirms the need to promote and protect the rights of the child, and in this regard **calls upon States to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities** in the best interests of the child, **bearing in mind that a child should grow up in a safe and supportive family environment, and giving high priority to the rights of the children, including to survival, protection and development;** -- Protection of the Family Resolution, HRC, (2015), 10.

FAMILY, EXTENDED

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Extended

■ States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care **within the wider family**, and failing that, within the community **in a family setting**. Disabilities (2006), Article 23-5.

FAMILY, FAMILY PLANNING

(See Abortion, Family Planning)

FAMILY, FUNDAMENTAL GROUP UNIT

(See also Family, Basic Unit of Society | Family, Natural Group Unit)

OVERVIEW
Family, Fundamental Group Unit

The strongest language on the family that is supported by multiple consensus documents states:

> **"The family is the natural and fundamental group unit of society** and is entitled to protection by society and the State."

No fewer than five binding treatises as well as multiple non-binding international agreements affirm this language, and over 110 countries affirm the family unit in their national constitutions.[195]

While attempts to enshrine watered-down versions of this language are often made, it is critical to always insist that this phrase remain intact and be repeated whenever possible in UN documents under negotiation.

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS
Family, Fundamental Group Unit

■ **The family is the natural and fundamental group unit of society** and is entitled to protection by society and the State. – Universal Declaration (1948), Article 16 (3); ICESCR (1976), Article 10-1; ICCPR (1976), Article 23-1; Disabilities (2006), Preamble (x). See also Protection of the Family Resolution, HRC, (2015), Preamble, 4, 20, 28.

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Fundamental Group Unit

■ Convinced that **the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children**, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, – CRC (1990), Preamble, paragraph 5.

■ The family is the natural and **fundamental group unit of society** and is entitled to protection by society and the State. – Universal Declaration (1948), Article 16 (3)

■ Half a million mothers die each year from causes related to childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing. **The family, as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance**. – Children's Summit (1990), 14.

■ The widest possible protection and assistance should be accorded to the family, which is **the natural and fundamental group unit of society**, particularly for its establishment and while it is respon-

[195] ICESCR, CRC, ICCPR, Disabilities, Migrant Workers.

sible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses. – ICESCR (1976), Article 10-1.

■ **The family is the natural and fundamental group unit of society** and is entitled to protection by society and the State. – ICCPR (1976), Article 23-1.

■ Convinced that **the family is the natural and fundamental group unit of society** and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities, – Disabilities (2006), Preamble (x).

FAMILY, HAPPINESS, LOVE AND UNDERSTANDING

UN CONSENSUS LANGUAGE
SUPPORTED BY MULTIPLE DOCUMENTS

Family, Happiness, Love and Understanding

■ **...in an atmosphere of happiness, love and understanding...** – CRC (1990), Preamble; Children's Summit (1990), 18; Children's Summit +10 (2002), 15.

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Happiness, Love and Understanding

■ Recognizing that the child, for the full and harmonious development of his or her personality, **should grow up in a family environment, in an atmosphere of happiness, love and understanding...** – CRC (1990), Preamble.

■ The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence. Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, **children should grow up in a family environment, in an atmosphere of happiness, love and understanding**. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. The primary responsibility for the protection, upbringing and development of children rests with the family. All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and **in an atmosphere of happiness, love and understanding**, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit +10 (2002), 15.

FAMILY, HIV/AIDS

UN CONSENSUS LANGUAGE IN CONTEXT
Family, HIV/AIDS

■ **Reaffirm the central role of the family,** bearing in mind that in different cultural, social and political systems various forms of the family exist, **in reducing vulnerability to HIV**, **inter alia in educating and guiding children**, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth-friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2011), 43.

■ Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; **providing support and rehabilitation to these children and their families,** women and the elderly, particularly in their role as caregivers; promoting child oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them; HIV/AIDS (2006), 32.

■ Note with alarm the rise in the incidence of HIV among people who inject drugs and that, despite continuing increased efforts by all relevant stakeholders, the drug problem continues to constitute a serious threat to, among other things, public health and safety and the well-being of humanity, **in particular children and young people and their families**, and recognize that much more needs to be done to effectively combat the world drug problem; – HIV/AIDS (2011), 26.

■ **Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by** Governments, people living with HIV, political and community leaders, parliaments, regional and subregional organizations, communities, **families,** faith-based organizations, scientists, health professionals, donors, the philanthropic community, workforces, the business sector, civil society and the media; – HIV/AIDS (2011), 11.

■ Recognize that agrarian economies are heavily affected by HIV and AIDS, which debilitate their communities **and families** with negative consequences for poverty eradication, that people die prematurely from AIDS because, inter alia, poor nutrition exacerbates the impact of HIV on the immune system and compromises its ability to respond to opportunistic infections and diseases, and that HIV treatment, including antiretroviral treatment, should be complemented with adequate food and nutrition; – HIV/AIDS (2011), 20.

■ Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support, recognize that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, **including their families**, is also a critical element in combating the global HIV epidemic, and recognize also the need, as appropriate, to strengthen national policies and legislation to address such stigma and discrimination; – HIV/AIDS (2011), 39.

■ Recognize that close cooperation with people living with HIV and populations at higher risk of HIV infection will facilitate the achievement of a more effective HIV and AIDS response, and emphasize that people living with and affected by HIV**, including their families**, should enjoy equal participation

in social, economic and cultural activities, without prejudice and discrimination, and that they should have equal access to health care and community support as all members of the community; – HIV/AIDS (2011), 40.

■ Recognize that access to sexual and reproductive health has been and continues to be essential for HIV and AIDS responses, and that Governments have the responsibility to provide for public health, **with special attention to families**, women and children; – HIV/AIDS (2011), 41.

■ Commit to develop and implement strategies to improve infant HIV diagnosis, including through access to diagnostics at point-of-care, significantly increase and improve access to treatment for children and adolescents living with HIV, including access to prophylaxis and treatments for opportunistic infections, as well as increased support to children and adolescents through increased financial, social and moral support for their parents, **families** and legal guardians, and promote a smooth transition from paediatric to young adult treatment and related support and services; – HIV/AIDS (2011), 68.

■ Commit to national HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, **including their families**, including through sensitizing the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support; – HIV/AIDS (2011), 80.

■ Commit to encouraging and supporting the active involvement and leadership of young people, ... including in communities, **families**, schools, tertiary institutions, recreation centres and workplaces; – HIV/AIDS (2011), 56.

■ Commit to strengthen national social and child protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development to full potential of orphans and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support to children **and their families** and caregivers, especially age-appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities; – HIV/AIDS (2011), 82.

FAMILY, HUMAN RIGHTS OF FAMILY MEMBERS

◆ HRC Protection of the Family Resolution ◆

Also reaffirms that States have the primary responsibility to promote and protect the human rights and fundamental freedoms of all human beings, and **stresses the fundamental importance of full respect for human rights and fundamental freedoms of all family members;** -- Protection of the Family Resolution, HRC, (2015), 5.

Recognizes that **the family, while respect for the rights of its members is ensured,** is a strong force for social cohesion and integration, intergenerational solidarity and social development, and that the family plays a crucial role in the preservation of cultural identity, traditions, morals, heritage and the

values system of society; -- Protection of the Family Resolution, HRC, (2015), 6.

Urges Member States to create a conducive environment to strengthen and support all families, recognizing that equality between women and men and **respect for all the human rights and fundamental freedoms of all family members** are essential to family well-being and to society at large, noting the importance of reconciliation of work and family life and recognizing the principle of shared parental responsibility for the upbringing and development of the child; -- Protection of the Family Resolution, HRC, (2015), 9.

Recognizes the positive impact that policies and measures to protect the family can have on protecting and promoting the human rights of its members and can contribute to, inter alia, decreasing dropout rates from educational institutions, achieving equality between women and men and girls and boys, empowering women and girls and enhancing the protection against violence, abuses, sexual exploitation, harmful practices and the worst forms of child labour, while bearing in mind that violations and abuses of the human rights and fundamental freedoms of family members adversely affect families and have a negative impact on efforts aimed at protecting the family; -- Protection of the Family Resolution, HRC, (2015), 17.

Urges States, in accordance with their respective obligations under international human rights law, to provide the family, as the natural and fundamental group unit of society, with effective protection and assistance, and encourages States in this regard to take, as appropriate and to the maximum of their available resources, measures... -- Protection of the Family Resolution, HRC, (2015), 20.

FAMILY, LOVE IN THE FAMILY

(See Family, Happiness, Love and Understanding)

FAMILY, MIGRATION/MIGRANTS AND

(See also Family, Reunification of)

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Migration/Migrants and

■ Documented migrants are those who satisfy all the legal requirements to enter, stay and, if applicable, hold employment in the country of destination. In some countries, many documented migrants have, over time, acquired the right to long-term residence. In such cases, the integration of documented migrants into the host society is generally desirable, and for that purpose it is important to extend to them the same social, economic and legal rights as those enjoyed by citizens, in accordance with national legislation. **The family reunification of documented migrants is an important factor in international migration**. It is also important to protect documented migrants and their families from racism, ethnocentrism and xenophobia, **and to respect their physical integrity, dignity, religious beliefs and cultural values.** – ICPD (1994), 10.9.

■ In order to promote the integration of documented migrants having the right to long-term residence, Governments of receiving countries are urged to consider giving them civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and

training opportunities equal to those of nationals, allowing them to exercise an economic activity, and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child and all other relevant universally recognized human rights instruments, all Governments, particularly those of receiving countries, **must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure the protection of the unity of the families of documented migrants.** Governments of receiving countries must ensure the protection of migrants and their families, giving priority to programmes and strategies that combat religious intolerance, racism, ethnocentrism, xenophobia and gender discrimination and that generate the necessary public sensitivity in that regard. – ICPD (1994), 10.12.

■ Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, mother and baby protection services, **centres for migrant families and so forth in the field of information and education related to abuse**; – Beijing (1995), 125(f).

FAMILY, MULTIGENERATIONAL

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Multigenerational

■ Governments should maintain and further develop mechanisms to document changes and undertake studies on family composition and structure, especially on the prevalence of one-person households, and **single-parent and multigenerational families**. – ICPD (1994), 5.6.

■ Governments should support and develop the appropriate mechanisms to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and **support the viability of multigenerational families**. – ICPD (1994), 5.11.

■ All levels of government in medium- and long-term socio-economic planning should take into account the increasing numbers and proportions of elderly people in the population. Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of **multigenerational families,** and the provision of long-term support and services for growing numbers of frail older people. – ICPD (1994), 6.18.

■ **Recognition of the crucial importance of families, intergenerational interdependence**, solidarity and reciprocity for social development; – Ageing (2002), 12(g).

■ **At the family and community level, intergenerational ties** can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures **maintain close relations with their families** throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons. – Ageing (2002), 43.

FAMILY, NATURAL ENVIRONMENT FOR CHILDREN

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Natural Environment for Children

■ Half a million mothers die each year from causes related to childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing. **The family, as a fundamental group and natural environment for the growth and well-being of children,** should be given all necessary protection and assistance. – Children's Summit (1990), 14.

■ Convinced that **the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children**, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, – CRC (1990), Preamble, paragraph 5.

FAMILY, NATURAL GROUP UNIT

(See also Family, Basic Unit of Society | Family, Fundamental Group Unit)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS
Family, Natural Group Unit

■ The family is the **natural and fundamental group unit of society.** – Universal Declaration (1948), Article 16(3); ICCPR, Article 23-1; Disabilities (2006), Preamble (x); ICESCR (1976), Article 10-1.

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Natural Group Unit

■ The family is the **natural and fundamental group unit of society** and is entitled to protection by society and the State. – Universal Declaration (1948), Article 16(3)

■ The family is the **natural and fundamental group unit of society** and is entitled to protection by society and the State. – ICCPR, Article 23-1.

■ Convinced that **the family is the natural and fundamental group unit of society** and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities, – Disabilities (2006), Preamble (x).

■ Convinced that **the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children**, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, – CRC (1990), Preamble, paragraph 5.

■ Half a million mothers die each year from causes related to childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing. **The family, as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance**. – Children's Summit (1990), 14.

■ The widest possible protection and assistance should be accorded to the family, which is **the natural and fundamental group unit of society**, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses. – ICESCR (1976), Article 10-1.

FAMILY, NURTURING ENVIRONMENT

(See also Family, Nurturing Role of)

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Nurturing Environment

■ We will work for respect for the role of the family in providing for children and will support the efforts of parents, other care-givers and communities to **nurture and care for children**, from the earliest stages of childhood through adolescence. We also recognize the special needs of children who are separated from their families. – Children's Summit Declaration (1990), 20-5

■ The family has the primary responsibility for the **nurturing and protection of children** from infancy to adolescence. Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, **including shared responsibilities for the care and nurturing of children** and maintenance of the household. In all parts of the world, women are facing threats to their lives, health and well- being as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction. This, in turn, is essential for the long- term success of population programmes. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women. – ICPD (1994), 4.1.

■ Particular efforts should be made to protect children and youth by:
(a) Promoting family stability and supporting families in providing mutual support, including in their **role as nurturers and educators** of children; – Social Summit (1995), 39-a.

■ Governments should promote equality and social justice by:
(e) Encouraging the free formation of cooperatives, community and other grass-roots organizations, mutual support groups, recreational/sports associations and similar institutions that tend to strengthen social integration, paying particular attention to policies that **assist families in their support, educational, socializing and nurturing roles**; – Social Summit (1995), 74-e**.**

■ **Helping the family in its supporting, educating and nurturing roles** in contributing to social integration should involve:
(a) Encouraging social and economic policies that are designed to meet the needs of families and their individual members, especially the most disadvantaged and vulnerable members, with particular attention to the care of children;
(b) Ensuring opportunities for family members to understand and meet their social responsibilities;
(c) Promoting mutual respect, tolerance and cooperation within the family and within society;
(d) Promoting equal partnership between women and men in the family. – Social Summit (1995), 81.

■ By Governments, in cooperation with non-governmental organizations:
(a) Formulate policies and programmes to help the family, as defined in paragraph 29 above, in its **supporting, educating and nurturing roles**, with particular emphasis on the elimination of intra-family discrimination against the girl child;
(b) Provide an environment conducive to the strengthening of the family, as defined in paragraph 29 above, with a view to providing supportive and preventive measures which protect, respect and promote the potential of the girl child;
(c) Educate and encourage parents and caregivers to treat girls and boys equally and to ensure shared responsibilities between girls and boys in the family, as defined in paragraph 29 above. – Beijing (1995), 285-a

■ We further commit ourselves to the objectives of:
(k) elping the family, in its **supporting, educating and nurturing roles**, to recognize its important contribution to social integration, and encouraging social and economic policies that are designed to meet the housing needs of families and their individual members, especially the most disadvantaged and vulnerable members, with particular attention to the care of children; – Habitat (1996), 40-k

■ Recognize **that stable, supportive and nurturing family relationships**, supported by communities and, where available, professional services, can provide a vital shield against substance abuse, particularly among minors. Schools and the media, inter alia, through the use of information technologies, including the Internet, should be encouraged to provide young people with information on the dangers of substance abuse and addiction and on how to seek help. – Social Summit +5 (2000), III, 72.

■ Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. Further recognize that equality and equity between women and men and respect for the rights of all family members are essential for family well-being and for society at large, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. **Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration**, and to the adoption of measures to reconcile work and family life for women and men. – Social Summit +5 (2000), III 56.

■ **We recognize and support parents and families or, as the case may be, legal guardians as the primary caretakers of children, and we will strengthen their capacity to provide the optimum care, nurturing and protection**. – Children's Summit +10 (2002), 6.

■ 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**. – 2030 Agenda (2015), 25.

FAMILY, NURTURING ROLE OF

(See also Family, Nurturing Environment)

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Nurturing Role of

■ **The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence.** Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ **Helping the family in its supporting, educating and nurturing roles** in contributing to social integration should involve: (a) Encouraging social and economic policies that are designed to meet the needs of families and their individual members, especially the most disadvantaged and vulnerable members, with particular attention to the care of children; (b) Ensuring **opportunities for family members** to understand and meet their social responsibilities; (c) **Promoting mutual respect, tolerance and co-operation within the family** and within society; (d) **Promoting equal partnership between women and men in the family**. – Social Summit (1995), 81.

■ Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. Further recognize that equality and equity between women and men and respect for the rights of all family members are essential for family well-being and for society at large, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. **Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration**, and to the adoption of measures to reconcile work and family life for women and men. – Social Summit +5 (2000), III 56.

■ Recognize that **stable, supportive and nurturing family relationships, supported by communities and, where available, professional services, can provide a vital shield against substance abuse,** particularly among minors. Schools and the media, inter alia, through the use of information

technologies, including the Internet, should be encouraged to provide young people with information on the dangers of substance abuse and addiction and on how to seek help. – Social Summit +5 (2000), III, 72.

■ 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**. – 2030 Agenda (2015), 25.

FAMILY, POVERTY AND

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Poverty and

■ **Governments should formulate family-sensitive policies in the field of housing, work, health, social security and education in order to create an environment supportive of the family** … monitor the impact of social and economic decisions and actions on the well-being of families, on the status of women within families, and on the ability of families to meet the basic needs of their members. – ICPD (1994), 5.9.

■ Analysing policies and programmes, including those relating to macroeconomic stability, structural adjustment programmes, taxation, investments, employment, markets and all relevant sectors of the economy, **with respect to their impact on poverty and inequality, assessing their impact on family well-being.** – Social Summit (1995), 81(a).

■ **Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations.** – ICPD (1994), 5.7.

■ When formulating socio-economic development policies, **special consideration should be given to increasing the earning power of all adult members of economically deprived families.** – ICPD (1994), 5.4.

■ **Society should facilitate**, as appropriate, all necessary conditions for its [the family's] integration, reunification, preservation, improvement, and **protection within adequate shelter and with access to basic services and a sustainable livelihood. –** Habitat +5 (2001), 30.

FAMILY, PRESERVATION OF

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Preservation of

■ Reaffirm that the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses and husband and wife should be equal partners. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. **Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation.** – Habitat +5 (2001), 30.

FAMILY, PROTECTION OF

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Protection of

■ **The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.** – Universal Declaration, Article 16 (3).

■ Convinced that **the family, as the fundamental group of society** and the natural environment for the growth and well-being of all its members and particularly children, **should be afforded the necessary protection and assistance.** – CRC, Preamble.

■ **The widest possible protection and assistance should be accorded to the family**, which is **the natural and fundamental group unit of society**, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses – ICESCR, Article 10-1.

■ **The family is the natural and fundamental group unit of society and is entitled to protection by society and the State**. – ICCPR, Article 23-1.

■ **Convinced that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State**, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities – Disabilities, Preamble.

■ **Recognizing that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, shall take appropriate measures to ensure the protection of the unity of the families** of migrant workers – Migrant Workers Convention (Article 44).

■ **The family**, **as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance**. – Children's Summit (1990), 14.

■ **Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development** and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members. In different cultural, political and social systems various forms of family exist. It is entitled to receive comprehensive protection and support;. – Social Summit (1995), 26(h).

■ **The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support.** – Habitat (1996), 31.

■ Reaffirm that the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses and husband and wife should be equal partners. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. **Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation.** – Habitat +5 (2001), 30.

■ Women play a critical role in the family. **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged. The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

FAMILY, PROTECTION OF CHILDREN

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Protection of Children

■ **The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence.** Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment. – Children's Summit (1990), 18.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. **The primary responsibility for the protection, upbringing and development of children rests with the family.** All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit +10 (2002), 15.

■ Particular efforts should be made to protect children and youth by:
(a) Promoting family stability and supporting families in providing mutual support, including in their **role as nurturers and educators** of children; – Social Summit (1995), 39-a.

FAMILY, REUNIFICATION OF

(See also Family, Migration/Migrants and)

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Reunification of

■ Governments of receiving countries are urged to consider giving to documented migrants having the right to long-term residence, civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child 27/ and all relevant universally recognized human rights instruments, **all Governments, particularly those of receiving countries, must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure protection of the unity of the families of documented migrants.** Governments of receiving countries must ensure the protection of migrants and their families, giving priority to programmes and strategies that combat religious intolerance, – Social Summit (1995), 77 (b).

■ Documented migrants are those who satisfy all the legal requirements to enter, stay and, if applicable, hold employment in the country of destination. In some countries, many documented migrants have, over time, acquired the right to long-term residence. In such cases, the integration of documented migrants into the host society is generally desirable, and for that purpose it is important to extend to them the same social, economic and legal rights as those enjoyed by citizens, in accordance with national legislation. **The family reunification of documented migrants is an important factor in international migration**. It is also important to protect documented migrants and their families from racism, ethnocentrism and xenophobia, and to respect their physical integrity, dignity, religious beliefs and cultural values. – ICPD (1994), 10.9.

■ In order to promote the integration of documented migrants having the right to long-term residence, Governments of receiving countries are urged to consider giving them civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity, and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child and all other relevant universally recognized human rights instruments, all Governments, particularly those of receiving countries, **must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure the protection of the unity of the families of documented migrants.** Governments of receiving countries must ensure the protection of migrants and their families, giving priority to programmes and strategies that combat religious intolerance, racism, ethnocentrism, xenophobia and gender discrimination and that generate the necessary public sensitivity in that regard. – ICPD (1994), 10.12.

■ **Give priority to programmes for family tracing and reunification**, and continue to monitor the care arrangements for unaccompanied and/or separated refugee and internally displaced children. – Children's Summit +10 (2002), 44(29).

FAMILY, SHARED RESPONSIBILITY WITHIN

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Shared Responsibility Within

■ Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of **shared responsibility within the household and the family** as nationally appropriate. – 2030 Agenda (2015), 5.4

■ Equal rights, opportunities and access to resources, **equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical to their well-being and that of their families** as well as to the consolidation of democracy; – Beijing, (1995), Declaration, 15.

■ Ensure, through legislation, incentives and/or encouragement, opportunities for women and men to take job-protected parental leave and to have parental benefits; promote the **equal sharing of responsibilities for the family by men and women**, including through appropriate legislation, incentives and/or encouragement, and also promote the facilitation of breast-feeding for working mothers; – Beijing (1995), 179(c).

■ Special efforts should be made to **emphasize men's shared responsibility** and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; pre-natal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. **Male responsibilities in family life must be included in the education of children from the earliest ages.** Special emphasis should be placed on the prevention of violence against women and children. – ICPD (1994), 4.27.

■ States Parties shall take all appropriate measures:

(b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the **common responsibility of men and women in the upbringing and development of their children,** it being understood that the interest of the children is the primordial consideration in all cases. CEDAW Article 5(b).

■ Bearing in mind the **great contribution of women to the welfare of the family** and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a **sharing of responsibility between men and women** and society as a whole, CEDAW (1981), Preamble.

■ The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, **including shared responsibilities for the care and nurturing of**

children and maintenance of the household. In all parts of the world, women are facing threats to their lives, health and well- being as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction. This, in turn, is essential for the long- term success of population programmes. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women. – ICPD (1994), 4.1.

■ Women play a critical role in the family. The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged. **The upbringing of children requires shared responsibility of parents, women and men and society as a whole.** Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

FAMILY, STRENGTHEN AND SUPPORT

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

Family, Strengthen and Support

■ **The family is the basic unit of society and as such should be strengthened.** – ICPD (1994), Chapter II, Principle 9; – Social Summit (1995), 26(h), – Social Summit (1995), 80; Beijing (1995), 29; Beijing +5 (2000), 60; Habitat (1996), 31; Habitat +5 (2001), 30; Children's Summit +10 (2002), 15.

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Strengthen and Support

■ **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners. – ICPD (1994), Chapter II, Principle 9.

■ **Recognize the family as the basic unit of society**, and acknowledge that **it plays a key role in social development and as such should be strengthened**, with attention to the rights, capabilities and

responsibilities of its members. In different cultural, political and social systems various forms of family exist. It is entitled to receive comprehensive protection and support; – Social Summit (1995), 26(h).

■ **The family is the basic unit of society and as such should be strengthened**. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners. – Social Summit (1995), 80.

■ Women play a critical role in the family. **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged. The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

■ Women play a critical role in the family. **The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened.** The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. In different cultural, political and social systems, various forms of the family exist and the rights, capabilities and responsibilities of family members must be respected. Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed. Motherhood and fatherhood and the role of parents and legal guardians in the family and in the upbringing of children and the importance of all family members to the family's well-being is also acknowledged and must not be a basis for discrimination. Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities. – Beijing +5 (2000), 60.

■ **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement, and protection within adequate shelter and with access to basic services and a sustainable livelihood. – Habitat (1996), 31.

■ (Exact repeat of Habitat, 31, above) – Habitat +5 (2001), 30.

■ **The family is the basic unit of society and as such should be strengthened.** It is entitled to receive comprehensive protection and support. The primary responsibility for the protection, upbringing and development of children rests with the family. All institutions of society should respect children's rights

and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit +10 (2002), 15.

FAMILY, SUBSTANCE ABUSE

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Substance Abuse

■ Recognize that **stable, supportive and nurturing family relationships, supported by communities and, where available, professional services, can provide a vital shield against substance abuse,** particularly among minors. Schools and the media, inter alia, through the use of information technologies, including the Internet, should be encouraged to **provide young people with information on the dangers of substance abuse and addiction and on how to seek help**. – Social Summit +5 (2000), III, 72.

■ Note with alarm the rise in the incidence of HIV among people who inject drugs and that, despite continuing increased efforts by all relevant stakeholders, the drug problem continues to constitute a serious threat to, among other things, public health and safety and the well-being of humanity, in particular children and **young people and their families, and recognize that much more needs to be done to effectively combat the world drug problem**; – HIV/AIDS (2011), 26.

■ Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations. Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single parent families headed by women, poor families with elderly members or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, **substance dependenc**e, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and youths are left to their own devices as **family ties break down**, and hence are increasingly exposed to risks such as dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases. – ICPD (1994), 5.7.

■ States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to **protect children from the illicit use of narcotic drugs and psychotropic substances** as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. – CRC (1990), Article 23.

■ Promote or improve information programmes and measures **including treatment for the elimination of the increasing substance abuse among women and adolescent girls**, including information campaigns about the risks to health and other consequences and its **impact on families**; – Beijing +5 (2000), 72(q).

FAMILY, VARIOUS FORMS OF

Mother/Father and Children; Single Parent; Extended; Multigenerational; Grandparents; Legal Guardians

OVERVIEW

Family, Various Forms of

Almost every time a reference to *"the family"* is proposed in UN negotiations, sexual rights proponents propose a phrase recognizing *"various forms of the family."* This is because *"the family"* is generally understood to refer to the traditional mother/father family, while *"various forms of the family"* is often interpreted to encompass LGBT families and recognition of their lifestyles, sexual partners and controversial family arrangements.

A sensitivity that should be understood when proposing *"the family"* is that single parents or grandparents caring for children can feel left out when references to *"the family"* are proposed. Sometimes countries find themselves in a dilemma because they don't want to accept the term *"various forms of the family"* because of the LGBT connotation, but at the same time, other family forms do exist such as single-parent families, extended families, intergenerational families, and even child-led families, and they don't want to ignore them. For this reason, sometimes even pro-family governments will support language calling for the recognition of *"various forms of the family"* without fully understanding the dangers.

However, the phrase *"various forms of the family"* should always be aggressively opposed or narrowly defined. This is because it is so vague that it can also be used to promote other family forms such as incestuous families, or group-marriage families that are now seeking recognition.

NEGOTIATING STRATEGIES

Family, Various Forms of

Besides using the talking points below to delete *"various forms of the family"* by showing that it is too open-ended and opens up a Pandora's box of potential problems, another way to counteract hostile *"various forms of the family"* proposals is to insist on including a list of the family forms this phrase is intended to recognize. This will put LGBT advocates at a disadvantage because if they propose listing LGBT families, their agenda will be out in the open, and they know they will likely lose on such a clear proposal. Also, as discussions develop, a friendly delegation could suggest that a fair way to decide on what the list should include would be to only use consensus language. Since there are no references to LGBT families in consensus language, this would limit the options to less controversial families such as extended, single-parent, intergenerational, or child-led families.

For example, suppose the phrase *"Calls upon nations to strengthen and protect the family"* was proposed and another proposal was then given to add, *"recognizing that various forms of the family exist."* In a worst-case scenario, if it wasn't possible to delete *"various forms,"* a delegation could then propose adding *"particularly single-parent, intergenerational, extended, or child-led families*."

So the sentence would then read:

"Calls upon nations to strengthen and protect the family, recognizing that various forms of the family exist, **ADD:** *particularly single parent, intergenerational, extended, or child-led families."*

The above could be suggested as compromise text in situations where it is not possible to delete *"various forms of the family"* entirely.

Also, when negotiating to keep references to *"the family"* in a text, it is important not to insist that this term refers only to mother/father families. Other governments that want to interpret *"the family"* to include LGBT families in their countries can and will interpret it that way; however, they don't have the right to force this on other countries, and if our side insists it must be interpreted that way, then we likely will lose the battle to keep it in.

TALKING POINTS

Family, Various Forms of

1. **While the term *"various forms of the family"* appears in a number of nonbinding UN documents, it does not appear in *any* binding international UN human rights instruments** for good reason. It is too vague, which leaves it open for interpretation.

2. With the emergence of multiple controversial family forms detrimental to children (i.e., incestuous, polyamorous, polyandrous, group marriage families, etc.), for the protection of children, **it is now imperative that nations reject this ambiguous and elastic term unless it is clearly defined to not include family forms harmful to children.**

3. Since *"various forms of the family"* does not appear in *any* binding UN treaty or convention, States are under no obligation to accept it in any UN documents moving forward. **By rejecting it when it is proposed, States send the message that not every family form imaginable will be recognized or protected by their governments.**

4. All individuals, including those who are members of families, have the right to have their human rights protected, but **not all individuals have the right to have their chosen family arrangement or sexual lifestyles recognized or protected by governments**, especially if such arrangements are harmful to children.

5. **Nations have the sovereign right to determine such matters as per the UN Charter, which states that the United Nations should not intervene in domestic matters.** In other words, States or organizations that use the United Nations system to try to force their controversial concepts of the family on other States, are acting in violation of the UN Charter and are disrespecting the sovereign right of nations to determine their own societal and cultural norms.

6. **If delegations insist on keeping *"various forms of the family,"* we can only live with it if the families this is intended to cover are specifically listed.**

7. Since this topic is sensitive for some delegations, it would seem reasonable that to build the list, we **use the family forms that are already listed in consensus documents.** This way we can build a list that we can all agree upon.

■ Women play a critical role in the family. The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened. The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. **In different cultural, political and social systems, various forms of the family exist** and the rights, capabilities and responsibilities of family members must be respected. Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed. **Motherhood and fatherhood and the role of parents and legal guardians in the family** and in the upbringing of children and the importance of all family members to the family's well-being is also acknowledged and must not be a basis for discrimination. Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities. – Beijing +5 (2000), 60.

■ **Reaffirm the central role of the family, bearing in mind that in different cultural, social and political systems various forms of the family exist,** in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth-friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2011), 43.

■ Governments, in cooperation with employers, should provide and promote means to facilitate compatibility between labour force participation and parental responsibilities, **especially for single parent households with young children**. Such means could include health insurance and social security, day-care centres and facilities for breast-feeding mothers within the work premises, kindergartens, part-time jobs, paid parental leave, paid maternity leave, flexible work schedules, and reproductive and child health services. – ICPD (1994), 5.3.

■ States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care **within the wider family**, and failing that, within the community in a family setting. Disabilities (2006), Article 23(5).

■ States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, **the members of the extended family** or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. – CRC (1990), Article 5.

■ Governments should support and develop the appropriate mechanisms to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and **support the viability of multigenerational families**. – ICPD (1994), 5.11.

■ All levels of government in medium- and long-term socio-economic planning should take into account the increasing numbers and proportions of elderly people in the population. Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of **multigenerational families,** and the provision of long-term support and services for growing numbers of frail older people. – ICPD (1994), 6.18.

■ Providing assistance to **grandparents who have been required to assume responsibility for children**, particularly of parents who are affected by serious diseases, including AIDS or leprosy, or others who are unable to care for their dependants; – Social Summit (1995), 40(d).

■ Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members. In different cultural, political and social systems **various forms of family exist.** It is entitled to receive comprehensive protection and support; – Social Summit (1995), 26(h).

■ Reinforce the **positive role of grandparents in raising grandchildren; –** Ageing, 106(c).

■ Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as **the responsibilities, rights and duties of parents and legal guardians** to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration; – Beijing (1995), 107(e).

■ Acknowledge and promote the central role of families, **parents and other legal guardians** in educating their children and shaping their attitudes, and ensure that **parents and persons with legal responsibilities** are educated about and involved in providing sexual and reproductive health information, in a manner consistent with the evolving capacities of adolescents, so that they can fulfil their rights and responsibilities towards adolescents; – ICPD +5, 73(d).

FAMILY, VITAL ROLE OF

UN CONSENSUS LANGUAGE IN CONTEXT

Family, Vital Role of

■ Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights and other instruments relating to human rights and international law; and emphasize the importance of cultural, ethical and religious values, **the vital role of the family** and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care; – HIV/AIDS (2011), 38.

FAMILY, WELL-BEING OF

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Well-Being of

■ We gather here to commit ourselves, our Governments and our nations to enhancing social development throughout the world so that all men and women, especially those living in poverty, may exercise the rights, utilize the resources and share the responsibilities that enable them to lead satisfying lives and to contribute to the **well-being of their families**, their communities and humankind. To support and promote these efforts must be the overriding goals of the international community, especially with respect to people suffering from poverty, unemployment and social exclusion. – Social Summit (1995), Declaration, 9.

■ Analysing policies and programmes, including those relating to macroeconomic stability, structural adjustment programmes, taxation, investments, employment, markets and all relevant sectors of the economy, with respect to their impact on poverty and inequality, **assessing their impact on family well-being** and conditions, as well as their gender implications, and adjusting them, as appropriate, to promote a more equitable distribution of productive assets, wealth, opportunities, income and services; – Social Summit (1995), 27(a).

FAMILY, WOMEN AND

UN CONSENSUS LANGUAGE IN CONTEXT
Family, Women and

■ **Women play a critical role in the family.** The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened. The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. In different cultural, political and social systems, various forms of the family exist and the rights, capabilities and responsibilities of family members must be respected. **Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed.** Motherhood and fatherhood and the role of parents and legal guardians in the family and in the upbringing of children and the importance of all family members to the family's well-being is also acknowledged and must not be a basis for discrimination. Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. **In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities.** – Beijing +5 (2000), 60.

■ States Parties shall take all appropriate measures: (b) To ensure that family education includes a proper understanding of maternity as a social function and the **recognition of the common responsibility of men and women in the upbringing and development of their children,** it being understood that the interest of the children is the primordial consideration in all cases. CEDAW (1981), Article 5(b).

■ Promote changes in attitudes, structures, policies, laws and practices in order to **eliminate all obstacles to human dignity, equality and equity in the family and in society, and promote full and equal participation of urban and rural women** and women with disabilities in social, economic and political life, including in the formulation, implementation and follow-up of public policies and programmes; – Social Summit (1995), Declaration, Commitment 5(a).

■The ultimate goal of social development is to improve and enhance the quality of life of all people. It requires democratic institutions, respect for all human rights and fundamental freedoms, increased and equal economic opportunities, the rule of law, the promotion of respect for cultural diversity and the rights of persons belonging to minorities, and an active involvement of civil society. Empowerment and participation are essential for democracy, harmony and social development. All members of society should have the opportunity and be able to exercise the right and responsibility to take an active part in the affairs of the community in which they live. Gender equality and equity and the full participation of women in all economic, social and political activities are essential. The obstacles that have limited the access of women to decision-making, education, health-care services and productive employment must be eliminated and an **equitable partnership between men and women established, involving men's full responsibility in family life.** It is necessary to change the prevailing social paradigm of gender to usher in a new generation of women and men working together to create a more humane world order. – Social Summit (1995), 7.

■ Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. Further **recognize that equality and equity between women and men and respect for the rights of all family members are essential for family wellbeing and for society at large**, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration, and to the adoption of measures to reconcile work and family life for women and men. – Social Summit +5 (2000), III 56.

■ Bearing in mind the **great contribution of women to the welfare of the family** and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a **sharing of responsibility between men and women** and society as a whole, – CEDAW (1981), Preamble.

FAMILY PLANNING

(See Abortion, Family Planning)

FAMILY POLICY, ASSESS POLICY IMPACT ON

UN CONSENSUS LANGUAGE IN CONTEXT

Family Policy, Assess Policy Impact on

■ Analyse, from a gender perspective, policies and programmes - including those related to macroeconomic stability, structural adjustment, external debt problems, taxation, investments, employment, markets and all relevant sectors of the economy - with respect to their impact on poverty, on inequality

and particularly on women; **assess their impact on family well-being** and conditions and adjust them, as appropriate, to promote more equitable distribution of productive assets, wealth, opportunities, income and services; – Beijing (1995), 58(b).

■ Analysing policies and programmes, including those relating to macroeconomic stability, structural adjustment programmes, taxation, investments, employment, markets and all relevant sectors of the economy, with respect to their impact on poverty and inequality, **assessing their impact on family well-being** and conditions, as well as their gender implications, and adjusting them, as appropriate, to promote a more equitable distribution of productive assets, wealth, opportunities, income and services; – Social Summit (1995), 81(a).

■ Promote or improve information programmes and measures including treatment for the elimination of the increasing substance abuse among women and adolescent girls, including information campaigns about the risks to health and other consequences **and its impact on families**; – Beijing +5 (2000), 72 (q).

FAMILY POLICY, SENSITIVE FAMILY POLICIES

UN CONSENSUS LANGUAGE IN CONTEXT
Family Policy, Sensitive Family Policies

■ **Design, implement and promote family friendly policies and services**, including affordable, accessible and quality care services for children and other dependents, parental and other leave schemes, campaigns to sensitize public opinion and other relevant actors on equal sharing of employment and family responsibilities between women and men; – Beijing +5 (2000), 82(d).

■ **Governments should formulate family-sensitive policies** in the field of housing, work, health, social security and education in order **to create an environment supportive of the family**, taking into account its various forms and functions, and should support educational programmes concerning parental roles, parental skills and child development. Governments should, in conjunction with other relevant parties, develop the capacity to **monitor the impact of social and economic decisions and actions on the well-being of families**, **on the status of women within families, and on the ability of families to meet the basic needs of their members**. – ICPD (1994), 5.9.

FAMILY POLICY, SUPPORTIVE FAMILY POLICIES

UN CONSENSUS LANGUAGE IN CONTEXT
Family Policy, Supportive Family Policies

■ To **develop policies and laws that better support the family**, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent households; – ICPD (1994), 5.2(a).

■ **Formulate policies and programmes to help the family**, as defined in paragraph 29 **above, in its supporting, educating and nurturing roles**, with particular emphasis on the elimination of intrafamily discrimination against the girl child; – Beijing (1995), 285(a).

FATHER/FATHERHOOD

OVERVIEW
Father/Fatherhood

The importance of father involvement to healthy outcomes for children cannot be overstated. Research clearly links involved fatherhood to positive outcomes in nearly every measurable indicator of child wellbeing including cognitive development and educational achievement to self-esteem and pro-social behavior.

Children who grow up with involved fathers are:

- 39% more likely to earn mostly A's in school,
- 45% less likely to repeat a grade,
- 60% less likely to be suspended or expelled from school,
- twice as likely to go to college and find stable employment after high school,
- 75% less likely to have a teen birth, and
- 80% less likely to spend time in jail.[196]

Fathers can have a positive impact on adolescent sexual behavior. Research shows that a father's presence alone, even if the relationship wasn't emotionally close, decreased sexual behaviors in teenagers. In addition, a father's disapproval of promiscuity lowered "risky sexual behaviors" including multiple partners and sexual intercourse outside of marriage. Also, the closer the father was to his children, the less likely they were to have sex in adolescent and teenage years.[197]

UN CONSENSUS LANGUAGE IN CONTEXT
Father/Fatherhood

■ We also recognize the need to address the changing role of men in society, as boys, adolescents and fathers, and the challenges faced by boys growing up in today's world. We will further promote the **shared responsibility of both parents in education and in the raising of children, and will make every effort to ensure that fathers have opportunities to participate in their children's lives.** – Children's Summit +10 (2002), 24.

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[196] Rosenberg, J. and Wilcox, W. B. (2006). United States Department of Health and Human Services. Administration for Children and Families. Child Welfare Information Gateway. The Importance of Fathers in the Healthy Development of Children. Office on Child Abuse and Neglect, U.S. Children's Bureau. https://www.childwelfare.gov/pubs/usermanuals/fatherhood/; Bronte-Tinkew, J., et al. (2008). Involvement Among Resident Fathers and Links to Infant Cognitive Outcomes. *Journal of Family Issues, 29*(9), 1211-1244.; Cabrera, N. J., Shannon, J. D., & Tamis-LeMonda, C. (2007). Fathers' Influence on Their Children's Cognitive and Emotional Development: From Toddlers to Pre-K. *Applied Developmental Science, 11*(4), 208-213; Black, M. M., Dubowitz, H., & Starr, R. H., Jr. (1999). African American Fathers in Low-Income, Urban Families: Development, Behavior, and Home Environment of Their Three-Year-Old Children. *Child Development, 70*(4), 967-978.; Carlson, M. J. and Magnuson, K. (2011). Low-Income Fathers' Influence on Children. *The ANNALS of the American Academy of Political and Social Science*, *635*(1), 95-116.; Carlson, M. J., McLanahan, S. S. & Brooks-Gunn, J. (2007). Fathers' Involvement and Young Children's Behavior in Fragile Families. Extended Abstract. https://paa2008.princeton.edu/papers/81340; Carlson, M. J., McLanahan, S. S. (2009). Fathers in Fragile Families. Center for Research on Child Wellbeing. Working Paper WP09-14-FF.; Harris, K. M., Furstenberg, F. F. & Marmer, J. K. (1998). Paternal involvement with adolescents in intact families: The influence of fathers over the life course. *Demography,* 35, 201–216.; Carlson, M. J. (2006), Family Structure, Father Involvement, and Adolescent Behavioral Outcomes. *Journal of Marriage and Family, 68*(1), 137-154.

[197] Grossman, J. M., Black, A. C., Richer, A. M., Lynch, A. D. (2019). Parenting Practices and Emerging Adult Sexual Health: The Role of Residential Fathers. *The Journal of Primary Prevention 40*(5), 505-528.

■ Women play a critical role in the family. The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened. The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. In different cultural, political and social systems, various forms of the family exist and the rights, capabilities and responsibilities of family members must be respected. Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed. **Motherhood and fatherhood and the role of parents and legal guardians in the family and in the upbringing of children and the importance of all family members to the family's well-being is also acknowledged and must not be a basis for discrimination.** Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities. – Beijing +5 (2000), 60.

■ **Special efforts should be made to emphasize men's shared responsibility** and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; pre-natal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. **Male responsibilities in family life must be included in the education of children from the earliest ages.** Special emphasis should be placed on the prevention of violence against women and children. – ICPD (1994), 4.27.

■ Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child- support laws. **Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families.** Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected. – ICPD (1994), 4.28.

■ When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and **stronger legal enforcement of male parental financial responsibilities**. – ICPD (1994), 5.4.

FEMALE HEADED HOUSEHOLDS

UN CONSENSUS LANGUAGE IN CONTEXT
Female Headed Households

■ For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional

and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, **female headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty.** Special social protection measures are required to address feminization of poverty, in particular among older women. – Ageing (2002), 46.

■ One fourth of all households world wide are headed by women and many other households are dependent on female income even where men are present. Female-maintained households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labour market and other gender-based barriers. **Family disintegration**, population movements between urban and rural areas within countries, international migration, war and internal displacements are **factors contributing to the rise of female headed households.** – Beijing (1995), 22.

FERTILITY REGULATION

OVERVIEW
Fertility Regulation

The World Health Organization defines *"fertility regulation"* to include abortion because once a baby is aborted a woman's menstrual cycle usually resumes and her fertility is regulated. Also, the International Conference on Population and Development (ICPD) recognizes that fertility regulation can encompass abortion, stating that countries *"must address their current reliance on abortion for fertility regulation."* (ICPD 7.10)

FIDELITY

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS
Fidelity

■ **encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms;** – HIV/AIDS (2011), 25; HIV/AIDS (2011), 59(c); HIV/AIDS (2001), 52; HIV/AIDS (2006), 22.

UN CONSENSUS LANGUAGE IN CONTEXT
Fidelity

■ Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV each day, and note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves that only 34 per cent of young people possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual health-care and HIV-related services, such as voluntary and confidential HIV-testing, counselling and age-appropriate sex and HIV prevention education, while also recognizing the importance of reducing risk taking behaviour and **encouraging**

responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms; – HIV/AIDS (2011), 25.

■ Reducing risk-taking behaviour and encouraging responsible sexual behaviour **including abstinence, fidelity** and consistent and correct use of condoms; – HIV/AIDS (2011), 59(c).

■ By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, **including abstinence and fidelity**; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections; – HIV/AIDS (2001), 52.

■ Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk taking behaviours and **encouraging responsible sexual behaviour, including abstinence and fidelity;** expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections; – HIV/AIDS (2006), 22.

FORMAL/INFORMAL SEX EDUCATION

(See also Comprehensive Sexuality Education)

OVERVIEW
Formal/Informal Sex Education

According to International Planned Parenthood Federation, one of the largest providers of controversial comprehensive sexuality education programs worldwide:

> *"Non-formal (or informal) settings include extra-curricular educational activities based on a voluntary learning environment, for example in youth organizations, religious settings, youth-led organizations, sports clubs or after-hours sessions at school."*[198]

"Informal" sexual and reproductive health education programs, also known as "comprehensive sexuality education" (CSE), is sex education delivered electronically through the Internet or through phone apps.

When CSE advocates can't get their controversial programs to children through traditional ways, they try more *"informal"* channels. UNESCO has created a phone app to deliver CSE to children because of:

[198] International Planned Parenthood Federation. (2016). *Everyone's right to know: delivering comprehensive sexuality education for all young people.* https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf

> *"…difficulties in accessing information and health centres, taboos, denial of sexuality among adolescents…"*
>
> and *"for fear of confidentiality breach, stigmatization and even reprisal, many young people, especially minors, fear seeking advice from formal services and adults."*
>
> *"Civil society associations, for their part, are not always free to provide services to adolescents most at risk of sexual and reproductive health problems."*

UNESCO actually admits its priority is to ensure that *"all* children and young people benefit from comprehensive sexuality education." They are trying to get around restrictions against CSE, by getting it to children through their phone app that parents and guardians can't control.

In UNESCO's 2018 *International Technical Guidance on Sexuality Education*, UNESCO states:

> "[M]ore and more young people have joined together to call for their right to sexuality education … At the 2012 Global Youth Forum of the International Conference on Population and Development (ICPD), young people specifically called on governments to 'create enabling environments and policies **to ensure that they have access to comprehensive sexuality education in formal and non-formal settings**, through reducing barriers and allocating adequate budgets.'"[199]

The "barriers" (see *Barriers* section) they are referring to are parents and community values that oppose graphic CSE education. A way to get around those barriers is to get their CSE phone apps into the hands of children.

TALKING POINTS
Formal/Informal Sex Education

1. **When it comes to children, we can't be too careful especially when it comes to sexual matters.** We are uncomfortable with the terms "informal" or "nonformal" in the context of sex education as that takes the teaching entirely out of the hands of parents. Who knows what they might be taught online? We have seen some highly controversial online programs, and we don't want those to fall in the hands of young children.

2. **We have been made aware of new phone apps that are being used to teach children sex education,** away from the eyes of parents under the banner of "informal" education. When it comes to sex education, parents are the ones who should be teaching if anything is going to be taught informally to their children.

[199] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality*. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

GENDER

(See also Gender Equality | Gender Identity | Transgender)

For videos, policy briefs and numerous resources on transgender issues, see TransgenderIssues.org

OVERVIEW
Gender

Gender terms are some of the most confusing and dangerous terms used in laws and policies worldwide. Increasingly, gender terms are intentionally inserted into UN policies to bring in a controversial transgender agenda without many Member States realizing it (see *Transgender* section).

For example, an LGBT-allied government may propose a provision on *"gender equality,"* knowing that most Member States will believe the term only means equality between males and females. However, their true intent is to have *"gender equality"* implemented in a way that also ensures *"equality"* and *"rights"* for LGBT individuals.

Therefore, gender terms in policy documents should always be either deleted, replaced with *"sex"* or other acceptable terms, defined as "*male or female only,*" or reserved on.

[**Note:** Family Watch supports the basic human rights of all individuals including LGBT individuals. However, we oppose the creation of *special* rights granted to persons based on their sexual orientation or gender identity.]

Gender Terms Addressed in this Section (See *Chart for Navigating Gender Terms* for more information.)

- Gender Analysis
- Gender-Based Approach
- Gender-Based Violence
- Gender Equality
- Gender Identity
- Gender Norms
- Gender Perspective
- Gender Responsive
- Gender Role
- Gender Sensitive
- Gender Stereotypes
- Gender Transformative
- Gender Variance

Deceptive Definition for Gender by the World Health Organization

The following are the two main ways the term "*gender*" is used and interpreted:[200]

"Gender" Definition #1 (common male/female definition) - The term *"gender"* is commonly used synonymously with *"sex,"* indicating either male or female.

Most people generally understand "gender" as in definition #1, as in male and female only. For example, in some countries, expectant parents may host a *"gender reveal"* party to reveal their baby's biological sex as either male or female to friends and family. The term *"gender"* also often appears on medical forms and job applications to indicate one's male or female sex.

However, in policy documents, using *"gender"* interchangeably with *"sex"* without defining it in the text to mean "*sex"* is highly problematic. This is because, by default, unless *"gender"* is clearly defined in the document in which it appears as male and female only, the term *"gender"* can also encompass the controversial World Health Organization definition for *"gender"* below.

"Gender" Definition #2 (social construct/transgender definition) - According to the World Health Organization (WHO), *"'gender'* refers to the socially constructed roles, behaviours, activities, and attributes, that a given society considers appropriate for men and women."[201]

If a government interprets "gender" in accordance with the first noncontroversial male/female definition, *that won't matter* if the implementers of that government's policy (such as UN agencies and NGOs) interpret *"gender"* to also encompass the second transgender-inclusive definition, which is often the case.

How could this WHO gender definition be applied, for example, in the context of a *"gender"* non-discrimination policy that prohibits discrimination based on age, race, religion or *"gender?"*

Suppose a society prohibits men from engaging in the same *"activities"* or *"behaviors"* as women, like dressing as women, or using women's bathrooms and showering facilities or playing on a women's sports team. What if a society considers that those *"behaviors"* are only *"appropriate"* for women? A gender non-discrimination policy, according to this WHO definition, would require those governments to allow men into these spaces. Under the WHO definition, men would have a right to behave exactly as women and engage in the same "*activities"* as women and vice versa for women engaging in the same *"activities"* as men.

And since the WHO definition also includes *"attributes,"* a *"gender"* non-discrimination policy would also require governments to not deny men the *"attributes"* of women. It could require governments or health insurance companies to provide cross-sex hormone therapy and surgeries in a misguided attempt to alleviate a person's gender confusion so that they could more fully have the *"attributes"* and *"behaviors"* of the opposite sex. (See the *Gender Identity* section for examples.)

Therefore, the WHO social construct/transgender definition, which is becoming much more widely used than the male/female definition, makes the term *"gender"* highly problematic indeed. This is especially so since the WHO definition for *"gender"* is being used by many Western

[200] "*Gender*" can also be used as a classification of grammar, referring to classes of nouns designated as masculine, feminine, or neuter in some languages. For example, the adjective and noun must agree in number and "*gender*."
[201] World Health Organization. (n.d.). Gender, Equity and Human Rights. https://web.archive.org/web/20150724151541/https://www.who.int/gender-equity-rights/understanding/gender-definition/en/

governments, UN agencies, medical and mental health associations, university *"gender"* studies departments, and, of course, by the wider LGBT community.

WHO's agenda to have the term *"gender"* be the Trojan horse term to bring in the transgender agenda becomes abundantly clear in the following text found on the WHO website:

> **"Gender** refers to the **socially constructed characteristics of women and men** – such as norms, roles and relationships of and between groups of women and men. **It varies from society to society and can be changed.** While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places. When individuals or groups do not "fit" established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health. **It is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories."**[202]

A clearer definition for *"gender"* that openly reveals what is intended by the WHO definitions above is as follows:

> **Gender:** Gender refers to either of the two sexes (male and female), especially when considered with reference to social and cultural differences rather than biological ones and is also used more broadly to denote a range of identities that do not conform to established ideas of male and female.

Further, the World Health Organization clearly differentiates *"gender"* from *"sex"* as follows:

> "'Sex' refers to the biological and physiological characteristics that define men and women," and "'gender' refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women."

Thus, according to WHO, *"gender"* is socially constructed, therefore, can be completely disconnected from the person's physical body (i.e., their male or female biological sex) and can refer to one's self-perception or self-identification with being either male, female, both (bigender), having no gender (agender), having multiple genders within a person (polygender), or self-identifying as any of a number of the more than 100 genders which have been conceptualized. (See *Additional Resources* at the end of the *Gender Identity* section for a complete list.)

In sum, no Member State can anticipate what will actually be legalized when they adopt laws or polices or enter into international agreements that guarantee *"gender equality"* or that protect the concept of *"gender"* unless it is narrowly defined.

Problematic Gender Terms Defined

[**Note:** While the following *"gender"* terms may also have other definitions relating to the advancement of women, if not defined otherwise, they are often interpreted to encompass the following definitions.]

GENDER ANALYSIS

> Gender analysis is defined by the International HIV/AIDS Alliance as "a useful tool that… offers strategies to increase understanding of the impact that policies and programming have on

[202] World Health Organization. (n.d.). Gender, Equity and Human Rights. https://web.archive.org/web/20150724151541/https://www.who.int/gender-equity-rights/understanding/gender-definition/en/

women and girls in all their diversity, compared to men and boys, and transgender people.[203] Particular attention is paid to **women and girls from key populations, as well as on trans people** … More specifically, a gender analysis makes it easier to see gender inequality and harmful gender norms, as well as gender-related barriers to access to services by highlighting:

- laws, policies and practices that reinforce (or counteract) power imbalances between and among women and men, and the particular **marginalisation of trans women.**
- advantages and disadvantages experienced by **people of different genders** in a given context.

- links between gender and other identity factors such as race, age, disability, ethnicity, income, **sexual orientation**, geographic location and health. A gender analysis can identify gaps in service provision, **especially for key populations**, as well as reveal opportunities to make services more accessible to underserved groups. **It can also identify beliefs, practices and assumptions related to gender** that lie at the root of high HIV acquisition, low service uptake, and increased discrimination and violence."

For a visual depiction of many of the controversial elements that may be considered in a "gender analysis," see the *Discrimination, Multiple and Intersecting Forms of* and *Diversity, Women in All Their* sections.

GENDER-BASED APPROACH

A 2021 report by the UN Independent Expert on Sexual Orientation and Gender Identity uses the term "gender-based approaches" to indicate approaches that are supportive of LGBT identities and rights as follows:

"The Independent Expert recommends that States recognize the value of gender-based approaches, and uphold rights related to gender and sexuality as universal and inalienable, indivisible, interdependent, and interrelated to all other rights. Within this context, the Independent Expert recommends that States ensure recognition of the right to bodily and mental integrity, autonomy and self-determination, and of the requirements that are concomitant to them, such as socioeconomic inclusion, housing, employment, education, and in particular, comprehensive gender and sexuality education."[204]

GENDER-BASED VIOLENCE

"Gender-based violence" has been defined to encompass denial of abortion and violence against LGBT people, as follows:

- In General Comment 35 on gender-based violence, the CEDAW Committee declared the ***"criminalization of abortion"*** to be a form of *"**gender-based violence** that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."*[205]

[203] International HIV/AIDS Alliance. *Good Practice Guide: Gender-transformative HIV programming*. (2018, February). https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-gender-transformative_original.pdf?1519649267
[204] United Nations. (2021). The law of inclusion: Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz. A/HRC/47/27
[205] Committee on the Elimination of Discrimination against Women. (2017). General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19. CEDAW/C/GC/35.

- USAID's Bureau of Global Health's online learning module, *Gender and Sexual and Reproductive Health 101*, provides this definition:

  *"**Gender Based Violence (GBV)** is an umbrella term for any harmful threat or act directed toward an individual or group based on actual or perceived biological sex, **gender identity and/or expression, sexual orientation**, and/or lack of adherence to socially constructed norms around masculinities and femininities."*

- UNESCO's 2018 *Revised International Technical Guidance on Sexuality Education,* (co-published by UNFPA, UNICEF, UNAIDS, and UN Women) defines *"gender-based violence"* as *"violence based on sexual orientation and gender identity/expression, also referred to as homophobic and transphobic violence,* [which] *is a form of school related gender-based violence."*

- The UN Women website contains frequently asked questions on types of violence against women and girls. It states: "The term [gender-based violence] is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms."[206]

GENDER EQUALITY – (See full *Gender Equality* section below.)

GENDER IDENTITY – (See full *Gender Identity* section below.)

GENDER NORMS

*"**Gender norms**"* are "the socially prescribed attributes and behaviors that are considered the generally accepted 'norm' (the normal situation) based on a person's **real or perceived gender identity and expression**, and/or biological sex." (Definition from Choice for Youth, a youth group funded by the government of the Netherlands that promotes sexual and reproductive health and rights at the United Nations. See ChoiceforYouth.org.)

GENDER PERSPECTIVE

While traditionally a "gender perspective" has been understood to be a women's equality perspective, increasingly it is being used to promote an LGBT perspective, especially by UN Special Rapporteurs as follows:

- "In accordance with his mandate defined by the Human Rights Council, the Special Rapporteur has **integrated a gender perspective throughout** his work. This report expands upon earlier reports of the Special Rapporteur to provide a comprehensive overview of the frequency and nature of **gender-based human rights abuses** in counter-terrorism measures and to explore the complex relationship between gender equality and countering terrorism. **Gender is not synonymous with women**, but rather it encompasses the social constructions that underlie how women's and men's roles, functions and responsibilities, **including in relation to sexual orientation and gender identity, are defined and understood**. Moreover, the human rights of

[206] UN Women. (n.d.). *Frequently asked questions: Types of violence against women and girls*. https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence

lesbian, gay, bisexual, transgender and intersex individuals have required particular attention in the context of a human rights **assessment of gender** and counterterrorism."[207]

- "The importance of the sexual diversity approach, which is **linked to the gender perspective**, should be emphasized. Regrettably, few sexual education programmes and curricula include this approach. The aforementioned **Yogyakarta Principles are a fundamental tool for inclusion of the diversity perspective** in the public policies that have to be taken into account in education."[208]

- "Of additional value is the inclusion of individuals with a **gender perspective** to better understand the specific ways in which vulnerable persons, including, women, children, **lesbian, gay, bisexual and transgender persons**, persons with disabilities and persons belonging to a minority or indigenous group suffer from gross violations, including torture and other forms of ill-treatment and how they affect their communities."[209]

- In accordance with the mandate of the Special Rapporteur **to integrate a gender perspective** throughout her work, the present report refers to the specificities of the situation of women human rights defenders and the particular challenges they face. Women defenders are more at risk of being subjected to certain forms of violence, prejudices, exclusion, repudiation and other violations, than their male counterparts. This is often due to the fact that **women defenders are perceived as challenging accepted socio-cultural norms, traditions, perceptions and stereotypes about femininity, sexual orientation** and the role and status of women in society.[210]

GENDER RESPONSIVE

*"**Gender-responsive health policies**"* have been defined as interventions that require a thorough analysis of barriers to women's health, including other inequalities based on ethnicity, class, geographic location and "**sexual orientation or gender identity**." (ChoiceforYouth.org)

GENDER ROLE

"***Gender role***" has been defined as the socially prescribed behaviors that are considered normal based on a person's ***real or perceived gender identity and expression***, and/or biological sex." (ChoiceforYouth.org)

GENDER SENSITIVE

Sustainable Development Goal (SDG) Target 4.a calls for *"education facilities that are child, disability and gender sensitive."*

Most governments might understand this to mean schools that are sensitive to the needs of women and girls. However, the term *"gender sensitive"* can also be interpreted as *"LGBT sensitive,"* which can give a completely new meaning to the interpretation of *"gender sensitive"* educational facilities in SDG Target 4a. In other words, Target 4a calling for *"gender sensitive"* facilities may be interpreted to require

[207] Promotion and protection of human rights: human rights situations and reports of special rapporteurs and representatives Protection of human rights and fundamental freedoms while countering terrorism. (2009). A/64/211.
[208] Report of the United Nations Special Rapporteur on the right to education. (2010, July 23). A/65/162, Para 67.
[209] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. (2012, January 18). A/HRC/19/61, Para 62.
[210] Note by the Secretary-General transmitting the report of the Special Rapporteur on the situation of human rights defenders. (2011, July 28). A/66/203, Introduction 7.

schools to permit cross-sex or cross-gender use of student bathrooms and showers based on a student's *"gender identity."*

For example, the state of Oregon in the U.S. defines *"gender sensitive"* this way:

> "**Gender sensitive**" - Materials and instruction strategies that is [sic] sensitive to individual's similarities and differences regarding gender role, **gender identity and/or sexual orientation**."[211]

In addition, a publication with contributions from WHO and UNESCO called *Building a Gender Friendly School Environment* uses a broader definition of "*gender*":

> *"in discussing gender issues in relation to learning institutions, it is important to consider all gender and sexual identities in order to foster the development of all learners … [and] promotion of the rights of all people regardless of gender or sexual orientation."*[212]

[**Note:** See also the *Inclusion/Inclusive* section for information regarding *"inclusive schools,"* which are also called for under SDG Goal 4: "Ensure **inclusive** and equitable quality education and promote lifelong learning opportunities for all."

GENDER STEREOTYPES

The phrase *"gender stereotypes"* is a controversial term that is used to advance radical feminism and LGBT rights. For example, the UN CEDAW Committee has criticized Belarus for "the continuing prevalence of sex-role stereotypes, as also exemplified by the reintroduction of such symbols as a Mothers' Day and a Mothers' Award, which [the Committee] sees as encouraging women's traditional roles." According to radical feminists, motherhood is an undesirable vocation for women, so depicting women as mothers or in a traditional female role is to engage in negative stereotyping. Further, depicting only heterosexual couples, without also showing LGBT couples is now considered to be negative *"gender"* stereotyping in advertising and films.

A flyer produced by the OHCHR's "Free and Equal: United Nations for LGBT Equality" campaign titled "Bullying and Violence in the Schools" states:

> "Violence in schools and other educational settings is a worldwide problem and students who do not conform to prevailing **sexual and gender stereotypes, including lesbian, gay, bi, trans (LGBT)** and intersex students, are significantly more vulnerable."

This shows that the OHCHR considers *"**gender**"* **in the term** *"**gender stereotypes**"* to encompass "**lesbian, gay, bi, trans (LGBT).**"

When trying to remove "gender stereotypes" from a document a delegation might ask the following talking points:

1. **We are not sure what is meant by *"stereotype"* in the proposed language.** Exactly what kind of stereotype are we trying to eliminate? The CEDAW Committee criticized Belarus for *introducing a*

[211] Oregon Department of Education. (2016, May 5). Guidance to School Districts: Creating a Safe and Supportive School Environment for Transgender Students. https://www.oregon.gov/ode/students-and-family/equity/civilrights/Documents/TransgenderStudentGuidance.pdf

[212] Education International. (2007). *Building a Gender Friendly School Environment*. https://healtheducationresources.unesco.org/sites/default/files/resources/bie_ei_building_gender_school_569_en.pdf

Mothers' Day that it saw as "encouraging women's traditional roles." If motherhood could be considered a negative stereotype for women by a UN committee, then this language is not so simple and needs to be clearly defined.

2. Are all stereotypes or gender stereotypes bad? How about depicting men as fathers and women as mothers? Is that bad? We need to specify what kind of stereotypes this is referring to.

GENDER TRANSFORMATIVE

According to Choice for Youth, a transgender rights organization, *"'Gender-transformative'* approaches seek to reshape gender relations to be more equitable **regardless of their gender identity or sexuality**. Gender-transformative approaches thus seek to free everyone from the impact of harmful gender and sexual norms." (See ChoiceforYouth.org.) This term is also used to describe approaches that transform programs or societies to be more accepting of diverse gender identities and diverse gender expressions.

GENDER VARIANCE

According to UNESCO's 2018 *Revised International Technical Guidance on Sexuality Education*, the term *"gender variance"* is understood to mean *"expressions of gender that do not match those predicted by one's assigned sex at birth."* Merriam Webster dictionary

NEGOTIATING STRATEGIES
Gender

Five Strategies for Addressing Gender Terms

When analyzing a document under negotiation, a helpful way to look at the term *"gender"* and any *"gender"*-based terms is to think of those terms as meaning "transgender" or LGBT as you read it. This is recommended because many, if not all, *"gender"* terms are being used to encompass and advance LGBT rights by stealth. This is not to say that *"gender"* terms are not used in relation to women and men in their common usage. But the way these terms are being interpreted in policy documents has become much more expansive. Here are a few examples:

How "Gender" Terms are Often Used or Interpreted

"gender analysis" = LGBT analysis

"gender-sensitive" = LGBT-sensitive

"gender-based violence" = LGBT-based violence

"based on gender" = based on LGBT status

"gender-sensitive schools" = LGBT-sensitive schools

The following five strategies will prove crucial in negotiations:

I. Delete all *"gender"* terms from the text.

Talking Points for Deleting "Gender":

1. We are concerned that the term *"gender"* is being interpreted in different ways. How can we be sure which definition is intended in this text? Will *"gender"* be defined as male and female? Will it

encompass identities other than male and female? There is an online list of over 100 claimed genders. (See *Gender Identity* section.) Until the term *"gender"* is clearly defined in a consensus document in a manner that is acceptable to our delegation, we can no longer accept *"gender"* terms moving forward.

2. The World Health Organizations states that "'gender' refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women." If this is the definition being used in this document, we cannot accept *"gender"* or *"gender"*-related terms. For example, what kind of "behaviors" or "activities" should men be able to do, according to this definition? Should they be able to play on women's sports teams? Enter into the women's bathroom or showers? In light of us not having any consensus definition on *"gender,"* this expanded definition would most likely be the default definition that is used. This is unacceptable.

3. If your delegation has ever issued a reservation on *"gender,"* make that known and then state that your position on *"gender"* and *"gender"* terms has not changed.

4. If your government is a new administration for your country, state that fact and that under your new administration, *"gender"* terms are unacceptable because they are being redefined.

II. Replace with terms that can't be interpreted in controversial ways. For example, replace *"gender"* with *"sex"* and replace *"gender equality"* with *"women's equality"* throughout the text. (See multiple suggestions for replacement language for *"gender"* terms in the *Navigating Gender Terms* chart below.)

Talking Points for Replacing "Gender":

1. If we are trying to safeguard and protect women, shouldn't our language be more specific about women rather than using the more expansive term "gender?" (Suggest women-specific replacement terms from the "Navigating Gender Terms" chart below.)

2. Increasingly, women's issues are being co-opted by transgender issues and transgender "women" (men who identify as women) who are entering women's spaces and seeking to claim women's rights. Our delegation wants to make it clear that this document is about women and not men who identify as women. There can be other documents that address transgender issues, but this one should be directed towards women's rights and needs.

3. If we use the more expansive term "*gender"* instead of using terms that are specific to women only, could this impact budgeting for women's issues that might be instead diverted to LGBT *"gender"* issues?

III. Change the context so that "*gender*" can only be defined as male or female. (See "*Chart for Navigating Gender Terms*" below.)

IV. Define *"gender"* specifically as biological male or female only in the text or in a footnote. There is precedence in UN consensus language as listed below:

> **Consensus Language on Gender**
>
> For the purpose of this Declaration and Programme of Action, it was understood that the term "gender" refers to the two sexes, male and female, within the context of society. The term "gender" does not indicate any meaning different from the above. – Racism: Notes-1

> For the purposes of this Statute, it is understood that the term "gender" refers to the two sexes, male and female, within the context of society. The term 'gender' does not indicate any meaning different from the above. – Rome ICC, Article 7 (3)
>
> For the commonly understood meaning of the term "gender," see annex IV to the present report. – Beijing (1995): 5. ". . . the word 'gender' as used in the Platform for Action was intended to be interpreted and understood as it was in ordinary, generally accepted usage."

The same talking points for the "Delete" strategy above can also be adapted for the "Define" strategy.

Sometimes delegations refuse to believe that an ulterior LGBT agenda is intended or encompassed in *"gender"* terms, especially since not all delegations that use these terms have an ulterior agenda. But you can be certain that the European Union countries and Canada do have such an agenda.

> **Case Study:** During a CSW negotiation on an African resolution on HIV/AIDS, the lead African Group negotiator did not believe that *"gender"* in the text was intended to mean anything other than male and female. As an experiment, he was therefore challenged to propose a footnote defining gender as male and female, only to see the shocking, almost violent reactions of the LGBT-allied countries.
>
> This is because defining *"gender"* clearly as male and female only completely undercuts their core agenda to advance LGBT rights using the term *"gender."* The final result of the experiment was that the Africans could clearly see from the reactions to their proposal that there truly was a hidden ulterior motive. As a result, the LGBT allied countries refused to budge, and the entire document was thrown out.
>
> The lesson here is that proposing that *"gender"* be defined either in the text of a document or in a footnote is a powerful nuclear option that can completely change the negotiation dynamics. It forces LGBT activists to reveal their agenda. LGBT-allied countries will NEVER accept a male/female definition for gender, but if they care enough about the topic at hand, they may be willing to remove references to gender as a compromise.
>
> A delegation may want to try this experiment also as a diversion tactic if they are losing on other important issues. It certainly will draw everyone's attention away from other topics, especially if you have enough delegations on board to make a credible threat that *"gender"* could be specifically defined.

V. <u>Reserve</u> on all *"gender"* terms

In the SDG negotiation, only a few countries recognized the potential for deliberate and controversial misinterpretations of *"gender"* and *"gender equality"* and filed reservations on the term *"gender."* Their SDG reservations stated that *"gender"* is to be understood to refer to male and female only, and the term *"gender equality"* refers only to equality between the two sexes, male and female.

However, the majority of countries did NOT reserve on *"gender,"* and the reservations that were issued by some countries are nearly impossible to find as they are not attached to the 2030 Agenda.

It should be a standard practice to reserve on *"gender"* terms in any documents where you are unable to remove or modify the term *"gender"* to ensure a male/female definition.

Suggestions for Modifying *"Gender"* to Exclude an LGBT-inclusive Interpretation

The following chart contains suggestions for replacing or modifying highly problematic *"gender"* terms.

CHART FOR NAVIGATING GENDER TERMS

PROBLEMATIC TERMS	SUGGESTED REPLACEMENT TERMS OR RECOMMENDED ACTIONS
"gender"	**DELETE or REPLACE WITH:** "sex" or "male or female status."
"sex, gender, age, race, etc."	**DELETE:** "sex." Lists that include both "gender" and "sex" will encompass gender identity. See *Gender Identity* section.
"gender analysis"	**REPLACE WITH**: "an analysis based on sex"
"gender-based approaches"	**DELETE or REPLACE WITH:** "approaches that address the needs of women" or "approaches that promote women's equality."
"gender-based violence"	**DELETE or REPLACE WITH:** "violence against women" or "violence based on a person's sex."
"gender bias"	**DELETE or REPLACE WITH**: "bias against women or men" or "bias based on a person's sex."
"gender dimensions"	**DELETE:** Too vague.
"gender diverse"	**DELETE**: There are only two sexes.
"gender equality"	**REPLACE WITH:** "women's equality" or "equality between the sexes" or "equality between women and men."
"gender identity"	**DELETE or REPLACE WITH**: "male or female status."
"gender identities"	**DELETE or REPLACE WITH**: "male or female status." (There are only two sexes.)
"gender inequality"	**REPLACE WITH:** "women's inequality" or "inequality between the sexes" or "inequality between women and men."
"gender mainstreaming"	**REPLACE WITH:** "mainstreaming equal opportunities for women and girls" **or ADD:** "to eliminate inequalities between women and men" or "to ensure equality between women and men" or "to ensure the equal/equitable treatment of women and men (or between women and men)."
"gender nonconformity"	**DELETE**

“gender norms” or “harmful gender norms”	**REPLACE WITH:** “norms for males or females” or **REPLACE WITH:** “norms that perpetuate unjust discrimination against women” or “norms that promote inequality for women/girls.”
“gender perspectives”	**REPLACE WITH:** “women’s perspectives” or “perspectives that promote the equal treatment of women and men” or “that ensure women and men and girls and boys are treated equitably” or “perspectives that are sensitive to the needs of women/girls.”
“gender responsive”	**DELETE**
“gender-responsive budgeting” or “gender-sensitive budgeting”	**ADD:** “that ensures equal access to resources for women.”
“gender roles”	**REPLACE WITH:** “roles of women or men.”
“gender sensitive”	**REPLACE WITH:** “effective”
“gender-sensitive education”	**REPLACE WITH:** “equal education for women/girls” or “education sensitive to the needs of women/girls” or “equal education for girls and boys.”
“gender-sensitive legislation/policies”	**REPLACE WITH:** “legislation/policies sensitive to the needs of women” or “legislation/policies that promotes equality between women and men.”
“gender-sensitive measures/indicators”	**DELETE:** “gender-sensitive” **or REPLACE WITH:** “measures/indicators that focus on women.”
“gender-sensitive services”	**DELETE or REPLACE WITH:** “services that take into account the different needs of women/girls.”
“gender statistics”	**REPLACE WITH:** “sex disaggregated.”
“gender stereotypes”	**DELETE or ADD:** “that promote inequalities between women and men.”
“gender transformative”	**DELETE**
“gender transformative policies”	**REPLACE WITH:** “policies that empower women and girls” or “policies that ensure equality between women and men” or “policies to ensure the equal/equitable treatment of women and men.”
“gender variance”	**DELETE**: There are only two sexes.
“transgender”	**DELETE**
“transgender female”	**DELETE or REPLACE WITH**: “a male who identifies as a female.”
“transgender male”	**DELETE or REPLACE WITH:** “a female who identifies as a male.”

"gender reassignment surgery" or "sex change" or "sex reassignment surgery" or "gender affirming/confirming surgery"	**DELETE or REPLACE WITH:** "cross-sex surgery" (a "sex change" is a biological impossibility. One cannot change one's sex).

GENDER EQUALITY

(See also Gender | Gender Analysis | Gender-Based Violence | Gender Identity | Gender Norms | Gender Responsive | Gender Roles | Gender Sensitive | Gender Stereotypes | Gender Variance | Gender Transformative | Sexual Orientation | Transgender)

OVERVIEW

Gender Equality

As explained in the Gender section, the term *"gender"* is often used instead of *"sex"* to promote the recognition of diverse genders beyond male and female. Therefore, the term *"gender equality,"* in addition to being defined as equality between women and men, is often defined as LGBT equality.

For examples of how to negotiate language so *"gender equality"* cannot be used to promote transgenderism or a multitude of controversial genders, see "Negotiating Strategies" in the Gender section.

In this overview, you will find multiple examples showing how UN agencies and certain countries interpret *"gender equality"* to encompass LGBT equality:

Gender Equality and the UN 2030 Agenda

The term *"gender equality"* is used throughout the 2030 Agenda. Although in most cases *"gender"* in the 2030 Agenda refers to male and female, the terms *"gender"* or *"gender equality"* are also used to deceptively bring *trans*gender "rights" into the Sustainable Development Goals (SDGs).

One of the most problematic references to *"gender"* in the 2030 Agenda is target 17.18, which calls for *"high-quality, timely and reliable data disaggregated by … gender."* During the SDG negotiations, proposals to use the term *"sex"* instead of *"gender"* in this target were adamantly rejected by the countries most active in promoting LGBT rights. This was because they planned to interpret *"gender"* to have a more expansive meaning beyond just *"sex."* In other words, if they could gather data on *"gender"* rather than *"sex,"* then *"gender"* could encompass various sexual orientations and *"gender identities"* other than male or female. Then they could use that data to drive LGBT policies since many policies are data driven.

Moreover, consider the following references to *"gender equality"* in the 2030 Agenda:

- Goal 5 is to *"Achieve **gender equality** and empower all women and girls."*
- Target 5.c under this goal calls upon governments to adopt policies and *"**enforceable legislation**"* for the promotion of *"**gender equality**."*

Those countries and UN agencies that consistently seek to advance transgender rights will likely interpret the term *"gender equality"* in SDG policies to encompass equality between diverse *"gender*

identities," including any of the 112 genders listed in the *Gender Identity* section. *"Gender sensitive"* will likely be interpreted to mean LGBT sensitive. (See *Gender Sensitive* section.)

UN Agencies and State Governments

Indeed, UN agencies and governments are already interpreting *"gender"* and *"gender equality"* to promote diverse genders, sexual orientations, and/or LGBT equality in policies throughout the world. Consider the following examples:

- UNESCO's 2018 publication *Revised International Technical Guidance on Sexuality Education*, which was co-published by UNFPA, UNICEF, UNAIDS, and UN Women, reveals how UN agencies are now defining *"gender equality"* to mean transgender equality. It asserts that "[Comprehensive Sexuality Education] contributes to **gender equality by building awareness of the centrality and diversity of gender** in people's lives."[213]

- The UN website on a page titled **"United Nations Gender-Inclusive Language"** states, "Using gender-inclusive language means speaking and writing in a way that does not discriminate against a particular sex, **social gender or gender identity**, and does not perpetuate gender stereotypes."[214]

- **United Nations Entity for Gender Equality** and the Empowerment of Women (UN Women) claims: "...**LGBTI people's inclusion** in economic and human development and the full realization of their human rights are strong imperatives **for UN Women's engagement within the context of its mandate on advancing gender equality** and women's empowerment. Therefore, UN Women works across its normative, UN coordination and operational roles to develop programming and **advocacy that integrate LGBTI people's rights and perspectives, and has continued to expand its work on LGBTI issues."**[215]

- The EU recently decided to promote transgender rights as part of their ***"Gender Equality Strategy."*** In announcing this change, the chair of the Women's Rights and Gender Equality Committee stated: *"I'm convinced that gender equality should not only be considered as a goal but as the golden key which opens all closed doors and invites us to an inclusive society for all—regardless of race, age, gender, **sexual orientation, gender identity**, ethnicity or economic background. All these factors are still grounds of discrimination, and surely we need stronger and more comprehensive EU legislation in this field."*[216]

[213] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality.* http://unesdoc.unesco.org/images/0026/002607/260770e.pdf
[214] United Nations. (n.d.). *United Nations Gender-Inclusive Language*. http://www.un.org/en/gender-inclusive-language/
[215] United Nations. (2018, June). *The Role of the United Nations in Combatting Discrimination and Violence against Lesbian, Gay, Bisexual, Transgender and Intersex People: A Programmatic Overview*. https://www.ohchr.org/Documents/Issues/Discrimination/LGBT/UN_LGBTI_Summary.pdf
[216] The European Parliament's Intergroup on LGBTI Rights. (2010, September 22). *New EU gender equality strategy looks into transgender people's rights.* https://lgbti-ep.eu/2010/09/22/new-eu-gender-equality-strategy-transgender-people-rights/

- The Netherlands' ***"LGBT and Gender Equality Plan"*** combines LGBT equality with *"gender equality."* The Netherlands government also funds a youth group that lobbies at the United Nations called, Choice for Youth, that defines ***"gender equality"*** as *"a situation whereby everyone, regardless of their real or perceived* ***gender identity and gender expression****, has equal conditions for realizing their full potential."*[217]

- An enforceable **"Gender Equity Act"** in Taiwan mandates that *"gender equity"* education curricula shall include *"sex education, and* ***gay and lesbian education****."*[218]

A very concerning development is the fact that the G7 adopted references to "sexual and reproductive health and rights" (SRHR) in the outcome document of the 2021 G7 Cornwall Summit. One of the paragraphs that includes SRHR applies the concept of "intersectionality" stating that "gender equality" intersects with tackling "violence and discrimination against LGBQTI+ populations." In other words, the G7 countries are indirectly equating gender equality with LGBTQI+ equality and non-discrimination.

NEGOTIATING STRATEGIES
Gender Equality

1. **One of the best ways to address the term *"gender equality"* is to propose replacing it with *"women's equality."*** Most nations understand the term to mean *"women's equality"* anyway, so if other delegations oppose such a proposal, it reveals their true intention to define *"gender equality"* differently (i.e., likely to encompass LGBT equality). If they refuse to replace it, probe for an explanation for what *"gender equality"* means and how it is different than *"women's equality."* It will be difficult for them to answer that question honestly without revealing their LGBT agenda.

A talking point to accomplish this would be: Since we are focusing on the needs and rights of women, why aren't we using the term *"women"* to make this stronger?

2. **A second strategy would be to add *"between the sexes" or "between women and men"*** so it would read *"gender equality between the sexes,"* which limits its definition appropriately.

3. **See "Negotiating Strategies" in the *Gender* section for multiple effective strategies and talking points for addressing *"gender"* terms.**

4. **If your country has ever issued a reservation on *"gender,"* state so and inform other delegations that your position has not changed.** A few countries filed reservations on the term *"gender"* in the SDGs, stating:

> *"gender"* is to be understood to refer to male and female only, and the term *"gender equality"* refers only to equality between the two sexes, male and female.

This is a good model for a reservation and can be used as a standard reservation for both *"gender"* and *"gender equality."*

[217] Youth Do It. (n.d.). *Gender Equality*. https://www.youthdoit.org/srhr-language/gender-equality/
[218] Gender Equity Education Act (Taiwan). (2018). In *Wikipedia*. https://en.wikipedia.org/wiki/Gender_Equity_Education_Act_(Taiwan)

GENDER IDENTITY

(See also Discrimination, Multiple and Intersecting Forms of | Diversity, Women in All Their | Gender | LGBT | Sexual Minorities | Sexual Orientation | Sexuality | Transgender | Vulnerable Groups | Yogyakarta Principles)

For videos, policy briefs and numerous resources on transgender issues, see TransgenderIssues.org

OVERVIEW
Gender Identity

Battles over non-discrimination policies based on *"gender identity"* are emerging around the world with the following harms to businesses, employees, women, children and families.

- Despite parental protests, children are being taught they may have been born in the wrong body and that they can *"change"* their *"gender,"* without their parents' knowledge or consent.[219] California law also now prevents parents from opting their children out of instruction on gender identity.[220]

- Transgenderism (see *Transgender* section) is taught in some schools as healthy and normal, and educational materials are being reformed to depict transgender lifestyles as acceptable. [221] (See *Comprehensive Sexuality Education* section.)

- Schools, businesses and public facilities are allowing boys and men who identify as females to shower and change clothes in girls' locker rooms, which has led to reports of boys and men exposing their genitals and, in some cases, sexually assaulting women and girls in locker rooms.

- Athletic teams are allowing biological boys to play on girls' teams as girls, which means boys are being allowed to impersonate girls, to compete as girls, and to dominate in girls' sports competitions.

- Businesses are being assessed fines or forced through lawsuits to allow cross-gender bathroom use or to build special bathrooms for transgenders.

- Children are being given cross-sex hormones and genital-mutilating surgeries that can not only leave them infertile for life but can set them up for a lifetime of dependency on expensive sex hormones.

[219] Urbanek, D. (2018, April 8). Orange County Department of Education to Discuss Sex Education. *San Juan Capistrano Patch*. https://patch.com/california/sanjuancapistrano/orange-county-department-education-discuss-sex-education
[220] California Education Code §51933(d)(6).
[221] In 2018, California enacted legislation that provided for gender identity education, among much else, stating: "Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes."

- Gendered pronouns like "he" and "she," or "him" and "her," are considered offensive and politically incorrect when used in connection with transgenders. Teachers are being fired if they fail to use gender-confused students' "preferred pronouns."[222]

- Governments are pressured to pay for cross-sex surgery and other medical treatments to fulfill the fantasies of transgenders.

- Those who believe that "sex change" is impossible are considered bigots, hateful, and are sometimes prosecuted.

- Long-held cultural understandings of the terms "wife," "husband," "mother," "father," "brother," "sister," "granddaughter," "grandson," "aunt," "uncle," "niece," "nephew," etc., are undermined and changed.

- Clear lines between who is male and who is female are being erased, which changes the very foundations of societies.

Gender Ideology

Gender identity ideology, the belief system that drives *"gender identity"* politics and policies, is a toxic blend of misinformation, political correctness, deception, irrational reasoning, unscientific claims, zealotry, and harmful practices that has emerged in recent years as a major and growing threat to children and the family.

Radical gender identity ideology challenges the scientific basis of being either male or female, and in the process, undermines the socially important biological realities associated with the two sexes. It promotes the fantasy that a person can be born into the wrong body and that people can change their sex with hormones and mutilating surgeries that amputate or otherwise alter healthy organs.

Gender identity policies are based on an unproven theory that holds that a person's sex and/or gender identity is determined by their mind and not by the biological makeup of their body—that sex and/or gender identity is fluid and can be changed at will. For example, a boy should be considered to be a girl if he believes he is a girl and vice versa. According to this theory, a person's sex is whatever a person declares it to be, sex is not binary (i.e., male and female only), sex can be nonexistent or neutral, can be neither male or female, can be on a continuum between male and female, can be one of multiple self-defined "genders" or a combination of "genders."

Certainly, policies based on *"gender identity"* create confusion about the essential uniqueness of men and women and the relationships that define the family, which, in turn, pose a serious threat to the health of societies.

How "Gender Identity" Policies Violate Parental Rights

"Gender identity" non-discrimination policies are one of the greatest threats to parental rights and are putting children and families at risk everywhere. Consider these troubling developments:

[222] A high school teacher in Virginia was fired after declining to use male pronouns to refer to a female student who was said to be "transitioning" to be a male. The teacher was willing to use the student's new chosen name but, because of his religious beliefs, he was not willing to refer to the student as "he." The school said this was "gender identity" discrimination. Moomaw, G. (2018). Virginia high school teacher fired for refusing to use transgender student's new pronouns. *Richmond Times-Dispatch*. https://www.richmond.com/news/virginia/virginia-high-school-teacher-fired-for-refusing-to-use-transgender/article_65be1826-50b2-5d38-be58-47d9b9480917.html

CANADA: Canada's most populous province, Ontario, passed a law that could allow the government to remove children from their parents if the parents refuse to affirm their children in the opposite gender.

UNITED KINGDOM: Christian Concern in the UK is defending four sets of parents who are challenging actions taken by schools and social workers to enable their children to "transition" from female to male, or vice versa.

CHILE: A law was passed allowing children as young as age 14 to identify as the opposite sex if only one parent consents.

THE UNITED STATES: In Minnesota a 16-year-old boy who was not living at home decided he was a girl. His school and medical providers began treatment to change his appearance from male to female without the mother's knowledge or consent. The county government even provided financial support for the boy without informing his mother. The mother's attorney calls this "a parent's worst nightmare."

A 17-year-old girl in Ohio was taken from her parents and placed with her grandparents because her parents would not allow her to take transgender hormones. (Transgender hormones can render the girl infertile for life).[223]

The mother of a 7-year-old Texas boy decided to "transition" him to a girl against the father's wishes and sent him to school dressed as a girl and called him by a girl's name. It became a legal battle, and the jury determined the mother had the right to "change" the child's gender, even though the child had never expressed any interest in "transitioning" to a girl.[224]

"Gender Identity" Policies Facilitate Abuse and Violence Against Women and Girls

Consider the following troubling examples showing how *"gender identity"* policies put women and children at risk:

BIRMINGHAM, ENGLAND: A male student wore a mask and wig to gain entry to a women's bathroom to spy on women and make recordings of a sexual nature.

WEST YORKSHIRE, ENGLAND: A biological male inmate with a history of sexual offenses changed his name and dressed as a woman so he could be moved to a female prison where he sexually assaulted four female prisoners.

OLYMPIA, WASHINGTON: A 45-year-old man, who self-identified as a woman, used the women's facilities at the Evergreen State College swimming pool exposing himself to minor girls who also used the college's swimming pool.

PORTLAND, OREGON: A convicted child sex offender claimed to be a transgender woman and wore a dress to access areas where young girls were changing.

[223] O'Neil, T. (2018, February 15). Ohio Christian Parents Lose Custody of 17-Year-Old Daughter for Refusing Her Transgender Drugs. *PJ Media*. https://pjmedia.com/faith/ohio-christian-parents-lose-custody-of-17-year-old-daughter-for-refusing-her-transgender-drugs/

[224] Judge who ruled on 7-yr-old's gender 'transition' taken off case. (2019, December 6). https://www.lifesitenews.com/news/breaking-judge-who-ruled-on-7-yr-olds-gender-transition-taken-off-case

SAN BERNARDINO COUNTY, CALIFORNIA: A 46-year-old man cross-dressed as a woman to gain access to a women's dormitory and other female-only facilities to take pictures of women with a cell phone.

TORONTO, CANADA: A man claimed to be transgender to stay at a women's shelter where he then assaulted several women.

DECATUR, GEORGIA: Parents of a 5-year-old girl filed a legal complaint claiming a transgender boy sexually assaulted their daughter in her school's restroom. This boy was a biological male who identifies as "gender fluid" and therefore was allowed use the girls' restroom under a *"gender identity"* policy.[225]

LOUDON COUNTY, VIRGINIA: A male high school student who identifies as a female sexually assaulted a female student in the school bathroom. The perpetrator, who was wearing a skirt during the attack, forcibly sodomized the girl. He was transferred to another school and assaulted a second female student there.[226]

All this and more happens when *"gender identity"* is established as a protected category in non-discrimination laws and policies.

"**Gender Identity" Transgender Policies Aggressively Pushed by the United Nations**

According to the World Health Organization (WHO) publication, *Sexual Health, Human Rights and the Law*, co-published with multiple UN agencies and Planned Parenthood, (see *International Planned Parenthood* section.), UN Member States are to affirm people in their gender confusion, as follows:

- **"Being able to determine and express one's gender identity without stigma, discrimination**, exclusion and violence is an important dimension of health and well-being and **the enjoyment of human rights.**" (pg. 3 - Gender identity and expression)

- **"The possibility for people to live in accordance with their self-identified gender, in law and in fact, has a beneficial effect** on their overall well-being, including being able to access health, social and other services." (pg. 3 - Gender identity and expression)

- "… for people whose deeply felt gender does not correspond to their sex assigned at birth, **access to hormonal treatment or gender reassignment surgery, or other treatment, may be needed for the protection of their health including their sexual health**." (pg. 14 - Transgender and Gender Variant)

- "… **access to, and reimbursement of, gender-affirming surgery** has been specifically addressed by international and regional human rights and professional bodies." (pg. 25-26 Transgender and Gender Variant)

UN Entities Pushing Gender Identity

UN treaty bodies, Special Rapporteurs and UN independent experts are increasingly acting irresponsibly outside of their mandates, interpreting non-discrimination provisions to include *"gender identity"* as a

[225] Danilova, M. (2018, October 4). Transgender Policy Studied in Georgia School Assault Case. *Associated Press.* https://apnews.com/4034184d18794baca3796dbf8e9ae49b?

[226] Downey, C. (2021, October 26). Judge Rules Loudoun County Teen Sexually Assaulted Female Student in Girls' Bathroom. https://news.yahoo.com/judge-rules-loudoun-county-teen-131413442.html

protected category (see *Other Status* section), even though the treaties they are monitoring are silent on the issue.

The recently appointed UN "Independent Expert" on protection against violence and discrimination based on *"sexual orientation and gender identity (SOGI),"* is issuing reports calling upon Member States not just to protect transgender people from violence based on their *"gender identity"* (a worthy goal) but to also protect them from "discrimination." The problem lies in the way "discrimination" is being defined.

Non-discrimination policies based on *"gender identity"* have led to a wide variety of violations of non-transgendered people's rights, as discussed above.

Of deep concern is the fact that in November 2018, no less than 12 UN Special Rapporteurs (including the SOGI expert) issued "Comments Regarding the Persecutory Grounds in the Draft Crimes Against Humanity Convention." The following are quotes from their comments:

> *"...we recommend that the following grounds be added to the list of persecutory categories when such discrimination amounts to crimes of persecution: language, social origin, age, disability, health,* ***sexual orientation, gender identity****, sex characteristics, indigenous, refugee, statelessness and migratory status."*
>
> *"****We also recommend the deletion of the reference to paragraph 3 in the definition of gender [defined as male and female within the context of society],*** *as per our submission to you on the definition of gender."*
>
> *"Article 3 on* ***Definition of Crimes against Humanity****, under paragraph 1(h), will thus read as follows:*
>
> ***'Persecution against any identifiable group or collectivity on political, racial, national, ethnic, cultural, religious, gender as defined in paragraph 2****, language, social origin, age, disability, health,* ***sexual orientation, gender identity****, sex characteristics, indigenous, refugee, statelessness and migration status, or other grounds that are universally recognized as impermissible under international law, in connection with any act referred to in this paragraph or in connection with the crime of genocide or war crimes.'"*

Their comment also claims that in the last 20 years since the passage of the Rome Statute, "an array of international human rights instruments helps to entrench … the principle of non-discrimination in international law, with due respect for sexual orientation and gender identity."

What they are claiming is that discriminating against persons based on their gender identity constitutes a "crime against humanity" and, this is serious indeed, especially taking in account the way discrimination is being defined.

And while these comments and reports have no legal weight in and of themselves, if they are heeded by other powerful entities, these comments can have serious repercussions.

This is why a strong, consistent pushback against any references to *"gender identity"* is essential if we are to protect our families and children against the serious negative impacts of *"gender identity"* non-discrimination policies.

If these trends are not halted and even reversed, more harm will be done to children and society, including to the very people these policies are intended to help.

NEGOTIATING STRATEGIES
Gender Identity

One of the best negotiating strategies for defeating *"gender identity"* provisions is simply to read from the "Master List of Gender Identities" found in "Additional Resources" at the end of this section. Talking Point #2 below can provide suggested wording for presenting that list. Reading from that list and pointing out some of the absurd definitions (see Talking Point 3, 4, and 5) can bring to light how utterly absurd it is to create policies or laws based on what is in a person's mind regarding their gender.

Another strategy is to express sincere sympathy and support for people who experience true "gender dysphoria" (see "FACTS about Gender Dysphoria/Gender Identity Disorder" in *Additional Resources* below) and to show that the intention of your delegation is not to attack transgender-identifying persons but rather to help them. And that the best way to help them is not to collude with them in the false idea that they are, or can become, the opposite sex from their biological sex.

Certainly, the term *"gender identity"* should be strongly rejected in any and all UN documents for all the reasons stated at the beginning of this section.

TALKING POINTS
Gender Identity

Select from the 19 talking points below, the ones that best fit your negotiating situation.

Legal Argument

1. **The term *"gender identity"* does not appear in any binding international agreements negotiated by the full body of UN Member States.** Every time it has been proposed, it has been rejected by UN Member States because it is too controversial.

Gender Chaos Arguments

2. **If we were to adopt a *"gender identity"* policy, how would it be defined?** If the 112 *"gender identities"* on the "Master List of Gender Identities" such as [consider reading several or all of the "gender identities" on the "Master List" in the *Additional Resources* section below] were protected under a gender identity policy, it would create great controversy among UN Member States. Is there a definition for *"gender identity"* that we can adopt here that would not encompass multiple genders or genders other than male or female so we can clarify that we are not trying to protect gender chaos?

3. **While every individual is entitled to basic human rights, imagine the chaos that would ensue if all of the controversial *"gender identities"*** that have been conceptualized are established as part of a protected class. The New York City Commission on Human Rights now recognizes 31 genders (see list of these genders in the *Additional Resources* section), and already, multiple complaints have been filed against individuals or businesses accused of discriminating against these *"identities"* under New York's

new *"gender identity"* policy.[227] If found guilty, these individuals or entities could be forced to pay fines up to $250,000.

4**. How can we create policies based on characteristics that are subjective, changeable, self-defined and that cannot be measured or quantified?** For example, "Adamasgender" is defined as "a gender which refuses to be categorized," and "Affectugender" is defined as "a gender that is affected by mood swings?" **How can governments be expected to regulate policies based on an individual's internal or individual experience of gender?**

Since both *"gender identity"* and *"gender expression"* are based on internal feelings unique to that individual rather than biological realities that can be independently verified, if we adopt a *"gender identity"* policy, only gender-confused individuals can determine if some policy or action violates the law. There is no other law in the world that functions this way.

5. What if additional gender identities emerge after a policy on gender identity is adopted? Will we then be required to recognize any and all gender identities that are put forward?

6. **Instead of trying to create special protections for people based on their internal perceptions of themselves which can change over time, we should be enforcing existing laws and policies calling for the elimination of violence against anyone.**

Violence vs. Discrimination Arguments

7. **Most people are rightly against violence and do not want to discriminate against anyone, let alone against people who identify as transgender.** However, it is one thing to not discriminate and yet another thing to establish laws or public policies that affirm or mainstream lifestyles, behaviors, or beliefs that are unhealthy for the individuals who engage in them or give them special rights based on a recognized mental disorder.

8. **This proposed policy conflates two very different issues that should be treated separately, and those issues are discrimination and violence.** These two issues should be separated so they can be considered on their merits, especially since it is much easier for us to agree on what constitutes violence than it is to agree on what constitutes unjust discrimination. Until these two issues are separated, we cannot accept any provisions on *"gender identity."*

9. **The best estimate on transgender people is that no more than 0.3 percent of the general population identifies as transgender.**[228] Yet this proposed *"gender identity"* policy can negatively affect the majority of the population, but especially women and girls. Where *"gender identity"* non-discrimination policies are in place, women and girls are being denied their right to privacy in public female spaces, such as bathrooms and showers. Some have even been sexually assaulted.

> (Give examples from the list above under "Gender Identity Policies Facilitate Abuse and Violence Against Women and Girls.)

[227] The 31 genders recognized by the New York City Commission on Human Rights are: Bi-gendered, Cross-dresser, Drag King, Drag Queen, Femme Queen, Female-to-Male, FTM, Gender Bender, Genderqueer, Male-to-Female, MTF, Non-Op, HIJRA, Pangender, Transexual/Transsexual, Trans Person, Woman, Man Butch, Two-Spirit, Trans, Agender, Third Sex, Gender Fluid, Non-Binary Transgender, Androgyne, Gender Gifted, Gender Blender, Femme, Person of Transgender Experience, and Androgynous.

[228] Gates, G. (2011). *How many people are lesbian, gay, bisexual, and transgender?* The Williams Institute. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

Women Protection Arguments

10. **Our delegation understands that gender confusion, previously called "gender identity disorder" and now called "gender dysphoria" is a mental health disorder.** We also understand that there is an entirely different mental condition called *"autogynephilia."* A male who has *autogynephilia* experiences intense sexual arousal by cross-dressing as a female or by the thought or image of themselves as female.

How will governments be able to determine under a *"gender identity"* non-discrimination policy whether the man identifying as a female has true "gender dysphoria" or if he has *"autogynephilia,"* especially with regard to bathroom policies?

> (You may want to give examples here from the *"*Gender Identity Policies Facilitates Abuse" and *Violence Against Women and Girls* section above for examples where males who likely have "autogynephilia" have assaulted women or girls.)

Gender Identity as a Mental Disorder Arguments

(See also "FACTS about Gender Dysphoria/Gender Identity Disorder" in the *Additional Resources* at the end of these talking points.)

11. **Since severe gender confusion or "gender dysphoria" is recognized by many mental health professionals as a mental disorder,** instead of creating policies that affirm persons in their mental disorder, why aren't we establishing policies that would provide them therapeutic help? In fact, Dr. Paul McHugh, University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and a leading authority on gender confusion warned:

> *"… gender dysphoria—the official psychiatric term for feeling oneself to be of the opposite sex—belongs in the family of similarly disordered assumptions about the body, such as anorexia nervosa and body dysmorphic disorder. Its treatment should not be directed at the body as with surgery and hormones any more than one treats obesity-fearing anorexic patients with liposuction. The treatment should strive to correct the false, problematic nature of the assumption and to resolve the psychosocial conflicts provoking it. With youngsters, this is best done in family therapy."*[229]

12**. Gender identity protection policies operate under the false assumption that people with gender confusion are better off being encouraged to identify as something other than their biological sex.** The website SexChangeRegret.com has multiple testimonies from people who have strongly regretted their cross-sex surgeries and who are desperately trying to reintegrate with their biological sex, despite the altered conditions of their body. Some have even had their genitals or breasts removed and become completely infertile in their attempt to become the opposite sex. This is why Dr. Paul McHugh, University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School, who once supported and oversaw many cross-sex surgeries, after seeing the end results warned,

> ***"…policymakers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention."***[230]

[229] McHugh, P. (2015). *Transgenderism: A Pathogenic Meme*. The Witherspoon Institute. http://www.thepublicdiscourse.com/2015/06/15145/

[230] McHugh, P. (2014, June 12). Transgender Surgery Isn't the Solution. *Wall Street Journal*. https://albertozambrano.files.wordpress.com/2016/05/paul-mchugh_-transgender-surgery-isnt-the-solution-wsj.pdf

13. **The American College of Pediatricians (ACPeds) [also] calls *"gender dysphoria"* a *"mental disorder** *in which an individual experiences distress over a deeply felt desire or belief that he or she is the opposite sex."* When the dysphoria is severe enough to cause a child to insist on amputating their sex organs, without question, this should be considered a mental disorder.

What these children really need is help in overcoming their disorder, not policies to protect their confused *"gender identity"* or "identities" or that push them further and further into an opposite-sex identity, putting them at risk for a large array of mental, social, and physical problems throughout their lives.

Harms to Children Arguments

14. **The American College of Pediatricians (ACPeds) warns:**

- ***"****A number of mental health professionals who have successfully treated gender dysphoria in youth stress that* ***the 'affirmation' of children's gender confusion by allowing them to behave and be treated as the opposite sex reinforces this mental disorder and renders the success of therapy less likely."***

What we should be adopting is a policy calling upon medical and mental health professionals and school officials to assist children in resolving their gender dysphoria by accepting their permanent biological sex, not policies that affirm children in a mental disorder.

15. **Most children lose their feelings of gender confusion as they grow older.** According to Dr. Paul McHugh, *"When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings."*

However, when children are affirmed in their gender confusion by parents, schools, the community and others, the chance that they will normally outgrow this gender confusion is greatly diminished.[231] **Our position is that *"gender identity"* affirming policies, while well-intentioned, are misguided, because they harm the very children that need our help.**

16. The head of the Child and Adolescent Gender Identity Clinic in Toronto, Canada, Dr. Kenneth Zucker, also one of the leading authorities in the world on gender disorders, has treated over 500 children with gender confusion. **Dr. Zucker found that in the vast majority of cases, therapy focused on reducing the psychopathology within the family has resulted in the child's acceptance of their birth sex.**[232]

Cross-Sex Hormones and Surgery Arguments

17. **Our delegation is very concerned that the World Health Organization, in their publication, *Sexual Health, Human Rights and the Law* is now pushing for *"gender identity"* protections** that would encompass a right for people to be given government-supported cross-sex hormones and surgeries. This harms the very people we are supposedly trying to help—the people confused about their gender.

[231] Ibid.

[232] Zucker, K. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents.* New York, NY: The Guilford Press.

Consider the following quotes from the WHO publication:

- "Evidence shows that in many cases, **acquiring physical sex characteristics congruent with experienced gender identity (such as by undergoing gender-affirming surgery)** improves health…" (pg. 25)

- "… for people whose deeply felt gender does not correspond to their sex assigned at birth, **access to hormonal treatment or gender reassignment surgery, or other treatment, may be needed for the protection of their health including their sexual health**." (pg. 14 - Transgender and Gender Variant)

- "… **access to, and reimbursement of, gender-affirming surgery** has been specifically addressed by international and regional human rights and professional bodies." (pg. 25-26 - Transgender and Gender Variant)

It would appear that these are the kind of harmful policies that might be enacted under any *"gender identity"* protection policy, therefore our delegation must strongly reject any such policy. We cannot be a party to any document with references to *"gender identity."*

18. Since, according to the World Health Organization's publication, *Sexual Health Human Rights and the Law*, non-discrimination *"gender identity"* policies would require governments to provide cross-sex hormones and surgeries for children, we must oppose this term. We agree with Dr. Paul McHugh that: ***"Sex change"* is biologically impossible. Dr. McHugh has stated:**

> ***"People who undergo sex-reassignment surgery do not change from men to women or vice versa.*** *Rather, they become feminized men or masculinized women … encouraging surgical intervention is in reality to collaborate with and promote a mental disorder."*[233]

Therefore, we believe adopting this policy can hurt people rather than help them.

19. **A number of facts make it impossible for us support any references to *"gender identity"* in this document**. This is because if *"gender identity-" affirming* policies are adopted, they can serve to encourage cross-sex hormone therapies and surgeries, and we believe such an approach can cause harm. [Select from the following quotes:]

- ***"Sex change"* surgery increases health risks, including suicide rates.** A long-term Swedish study following more than 300 sex change surgery patients for up to 30 years was published in 2011. The study concluded: ***"Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population."*** The study found suicide rates 10 years after surgery were 20 times that of the general population.[234]

- After a review in the UK of more than 100 international medical studies of post-operative transgender persons, Christopher Hyde, director of the University of Birmingham's Aggressive Research Intelligence Facility, who conducted the review, warned, ***"There's still a large***

[233] McHugh, P. (2014, June 12). Transgender Surgery Isn't the Solution. *Wall Street Journal*. https://albertozambrano.files.wordpress.com/2016/05/paul-mchugh_-transgender-surgery-isnt-the-solution-wsj.pdf

[234] Dhejne, C., et al. (2011). Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLOS One, 6.* http://dx.doi.org/10.1371/journal.pone.0016885

number of people who have the surgery but remain traumatized—often to the point of committing suicide."[235]

- **Cross sex surgery does not solve underlying mental health problems.** Under Dr. McHugh, Johns Hopkins University, the first American medical center to venture into *"sex-reassignment" surgery*, launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Dr. McHugh explained that John Hopkins stopped doing "sex-reassignment" surgery since ***"producing a 'satisfied' but still troubled patient seemed an inadequate reason for surgically amputating normal organs."***[236]

- Dr. Charles Ihlenfeld, an endocrinologist who worked at the Harry Benjamin gender clinic in the 1970s warned that transsexuals are the only patients who diagnose themselves and prescribe their own treatment. He cautioned against administering gender-change hormones.

  > ***"There is too much unhappiness among people who have had the surgery,"*** he said. ***"Too many of them end as suicides****. Even though the physical effects of hormones are largely reversible,"* he pointed out, *"their psychological effects often are not. The very fact that a doctor clears the patient for hormone therapy," he said, "can act as a self-fulfilling prophecy for that patient. It may signify to him that his fantasy has received confirmation from the medical profession and that there is now no turning back."*[237]

- Walt Heyer, a male who underwent gender reassignment surgery (see SexChangeRegret.com) lived for eight years as Laura Jensen, a female. He then regretted his surgery and now has transitioned back to Walt. **Mr. Heyer warns that transgenders' bodies may be permanently disfigured, making it very difficult to live normally.** Mr. Heyer says he wishes the surgeons had told him that the severe psychological problems of their other patients were not solved after surgery and that a high number of such patients commit suicide.

- **Surgically removing or altering children's genitals could be considered child abuse.** Dr. McHugh warned: *"Given that close to 80 percent of such children would abandon their confusion and grow naturally into adult life if untreated, these medical interventions come close to child abuse."*

Concluding Argument

The implications and consequences of adopting non-discrimination *"gender identity"* policies are far reaching with grave consequences for children and the family, and ironically, are fraught with negative consequences for the very people they were designed to help.

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[235] Batty, D. (2004, July 30). Sex changes are not effective, say researchers. *The Guardian*. http://www.theguardian.com/society/2004/jul/30/health.mentalhealth

[236] Ablow, K. (2011, September 2). *Don't Let Your Kids Watch Chaz Bono on 'Dancing With the Stars'. Fox News*. http://www.foxnews.com/opinion/2011/09/02/dont-let-your-kids-watch-chaz-bono-on-dancing-with-stars.html

[237] Oppenheim, G. (1979, January/February). Transition, No. 8. http://lvtgw.jadephoenix.org/Info_htm/Herbal_G/ginko_b2.htm

GENDER IDENTITY ADDITIONAL RESOURCES

1. **Master List of Gender Identities**

2. **FACTS about Gender Dysphoria/Gender Identity Disorder**

3. **List of "Gender Identities" Recognized by the City of New York**

"GENDER MASTER LIST" TO BE USED FOR TALKING POINT #1

Instructions: Read aloud the entire list of *"gender identities,"* below, and then ask those proposing the gender identity policy if all these gender identities should be recognized in the proposed policy.

Below are a few "genders" from the Gender Master List. For the entire list of 112 "genders" click here.

"Gender Master List"
(as published on Tumblr, September 2016)[238]

Abimegender: a gender that is profound, deep, and infinite; meant to resemble when one mirror is reflecting into another mirror creating an infinite paradox

Adamasgender: a gender which refuses to be categorized

Amaregender: a gender that changes depending on who you're in love with

Antegender: a protean gender which has the potential to be anything, but is formless and motionless, and therefore, does not manifest as any particular gender

Apconsugender: a gender where you know what it isn't, but not what it is; the gender is hiding itself from you

Burstgender: and gender that comes in intense bursts of feeling and quickly fades back to the original state

Caelgender: a gender which shares qualities with outer space or has the aesthetic of space, stars, nebulas, etc.

Colorgender: a gender associated with one or more colors and the feelings, hues, emotions, and/or objects associated with that color; may be used like pinkgender, bluegender, yellowgender

Glassgender: a gender that is very sensitive and fragile

Hydrogender: a gender which shares qualities with water

Trigender: the feeling of having three simultaneous or fluctuating genders

Vapogender: a gender that sort of feels like smoke; can be seen on a shallow level but once you go deeper, it disappears and you are left with no gender and only tiny wisps of what you thought it was

[238] Gender Master List (n.d.). Genderfluid Support. http://genderfluidsupport.tumblr.com/gender/. While the original list has been removed, a similar list can be found here. https://nonbinary-school-survival.tumblr.com/post/125681867336/masterlist-of-genders

FACTS about Gender Dysphoria/Gender Identity Disorder

"Gender identity" politics are grounded in a belief that a person who is confused about their gender must be affirmed and supported at all costs in their mistaken belief that they are the opposite sex from their biological sex. A growing number of people sincerely believe that a person can be born in the wrong body and that gender and/or sex is fluid and can change.

There is no scientific evidence to support any of these beliefs. Yet they are increasingly backed by the force of law, which coerces populations to affirm something that is untrue (that a male can be a female if they think they are, or a female can be a male if they desire to be so, etc.) This not only creates chaos, it puts women and children at risk, especially when gender ideology is taught to children in the schools through comprehensive sexuality education programs. (See *Comprehensive Sexuality Education* section.)

FACT #1 – "Gender Identity Disorder" (GID) was recognized as a mental disorder in the Diagnostic and Statistical Manual of the American Psychiatric Association (APA) for 33 years.[239, 240] (See DSM-III, 1980-1994, and DSM-IV-TR, 1994-2013)

FACT #2 – The term **"Gender Identity Disorder" was removed from the APA's list of mental disorders in 2013 and replaced with the term "gender dysphoria**," described as a conflict "between one's experienced/expressed gender and assigned gender, [accompanied by] significant distress or problems functioning."[241] (See DSM V)

FACT #3 – The change from GID to gender dysphoria was primarily made, not because there was any new scientific evidence regarding GID, but rather to reduce stigma against individuals who see and feel themselves to be a gender different from their biological sex.[242]

FACT #4 – Increasingly, medical professionals are being discouraged (and in some places forbidden) from treating gender dysphoria as a disorder or as something that can be overcome. Instead of helping clients to accept and embrace their biological sex, many psychologists, counselors, and psychiatrists are now affirming their clients in their confused thinking, encouraging them to change their physical appearance through dress, hormones and/or surgeries to match the distorted sense of gender in their mind.[243]

FACT #5 – Studies have shown that as many as 70 percent of patients with gender dysphoria also have one or more other psychiatric conditions (comorbidities).[244, 245]

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[239] Psychiatric News. (2003, July 18). *DSM-IV-TR Diagnostic Criteria For Gender Identity Disorder*. https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.38.14.0032/

[240] Koh, J. (2012). The history of the concept of gender identity disorder. *Seishin Shinkeigaku Zasshi, 114*(6), 673-80.

[241] American Psychiatric Association. (2020). *What is Gender Dysphoria?* https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria/

[242] Drescher, J. (2017, September 11). *New Diagnostic Codes Lessen Stigma for Transgender People*. Medscape. https://www.medscape.com/viewarticle/885141

[243] Drescher, J. (2013, July 29). Controversies in Gender Diagnoses. *LGBT Health, 1*(1). https://www.liebertpub.com/doi/abs/10.1089/lgbt.2013.1500

[244] Mazaheri Meybodi, A., Hajebi, A., & Ghanbari Jolfaei, A. (2014). Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria. *Psychiatry journal*, *2014*, 971814. https://doi.org/10.1155/2014/971814

[245] Heylens, G., et. al. (2014). Psychiatric characteristics in transsexual individuals: multicentre study in four European countries. *British Journal of Psychiatry, 204*(2), 151-156.

FACT #6 – The APA affirms that a person's "true self" or gender is whatever that person believes him/herself to be regardless of the medical facts.[246] However, the APA does not apply this same standard to other diagnoses. For example, no therapist would tell a patient diagnosed with anorexia nervosa that if they believe they are obese, they *are* obese and should diet to affirm their true self. Nor would a therapist encourage a patient who identifies as an amputee (a condition called apotemnophilia) to amputate a healthy limb to conform their body to their false inner sense of identity as an amputee. However, therapists are increasingly affirming clients in their gender confusion, treating puberty as if it were a disease, encouraging clients to amputate healthy body parts, or to enter into lifelong, medical protocols of taking expensive cross-sex hormones—medical protocols that often lead to permanent infertility.

FACT #7 – Biological sex is not assigned by doctors; sex is determined at conception and declares itself in utero. Chromosome pair 23 determines biological sex (XY male, XX female). About the sixth week of gestation, sexual differentiation of the fetus to develop male and female genitalia begins to occur.[247] At birth, biological sex is reported on the basis of a person's male or female genitalia.

FACT #8 – Congenital "Disorders of Sex Development" (DSD) do not invalidate the sexual binary norm of male and female. DSD are disorders in which the appearance of the individual (phenotype) does not match what one would expect based upon their sex chromosomes (genotype). These extremely rare conditions occur in less than 0.02 percent of the population and are medically diagnosable.[248] **Individuals with DSD do not represent additional sexes or a spectrum of sex**, they represent disorders of development. DSD are often referred to by the less accurate term, intersex.

FACT #9 – Most young children confused about their gender identity generally come to accept their biological sex as they grow up. In fact, 80 percent to 90 percent of gender-confused children accept their biological identity upon reaching adulthood—that is if they are not pushed otherwise—for example, if not given puberty blockers or cross-sex hormones.[249] On the other hand, young children who are given puberty blockers will then take cross-sex hormones and go on to have cross-sex surgeries which usually locks them in to a confused, cross-sex identity for life.

FACT #10 – No scientific studies have proven that transgenderism is genetic. If it were, then identical twins (who carry the same genetic code) would both identify as transgender 100 percent of the time. But in a clear majority of cases, when one identical twin is transgender, the other is not. Further, no gene or set of genes conferring transgenderism has ever been found.[250, 251]

FACT #11 – No scientific evidence exists to support the idea that a person can be born into or "trapped" in the wrong body (i.e., that a male can be born into a female body or a female into a male body).[252] Every brain cell of a male fetus has a Y chromosome; female fetal brains do not. This makes their brains forever intrinsically different. At eight weeks gestation, every cell in the body of a

[246] American Psychiatric Association. (2020). *What is Gender Dysphoria?* https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria/

[247] Hiort O. (2013). The differential role of androgens in early human sex development. *BMC medicine*, *11*, 152. https://doi.org/10.1186/1741-7015-11-152

[248] Sax, L. (2002). How Common is Intersex? A response to Anne Fausto-Sterling. *The Journal of Sex Research, 39*(3), 174-178.

[249] Hayes, Inc. (2018). *Sex reassignment surgery for the treatment of gender dysphoria.* http://www.hayesinc.com/hayes/publications/medical-technology-directory/dir-sex707/

[250] Mayer, L. S., McHugh, P. R. (2016). Sexuality and Gender. Part Three: Gender Identity. *The New Atlantis, 50*, 86-113. https://www.thenewatlantis.com/publications/part-three-gender-identity-sexuality-and-gender

[251] Reyes, F. I., Winter, J. S., & Faiman, C. (1973). Studies on human Sexual Development. I. Fetal Gonadal and Adrenal Sex Steroids. *The Journal of Clinical Endocrinology & Metabolism*, *37*(1), 74–78. https://doi.org/10.1210/jcem-37-1-74

[252] Lombardo, M. V., et al., (2012). Fetal Testosterone Influences Sexually Dimorphic Gray Matter in the Human Brain. *The Journal of Neuroscience, 32*(2). 674-680. http://www.jneurosci.org/content/32/2/674.long

male fetus—including every brain cell—is bathed by a testosterone surge secreted by their testes. Female fetuses lack testes; therefore, none of their cells—including their brain cells—experience this endogenous testosterone surge.[253, 254, 255]

FACT #12 – Using hormone suppressants to block puberty in normal children is an off-label use that has not been proven safe.[256]

FACT #13 – Transgender people, both before and after cross-sex surgery and hormones, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.[257]

FACT #14 – Studies have shown that the very high suicide rate of transgenders (as high as 19 times greater than the general population) is NOT significantly reduced by cross-sex surgery and hormone treatment and does not relieve many of the problems experienced by individuals with gender confusion.[258, 259, 260]

FACT #15 – The treatment of gender dysphoria using puberty blockers, cross-sex hormones, and cross-sex surgery is rooted in ideology and identity politics, not medicine.[261]

FACT #16 – A growing number of people with gender dysphoria have deeply regretted their attempts to "transition" to the opposite sex through hormone therapies and surgeries and have now "detransitioned" back to their biological sex. As they have sought to live as their true biological sex, they are doing so with permanently altered bodies. Testimonies from their experiences and their warnings to others about the harms of "transitioning" can be found at SexChangeRegret.com.

FACT #17 – Where policies or laws are adopted that protect "gender identity," parents have begun to lose their parental rights over their gender-confused children, and women and girls have been forced to allow men and boys who identify as women into their previously protected female spaces such as bathrooms and showers.

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[253] Sizonenko, P. C. (2016). Human Sexual Differentiation. *Geneva Foundation for Medical Education and Research*. https://www.gfmer.ch/Books/Reproductive_health/Human_sexual_differentiation.html

[254] Hruz, P. W., Mayer, L. S., McHugh, P. R. (2017). Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria. *The New Atlantis, 52*, 3-36. https://www.thenewatlantis.com/publications/growing-pains

[255] Dhejne, C., et al. (2011). Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLOS One, 6.* http://dx.doi.org/10.1371/journal.pone.0016885

[256] Meyer, J. K., Reter, D. J. (1979). Sex Reassignment Follow-up. *Archives of General Psychiatry, 36*(9), 1010-1015. https://jamanetwork.com/journals/jamapsychiatry/article-abstract/492177

[257] Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets. *Archives of Sexual Behavior, 43*(8), 1535-1545. doi:10.1007/s10508-014-0300-8

[258] Meyer, J. K., Reter, D. J. (1979). Sex Reassignment Follow-up. *Archives of General Psychiatry, 36*(9), 1010-1015. https://jamanetwork.com/journals/jamapsychiatry/article-abstract/492177

[259] American College of Pediatricians. (2018). *Gender Dysphoria in Children.* https://acpeds.org/position-statements/gender-dysphoria-in-children

[260] Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets. *Archives of Sexual Behavior, 43*(8), 1535-1545. doi:10.1007/s10508-014-0300-8

[261] American College of Pediatricians. (2018). *Gender Dysphoria in Children.* https://acpeds.org/position-statements/gender-dysphoria-in-children

List of "Gender Identities" Recognized by the City of New York

The New York City Commission on Human Rights published a handout to draw awareness to its code provision prohibiting discrimination on the basis of gender identity which includes a listing of 31 recognized gender identities. A violation of New York's *"gender identity"* non-discrimination policy, such as intentionally "misgendering" a person (i.e., not using their preferred personal pronouns, can result in a $250,000 fine.

- Bi-Gendered
- Cross-Dresser
- Drag King
- Drag Queen
- Femme Queen
- Female-to-Male
- FTM
- Gender Bender
- Genderqueer
- Male-to-Female
- MTF
- Non-Op
- HIJRA
- Pangender
- Transexual/Transsexual
- Woman
- Man
- Butch
- Two Spirit
- Trans
- Agender
- Third Sex
- Gender Fluid
- Non-Binary Transgender
- Androgyne
- Gender Gifted
- Gender Blender
- Femme
- Person of Transgender Experience
- Trans Person

GENERATIONAL SOLIDARITY

UN CONSENSUS LANGUAGE IN CONTEXT

Generational Solidarity

■ Support research and develop comprehensive strategies at the national, regional and local levels to meet, where appropriate, the challenges of population ageing. Invest more resources in gender-sensitive research as well as in training and capacity-building in social policies and health care of older persons, especially the elderly poor, **paying special attention to the economic and social security of older persons,** in particular older women; affordable, accessible and appropriate health-care services; the human rights and dignity of older persons and the productive and useful roles that they can play in society; support systems to enhance the ability of families and communities to care for older family members; **the ability of the elderly to care for family members and community victims of HIV/AIDS; and generational solidarity** with the goal of maintaining and improving social cohesion. – ICPD +5 (1999), 21-c.

■ Coordinate multi-sectoral efforts to **support the continued integration of older persons with their families** and communities; – Ageing (2002), 98(b).

GRANDPARENTS

UN CONSENSUS LANGUAGE IN CONTEXT
Grandparents

■ **Providing assistance to grandparents** who have been required to assume responsibility for children, particularly of parents who are affected by serious diseases, including AIDS or leprosy, or others who are unable to care for their dependants; – Social Summit (1995), 40(d).

■ Reinforce the **positive role of grandparents in raising grandchildren;** – Ageing, 106(c).

■ In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and **for grandchildren orphaned by AIDS.** At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected **responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.** – Ageing (2002), 103.

HAPPINESS

(See Family, Happiness, Love and Understanding)

HARMFUL PRACTICES

OVERVIEW
Harmful Practices

While many nations agree that early childhood marriage and female genital mutilation (FGM), and any form of child abuse are harmful practices, there is widespread disagreement across cultures with regard to what are other harmful practices. This is especially true in Africa as compared to Europe. For example, the European Institute of Gender Equality defines the term "harmful practices" as "Persistent practices and behaviours that are grounded on discrimination on the basis of sex, gender, age and other grounds as well as multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering."[262] They further define "multiple and intersecting forms of discrimination" to encompass discrimination based on sexual orientation or gender identity. In other words, the European Union generally considers discrimination with regard to homosexual behavior or transgenderism to be a harmful practice. Yet most African countries consider homosexual behavior and transgender behavior to be harmful practices themselves and laws that regulate such to be public goods.

Similarly, the majority of Western countries consider refusing to provide abortion to be a harmful practice, while in many Islamic countries, performing an abortion would be considered a harmful practice. For this reason, caution must be exercised when using the term "harmful practices" in policymaking. This can be done by ensuring that each "practice" that is to be considered "harmful" is clearly specified and agreed upon.

[262] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1233

The term "such as," which is commonly used to provide examples of "harmful practices" is problematic when used in a document that creates obligations for governments. This is because the insertion of "such as" after "harmful practices" indicates that the examples that follow are just examples and that there are other unspecified "harmful practices" that are to be eliminated as well. And as per the explanation above regarding the strong disagreement between many States as to what constitutes a "harmful practice," this necessitates naming specifically any harmful practice that is to be eliminated and not leaving a provision open to unspecified harmful practices by using the term "such as."

NEGOTIATING STRATEGIES
Harmful Practices

When "harmful practices" is modified by "such as" thus indicating that the subsequent list of "harmful practices" is not all encompassing, call for deletion of the term "such as" and insert "the" before "harmful practices."

For example:

Calls upon States to eliminate **[ADD: the]** harmful practices **[DELETE: ~~such as~~] [ADD: of]** child marriage, female genital mutilation, and violence against women.

TALKING POINTS
Harmful Practices

1. We propose deleting the term "such as" so we focus on the specific harmful practices we are encouraging States to eliminate. This will also make the paragraph stronger as it will laser focus efforts on eliminating the harmful practices which we all agree are the main problems.

Or

2. The term "such as" implies there are other practices we are seeking to eliminate here, which is fine, as long as we name them. Our delegation would propose deleting the term "such as" and making a transparent list of all the harmful practices we want to eliminate.

HIV/AIDS

(See also Anal Sex | Decriminalization | Discriminate/Discrimination | Family, HIV/AIDS | Human Rights Approach | Key Populations | Men Who Have Sex with Men | Stigmatization/Destigmatization | Vulnerable Groups)

OVERVIEW
HIV/AIDS

For decades the HIV/AIDS pandemic has been exploited by sexual rights activists within UN agencies and by a number of Western countries and well-funded NGOs to advance a radical sexual rights agenda.

Sadly, this is often done at the expense of enacting proven, effective, commonsense HIV prevention health policies. Highly deceptive language is often used to advance this harmful agenda.

Sexual rights activists use deceptive strategies to hijack billions of dollars of aid money allocated globally for HIV prevention, treatment, and care to advance controversial sexual rights.

The following topics are addressed below:

- HIV/AIDS, Anal Sex
- HIV/AIDS, Decriminalization
- HIV/AIDS, Discrimination
- HIV/AIDS, Human Rights-Based Approach
- HIV/AIDS, Key Populations
- HIV/AIDS, Stigmatization/Destigmatization
- HIV/AIDS, Vulnerable/Marginalized Groups

NEGOTIATING STRATEGIES
HIV/AIDS

Problematic terms should be deleted, as they are actually code words used in HIV/AIDS policies to advance special rights for LGBT individuals and sex workers.

Unacceptable Terms

In the context of non-discrimination, delete these terms:

- *"vulnerable groups"* or *"vulnerable populations"*
- *"marginalized groups"*
- *"at risk of infection"*
- *"most at risk"* people or groups
- *"affected by"* HIV/AIDS – This is too broad and ambiguous. Replace with *"living with"*
- *"HIV/AIDS-related"* stigma or discrimination – This is too broad and ambiguous. Delete *"related."*

HIV Language Case Study

The following is an example of problematic language that could be proposed in UN documents dealing with HIV/AIDS and is primarily designed to advance the controversial sexual rights agenda:

> "Encourages states, United Nations programmes and agencies, and relevant stakeholders to **ensure meaningful participation of vulnerable populations at risk of HIV infection and people living with, or affected by HIV/AIDS** in decision-making processes and implementation of policies and programmes on HIV/AIDS."

This entire paragraph should be deleted for the following reasons:

1. The *"vulnerable populations"* language encompasses not just people who are HIV positive but also those who are *"affected by"* HIV/AIDS and is intended to ensure the involvement of sex workers and LGBT groups in HIV policymaking decisions. This is like asking the fox to guard the henhouse since the primary goal of many of these groups is to advance their alleged sexual rights (often at the expense of sexual health), including legal protection for behaviors that actually increase HIV infection rates.

2. The concept of giving people infected with the HIV virus a prominent role in designing and implementing HIV/AIDS prevention policies, although entrenched in many UN documents, is not the most effective way to prevent AIDS. It can also be a conflict of interest since HIV-positive LGBT activists sometimes advocate for AIDS funding to destigmatize their sexual behaviors or push for funding for treatment rather than for prevention.

3. When it comes to AIDS, there is undue pressure on governments from many of those *"affected"* to take a rights-based approach, rather than a public health approach. Those at risk for, infected with, or affected by HIV/AIDS are often activists who may be more concerned about protecting their high-risk sexual behaviors than they are about preventing the spread of AIDS. If we treat AIDS like a *"rights"* issue instead of the medical emergency it is, more people will likely suffer, not fewer.

HIV/AIDS, ANAL SEX

(See also Anal Sex)

OVERVIEW
HIV/AIDS, Anal Sex

Anal sex is an extremely high-risk sexual behavior. More cases of HIV infection have been attributed to the transmission route of anal sex than to any other route of transmission. For more detailed information on this, see the *Anal Sex* section.

HIV/AIDS, DECRIMINALIZATION

OVERVIEW
HIV/AIDS, Decriminalization

Decriminalizing high-risk sexual behaviors inevitably leads to destigmatization of such behaviors, which then leads to these behaviors being mainstreamed into society. History shows that once a behavior is decriminalized (such as homosexual behavior) or affirmatively legalized (such as same-sex marriage, prostitution, etc.), it becomes more prevalent. Subsequently, it can be taught to children and youth in schools as normal, healthy, and even as a protected right. This, of course, is why sexual rights advocates want to include language to decriminalize these behaviors in consensus documents.

While it may not be appropriate to harshly penalize risky adult sexual behavior where it is consensual, it may make sense to retain laws prohibiting such behaviors to prevent them from becoming mainstreamed as socially acceptable. Rather than harshly penalizing individuals who engage in high-risk sexual behaviors, governments could instead apply consequences that serve to help, rather than punish, such as mandatory education and counseling on the health risks related to such behaviors.

HIV/AIDS, DISCRIMINATION

OVERVIEW
HIV/AIDS, Discrimination

Governments rightly enact laws that *"discriminate"* against or prohibit certain behaviors to preserve public health, safety, morals, and order. (See the *Moral/Morality* and *Public Order* sections for more information).

When addressing *"discrimination"* in the context of fighting the HIV/AIDS pandemic, it is essential to distinguish between discriminating against *behaviors* versus *people*. Successful comprehensive plans to fight the AIDS pandemic will require governments to discriminate—not against infected *persons* themselves, but against the risky *behaviors* they may engage in that spread HIV or other highly contagious diseases.

A prime example of the exploitation of HIV policies to advance LGBT and sex worker rights, as well as controversial sexual rights and sexuality education for children, is the "Draft WHO HIV/AIDS strategy 2011–2015 Report" by the Secretariat of the World Health Organization.[263] This document calls for governments to enact legislation "to uphold non-discrimination in all areas. Specific attention should be paid to: travel restrictions, employment, homophobia, sex work, drug control laws and criminalization of HIV transmission." But, as noted, to preserve public health, responsible government policies should discriminate, not against *persons*, but against *behaviors* that spread the disease.

In a number of UN negotiations, attempts have been made to interpret the term *"other status"* in the context of non-discrimination to encompass *"health status"* or *"HIV/AIDS status."* It is argued that people infected with HIV or other diseases should never be discriminated against for any reason. While we don't want people infected with HIV or other diseases to face discrimination because of their disease status, persons should be discouraged from engaging in the high-risk sexual behaviors that are likely to spread the disease to others.

For example, language calling for governments to end *"HIV/AIDS-related"* discrimination, in this context, may be used to prevent discrimination more broadly against *"men who have sex with men"* and *"sex workers,"* groups known to have the highest HIV infection rates. The objective of such language may not be so much to prevent the spread of the disease, but to protect the sexual rights of homosexual men and sex workers Deleting the word *"related"* in this phrase rightly focuses it more on prohibiting discrimination against HIV-positive *persons* rather than on those being used as justification to accept and legalize risky *behaviors*.

Again, while we should not discriminate against HIV-infected persons because they have contracted HIV, we must inform the public of high-risk behaviors and discourage them if we are going to be successful in fighting this disease.

NEGOTIATING STRATEGIES
HIV/AIDS Discrimination

Delete the word *"related"* in the phrase *"HIV/AIDS-related discrimination and stigma."*

[263] World Health Organization. (2011, April 28). *Draft WHO HIV strategy 2011–2015 Report by the Secretariat*. http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_15-en.pdf

Or replace the entire phrase with the more precise and less vague formulation *"stigma and discrimination against people living with HIV and AIDS."*

HIV/AIDS, HUMAN RIGHTS-BASED APPROACH

OVERVIEW
HIV/AIDS, Human Rights-Based Approach

There is wide disagreement internationally as to what constitutes "*human rights*" in the context of HIV/AIDS prevention, treatment and care. For example, people in Africa might consider such human rights to include access to prevention, treatment and care for HIV, while governments of developed countries often define such human rights to mean HIV/AIDS approaches that respect and advance sexual rights.

The *"human rights-based approach"* in the context of HIV/AIDS has never been defined in any meaningful way by UN Member States in any consensus documents. But that has not stopped UNAIDS from trying to impose a definition in a nonbinding, problematic document called "The International Guidelines on HIV/AIDS and Human Rights." This controversial guidance document claims that the human rights approach to AIDS prevention includes, among other things, legalizing abortion, prostitution and same-sex marriage. (See FWI policy brief titled, "The International Guidelines on HIV/AIDS and Human Rights: A Troublesome Paradox for Containing the HIV/AIDS Epidemic.")[264]

Below are some quotations from the "International Guidelines on HIV/AIDS and Human Rights":

- **Legalizing Illicit Sex** – 21(b) – "Criminal law prohibiting sexual acts (including adultery, sodomy, fornication and commercial sexual encounters) between consenting adults in private should be reviewed, with the aim of repeal." (Pages 29-30)

- **Legalizing Prostitution** – 21(c) – "With regard to adult sex work that involves no victimization, criminal law should be reviewed with the aim of decriminalizing…" (Page 30)

- **Legalizing Abortion** – 22(f) – "Laws should also be enacted to ensure women's reproductive and sexual rights, including the right of independent access to reproductive and STD health information and services and means of contraception, including safe and legal abortion…" (Page 35)

- **Legalizing Same-Sex Marriage and Penalizing Criticism of Homosexuality** – 22(h) – "Anti-discrimination and protective laws should be enacted to reduce human rights violations against men having sex with men, including in the context of HIV … These measures should include providing penalties for vilification of people who engage in same-sex relationships, giving legal recognition to same-sex marriages and/or relationships and governing such relationships…" (Page 36)

In other words, the human rights approach to HIV/AIDS can be code language for promoting the very high-risk behaviors that spread HIV at the highest rates.

[264] Family Watch International. (2009). *The International Guidelines on HIV/AIDS and Human Rights: A Troublesome Paradox for Containing the HIV/AIDS Epidemic*. http://familywatch.org/fwi/documents/fwiPolicyBriefonInternationalGuidelinesonHIV_AIDSandHumanRightsFinal.pdf

NEGOTIATING STRATEGIES
HIV/AIDS, Human Rights-Based Approach

If language is proposed to recognize *"human rights in the context of HIV/AIDS,"* or a *"human rights approach to preventing HIV and AIDS,"* it is imperative to demand answers as to what specific *"human rights"* are being referred to and where such *"human rights"* are defined in previous consensus documents. In addition, insist that *"human rights"* be specifically defined in the document being negotiated. Since there will likely be no clear answers to these questions, and no specific definition offered, there will be strong grounds to call for deletion.

HIV/AIDS, KEY POPULATIONS

OVERVIEW
HIV/AIDS, Key Populations

According to the 2015 UNAIDS Terminology Guidelines, *"key populations"* include gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs, and prisoners and other incarcerated people.[265]

WHO's "Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations" reveals that WHO's AIDS prevention strategy is to mainstream the behaviors of these controversial groups and to destigmatize them. In fact, incredible as it may sound, in this publication WHO actually goes so far as to encourage governments to empower these high-risk groups to train others about human sexuality. This, again, is like asking the fox to guard the henhouse, especially when it comes to having such adults work with youth in HIV prevention. When these controversial groups are given funding, the money is often used to promote acceptance for the very behaviors that spread the disease rather than to prevent HIV.

Consider the following quotes from the WHO Guidelines:

- **Men Who Have Sex with Men:** "Men's health groups and organizations of men who have sex with men are essential partners in providing comprehensive training on human sexuality."

- **Transgender People:** "Organizations of transgender people are essential partners in delivering comprehensive training on human sexuality and gender expression."

- **Sex Workers:** "Community empowerment is a necessary component of sex worker interventions and should be led by sex workers."

UNAIDS also considers "members of key populations" to include "sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men, and their sexual partners," recognizing that they account for nearly 50 percent of all new infections.[266] Moreover, UNAIDS claims that "criminalization and stigmatization of same-sex relationships, sex work and drug possession and use, and discrimination, including in the health sector, are preventing key populations

[265] UNAIDS. (2015). *UNAIDS Terminology Guidelines*. http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

[266] UNAIDS. (2016, November 22). HIV prevention among key populations. http://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161121_keypops

from accessing HIV prevention services." (See the discussion of criminalization and destigmatization in the sections above.)

In other words, these UN agencies' answer to the AIDS pandemic is to mainstream and destigmatize same-sex relations, sex work, and drug possession and use in these "key populations" at the same time it recognizes them as major factors in the spread of the disease.

Despite a significant reduction in new infections among homosexual men in Western countries since 1996, according to statistics released in 2018 by UNAIDS, the risk of HIV acquisition among men who have sex with men was 28 times higher than it was among heterosexual men. The risk of acquiring HIV for people who inject drugs was 22 times higher than for people who do not inject drugs, 13 times higher for female sex workers than adult women aged 15–49 years, and 13 times higher for transgender women than adults aged 15–49 years.[267]

HIV/AIDS, STIGMATIZATION/DESTIGMATIZATION

OVERVIEW
HIV/AIDS, Stigmatization/Destigmatization

A number of UN agencies and officials, governments of developed nations, and NGOs falsely claim that "destigmatizing" high-risk behaviors decreases HIV/AIDS. They argue that if such behaviors are legalized, thereby reducing the stigma associated with them, then those who engage in them will be much more likely to come forward and get help, which will prevent further spreading of HIV.

There is no evidence that this is true. Indeed, to the contrary, two well-known epidemiologists have noted that stigma can actually have a positive effect on a society's health. Daniel Reidpath and Kit Yee Chan explain, "While the cost of stigma is always some individual suffering, the benefit can actually be saved lives…. Consider the social stigma associated with smoking, drinking and driving, or pedophilia. The results of these social stigmas, while at the cost of individual suffering, are ultimately a healthier society, the protection of our children, and lives saved."[268]

While no one should be stigmatized based on their HIV status, certainly the behaviors that put people at the highest risk for contracting the deadly HIV virus (prostitution, anal and oral sex, multiple concurrent partners, early sexual debut, IV drug use, etc.) should be stigmatized. Yet HIV/AIDS policies promoted by UN agencies increasingly are calling for the destigmatization of the very same behaviors that research shows are driving the AIDS pandemic.

Sexual right activists have hijacked the political discourse on HIV/AIDS prevention, treatment and care in order to advance a liberal sexual rights agenda. (See SexualRightsAgenda.org.) They do this at the expense of promoting the truly lifesaving prevention policies that could and should discourage the highest-risk sexual behaviors for contracting HIV. Negotiators must be aware that those seeking to prioritize HIV funding for such high-risk groups over other groups often are also really seeking to use such funding to advance special LGBT rights instead of using it for effective HIV prevention.

[267] UNAIDS. (2018). *Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices*. https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

[268] Reidpath, D. D., Chan, K. Y. (2006). HIV, Stigma, and Rates of Infection: A Rumour without Evidence. *PLoS Med 3*(10), e435. https://doi.org/10.1371/journal.pmed.0030435

One of the deceptive strategies used to advance the LGBT agenda is to propose the elimination not of HIV stigma but of *"HIV-related stigma"* or discrimination. Broadening this concept is intended to not just prevent stigma because a person is infected with HIV, but also to prevent stigma against the behavior of the groups that research shows are engaging in the highest risk behaviors for contracting HIV, such as prostitutes and the LGBT community.

It is not only common sense but justified based on well-documented research that instead of destigmatizing and celebrating dangerous behaviors, governments should be conducting public safety campaigns that identify specific behaviors that carry high risks for acquiring HIV infection and discourage them. At a minimum, policies should be adopted that impose legal consequences upon individuals who knowingly infect others with HIV or who fail to warn their sexual partners that they are HIV positive.

Edward Green, former Director of the Harvard Research Project on HIV/AIDS Prevention, stated that, "stigma can be a potent ally in fighting HIV. Although the price would be hurt feelings to the promiscuous, the gain would be countless lives saved." Green points out the dangerous irony in wrongheaded prevention approaches: "So in AIDS World, we've stigmatized those who recommended sexual caution, and the price has been … countless preventable deaths."[269]

Whenever destigmatization of high-risk sexual behaviors and other similar approaches are advocated, it should be challenged, and those promoting it must respond to the contrary findings of these and other researchers.

HIV/AIDS, VULNERABLE GROUPS/MARGINALIZED GROUPS

OVERVIEW
HIV/AIDS, Vulnerable Groups/Marginalized Groups

Language calling for special protections for *"vulnerable groups"* is often intended to promote special rights and protections for LGBT people. Indeed, the term *"vulnerable groups"* has been used to reference *"sex workers,"* LGBT groups, or *"sexual minorities."* The term *"marginalized groups"* is also used in the same way.

For example, during the 2011 negotiations of an HRC resolution on HIV and human rights, the U.S. introduced language prioritizing protection for *"vulnerable groups,"* including *"men who have sex with men, transgendered people, people who inject drugs, and sex workers."* When the U.S. delegate was asked privately about their delegation's proposal the delegate responded that then U.S. Secretary of State Hillary Clinton wanted this language because she was very interested in promoting lesbian/gay rights.

Although *"vulnerable groups"* has been used in a number of past UN documents, arguably this term is no longer acceptable because it has been used to advance the political agendas of sexual minorities. The "Draft WHO HIV/AIDS strategy 2011–2015 Report" stated that the vulnerable and "most-at-risk populations are defined … as men who have sex with men, transgender people, people who inject drugs, sex workers and prisoners." However, because of its controversial and evolving definition, a proposal during the 2030 Agenda negotiations to include *"vulnerable groups"* in the Agenda was hotly debated and then specifically rejected. It was replaced with *"people in vulnerable situations"* and with *"the vulnerable."*

[269] Green, E. (2001). Broken Promises: How the AIDS Establishment Has Betrayed the Developing World. Sausalito, CA: Polipoint Press.

NEGOTIATING STRATEGIES
HIV/AIDS, Vulnerable Groups/Marginalized Groups

Replace *"vulnerable groups"* with *"people in vulnerable situations"* or with *"the vulnerable,"* which are the accepted terms adopted in the 2030 Agenda.

Replace *"marginalized groups"* with *"the marginalized."*

TALKING POINTS
HIV/AIDS, Vulnerable Groups/Marginalized Groups

1. We have already come to consensus on this during the 2030 Agenda negotiations where we all agreed we would **replace *"vulnerable groups"* with *"people in vulnerable situations"* or with *"the vulnerable."*** We insist on adhering to that agreement here so that we do not waste our time rehashing old arguments.

HEALTHY INFANT
(See also Pre-natal Care)

UN CONSENSUS LANGUAGE IN CONTEXT
Healthy Infant

■ By 2030, **end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants,** to safe, nutritious and sufficient food all year round. 2030 Agenda (2015), 2.1

■ In developing countries, the health status of women remains relatively low, and during the 1980s poverty, malnutrition and general ill-health in women were even rising. Most women in developing countries still do not have adequate basic educational opportunities and they lack the means of promoting their health, responsibly controlling their reproductive life and improving their socio-economic status. **Particular attention should be given to the provision of pre-natal care to ensure healthy babies**. – Agenda 21 (1992), 6.21.

■ Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will **enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant**. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. – ICPD (1994), 7.2.

■ Ensuring that women of child-bearing age have access to HIV prevention-related services and that pregnant women have access to antenatal care, information, counselling and other HIV services, and increasing the availability of and access to effective treatment for women living with HIV **and infants**; – HIV/AIDS (2011), 59(l).

■ Commit to supporting all national, regional and global efforts to achieve the Millennium Development Goals, including those undertaken through North-South, South-South and triangular cooperation, to improve comprehensive and integrated HIV prevention, treatment, care and support programmes, as well as tuberculosis, sexual and reproductive health, malaria **and maternal and child health care**; – HIV/AIDS (2011), 99.

■ Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and **provide couples with the best chance of having a healthy infant**. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. – Beijing (1995), 94.

■ Further, women are subject to particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Similar problems exist to a certain degree in some countries with economies in transition. Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognizing the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and **the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.** These problems and means should be addressed on the basis of the report of the International Conference on Population and Development, with particular reference to relevant paragraphs of the Programme of Action of the Conference. 14/ In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health. – Beijing (1995), 97.

■ Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, **mother and baby protection services**, centres for migrant families and so forth in the field of information and education related to abuse; – Beijing (1995), 125(f).

■ Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and **the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.** In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. – Beijing +5 (2000), 72(i).

■ In the basic reproductive health services component - **information and routine services for prenatal, normal and safe delivery and post-natal care**; abortion (as specified in paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications; – ICPD (1994), 13.14 (b).

■ The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the **reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child**; – ICESCR, Article 12-2(a)..

HOMOSEXUALITY

(See Sexual Orientation)

HUMAN RIGHTS APPROACH

(See also Human Rights Defenders | Human Rights, Distortions of)

OVERVIEW

Human Rights Approach

The term *"human rights approach"* is often used as a euphemistic term for the sexual rights/abortion rights approach to addressing an issue. For example, the UN's *"human rights approach"* to ending maternal mortality and morbidity promoted by the OCHR includes a right to abortion as part of that *"rights-based approach."*

UNFPA reveals that they understand *the "human rights approach"* to encompass a special emphasis on promoting alleged sexual and reproductive rights for **sex workers, men who have sex with men, and transgender persons** as follows:

"A human rights-based approach identifies rights-holders and their and corresponding duty-bearers and their obligations, and promotes strengthening the capacities of both rights-holders to make their claims and duty-bearers to meet their obligations.

Accordingly, **rights-based recommendations would concentrate on measures to empower people to claim their SRHR**, with particular attention to marginalized groups, such as girls and women, **sex workers**, persons with disabilities, **men who have sex with men**, **transgender persons**, persons living with HIV/AIDS, indigenous peoples, and rural populations, among others. They would also concentrate on eliminating discrimination and marginalization, as well as ensuring meaningful participation of all affected populations in policy processes.

Recommendations would be directed towards promoting a legal and policy environment that not only does not violate SRHR but actively enables their enjoyment. Further, recommendations would focus on establishing and/or strengthening protection and accountability mechanisms at the national and local levels."[270]

HUMAN RIGHTS DEFENDERS

(See also Human Rights Distortions)

OVERVIEW
Human Rights Defenders

The term *"human rights defender"* is increasingly appearing in UN resolutions, declarations, reports and conference outcome documents. Nations should beware, however, that this term is being used by sexual rights activists as a euphemism to promote LGBT and abortion rights.

The question, *"Who is a Defender?,"* which appears on the website of the Office of the High Commissioner of Human Rights (OHCHR), is the same question Member States need to ask when negotiating any provision referring to *"human rights defenders."* Other related questions that Member States should ask are, *"What are the 'rights' that promoters of human rights defenders want defended?"* And *"Have these 'rights' been recognized internationally or are they referring to defenders of controversial sexual rights?"*

Documents posted on the OHCHR website make it clear that both the OHCHR and the Special Rapporteur on Human Rights Defenders consider LGBT and abortion rights activists to be *"human rights defenders"* and that nations should respect, promote, and protect such defenders.

For example, on page 2 of the "Commentary on the Declaration on Defenders of Human Rights" posted on the OHCHR website, the following phrase seeks to broaden the definition of human rights defenders to include those who are promoting *"sexual minorities"* (i.e., lesbians, homosexuals, transsexuals, bisexuals, etc.):

> *"They [human rights defenders] sometimes address the rights of categories of persons, for example women's rights, children's rights, the rights of indigenous persons, the rights of refugees*

[270] UNFPA. (2014). *Lessons From the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health And Rights*. https://sexualrightsinitiative.com/sites/default/files/resources/files/2019-05/UNFPA-From-Commitment-to-Action-in-SRHR-August-2014.pdf

*and internally displaced persons, and the rights of national, linguistic or **sexual minorities**."* – Commentary on the Declaration on Defenders of Human Rights, page 2

The OHCHR commentary also reveals that the OHCHR and the Special Rapporteur believe that integrating a *"gender perspective"* means protecting those who are *"challenging traditional notions of the family"* or those who are promoting and defending *"sexual orientation."*

This next paragraph makes it quite clear that the OHCHR and the Special Rapporteur consider *"women human rights defenders"* to include those who are advocating for *"sexuality-based rights."*

> *"Women human rights defenders often face further stigmatization by virtue of their sex or the gender or **sexuality-based rights** they advocate. As noted by the Special Rapporteur, such work can be perceived as challenging established sociocultural norms, tradition or perceptions about the role and status of women in society."*

Also, the OHCHR has identified *"faith-based groups"* as obstacles to *"defenders working on issues such as the rights of lesbian, gay, bisexual and transgender persons."*

> *"In addition, community leaders and **faith-based groups** are increasingly resorting to the stigmatization of, and attacks against, defenders working on issues such as the **rights of lesbian, gay, bisexual and transgender persons**."* (This paragraph originally appeared in A/HRC/4/37/Add.2, para. 32.)

Finally, the following paragraph calls upon States to protect *"human rights defenders"* and give them *"specific and enhanced protections,"* because they are working to promote the rights of LGBT activists:

> *"States should make more efforts to recognize and protect women human rights defenders and defenders working to promote economic, social and cultural rights, as well as those working to uphold the rights of minorities, indigenous peoples and lesbian, gay, bisexual and transgender people. Those defenders need specific and enhanced protection, as well as targeted and deliberate efforts to make the environment in which they operate a safer, more enabling and more accepting one."* (A/63/288 Annex, para. 8.)

NEGOTIATING STRATEGIES

Human Rights Defenders

To ensure the term *"human rights defenders"* cannot be used to protect abortion providers under the grounds that they are defending the right to abortion by providing abortions, either:

> DELETE or REPLACE: *"human rights defenders"* with: *"defenders of universally recognized human rights."*

HUMAN RIGHTS, DISTORTIONS OF

(See also Human Rights Defenders)

OVERVIEW

Human Rights, Distortions of

One of the most effective negotiation strategies used to advance controversial sexual rights that undermine the family is to claim these alleged rights are basic or fundamental human rights, or better yet, internationally recognized human rights protected by international human rights instruments. Attempts to advance sexual rights as human rights have increased in recent years as rogue UN agencies, committees, Special Rapporteurs and treaty monitoring bodies work together in an attempt to create new and controversial sexual rights to which UN Member States have not consensually agreed. (For more detail on the aggressive promotion of abortion by UN entities see the FWI Policy Brief titled "The Relentless Push to Create an 'International Right' to Abortion.")

Just one example of many where UN agencies are distorting human rights to advance a sexual "rights" agenda is a 2015 report by the World Health Organization titled *Sexual Health, Human Rights and the Law*. The report calls for every country to remove restrictions on abortions, provide sex-change surgery, and remove criminal restrictions on sexual conduct such as extramarital sex, prostitution, and homosexual behavior as a matter of human rights.[271]

Consider the following three abuses of the UN system which, if allowed to stand, can continue to undermine the sovereignty and religious and cultural values of Member States:

- Unlike the fixed characteristics of race or sex, *"sexual orientation"* and *"gender identity"* are not protected classes in either the UN Charter or in the Universal Declaration of Human Rights (UDHR) and were not terms commonly used at the time the International Covenant on Economic, Social and Cultural Rights (ICESCR) was negotiated in 1976. Moreover, *"sexual orientation"* provisions have been specifically rejected many times by the majority of UN Member States since 1976. Yet the ICESR committee has unabashedly argued that the words *"other status"* in the ICESCR include *"sexual orientation"* and *"gender identity"* as an attempt to make them protected classes and thus international human rights.

- In 2006, nine UN Special Rapporteurs and 21 sexual rights activists calling themselves *"The International Commission of Jurists and the International Service for Human Rights"* and defining themselves as *"experts,"* developed a document titled the Yogyakarta Principles, which, in essence, is a wish list of sexual rights relating to orientation and gender identity that UN Member States would not be able to restrict or limit. The drafters claimed these Principles *"reflect the existing state of international human rights law in relation to issues of sexual orientation and gender identity"* and *"affirm binding international legal standards with which all States must comply."* Yet the drafters failed to identify the supposed *"binding legal standards"* on which the Principles are based. At that time, *"sexual orientation"* and *"gender identity"* were not mentioned in any UN treaty or other consensus document. Yet UN agencies have attempted multiple times to promote these concepts in UN documents, citing the Yogyakarta Principles as the authority. (For more detail on the Yogyakarta Principles see the FWI Policy Brief titled "The Yogyakarta Principles.")

[271] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

- The CEDAW Committee alone has pressured more than 65 countries to change their laws and legalize abortion, even though UN consensus language clearly states: *"Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process*." (ICPD, Par. 8.25; Beijing, Par. 106-k; ICPD+5, Par. 63.) UN consensus language also makes it clear that *"In no case should abortion be promoted as a method of family planning,"* but that has not stopped UN bureaucrats from undermining national sovereignty by claiming a broad right exists to abortion on demand.

Below you will find additional examples of how various United Nations entities are distorting the concept of "*human rights*" to promote controversial sexual and abortion rights.

The following quote from a United Nations Population Fund (UNFPA) publication reveals that UNFPA uses the terms *"human rights"* and *"rights to non-discrimination"* as euphemisms for *"sexual rights"* because they know many nations will oppose *"sexual rights"*:

- *"In El Salvador, where conservative opposition to sexual rights is fierce, the strategy had been to focus on human rights, especially the right to non-discrimination, as even the most adamant opposition finds it difficult to defend discrimination."*[272]

The following are direct quotes from the 2015 World Health Organization (WHO) publication *Sexual Health, Human Rights and the Law*, showing more distortions of human rights:

- "*In order to respect and protect human rights, states must ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents, including contraception and safe abortion services."* (3.4.1) In other words, WHO defines *"human rights"* to include abortion.

- This WHO quote claims that requiring parental consent for sexual and reproductive health services is a violation of the rights of adolescents: *"Human rights standards at the international, regional and national levels are well developed regarding the protection of adolescents under 18 from discrimination in accessing both information and services for sexual health to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities."* (3.4.1, "Adolescents (under 18 years of age)").

- *"International human rights standards explicitly call for the decriminalization of consensual same-sex sexual activity, and have established that such criminal laws are in breach of human rights."* (3.4.7, "Sexual orientation and gender identity").

- *"Human rights bodies... urge states to recognize the right of transgender persons to change their legal gender by permitting the issuance of new birth certificates."* (3.4.8, "Transgender and gender variant people").

- *"In order to respect and protect human rights, states must ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents, including contraception and safe abortion services."* (3.4.1, "Adolescents (under 18 years of age)").

[272] United Nations Population Fund. (2010). Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health. https://www.unfpa.org/sites/default/files/resource-pdf/Comprehensive%20Sexuality%20Education%20Advancing%20Human%20Rights%20Gender%20Equality%20and%20Improved%20SRH-1.pdf

- *"Human rights standards at the international, regional and national levels are well developed regarding the protection of adolescents under 18 from discrimination in accessing both information and services for sexual health to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities."* (3.4.1, "Adolescents (under 18 years of age)").

Further, UNAIDS Executive Director, Michel Sidibé stated, "Human rights are universal—no one is excluded, not sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners or migrants. Bad laws that criminalize HIV transmission, sex work, personal drug use and sexual orientation or hinder access to services must go, and go now."[273]

If Director Sidibé is implying that with regard to human rights, all laws that prohibit knowingly transmitting a deadly disease, that criminalize prostitution, or protect marriage between a man and a woman are bad, certainly, UNAIDS has not only overstepped its mandate but is complicit in facilitating the spread of HIV/AIDS worldwide. This is a gross distortion of human rights indeed.

TALKING POINTS
Human Rights, Distortions of

When a new controversial right is proposed that is not clearly based in a binding UN document and that has never been agreed upon by all UN Member States, the following points can be made to call for its deletion:

1. Only the General Assembly has the authority to develop new international human rights by consensus among Member States. According to the UN Charter, *"The General Assembly shall initiate studies and make recommendations for the purpose of … assisting in the realization of human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion."* – U.N. Charter (1945), Article 13

2. The UN Economic and Social Council (ECOSOC) can make recommendations with regard to human rights and fundamental freedoms, but such recommendations must be made to the General Assembly under which the ECOSOC derives its authority. – U.N. Charter (1945), Articles 55, 62, 66
Thus, based on the UN Charter:

(i) UN committees, UN Special Rapporteurs, other UN bodies and outside experts have no authority to create new international human rights that have not been developed by Member States and recorded in binding treaties or at least in UN consensus documents.

(ii) When a report or recommendation from a UN agency, rapporteur, committee, or experts working for a UN body claims that international law requires Member States to honor commitments involving new alleged human rights, they are operating outside of their mandate. In such cases, they should be promptly and publicly reprimanded by UN Member States.

(iii) The process to establish new international human rights should be deliberate and transparent, invoking careful and thorough debate at the General Assembly level.

[273] UNAIDS. (2018). *Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices*. https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

(iv) UN consensus documents always should safeguard the right of national sovereignty in a way that makes all commitments under negotiation subject to that right, as well as to national religious, ethical and cultural values.

HUMAN RIGHTS EDUCATION

(See also Yogyakarta Principles | UN Agencies)

OVERVIEW

Human Rights Education

While true human rights should be upheld, supported and taught, a number of highly controversial alleged rights (e.g., LGBT, abortion, prostitution, etc.) are promoted under the banner of "human rights education." Consider the following three examples:

- According to "An Activist's Guide to the Yogyakarta Principles" a document signed by nine UN Special Rapporteurs (see *Yogyakarta Principles* section), under the heading "Human rights in the education system" it states: "Education is a crucial tool for advancing the ideals of human rights and for combating prejudicial and discriminatory attitudes."[274]

  It then describes how human rights education can be crafted "toward the objective of enhancing understanding of, and respect for, diverse sexual orientations and gender identities" as well as for "diverse family models." Finally, it reveals that "LGBTI NGOs are often engaged in working with educational authorities in developing guidelines and curricula."

- UNFPA's proposed indicator for SDG target 4.7 calls for measuring the number of countries implementing the framework of the OHCHR's "World Programme on Human Rights Education." Principle 9 of this "human rights education" program states that "Educational activities within the World Programme" shall "foster respect for and appreciation of diversity, and opposition to discrimination on the basis of race, sex, gender, or sexual orientation and on other bases."

- "The People's Movement for Human Rights Education" promotes a number of rights related to sexual orientation.[275] And while the majority of these rights are legitimate rights that LGBT people have a claim to as members of our human family, when carried to their fullest, such rights eventually clash with parental and religious freedom rights.

[274] An Activist's Guide to the Yogyakarta Principles. (2010). https://outrightinternational.org/sites/default/files/Activists_Guide_Yogyakarta_Principles.pdf

[275] The People's Movement for Human Rights Education. (n.d.). *Human Rights and Sexual Orientation*. http://www.pdhre.org/rights/sexualorient.html?vm=r&s=1

HUMAN RIGHTS, NATIONAL HUMAN RIGHTS INSTITUTIONS (NHRIS)

(See National Human Rights Institutions (NHRIs))

HUMAN RIGHTS STANDARDS

OVERVIEW

Human Rights Standards

Beware of the terms "in line with human rights standards" or "in accordance with internationally recognized human rights" as these terms are often used to advance abortion, CSE, sexual rights for children and LGBT agendas. This is because the donor countries behind these agendas know they can't get them accepted openly by UN Member States in UN negotiations so they have instead infiltrated and manipulated UN agencies, UN treaty body committees, and UN experts with their donations to claim that these harmful things are all internationally recognized human rights that States must fulfil and respect.

Increasingly, UN agencies are working with a number of Western donor countries to advance the LGBT, abortion and sexual rights agendas by creating non-negotiated policy documents such as UN "guidance," "toolkits," "frameworks," or "strategy" documents and reports, which they often characterize as "international human rights standards" or the "human-rights approach" to addressing an issue.

For example, instead of referring to CSE directly, CSE advocates, now refer euphemistically to UNESCO's highly contested "International Technical Guidance on Sexuality Education (ITGSE) as "sexual and reproductive health education *in line with human rights standards*." They will then add a discreet footnote listing UNESCO's ITGSE as the policy document that will dictate those standards. Or if they are out negotiated on a nondiscrimination provision and "sexual orientation and gender identity," for example, are deleted from a nondiscrimination clause under negotiation, they might then modifiy the non-discrimination clause with "in accordance with international human rights standards" as their fallback position. This means to them that nondiscrimination will have to be in accordance with all the bogus and ultra vires comments, observations, and reports of UN human rights treaty bodies and UN experts and rapporteurs which they have infiltrated and corrupted to read LGBT, abortion, CSE and sexual rights for children and more into their radical and deliberate misinterpretations of the core UN human rights treaties.

In other words, when the EU adds the phrase "in line with human rights standards" or "in accordance with internationally recognized human rights," this often is interpreted by them and their allied UN agencies upon implementation to mean that *their* definition of the "standards" are the only "internationally recognized human rights standards." This would include their standard for abortion (on demand and government funded), sexual orientation (with full respect for and all associated rights), and gender identity and gender expression (all as legitimate and deserving of equal legal recognition).

NEGOTIATING STRATEGIES
Human Rights Standards

If the term "in line with human rights standards" is added to a provision, propose inserting the term "universally recognized" or universally agreed upon" before "human rights standards."

Or alternatively propose adding "adopted by the UN General Assembly." Adding this phrase will exclude the bogus UN agency, UN treaty bodies and UN experts policy documents from being considered human rights standards unless they were also negotiated and agreed upon by all UN Member States and adopted by their ambassadors at the UN General Assembly.

TALKING POINTS
Human Rights Standards

1. Since there is not universal agreement on some issues with regard to their status as human rights, we suggest replacing "international human rights" which is quite vague, with "universally recognized human rights adopted by the UN General Assembly." This way we can be assured as to the rights to which we are referring.

2. With regard to the phrase "in line with international human rights standards" we propose replacing that with "in line with universally recognized human rights standards."

HUSBAND

UN CONSENSUS LANGUAGE IN CONTEXT
Husband

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners.** – Social Summit (1995), 80.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. – ICPD (1994), Principle 9.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement, and protection within adequate shelter and with access to basic services and a sustainable livelihood. – Habitat (1996), 31.

■ Reaffirm that the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement and protection within adequate shelter and with access to basic services and a sustainable livelihood; – Habitat +5 (2001), 30.

IN AND OUT OF SCHOOL

(See Comprehensive Sexuality Education, In and Out of School)

IN LINE WITH HUMAN RIGHTS STANDARDS

(See Human Rights Standards)

INCLUSIVE/INCLUSION

(See also Gender | Gender Equality | Gender Identity)

OVERVIEW
Inclusive/Inclusion

The terms *"inclusive"* or *"inclusion"* appear over 40 times in the UN's 2030 Agenda and five times specifically in the goals and targets. While most people understand the term *"inclusive"* to be positive and to advance the goal of leaving no groups out of development, this term is also a key word used to promote LGBT rights. To LGBT advocates the term *"inclusive"* generally means LGBT-sensitive or supportive. And while LGBT people deserve to have their human rights protected on the same basis as everyone else, sometimes incorporating *"inclusive"* terms in policies can lead to much more than inclusion but also LGBT advocacy and alleged special rights that can infringe on religious freedom or parental rights.

Consider, for example, how the term *"inclusive"* has been used in connection with Agenda 2030. The 2017 publication "Agenda 2030 For LGBTI Health and Well-Being," supported by UNAIDS as part of the "The Global Advocacy Forum to Fastrack the HIV and Human Rights Responses with Gay and Bisexual Men,"[276] lists the following as LGBTI "wins":

- "[A]dvocates were able to ensure that **inclusive** terms ... which embrace people marginalized because of their sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) were inserted in commitments throughout SDG targets."

- "SDG targets 10.2 (By 2030, empower and promote the social, economic and political **inclusion** of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.)"

[276] The Global Forum on MSM & HIV & OutRight Action International. (2017). *Agenda 2030 for LGBTI Health and Well-Being.* http://msmgf.org/wp-content/uploads/2017/07/Agenda-2030-for-LGBTI-Health_July-2017.pdf

This publication also calls for the "**inclusion** of LGBTI topics in comprehensive sexuality education" and for "SOGIESC-**inclusive** SRH information" and "implementation of comprehensive sexuality education" to "enhance social acceptance of sexual and gender differences."

In addition, comprehensive sexuality education programs generally call their programs *"inclusive"* education to indicate that they are LGBT affirming. This is why the 2018 *International Technical Guidance on Sexuality Education* (published by UNESCO, UNAIDS, UNICEF, and UN Women), as an "[e]xample] of international UN standards and agreements between Member States, in relation to CSE" cites to SDG4 in the 2030 Agenda for Sustainable Development that calls on government to "Ensure **inclusive** and equitable quality education and promote lifelong learning opportunities for all…."

It also cites to the Committee on the Rights of the Child wherein the committee urged states to provide as support for CSE "'[a]ge-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.'" In other words, the UN agencies that published the CSE guidelines consider *"inclusive education"* to be defined as comprehensive sexuality education because CSE promotes LGBT rights and sexual relations and claims to be LGBT-sensitive and *"inclusive."*

According to the Human Rights Campaign, "For LGBTQ youth to experience comparable health benefits to their non-LGBTQ peers, sex education programs must be **LGBTQ-inclusive**. **Inclusive** programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ individuals, romantic relationships and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity."[277]

Finally, a 2014 report by USAID, titled "The Relationship Between *LGBT **Inclusion*** and Economic Development"[278]

*"[A]nalyzes the impact of social **inclusion** of lesbian, gay, bisexual, and transgender (LGBT) people on economic development in 39 countries."* Some of the headings in their report include:

- "Linking **LGBT Inclusion** and Economic Development"
- "Micro-Level Dimensions of Economic Development and **LGBT Inclusion**"
- "Description of Data on LGBT Rights and Economic Outcomes"
- "Global Index on Legal Recognition of Homosexual Orientation"
- "Transgender Rights Index"
- "Statistical Relationship between LGBT Rights and Development"

Sustainable Development Goals – "Inclusive" and "Inclusion"

The following SDG goals and targets also call for *"inclusion"* in a number of ways. If you were to add the term "LGBT" before *"inclusive"* and *"inclusion"* each time they appear in the 2010 Agenda, this will help you see how these terms will likely be interpreted.

Goal 4. Ensure [LGBT] **inclusive** and equitable quality **education** and promote lifelong learning opportunities for all.

[277] Human Rights Campaign. (2021, May). *A Call to Action: LGBTQ Youth Need Inclusive Sex Education*. https://hrc-prod-requests.s3-us-west-2.amazonaws.com/Call-to-Action-LGBTQ-Sex-Ed-Report-2021.pdf

[278] Badgett, M., V., L., et al. (2014, November). *The Relationship Between LGBT Inclusion and Economic Development*. https://www.usaid.gov/sites/default/files/documents/15396/lgbt-inclusion-and-development-november-2014.pdf

Note that USAID's website has a section called *"Advancing **LGBTI Inclusive** Education"* that addresses *"Discrimination faced by sexual and gender minority students in education settings."*

Target 4.a. Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, [LGBT] **inclusive** and effective learning environments for all.

Goal 8. Promote sustained, [LGBT] **inclusive** and sustainable economic growth, full and productive employment and decent work for all.

Target 10.2. By 2030, empower and promote the social, economic and political [LGBT] **inclusion of all**, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or **other status**. (See *Other Status* section.)

Goal 16. Promote peaceful and [LGBT] **inclusive societies** for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Also, on USAID's website is a section called "*Principles For **LGBTI-Inclusive** Development --Promoting Lesbian, Gay, Bisexual, Transgender, and Intersex human rights at USAID.*" This section calls for the following elements to be addressed in the US government's *"inclusive"* foreign aid efforts:

- Ensure openness and safe space for dialogue
- Integrate LBGTI issues into USAID's work
- Support and mobilize LGBTI communities
- Build partnerships and create allies and champions

It then lists USAID's LGBT *"inclusive"* projects in countries like Nicaragua, Kosovo, and Rwanda which provide "LGBTI civil society organizations with institutional strengthening and technical training" and that *"increase school directors' awareness of the challenges faced by LGBTI students and teachers, and their duty to create a safe environment for their students and staff."*

USAID's site also highlights, "Purple My School," a USAID and United Nations' joint initiative in eight countries that "encourages peers, teachers and parents to become allies of LGBTI students…. Through teachers' facilitation, students discuss issues surrounding homophobia, how to create safe spaces for LGBTI students, and are encouraged to wear, draw, or make something purple."

More LGBT "Inclusion" Examples

Consider the following examples from UN agencies and other institutions that illustrate how the term "inclusive" is largely understood:

- Since 2013, UNICEF has had an LGBTI working group focused on opening up policy and programming as part of the agency's equity agenda. According to a UNICEF report, this has led to discussions "on how UNICEF can address *issues related to sexual orientation and gender identity as part of the commitments to equity, social **inclusion*** and upholding the Convention on the Rights of the Child."

- A European Union news release announced the launch of a major EU fund for employment and "**social inclusion**" as follows: "Today, the European Parliament adopted a regulation defining the priorities of the European Social Fund (ESF) for the period 2014-2020. For the first time, the Fund will contribute to combating discrimination based on sex—*including discrimination against transsexual persons*—and sexual orientation."

- UNDP sponsored a report called "Surveying Nepal's Sexual and Gender Minorities: ***An Inclusive Approach****,"* and has set the goal to establish "an evidence base on LGBT rights and social issues in Asia-Pacific through convening **inclusive** national dialogues."

- The Gay, Lesbian, & Straight Education Network (GLSEN), a large LGBT rights organization in the United States, has a publication titled, *"Developing LGBT* ***Inclusive*** *Classroom Resources,"* which provides best practices for *"****Inclusive*** *and Affirming Curriculum for All Students."* It recommends that lessons include *"positive representations of lesbian, gay, bisexual and transgender (LGBT) people, history, and events"* and expose students to *"****LGBT-Inclusive*** *Curriculum."*

- The 2014 ***Social Inclusion*** *Index*, published by America's Society/Council of the Americas says, "We define ***social inclusion*** in a broad range of rights (civil, political, women's, and LGBT), policies (social investment), conditions…."

- The World Bank's report titled *"****Inclusion Matters****:* The Foundation for Shared Prosperity" states that "[l]*esbian, gay, bisexual, and transgender (LGBT)* individuals are targeted for exclusion in many, if not most, cultures." Moreover, "[s]ome identities that were not acknowledged as sources of social exclusion or ***inclusion*** some decades ago are acknowledged as such today."

These examples make it clear that a growing number of Member States, organizations, and UN entities define *"inclusive"* economic development to include the promotion of LGBT rights. With this in mind, some of the other "*inclusive*" language in the 2030 UN Agenda takes on added meaning.

INFORMED CONSENT

(See also Informed Decision Making)

OVERVIEW

Informed Consent

To most people, informed consent means receiving enough information to be able to make an informed decision, usually in the context of a medical procedure. However, those promoting sexual rights and abortion services for children consider *"informed consent"* in the context of children or adolescents to mean that that children have the power to consent without their parents' involvement because they have alleged rights to *"confidentiality"* that trump parental rights. The following excerpts from the 2015 WHO publication *Sexual Health, Human Rights and the Law* promote this distorted concept of "informed consent":

"Human rights bodies have also called on states to ensure timely and affordable access to good quality health services, including for adolescents, delivered in a way that ensures informed consent, respects dignity, guarantees confidentiality, and is sensitive to people's needs and perspectives." (3.3, "Ensuring quality and respect of human rights in the provision of sexual health services").

"Human rights standards at the international, regional and national levels are well developed regarding the protection of adolescents under 18 from discrimination in accessing both information and services for sexual health. They also require states to guarantee adolescents' rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent on the basis of their evolving capacities." (3.4.1, ("Adolescents (under 18 years of age)").

In order to ensure true "informed consent" for children and youth undergoing abortion, they would need to be informed of all the well-documented negative physical and emotional consequences of abortion. (See *Abortion, Negative Impact on Girls* section.)

INFORMED DECISION MAKING

(See also Informed Consent)

OVERVIEW
Informed Decision Making

Similar to *"informed consent,"* the term *"informed decision making"* in the context of minors and *"sexual and reproductive health information and services"* is a term sometimes used to justify performing abortions on minors or to provide them with other services without parental knowledge or consent. Abortion advocates rationalize that if a child's *"capacities"* have *"evolved"* to the point where the child can make an *"informed decision,"* regardless of their age, then once they are *"informed"* about the abortion procedure, the child is equipped to make an *"informed decision"* without parental consent. It is really just a deceptive way to perform abortions on children without parental knowledge or consent. However, children in most countries, because of their minor status, cannot legally to consent to medical procedures without a parent's involvement, no matter how well they have been informed.

See, for example, how this term is used in the following two paragraphs in the World Health Organization's publication, *Sexual Health, Human Rights and the Law*:

> *"Adolescents, for example, often avoid seeking services when confidentiality is not guaranteed and where parental authorization is required. Recognizing the importance of this dimension, and reflecting human rights standards, some countries have enshrined the guarantees of privacy, confidentiality and informed decision making in law."*[279]
>
> *"Informed decision making invokes several elements of human rights that are indivisible, interdependent and interrelated. In addition to the right to health, these include the right to self-determination including reproductive self-determination, freedom from discrimination, security and dignity of the human person, and freedom of thought and expression.*" (3.3.1, "Fostering informed decision-making").

INTERNATIONAL TECHNICAL GUIDANCE ON SEXUALITY EDUCATION (IGTSE)

(See also Comprehensive Sexuality Education | UN Agencies, UNESCO)

OVERVIEW
International Technical Guidance on Sexuality Education (IGTSE)

Beginning with the International Guidelines on Sexuality Education published by UNESCO in 2009, the United Nations began to more openly promote LGBT issues, abortion and sexual promiscuity

[279] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

through suggested standards for sexuality education for young children. In 2018, UNESCO published the International Technical Guidance on Sexuality Education (ITGSE) supported by UNFPA, UNICEF, UNAIDS, UN WOMEN and WHO. The highly controversial standards found in this guidance document are intended to be used for sexuality education curriculum development everywhere in the world.

Although it is endorsed by multiple UN agencies including the World Health Organization, it was never negotiated by UN Member States, and many governments have specifically rejected it when proposed to them for their endorsement. It is one of the most controversial and highly contested documents because it alarmingly claims children have a right to sex and should be taught about "sexual pleasure," "respect for diverse practices related to sexuality," "homophobia," "transphobia," "sexual orientation," "gender identity," "masturbation" and more.

It also asks children to "differentiate between values that they hold, and that their parents/guardians hold about sexuality," thus separating them from their parents' values. It promotes all these controversial issues to children as "sexual rights" with the goal of creating a new generation of sexual rights activists.

The creation of this guidance was largely driven by International Planned Parenthood Federation and their affiliates. This highly controversial "guidance" document is now often referred to as the "international standards" for any kind of "sex," "sexual," "sexuality" or "sexual and reproductive health" education for every child worldwide.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

OVERVIEW
International Planned Parenthood Federation

International Planned Parenthood Federation (IPPF) is one of the largest providers of abortion and radical comprehensive sexuality education programs for children in the world. With 65,000 service centers in over 170 countries, as well as member organizations in most countries, IPPF is easily the most powerful organization promoting controversial sexual rights in the entire world. Moreover, with consultative status at the United Nations, IPPF is one of the most featured NGOs at the UN, partnering with and funded by multiple UN agencies, including UNFPA, which helps them to advance their harmful agenda globally.

Here are just a few of the ways IPPF and their affiliates harm children and undermine the family:

- Planned Parenthood Federation of America has been caught selling the body parts of the babies they abort for profit and encouraging sadomasochism among teens, and is currently under congressional investigation.

  IPPF has distributed its infamous "Healthy, Happy and Hot" Planned Parenthood youth sex guide at multiple UN conferences. Intended for HIV positive youth, this IPPF guide teaches them, among other things, about anal sex, oral sex, homosexual sex, that they have a right to "sexual pleasure," that "[s]ome people like to have aggressive sex," and that "[t]here is no right or wrong way to have sex. " It also encourages HIV positive youth to keep their sexual activity secret from their parents. Even worse it tells them that laws requiring children to tell their partners they are infected with HIV violate their internationally recognized human rights.

- The World Health Organization, in their radical "European Standards for Sexuality Education," instructs educators to not only to "[g]ive information about pleasure, masturbation, and] orgasm" to nine year olds, but to also give them "information about sexual rights as defined by the International Planned Parenthood Federation."

- IPPF's featured online youth sex educator, Lacey Green, promotes bondage and sadomasochistic sex as healthy sex. *See* https://www.youtube.com/watch?v=b3Sv7_7IRPo

- An online report, entitled "Addressing the Reproductive and Health Needs of Young People Since ICPD, the Contributions of UNFPA and IPPF," shows the close working relationship that UNFPA has with IPPF in promoting the very harmful and controversial sexual rights agenda to youth.

- UNFPA partnered with IPPF to host the Bali Global Youth Forum, which issued the Bali Global Youth Declaration that calls on governments to:

    - Legalize prostitution, same-sex marriage, and homosexual behavior;
    - Provide *"comprehensive sexuality education;"*
    - Recognize *"young people have autonomy over their own bodies, pleasures, and desires;"*
    - Support the sexual rights of all youth regardless of their sexual orientation or gender identity; and
    - Provide abortion without parental consent.

The youth declaration also states that cultural and religious "*barriers,*" such as "*parental and spousal consent should never prevent access to safe and legal abortion*" and other reproductive health services because "*young people have autonomy over their own bodies, pleasures, and desires*." Bali Global Youth Forum Declaration, p. 10.

IPPF's publication, *Putting Sexuality Back in Comprehensive Sexuality Education: Making the Case for a Rights-Based, Sex-Positive Approach*, defines the *"rights-based"* approach to sexuality education as follows:[280]

Direct Quotes

From IPPF's "Putting Sexuality Back in Comprehensive Sexuality Education: Making the Case for a Rights-Based, Sex-Positive Approach"

- "[T]he aim of CSE extends beyond the prevention of negative health outcomes or unintended pregnancy…" (p. 7)

- "[T]he WHO … has also recognised sexual pleasure as a key component of sexual health." (p. 5)

- "'Pleasure' is also included as an essential component of IPPF's Framework for CSE…" (p. 5)

[280] International Planned Parenthood Federation. (2016, August). *Putting Sexuality Back in Comprehensive Sexuality Education: Making the Case for a Rights-Based, Sex-Positive Approach.* https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20Comprehensive%20Sexuality%20Education_0.pdf

- "To normalise pleasure as a right … is a crucial starting point for developing sexual competence…" (p. 8)

- "[A]ll conversations around pleasure must emphasise [sic] the diversity forms of pleasure can take." (p. 5)

- "Communicating around sexual preferences and vocalising what gives one sensations of pleasure is an empowering act in itself for many young people." [IPPF defines young people as beginning at age 10!] (p. 8)

- "This denial of the right to sexual expression is the experience of many lesbian, gay, bisexual, transgender and intersex (LGBTI) youth … and sex workers whose engagement in sexual activity is stigmatised or criminalized…" (p. 4-5)

- "Sex-positive CSE can play a crucial role in acknowledging a greater diversity of sexual practices, and in challenging heteronormativity." (p. 8)

- "The Sustainable Development Goals (SDGs) provide for access to sexual and reproductive health information and education, and investment in building knowledge of human rights, gender equality and global citizenship—all core elements of CSE programming." (p. 3)

The following quotes are from a second IPPF publication, *Putting Sexuality Back into Comprehensive Sexuality Education: Tips for Delivering Sex-Positive Workshops for Young People*:[281]

Direct Quotes

From IPPF's "*Putting Sexuality Back into Comprehensive Sexuality Education: Tips for Delivering Sex-Positive Workshops for Young People*"

- "IPPF includes 'pleasure' as an essential component of CSE, but this can be a tricky subject to address in conservative or religious settings." (p. 3)

- "[E]nsure sessions on biology and anatomy discuss pleasure responses, not just reproductive capacity." (p. 3)

- "Speaking openly about sexual issues with young people can be difficult in many settings, and you may face resistance from parents or others in the community." (p. 3)

- "[T]he World Health Organization's (WHO) definition of sexual health … recognises the need for 'pleasurable and safe sexual experiences.…'" (p. 3)

The following quotes are from an IPPF publication titled "Healthy, Happy and Hot," a booklet written for HIV-positive youth and distributed at the UN:[282]

[281] International Planned Parenthood Federation. (2016, October). *Putting Sexuality Back into Comprehensive Sexuality Education: Tips for Delivering Sex-Positive Workshops for Young People.* https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20CSE%20-%20tips%20for%20delivering%20sex-positive%20workshops%20for%20young%20people.pdf

[282] International Planned Parenthood Federation. (2010). *Healthy, Happy and Hot*. https://www.comprehensivesexualityeducation.org/wp-content/uploads/healthy_happy_hot.pdf

Direct Quotes

From IPPF's Healthy, Happy and Hot

- "This guide is for young people living with HIV who are interested in dating and having sex with people of the same sex or opposite sex, as well as those who are exploring and questioning their sexual orientation." (Page 2)

- "You have the right to decide if, when, and how to disclose your HIV status." (Page 2)

- "Some countries have laws that say people living with HIV must tell their sexual partner(s) about their status before having sex, even if they use condoms or only engage in sexual activity with a low risk of giving HIV to someone else. These laws violate the rights of people living with HIV by forcing them to disclose or face the possibility of criminal charges." (Page 6)

- "Your skin is the largest erogenous zone on your body, and your mind plays a big role in your desire for sex and sexual pleasure. Caress and lick your partner's skin. Explore your partner's body with your hands and mouth. Mix things up by using different kinds of touch from very soft to hard. Talk about or act out your fantasies. Talk dirty to them. Tickle, tease and make them feel good." (Page 8)

- "Play with yourself! Masturbation is a great way to find out more about your body and what you find sexually stimulating. Don't stop there: Find out how your partner's body works, what makes them feel good and what gives them pleasure." (Page 8)

- "Sex can feel great and can be really fun! … Some people like to have aggressive sex, while others like to have soft and slow sex with their partners. There is no right or wrong way to have sex. Just have fun!" (Page 9)

- "Women may have an unplanned pregnancy, even if they and their partner(s) use contraceptives, and may wish to terminate their pregnancy by having a safe abortion." (Page 14)

- "You should find out whether there are any centres [where you can access information and health services] . . .near to you where you can go without needing the permission of your parents or guardians." (Page 16)

By using the argument that children and youth have "rights" attached to their sexual activity and pleasure, CSE providers are able to advance their agenda to sexualize and indoctrinate children. This places all children at great risk.

Direct Quotes

from IPPF's *Fulfil!* Guidance Document for the Implementation of Young People's Sexual Rights

Note: UNESCO and WHO staff helped write *Fulfil!*, indicating that both agencies support the following radical SRHR/CSE ideologies.

- **Promotes a right to sexual pleasure for children -** "Ensuring that all young people **[*Fulfil!* defines "young people" as beginning at age 10!]** understand they are entitled to sexual

pleasure and the diverse forms in which pleasure is experienced is of primary importance for their health and well-being." (*Fulfil!*, p. 10)

- **Promotes freedom of sexual expression for children and between children -** "...young people regardless of age ... need to be able to explore, experience and express their sexuality in pleasurable and safe ways ... This can only happen when young people's sexual rights are recognised and guaranteed." (*Fulfil!*, p. 5)

- "Laws that criminalise consensual sexual activity between adolescents can place adolescents at risk..." (*Fulfil!*, p. 14)

- **Promotes transgender hormones/surgeries for children without parental consent -** "Guarantee access to hormone treatment for transgender and intersex adolescents … without the need for parental consent. Specific legislation should also cover the right of transgender and intersex adolescents to decide on any surgical procedures over their bodies with the same guidance and care..." (*Fulfil!*, p. 17)

- **Promotes abortion -** "Liberalise abortion legislation to enable all young women (including adolescents) to easily access safe abortion care, without parental or spousal consent requirements." (*Fulfil!*, p. 20)

- **Promotes CSE as a compulsory right -** "Legislate for compulsory CSE from primary to preparatory schools, based on new global endorsements and standards. Ensure that CSE programmes are inclusive of all sexual identities." (*Fulfil!*, p. 23)

To learn more about how IPPF and their many member organizations across the world harm children you can watch the online documentary at WarOnChildren.org and visit www.InvestigateIPPF.org.

INTERSECTIONALITY

(See also Discrimination, Multiple and Intersecting Forms of)

OVERVIEW
Intersectionality

The term "intersectionality" is used euphemistically to bring in the LGBT agenda.

"Intersectionality" is defined by the European Institute for Gender Equality (an autonomous body of the European Union) as an "analytical tool for studying, understanding and responding to the ways in which sex and gender intersect with other personal characteristics/identities, and how these intersections contribute to unique experiences of discrimination."[283]

Notice in this definition that "sex" and "gender" are two separate and distinct concepts indicating that gender would likely be understood to encompass transgender identities.

[283] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1263

Further, the European Union's "Gender Equality Strategy 2020-2025" defines "intersectionality" as "the combination of gender with other personal characteristics or identities, and how these intersections contribute to unique experiences of discrimination – as a cross-cutting principle."[284]

KEY POPULATIONS

(See HIV/AIDS, Key Populations)

LGBT

(See also Gender Identity | Sexual Orientation | Sexual Minorities | Transgender)

OVERVIEW
LGBT

LGBT stands for Lesbian, Gay, Bisexual, and Transgender. Sometimes an "I" (for intersex) is added as in "LGBTI" to include people who are intersex, a rare condition where a person is born with either ambiguous genitalia or characteristics of both male and female genitalia. Sometimes a "Q" (for queer or questioning) is also added, as in "LGBTQI," to include people that are questioning or experimenting with their gender identity or sexual orientation.

LOVE

(See Family, Happiness, Love and Understanding)

MARGINALIZED GROUPS

OVERVIEW
Marginalized Groups

According to the European Institute for Gender Equality, the term "marginalized groups" refers to:

> "Different groups of people within a given culture, context and history at risk of being subjected to multiple discrimination due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, *sexual orientation*, *gender identity*, education or income, or living in various geographic localities."[285]

In other words, the EU understands "marginalized groups" to include homosexuals and transgender-identifying persons. It should be noted that UN agencies also consider adolescents to be a "marginalized group" which is discriminated against due to their age when parental consent is required for them to receive contraceptives, abortion, transgender medical interventions or sexual information or when their internet access is monitored or regulated by their parents.

[284] European Commission. (n.d.). A Union of Equality: Gender Equality Strategy 2020-2025. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0152&from=EN
[285] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1280

NEGOTIATING STRATEGIES
Marginalized Groups

Always insist that there must be an all-encompassing listing of the groups that are to be considered "marginalized groups" in any policy under negotiation.

TALKING POINTS
Marginalized Groups

1. Our delegation requires a complete listing any time we refer to groups. We propose adding in parentheses (i.e., …) and then listing all the groups we want to be considered marginalized. Are we referring to the elderly or to linguistic minorities or to religious minorities? We could list hundreds of groups here, which is why we really need to narrow it down to the groups that need to be noted.

For countries with laws against LGBT conduct:

2. Our delegation seeks clarification on which groups are to be considered "marginalized groups" for the purpose of this policy document. For example, if this is an attempt to refer euphemistically to "sexual minorities" as a marginalized group, we will have to oppose this term.

MARRIAGE

(See also Wife | Husband | Family, Shared Responsibility Within)

OVERVIEW
Marriage

While most UN consensus language relating to marriage is with regard to the right of men and women to marry and encourages equal partnerships between women and men, increasingly during negotiations, provisions are being proposed to advance same-sex marriage. For this reason, the overview and talking points are largely focused on information to protect man/woman marriage.

The overwhelming majority of countries worldwide define *"marriage"* as a union between a man and a woman. In fact, most western countries that support rights for homosexuals and lesbians still retain this traditional definition in their laws.

In recent years, after considering whether to legalize homosexual marriage, a number of these countries have concluded that there are sound public policy reasons for retaining traditional marriage, while at the same time supporting same-sex couples through other legal mechanisms.

The vast majority of countries have also concluded that decisions on the culturally sensitive issues of marriage and marriage-like rights for same-sex couples should be made through democratic processes based on careful policymaking and compromise.

The accumulated wisdom reflected in these widespread judgments is not based on irrationality, ignorance, or homophobia, but rather on considered reasoning about the nature of the institution of marriage, the impact marriage has on children, and the fundamental role marriage plays in societies around the world.

TALKING POINTS
Marriage

1. **The vast majority of nations in the world prohibit same-sex marriage.** As of January 2022, only 29 of the world's 193 countries had legalized same-sex marriage, a small percentage of the total number of countries. In addition, it's important to note that a number of these countries had same-sex marriage forced on them by their national courts and not by a vote of the people.

2. **International courts have been consistently unwilling to impose same-sex marriage on countries.** Even human rights bodies have been unwilling to force same-sex marriage on countries or to reinterpret international human rights norms or agreements**.** Instead, they have deferred to national legislatures as the appropriate venue to decide on issues related to marriage.[286] In 2016, the European Court of Human Rights unanimously recalled that the European Convention on Human Rights does not include the right to marriage for homosexual couples, neither under the right to respect for private and family life (art. 8) nor the right to marry and to found a family (art. 12).[287]

3. **Individuals in same-sex unions can be adequately protected and given rights without legalizing same-sex marriage.** Instead of legalizing same-sex marriage, many countries have instead provided recognition to same-sex unions by enacting "civil union" laws while still preserving the man/woman definition of marriage.

Preserving Man/Woman Marriage is in the Best Interest of Children

4. **The American College of Pediatricians (ACOP) takes a strong position against same-sex marriage based on research showing its negative impact on children.** Although there are few scientifically valid studies of long-term outcomes for children raised in same-sex households, the data that do exist give more than adequate reason for concern**.** Studies confirm that children reared by same-sex couples fare worse in a wide range of outcome categories than those reared by heterosexual, married couples.[288] Consider the following findings:

- Children reared in same-sex households are more likely to experience sexual confusion, engage in risky sexual experimentation, and later adopt a same-sex identity, among other problems.[289]

- This is concerning because adolescents and young adults who adopt the homosexual lifestyle are at increased risk for mental health problems, including major depression, anxiety disorders, conduct disorders, substance dependence, and especially suicidal ideation and suicide

[286] Durham, W. C., Counsel of Record, Brief of Amicus Curiae 35 Comparative Law Scholars in Support of Gary R. Herbert, in his official capacity as Governor of Utah. http://sblog.s3.amazonaws.com/wp-content/uploads/2014/09/14-124-cls.pdf
[287] Puppinck, G. (2016). The ECHR Unanimously Confirms the Non-Existence of a Right to Gay Marriage. https://eclj.org/marriage/the-echr-unanimously-confirms-the-non-existence-of-a-right-to-gay-marriage
[288] Regnerus, M. (2012). How Different are the Adult Children of Parents who have Same-Sex Relationships? Findings from the New Family Structures Study. *Social Science Research 41,* 752-770; Potter, D. (2012). Same-Sex Parent Families and Children's Academic Achievement. *Journal of Marriage & Family, 74,* 556-571; American College of Pediatricians. (2019, May). Homosexual Parenting: A Scientific Analysis. https://acpeds.org/position-statements/homosexual-parenting-a-scientific-analysis
[289] Tasker, F. & Golombok, S. (1995). Adults Raised as Children in Lesbian Families. *American Journal of Orthopsychiatry, 65,* 213-215., Bailey, J. M., et al. (1995). Sexual Orientation of Adult Sons of Gay Fathers. *Developmental Psychology 31,* 124-129; Tasker, F. &Golombok, S. (1996). Do Parents Influence the Sexual Orientation of Their Children? *Developmental Psychology 32*, 3-11; Stacey, J. & Biblarz, T. J. (2001). (How) Does the Sexual Orientation of Parents Matter? *American Sociological Review 66*, 159-183; Gartrell, N. K., Henny, M. W., Goldberg, B. & Goldberg, N. (2011). Adolescents of the U.S. National Longitudinal Lesbian Family Study: Sexual Orientation, Sexual Behavior, and Sexual Risk Exposure. *Archive of Sexual Behavior*, *40,* 1199-1209.

attempts.[290]

5. **A large U.S. study conducted on same-sex parenting also shows significant differences.** A study published in early 2015 using data from the National Health Interview Survey (NHIS), a found: [291]

- The risk of child emotional and developmental problems was at least twice as high for children with same-sex parents than for those with opposite-sex parents on a range of related outcomes, including predicted risk of psychological disorders, learning disability, and attention-deficit hyperactivity disorder.

- Serious emotional problems and/or elevated risk of an emotional disorder was reported for 17.4 percent of children with same-sex parents, compared to only 7.4 percent of children with opposite-sex parents.

- Children with same-sex parents were almost twice as likely to have a developmental disability and much more likely to have received medical treatment for an emotional or mental health problem.

6. **A Canadian study found negative academic outcomes for children in households headed by same-sex couples.** A 2013 study based on the Canadian census showed that children raised by same-sex parents were 65 percent less likely to graduate from high school.[292]

7. **Studies claiming to show no differences in children with same-sex parents have been thoroughly discredited.** None of the studies have met the minimal threshold of valid scientific research for a variety of reasons including inadequate sample size, biased sample selection, flawed research methodologies, data coding errors and more.

Same-Sex Unions are Less Stable than Heterosexual Couples, and Children Need Stability

8. **According to the American College of Pediatricians, U.S. research shows same-sex unions are generally less stable and have a higher prevalence of abuse.** Consider the following findings:

- Compared to married, heterosexual couples**,** violence between same-sex partners is two to three times more common.[293]

- Same-sex partnerships are significantly more prone to dissolution than heterosexual marriages with the average same-sex relationship lasting only two to three years.[294]

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[290] Stacey, J. & Biblarz, T. J. (2001). (How) Does the Sexual Orientation of Parents Matter? *American Sociological Review 66*, 159-183.

[291] Sullins, D. (2015). Emotional Problems among Children with Same-Sex Parents: Difference by Definition. *British Journal of Education, Society and Behavioural Science 7*(2):99-120.

[292] Allen, D. W. (2013). High school graduation rates among children of same-sex households. *Review of Economics of the Household, 11*, 635-658.

[293] Lie, G. & Gentlewarrier, S. (1991). Intimate Violence in Lesbian Relationships: Discussion of Survey Findings and Practice Implications. *Journal of Social Service Research 15*, 41-59; Island, D. & Letellier, P. (1991). Men Who Beat the Men Who Love Them: Battered Gay Men and Domestic Violence. New York, NY: Haworth Press; Lockhart, L., et al. (1994). Letting out the Secret: Violence in Lesbian Relationships. *Journal of Interpersonal Violence, 9,* 469-492; Violence Between Intimates. (1994). Bureau of Justice Statistics Selected Findings.

[294] McWhirter, D. P. & Mattison, A. (1984). *The Male Couple: How Relationships Develop*. Englewood Cliffs, NJ: Prentice-Hall; Saghir, M. & Robins, E. (1973). *Male and Female Homosexuality*. Baltimore, MD: Williams & Wilkins.; Peplau, L. A., and Amaro, H. in In Paul, W., Weinrich, J. D., Gonsiorek, J. C., & Hotvedt, M. E. (1982). *Homosexuality: Social, Psychological and Biological Issues*. Beverly Hills, CA: Sage; Schumm, W. R. (2010). Comparative Relationship Stability of Lesbian Mother and

- Homosexual men and women, even those who are in a self-described "committed relationships," are more likely to be promiscuous, and often have serial sex partners.[295]

- Mental illness, substance abuse,[296] suicidal tendencies,[297] and shortened life span are more prevalent among individuals who practice a homosexual lifestyle than among heterosexuals.[298]

Although some would claim that these dysfunctions are a result of societal pressures in their countries, the same kinds of dysfunctions are found at higher levels among homosexuals even in cultures where the practice is more widely accepted.[299]

Married Mothers Have Healthier Babies

9. A 2019 study that used data from the U.S. Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System examined the impact of marriage on birth outcomes and found that married mothers have healthier babies. The findings include:

- Unmarried mothers were more than four times more likely to smoke compared to married mothers (17.4 percent vs. 4.2 percent).

- Unmarried mothers had more medical risk factors compared to married mothers (19.4 percent vs. 18.5 percent).

- Over 60 percent of unmarried mothers received Medicaid, while 78.3 percent of married mothers did not receive any support from Medicaid.

- Married mothers were nearly 13 percent less likely to have had a preterm delivery compared to unmarried mothers.

- Married mothers were 16 percent less likely to have had a '*small for gestational'* age infant compared to unmarried mothers.

Heterosexual Mother Families: A Review of Evidence. *Marriage & Family Review*, *46,* 299-509; Pollak, M. (1985). Male Homosexuality. In Aries, P. & Bejin, A. *Western Sexuality: Practice and Precept in Past and Present Times*. New York, NY: B. Blackwell.

[295] Bell, A. P., & Weinberg, M. S. (1978). Homosexualities: *A Study of Diversity Among Men and Women*. New York, NY: Simon and Schuster; Bell, A. P., Weinberg, M. S., and Hammersmith, S. K. (1981). *Sexual Preference*. Bloomington, IN: Indiana University Press; Van de Ven, P., et al. (1997). A Comparative Demographic and Sexual Profile of Older Homosexually Active Men. *Journal of Sex Research 34,* 349-360; Deenen, A. A. (1994). Intimacy and Sexuality in Gay Male Couples. *Archives of Sexual Behavior*, *23*, 421-431; Sex Survey Results. (1996, October). Genre. In Survey Finds 40 percent of Gay Men Have Had More Than 40 Sex Partners. (1998, January). Lambda Report; Xiridoui, M., et al. (2003). The Contribution of Steady and Casual Partnerships to the Incidence of HIV infection among Homosexual Men in Amsterdam. *AIDS 17,* 1029-1038. [Note: one of the findings of this recent study is that those classified as being in "steady relationships" reported an average of 8 casual partners a year in addition to their partner (p. 1032)].

[296] Hall, J. (1994). Lesbians Recovering from Alcoholic Problems: An Ethnographic Study of Health Care Expectations. *Nursing Research, 43,* 238-244.

[297] Herrell, R., et al. (1999). Sexual Orientation and Suicidality, Co-twin Study in Adult Men. *Archives of General Psychiatry, 56,* 867-874; Mays, V. M., et al. (2001). Risk of Psychiatric Disorders among Individuals Reporting Same-sex Sexual Partners in the National Comorbidity Survey. *American Journal of Public Health*, *91,* 933-939.

[298] Hogg, R. S., et al. (1997). Modeling the Impact of HIV Disease on Mortality in Gay and Bisexual Men. *International Journal of Epidemiology,* 26, 657-661.

[299] Sandfort, T. G., de Graaf, R., Bijl, R. V., Schnabel, P. (2001). Same-sex sexual behavior and psychiatric disorders. *Archives of General Psychiatry, 58,* 85-91.

- Married mothers' babies were nearly 20 percent less likely to be admitted to a neonatal intensive care unit (NICU) compared to unmarried mothers.

- Married mothers were 14 percent more likely to deliver a baby vaginally compared to unmarried mothers.

- Married mothers were 60 percent more likely to breastfeed compared to unmarried mothers.[300]

UN CONSENSUS LANGUAGE IN CONTEXT
Marriage

■ (1) Men and women of full age, without any limitation due to race, nationality or religion, have the **right to marry and to found a family**. They are entitled to equal rights as to marriage, during marriage and at its dissolution. (2) Marriage shall be entered into only with the free and full consent of the intending spouses. – Universal Declaration (1948), Article 16 1, 2.

■ (2) The right of men and women of marriageable age to marry and to found a family shall be recognized. (3) No marriage shall be entered into without the free and full consent of the intending spouses. (4) States Parties to the present Covenant shall take appropriate steps to **ensure equality of rights and responsibilities of spouses as to marriage, during marriage and at its dissolution**. In the case of dissolution, provision shall be made for the necessary protection of any children. – ICCPR, Article 23 – 2, 3, 4.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners.** – Social Summit (1995), 80.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. – ICPD (1994), Principle 9.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement, and protection within adequate shelter and with access to basic services and a sustainable livelihood. – Habitat Agenda (1996), 31.

■ Reaffirm that the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the

[300] Barr, J. J. & Marugg, L. (2019). Impact of Marriage on Birth Outcomes: Pregnancy Risk Assessment Monitoring System, 2012–2014. *The Linacre Quarterly, 86*(2-3), 225-230.

constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement and protection within adequate shelter and with access to basic services and a sustainable livelihood; – Habitat +5 (2001), 30.

■ States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: (a) **The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized**; – Disabilities (2006), 23-1(a).

MATERNAL HEALTH

(See also Abortion, Maternal Mortality | Healthy Infant | Pre-natal Care | Reproductive Health Care)

UN CONSENSUS LANGUAGE IN CONTEXT

Maternal Health

■ Commit by 2015 to working with partners to direct resources to and strengthen the advocacy, policy and programmatic links between HIV and tuberculosis responses, primary health-care services, sexual and reproductive health, **maternal and child health**, hepatitis B and C, drug dependence, non-communicable diseases and overall health systems, leverage health-care services to **prevent mother-to-child transmission of HIV**, strengthen the interface between HIV services, related sexual and reproductive health care and services and other health services, **including maternal and child health**, eliminate parallel systems for HIV-related services and information where feasible, and strengthen linkages among national and global efforts concerned with human and national development, including poverty eradication, preventative health care, enhanced nutrition, access to safe and clean drinking water, sanitation, education and the improvement of livelihoods; – HIV/AIDS (2011), 98.

■ Implement, as a matter of urgency, in accordance with country-specific conditions and legal systems, measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children and have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, taking into account ethical and cultural considerations. Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities, which include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values, taking into account ethical and cultural considerations. Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. **Programmes should fully support women's productive and reproductive roles and well-being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness**; – Agenda 21 (1992), 3.8(j).

■ Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities that include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values and taking into account

ethical and cultural considerations. Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. **Programmes should fully support women's productive and reproductive roles and well being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness**. – Agenda 21 (1992), 5.51.

■ Commit to working towards the elimination of mother-to-child transmission of HIV by 2015 and **substantially reducing AIDS-related maternal deaths**; – HIV/AIDS (2011), 64.

■ Commit to supporting all national, regional and global efforts to achieve the Millennium Development Goals, including those undertaken through North-South, South-South and triangular cooperation, to improve comprehensive and integrated HIV prevention, treatment, care and support programmes, as well as tuberculosis, sexual and reproductive health, malaria and **maternal and child health care**; – HIV/AIDS (2011), 99.

MATERNAL MORTALITY

(See Abortion, Maternal Mortality)

MEDICAL ABORTION

(See Abortion, Medical)

MEN

UN CONSENSUS LANGUAGE IN CONTEXT
Men

■ Equal rights, opportunities and access to resources, **equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical to their well-being and that of their families** as well as to the consolidation of democracy; Beijing, (1995), Declaration, 15.

■ Special efforts should be made to **emphasize men's shared responsibility** and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; pre-natal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. **Male responsibilities in family life must be included in the education of children from the earliest ages.** Special emphasis should be placed on the prevention of violence against women and children. – ICPD (1994), 4.27.

■ States Parties shall take all appropriate measures:

(b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the **common responsibility of men and women in the upbringing and**

development of their children, it being understood that the interest of the children is the primordial consideration in all cases. CEDAW Article 5(b).

■ Bearing in mind the **great contribution of women to the welfare of the family** and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a **sharing of responsibility between men and women** and society as a whole, CEDAW (1981), Preamble.

MEN WHO HAVE SEX WITH MEN

(See also Anal Sex)

OVERVIEW
Men Who Have Sex with Men

"Men who have sex with men" is the term that is used to describe men who engage in anal sex with each other. It is a euphemistic term intended to avoid the stigma associated with the terms "*sodomy*," "*homosexual sex,*" or "*anal sex*." It is also used to encompass men who have sex with other men, but who may not identify as homosexual.

The World Health Organization, in their 2015 publication *Sexual Health, Human Rights and the Law*, recognized that "*Since the beginning of the HIV epidemic in the 1980s, men who have sex with men and transgender people have been disproportionately affected by HIV. The few existing epidemiological studies among transgender people have shown disproportionately high HIV prevalence, ranging from 8% to 68% depending on the context and the type of study carried out*."

It is no secret that those who engage in anal sex have the highest rates of HIV. Yet many UN documents seek to promote the destigmatization of "men having sex with men," rather than discouraging such high-risk behavior as a public health priority.

While condom use is promoted as "protection" against HIV infection being transmitted through anal sex, the research shows that condoms do not provide adequate protection and those who engage in anal sex are at a very high risk for contracting AIDS. In fact, despite a significant reduction in new infections among homosexual men in Western countries since 1996, according to statistics released in 2018 by UNAIDS, the risk of HIV acquisition among men who have sex with men was 28 times higher than it was among heterosexual men.[301]

MIGRANTS

(See Family, Migration/Migrants and)

[301] UNAIDS. (2018). *Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices*. https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

MORAL/MORALITY

(See also Cultural Values/Cultural Backgrounds | Religious and Ethical Values | Public Order)

OVERVIEW
Moral/Morality

Governments may regulate expression and speech when it is necessary to protect the public order, public health, or the morals of a society.

UN CONSENSUS LANGUAGE IN CONTEXT
Moral/Morality

■ The child shall have the right to freedom of expression; this right shall include fredom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. 2. **The exercise of this right may be subject to certain restrictions**, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others; or (b) **For the protection of national security or of public order (ordre public), or of public health or morals**. – CRC (1990), Article 13.

■ 1. Everyone shall have the right to hold opinions without interference. 2. Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice. **3. The exercise of the rights provided for in paragraph 2 of this article carries with it special duties and responsibilities.** It may therefore be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others;
(b) **For the protection of national security or of public order (ordre public), or of public health or morals.** – ICCPR (1976), Article 19.

■ In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the **just requirements of morality**, public order and the general welfare in a democratic society. – Universal Declaration, 29-2, repeated in WSIS (2003), 5.

■ Recent developments in information and communications technology, in conjunction with the liberalization of trade and the free flow of capital on a global scale, will change the roles and functions of cities and their decision-making and resource allocation processes. Societies that make the necessary investments in information technology and infrastructure and enable and empower their citizens to make effective use of such technology can expect to foster significant productivity gains in industry, trade and commerce. This improved information technology should be appropriately and **optimally utilized to preserve and share cultural and moral values** and enhance and improve education, training and public awareness of the social, economic and environmental issues affecting the quality of life, and to enable all interested parties and communities to exchange information on habitat practices, including those that uphold the rights of children, women and disadvantaged groups in the context of growing urbanization. Habitat (1996), 190.

■ In conformity with article 32 of the Convention on the Rights of the Child,11 protect children from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, **or to be harmful to the child's health or physical, mental, spiritual, moral or social development;** Beijing (1995), 282(a)

MORTALITY AND MORBIDITY

(See also Abortion, Maternal Mortality | Abortion, Maternal Health)

OVERVIEW
Mortality and Morbidity

Policies aimed at preventing *"maternal mortality and morbidity"* and *"child mortality and morbidity"* are often proposed as a means to justify or legalize abortion.

For example, a UN report on reducing *"preventable mortality and morbidity"* blatantly promotes legalizing abortion to prevent maternal deaths. The false rationale used to justify this is the claim that abortion is safer than childbirth. (See *Abortion, Maternal Mortality, Abortion/Right to Life,* and *Abortion, Safe/Unsafe* sections.) In addition, the report also argues that abortion reduces newborn mortality because if the baby is killed through abortion *before* it is born, there will be fewer newborn mortalities because there will be fewer "newborns" overall. This is twisted logic at best.

MOTHER/MOTHERHOOD

UN CONSENSUS LANGUAGE IN CONTEXT
Mother/Motherhood

■ **Motherhood and childhood are entitled to special care and assistance**. All children, whether born in or out of wedlock, shall enjoy the same social protection. – Universal Declaration, Article 25-2.

■ The States Parties to the present Covenant recognize that: **Special protection should be accorded to mothers during a reasonable period before and after childbirth**. During such period working mothers should be accorded paid leave or leave with adequate social security benefits. – ICESCR, Article 10-2.

■ To ensure appropriate **pre-natal and post-natal health care for mothers** – CRC (1990), Article 24-2(d).

■ National and regional training institutions should promote broad intersectoral approaches to prevention and control of communicable diseases, including training in epidemiology and community prevention and control, immunology, molecular biology and the application of new vaccines. Health education materials should be developed for use by community workers and for the **education of mothers for the prevention and treatment of diarrhoeal diseases in the home.** – Agenda 21, 6.16.

■ The development of human resources for the health of children, youth and women should include reinforcement of educational institutions, promotion of interactive methods of education for health and

increased use of mass media in disseminating information to the target groups. This requires the training of more community health workers, nurses, midwives, physicians, social scientists and educators, **the education of mothers**, **families** and communities and the strengthening of ministries of education, health, population, etc. – Agenda 21, 6.30.

■ Countries are strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible work-hours, parental leave, day-care facilities, maternity leave, policies that **enable working mothers to breast-feed their children**, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector. – ICPD (1994), 4.13.

■ Governments, in cooperation with employers, should provide and promote means to facilitate compatibility between labour force participation and parental responsibilities, especially for single-parent households with young children. Such means could include health insurance and social security, daycare centres and **facilities for breast-feeding mothers** within the work premises, kindergartens, part-time jobs, paid parental leave, paid maternity leave, flexible work schedules, and reproductive and child health services. – ICPD (1994), 5.3.

■ For infants and children to receive the best nutrition and for specific protection against a range of diseases, breast-feeding should be protected, promoted and supported. By means of legal, economic, practical and emotional support, **mothers should be enabled to breast-feed their infants** exclusively for four to six months without food or drink supplementation and to continue breast- feeding infants with appropriate and adequate complementary food up to the age of two years or beyond. To achieve these goals, Governments should promote public information on the benefits of breast-feeding; health personnel should receive training on the management of breast-feeding; and countries should examine ways and means to implement fully the WHO International Code of Marketing of Breast Milk Substitutes. – ICPD (1994), 8.18.

■ The relationship between education and demographic and social changes is one of interdependence. There is a close and complex relationship among education, marriage age, fertility, mortality, mobility and activity. The increase in the education of women and girls contributes to greater empowerment of women, to a postponement of the age of marriage and to a reduction in the size of families. **When mothers are better educated, their children's survival rate tends to increase.** Broader access to education is also a factor in internal migration and the composition of the working population. – ICPD (1994), 11.3.

■ Safe motherhood aims at attaining optimal maternal and newborn health. It implies reduction of maternal mortality and morbidity and enhancement of the health of newborn infants through equitable access to primary health care, including family planning, pre-natal, **delivery and post-natal care for the mother and infant, and access to essential obstetric and neonatal care** (World Health Organization, Health Population and Development, WHO Position Paper, Geneva, 1994 - WHO/FHE/ 94.1). – ICPD (1994), endnote.

■ Women play a critical role in the family. The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, **which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged.** The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the

role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family. – Beijing (1995), 29.

■ By Governments, educational institutions and communities:

(a) Ensure the availability of a broad range of educational and training programmes that lead to on-going acquisition by women and girls of the knowledge and skills required for living in, contributing to and benefiting from their communities and nations;

(b) Provide support for child care and other services to **enable mothers to continue their schooling**; – Beijing (1995), 38.

■ Women play a critical role in the family. The family is the basic unit of society and is a strong force for social cohesion and integration and as such should be strengthened. The inadequate support to women and insufficient protection and support to their respective families affect society as a whole and undermines efforts to achieve gender equality. In different cultural, political and social systems, various forms of the family exist and the rights, capabilities and responsibilities of family members must be respected. Women's social and economic contributions to the welfare of the family and the social significance of maternity and paternity continue to be inadequately addressed. **Motherhood and fatherhood and the role of parents and legal guardians in the family and in the upbringing of children and the importance of all family members to the family's well-being is also acknowledged** and must not be a basis for discrimination. Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities. – Beijing +5 (2000), 60.

■ HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. **The consequences of HIV/AIDS reach beyond women's health to their role as mothers and caregivers and their contribution to the economic support of their families**. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective. – Beijing (1995), 98.

■ Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and **enable mothers to breast-feed their infants** by providing legal, economic, practical and emotional support; – Beijing (1995), 106(r).

■ Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, **mother and baby protection services**, centres for migrant families and so forth in the field of information and education related to abuse; – Beijing (1995), 125(f).

■ Ensure, through legislation, incentives and/or encouragement, opportunities for women and men to take job-protected parental leave and to have parental benefits; promote the **equal sharing of**

responsibilities for the family by men and women, including through appropriate legislation, incentives and/or encouragement, and also promote the facilitation of breast-feeding for working mothers; – Beijing (1995), 179(c).

■ Strengthen vital statistical systems and incorporate gender analysis into publications and research; give priority to gender differences in research design and in data collection and analysis in order to improve data on morbidity; and improve data collection on access to health services, including access to comprehensive sexual and reproductive health services, maternal care and family planning, with **special priority for adolescent mothers and for elder care**; – Beijing (1995), 206(i).

MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS

UN CONSENSUS LANGUAGE IN CONTEXT
Mother-to-Child Transmission of HIV/AIDS

■ Note with grave concern that despite the near elimination of **mother-to-child transmission of HIV** in high-income countries and the availability of low-cost interventions to prevent transmission, approximately 370,000 infants were estimated to have been infected with HIV in 2009; – HIV/AIDS (2011), 30.

■ **Commit to working towards the elimination of mother-to-child transmission of HIV** by 2015 and substantially reducing AIDS-related maternal deaths; – HIV/AIDS (2011), 64.

■ Commit by 2015 to working with partners to direct resources to and strengthen the advocacy, policy and programmatic links between HIV and tuberculosis responses, primary health-care services, sexual and reproductive health, maternal and child health, hepatitis B and C, drug dependence, non-communicable diseases and overall health systems, **leverage health-care services to prevent mother-to-child transmission of HIV,** strengthen the interface between HIV services, related sexual and reproductive health care and services and other health services, including maternal and child health, eliminate parallel systems for HIV-related services and information where feasible, and strengthen linkages among national and global efforts concerned with human and national development, including poverty eradication, preventative health care, enhanced nutrition, access to safe and clean drinking water, sanitation, education and the improvement of livelihoods; – HIV/AIDS (2011), 98.

NAIROBI ICPD+25 SUMMIT AND OUTCOME DOCUMENT

OVERVIEW
Nairobi Icpd+25 Summit and Outcome Document

UNFPA's Nairobi Summit held Nov. 12-14, 2019 in Nairobi, Kenya, purporting to be a 25-year review of the International Conference on Population and Development (ICPD), was really an abortion-rights extravaganza. It was also a continuation of UNFPA's master plan (that began with ICPD+20) to make their tightly controlled and highly manipulated, non-negotiated Nairobi Summit ICPD+25 commitments be considered an "outcome document" of a "review conference" of ICPD that would feed into the definition of SDG Target 5.6:

"Ensure universal access to sexual and reproductive health and reproductive rights [SRH and RR] as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences." (SDG Target 5.6)

More specifically, UNFPA's master plan was to expand the definitions of SRH and RR in Target 5.6 to encompass international rights to abortion, homosexuality, transgenderism, prostitution and comprehensive sexuality education (CSE). UNFPA is also attempting to create a right to CSE through Target 3.7, which calls for "universal access to sexual and reproductive health care services, including for family planning, information and education."

In putting on the Nairobi Summit, UNFPA left no stone unturned in partnering with every radical major abortion advocacy group it could identify, from International Planned Parenthood Federation, to Marie Stopes, to IPAS (the manufacturer of the lucrative handheld abortion suction device called the IPAS "EasyGrip"), to Women Deliver, and more.

The very fact that the UN blocked as many pro-life organizations and individuals as it could identify from participating in the Summit, even discriminating against pro-life governments, not only revealed their radical abortion agenda but also created a strong pro-life and pro-family backlash from 10 UN Member States that rejected the Summit's outcome document.[302]

As an outcome of the Summit, many governments and NGOs committed to UNFPA's suggested sexual and reproductive health and rights (SRHR) goals thinking they were about preventing maternal mortality, gender violence, promoting gender equality and empowering women and girls. However, what the Nairobi Summit organizers intended all along was to define SRHR in a way that would include and advance controversial abortion, LGBT, comprehensive sexuality education (CSE) rights, and more as the solution for maternal mortality and the empowerment of women and girls.

Nairobi Summit Outcome Statement and Commitments

Although the ICPD+25 outcome statement with its commitments do not create international law and are not legally binding, some governments may treat them as if they are. The good news, however, is that ten countries, including the U.S., clearly rejected those commitments. But we can be certain that UNFPA and its partners will try to get references endorsing the Nairobi Summit Outcome Statement in future UN documents to try to give them more legal weight.

Ten Serious Problems with Nairobi Summit Outcome Statement and Commitments

1. Claims to represent "all nations and peoples, and all segments of our societies"; defines the empowerment of girls as "ensuring [their] sexual and reproductive health and rights"; and calls for "active protection of sexual and reproductive health and rights (SRHR) and human rights defenders."

> **CONCERN:** UNFPA is recruiting yet more partners, and even youth, to be "defenders" of its SRHR agenda to make it look like their SRHR agenda has worldwide support and thus it is an international custom or norm that governments must respect and adopt.

2. Calls for "universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC) … integrating a comprehensive package of sexual and reproductive health interventions" guided by "the expanded definition of SRHR interventions, as proposed in the Report of the Guttmacher/Lancet Commission on sexual and reproductive health and rights."

[302] U.S. Department of Health & Human Services. (2019, November 14). *Joint Statement on the Nairobi Summit on the ICPD25*. https://srhrindex.srhrforall.org/uploads/2020/04/2019_Joint-Statement-on-the-Nairobi-Summit-on-the-ICPD25.pdf

CONCERN: The Guttmacher/Lancet commission referenced in the Nairobi Statement lists "abortion services" and "comprehensive sexuality education" as components of an essential SRHR package.[303]

3. Calls upon governments to provide "access to safe abortion to the full extent of the law" and to "uphold the right to sexual and reproductive health services in humanitarian and fragile contexts, by … the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law."

CONCERN: As the language above shows, any time UNFPA is addressing SRH or SRHR services, it's about CSE and abortion. There are also two additional problems with this commitment:

The UNFPA language, "provision of access to comprehensive sexual and reproductive health information, education and services," is one of many derivations of comprehensive sexuality education or CSE.

UNFPA's most deceptive abortion advocacy terms are "unsafe abortion" and "safe abortion." UNFPA expects us to believe that abortion somehow magically become "safe" when abortion laws are liberalized or when it is otherwise labeled as "safe" (i.e., UNFPA's constant use of the term "safe abortion"). UNFPA also expects us to believe abortion is always unsafe when it is illegal. These lies are often effective because no one wants anything that is labeled "unsafe" to continue, so governments are tempted to legalize abortion to allegedly make it safer. However, there is no such thing as a "safe" abortion. Each and every abortion is "unsafe" for the child it kills, and every abortion, regardless of whether it is legal and performed under the best medical conditions, carries inherent physical and mental health risks for the mother.

4. Build "peaceful, just and inclusive societies, where no one is left behind, where all, irrespective of race, colour, religion, sex, age, disability, language, ethnic origin, sexual orientation and gender identity or expression, feel valued and are able to shape their own destiny and contribute to the prosperity of their societies."

CONCERN: This establishes sexual orientation and gender identity as protected classes equal to race, colour, disability and religion. Governments should not (i) encourage people (especially youth) to identify themselves based on their sexual preferences and/or gender confusion; or (ii) grant special rights to such individuals, especially when acting out on these preferences or confusions that may be temporary can lead to more negative outcomes for them.

5. "Provide quality, timely and disaggregated data … inclusive of younger adolescents," which UNFPA defines as "10-14 years of age."

CONCERN: Perhaps UNFPA wants to track data on 10-year-olds so it can use the data to determine how to apply its radical SRHR agenda to adolescents as young as 10.

6. Invest in "digital health innovations."

CONCERN: For example, UNFPA's explicit "Tune Me" sex education app is a "digital health innovation" that sexualizes youth.

[303] Guttmacher-Lancet Commission. (2018). *Accelerate Progress: Sexual and Reproductive Health and Rights for All — Executive Summary*. https://www.guttmacher.org/sites/default/files/page_files/accelerate-progress-executive-summary.pdf

7. Adhere to the notion that "no decision on the health of youth can be made without their "meaningful involvement" (i.e., "nothing about us, without us").

> **CONCERN:** While this concept sounds reasonable, remember UNFPA's push for governments to provide sexual services, such as abortion, to youth without parental consent. Also, UNFPA's advocacy for the right of youth to participate in policymaking about anything that concerns them, is really just a ruse to give the 6,000 youth they have boasted about training in their radical SRHR agenda the power to push it in legislatures and policymaking bodies around the world.

8. Obligates governments to provide CSE: Governments must provide "access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality and timely services." Then it adds a footnote that the education should be "in line with international technical guidance."

> **CONCERN:** The type of sexual education referred to is found in the UN's International Technical Guidance on Sexuality (2018), which redefines abstinence to include "deciding when to start having sex and with whom" (page 71), and claims that abstinence programs "have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights" (page 18).[304] The UN technical guidance also holds that sexuality [and thus sexuality education] encompasses "gender identity; sexual orientation; sexual intimacy; pleasure…" (page17); promotes "diversity in the way young people manage their sexual expression" (page 18); says adolescent girls are "generally less knowledgeable about their rights concerning abortion" (page 23); and asks students to "question social and cultural norms that impact sexual behaviour" (page 48); and to "differentiate between values they hold, and that their parents/guardians hold about sexuality" (page 46).

9. Enable adolescents and youth "to be able to make free and informed decisions and choices about their sexuality and reproductive lives."

> **CONCERN:** Adolescents (starting at age 10 as defined by UNFPA) do not have fully developed brains, nor do they have a right to make decisions and choices without the guidance of their parents who can protect them against harmful sexual agendas like the one UNFPA is openly promoting.

10. Invest in "sexual and reproductive health services, of adolescents and youth, especially girls," so as to "fully harness the promises of the demographic dividend."

> **CONCERN:** The "demographic dividend" is a deceptive device used by UNFPA to entice developing countries into advancing UNFPA's SRHR agenda as a way to reap economic benefits by suppressing the growth of their populations.

And all of this is what governments have committed to if they signed the Nairobi Summit Outcome Statement. Although the Nairobi Statement is non-binding, at the Summit, UNFPA received financial commitments of $9 billion ($1 billion from governments and $8 billion from private donors). These funds will be used to advance UNFPA's harmful SRHR agenda in future UN conferences and other policymaking venues, which should concern us all.

[304] UNAIDS, UNFPA, UNICEF, UN Women, WHO. (2018). *International Technical Guidance on Sexuality*. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

Nairobi Summit ICPD+25 "Global Declaration on Abortion"

Signed by the World Health Organization, along with over 200 radical abortion advocacy organizations and abortion providers, this Global Declaration on Abortion clearly spells out how innocent-sounding terms are intended by the UN and their partnering governments and NGOs to advance abortion.[305]

Excerpts Revealing the Abortion/CSE Agenda:

> *"Safe **abortion is critical to the comprehensive sexual and reproductive health and rights commitments** of the International Conference on Population and Development, and the continued commitments following ICPD+25.*
>
> "**Medical abortion has revolutionized access** and improved safety of abortion around the world."
>
> **"Make abortion, including abortion self-care, safe, legal, available, accessible and affordable** by eliminating all laws and policies that restrict or criminalize access."
>
> "Ensure that **universal health coverage integrates**–and makes accessible and affordable–an essential package of comprehensive sexual and reproductive health information, and services, including **abortion.**"
>
> "**Provide children** and young people—both in and out of school—with **comprehensive sexuality education that supports their right to informed choice and autonomy**, including evidence-based information on contraception **and abortion**, and connects them with sexual and reproductive health services that are free, accessible, age-responsive, nondiscriminatory, **and do not require third-party authorization**."
>
> **"Change harmful social and gender norms and stereotypes around sexuality, pregnancy and abortion."**
>
> **"Guarantee sexual and reproductive health information and services**, including comprehensive **abortion** care and contraception, **in humanitarian settings.**"

NOTE: *THIS IS ABSOLUTE PROOF THAT CSE IS THE ABORTION RIGHTS MOVEMENT ADVOCACY TOOL TO ADVANCE ABORTION BY INDOCTRINATING THE RISING GENERATION IN THEIR ABORTION ADVOCACY, IDEOLOGY AND SERVICES.*

Not surprisingly, most, if not all of Planned Parenthood's affiliate organizations signed on to the declaration including, International Planned Parenthood Federation (IPPF), International Planned Parenthood Federation – Western Hemisphere (IPPF-WHR), Planned Parenthood Global, Guttmacher Institute (former research arm of Planned Parenthood), Reproductive Health Uganda (IPPF affiliate), Sexual Reproductive Health and Rights Alliance Uganda (a project of IPPF's Reproductive Health Uganda), Uganda Youth Alliance for Family Planning and Adolescent Health (affiliated with both IPPF's Reproductive Health Uganda and UNFPA Uganda), Rutgers (IPPF's affiliate funded by the government of the Netherlands), CHOICE for Youth and Sexuality (the youth partner of Rutgers above, also funded by the Netherlands), Federation of Women Lawyers-FIDA Kenya (funded in part by the Swedish Association for Sexuality Education, which is the Swedish national affiliate of IPPF), Women Deliver (founder Jill

[305] IPAS. (2019, November 4). *Global Declaration on Abortion*. https://www.ipas.org/news/2019/November/global-declaration-on-abortion

Sheffield has served on boards and held advisory positions, including with the International Planned Parenthood Federation/Western Hemisphere Region. Sheffield is also on the Board of Planned Parenthood Global, serves on the UNFPA Global Advisory Council, and acts as External Advisor to the IPPF Governing Council), African Youth Safe Abortion Alliance (co-founded by IPPF's Zambian affiliate).

For the full Declaration and list of all its signers go to https://www.ipas.org/news/global-declaration-on-abortion/

Radical IPPF Nairobi ICPD+25 Summit Commitments

IPPF, jointly, with its member organization, Rutgers for Sexual and Reproductive Health and Rights (funded by the government of the Netherlands), along with its abortion advocacy partners Ipas, Marie Stopes International, and Catholics for Choice **(**which is funded largely by secular foundations such as the Ford Foundation, Rockefeller Foundation, and Playboy Foundation) made the following radical Nairobi Summit ICPD +25 commitments on abortion, CSE, and LGBT rights:

CSE Commitments:

- "**Provide comprehensive sexuality education (CSE) to 12 million young people** in 30 focus countries with a specific focus on Africa, South-East Asia and Latin America/the Caribbean, in and out of schools, through evidence-based approaches including innovative and digital ones."

- "**Influence governments of 42 countries** to establish new or revised policy initiatives and/or legislative changes to **include CSE into curricula**."

Abortion Commitments:

- "**Accelerate universal access to safe abortion**…providing support to women to self-manage medical abortion."

- "Champion reproductive freedom … by **advocating for safe and legal abortion**, and by defeating obstacles that undermine women's reproductive autonomy."

- Influence "20 governments to establish new or revised policy initiatives or to pass legislative changes in support of improved access to abortion."

LGBT Commitment:

- "By 2025, ensure at least six countries change discriminatory laws based on sexual orientation and gender identity."

NATIONAL HUMAN RIGHTS INSTITUTIONS (NHRIs)

(See also Human Rights, Distortions of)

OVERVIEW

National Human Rights Institutions (NHRIs)

"National Human Rights Institutions (NHRIs)" are supposed to be "independent," non-governmental organizations that promote and monitor "human rights" at the national level. In practice, however, many NHRIs act as agents of the Office of the High Commissioner for Human Rights (OHCHR) and the Western governments that fund the OHCHR to promote LGBT rights and abortion in national laws and policies, all under the banner of "human rights."

The Global Alliance of National Human Rights Institutions (GANHRI) was established in 1993 under the auspices of the OHCHR, which serves as the GANHRI secretariat. GANHRI's International Coordinating Committee of National Institutions (ICC) oversees five regional coordinating bodies, which in turn, oversee over 115 NHRIs that have been accredited with the ICC.

The top 10 donors to the OHCHR in 2019 in descending order are the European Commission, Norway, United States, Sweden, Netherlands, Denmark, United Nations Development Programme, Switzerland, United Kingdom, and Germany.[306]

The OHCHR uses its global and regional coordinating bodies to push its agendas through the NHRIs, training NHRIs through its regional conferences and guidance publications, empowering NHRIs to advance "human rights" issues in their own countries and at the United Nations.

This intricate system allows the OHCHR to push its abortion, CSE and sexual rights agenda more discreetly and indirectly—all under the banner of seemingly "independent" human rights bodies (i.e., NHRIs).

Evidence of the LGBT/Abortion Rights Agenda of NHRIs

1. **The OHCHR: NHRIs to Address "Violence and Discrimination Against LGBT and Intersex Persons.**" In its annual report to the UNGA (See 8A/HRC/29/23.), the United Nations High Commissioner for Human Rights recommended that NHRIs address violence and discrimination against LGBT persons.[307]

2. **Lesbian, Gay, Bisexual, Transgender and Intersex Rights in National Human Rights Institutions**. A Helpdesk Research Report, that assessed African and Asian NHRIs' engagement "with lesbian, gay, bisexual, transgender and intersex rights (LGBTI), and the strategies they have used," stated the following:

- ***"Overwhelmingly, NHRI policies on LGBTI have been developed recently. Many policies draw on the Yogyakarta principles from 2006."*** (See *Yogyakarta Principles* section.)

[306] United Nations Office of the High Commissioner for Human Rights. (n.d.). United Nations Human Rights Report 2019. https://www.ohchr.org/Documents/Publications/OHCHRreport2019.pdf

[307] UN General Assembly. (2015). *Discrimination and violence against individuals based on their sexual orientation and gender identity: Report of the Office of the United Nations High Commissioner for Human Rights.* http://ilga.org/wp-content/uploads/2016/02/AHRC2923-English.pdf

- ***"NHRIs therefore often emphasize that LGBTI rights are contained within existing UN rights principles, particularly the rights to privacy, health, life, freedom from violence, nondiscrimination and equality."***[308]

3. **GANHRI's Home Web Page Once Featured "SOGI's Story," an LGBT Advocacy Video and Comic Book.** "SOGI's Story" is about an African homosexual and begins with the statement: "Discrimination on the basis of sexual orientation and gender identity is pervasive across many parts of the world."[309]

4. **GANHRI Promotes LGBT Manifesto as Focal Point of Conference.** One of the most radical documents ever to emerge to promote LGBT rights is the "Yogyakarta Principles," which is a manifesto for the LGBT rights movement. GANHRI, **partnering with UNDP, organized the Asia-Pacific Forum of National Human Rights—a global conference focused on the Yogyakarta Principles** on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. At this conference, NHRIs were encouraged to advance LGBT rights in their countries.[310]

5. **The OHCHR Promotes Abortion and CSE in NHRI Handbook.** The "Handbook for National Human Rights Institutions: *Reproductive Rights are Human Rights*, published by the OHCHR, a Danish NHRI, and UNFPA, states:

- **"States cannot 'restrict women's access** to health services' **[Translation: abortion]** ... Nor can States 'criminalize medical procedures only needed by women' or 'punish women who undergo those procedures **[Translation: abortion]**.'" **Note:** *The medical procedures that are "only needed by women" are abortions.*[311]

- "All adolescents … should be provided with sufficient information on sexual and reproductive health **[Translation: CSE] … irrespective of … parental or guardian consent.**"[312]

6. **GANHRI Regional Body Publishes Report on "Human Rights in Relation to Sexual Orientation, Gender Identity and HIV."** The report provides "an update of positive initiatives from various national human rights institutions, in addressing the discrimination, stigmatization and violations facing individuals and groups who simply wish 'to be' what they actually are. These initiatives include research, advocacy, education, public mobilization, and contributions to judicial decisions, laws, policies and other processes to protect human rights."[313]

7. **National Human Rights Institutions Provide a Bridge for LGBT Rights.** Outright International, an LGBT rights advocacy group, states on their website that NHRIs "are generally thought to be a bridge between their governments and civil society." A workshop was organized in part by UNDP on the role

[308] Browne, E. (2014, March 21). *Lesbian, gay, bisexual, transgender and intersex rights in national human rights institutions*. http://www.gsdrc.org/docs/open/hdq1098.pdf
[309] Australian Human Rights Commission. (2014, September 30). Sogi's Story. https://www.youtube.com/watch?v=mZJ_X9ysHSo&ab_channel=AustralianHumanRightsCommission
[310] The Asia Pacific Forum of National Human Rights Institutions. (2017, April 25). Conference on the Yogyakarta Principles: What have we learnt and where to now? http://www.asiapacificforum.net/events/conference-yogyakarta-principles/
[311] United Nations. (2014). Reproductive Rights are Human Rights: A handbook for national human rights institutions. http://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf
[312] Ibid.
[313] UNDP, IDLO. (2013). Regional Report: The Capacity of National Human Rights Institutions to Address Human Rights in Relation to Sexual Orientation, Gender Identity and HIV. Bangkok, UNDP. https://www.idlo.int/sites/default/files/RegionalReportGenderHIV.pdf

of NHRIs in promoting and protecting the rights and health of LGBTI people and "how to incorporate sexual orientation and gender identity (SOGI) into the work of NHRIs in the region."[314]

NHRIs Encroaching on UN Negotiations

At CSW 62, the European Union and allied nations were strongly advocating for a paragraph calling upon States to *"…further enhance the participation of national human rights institutions compliant with the Paris Principles at the sessions of the Commission."*
If passed, that provision could have allowed NHRIs controlled by the OHCHR (which again, is heavily funded by EU countries), to actually participate in CSW negotiations and to participate on panels and issue reports, thus vesting them with power to heavily influence the negotiations.

This would have given the EU and their allies a much stronger voice in negotiations as it is certain that NHRIs would be supporting a controversial agenda. Fortunately, the final CSW 62 paragraph was toned down a bit, but it still mentions NHRIs five times—including in a dangerous operative paragraph that *"encourages"* CSW to *"consider" "how to enhance the participation"* of NHRIs at CSW 63 (see adopted paragraph below).

> *"The Commission recalls General Assembly resolution 72/181 and* ***encourages the secretariat to continue its consideration of how to enhance the participation, including at the sixty-third session of the Commission, of national human rights institutions that are fully compliant with the principles relating to the status of national institutions for the promotion and protection of human rights (Paris Principles)****, where they exist, in compliance with the rules of procedure of the Economic and Social Council."* (CSW 62, Paragraph 51.)

This is a very dangerous prospect with a huge agenda behind it because, as noted above, one of the main goals of NHRI is to promote abortion and LGBT rights.

NEGOTIATING STATEGIES

National Human Rights Institutions (NHRIs)

It is absolutely clear that NHRIs are not independent bodies because they are directed by the OHCHR to aggressively advance LGBT rights. Therefore, it is critical to minimize their role or to remove references to NHRIs entirely in negotiated documents.

Strategy 1. Delete

Strategy 2. Limit the roles of NHRIs

TALKING POINTS

National Human Rights Institutions (NHRIs)

1. **While it may be appropriate for NHRIs to advocate for human rights at the national level, it is not their role to advocate at the international level** because they are "national" institutions. For example, it would not be appropriate for an NHRI from Thailand to try to tell Brazil how to better protect their people's human rights. Similarly, since the mandates of NHRIs are national in scope, it would not

[314] Cristobal, G. (2015, March 26). *National Human Rights Institutions – A Bridge for LGBT Rights in Asia and Pacific*. https://www.outrightinternational.org/content/national-human-rights-institutions-%E2%80%93-bridge-lgbt-rights-asia-and-pacific

be appropriate for them to have a voice, especially not a negotiating voice in our deliberations at the UN.

2. It is our understanding that NHRIs are supposed to be independent, yet, through the OHCHR's coordinating body, the Global Alliance of NHRIs, **it would seem that the OHCHR is defining the scope and class of human rights that NHRIs are advocating for.** Therefore, we believe their independence has been compromised, so we would prefer to delete any references to NHRIs in the document we are negotiating. **(Note: Points in the "Overview" above can be cited to support this.)**

3. **Multiple policy manuals and documents published by the OHCHR instruct NHRIs to focus on advancing LGBT rights** that are not consistent with our culture or laws and that are not recognized in any binding international law. **(Note: Examples in the "Overview" above can be cited to support this.)**

NATIONAL LAWS

(See Sovereignty, Respect for National Laws)

NEWBORN CHILD

(See also Healthy Infant)

UN CONSENSUS LANGUAGE IN CONTEXT

Newborn Child

■ Almost 15 years ago, the Millennium Development Goals were agreed. These provided an important framework for development and significant progress has been made in a number of areas. But the progress has been uneven, particularly in Africa, least developed countries, landlocked developing countries and small island developing States, and some of the Millennium Development Goals remain off-track, in particular those related to maternal, **newborn and child health** and to reproductive health. We recommit ourselves to the full realization of all the Millennium Development Goals, including the off-track Millennium Development Goals, in particular by providing focused and scaled-up assistance to least developed countries and other countries in special situations, in line with relevant support programmes. The new Agenda builds on the Millennium Development Goals and seeks to complete what they did not achieve, particularly in reaching the most vulnerable. – 2030 Agenda (2015), 16.

■ 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. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development. – 2030 Agenda (2015), 26.

■ By 2030, **end preventable deaths of newborns** and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. – 2030 Agenda (2015), 3.2.

NORMS (SOCIAL, CULTURAL OR GENDER)

(See also Gender Norms | Gender Stereotypes)

OVERVIEW
Norms (Social, Cultural or Gender)

Often in UN documents, proposals are made calling for the elimination of harmful "gender norms" or "social norms." LGBT and abortion rights activists consider gender of social "norms" that are not LGBT inclusive and that do not sanction abortion to be "harmful." Therefore, it is best to delete references to these terms or to modify them. They also consider laws, policies, customs or religions against abortion or laws that restrict the rights of LGBT individuals to be "harmful" "gender or social norms" that must be eliminated.

NEGOTIATING STRATEGIES
Norms (Gender or Social)

"Gender norms" **ADD:** "that perpetuate unjust discrimination against women."

ORAL SEX

(See also Anal Sex | Comprehensive Sexuality Education)

OVERVIEW
Oral Sex

Oral sex is a high-risk sexual behavior that is promoted to children and youth through comprehensive sexuality education (CSE) programs—even UN-promoted CSE programs—as a way for youth to engage in the alleged "right" to sexual pleasure without the risk of pregnancy. However, the dangerous risks associated with oral sex and the many sexually transmitted diseases that can be contracted through this behavior are rarely disclosed.

Below are quotes from UN-promoted CSE programs that instruct children on oral sex: (See additional quotes at the end of this section.)

From the *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe, (*For ages 16-18, p. 26):

- "The sexual career of young people usually proceeds as follows: kissing, touching and caressing with clothes on, naked petting, sexual intercourse (heterosexuals) and, finally, **oral sex** and sometimes anal sex."

From *UNESCO's Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa*:

- "MYTH: You don't need a condom if you're having oral sex. TRUTH: Actually, HPV, gonorrhea, chlamydia, herpes, and HIV can be passed on by oral sex. **You can protect**

yourself with a condom (worn on the penis for a male receiving oral sex or cut into a sheet for a female receiving oral sex)."

From *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*:

- "Sexual intercourse often refers to vaginal penetration by the penis. **Oral intercourse involves the mouth at or on a partner's sex organ**. Anal intercourse involves insertion of the penis into a partner's anus."

From *You, Your Life, Your Dreams* (Project partners are UNFPA, UNICEF, and UNESCO):

- "Did you know that there are other types of sex and intercourse besides vaginal sex? Vaginal sex is the best known type of sexual practise. But there are other kinds such as anal sex and **oral sex**."

Results of a survey conducted in the U.S. during 2007-2010 found that 33 percent of teenage girls and boys ages 15-17 reported having had oral sex with a partner of the opposite sex.[315]

Oral sex typically carries a lower risk for spreading HIV than other sexual behaviors, but other potentially deadly sexually transmitted diseases are more easily contracted through this sexual practice, affecting the mouth, throat, genitals, or rectum.

STDs can be spread through oral sex even if the partners have no signs or symptoms. In fact, many STDs have no symptoms, and infected individuals are often unaware they are infectious. The STDs that can be passed on from oral sex include Chlamydia, Gonorrhea, Syphilis, Herpes, HPV (human papillomavirus), HIV, and Trichomoniasis.

In women and girls, untreated STDs spread through oral sex can:

- cause pelvic inflammatory disease (PID), which can lead to chronic pelvic pain, infertility, and ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb).
- result in premature birth or low birth weight in babies.
- be spread to the baby during delivery and can cause chlamydia infection in the eyes or infection of the respiratory tract that can develop into pneumonia.

In men and boys, untreated STDs spread through oral sex can:

- can cause epididymitis, a painful condition of the ducts attached to the testicles that may lead to ductal scarring.

In both men and women, untreated STDs spread through oral sex can:

- cause oral or neck cancer, which can be fatal.[316]
- increase risk of getting HIV infection.
- increase risk of spreading HIV to sex partners.

[315] Centers for Disease Control and Prevention. (2017). *STD Risk and Oral Sex - CDC Fact Sheet*. https://www.cdc.gov/std/healthcomm/stdfact-stdriskandoralsex.htm

[316] McCullough, M. (2018, March 12). HPV is Causing an Oral Cancer Epidemic in Men by Outwitting Natural Defenses. *Chicago Tribune*. https://www.chicagotribune.com/lifestyles/health/ct-hpv-oral-cancer-in-men-20180312-story.html

- cause a reaction (reactive arthritis) throughout the body that can lead to arthritis (joint pain), conjunctivitis (pink eye), and/or a rash on the soles of the feet or elsewhere.

Other infections such as hepatitis A virus, Shigella and intestinal parasites (amebiasis) can be spread through oral sex.[317]

Clearly, because of the harmful consequences of engaging in oral sex, it should not be promoted to children, and the main vehicle for the promotion of this high-risk behavior is comprehensive sexuality education.

Below are excerpts from UN-promoted comprehensive sexuality education programs for children and youth that teach about oral sex:

From the *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe, (*For ages 16-18, p. 26):

- "The sexual career of young people usually proceeds as follows: kissing, touching and caressing with clothes on, naked petting, sexual intercourse (heterosexuals) and, finally, **oral sex** and sometimes anal sex."

From *UNESCO's Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa*:

- "Use a NEW condom for every act of vaginal, **oral**, and anal intercourse."
- "20 Sample Questions: **What does oral sex mean?"**
- "MYTH: You don't need a condom if you're having oral sex. TRUTH: Actually, HPV, gonorrhea, chlamydia, herpes, and HIV can be passed on by oral sex. **You can protect yourself with a condom (worn on the penis for a male receiving oral sex or cut into a sheet for a female receiving oral sex)**."

  [**Note:** With regard to oral sex, imagine a teacher instructing his female student to cut a condom open and insert it in her mouth while having oral sex and to expect that she will be fully protected, especially in Africa where HIV infections rates are the highest!]

- "Sydney and Grace are alone at one of their houses. Sydney is drunk and slurring words and then lies down on the floor. Grace, who also had a bit to drink, lies down too. **Feeling uninhibited, she takes the initiative and performs oral sex.** Sydney feels confused and is not sure what to say. Sydney is not sure what to think since they didn't talk about it before Grace did that."

  [**Note:** Anal and oral sex are described and then condoned as just part of a range of sexual activities, with examples being given of girls and boys who engage in these activities. Only limited information is given about the associated health risks.]

[317] Centers for Disease Control and Prevention. (2017). *STD Risk and Oral Sex - CDC Fact Sheet*. https://www.cdc.gov/std/healthcomm/stdfact-stdriskandoralsex.htm

From *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*:

- "Sexual intercourse often refers to vaginal penetration by the penis. **Oral intercourse involves the mouth at or on a partner's sex organ**. Anal intercourse involves insertion of the penis into a partner's anus."
- **"Oral sex can result in the transmission of various STIs, including HIV**. For some STIs, girls are physiologically more vulnerable to infection than boys. Receptive anal intercourse increases risk of infection (for boys and girls). Social factors also affect the likelihood of transmission …People who are sexually active can take steps to reduce their risk of acquiring an STI."
- **"Sexually transmitted infections (STIs) are infections passed primarily by sexual contact, including vaginal, oral, and anal intercourse."**
- **"Oral sex is mouth-to-genital contact."**

From *You, Your Life, Your Dreams* (Project partners are UNFPA, UNICEF, and UNESCO):

- "Did you know that there are other types of sex and intercourse besides vaginal sex? Vaginal sex is the best known type of sexual practise. But there are other kinds such as anal sex and **oral sex**."
- **"Oral sex or oral-genital sex means both mouth contact with the vagina, which is called cunnilingus, and mouth contact with the penis, which is called fellatio. Either form of oral sex can be done with one partner stimulating the other individually or both partners doing it simultaneously**. The latter is called "69" because the position of the couple in simultaneous stimulation resembles this number. **Although these are very common sexual practises and for many people quite enjoyable, some people have reservations about them."**
- "Before engaging in sexual activity of any kind, everyone should be sure that they and their partners are free from STIs, particularly HIV. **Remember that the anus and genitals should be clean before performing oral sex."**
- **"Many people have great reservations regarding [oral and anal sex],** mostly based on cultural notions and on legal and religious restrictions that are still very powerful. In some contexts, these practices, especially anal sex and fellatio, may be associated with pressured sex, often involving some degree of violence. **All in all, an individual's sexual practises should be private decisions.** Sex is very intimate, and sexual relationships are to be pleasurable and satisfying. Couples should feel comfortable together and able to discuss openly all of these forms of sexual expression."
- "According to the [definition of moral virginity], any person who has experienced sexual intercourse, that is penetration, whether it is vaginal, oral, or anal is not a virgin anymore."

The quotes below are from CSE programs and materials some of which receive federal funding from the U.S. government:

From *¡Cuidate!, 2nd Edition*:

- "Remember, you can avoid STDs by using a condom every time you have vaginal, oral, or anal sex."
- "While lubricated latex condoms are best for vaginal and anal sex, non-lubricated condoms are recommended for oral sex because many people do not like the taste of the lubrication."
- Activities in the 'Caution Zone' (barrier method against STDs): "Oral sex on a guy with a condom, anal sex with a condom."

- Activities in the 'Danger Zone' (high risk of pregnancy or STDs): "Oral sex on a guy without a condom, anal sex without a condom."
- "If you choose to have vaginal, anal, or oral sex, using a latex or polyurethane condom is an important step to staying safe."
- "Use flavored condoms and lubricants if you're going to have oral sex."
- "Excuse: I don't want to use condoms for oral sex. I don't like the way latex tastes. Response: There are all kinds of flavored condoms and lubricants."

From *Big Decisions: Making Healthy, Informed Choices about Sex*:

- "And someone can have sex without stretching or tearing their hymen. **For example, someone could have oral sex, which means a person's mouth on another person's genitals.** Note that the class will discuss the definition of sex a little more in the next lesson." (pg. 101)
- "Different people consider many different activities to be 'sex', but pretty much all definitions of 'sex' include sexual intercourse, which means: Vaginal Sex which refers to a penis inside a vagina; **Oral Sex, which is when one person puts their mouth on another person's genitals (that is, on the other person's vulva or penis)"**
- "Is This Abstinence?" Activity 5.2 includes "Cards for Small Groups" and **asks students to decide which of these could be considered abstinence:** "Vaginal Sex (Penis in Vagina)," "**Oral Sex (Mouth on Genitals),"** and "Anal Sex (Penis in Anus)."

From *High School FLASH 3rd Edition*:

- "Write a story or skit about a couple who have been dating for a few months and are talking about taking their relationship to the next level by having oral, anal or vaginal sex."
- "Sexual behavior describes what someone does sexually – oral, anal or vaginal sex, making out, etc."
- "There is very little risk of getting or transmitting HIV from oral sex."
- "In this 5th/6th grade lesson, we use the term 'sexual intercourse' as an umbrella expression to represent all three risky sexual behaviors: oral, anal and vaginal intercourse. These will be spelled out in later grades. That's not to say that you can't define them simply if students ask about them. The curriculum, however, begins with this more basic information."
  [**Note:** While at least oral and anal intercourse are listed as "risky," some 5th and 6th graders (10- and 11-year-olds) will have never yet heard of anal or oral sex, so this will introduce them to these high-risk sexual behaviors. It also equates anal and oral intercourse with vaginal intercourse, thus normalizing these sex acts to children as young as 10.

From *Rights, Respect, Responsibility (3Rs)*:

- "Choose activities with little to no risk like oral sex."
- "When do you think someone is ready to have sex—either oral, vaginal, or anal sex—with their partner? Take a few responses and ask, 'What would have to be in place in their relationship for them to have safer sex—…'"
- "With oral sex, the person performing oral sex is at higher risk because their mouth is coming into contact with the other person's genitals. People can reduce their STI risk further by using flavored condoms or other barriers like dental dams."

From Healthy, Happy and Hot (a publication from IPPF and distributed to youth at the UN):

- *"Your skin is the largest erogenous zone on your body, and* ***your mind plays a big role in your desire for sex and sexual pleasure***. ***Caress and lick your partner's skin. Explore your partner's body with your hands and mouth.*** *Mix things up by using different kinds of touch from very soft to hard.* ***Talk about or act out your fantasies. Talk dirty to them.*** *Tickle, tease and make them feel good."*

For more information see the *Comprehensive Sexuality Education* section and also StopCSE.org.

ORPHANS

UN CONSENSUS LANGUAGE IN CONTEXT

Orphans

■ Note with deep concern that despite substantial progress over the three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries, communities and families throughout the world, that more than 30 million people have died from AIDS, with another estimated 33 million people living with HIV, that **more than 16 million children have been orphaned** because of AIDS, that over 7,000 new HIV infections occur every day, mostly among people in low- and middle-income countries, and that less than half of the people living with HIV are believed to be aware of their infection; – HIV/AIDS (2011), 8.

■ Commit to ensure that financial resources for prevention are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and populations vulnerable to HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible, and to ensuring that **particular attention is paid to women and girls, young people, orphans and vulnerable children**, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities, depending on local circumstances; – HIV/AIDS (2011), 60.

■ Commit to strengthen national social and child protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to **support the development to full potential of orphans** and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support to children and their families and caregivers, especially age-appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities; – HIV/AIDS (2011), 82.

■ We will work to ameliorate the plight of millions of children who live under especially difficult circumstances - as victims of apartheid and foreign occupation; **orphans and street children** and children of migrant workers; the displaced children and victims of natural and man-made disasters; the disabled and the abused, the socially disadvantaged and the exploited. Refugee children must be helped to find new roots in life. We will work for special protection of the working child and for the abolition of illegal child labour. We will do our best to ensure that children are not drawn into becoming victims of the scourge of illicit drugs. – Children's Summit (1990), Declaration 20(7).

■ Governments should assist single parent families, and **pay special attention to the needs of widows and orphans.** All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example, those involving street children. – ICPD (1994), 5.13

■ In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and **for grandchildren orphaned by AIDS.** At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected **responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.** – Ageing (2002), 103.

■ By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to **provide a supportive environment for orphans** and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; **to protect orphans** and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance. – Children's Summit +10 (2002), 46(c).

■ By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to **provide a supportive environment for orphans** and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; **to protect orphans and vulnerable children** from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance; – HIV/AIDS (2001), 65.

■ **To provide special assistance to children orphaned by HIV/AIDS**. – Millennium Declaration (2000), 19.

■ Providing social and educational support to communities, households, **orphans** and children affected by HIV/AIDS. – Social Summit +5 (2000), 97 (f).

OTHER STATUS

(See also Discrimination | Gender Identity | Sexual Orientation)

OVERVIEW

Other Status

Non-discrimination policies usually include a list of characteristics that must not be used as a basis for discrimination, i.e., race, age, nationality, religion or sex, etc. Sometimes the term, *"other status"* is added to the end of these lists. Although it appears to be an innocuous term, *"other status"* has been used to protect *"sexual orientation"* and *"gender identity."*

For example, General Comment #20 issued by the UN committee monitoring the International Covenant on Economic, Social and Cultural Rights (ICESCR) declares that *"other status"* in the non-discrimination section of this treaty now encompasses *"sexual orientation"* and *"gender identity"*—even though this interpretation has never been agreed to by State parties to this treaty.

General Comment #4 on "Adolescent Health and Development in the Context of the Convention on the Rights of the Child (CRC)" issued by the CRC Committee makes a similar claim—that States cannot discriminate based on the following categories listed in article 2 of the CRC: *"race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*" Comment #4 then adds this ultra vires statement: *"These grounds also cover adolescents' sexual orientation and health status …"* Again, the CRC says nothing about sexual orientation.

***"Other Status"* and the 2030 Agenda for Sustainable Development**

The term *"other status"* appears in two places in the 2030 sustainable development goals (SDGs):

- First, SDG target 10.2 states, *"By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status."*

  If the definition of *"other status"* in Comments #4 and #20 is used for SDG target 10.2, it would be understood to call for the social, economic and political *"inclusion"* of individuals with every sexual orientation including homosexuals and bisexuals and every gender including transgenders or any of the 50-plus genders recognized by Facebook.

- Second, *"other status"* appears in paragraph 19 of the SDGs, where it emphasizes *"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."*

  Using the interpretations in Comment #4 and #20, this paragraph would then call for nations to *"respect, protect, and promote"* rights for homosexuals and transgender persons, etc. While most people agree that the basic human rights of LGBT people should be respected for the same reason that the basic rights of all people should be protected, it is likely that *"other status"* in the SDGs will eventually be used to promote more controversial LGBT rights, including same-sex marriage and adoption rights.

In addition, since SDG goal 10 calls for governments to *"reduce inequality within … countries,"* and while many governments may have considered this to refer only to economic inequalities or inequalities between men and women, it takes on new meaning if target 10.2 is defined to obligate governments to ensure the *"inclusion"* of homosexuals and transgender persons.

Goal 10 might then be interpreted to obligate governments to reduce inequalities between heterosexuals and homosexuals and between transgenders and *"cisgenders"* (a term for someone who is not transgender).

Finally, SDG target 10.3 seeks to *"reduce inequalities of outcome,"* including by *"eliminating discriminatory laws, policies and practices and promoting appropriate legislation."* But 10.3 does not specify what kind of unequal *"outcomes"* or *"discrimination"* or *"practices"* must be eliminated, thus leaving the door open for this to be interpreted as an obligation for governments to change laws and policies that are perceived to discriminate against LGBT people.

Below is the excerpt from General Comment #20 of the UN Committee on Economic, Social and Cultural Rights stating that *"other status"* now includes *"sexual orientation"* and *"gender identity*."

15. ... The inclusion of "other status" indicates that this list is not exhaustive and other grounds may be incorporated in this category.

32. "Other status" as recognized in article 2, paragraph 2, includes sexual orientation. States parties should ensure that a person's sexual orientation is not a barrier to realizing Covenant rights, for example, in accessing survivor's pension rights. In addition, gender identity is recognized as among the prohibited grounds of discrimination; for example, persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment in schools or in the workplace.

NEGOTIATING STRATEGIES
Other Status

The following group statement shows the African Group's concern with term *"other status."* This was statement was issued because *"or other status"* has been interpreted by the Committee on Economic, Social and Cultural Rights to include *"sexual orientation and gender identity."*

Consider calling attention to this previous statement and requesting that it be deleted in current document you are negotiating. If you are unsuccessful in deleting it, you can issue a similar statement or reservation on the term.

African Group Statement delivered by Senegal (page 12 UNGA A/69/PV.101)
"With regard to paragraph 19 and target 10.2 of the annex to resolution 69/315, we do not consider the phrase 'other status' as applicable to the concept of sexual orientation, sexual identity and groups of the same sex, or to lesbian, gay, bisexual and transgender persons."

OUTCOME DOCUMENTS OF REVIEW CONFERENCES
(Beijing and ICPD)

OVERVIEW
Outcome Documents of Review Conferences

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that EU countries have a nefarious agenda behind the language referring to the outcome documents of the review conferences of ICPD and Beijing. Finally, an advocacy manual funded by the Netherlands reveals this agenda in the following excerpt:

"**Outcomes of the review conferences:** Both the International Conference for Population and Development (ICPD) Programme of Action and the Beijing Platform for Action have had regional review conferences where progress on implementing these agreements at the regional level was discussed. **Importantly, the outcome documents of these review conferences are usually more progressive than those that come out of New York and Geneva, and have even included references to human rights, sexual rights, LGBTI rights, safe abortion, and other 'sensitive' SRHR issues.**

Including a reference to the outcomes of these review conferences (or any other more progressive process) means that member states accept these outcomes, and therefore also the progressive language within them. For this reason it is often difficult to keep these references in an outcome document." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[318]

NOTE: This paragraph above shows that any references to outcome documents of review conferences of ICPD and Beijing are intended to encompass the controversial regional and thematic reviews that were not negotiated by all UN Member States, and which openly promote CSE, abortion and the LGBT agenda. Certainly, this would indicate that such phrases should be avoided or heavily caveated as indicated in this section.

Increasingly, when the term *"reproductive rights"* is proposed in UN documents, States have tied its definition to the agreements negotiated in ICPD and Beijing with the following language: *"reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development* [ICPD] *and the Beijing Platform for Action and the outcome documents of their review conferences."*

On its face, the "outcome documents" language originally appeared to refer to the outcome documents of the traditional ICPD and Beijing +5, +10 and +20 conferences negotiated by all UN Member States. This is because when the outcome documents language was first proposed at the UN Commission on the Status of Women (CSW) in 2013, those were the only kind of review outcome documents in existence, so it was adopted with no opposition.

Once this language was adopted, however, UNFPA held regional review conferences for ICPD and a youth ICPD review—reviews that it could more easily manipulate than UN negotiations to advance UNFPA's covert LGBT and abortion rights agenda. In other words, it seems UNFPA planned at the CSW 2013 to have references to the outcome documents refer to future review outcome documents for Beijing and ICPD that were not even in existence at the time. A deceptive plan indeed.

Then at CSW 2014, UNFPA worked overtime lobbying to get the phrase adopted again to modify *"sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development [ICPD] and the Beijing Platform for Action."* At the same time it also aggressively lobbied to get specific references endorsing outcome documents from UNFPA's controversial regional ICPD review conferences, but UNFPA was rebuffed in those efforts because some of the regional reviews were very controversial and completely unacceptable to a number of UN Member States. So UNFPA instead turned its focus from the reference to outcome documents from regional review conferences, back to the more ambiguous, elastic reference to outcome documents from ICPD and Beijing review conferences in general, likely counting on the fact that most delegations were unaware that this language could also encompass the controversial regional reviews they were unable to get endorsed openly.

When UNFPA and the developed countries supporting them met stark resistance to even the more general reference at the 2014 CSW, the government of the Netherlands, urged on by UNFPA and representing a number of UN Member States known to promote the sexual/abortion rights agenda, proposed a

[318] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by Choice for Youth & Sexuality, the Netherlands puppet youth SRHR lobbying organization and Right Here Right Now, which is also a project of the Netherlands government with the same agenda.

hostile amendment to add a reference to the outcome documents of the review conferences of ICPD and Beijing in a resolution on HIV/AIDS and the girl child. This was only the second time this term had ever been proposed. The amendment was so controversial it had to go to a vote, and unfortunately, the term was adopted, but not without a substantial number of countries voting against its adoption.

Ever since then, the phrase has been pushed for any time *"reproductive rights"* is modified by "in accordance with" Beijing and ICPD. The question is, why do Western countries want this phrase so badly that they push for it and refuse to back down and will even call for a vote on it? The feeling in the room after this language was adopted at the CSW in 2014 was that there must be a hidden agenda behind the language. Indeed an ulterior motive must exist because the governments that push for the phrase as a matter of priority adamantly oppose any proposal to clarify it in the text or to list the specific documents to which it refers.

In fact, in spite of great opposition from a number of States, this phrase was also later adopted as part of SDG target 5.6, which is highly problematic for the following reasons:

Problems with the phrase "outcome documents of review conferences."

- None of the highly controversial 20-year reviews of ICPD were openly negotiated by all Member States and then adopted by the UNGA.
- UNFPA conducted an operational review titled "ICPD Beyond 2014"[319] that contains more than 500 highly controversial references, including 391 references to "sexual," 25 references to "sexual orientation," six references to "prostitution," four references to "transgender," 18 references to "comprehensive sexuality education," 44 references to "sexual and reproductive rights," and 173 references to "abortion."
- The 20-year thematic "human rights" review of ICPD hosted by the Netherlands has:

  65 references to "abortion"
  52 references to "sexual and reproductive rights"
  23 references to "reproductive rights"
  18 references to "sexual and reproductive health and rights"
  12 references to "sex work" or "workers"
  14 references to "comprehensive sexuality education"
  8 references to "sexual orientation and gender identity"
  5 references to "transgender"

- Multiple ICPD regional reviews call for the legalization of prostitution and abortion, comprehensive sexuality education, sexual rights as part of sexual and reproductive health rights, and much more. (See a chart listing all of the harmful elements of the multiple 20-year ICPD review outcome documents, including the regional review outcome documents at familywatch.org/outcomedocuments.)
- For the 25th ICPD review, UNFPA and their pro-abortion government and NGO partners held one major abortion/sexual rights extravaganza ICPD review in Nairobi, Kenya in November 2019. UNFPA tightly controlled the outcome document called the "Nairobi Statement on ICPD25: Accelerating the Promise," which committed multiple governments to promote SRHR in multiple ways. (See extensive information on the Summit including videos and

[319] United Nations. (2014). *Framework of Actions for the follow-up to the Programme of Action of the International Conference of Population and Development Beyond 2014*. http://www.unfpa.org/sites/default/files/event-pdf/93632_unfpa_eng_web.pdf

documentation of the radical ICPD+25 agenda at familywatch.org/nairobisummit. See also the *Nairobi Summit* section for evidence of the hidden agendas behind the ICPD review.

- This phrase could imply endorsements of future review outcome documents for ICPD and Beijing that have not even been negotiated yet.
- It is dangerous to endorse or affirm broad categories of documents without specifying each document by name.
- Ironically, adding this language actually expands the definition of reproductive rights to include not only a more explicit right to abortion, but also to encompass additional LGBT rights, because some of the "outcome documents" and "review conferences" promote LGBT and abortion rights explicitly. The ICPD outcome document from the Bali Global Youth Forum review of ICPD led by UNFPA calls for the legalization of prostitution, same-sex marriage, abortion, the abolishing of parental consent laws, access for youth to abortion and comprehensive sexuality education, LGBT rights, and more.
- The outcome documents of some of the regional reviews of ICPD promote sexual rights, sexual orientation and gender identity, prostitution, comprehensive sexuality education, and more.
- Since *"the outcome documents of their review conferences"* modifies *"reproductive rights,"* and since a number of these outcome documents promote LGBT and abortion rights, this phrase could also be used to interpret *"reproductive rights"* to include access to abortion and access for same-sex couples to reproductive technologies, surrogacy arrangements, or the adoption of children. In fact, the term *"reproductive rights"* alone has even been used to promote such rights for LGBT persons. (See the *Reproductive Rights* section for additional information.)
- The fact that this phrase was adopted in the SDGs does not mean it has to be accepted if it is proposed in future documents, and it should never be accepted in a binding document.

TALKING POINTS

Outcome Documents of Review Conferences

1. **Can we be provided with a list of all the documents to which this phrase intends to refer?** We cannot accept this term unless the documents it is referring to are specified by name. Can we list them here or add them in a footnote?

[**Comment:** If the other side refuses to replace this vague language with a list of the documents they are referring to, then it will be clear they plan to use it to recognize controversial regional or controversial past outcome documents or future documents yet to be negotiated. What other reason could they have for opposing such a reasonable request?]

2. Is this intended to refer to either the regional review outcome documents or UNFPA's operational review? If not, how do we make that more clear?

3. Is the term "outcome documents" meant to refer to future outcome documents of review conferences? If so, how can we reaffirm something that has not yet been negotiated? If not, how can we make that clear?

4. Can we specify with a footnote or a reference in the text that this refers to outcome documents "as adopted by the UN General Assembly" to make sure it does not apply to regional documents or other documents that are not agreed upon by all UN Member States?

[**Comment:** Again, the degree to which these requests are refused are the degree to which you can know there is an ulterior motive behind the outcome document language.]

Quote from some of the most controversial outcome documents to convince other delegations of their highly problematic nature. Some of the most controversial quotes have been compiled and are available at familywatch.org/outcomedocuments. A summary of the history and the manipulations of the ICPD outcome documents by UNFPA follows:

ICPD Review "Outcome Documents" and "Follow-Ups"

Hidden agendas in the ICPD 20-year and 25-year review outcome documents and follow-ups

States should strongly oppose any references to ICPD review "outcome documents" or ICPD "follow-ups" unless qualified by "as adopted by the UN General Assembly." The following is important background, history, and evidence for why ICPD review outcome documents are highly problematic. The following, for example, is a list of the most controversial 20-year ICPD review outcome documents:

- UNFPA's culminating 20-year Global Review of ICPD summarizing all the thematic and regional reviews
- Five UNFPA-led regional ICPD review outcome documents
- The UNFPA-led youth ICPD review outcome document – The Bali Youth Declaration
- The "Women's Health" ICPD review outcome document
- The UN General Assembly review of ICPD that UNFPA calls an official ICPD "follow-up"
- The "Human Rights" ICPD review outcome document (the most radical review of all)

Background and Evidence of ICPD Review Outcome Documents Agenda

1. Most of the multiple 20-year ICPD review outcome documents aggressively promote abortion and controversial sexual rights that conflict with the laws, culture and religions of many Member States. (See excerpts below).

2. None of the 20-year ICPD review outcome documents were negotiated transparently by all States and/or adopted transparently by the full UN General Assembly (UNGA). The strategy to use ICPD review outcome documents was pre-planned by UNFPA. They knew they couldn't get their radical agendas adopted if the 20-year review was done the traditional way with all UN Member State experts at the negotiation table. In fact, they were afraid that open negotiations by all States might result in a setback to their abortion/sexual rights agenda. So, **UNFPA and their allied partner countries concocted a scheme whereby they could host and, therefore, manipulate multiple thematic and regional 20-year ICPD reviews away from the New York experts who understand and would have opposed all the deceptive terms they use**. UNFPA then simply summarized their manipulated regional and thematic ICPD review outcome documents in their Global ICPD Beyond 2014 Report, passing that document off as the 20-year global review "follow-up" for ICPD, even though it was never negotiated. A clever plan indeed. And, the result is a global ICPD review and "follow up" document that includes over 130 highly controversial references. (See below.)

3. The language referring to ICPD review "outcome documents" and/or ICPD "follow-ups" is intentionally vague and elastic, so it also could refer to future outcome documents of reviews that have not yet even been conducted. For example, the first time this ICPD review "outcome document" language was adopted was in 2013 at CSW 57, immediately before the series of pre-planned radical UNFPA-led 20-year reviews (excerpted below) were conducted, and before anyone knew how controversial the multiple thematic and regional ICPD review outcome documents would be. This was

intentional to get the upcoming radical review endorsed in advance and then to make it harder to oppose it in subsequent documents since it would already be agreed language.

4. UNFPA manipulated all of the regional ICPD reviews, the youth ICPD review, and others, and even outright lied in their purported UNGA ICPD review document (see below) in order to promote abortion, comprehensive sexuality education, LGBT rights and more.

5. UNFPA and their abortion-minded partner Member States invested millions of dollars putting on these multiple, manipulative review conferences for ICPD in order to insert their radical agendas to the farthest extent possible in each of the ICPD "outcome documents" and "follow-ups" (excerpted below). And they have been determined to get them deceptively endorsed in all negotiated UN documents ever since.

Note: While the regional 20-year ICPD reviews may have been negotiated by governments at the regional level, UNFPA heavily manipulated those governments during the reviews to include controversial terms and phrases that might otherwise have been rejected by many of their UN experts who understand better than their regional counterparts how controversial terms would be interpreted**.**

PARENTS

PARENTS, FINANCIAL RESPONSIBILITIES FOR CHILDREN

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Financial Responsibilities for Children

■ **The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.** – CRC (1990), Article 27-2.

■ When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self help groups and **stronger legal enforcement of male parental financial responsibilities**. – ICPD (1994), 5.4.

PARENTS, GUIDANCE OF CHILDREN

(See also Parents, Rights, Duties and Responsibilities)

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Guidance of Children

■ Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. **The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents**. – ICPD (1994), II, Principle 10.

■ Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, **these services must be ensured with the support and guidance of their parents** and in line with the Convention on the Rights of the Child. – ICPD (1994), 6.15.

■ Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, **with proper regard for parental guidance and responsibilities**. Special attention should be devoted to vulnerable and disadvantaged youth; – ICPD +5 (1999), 73(c).

■ **States Parties shall respect the responsibilities, rights and duties of parents** or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. – CRC (1990), Article 5.

PARENTS, RESPECT FOR RELIGIOUS BELIEFS OF

(See also Religion | Religious and Ethical Values)

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Respect for Religious Beliefs of

■ The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to choose for their children schools, other than those established by the public authorities, which conform to such minimum educational standards as may be laid down or

approved by the State and to **ensure the religious and moral education of their children in conformity with their own convictions**. – ICESCR (1976), Article 13-3.

■ The States Parties to the present Covenant undertake to have **respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions**. – ICCPR (1976), Article 18-4.

■ 1. States Parties shall respect the right of the child to **freedom of thought, conscience and religion**. 2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child. – CRC (1990), Article 14-1 and 2.

■ **States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents**, **his or her own cultural identity, language and values**, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; – CRC (1990), Article 29-1 (c).

■ **With due respect for the rights, duties and responsibilities of parents** and in a manner consistent with the evolving capacities of the adolescent, and their right to reproductive health education, information and care, **and respecting their cultural values and religious beliefs**, ensure that adolescents, both in and out of school, receive the necessary information, including information on prevention, education, counselling and health services to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order to, inter alia, reduce the number of adolescent pregnancies. Sexually active adolescents will require special family planning information, counselling and health services, as well as sexually transmitted diseases and HIV/AIDS prevention and treatment. Those adolescents who become pregnant are at particular risk and will require special support from their families, health-care providers and the community during pregnancy, delivery and early childcare. This support should enable these adolescents to continue their education. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, **particularly parents and families,** and also communities, religious institutions, schools, the mass media and peer groups. These policies and programmes must be implemented on the basis of commitments made at the International Conference on Population and Development and in conformity with relevant existing international agreements and conventions; – ICPD +5 (1999), 73(e).

■ By 2003, develop and/or strengthen strategies, policies and programmes, **which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors,** to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2001), 63.

■ Documented migrants are those who satisfy all the legal requirements to enter, stay and, if applicable, hold employment in the country of destination. In some countries, many documented migrants have, over time, acquired the right to long-term residence. In such cases, the integration of documented migrants into the host society is generally desirable, and for that purpose it is important to extend to them the same social, economic and legal rights as those enjoyed by citizens, in accordance with national legislation. The family reunification of documented migrants is an important factor in international

migration. It is also important to protect documented migrants and their families from racism, ethnocentrism and xenophobia, **and to respect their physical integrity, dignity, religious beliefs and cultural values**. – ICPD (1994), 10.9.

PARENTS, RIGHT OF CHILDREN TO KNOW AND BE CARED FOR BY

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Right of Children to Know and be Cared for by

■ The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as **possible, the right to know and be cared for by his or her parents.** 2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless. – CRC (1990), Article 7.

■ Consistent with article 7 of the Convention on the Rights of the Child, 11/ take measures to ensure that a child is registered immediately after birth and has the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by his or her parents**; – Beijing (1995), 274 (b).

■ Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by their parents.** – Disabilities (2006), Article 18 (2).

PARENTS, RIGHTS, DUTIES AND RESPONSIBILITIES

(See also Parents, Guidance of Children)

UN CONSENSUS LANGUAGE SUPPORTED BY MULTIPLE DOCUMENTS

■ **recognizing the rights, duties and responsibilities of parents** – Social Summit (1995), Declaration, Commitment 6 (l); – ICPD (1994), 7.45; – Social Summit (1995), 35(c).

■ **taking into account the rights and responsibilities of parents** ICPD (1994), 11.9; – CRC (1990), Article 3-2.

OVERVIEW
Parents, Rights, Duties and Responsibilities

The rights of parents to direct the education and upbringing of their children is well established in UN consensus documents. Yet when new documents come under negotiations proposals to recognize the rights of parents are strongly rejected by many of the developed countries.

Often, when sexuality or sexual education provisions are proposed in UN negotiations, they are accompanied with provisions also granting children rights to *"confidentiality"* and *"privacy."* In such cases, proposals to recognize the prior right of parents to guide the education of their children are also aggressively opposed. If there is any reference to parents at all, it is usually weak and relegates parents to simply having *"a role"* in educating their children, along with schools, communities, and other stakeholders.

Often provisions are proposed to limit parental rights, for example, making parents subject to *"the evolving capacity of the child"* or to only give guidance to their children *"as appropriate."* When graphic sexual education materials are presented to children without the knowledge or consent of parents (usually citing alleged rights to *"confidentiality"* or *"privacy"* to justify such actions), this violates the well-established rights of parents to guide the education of their children.

Unfortunately, one of the greatest assaults on parental rights comes from UNFPA. In fact, their 2014 report, "ICPD and Human Rights: 20 years of advancing reproductive rights" seeks to:

- Remove *"barriers to sexuality education such as parental consent*"
- Remove *"barriers to accessing safe abortion services, such as third-party authorization requirements* [parental consent for abortion]*"*
- Remove *"barriers in accessing comprehensive sexual and reproductive health services"* [parental consent for adolescents]
- Abolish *"laws denying adolescents decision making capacity or requiring that they obtain parental consent."*

Other UN agencies and entities are also pushing to override the rights of parents to advance controversial sexual and gender ideologies on children. (See *Comprehensive Sexuality Education* section.) Therefore, protecting the *"rights"* of parents to guide the education and upbringing of their children is essential to protecting the rights of children.

NEGOTIATING STRATEGIES

Parents, Rights, Duties and Responsibilities

Whenever issues regarding children, adolescents and youth are being negotiated at the UN, the *"rights,"* and not just the *"role"* of parents should be recognized. The following composite language from multiple UN treaties and major conference documents could be proposed to recognize parental rights: The following composite language from multiple UN treaties and major conference documents could be proposed to recognize parental rights:

> *"recognizing the rights, duties and responsibilities of parents and other persons legally responsible for the child."* (*Based on* UN Convention on the Rights of the Child (CRC), Article 5 and Article 14-2; ICPD 7.45; ICPD 13.22; Social Summit 35-c; Social Summit Decl. Commitment 6-1; Beijing 107-e; Beijing 107-g; Beijing 262; Habitat 13; Beijing +5 79-f.)

Certainly, any medical, sexual or reproductive health services, or sexual information or counseling provided to children should be given only with the knowledge, involvement and consent of their parents. By proposing some of the following good language, you can modify provisions calling for services or education for children to ensure the rights of parents in such matters are recognized and respected.

The following composite language could be proposed to recognize parental rights in relation to *"sexual and reproductive health":*

Calls upon governments to respect the prior right of parents to direct the education of their children, especially in sexual matters and in decisions regarding their reproductive and sexual health, recognizing that these responsibilities lie in the first place with the parents. (*Based on* UNDHR Universal Declaration (1948), Article 26 (3); ICPD (1994), II, Principle 10; and Beijing (1995), 267.)

The following language can be proposed to modify *"sexual and reproductive health"* or sex education provisions with the aim of preserving parental rights.

- "Parents have a prior right to choose the kind of education that shall be given to their children" – Universal Declaration (1948), Article 26 (3).

- "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and. as far as possible, the right to know and be cared for by his or her parents" – CRC (1990), Article 7-1.

- "States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents..." – CRC (1990), Article 3-2.

- "States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child" – CRC (1990), Article 14-2.

- "States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child" – CRC (1990), Article 18-1.

- "States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents, his or her own cultural identity, language and values..." – CRC (1990), Article 29-1 (c).

- "For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities..." – CRC (1990), Article 18-2.

- "States Parties shall respect the responsibilities, rights and duties of parents ... to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention" – CRC (1990), Article 5.

- "Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern" – CRC (1990), Article 18-1.

- "... With proper regard for parental guidance and responsibilities" – ICPD (1994), 7.47.

- "…taking into account the rights and responsibilities of parents and the needs of children and adolescents" – ICPD (1994), 11, 9.

- "…these services must be ensured with the support and guidance of their parents…" – ICPD (1994), 6.15.

- "The child has the right to be cared for, guided and supported by parents" – ICPD (1994), II, Principle 11.

- "Acknowledge and promote the central role of families, parents and other legal guardians in educating their children and shaping their attitudes" – ICPD +5, 73(d).

- "…all institutions of society should respect and support the efforts of parents and other caregivers to nurture and care for children in a family environment…" – Children's Summit (1990), 18.

- "…promote the shared responsibility of both parents in education and in the raising of children…" – Children's Summit +10 (2002), 24.

- "Parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children" Children's Summit +10 (2002), 32(2).

- "…taking into account… the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance…" – Beijing +5 (2000), 79(f).

- "increased support to children and adolescents through increased financial, social and moral support for their parents, families and legal guardians…." – HIV/AIDS (2011), 68.

TALKING POINTS

Parents, Rights, Duties and Responsibilities

1. **Multiple binding and non-binding UN documents recognize the rights of parents to guide the upbringing and education of their children.**

2. The Universal Declaration of Human Rights recognizes that ***"Parents have a <u>prior</u> right to choose the kind of education that shall be given to their children."*** – Universal Declaration (1948), Article 26 (3).

3. Article 5 of the UN Convention on the Rights of the Child (CRC), as well as many other UN consensus documents recognize the **obligation of states to respect the *"responsibilities, rights and duties of parents"* and outlines the right of the child *"to know and be cared for by his or her parents."*** – CRC (1990), Article 5, 7.

4. The International Covenant on Civil and Political Rights calls for ***"respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions."*** – ICCPR (1976), Article 18-4.

■ **States Parties shall respect the responsibilities, rights and duties of parents** or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. – CRC (1990), Article 5.

■ Establish or strengthen both school-based and community-based health education programmes for children, adolescents and adults, with special attention to girls and women, on a whole range of health issues, as one of the prerequisites **for social development, recognizing the rights, duties and responsibilities of parents** and other persons legally responsible for children consistent with the Convention on the Rights of the Child; – Social Summit (1995), Declaration, Commitment 6 (l).

■ Ensure that children, particularly girls, enjoy their rights and promote the exercise of those rights by making education, adequate nutrition and health care accessible to them, consistent with the Convention on the Rights of the Child, 13/ and **recognizing the rights, duties and responsibilities of parents** and other persons legally responsible for children; – Social Summit (1995), Declaration, Commitment 6(c).

■ States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, **taking into account the rights and duties of his or her parents**, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. – CRC (1990), Article 3-2.

■ **States Parties shall respect the rights and duties of the parents** and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child. – CRC (1990), Article 14-2.

■ **Recognizing the rights, duties and responsibilities of parents** and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, **appropriate direction and guidance in sexual and reproductive matters**, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents. – ICPD (1994), 7.45

■ To be most effective, education about population issues must begin in primary school and continue through all levels of formal and non-formal education, **taking into account the rights and responsibilities of parents** and the needs of children and adolescents. Where such programmes already exist, curricula should be reviewed, updated and broadened with a view to ensuring adequate coverage of such important concerns as gender sensitivity, reproductive choices and responsibilities, and sexually transmitted diseases, including HIV/AIDS. To ensure acceptance of population education programmes by the community, population education projects should emphasize **consultation with parents** and community leaders. – ICPD (1994), 11.9.

■ Age-appropriate education, especially for adolescents, about the issues considered in the present Programme of Action should begin in the home and community and continue through all levels and

channels of formal and non-formal education, **taking into account the rights and responsibilities of parents** and the needs of adolescents. Where such education already exists, curricula and educational materials should be reviewed, updated and broadened with a view to ensuring adequate coverage of important population-related issues and to counteract myths and misconceptions about them. Where no such education exists, appropriate curricula and materials should be developed. To ensure acceptance, effectiveness and usefulness by the community, education projects should be based on the findings of socio-cultural studies and should involve the active participation of parents and families, women, youth, the elderly and community leaders. – ICPD (1994), 11.24.

■ Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize and effectively utilize the resources for population and development programmes that expand and improve the quality of reproductive health care, including family-planning and sexually transmitted diseases/HIV/AIDS prevention efforts. In line with the goal of the present Programme of Action to ensure universal availability of and access to high- quality reproductive health and family-planning services, particular emphasis must be put on meeting the needs of underserved population groups, including adolescents, **taking into account the rights and responsibilities of parents** and the needs of adolescents and the rural and the urban poor, and on ensuring the safety of services and their responsiveness to women, men and adolescents. In mobilizing resources for these purposes, countries should examine new modalities such as increased involvement of the private sector, the selective use of user fees, social marketing, cost-sharing and other forms of cost recovery. However, these modalities must not impede access to services and should be accompanied with adequate "safety net" measures. – ICPD (1994), 13.2.

■ Ensuring full and equal access to social services, especially education, legal services and healthcare services for women of all ages and children, **recognizing the rights, duties and responsibilities of parents** and other persons legally responsible for children, consistent with the Convention on the Rights of the Child; – Social Summit (1995), 35(c).

■ Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, **as well as the responsibilities, rights and duties of parents** and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration; – Beijing (1995), 107(e).

■ Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the **responsibilities, rights and duties of parents** as stated in paragraph 107 (e) above; – Beijing (1995), 107(g).

■ Girls and adolescents may receive a variety of conflicting and confusing messages on their gender roles from their parents, teachers, peers and the media. Women and men need to work together with children and youth to break down persistent gender stereotypes, taking into account the rights of the child and the **responsibilities, rights and duties of parents** as stated in paragraph 267 below. – Beijing (1995), 262.

■ The International Conference on Population and Development recognized, in paragraph 7.3 of the Programme of Action, 14/ that "full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality", taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, **as well as the responsibilities, rights and duties of parents** and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. In all actions concerning children, the best interests of the child shall be a primary consideration. Support should be given to integral sexual education for young people **with parental support and guidance** that stresses the responsibility of males for their own sexuality and fertility and that help them exercise their responsibilities. – Beijing (1995), 267.

■ The needs of children and youth, particularly with regard to their living environment, have to be taken fully into account. Special attention needs to be paid to the participatory processes dealing with the shaping of cities, towns and neighbourhoods; this is in order to secure the living conditions of children and of youth and to make use of their insight, creativity and thoughts on the environment. Special attention must be paid to the shelter needs of vulnerable children, such as street children, refugee children and children who are victims of sexual exploitation. **Parents and other persons legally responsible for children have responsibilities, rights and duties**, consistent with the Convention on the Rights of the Child, to address these needs. – Habitat (1996), 13.

■ **With due respect for the rights, duties and responsibilities of parents** and in a manner consistent with the evolving capacities of the adolescent, and their right to reproductive health education, information and care, and respecting their cultural values and religious beliefs, ensure that adolescents, both in and out of school, receive the necessary information, including information on prevention, education, counselling and health services to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order to, inter alia, reduce the number of adolescent pregnancies. Sexually active adolescents will require special family planning information, counselling and health services, as well as sexually transmitted diseases and HIV/AIDS prevention and treatment. Those adolescents who become pregnant are at particular risk and will require special support from their families, health-care providers and the community during pregnancy, delivery and early childcare. This support should enable these adolescents to continue their education. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. These policies and programmes must be implemented on the basis of commitments made at the International Conference on
Population and Development and in conformity with relevant existing international agreements and conventions; – ICPD +5 (1999), 73(e).

■ Design and implement programmes with the full involvement of adolescents as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services without discrimination to address effectively their reproductive and sexual health needs taking into account their right to privacy, confidentiality, respect and informed consent and **the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child** appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child and in conformity with CEDAW and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. These programmes should, inter alia, build adolescent girls' self esteem and help them take responsibility for their own lives; promote gender equality and responsible sexual behaviour; raise awareness about,

prevent and treat sexually transmitted infections, including HIV/AIDS and sexual violence and abuse; counsel adolescents on avoiding unwanted and early pregnancies; – Beijing +5 (2000), 79(f).

■ **Parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children**, and must be supported in the performance of their child-rearing responsibilities. All our policies and programmes should promote the shared **responsibility of parents, families**, legal guardians and other caregivers, and society as a whole in this regard. – Children's Summit +10 (2002), 32(2).

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. **The primary responsibility for the protection, upbringing and development of children rests with the family.** All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist. – Children's Summit +10 (2002), 15.

PARENTS, ROLE OF

(See also Parents, Rights, Duties and Responsibilities)

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Role of

■ States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. **Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child**. The best interests of the child will be their basic concern. – CRC (1990), Article 18-1.

■ **The parent(s) or others responsible for the child have the primary responsibility** to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development. – CRC (1990), Article 27-2.

PARENTS, ROLE/RIGHTS IN EDUCATION OF CHILDREN

UN CONSENSUS LANGUAGE IN CONTEXT
Parents, Role/Rights in Education of Children

■ **Parents have a prior right to choose the kind of education that shall be given to their children.** – Universal Declaration (1948), Article 26(3).

■ **States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents**, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; – CRC (1990), Article 29-1 (c).

■ Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including

those relating to population and development. **The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents**. – ICPD (1994), II, Principle 10.

■ Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; pre-natal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. **Male responsibilities in family life must be included in the education of children from the earliest ages.** Special emphasis should be placed on the prevention of violence against women and children. – ICPD (1994), 4.27.

PARENTS, SEX EDUCATION OF CHILDREN

(See also Comprehensive Sexuality Education | Parents, Respect for Religious Beliefs of | Parents, Rights, Duties and Responsibilities | Parents, Role/Rights in Education of Children)

OVERVIEW
Parents, Sex Education of Children

UN agencies and treaty bodies are pushing hard to eliminate parental consent laws for contraceptives, abortions, sexuality education and more so they can push their agenda with children freely.

Therefore, any language regarding sex education, especially language mandating confidentiality and/or privacy in data collection, or that mandates information or education on sexual or reproductive health issues for minors, should always also explicitly recognize the rights of parents in this regard.

Evidence revealing plans to get controversial CSE programs to children without their parents' knowledge or consent can be found in General Comment #4 issued by the UN Committee on the Rights of the Child:

> "In light of article 3, 17 and 24 of the Convention [the CRC], States Parties should provide adolescents with access to sexual and reproductive information ... **States Parties should ensure access to appropriate information regardless of marital status, and prior consent from parents or guardians**." (para 24)

It is clear that UNFPA will interpret SDG target 5.6 on "sexual and reproductive health and reproductive rights" to encompass rights to abortion and sexuality education without the knowledge and consent of parents. (See *Comprehensive Sexuality Education* section.) UNFPA's 2014 report, "ICPD and Human Rights: 20 years of advancing reproductive rights" reveals their plans to:

- **Remove "barriers to sexuality education such as parental consent."** [This is an actual quote from their report.]

- **Remove "barriers to accessing safe abortion services**, such as third-party authorization requirements" [read: **parental consent for abortion**];

- **Remove "barriers in accessing comprehensive sexual and reproductive health services" [read: parental consent for adolescents]**; and

- **Abolish "laws denying adolescents decision making capacity or requiring that they obtain parental consent**."

This assault on parental rights and on the health and innocence of children is unacceptable and a violation of international law. Multiple UN treaties and consensus documents call for respect for the rights, responsibilities and duties of parents. (CRC (1990), Articles 5, 14-2; ICPD (1994) 7.45; ICPD +5 (1999) 73(e); ICESCR (1976), Article 13-3,18-4.)

For example, the Universal Declaration of Human Rights recognizes that "Parents have a prior right to choose the kind of education that shall be given to their children," (Universal Declaration of Human Rights, Article 26 (3)), and the International Covenant on Civil and Political Rights calls for "respect for the liberty of parents … to ensure the religious and moral education of their children in conformity with their own convictions." (ICCPR (1976), Article 18-4.)

Therefore, any provisions that promote sexual and reproductive health or services or sex or sexuality education for children without their parents' knowledge or consent are in violation of the universal rights of parents to direct the education of their children.

NEGOTIATING STRATEGIES

Parents, Sex Education of Children

Always modify any references to sex education or information and sexual or reproductive rights with language recognizing the rights of parents.

Certainly, any medical, sexual or reproductive health services, or sexual information or counseling provided to children of minor age should be given only with the knowledge, involvement and consent of their parents.

A good strategy would be for several family-friendly delegations to propose various consensus formulations on parental rights to modify references to sex education SRH or RR wherever they appear in any text under negotiation. The following list of formulations would preserve the rights of parents to protect their children from the sexual rights agenda summarized in the overview:

- "…these services must be ensured with the support and guidance of their parents…" – ICPD (1994), 6.15.

- "…taking into account the rights and responsibilities of parents and the needs of children and adolescents" – ICPD (1994), 11, 9.

- "Acknowledge and promote the central role of families, parents and other legal guardians in educating their children " – ICPD +5, 73(d).

- "Parents have a prior right to choose the kind of education that shall be given to their children" – Universal Declaration (1948), Article 26 (3).

- "States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child" – CRC (1990), Article 14-2.

- "States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents, his or her own cultural identity, language and values..." – CRC (1990), Article 29-1 (c).

- "... With proper regard for parental guidance and responsibilities" – ICPD (1994), 7.47.

Also, the following composite language could be proposed to recognize parental rights in relation to any provisions relating to *"sexual and reproductive health," "information," "education," or "reproductive rights"* in the context of children (girls, boys or adolescents) of minor age:

… respecting the prior right of parents to direct the education of their children, especially in sexual and reproductive matters, and in decisions regarding their sexual and reproductive health, recognizing that these responsibilities lie in the first place with the parents. (*Based on* UNDHR Universal Declaration (1948), Article 26 (3); ICPD (1994), II, Principle 10; and Beijing (1995), 267.)

UN CONSENSUS LANGUAGE IN CONTEXT

Parents, Sex Education of Children

■ **Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide,** in a manner consistent with the evolving capacities of the adolescent, **appropriate direction and guidance in sexual and reproductive matters**, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents. – ICPD (1994), 7.45

■ Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, **sex education** and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, **these services must be ensured with the support and guidance of their parents** and in line with the Convention on the Rights of the Child. – ICPD (1994), 6.15.

■ The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to choose for their children schools, other than those established by the public authorities, which conform to such minimum educational standards as may be laid down or approved by the State and to **ensure the religious and moral education of their children in conformity with their own convictions**. – ICESCR (1976), Article 13-3.

■ The States Parties to the present Covenant undertake to have **respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions**. – ICCPR (1976), Article 18-4.

■ By 2003, develop and/or strengthen strategies, policies and programmes, **which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors,** to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including

on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2001), 63.

■ **States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents, his or her own cultural identity, language and values**, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; – CRC (1990), Article 29-1 (c).

■ **Acknowledge and promote the central role of families, parents and other legal guardians in educating their children and shaping their attitudes** and ensure that parents and persons with legal responsibilities are educated about and involved in providing sexual and reproductive health information, in a manner consistent with the evolving capacities of adolescents, so that they can fulfil their rights and responsibilities towards adolescents; – ICPD +5, 73(d).

PLANNED PARENTHOOD

(See International Planned Parenthood Federation)

PORNOGRAPHY

OVERVIEW

Pornography

Pornography is a leading and rapidly growing cause of marital and family breakdown and also a root cause of violence and sexual crimes against women and children. Pornography contributes to prostitution and trafficking in persons. In addition, the use of pornography is associated with numerous negative emotional, psychological, and physical health outcomes for individuals, families and societies.

The CEDAW Committee has recognized that pornography that exploits women by depicting them as sex objects contributes to gender-based violence.[320]

Because of the widespread availability of Internet pornography that is just a few clicks away from children, we are raising a generation of children who have been exposed to porn at young ages. Because of its addictive nature, the damage to young people from pornography is even more serious and far-reaching. Since Internet porn is a global problem, nations must come together to create a global solution.

Negative outcomes of pornography use in children include:[321]

- Increased rates of depression and anxiety
- Increase in acting out and violent behavior

[320] CEDAW Committee. General Recommendation No. 19 (11th session, 1992). Violence Against Women. http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm

[321] American College of Pediatricians. (2016, June). *The Impact of Pornography on Children*. https://acpeds.org/position-statements/the-impact-of-pornography-on-children; Flood, M. (2009.) The Harms of Pornography Exposure Among Children and Young People. *Child Abuse Review, 18*(6), 384-400.

- Younger age of sexual debut
- Sexual promiscuity
- Increased risk of teen pregnancy
- Distorted view of relationships between men and women

NEGOTIATING STRATEGIES
Pornography

A number of delegations, especially those from countries where pornography is legal will only oppose pornography in the context of children. However, adult pornography often falls into the hands of children with its damaging effects. It is important for delegations to insist that pornography in general is harmful and is not only harmful in the context of children. Therefore, when a provision seeks to eliminate child pornography, a delegation can add the words "adult and" before the word "child" as in "adult and child" pornography. For example, governments should seek to eliminate adult and child pornography.

TALKING POINTS
Pornography

1. **Pornography denigrates and exploits women.** Even the CEDAW Committee has recognized that "propagation of pornography and the depiction and other commercial exploitation of women as sexual objects, rather than as individuals … contributes to gender-based violence."

2. Research shows that **children who view pornography experience**:[322]

- Increased rates of depression and anxiety
- Increase in acting out and violent behavior
- Younger age of sexual debut
- Sexual promiscuity
- Increased risk of teen pregnancy
- Distorted view of relationships between men and women

3. In the 21st century with many children at young ages using cell phones and the Internet, it is almost impossible for them not to come across adult pornography. Therefore, **to safeguard children, our delegation would like to ensure that we are not just seeking to eliminate just child pornography, but adult pornography as well.**

(See the documentary "The Porn Pandemic: The Devastating Impact on Children, Family, and Society" at Pornpandemic.org for more information on pornography's addictive and destructive nature.)

UN CONSENSUS LANGUAGE IN CONTEXT
Pornography

■ Encouraging education systems and, to the extent consistent with freedom of expression, communication media to raise people's understanding and awareness of all aspects of social integration, including gender sensitivity, non-violence, tolerance and solidarity and respect for the diversity of cultures and

[322] Ibid.

interests, and to **discourage the exhibition of pornography** and the gratuitous depiction of explicit violence and cruelty in the media; – Social Summit (1995), 16(d).

■ **Governments are urged to take the necessary measures to prevent** infanticide, pre-natal sex selection, trafficking in girl children and use of girls in prostitution and **pornography**. – ICPD (1994), 4.23.

■ Countries should take effective steps to address the neglect, as well as **all types of exploitation and abuse, of children, adolescents and youth, such as abduction, rape and incest, pornography, trafficking, abandonment and prostitution.** In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders. – ICPD (1994), 5.9.

■ Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. Violence against women throughout the life cycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society. Violence against women is exacerbated by social pressures, notably the shame of denouncing certain acts that have been perpetrated against women; women's lack of access to legal information, aid or protection; the lack of laws that effectively prohibit violence against women; failure to reform existing laws; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws; and the absence of educational and other means to address the causes and consequences of violence. **Images in the media of violence against women, in particular those that depict rape or sexual slavery as well as the use of women and girls as sex objects, including pornography,** are factors contributing to the continued prevalence of such violence, adversely influencing the community at large, in particular children and young people. – Beijing (1995), 118.

■ Violence against women both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms. Taking into account the Declaration on the Elimination of Violence against Women and the work of Special Rapporteurs, gender-based violence, such as battering and other domestic violence, sexual abuse, sexual slavery and exploitation, and international trafficking in women and children, forced prostitution and sexual harassment, as well as **violence against women, resulting from cultural prejudice, racism and racial discrimination, xenophobia, pornography,** ethnic cleansing, armed conflict, foreign occupation, religious and anti-religious extremism and terrorism are incompatible with the dignity and the worth of the human person and must be combated and eliminated. Any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated. Governments should take urgent action to combat and eliminate all forms of violence against women in private and public life, whether perpetrated or tolerated by the State or private persons. – Beijing (1995), 224.

■ Strengthen the implementation of all relevant human rights instruments in order to **combat and eliminate, including through international cooperation, organized and other forms of trafficking in women and children, including trafficking for the purposes of sexual exploitation, pornography, prostitution and sex tourism**, and provide legal and social services to the victims; this should include provisions for international cooperation to prosecute and punish those responsible for organized exploitation of women and children; – Beijing (1995), 230(n).

■ Take effective measures or institute such measures, including **appropriate legislation against pornography** and the projection of violence against women and children in the media. – Beijing (1995),

243(f).

■ Obstacles: Negative, violent and/or **degrading images of women**, **including pornography,** stereotyped portrayals, have increased in different forms using new communication technologies in some instances, and bias against women remains in the media. Poverty, the lack of access and opportunities, illiteracy, lack of computer literacy and language barriers, prevent some women from using the information and communication technologies, including the Internet. Development of and access to Internet infrastructure is limited especially in developing countries and particularly for women. – Beijing +5, 29.

■ Violence against women and girls is a major obstacle to the achievement of the objectives of gender equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. Gender based violence, such as battering and other domestic violence, sexual abuse, sexual slavery and exploitation, and international trafficking in women and children, forced prostitution and sexual harassment, as well as violence against women, resulting from cultural prejudice, racism and racial discrimination, xenophobia, **pornography**, ethnic cleansing, armed conflict, foreign occupation, religious and anti-religious extremism and terrorism are incompatible with the **dignity and worth of the human person** and must be combated and eliminated. – Beijing +5, 59.

■ To encourage the ratification and full implementation of the Convention on the Rights of the Child and its **optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography**. – Millennium Declaration, 26.

■ Take concerted national and international actions as a matter of urgency to end the sale of children and their organs, **sexual exploitation and abuse**, **including the use of children for pornography, prostitution and paedophilia**, and to combat existing markets. – Children's Summit 2002, 40.

■ All actors in the Information Society should take appropriate actions and preventive measures, as determined by law, against abusive uses of ICTs, such as illegal and other acts motivated by racism, racial discrimination, xenophobia, and related intolerance, hatred, violence, **all forms of child abuse, including paedophilia and child pornography, and trafficking in, and exploitation of, human beings.** – Information Summit, 59.

PRE-NATAL CARE

(See also Healthy Infant)

UN CONSENSUS LANGUAGE IN CONTEXT

Pre-Natal Care

■ In the basic reproductive health services component - **information and routine services for prenatal, normal and safe delivery and post-natal care**; abortion (as specified in paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications; – ICPD (1994), 13.14(b).

■ In developing countries, the health status of women remains relatively low, and during the 1980s poverty, malnutrition and general ill-health in women were even rising. Most women in developing

countries still do not have adequate basic educational opportunities and they lack the means of promoting their health, responsibly controlling their reproductive life and improving their socio-economic status. Particular attention should be given to the **provision of pre-natal care to ensure healthy babies**. – Agenda 21 (1992), 6.21.

■ We will work for a solid effort of national and international action to enhance children's health, to **promote pre-natal care** and to lower infant and child mortality in all countries and among all peoples. We will promote the provision of clean water in all communities for all their children, as well as universal access to sanitation. – Children's Summit Declaration (1990), 20(2).

■ All couples should have access to information on the importance of responsible planning of family size and the many advantages of child spacing to avoid pregnancies that are too early, too late, too many or too frequent. **Pre-natal care**, clean delivery, access to referral facilities in complicated cases, tetanus toxoid vaccination and prevention of anaemia and other nutritional deficiencies during pregnancy are other important interventions to ensure safe motherhood and a healthy start in life for the newborn. There is an added benefit of promoting maternal and child health programmes and family planning together in that, acting synergistically, these activities help accelerate the reduction of both mortality and fertility rates, and contribute more to lowering rates of population growth than either type of activity alone. – Children's Summit (1990), 17.

■ Implement, as a matter of urgency, in accordance with country-specific conditions and legal systems, measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children and have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, taking into account ethical and cultural considerations. Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities, which include women-centered, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values, taking into account ethical and cultural considerations. Programmes should focus on providing comprehensive health care, **including pre-natal care**, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well-being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness; – Agenda 21 (1992), 3.8(j).

■ Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities that include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values and taking into account ethical and cultural considerations. Programmes should focus on providing comprehensive health care, **including pre-natal care**, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness. – Agenda 21 (1992), 5.51.

■ Programmes to establish and strengthen preventive and curative health facilities, which include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible, responsible planning of family size and services, as appropriate, in keeping with freedom, dignity and personally held values. Programmes should focus on providing comprehensive health care,

including pre-natal care, education and information on health and responsible parenthood, and should provide the opportunity for all women to fully breastfeed at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well-being and should pay special attention to the need to provide equal and improved health care for all children and to reduce the risk of maternal and child mortality and sickness; – Agenda 21 (1992), 24.3(e).

PRE-NATAL SEX SELECTION

(See Abortion, Pre-natal Sex Selection)

PRIVACY

(See Confidentiality and Privacy)

PROSTITUTION

(See also Violence Against Women/Girls)

OVERVIEW

Prostitution

Most of the consensus language in UN documents related to prostitution focuses on either the use of children or *"forced prostitution."* It should be noted that all prostitution and pornography is a danger to the moral fiber of society and can lead to degradation that tears at the fabric which holds society together.

Prostitution has significantly contributed to the spread of the HIV virus in countries with a high prevalence rate. Some countries report an 89 percent HIV prevalence among prostitutes.

The UN has established committees to monitor the compliance of UN Member States with UN treaties they have signed. These UN compliance committees sometimes interpret treaty language in ways that go far beyond what the original treaty actually says and far beyond what it was understood to mean when it was negotiated by the State parties. They then tell countries they are out of compliance if their laws do not protect such things as homosexuality, abortion or prostitution – even though the treaties they are monitoring are silent on such issues.

The UN CEDAW Committee alone has pressured seven countries to legalize prostitution; Republic of Korea (2007), Kenya (2007), Netherlands (2007), Fiji (2002), Hungary (2002), Uganda (2002), and Saint Kitts and Nevis (2002); Six countries to decriminalize homosexuality and protect "sexual orientation;" Brazil (2007), Honduras (2007), Republic of Korea (2007), Sweden (2001), Kyrgystan (1999), México (1998); and 66 nations to legalize, remove penalties for, or increase access to abortion. Included are countries in Africa (17), Latin America (20), the Caribbean (4), Asian (13), Europe (4), the Middle East (4), and the Pacific (4).

■ Governments are urged to take the necessary measures to prevent infanticide, pre-natal sex selection, **trafficking in girl children and use of girls in prostitution and pornography**. – ICPD (1994), 4.23.

■ Countries should take effective steps to address the neglect, as well as **all types of exploitation and abuse, of children, adolescents and youth, such as abduction, rape and incest, pornography, trafficking, abandonment and prostitution.** In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders. – ICPD (1994), 5.9.

■ To encourage the ratification and full implementation of the Convention on the Rights of the Child and its **optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography**. – Millennium Declaration, 26.

■ Take concerted national and international actions as a matter of urgency to end the sale of children and their organs, **sexual exploitation and abuse**, **including the use of children for pornography, prostitution and paedophilia**, and to combat existing markets. – Children's Summit 2002, 40.

■ Violence against women both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms. Taking into account the Declaration on the Elimination of Violence against Women and the work of Special Rapporteurs, gender-based violence, such as battering and other domestic violence, sexual abuse, sexual slavery and exploitation, and international trafficking in women and children, **forced prostitution and sexual harassment, as well as violence against women, resulting from cultural prejudice, racism and racial discrimination, xenophobia, pornography,** ethnic cleansing, armed conflict, foreign occupation, religious and anti-religious extremism and terrorism are incompatible with the dignity and the worth of the human person and must be combated and eliminated. Any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated. **Governments should take urgent action to combat and eliminate all forms of violence against women in private and public life,** whether perpetrated or tolerated by the State or private persons. –Beijing (1995), 224.

■ 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, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, including for sexual and reproductive health, and all forms of discrimination and violence, including **sexual violence and exploitation against them**; – HIV/AIDS (2011), 21.

■ Strengthen the implementation of all relevant human rights instruments in order to **combat and eliminate, including through international cooperation, organized and other forms of trafficking in women and children, including trafficking for the purposes of sexual exploitation, pornography, prostitution and sex tourism**, and provide legal and social services to the victims; this should include provisions for international cooperation to prosecute and punish those responsible for organized exploitation of women and children; – Beijing (1995), 230(n).

■ Commit to ensuring that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of

all forms of discrimination, as well as all types of **sexual exploitation of women, girls and boys, including for commercial reasons,** and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls; – HIV/AIDS (2011), 81.

PUBLIC ORDER

(See also Cultural Values/Cultural Backgrounds | Moral/Morality | Religious and Ethical Values)

OVERVIEW
Public Order

Governments have a duty to protect morality, the public order, and public health. This may require governments to restrict the sexual expression or speech of others.

UN CONSENSUS LANGUAGE IN CONTEXT
Public Order

■ In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the **just requirements of morality**, public order and the general welfare in a democratic society. Universal Declaration, 29-2, repeated in WSIS (2003), 5.

■ 1. Everyone shall have the right to hold opinions without interference. 2. Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice. **3. The exercise of the rights provided for in paragraph 2 of this article carries with it special duties and responsibilities.** It may therefore be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:
(a) For respect of the rights or reputations of others;
(b) **For the protection of national security or of public order (ordre public), or of public health or morals.** – ICCPR (1976), Article 19.

■ The child shall have the right to freedom of expression; this right shall include fredom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. 2. **The exercise of this right may be subject to certain restrictions**, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others; or (b) **For the protection of national security or of public order (ordre public), or of public health or morals**. – CRC (1990), Article 13.

.RAPE

UN CONSENSUS LANGUAGE IN CONTEXT
Rape

■ Violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and humanitarian law. Massive violations of human rights, especially in the form of genocide, ethnic cleansing as a strategy of war and its consequences, and rape, i**ncluding systematic rape of women** in war situations, creating a mass exodus of refugees and displaced persons, are abhorrent practices that are strongly condemned and must be stopped immediately, while perpetrators of such crimes must be punished. Some of these situations of armed conflict have their origin in the conquest or colonialization of a country by another State and the perpetuation of that colonization through state and military repression. – Beijing (1995), 131.

■ Commit to ensuring that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of **s**exual exploitation of women, girls and boys, in**cluding for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls**; – HIV/AIDS (2011), 81.

RELIGION

(See also Parents, Respect for Religious Beliefs of | Religious and Ethical Values)

UN CONSENSUS LANGUAGE IN CONTEXT
Religion

■ By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, **religion** or economic or other status. – 2030 Agenda (2015), 10.2.

■ Religion, spirituality and belief play a central role in the lives of millions of women and men, in the way they live and in the aspirations they have for the future. **The right to freedom of thought, conscience and religion is inalienable and must be universally enjoyed. This right includes the freedom to have or to adopt the religion or belief of their choice either individually or in community with others, in public or in private, and to manifest their religion or belief in worship, observance, practice and teaching.** In order to realize equality, development and peace, there is a need to respect these rights and freedoms fully. **Religion, thought, conscience and belief may, and can, contribute to fulfilling women's and men's moral, ethical and spiritual needs and to realizing their full potential in society**. However, it is acknowledged that any form of extremism may have a negative impact on women and can lead to violence and discrimination. – Beijing (1995), 24.

■ **Everyone has the right to freedom of thought, conscience and religion**; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to **manifest his religion or belief in teaching, practice, worship and observance**. – Universal Declaration (1948), Article 18.

■ **We recognize that religion, spirituality and belief play a central role in the lives of millions of women and men, and in the way they live and treat other persons. Religion, spirituality and belief may and can contribute to the promotion of the inherent dignity and worth of the human person and to the eradication of racism, racial discrimination, xenophobia and related intolerance**; – Racism (2001), 8.

■ Everyone shall have the right to **freedom of thought, conscience and religion**. This right shall include **freedom to have or to adopt a religion or belief of his choice**, and freedom, either individually or in community with others and in public or private, to **manifest his religion or belief in worship, observance, practice and teaching**. – ICCPR (1976), Article 18-1.

■ No one shall be subject to coercion which would impair his **freedom to have or to adopt a religion or belief of his choice**. ICCPR, Article 18-2.

■ States Parties shall **respect the right of the child to freedom of thought, conscience and religion**. – CRC (1990), Article 14-1.

■ In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, **to profess and practise their own religion**, or to use their own language. – ICCPR (1976), Article 27.

■ The World Conference on Human Rights calls upon all Governments to take all appropriate measures in compliance with their international obligations and with due regard to their respective legal systems to **counter intolerance and related violence based on religion or belief**, including practices of discrimination against women and including the desecration of religious sites, recognizing that **every individual has the right to freedom of thought, conscience, expression and religion**. The Conference also invites all States to put into practice the provisions of the Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief. – Vienna (1993), 22.

■ To achieve international cooperation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all **without distinction as to race, sex, language, or religion**; – U.N. Charter (1945), Article 1-3, Article 13, 1(b), Article 76(c).

■ Recognizing the importance of building human solidarity, we urge the promotion of dialogue and cooperation among the world's civilizations and peoples, **irrespective of race, disabilities, religion, language, culture or tradition**. Earth Summit +10, 17.

■ Adopt special measures to eliminate discrimination against children on the basis of race, colour, sex, language, **religion**, political or other opinion, national, ethnic or social origin, property, disability, birth or other status, and ensure their equal access to education, health and basic social services." Children Summit +10: 44-3.

■ Everyone is entitled to all the rights and freedoms set forth in this Declaration, 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. Universal Declaration, Article 2.

■ The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language,

religion, political or other opinion, national or social origin, property, birth or other status. ICESCR, Article 2-2.

■ Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, 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. ICCPR, Article 2-1.

RELIGIOUS AND ETHICAL VALUES

(See also Moral/Morality | Parents, Respect for Religious Beliefs of | Religion | Sovereignty)

UN CONSENSUS LANGUAGE IN CONTEXT

Religious and Ethical Values

■ We note that the promotion and protection of the rights of persons belonging to national or ethnic, religious and linguistic minorities contribute to political and social stability and peace and enrich the cultural diversity and heritage of society. – World Summit (2005), 130.

■ Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights5 and other instruments relating to human rights and international law; and **emphasize the importance of cultural, ethical and religious values**, **the vital role of the family** and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care; – HIV/AIDS (2011), 38.

■ Intensified efforts are needed in the coming 5, 10 and 20 years, in a range of population and development activities, bearing in mind the crucial contribution that early stabilization of the world population would make towards the achievement of sustainable development. The present Programme of Action addresses all those issues, and more, in a comprehensive and integrated framework designed to improve the quality of life of the current world population and its future generations. The recommendations for action are made in a spirit of consensus and international cooperation, recognizing that the formulation and implementation of population-related policies is the responsibility of each country and should take into account the economic, social and environmental diversity of conditions in each country, **with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people**, as well as the shared but differentiated responsibilities of all the world's people for a common future. – ICPD (1994), 1.11.

■ While the International Conference on Population and Development does not create any new international human rights, it affirms the application of universally recognized human rights standards to all aspects of population programmes. It also represents the last opportunity in the twentieth century for the international community to collectively address the critical challenges and interrelationships between population and development. The Programme of Action will require the establishment of common ground, **with full respect for the various religious and ethical values and cultural backgrounds**. The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfil them, as part of a new global partnership among all the world's

countries and peoples, based on a sense of shared but differentiated responsibility for each other and for our planetary home. – ICPD (1994), 1.15.

■ By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and **take account of cultural, religious and ethical factors,** to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2001), 63.

■ The implementation of the International Plan of Action on Ageing, 2002 also requires, inter alia, a political, economic, ethical and **spiritual vision** for social development of older persons based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and **full respect for the various religious and ethical values** and cultural backgrounds of people. – Ageing (2002), 115.

■ To achieve these goals and targets, taking into account the best interests of the child, **consistent with national laws, religious and ethical values and cultural backgrounds of its people**, and in conformity with all human rights and fundamental freedoms, we will carry out the following strategies and actions: – Children's Summit 2002, 37.

■ To facilitate the implementation of actions committed to in this document, we will develop or strengthen as a matter of urgency, if possible by the end of 2003 national and, where appropriate, regional action plans with a set of specific time-bound and measurable goals and targets based on this Plan of Action, taking into account the best interests of the child, **consistent with national laws, religious and ethical values and cultural backgrounds** of its people and in conformity with all human rights and fundamental freedoms. – Children's Summit +10 (2002), 59.

■ Health ultimately depends on the ability to manage successfully the interaction between the physical, spiritual, biological and economic/social environment. Sound development is not possible without a healthy population; yet most developmental activities affect the environment to some degree, which in turn causes or exacerbates many health problems. Conversely, it is the very lack of development that adversely affects the health condition of many people, which can be alleviated only through development. The health sector cannot meet basic needs and objectives on its own; it is dependent on social, economic and spiritual development, while directly contributing to such development. It is also dependent on a healthy environment, including the provision of a safe water supply and sanitation and the promotion of a safe food supply and proper nutrition. Particular attention should be directed towards food safety, with priority placed on the elimination of food contamination; comprehensive and sustainable water policies to ensure safe drinking water and sanitation to preclude both microbial and chemical contamination; and promotion of health education, immunization and provision of essential drugs. Education and appropriate services regarding responsible planning of family size, with **respect for cultural, religious and social aspects, in keeping with freedom, dignity and personally held values and taking into account ethical and cultural considerations**, also contribute to these intersectoral activities. – Agenda 21 (1992), 6.3.

■ **States Parties agree that the education of the child shall be directed to: the development of respect for the child's parents**, **his or her own cultural identity, language and values**, for the national

values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; – CRC (1990), Article 29-1 (c).

RELIGIOUS BELIEFS OF PARENTS

(See Parents, Respect for Religious Beliefs of)

RELIGIOUS INTOLERANCE

UN CONSENSUS LANGUAGE IN CONTEXT

Religious Intolerance

■ The World Conference on Human Rights also expresses its dismay and condemnation that gross and systematic violations and situations that constitute serious obstacles to the full enjoyment of all human rights continue to occur in different parts of the world. Such violations and obstacles include, as well as torture and cruel, inhuman and degrading treatment or punishment, summary and arbitrary executions, disappearances, arbitrary detentions, all forms of racism, racial discrimination and apartheid, foreign occupation and alien domination, xenophobia, poverty, hunger and other denials of economic, social and cultural rights, **religious intolerance**, terrorism, discrimination against women and lack of the rule of law. – Vienna Declaration (1993), 30.

■ Eliminating discrimination and promoting tolerance and mutual respect for and the value of diversity at the national and international levels requires: (a) Enacting and implementing appropriate laws and other regulations to combat racism, racial discrimination, **religious intolerance in all its various forms**, xenophobia and all forms of discrimination in all walks of life in societies; – Social Summit (1995), 73(a).

■ The World Conference on Human Rights calls upon all Governments to take all appropriate measures in compliance with their international obligations and with due regard to their respective legal systems to counter **intolerance and related violence based on religion or belief**, including practices of discrimination against women and including the desecration of religious sites, recognizing that **every individual has the right to freedom of thought, conscience, expression and religion**. The Conference also invites all States to put into practice the provisions of the Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief. – Vienna (1993), II-22.

■ In order to promote the integration of documented migrants having the right to long-term residence, Governments of receiving countries are urged to consider giving them civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity, and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child and all other relevant universally recognized human rights instruments, all Governments, particularly those of receiving countries, must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure the protection of the unity of the families of documented migrants. Governments of receiving countries must ensure the protection of migrants and their families, **giving priority to programmes and strategies that combat religious intolerance**, racism, ethnocentrism, xenophobia and

gender discrimination and that generate the necessary public sensitivity in that regard. – ICPD (1994), 10.12.

■ The goals and objectives of social development require continuous efforts to reduce and eliminate major sources of social distress and instability for the family and for society. We pledge to place particular focus on and give priority attention to the fight against the world-wide conditions that pose severe threats to the health, safety, peace, security and well-being of our people. Among these conditions are chronic hunger; malnutrition; illicit drug problems; organized crime; corruption; foreign occupation; armed conflicts; illicit arms trafficking, terrorism, **intolerance** and incitement to racial, ethnic, **religious and other hatreds**; xenophobia; and endemic, communicable and chronic diseases. To this end, coordination and cooperation at the national level and especially at the regional and international levels should be further strengthened. – Social Summit (1995), 20.

■ Governments of receiving countries are urged to consider giving to documented migrants having the right to long-term residence, civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child 27/ and all relevant universally recognized human rights instruments, all Governments, particularly those of receiving countries, must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure protection of the unity of the families of documented migrants. **Governments of receiving countries must ensure the protection of migrants and their families, giving priority to programmes and strategies that combat religious intolerance**, racism, ethnocentrism, xenophobia and gender discrimination, and that generate the necessary public sensitivity in that regard; – Social Summit (1995), 77(b).

■ An environment that maintains world peace and promotes and protects human rights, democracy and the peaceful settlement of disputes, in accordance with the principles of non-threat or use of force against territorial integrity or political independence and of respect for sovereignty as set forth in the Charter of the United Nations, is an important factor for the advancement of women. Peace is inextricably linked with equality between women and men and development. Armed and other types of conflicts and terrorism and hostage-taking still persist in many parts of the world. Aggression, foreign occupation, ethnic and other types of conflicts are an ongoing reality affecting women and men in nearly every region. Gross and systematic violations and situations that constitute serious obstacles to the full enjoyment of human rights continue to occur in different parts of the world. Such violations and obstacles include, as well as torture and cruel, inhuman and degrading treatment or punishment, summary and arbitrary executions, disappearances, arbitrary detentions, all forms of racism and racial discrimination, foreign occupation and alien domination, xenophobia, poverty, hunger and other denials of economic, social and cultural rights, **religious intolerance**, terrorism, discrimination against women and lack of the rule of law. International humanitarian law, prohibiting attacks on civilian populations, as such, is at times systematically ignored and human rights are often violated in connection with situations of armed conflict, affecting the civilian population, especially women, children, the elderly and the disabled. – Beijing (1995), 131.

■ The Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 1949, and the Additional Protocols of 1977 24/ provide that women shall especially be protected against any attack on their honour, in particular against humiliating and degrading treatment, rape, enforced prostitution or any form of indecent assault. The Vienna Declaration and Programme of Action, adopted by the World Conference on Human Rights, states that "violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and

humanitarian law." All violations of this kind, including in particular murder, rape, including systematic rape, sexual slavery and forced pregnancy require a particularly effective response. Gross and systematic violations and situations that constitute serious obstacles to the full enjoyment of human rights continue to occur in different parts of the world. Such violations and obstacles include, as well as torture and cruel, inhuman and degrading treatment or summary and arbitrary detention, all forms of racism, racial discrimination, xenophobia, denial of economic, social and cultural rights **and religious intolerance**. – Beijing (1995), 132.

■ While recognizing the positive role of the media and information technology, including the Internet, identify and take measures to counter the increasing dissemination of child pornography and other obscene materials, intolerance, **including religious intolerance**, hatred, racism, discrimination based on sex and age and the incitement to violence through the media and information technology, including the Internet. – Social Summit +5 (2000), 58.

■ We recognize with deep concern **religious intolerance against certain religious communities**, as well as the emergence of hostile acts and violence against such communities because of their religious beliefs and their racial or ethnic origin in various parts of the world which in particular limit their right to freely practise their belief; – Racism (2001), 59.

■ We also recognize with deep concern the existence in various parts of the world of **religious intolerance against religious communities and their members**, in particular limitation of their right to practise their beliefs freely, as well as the emergence of increased negative stereotyping, hostile acts and violence against such communities because of their religious beliefs and their ethnic or so-called racial origin; – Racism (2001), 60.

REPRODUCTIVE HEALTH

(See Sexual and Reproductive Health (Including Sexual Health (SH) and Reproductive Health (RH))

REPRODUCTIVE RIGHTS

(See also Outcome Documents of Review Conferences | Reproductive Health | Reproductive Health Care | Reproductive Health Care and/or Services | Reproductive Rights, Context of Girls, Children, Youth, or Adolescents | Sexual and Reproductive Health | Sexual and Reproductive Health and Rights | Sexual and Reproductive Health Care or Services | Sexual Health)

OVERVIEW

Reproductive Rights

"Reproductive rights" (RR) is a highly problematic term that is often used to promote abortion and is now also being used to promote reproductive arrangements for same-sex couples.

Although *"reproductive rights"* was intentionally excluded from the MDGs, it unfortunately was included in the SDGs (target 5.6), largely because unsuspecting governments believed that if they modified *"reproductive rights"* with the phrase *"in accordance with"* ICPD and Beijing and *"the outcome documents of their review conferences"* it somehow would prevent controversial interpretations.

They couldn't be more wrong. See the *Outcome Documents of Review Conferences* section to see how problematic this phrase is and how it opens the door for RR to encompass abortion and assisted reproduction or surrogacy arrangements for same-sex couples.

As just one example of how UN agencies likely will interpret the term *"reproductive rights,"* the UNFPA report "ICPD and Human Rights: 20 years of Advancing *Reproductive Rights,"* lists *"restrictive abortion laws"* and *"illegal abortion"* as barriers to *"reproductive rights."* UNFPA's report also identifies laws criminalizing same-sex behavior or HIV transmission as barriers to the fulfillment of *"reproductive rights."*

This report alone sends a clear signal that UNFPA will use the reproductive rights SDG target 5.6 to pressure countries to repeal any *"restrictive"* abortion laws.

However, just because *"reproductive rights"* is in the SDGs, this does not mean governments should accept it in any new documents, nor do they need to accept controversial definitions of *"reproductive rights"* that include abortion or LGBT rights. So, unfortunately, the inclusion of *"reproductive rights"* in the SDGs is sure to open up a Pandora's box of controversial legal and policy battles related to human reproduction. To protect against this, if delegations are unable to remove *"reproductive rights"* from documents under negotiation, it would be advisable to issue a standard reservation or statement of explanation similar to the following:

Reproductive Rights Reservation: Any terms related to *"sexual and reproductive health"* or *"reproductive rights"* must not be understood to include a right to abortion or to impose a burden on governments to provide access to or to fund abortions or change our laws relating to abortion. In addition, *"reproductive rights"* should not be understood to imply any rights related to assisted reproduction, reproductive technologies, or the adoption of children.

TALKING POINTS
Reproductive Rights

1. **The term *"reproductive rights"* has not been accepted in *any* binding UN treaty or convention** because it is often interpreted to mean abortion rights. So many countries have restrictions on abortion (over 190 countries have some legal restriction on abortion) that it is impossible for States to agree on a working definition.

2. Since 1994 when ICPD was negotiated in Cairo, **the meaning of *"reproductive rights"* has been deliberately expanded by abortion rights activists with the active support of treaty body monitoring committees**[323] and UN agencies to now include controversial sexual and abortion rights that were never intended by State parties.[324]

3. **The term *"reproductive rights"* has been interpreted by UN agencies to encompass LGBT rights.** For example, the UNFPA report, "ICPD and Human Rights: 20 Years of Advancing Reproductive Rights," refers to *"sexual orientation"* (11 times), *"transgender"* (six times), *"gender identity"* (five times), and has multiple references to decriminalizing same-sex behavior and implementing public

[323] The CEDAW Committee has pressured 66 nations, including countries in the following regions: Africa (17), Latin America (20), the Caribbean (4), Asia (13), Europe (4), the Middle East (4), and the Pacific (4), to legalize, remove penalties for, or increase access to abortion.

[324] Family Watch International. (2009). The Relentless Push to Create an "International Right" to Abortion. https://familywatch.org/wp-content/uploads/sites/5/2017/10/fwiPolicyBriefonAbortionandHumanRights_FinalforPublication-1.pdf

campaigns to eliminate discrimination based on sexual orientation and gender identity—all under the banner of advancing reproductive health rights.

4. **Modifying *"reproductive rights"* with phrases like *"in accordance with"* ICPD or Beijing will not prevent the term from being used to promote abortion.** This term is already being used to put pressure on countries. *"Reproductive rights"* either needs to be defined specifically to not include abortion rights, deleted entirely, or replaced with *"reproductive health,"* although *"reproductive health"* is also a problematic term. (See also the *Sexual and Reproductive Health (SRH)* and *Outcomes of Review Conferences* sections.)

5. The term *"reproductive rights"* is commonly interpreted to include abortion rights by UN-accredited entities that receive funding to implement UN document provisions.

- For example, International Planned Parenthood Federation and UN agencies, such as UNFPA and the World Health Organization (WHO), aggressively promote abortion rights under the banner of *"reproductive rights."*[325] WHO considers abortion to be a *"reproductive right"* in their manual, "Safe Abortion: Technical and Policy Guidance for Health Systems, Second Edition."[326]

- As per their report "ICPD and Human Rights: 20 years of Advancing Reproductive Rights," UNFPA lists *"restrictive abortion laws"* and *"illegal abortion"* as barriers to *"reproductive rights."* UNFPA's report also identifies laws criminalizing same-sex behavior or HIV transmission as barriers to the fulfillment of reproductive rights.[327]
- The American Society for Reproductive Medicine claims that reproductive rights include rights to *"assisted reproduction for gay, lesbian and unmarried persons."*[328] Yet these arrangements violate the rights of the child to *"know and be cared for by his or her parents"* as specified in Article five of the UN Convention on the Rights of the Child, because children adopted to same-sex couples are usually severed legally from at least one of their biological parents with no choice in the matter whatsoever.
- What about surrogate pregnancies and other controversial reproductive arrangements or alleged reproductive rights? A doctor in the state of California was fined for refusing to artificially inseminate a lesbian woman. This was considered a violation of her reproductive rights.

6. A new trend in UN negotiations is to link the *"outcome documents"* of the *"review conferences"* of Beijing and/or ICPD to *"reproductive rights"* in an attempt to limit the definition of *"reproductive rights"* so it does not include abortion. Ironically, this actually can expand the definition of reproductive rights to include not only a more explicit right to abortion, but also to encompass additional LGBT rights, because some of the *"outcome documents"* and *"review conferences"* promote LGBT and abortion rights explicitly.

[325] IPPF. (1997). *IPPF Charter Guidelines on Sexual and Reproductive Rights*. https://www.ippf.org/sites/default/files/ippf_charter_on_sexual_and_reproductive_rights_guidlines.pdf; Center for Reproductive Rights & UNFPA. (n.d.). *Reproductive Rights: A Tool for Monitoring State Obligations*. http://reproductiverights.org/sites/crr.civicactions.net/files/documents/crr_Monitoring_Tool_State_Obligations.pdf

[326] World Health Organization. (2012). Safe Abortion: Technical and policy guidance for health systems, second edition. http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf?sequence=1

[327] Center for Reproductive Rights & UNFPA. (n.d.). ICPD and Human Rights: 20 years of Advancing Reproductive Rights. https://www.unfpa.org/sites/default/files/pub-pdf/icpd_and_human_rights_20_years.pdf

[328] American Society for Reproductive Medicine. (n.d.). *LGBTQIA Reproductive Rights*. https://www.asrm.org/topics/topics-index/lgbtqia-reproductive-rights/

For example, UNFPA conducted an operational review "ICPD Beyond 2014" that contains more than 500 highly controversial references, including 391 references to "sexual," 25 references to "sexual orientation," six references to "prostitution," four references to "transgender," 18 references to "comprehensive sexuality education," 44 references to "sexual and reproductive rights," and 173 references to "abortion." Similarly, the ICPD outcome document from the Bali Global Youth Forum review led by UNFPA calls for the legalization of prostitution, same-sex marriage, abortion, the abolishing of parental consent laws, access for youth to abortion and comprehensive sexuality education, LGBT rights, and more.

It is dangerous to endorse or affirm broad categories of documents without specifying each document by name. Moreover, unless it is clarified which specific documents it is referring to, this often-used reference to the *"outcome documents"* of the *"review conferences"* of ICPD and Beijing can be dangerously interpreted to include future review outcome documents of Beijing and ICPD that haven't even been negotiated yet. (See the *Outcome Documents of Review Conferences* section for more information.)

See also the *Abortion* section for suggestions on how to modify reproductive rights provisions to ensure they do not promote abortion.

REPRODUCTIVE RIGHTS IN THE CONTEXT OF GIRLS, CHILDREN, YOUTH, OR ADOLESCENTS

(See also Children, Distortion of Rights | Comprehensive Sexuality Education | Reproductive Health | Reproductive Health Care | Reproductive Health Care and/or Services | Reproductive Rights | Sexual and Reproductive Health | Sexual and Reproductive Health and Rights | Sexual and Reproductive Health Care or Services | Sexual Health | Youth, Distortion of Rights)

OVERVIEW
Reproductive Rights in the Context of Girls, Children, Youth, or Adolescents

Since the term *"reproductive rights"* is included in SDG target 5.6, abortion advocates are now trying to link *"reproductive rights,"* including abortion rights, to minor children.

It is up to UN delegations to ensure that in upcoming negotiations target SDG 5.6 only applies to women. This can be done by strongly opposing any references to *"girls," "children," "adolescents," or "youth"* in the context of this target or in other provisions referencing *"reproductive rights."* Certainly, children or minors have no such *"rights"* as these are adult-related rights.

If we allow SDG target 5.6 to be interpreted to apply to *"girls"* to give them *"reproductive rights"* this will open up Pandora's box of problems.

TALKING POINTS
Reproductive Rights in the Context of Girls, Children, Youth, or Adolescents

1. **What do *"reproductive rights"* for girls entail? Do these rights include abortion?**

2. If we are going to use *"reproductive rights"* (RR) in the context of girls who are minors, then we would **insist on a footnote saying RR does not include abortion.** Legally, girls are still minors under the guidance and control of their parents. Therefore, we also would need language recognizing the rights of parents to direct matters related to the reproductive health of their children to balance the term.

3. **We do not believe that target 5.6 applies to girls and will oppose any attempts at linking girls to it.** Just because goal 5 applies to women and girls does not mean every target under goal 5 applies to girls. Some targets could apply to women, some could apply to girls. Each target is a standalone concept meant to be understood exactly how it is written. If it was meant to apply to girls it should have specified so.

4. At what age are those promoting RR for girls suggesting that girls have such rights? In childhood? Before age 10? After age 10? **Since *"reproductive rights"* in SDG target 5.6 is in accordance with Beijing and ICPD this means it would include the right for girls to control their sexuality.** Let's consider what that entails. The World Health Organization defines sexuality as:

> "a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed."

In other words, if we grant *"reproductive rights"* to girls or youth, we are granting them rights related to *"sexual orientation," "eroticism," "sexual pleasure," "gender identities," "fantasies," and "behaviors."*

This violates the rights of parents who have the right to guide the upbringing of their children of minor age.

RESPONSIBLE SEXUAL BEHAVIOR

(See also Abstinence | Fidelity | Sexual Debut | Sexual Risk Avoidance (SRA) Education)

OVERVIEW

Responsible Sexual Behavior

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that EU and likeminded countries negotiate to support the right of children to have sex. Finally, an advocacy manual funded by the Netherlands to train LGBT and abortion-rights youth advocates at the UN reveals this agenda in the following excerpt:

"**Encouraging responsible sexual behaviour:** again this phrase **places a value judgement upon people's sexual behaviours** (after all what is a 'responsible' decision?), and **does not support young**

people's right to make their own informed decisions regarding their sexuality." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[329]

NOTE: Not every delegation understands this phrase to convey a negative value judgement regarding children engaging in sexual behavior. It could also be interpreted to promote children engaging in "safe sex" (i.e., sex with a condom) or it could be understood to be encouraging children to control their sexual urges rather than acting out on them. Therefore, because it is not defined anywhere, it is preferable to propose "delay of sexual debut," which makes it clear that the intent is to discourage children of minor age from engaging in any sexual behavior until they are adults.

RIGHT TO EDUCATION

OVERVIEW

Right to Education

One of the most egregious examples in UN history of an overwhelming abuse of power was a report submitted to the General Assembly by the UN Special Rapporteur on the right to education, Vernor Muñoz.[330] Grossly overstepping his mandate rather than focusing on the legitimate educational needs of the world's children, Muñoz's report centered entirely on what he calls the "issue of the human right to comprehensive sexual education" for children, which he incorrectly asserts is "grounded in human dignity and in international human rights law."

The promotion of sexual rights is prominent in the Special Rapporteur's report; however, his positions are supported primarily by citing nonbinding comments and recommendations of human rights treaty bodies, the works of nongovernmental organizations, and personal interpretation rather than the global consensus of binding human rights instruments.

The report is a blatant assault on parental rights. After insisting that Member States are responsible for ensuring that children have unrestricted access to information and services, he mentions that parents have a role to provide appropriate direction and guidance on sexual and reproductive matters, yet he later states that parents who choose to exempt their children from sexual education are considered a "barrier." This directly contradicts international human rights instruments that protect parental rights including the Universal Declaration of Human Rights,[331] the International Covenant on Civil and Political Rights,[332] and the Convention on the Rights of the Child.[333]

[329] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.

[330] United Nations. (2010, July 23). *Report of the United Nations Special Rapporteur on the right to education*. (A/65/162). https://undocs.org/A/65/162

[331] "Parents have a prior right to choose the kind of education that shall be given to their children," Article 26(3).

[332] "The States parties to the present Covenant undertake to have respect for the liberty of parents and … to ensure the religious and moral education of their children in conformity with their own convictions," Article 18(4).

[333] "States Parties shall respect the rights and duties of the parents and … to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child," Article 14(2).

While the special rapporteur concedes that "fathers and mothers are free to choose the type of education that their sons and daughters will have," he suggests that policymakers rather than parents should be the ones to determine what the best interests of children are.

The Special Rapporteur's report also attacks religion and religious institutions stating that "sexual education has been obstructed in the name of religious ideas."

The report states that individuals must be aware of their sexual rights (a term not found in any consensus document) including the right to "pleasurable" sexual experiences in order to achieve the highest attainable standard of physical and mental health. The Special Rapporteur asserts that this can only be achieved through "comprehensive sexual education from the outset of our schooling" and that schools should "foster pupils' critical thinking about the various expressions of human sexuality and interpersonal relations, without reducing the topic to a biological approach (reproduction)." The Special Rapporteur further states that he "considers that pleasure in and enjoyment of sexuality, in the context of respect for others, should be one of the goals of comprehensive sexual education, abolishing guilt feelings about eroticism that restrict sexuality to the mere reproductive function."

With regard to HIV/AIDS prevention, the report suggests that "restricting sexual education to the issue of sexually transmitted diseases gives a limited view of sexuality. …[R]educing sexual education to these aspects may create an erroneous association between sexuality and disease, which is as harmful as associating it with sin." While the special rapporteur admits that with regard to sexual education, there is a "need to respect the community's cultural and religious values," he states that concerns of different groups should be expressed "without imposing personal moral values on the general public since this compromises the individual's freedom to choose a lifestyle."

The Special Rapporteur on the right to education cites the very disturbing 2009 UNESCO International Guidelines on Sexuality Education that promote explicit sexuality education for children (see *Comprehensive Sexuality Education* section) and the highly controversial Yogyakarta Principles, a non-negotiated, radical sexual rights document and suggests that homosexual education should be a component of sexual education for children (see *Yogyakarta Principles* section).

According to the report, comprehensive sexual education for children is the answer to virtually every complex problem facing countries including eliminating stereotyped roles for men and women, ensuring the health and wellbeing of families, promoting gender equality, empowering women, reducing child mortality, combating HIV/AIDS, reducing the rates of maternal mortality, abortion, and adolescent pregnancy rates, eradicating violence against women, ensuring a democratic and pluralistic environment, and achieving the highest attainable standard of physical and mental health.

For more information see FWI's policy brief titled "Abuse of Power: The Report of the Special Rapporteur on the Right to Education."

RIGHT TO HEALTH

OVERVIEW

Right to Health

Those promoting abortion and controversial sexual rights have also managed to attach their agendas to "*the right to health*."

For example, UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Anand Grover, presented a report to the UN General Assembly in 2011, asserting that abortion was an integral part of the "*right to health*."

In addition, the World Health Organization in their 2015 publication, *Sexual Health, Human Rights and the Law*, claimed:

> "*The achievement of the highest attainable standard of sexual health is therefore closely linked to the extent to which people's human rights – such as the rights to non-discrimination, to privacy and confidentiality, to be free from violence and coercion, as well as the rights to education, information and access to health services – are respected, protected and fulfilled*."

The publication then continues by describing the listed rights to non-discrimination, privacy, education and information, etc. to encompass rights to abortion, same-sex marriage, comprehensive sexuality education, "sex-change" operations, and more. Moreover, it states that, "United Nations human rights treaty monitoring bodies… recognize sexual orientation and gender identity as prohibited grounds for discrimination in achieving the highest attainable standard of health." 3.4.7 ("Sexual orientation and gender identity").

This same 2015 WHO publication also claims that "[a]ccess to essential medicines is guaranteed as part of the right to health," and WHO's "Model List of Essential Medicines" includes "*emergency contraception, or mifepristone and misoprostol for medical abortion*."

Finally, the WHO publication also claims that parental consent requirements violate the right to health for adolescents**:**

> "[*L]aws that restrict women's and adolescents' access to health services – for example, by requiring third-party authorization for services [i.e., parental or spousal consent] – and laws that criminalize certain consensual sexual behaviour can exclude or deter people from seeking and receiving the information and services they require and to which they have a right*."

RIGHT TO LIFE

(See Abortion, Right to Life)

RIGHTS-BASED APPROACH

(See also Human Rights, Distortions of | Sexual Rights | Sexual and Reproductive Rights)

OVERVIEW
Rights-Based Approach

The Office of the High Commissioner for Human Rights defines the UN *"rights-based approach"* as a way to "redress discriminatory practices and unjust distributions of power that impede development progress."

In practice, the *"rights-based approach"* usually promotes fabricated abortion rights, LGBT rights, or sexual rights for children and/or adults, which supposedly cannot be denied because they are *"rights."*

Such a rights-based approach is usually advanced at the expense of public health.

For example, the UNAIDS "International Guidelines on HIV/AIDS and Human Rights" takes the *"rights-based approach"* by encouraging nations to legalize and destigmatize sodomy, fornication, sex work, adultery, same-sex marriage, and even abortion, to stop the AIDS pandemic, even though some of these activities are the highest-risk sexual behaviors for transmitting the HIV virus. In addition, the rights-based approach to *"maternal mortality"* seeks to advance abortion rights. (See *Abortion, Maternal Mortality* section.)

The rights-based approach to sex education seeks to advance autonomous sexual rights for children. (See *Comprehensive Sexuality Education* section.) For example, a publication by International Planned Parenthood Federation (IPPF) titled "Putting Sexuality Back Into Comprehensive Sexuality Education" makes the following disturbing statements:

- "Research with adolescent girls and young women has shown that where the experience of pleasure among young women is normalised, young women request sexuality information relating to pleasure, including negotiating their own pleasure." (p. 9, 4.—Youth perspectives on CSE and sexual rights)

- "To normalize pleasure as a right for not only male bodies, but for all bodies, is a crucial starting point for developing sexual competence, particularly the ability to negotiate around pleasure and to exercise choices regarding involvement in relationships and sexual practices." (p 8, 3—Transforming our understanding of CSE and its benefits)

- "Addressing sensitive issues such as sexual rights, LGBTI identities, gender, and sexual pleasure in CSE faces many challenges in more traditional and religious contexts." (p. 10, 5.—Opportunities for integrating sex-positivity into CSE implementation and advocacy)

The "*rights-based*" approach thus should always be avoided when suggested in UN negotiations because it can open the door to promoting a host of unspecified rights. Indeed, the rights-based approach usually promotes sexual rights, including abortion and LGBT rights, at the expense of sexual health.

SAFE SEX

(See also Condoms | Anal Sex | Oral Sex)

OVERVIEW

Safe Sex

Inserting the term "safe" before "sex" is a manipulative tactic created by sexual rights activists to make it seem that having sex outside of marriage can be good or at least done without any harm. However, sexual relations outside of marriage, and especially in the context of children, always carries inherent risks for pregnancy, STIs and other negative consequences.

TALKING POINTS
Safe Sex

We cannot accept the term "safe" before "sex" especially in the context of children because that would indicate that there are no risks with children having sex. Even when both contraceptives and condoms are used by children, it has been proven that they do not use them consistently and correctly, and therefore, they will always be at risk for pregnancy, STIs and more if they engage in sexual activity. See the *Condoms* section and the *Anal Sex* section.

SAME-SEX ATTRACTION

(See Sexual Orientation)

SELF-CARE

(See Abortion, Self-Care)

SEX EDUCATION

(See also Abstinence | Comprehensive Sexuality Education | Parents, Respect for Religious Beliefs of)

UN CONSENSUS LANGUAGE IN CONTEXT
Sex Education

■ **Reaffirm the central role of the family**, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth-friendly information and **sexual health education** and counselling services, strengthening reproductive and sexual health programmes, **and involving families** and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2011), 43.

■ By 2003, develop and/or strengthen strategies, policies and programmes, **which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors,** to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service**; strengthening reproductive and sexual health programmes**; **and involving families** and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2001), 63.

■ Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV each day, and note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health

programmes that provide the information, skills, services and commodities they need to protect themselves that only 34 per cent of young people possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual health-care and HIV related services, such as voluntary and confidential HIV-testing, counselling and **age-appropriate sex and HIV prevention education, while also recognizing the importance of reducing risk taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity** and correct and consistent use of condoms; – HIV/AIDS (2011), 25.

■ The International Conference on Population and Development recognized, in paragraph 7.3 of the Programme of Action, that "full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality," taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. In all actions concerning children, the best interests of the child shall be a primary consideration. Support should be given to integral **sexual education for young people with parental support and guidance** that stresses the responsibility of males for their own sexuality and fertility and that help them exercise their responsibilities. – Beijing (1995), 267.

■ Programmes to reduce the spread of HIV infection should give high priority to information, education and communication campaigns to raise awareness and **emphasize behavioural change**. **Sex education** and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family-planning providers, need training in counselling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and **responsible sexual behaviour, including voluntary abstinence**, and condom use; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among injecting drug users. Governments should develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health-care services. Wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured. – ICPD (1994), 8.31.

■ Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, **sex education** and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, **these services must be ensured with the support and guidance of their parents** and in line with the Convention on the Rights of the Child. – ICPD (1994), 6.15.

■ **Recognizing the rights, duties and responsibilities of parents** and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, **appropriate direction and guidance in sexual and reproductive matters**, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual

abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents. – ICPD (1994), 7.45

SEX POSITIVE/POSITIVITY

(See also Comprehensive Sexuality Education)

OVERVIEW

Sex Positive/Positivity

The term "sex positive" is used to describe sex or sexuality education programs that are non-judgmental. "Sex positive" encompasses a wide range of sexual philosophies and practices including sexual orientation, gender identity and expression and reproductive rights. Sex-positive sex education programs consistently promote the notion that any sexual behavior is acceptable and healthy regardless of age as long as it consensual and contraception is used. The notion of "sex positivity" is used in comprehensive sexuality education programs to encourage young children to prematurely engage in "pleasurable" sexual activities. In fact, sex-positive sex education programs have an obsessive focus on sexual pleasure.

A document published by UNICEF titled The Opportunity for Digital Sexuality Education in East Asia and the Pacific makes this statement: "Sex positivity involves having positive attitudes about sex and feeling comfortable with one's own sexual identity and the sexual behaviours of others. For example, sex positive people are open to learning about sex and sexual activity, understand the importance of safe sex, consider sex to be a healthy part of life that should be enjoyed and accept others' sexual orientations and lifestyles without judgement. (International Society for Sexual Medicine)"[334]

This same UNICEF-published document issues a number of "Recommendations for design and implementation of digital sexuality education initiatives" including a suggestion to "Consider liaising with sex positive organizations or even producers and advocates of sexually explicit media, to inform guidance on safe, sex-positive, pleasure-oriented materials."

SEXUAL AND REPRODUCTIVE HEALTH (SRH)
(INCLUDING SEXUAL HEALTH (SH) AND REPRODUCTIVE HEALTH (RH))

(See also Comprehensive Sexuality Education | Healthy Infant | Pre-natal Care | Maternal Health | Sexual and Reproductive Health Care or Services | Sexual and Reproductive Health Rights | Sexuality)

(For a four-minute video overview of the deceptive SRH agenda see https://vimeo.com/328053712.)

This section includes:

[334] United Nations Children's Fund. The Opportunity for Digital Sexuality Education in East Asia and the Pacific. UNICEF East Asia and Pacific, Bangkok, 2019. https://www.unicef.org/eap/media/4131/file/Digital%20Sexuality%20Education%20in%20East%20Asia%20and%20the%20Pacific.pdf

OVERVIEW
Sexual and Reproductive Health (SRH)
(Including Sexual Health (SH) and Reproductive Health (RH))

The term *"sexual and reproductive health"* (SRH) is a compound term encompassing *"sexual health"* (SH) and *"reproductive health"* (RH). Over the last several years, these terms have been redefined and co-opted by powerful international institutions and UN agencies to encompass controversial sexual and abortion rights including for young children. Therefore, moving forward, UN delegations should no longer accept either SRH, SH or RH in new UN documents under negotiation.

Wherever SRH-related terms appear, it is best to delete, define, qualify or replace them with less controversial and more inclusive health terms such as *"basic health," "essential health,"* or simply *"health."*

Ironically, many of these claimed *"rights,"* which a number of UN agencies and donor countries deceptively seek to advance in UN documents, often under the banner of *"health"* rights, are harmful to the health of children and to the family, and thus to the wellbeing and health of entire nations. (See *Right to Health* section.)

The History and Status of "Sexual and Reproductive Health"

In 1996, a coalition of NGOs, including International Planned Parenthood Federation (IPPF), and UN agencies, including the United Nations Population Fund (UNFPA) and the Office of the High Commissioner for Human Rights (OHCHR), met in Glen Cove, New York to strategize on how they collectively could advance new sexual and abortion rights at the UN.

Frustrated that they had been unable to establish a broad international right to abortion in the outcome documents of the ICPD and Beijing conferences, they put together a plan to manipulate treaty body monitoring committees to advance abortion. Their plan was to get UN monitoring committees to interpret the right to health in existing UN treaties to include a right to *"sexual and reproductive health"* (SRH), and then to define *"reproductive health"* (RH) to include abortion and more.[335]

In 2003, UNFPA and the OHCHR hosted a follow-up to the Glen Cove meeting where they *"identified opportunities in integrating sexual and reproductive health issues into the work of the treaty bodies"*[336] even though the term *"reproductive health"* does not appear in any of these treaties.

To date, their plan has been quite successful. For example, the CEDAW Committee that monitors compliance with the CEDAW treaty, following their plan has interpreted *"sexual and reproductive health"* in CEDAW to include abortion, even though abortion was specifically excluded from that treaty. Relying on their own deliberate misinterpretation of the CEDAW treaty, the CEDAW Committee has

[335] Sylva, D., & Yoshihara, S. (2009). *Rights by Stealth: The Role of UN Human Rights Treaty Bodies in the Campaign for an International Right to Abortion.* http://c-fam.org/wp-content/uploads/Rights.By.Stealth.pdf. The primary targets were the monitoring bodies for the Convention on the Elimination of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC), and International Covenant on Civil and Political Rights (ICCPR).
[336] UNFPA. (2003, May). *Towards implementing a rights-based approach within UNFPA: Report presented to the Second Interagency Workshop on Implementing a Human Rights-Based Approach in the Context of UN Reform*.

pressured at least 66 nations to legalize, remove penalties for, or increase access to abortion—including at least 17 African countries, 20 Latin American countries, four Caribbean countries, 15 countries in Asia, four in Europe, four in the Middle East, and four in the Pacific. Yet the CEDAW treaty says nothing about abortion.

The term *"sexual and reproductive health"* has also been adopted in many additional UN documents including two places in the UN 2030 Agenda as follows:

> **Target 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.
>
> **Target 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. (See *Outcome Documents of Review Conferences* section.)

This is unfortunate indeed because, as stated earlier, SRH and its components SH and RH are now being defined in highly controversial ways that undermine the family and harm children.

SRH Defined to Encompass SOGI (Sexual Orientation and Gender Identity)

While comments and observations of treaty body monitoring committees are not binding, they still have great influence on laws and policies worldwide. In accordance with the Glen Cove SRH strategy, in May 2016, the UN Committee on Economic, Social and Cultural Rights issued their notorious Comment #22 on the right to health claiming:

> *"Non-discrimination, in the context of **the right to sexual and reproductive health**, also **encompasses** the right of all persons, including **lesbian, gay, bisexual, transgender** and intersex persons, to be fully respected for their **sexual orientation, gender identity** and intersex status."*

Note: *Everyone, including LGBT people, are entitled to be respected as persons. However, the paragraph above is not just about respecting LGBT people as individuals; it is saying that non-discrimination in the context of SRH, means that people must be "fully respected **for**" their sexual and gender preferences and behaviors.*

Comment #22 also states:

*"State parties also have an obligation to combat **homophobia and transphobia**, which lead to discrimination, including **violation of the right to sexual and reproductive health**."*

SRH Defined to Include Abortion and Comprehensive Sexuality Education (CSE)

Paragraph 28 of Comment #22 also defines SRH to encompass a right to abortion and to controversial comprehensive sexuality education (CSE) as follows:

> *"The realization of the rights of women and gender equality, both in law and in practice, requires **repealing or reforming discriminatory laws, policies and practices in the area of sexual and reproductive health** ... 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**; to liberalize restrictive abortion laws; to guarantee women and girls access to safe abortion services** and quality post-abortion care, including by training health-care providers; and **to respect the right of women to make autonomous decisions about their sexual and reproductive health**."*

SRH Defined in Beijing to Include "Control Over Sexuality"

In 1995, the Fourth World Conference on Women held in Beijing reaffirmed the Cairo definition of reproductive health and then expanded the definition of reproductive health (and thus the definition of SRH) as follows:

> *"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, **including sexual and reproductive health…**"*

Since Beijing defines SRH to encompass the right to control "*sexuality,"* it is critical to understand how *"sexuality"* is defined, which, as it turns out, is highly problematic. In the absence of a UN consensus definition agreed upon by UN Member States, UN agencies and donor countries have utilized the highly controversial World Health Organization (WHO) definition for *"sexuality"* that encompasses SOGI among other controversial things.

Note: *Please see the following sections, Sexuality and Control Over Sexuality to understand how UN agencies and treaty body monitoring committees define "sexuality" to encompass LGBT rights and CSE.*

Defining "Reproductive Health" (RH) and "Sexual Health" (SH)

Pro-abortion and sexual rights advocates, including many who serve on treaty body monitoring committees or as UN Special Rapporteurs, attempt to read contested abortion, LGBT and children's sexual rights into almost every possible term, completely ignoring States that oppose this. They have not only sought to do so with the terms *"reproductive health"* and *"sexual health"* but also with other terms such as *"health," "education," "non-discrimination," "maternal health," and "privacy."* UN treaty monitoring bodies and UN agencies have even claimed that denying a woman an abortion is a violation of *"reproductive health"* rights, and even a violation of the *"right to life."*[337]

While these claims may seem outlandish, past pronouncements from such UN entities have had direct impacts on national laws, policies, court decisions, and on how millions of dollars of development moneys have been used.

No SRH-related language should be considered *"safe"* or *"clean"* unless it is narrowly defined in the very same text where it appears. Also, accepting these terms, rationalizing that (a) such radical interpretations are ultra vires, or (b) claiming one's national laws will not allow for such controversial

[337] Human Rights Committee General Comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018 CCPR/C/GC/36) states, "restrictions on the ability of women or girls to seek abortion must not, … subject them to physical or mental pain or suffering which violates article 7, discriminate against them or arbitrarily interfere with their privacy. States parties must provide safe, legal and effective access to abortion where the life and health of the pregnant woman or girl is at risk, or where carrying a pregnancy to term would cause the pregnant woman girl substantial pain or suffering … In addition, States parties may not regulate pregnancy or abortion in all other cases in a manner that runs contrary to their duty to ensure that women and girls do not have to undertake unsafe abortions, and they should revise their abortion laws accordingly."

interpretations, or (c) since the term was accepted in a previous document it must be accepted again and again, allows pro-abortion actors and sexual rights activists to gain more and more ground and to build on their successes. And after much repetition, these interpretations can become controlling as a matter of customary international laws. Indeed, this is the end goal of those pushing for these terms to be adopted in new documents, regardless of the topic under negotiation.

Finally, even though Member States currently have some good legal arguments based on caveats in ICPD, this does not mean that activists, donor countries and influential institutions will cease to interpret SRH terms in harmful ways or will stop using SRH language to advance their controversial agendas.

REPRODUCTIVE HEALTH (RH)

(See also Comprehensive Sexuality Education | Healthy Infant | Pre-natal Care | Maternal Health | Sexual and Reproductive Health Care or Services | Sexual and Reproductive Health Rights | Sexuality)

OVERVIEW

Reproductive Health (RH)

While the definition of *"reproductive health"* (RH) enshrined in ICPD asserts that RH only includes abortion in countries where it is not against the law and asserts that abortion laws are to be determined at the national level, this has not stopped UN agencies and Western countries or the World Health Organization from defining RH to include abortion. Nor has it prevented abortion advocacy groups from pushing successfully for abortion under reproductive health policies.

In response to several states in the U.S. passing legislation to protect unborn children by instituting strict abortion regulations, the *Lancet*, ran an editorial stating this: "Abortion is a settled, inviolable right that is central to achieving not only reproductive health goals but women's freedom over their own bodies. It is of the utmost importance that medical organisations, journals, NGOs, and advocates come together to condemn the rolling back of abortion laws and campaign for rights to be respected."[338]

It should be noted that although ICPD states that abortion shall not be used as a method of family planning (ICPD 8.25), International Planned Parenthood Federation, along with their many NGO partners, aggressively promotes abortion as a method of family planning in more than 170 countries. International Planned Parenthood also advocates for LGBT rights and CSE in their more than 65,000 service centers worldwide. (See *International Planned Parenthood Federation* section.)

Also, the ICPD and Beijing qualifiers specifying that ICPD and Beijing provisions must be implemented with respect for national sovereignty usually carry no legal weight since they are largely ignored by implementing bodies and actors. This is because SRH terms have subsequently been adopted in many UN resolutions and UN agency policy documents without any of these qualifiers attached.

For all these reasons, the terms *"reproductive health"* and *"sexual health"* should be avoided wherever possible. And while this may prove difficult since both terms are so entrenched in international policies and in the 2030 Agenda, it certainly can be done. (See "Negotiating Strategies" in the *Sexual and Reproductive Health* section for ideas on how to effectively deal with these terms in UN negotiations.)

[338] The Lancet. (2019). We must all support women in the fight for abortion. *The Lancet, 393*(10186). https://doi.org/10.1016/S0140-6736(19)31182-1

ICPD and the Beijing Platform for Action define *"reproductive health"* as follows:

> *"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life* **[At what age, and who defines this?]**
>
> *and that they have the capability to reproduce and the freedom to decide if, when and how often to do so*. **[Does this language create a right to abortion?]**
>
> *Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice,* **[Does this choice include abortion?]**
>
> *as well as other methods of their choice for regulation of fertility* **[The peer-reviewed journal, *The Lancet* stated, "for the foreseeable future abortion will remain an important element of fertility regulation."[339]]**
>
> *which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.* **[Note that "the right of access to appropriate health-care services" in order to have a "healthy infant" is a separate and distinct right in addition to all the other elements in the paragraph.]**
>
> *In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health,* **[Warning: *"reproductive health"* and *"reproductive health care"* are defined to also include sexual health, yet sexual health is not defined!]**
>
> *the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."* **[So reproductive health care goes beyond issues of reproduction and STDs.]** – Beijing (1995), 94. *See also* Beijing+5 (2000), 70(i); ICPD (1994), 7.2

The above positive language, *"and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant,"* is often deliberately omitted when *"reproductive health"* provisions are proposed because emphasizing the outcome of ending up with a healthy infant makes it more difficult to interpret *"reproductive health"* to include abortion.

(See the following sections for more information: Reproductive Rights, Reproductive Rights in the Context of Girls, Children, Youth, or Adolescents, Sexual and Reproductive Health Care or Services, Sexual and Reproductive Health Rights (SRHR), Sexual Health.

[339] Kulczycki, A., Potts, M., Rosenfield, A. (1996). Abortion and Fertility Regulation. *The Lancet, 347*(9016), 1663-1668.

SEXUAL HEALTH (SH)

(See also Comprehensive Sexuality Education | Healthy Infant | Pre-natal Care | Maternal Health | Sexual and Reproductive Health Care or Services | Sexual and Reproductive Health Rights | Sexuality)

OVERVIEW
Sexual Health (SH)

A serious problem with the ICPD/Beijing definition for *"reproductive health"* is that it includes *"sexual health"* without defining it, so the definition for *"sexual health"* has dangerously defaulted to the several controversial but widely used working definitions for *"sexual health"* created by the World Health Organization (WHO).

And since WHO is the world's premier health organization and sets health standards for the entire world, its definitions in practice have been controlling in the absence of any alternative legal definitions.

1975 Definition of Sexual Health According to WHO

> *"… the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love …"*[340]

1994 Cairo Program of Action on Sexual Health

Almost twenty years later, the Programme of Action of the International Conference on Population and Development (ICPD) included sexual health under the definition of reproductive health, but did not really define it, describing *"sexual health"* as *"the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."* (ICPD 7.2)

2006 WHO Working Definition for "Sexual Health"

This working definition for *"sexual health,"* has been posted on the WHO website for many years and has been circulated and cited widely:

> Sexual health is *"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*[341] [**Note:** *"all persons" would include children, which means WHO asserts that children should have the "possibility" of sexual pleasure. See the Comprehensive Sexuality Education section to learn more.*]

In other words, WHO's definition for *"sexual health"* claims that a person cannot have *"sexual health"* unless their *"sexual rights"* are *"respected, protected, and fulfilled."* So, if WHO defines *"sexual*

[340] World Health Organization. (1975). *Education and treatment in human sexuality: the training of health professionals*. https://apps.who.int/iris/bitstream/handle/10665/38247/WHO_TRS_572_eng.pdf?sequence=1&isAllowed=y

[341] World Health Organization. (n.d.). *Defining Sexual Heath*. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

health" to encompass *"sexual rights,"* it is therefore critical to understand how WHO defines *"sexual rights."*

The above WHO definition for *"sexual health"* includes the controversial concepts of *"sexual rights," "sexual pleasure"* and *"sexuality."* See the *Sexual Rights* section to see the plethora of controversial rights this term includes. See also the *Sexuality* section for WHO's definition of *"sexuality,"* which encompasses such controversial concepts as *"gender identity and roles," "sexual orientation," "eroticism," "pleasure," "fantasies"* and *"desires."*

2015 WHO Definition for "Sexual Health"

More recently, in the 2015 publication, "Sexual Health, Human Rights, and the Law," WHO defines *"sexual health"* to encompass *"sexuality," "sexual practices," "abortion,"* and *"the recognition of the diversity of sexual behavior and expression"* as follows:

> *"Sexual health today is widely understood as a state of physical, emotional, mental and social wellbeing in relation to sexuality. It encompasses not only certain aspects of reproductive health – such as being able to control one's fertility through access to contraception and abortion, and being free from sexually transmitted infections (STIs), sexual dysfunction and sequelae related to sexual violence or female genital mutilation – but also, the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Indeed, it has become clear that human sexuality includes many different forms of behaviour and expression, and that the recognition of the diversity of sexual behaviour and expression contributes to people's overall sense of well-being and health."*[342]

Add to this definition the rights that WHO claims must be realized in order to have *"sexual health":*

> *"The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled … Rights critical to the realization of sexual health include":*
>
> [Comments in brackets provide context for past definitions of these phrases.]
>
> - *"the rights to equality and non-discrimination"* **[Translation: LGBT rights.]**
> - *"the right to be free from torture or to cruel, inhumane or degrading treatment or punishment"* **[Several members of the UN Committee Against Torture questioned representatives of the U.S. State Department and asked why treatment by mental health professionals for individuals who experience unwanted feelings of same-sex attraction was still being allowed on LGBT youth.**[343] **They also claim that denying an individual a "sex-change" operation is a violation of a right to *"sexual health."*"**[344]**]**
> - *"the right to privacy"* **[No need for parental consent for abortion or sexuality information. See *Confidentiality and Privacy* section.]**

[342] World Health Organization. (2015). Sexual Health, Human Rights, and the Law. http://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1

[343] National Center for Lesbian Rights. (2014). *U.N. Committee Raises Concern About LGBT Conversion Therapy in U.S.* [Press release]. http://www.nclrights.org/press-room/press-release/u-n-committee-raises-concern-about-lgbt-conversion-therapy-in-u-s/

[344] World Health Organization. (2015). Sexual Health, Human Rights, and the Law. http://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1. "… for people whose deeply felt gender does not correspond to their sex assigned at birth, access to hormonal treatment or gender reassignment surgery, or other treatment, may be needed for the protection of their health including their sexual health."

- *"the rights to the highest attainable standard of health (including sexual health) and social security"* **[All claimed rights related to SRH.]**
- *"the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage"* **[This language could include a right to same-sex marriage.]**
- *"the right to decide the number and spacing of one's children"* **[Translation: contraception and abortion.]**
- *"the rights to information, as well as education"* **[Translation: comprehensive sexuality education.]**
- *"the rights to freedom of opinion and expression"* **[Translation: transgender gender identity expression and pornography.]**
- *"the right to an effective remedy for violations of fundamental rights."*[345] **[Translation: government-funded legal counsel.]**

If all of WHO's convoluted definitions for *"sexual health"* are combined, the resulting definition is quite radical indeed. Further, according to WHO's report, *Sexual Health, Human Rights and the Law*, in the name of *"sexual health,"* every country is to remove restrictions on abortion, provide "sex-change" surgeries, and remove criminal restrictions on sexual conduct such as extramarital sex, prostitution, and homosexual behavior as a matter of human rights. Governments are also required to provide *"hormonal treatment or gender reassignment surgery"* for people confused about their gender, to "protect" their *"sexual health."*

The WHO report then claims that laws criminalizing *"sexual relations outside marriage, same-sex sexual behaviour and consensual sex work"* must be abolished because in WHO's words, *"The criminalization of these behaviours and actions has many negative consequences for health, including sexual health."*

WHO goes on to justify this call to legalize these controversial and high-risk sexual behaviors by saying:

> *"Persons whose consensual sexual behaviour is deemed a criminal offence may try to hide it from health workers and others, for fear of being stigmatized, arrested and prosecuted. This may deter people from using health services, resulting in serious health problems such as untreated STIs and unsafe abortions, for fear of negative reactions to their behaviour or health status."*

Remember that ICPD lists *"sexual health"* as a component of *"reproductive health"* without defining it. And in the absence of a UN definition, WHO's radical and even dangerous definitions for *"sexual health"* (which ironically include many elements that harm sexual health) have already been adopted in a number of countries and are driving development policies. Remember also that *"sexual and reproductive health"* is included in the targets for Goal 3 and Goal 5 in the SDGs.

Therefore, it is vital to ensure that any references to *"reproductive health," "sexual health"* or *"sexual and reproductive health"* either be deleted, defined in acceptable ways, or qualified with additional text so these terms cannot be interpreted to advance controversial abortion and sexual rights.

[345] World Health Organization. (n.d.). *Defining Sexual Heath*. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Certainly, none of these SRH terms should ever be accepted if they are connected to *"rights"* or used in the context of girls, children, adolescents, youth, or young people.

(See the following sections for more information: Reproductive Health, Sexual and Reproductive Health Care or Services, Sexual and Reproductive Health Rights (SRHR), Sexual Rights, and Sexuality.)

NEGOTIATING STRATEGIES/TALKING POINTS
Sexual and Reproductive Health (SRH)
(Including Sexual Health (SH) and Reproductive Health (RH))

In this section, we have included both negotiating strategies and talking points for negotiating sexual and reproductive language and related terms. The following charts provide multiple suggestions for replacement language and qualifying or diluting SRH terms and phrases.

CHARTS FOR NAVIGATING ABORTION/SRH TERMS

SRH Replacement Terms
"optimal health"
"optimal adolescent health" (in the context of children or youth)
"health care"
"vital health care"
"women's health care"
"women's health"
"basic health care"
"health care for women and girls"
"health care for women"
"quality women's health care"
"affordable and accessible health care for women"
"quality, affordable and accessible health care for women"

SRH Qualifiers to Protect National Sovereignty
"respecting national policies and priorities" – 2030 Agenda, 5
"in accordance with national laws" – 2030 Agenda, 5.a
"national policies and priorities" – 2030 Agenda, 12.7
"in accordance with national legislation" – 2030 Agenda, 16.10
"relevant in national contexts" – 2030 Agenda, 17.18
"respect policy space and priorities" – 2030 Agenda, 74.a

Less Controversial SRH Terms to Dilute Bad Paras
"emergency obstetric care"
"education and services for prenatal care"
"skilled birth attendants"
"safe delivery and post-natal care"
"breast-feeding and infant and women's health care"
"prevention and appropriate treatment of infertility"
"prevention of abortion and the management of the consequences of abortion"
"treatment of reproductive tract infections"
"sexually transmitted diseases"
"breast cancer prevention and cancers of the reproductive system"
"sexually transmitted diseases, including HIV/AIDS"

Navigating SRH/Abortion Terms	
PROBLEMATIC TERMS	**SUGGESTED REPLACEMENT TERMS OR RECOMMENDED ACTIONS**
"abortion"	**DELETE.** (Unless in the context of avoiding or managing complications of abortion.)
"abortion care"	**DELETE.** (Abortion is not "care" it's a violent procedure.)
"access to" (in the context of SRH or CSE)	**DELETE.** (This can be interpreted to mean abortion and contraception usually funded by government. No parental consent required.)
"age-responsive SRH services"	**DELETE.** (Parents should decide at what age their children should receive SRH services.)
"autonomy" (especially in the context of children)	**DELETE**. (Usually used to advance controversial sexual or abortion rights.)
"barriers" (removal of in context of SRH or CSE)	**DELETE.** (Often used in the context of abortion laws or parental consent. Barriers to abortion and CSE are good.)
"best interest of the child"	**REPLACE WITH:** "rights of parents" language from *Parents, Rights, Duties and Responsibilities* section. ("Best interest" standard can be

	interpreted as government or other adult knows better than parents what a child needs.)
"bodily autonomy" (especially in the context of children)	**DELETE.** (Used to promote rights to abortion, LGBT expression, cross-sex hormones and surgeries, sexual rights.)
"comprehensive package of SRH/SRHR interventions"	**REPLACE WITH:** "health interventions" or other replacement language in chart above.
"comprehensive sexuality/SRH/SRHR education or information"	**REPLACE WITH:** "health education or information" or "sex education."
"confidentiality and privacy" (in the context of children of minor age)	**DELETE.** (Used to give children access to CSE or abortion without the knowledge or consent of parents.)
"control of fertility"	**DELETE**. ("Control of fertility" is a euphemism for abortion.)
"evolving capacity of the child"	**REPLACE WITH:** Language suggestions in *Parents Rights, Duties and Responsibilities* section. Used to advance the idea that government or clinic workers know better than parents when children need CSE or SRH services or commodities and that children can access without parental consent if child is deemed "evolved" enough to receive.
"family planning"	**DELETE.** (Or clarify that it does not include abortion.)
"fertility regulation"	**DELETE**. ("Fertility regulation" is a euphemism for abortion.)
"forced pregnancy"	**DELETE or REPLACE WITH:** "rape" (Can imply that denying abortion unjustly forces a woman to remain pregnant, therefore, abortion must be legal.)
"harmful social and gender norms and stereotypes"	**DELETE or QUALIFY.** (See list of qualifiers above. What kind of "harmful" gender norms or stereotypes? Religion? Abortion laws, conservative teachings on LGBT issues?)

“illegal abortion”	**DELETE:** “illegal” (Abortion is harmful whether legal or illegal. This term is often used to stigmatize abortion laws equating illegal abortion with harm to women.)
“informed choice” (especially in the context of children)	**DELETE.** (Used to advance a right to abortion or transgender medical procedures without parental consent.)
“interruption of pregnancy”	**DELETE**. (“Interruption of pregnancy” is a euphemism for abortion.)
“legal abortion”	**DELETE:** “legal” (It sounds good, but legal abortions are unsafe too.)
“maternal health” (in the context of prevention)	**ENSURE** the text does not encompass abortion.
“maternal mortality” (in the context of prevention)	**ENSURE** maternal mortality is not being used to promote abortion as a solution.
“medical abortion”	**DELETE.** (Used to get around abortion laws.)
“non-discrimination in health care based on age”	**DELETE.** (Means no parental consent needed.)
“non-discriminatory health services”	**INSERT:** “basic” before health (Sometimes used to promote abortion or transgender hormone services without judgment.)
“non-discriminatory SRH services”	**DELETE.** (Who defines discriminatory? Is it discriminatory because parental consent is required or because the services don’t include abortion?)
“outcome documents of review conferences”	**DELETE OR QUALIFY WITH**: “as adopted by the UNGA” or call for a footnote listing all documents “outcome documents of review conferences” is intended to refer to. (ICPD and Beijing “outcome documents” not adopted by the UNGA are highly problematic.)
“reproductive health”	**REPLACE WITH:** “optimal health” or “basic health”

"reproductive rights" (or any SRHR terms connected to "right," "rights," care," "services," "information," "education" or "counseling")	**DELETE OR REPLACE WITH:** "health rights"
"reproductive rights"	**DELETE OR QUALIFY.** (See list of qualifiers above.)
"restrictive laws"	**DELETE.** (Restrictive laws protect the unborn.)
"safe abortion"	**DELETE:** "safe" ("Safe abortion" is an oxymoron and a medical impossibility that is used to promote legal abortion.)
"self care" (in the context of SRH)	**DELETE.** (WHO defines "self-care" as "self-managed medical abortion in countries where abortion is illegal or restricted." WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights.[346])
"sexual and reproductive health"	**DELETE, REPLACE OR QUALIFY.** (See suggestions in boxes above. This is a euphemism for abortion.)
"sexual and reproductive health and rights"	**DELETE OR REPLACE.** (See suggestions in boxes above. Not consensus language, can be interpreted to include sexual rights. Never accept SRH connected to "rights.")
"sexual and reproductive health services"	**DELETE OR REPLACE OR QUALIFY.** (See suggestions in boxes above. SRH "services" often include abortion.)
"sexual and reproductive rights"	**DELETE.** (This term includes "sexual rights.")
"sexual health"	**REPLACE WITH:** "optimal health" or "basic health." (See Sexual Health section for examples of how SH is used to promote LGBT right, abortion rights, and sexual rights for children.)

[346] World Health Organization. (2019). WHO Consolidated guideline on self-care interventions for health: sexual and reproductive health and rights. https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1

"third party authorization"	**DELETE**. (This is a euphemism used to remove parental consent requirements for abortion or contraception.)
"torture" (beware of context)	**NOTE.** (Can be defined as denying abortion to a pregnant woman or girl. See CEDAW Committee General Comment 35.)
"universal health coverage" (UHC)	**QUALIFY.** (See list of qualifiers above. UHC is used to advance universal health care for abortion and transgender cross-sex hormones or surgeries.)
"unsafe abortion"	**DELETE:** "unsafe" (Used to promote the false claim that abortions are unsafe where they are illegal and safe where they are legal.)

As explained above, the World Health Organization, the premiere health organization that sets the physical and mental health standards for the entire world—under the umbrella of SRH and with the support of powerful Western donor countries—has become completely radical on abortion, LGBT rights, and the sexualization of children. Therefore, there needs to be a major pushback from countries on SRH, SH and RH, as these terms are no longer safe. The strategies below can prevent SRH terms from being included in future UN documents, thus helping to stop further damage to children and the family.

Study the following five negotiating strategies and decide which ones fit your needs.

1. Delete
2. Replace
3. Define or Qualify
4. Dilute
5. Use standard arguments

Strategy #1: DELETE

Since the long-term goal of abortion proponents is to make SRH terms and thus abortion non-controversial and "mainstreamed" into national norms and policies, it should be our long-term goal to keep SRH language controversial, discredited, and contested. So the first thing that should always be done is to redline for deletion, every SRH, SH and RH term in any document under negotiation.

While it may not seem possible to delete phrases or terms that have been so widely used in the past and that are even entrenched in the SDGs and the UN system, there is a precedent for doing this. For example, the term *"various forms of the family,"* which was adopted in many UN consensus documents, is now commonly rejected in UN negotiations. This is because a critical mass of countries realized that this term is increasingly being defined as a recognition of LGBT unions and not just single-parent or multi-generational families.

In the same way, since SRH (including SH and RH) now encompasses highly controversial elements, SRH terms can and should also be rejected moving forward, especially since most countries adopted

SRH terms in the SDGs innocently, without understanding how they would be used to advance radical abortion and sexual rights.

TALKING POINTS FOR DELETING SRH, SH AND RH

Countries can use the following arguments to delete SRH, SH or RH

Important Note: If negotiating SRH language in the context of children or youth, please read in full the section below, *"Negotiating SRH Policies in the Context of Children and Youth."*

1. SRH (or SH or RH) is not relevant to the topic of this resolution. (This only works if the resolution topic is unrelated, but this is often the case.) Ask, "Why are we focusing on SRH, (SH or RH) when our topic is something else? We are getting too far off track."

2. SRH is too controversial in the context of children or adolescents or young people or youth. If SRH (or SH or RH) is to be listed in the context of minor children, it must be clearly defined in this text. It must also be made clear that SRH (or SH or RH) is subject to the internationally recognized "rights" of parents who understand their children best and who will have their children's best interest in mind. (See the *Parents, Rights, Duties and Responsibilities* section for parental rights language suggestions.)

3. Reproductive health, because of its connection to abortion, never achieved full consensus in ICPD or Beijing as there were multiple reservations, and it is still highly controversial. (If your country entered a reservation on reproductive health, mention that fact too.)

4. The term "sexual health" has never been defined in any negotiated UN consensus document and has been interpreted in controversial ways. Also, since "sexual health" is a component of SRH, until we get a consensus definition for sexual health, we can no longer accept any SRH language.

5. We can no longer accept SRH or its components SH or RH moving forward. This is because the World Health Organization has defined SH to include among other things, CSE, "sex-change" operations, same-sex marriage, and abortion. (See Sexual Health, Human Rights and the Law. Even more effective would be to read a few of the controversial quotes on SH from that publication.[347]) And since **ICPD includes *"sexual health"* (SH) as part of *"reproductive health,"* but did not define *"sexual health,"*** and since WHO is the foremost organization setting the health standards for the world, until SRH and its components SH and RH are defined by Member States in less controversial ways, we cannot accept SRH terms in any new documents moving forward.

6. Coordinate in advance with other countries or voting blocs. Have one delegation call for a definition, stating, "Although ICPD has a definition for RH, **I am not aware of any consensus definition for SH. Can someone provide that for us?"** Have other delegations then quote from one or more of the WHO definitions above to show how controversial these SH definitions are.

7. If those pushing SRH-related policies bring up the fact that SRH terms are listed prominently in the SDGs, which all countries have already agreed to, mention that the SDGs also have dozens of caveats on sovereignty and national laws. (See a partial list below under Strategy #3). Insist that many of these same caveats be added to the current document under negotiation if these terms are to be

[347] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

considered as acceptable. If you insist on enough caveats in coordination with other delegations, then those pushing SRH might back off from the SRH language because they won't want to set a precedent for qualifying the term.

Strategy #2: REPLACE

Replace SRH, SH, or RH with more inclusive and broader terms such as:

SRH Replacement Terms
"optimal health"
"optimal adolescent health" (in the context of children or youth)
"health care"
"vital health care"
"women's health care"
"women's health"
"basic health care"
"health care for women and girls"
"health care for women"
"quality women's health care"
"affordable and accessible health care for women"
"quality, affordable and accessible health care for women"

Replace SRH (or SH or RH) *"information"* or *"education"* with *"sex education."*

Note: An effective strategy is to line up several delegations in advance to each propose one of the above less controversial terms as "compromise" replacement terms for SRH after calls for straight-out deletion have already been made. Then the debate becomes which of the replacement terms should be used instead of whether SRH should be replaced or not. This is a common tactic used by the other side.

TALKING POINTS FOR <u>REPLACING</u> SRH, SH AND RH

Countries can use the following argument to replace SRH, SH or RH:

Why are we focusing almost exclusively on [SRH, RH or SH when there are more serious health issues facing the world beyond sexual and reproductive health. According to the World Health Organization, noncommunicable diseases (NCDs) "kill 41 million people each year, equivalent to 71% of all deaths globally."[348]

Use any of the facts below from the World Health Organization below to strengthen the argument.

[348] World Health Organization. (2018, June 1). *Noncommunicable diseases*. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

- Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million).
- These 4 groups of diseases account for over 80% of all premature NCD deaths. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

[**Note:** Diverting the focus to other worldwide health priorities can set up a dynamic where a number of health topics are brought up that need to be addressed rather than just SRH, SH and RH. In fact, you might want to line up other countries to bring up other important health priorities as well. If the list gets untenable, this can set the stage for replacing SRH with one of the more general health terms listed above.]

Strategy #3: DEFINE or QUALIFY

Insist on improving the context or adding additional language that defines SRH, SH or RH in safer ways.

1. Consider proposing the addition of the following language:

> *"that does not include abortion"*

2. Propose agreed language from previous documents that can help prevent SRH, or RH language from being interpreted to include abortion:

> For example, if a provision calls for *"sexual and reproductive health"* or *"reproductive health"* with any combination of additional terms added like *"care,"* or *"services"* or *"care-services"* (terms often interpreted to include abortion), a negotiator can define and/or modify these terms by proposing to add UN consensus language as follows:
>
> From the *Abortion* section of this Guide:
>
> > **ADD: "in no case should abortion be promoted as a method of family planning."** – ICPD (1994), 8.25.
>
> Or construct your own language proposal. Propose modifying SRH language in ways that make it impossible to be interpreted to mean abortion. For example, add the phrase: **"which will enable women to go safely through pregnancy and childbirth with a safe outcome for mother and child."** While new language may be rejected by other delegations, occasionally, it is accepted**, especially when support from other countries is obtained in advance.**

3. Add "Caveats" or "Qualifiers"

Currently, the most commonly used SRH "qualifier" is the phrase that ties SRH and RH to ICPD and Beijing as specified in target 5.6 of the 2030 Agenda, adopted by the UNGA in 2015. However, this ICPD/Beijing "qualifier" should never be used unless either the phrase regarding the "outcome documents of the review conferences" of ICPD and Beijing is either deleted or qualified. **It must be qualified**

in a way that ensures it can only refer to review outcome documents that have been negotiated by all UN Member States and subsequently adopted by the UN General Assembly. This can be done simply by adding *"as adopted by the General Assembly*" as follows:

> *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* **ADD: *as adopted by the UN General Assembly.***

Note: It can be argued that if the ICPD/Beijing review outcome documents language is not modified by *"as adopted by the General Assembly,"* then including the ICPD/Beijing qualifier can actually be worse than having no qualifier at all.

This is because if the outcome document language is not qualified to ensure that it only refers to review outcome documents adopted by the General Assembly, the language can encompass the highly controversial regional, youth and UN agency reviews of ICPD, some of which aggressively promote abortion, LGBT rights, and radical, autonomous sexual rights for children.

The review conference language could also even arguably apply to future reviews that have not yet even been conducted. **It cannot be emphasized more strongly that the qualifier *"as adopted by the UN General Assembly"* must be added to the ICPD/Beijing qualifier, or it should not be used at all**. Also, picking a fight over qualifying the qualifier can make the whole SRH phrase so controversial that ultimately it might be deleted, or abortion-minded countries might choose to disassociate from it.

Moreover, contrary to popular belief, adopting the ICPD/Beijing qualifier is still not the best outcome, as it does not completely exclude abortion, it just qualifies abortion to some degree as noted in the ICPD caveats below. The ideal option therefore is always to delete and/or replace.

To protect life, the following caveats can be proposed to modify SRH terms. However, please note their limitations as specified in the notes below.

From the *Healthy Infant* section of this Guide:

> **ADD:** "**to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy baby**." – ICPD (1994), 7.2; Beijing (1995), 94; Beijing (1995), 97; Beijing +5 (2000), 72(i).
>
> **Note:** If objections are made to this language, point out that this language has been repeated in at least three major documents (ICPD, Beijing and Beijing +5) and is an essential part of the definition of reproductive health that must always be included.

From the *Pre-natal Care* section of this Guide:

> **ADD: "particular attention should be given to the provision of pre-natal care to ensure healthy babies."** – Agenda 21 (1992), 6.21.
>
> **ADD:** *"services for prenatal care, safe delivery and post-natal care"* – ICPD (1994), 7.6.
>
> **ADD:** "**In no case should abortion be promoted as a method of family planning."** – ICPD (1994), 8.25.; – Beijing (1995), 106(k); ICPD +5 (1999), 63 (i, ii, iii); Beijing +5 (2000), 72-o.

[**Note:** This does not completely prohibit abortion. It just states you cannot "promote" abortion "as a method of family planning." It would not preclude promoting abortion, for example, in the cases of rape, incest, or health of the mother or due to financial constraints. Abortion could be performed for other reasons, just not for family planning purposes.]

ADD: "**Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning."** – ICPD (1994), 7.24; ICPD +5 (1999), 63 (i, ii, iii).

[**Note:** This is interpreted by Planned Parenthood as a mandate for governments to provide CSE and all forms of contraception so women don't get pregnant in the first place, but it is still better than nothing.]

ADD: "Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process." – ICPD (1994), 8.25; Beijing (1995), 106(k); ICPD +5 (1999), 63 (i, ii, iii).

[**Note:** This does not preclude or prohibit UN agencies or abortion-minded countries from pressuring, bribing or bullying other countries into liberalizing their abortion laws. It just simply states the fact that only the national legislatures can ultimately change national laws on abortion.]

ADD: "… every attempt should be made to eliminate the need for abortion." – ICPD (1994), 8.25.

[**Note:** This can be interpreted as meaning that a "need for abortion" exists (it could be claimed, for example, in cases of rape, incest, health of the mother, financial limitations, etc.), but that need should be eliminated. And how is the "need" to be eliminated? The most likely way would be through preventing unwanted pregnancies, i.e., back to contraception again.]

ADD: "…research [is needed] to understand and better address the determinants and consequences of <u>induced abortion</u>, including its effects on subsequent fertility, reproductive and mental health . . ." – ICPD 12.17.

ADD: "… respect the right to live in dignity at all stages of life;" – Ageing (2002), 21(h).

ADD: "…the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth," – CRC (1990), Preamble.

3. Insist on multiple qualifiers related to national sovereignty.

To protect national sovereignty, governments should always insist, even at the risk of not having an outcome document (especially if CSE or SRH terms are present), that one of the following sovereignty paragraphs be included with the slight suggested modification:

"The implementation of the recommendations contained in **[DELETE: ~~the Programme of Action and those contained in~~]** *the present document is the sovereign right of each country, consistent with its national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights."* – ICPD +5 (1999), Preamble.

"Further reaffirms the sovereign right of each country to implement recommendations **[DELETE*: ~~of the Programme of Action or other proposals~~]** *in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights."* – CPD Report on the forty-sixth session (2013).

Additional suggestions for sovereignty language that can also be proposed throughout a text can be found in the *Sovereignty* section. See also the following qualifiers that appear in the UN 2030 Agenda that can be adapted:

SRH Qualifiers to Protect National Sovereignty
"respecting national policies and priorities" – 2030 Agenda, 5
"in accordance with national laws" – 2030 Agenda, 5.a
"national policies and priorities" – 2030 Agenda, 12.7
"in accordance with national legislation" – 2030 Agenda, 16.10
"relevant in national contexts" – 2030 Agenda, 17.18
"respect policy space and priorities" – 2030 Agenda, 74.a

Strategy #4: DILUTE

Propose as many positive elements as you can from consensus language to expand the definition of SRH terms. For example, propose some of the good elements underlined in this ICPD paragraph on reproductive health care:

Less controversial terms that could be proposed to replace SRH:

Less Controversial SRH Terms to Dilute Bad Paras
"emergency obstetric care"
"education and services for prenatal care"
"skilled birth attendants"
"safe delivery and post-natal care"
"breast-feeding and infant and women's health care"
"prevention and appropriate treatment of infertility"
"prevention of abortion and the management of the consequences of abortion"
"treatment of reproductive tract infections"
"sexually transmitted diseases"
"breast cancer prevention and cancers of the reproductive system"
"sexually transmitted diseases, including HIV/AIDS"
"discouragement of harmful practices, such as female genital mutilation"

Note: Most of these non-controversial terms come from ICPD 7.6 that defines SRH. But be forewarned that ICPD 7.6 (full para provided below) also contains a number of controversial terms that will likely be proposed by abortion proponents and that will have to be fought over individually. However, fighting over these terms can also open the opportunity up for deletion of SRH if delegations cannot come to an agreement.

The question could be asked of other delegations, "Shouldn't we all agree to focus on only those terms that we all can agree are helpful to women? We don't want to force anything on other delegations that might run counter to their laws or culture, and we hope that other delegations will afford us that same respect."

> ICPD 7.6 – Positive terms are bolded, negative terms that should be avoided are crossed out:
>
> "Reproductive health care in the context of primary health care should, ~~inter alia,~~ include: family-planning counselling, information, education, communication and services; **education and services for prenatal care, safe delivery and post-natal care, especially emergency obstetric care and breast-feeding and infant and women's health care**; **prevention and appropriate treatment of infertility**; ~~abortion as specified in paragraph 8.25, including~~ **prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases** and other ~~reproductive health conditions~~; and information, education and counselling, as appropriate, on ~~human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion~~, **infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS** should always be available, as required. Active **discouragement of** harmful practices, such as **female genital mutilation**, should also be an integral component of primary health care, including reproductive health-care programmes."

Strategy #5: USE STANDARD GENERAL ARGUMENTS

- It is undefined.
- There is no current consensus due to its evolving definitions.
- We don't think our issues with it can be resolved in this session.
- We have little time, and this can bog down the entire negotiation process.
- This never achieved consensus. Many countries have multiple reservations on this. (Always mention if your country has placed a reservation in prior negotiated documents.)
- SRH is now open to too many different interpretations that conflict with our national laws.
- The most straightforward solution is to delete the phrase, so we can get on with negotiating the paragraphs that are more relevant to the topic at hand.
- Why the obsessive focus on SRH (or SH or RH)? We should prioritize other issues. (Depending on the context of the negotiation, list more pertinent issues.)
- I am getting direction from capitol that this is a new redline for us.

SRH POLICIES IN THE CONTEXT OF CHILDREN AND YOUTH

(See also Reproductive Rights in the Context of Girls, Children, Youth, or Adolescents)

[**Note:** See the five general strategies above for deleting SRH language.]

NEGOTIATING STRATEGIES/TALKING POINTS

SRH Policies in the Context of Children and Youth

With regard to SRH in the context of children (i.e., girls, adolescents, teens, young people, youth, etc.), certainly, any medical, sexual or reproductive health services, sexual information, or counseling provided to children of minor age should be given only with the knowledge, involvement and consent of their parents.

Here are several things to consider when negotiating policies that could apply to children of minor age:

1. Watch for phrases that apply to children and adults alike such as "people," "all people," "persons," "everyone," etc. Using these terms means the provision will apply to a person of any age including children.

2. Know the UN definitions for different ages so you can call out delegations for proposing autonomous rights for children too early.

The following definitions have been published in official UN documents:

Child	Up to the age of 18 (CRC definition)[349]
Adolescent	10 - 19 years of age[350]
Early adolescence	10 - 14 years of age
Middle adolescence	14 - 17 years of age
Late adolescence	17 - 19 years of age (sometimes extended to ages 21 or 22)[351]
Youth	15 - 24 years of age[352, 353]
Young People	10 - 24 years of age[354]
Young Adult	20 - 24 years of age[355] (This term appears in the 2011 Political Declaration on HIV/AIDS.)

[349] See the *Youth, Negotiating Policies Related to* section for more information on age-related definitions.

[350] World Health Organization. (n.d.). *Adolescent Health*. https://www.who.int/topics/adolescent_health/en/

[351] World Health Organization. (2004). Contraception Issues in Adolescent Health and Development. http://whqlibdoc.who.int/publications/2004/9241591447_eng.pdf

[352] Ibid.

[353] There is no internationally defined, universally accepted standard with regard to the definition of "youth," but according to the Secretary-General of the UN, *"In preparing for the first International Youth Year in 1985, however, the report of the Advisory Committee for the International Youth Year (A/36/215, annex) noted the following: 'A chronological definition of who is young, as opposed to who is a child or who is an adult, varies with each nation and culture. However, the United Nations, for statistical purposes, defines those persons between the ages of 15 and 24 as youth without prejudice to other definitions by Member States.'"* (Commission on Population and Development Forty-fifth session, Adolescents and youth, Report of the Secretary-General, E/CN.9/2012/4).

[354] World Health Organization. (1989). *The health of youth*. https://apps.who.int/iris/bitstream/10665/172242/1/WHA42_TD-2_eng.pdf

[355] United Nations Department of Economic and Social Affairs. (n.d.). *Youth. Frequently Asked Questions*. What does the UN mean by 'youth,' and how does this definition differ from that given to children? https://www.un.org/development/desa/youth/what-we-do/faq.html

3. When SRH provisions are proposed in the context of girls, children, adolescents or youth, it is strongly suggested that parental rights language be included, especially in relation to sexual counseling, information or services or sexual or reproductive health services for minors. Since SRH, SH and RH are all terms that are now often defined to include abortion and CSE, go to the *Parents, Rights, Duties and Responsibilities* section to find good language to recognize the rights of parents to guide the SRH of their children. For example, select from this good language from ICPD:

> **ADD: "taking into account the rights and responsibilities of parents ~~and the needs of adolescents~~"** – ICPD 13.2.
>
> **Note:** It is best to end it at "parents," but delegations will likely insist on the rest.
>
> **ADD: "Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, ~~in a manner consistent with the evolving capacities of the adolescent,~~ appropriate direction and guidance in sexual and reproductive matters."** – ICPD 7.45.
>
> **Note:** In this paragraph, parents' rights are subject to the *"evolving capacities of the child,"* which is an arbitrary standard with room for manipulation, but it is a strong paragraph otherwise. (See *Evolving Capacities* section.)
>
> **ADD: "keeping in mind that these services must be ensured with the support and guidance of their parents."** – ICPD 6.15.
>
> **Note:** Although this language from ICPD does not recognize the "rights" of parents, the word "ensured" with regard to parental guidance is quite strong.
>
> **ADD: "particular emphasis must be put on meeting the needs of underserved population groups, including adolescents, taking into account the rights and responsibilities of parents"** – ICPD 13.22
>
> **Note:** The following language combines phrases from agreed upon language from several sources; therefore, it is not consensus language.
>
> **ADD: respecting the prior right of parents to direct the education of their children, especially in sexual matters and in decisions regarding their reproductive and sexual health, recognizing that these responsibilities lie in the first place with the parents.** – *Based on* UNDHR Universal Declaration (1948), Article 26 (3), ICPD (1994), II, Principle 10 and Beijing (1995), 267.

(For more extensive suggestions on language recognizing the rights, duties, and roles of parents see *"Negotiating Strategies"* in the *Parents, Rights, Duties and Responsibilities* section.)

TALKING POINTS

SRH Policies in the Context of Children and Youth

Note: It is critical to first determine whether any SRH terms are in the context of child, adolescent, youth, young people, etc. If a term is used in connection with SRH in relation to a child of minor age (see the chart above for child-related terms and ages), then be sure to point out what age categories the terms include and focus on the youngest age possible to show how inappropriate it is to connect SRH to those ages.

When negotiating SRH provisions in the context of minors:

1. **Ask, "For what specific ages are we proposing SRH (or SH or RH)?"** "Are we proposing to give minors access to SRH (or SH or RH) services without the involvement of their parents?" "When it comes to the health of children/youth/or adolescents, shouldn't the parents be involved in any medical questions or procedures that their children receive?"

2. ICPD recognizes "the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, **appropriate direction and guidance in sexual and reproductive matters,**" – ICPD (1994), 7.45.

This language should be reflected in any text discussing SRH-related issues for children of minor age.

SEXUAL AND REPRODUCTIVE HEALTH CARE OR SERVICES

(*See also Reproductive Health* | *Reproductive Health Care* | *Reproductive Health Care and/or Services* | *Reproductive Rights* | *Reproductive Rights, Context of Girls, Children, Youth, or Adolescents* | *Sexual and Reproductive Health* | *Sexual and Reproductive Health and Rights*)

OVERVIEW

Sexual and Reproductive Health Care or Services

Note: For an extensive overview of the term *"sexual and reproductive health,"* including its history, how the term has been used, negotiating strategies, and talking points, see *Sexual and Reproductive Health (SRH)* section.

Despite its controversial nature, *"sexual and reproductive health"* (SRH) language has been adopted in a number of UN documents, including the Sustainable Development Goals (SDGs), because many pro-family UN delegations were not aware that SRH language is often used as code language for abortion and sexual rights. However, just because SRH language has been accepted in previous documents does not mean governments are under any obligation to accept it again. There has been pushback on troublesome language before (see *Various Forms of the Family* section), and there can be and should be pushback again, even if the term has been used often in the past. (See the *Sexual and Reproductive Health (SRH)* section for many strategies for doing this.) In fact, many nations have changed their positions on SRH issues, especially the United States, which often changes positions depending on who is sitting in the White House.

Moreover, because UN agencies and donor countries all agree that SRH issues encompass an *"evolving* set of *standards,"* which include standards many Member States have not agreed to and would never willingly accept, it is even more imperative to back away from ambiguous SRH terms that are often used in harmful ways. In addition, adding terms such as *"care," "services,"* or *"care services"* to SRH language (see examples below), can add new layers of meaning and enable the terms to be more easily used to promote controversial medical procedures, such as abortion or even "sex-change" operations.

Ultimately, it is the UN agencies, donor countries, and powerful and well-funded NGOS who decide how SRH terms will be understood, as they are the ones with the funding and are in control of implementing SRH programs on the ground in countries around the world. We know from the publications that these entities publish and support (e.g., *Sexual Health, Human Rights and the Law*, and the 2018 revised "International Guidance on Sexuality Education") that their SRH agenda is harmful indeed.

Common SRH Add-ons:

- *"Services"*
- *"Care-Services"*
- *"In accordance with"*

Common SRH Language:

- *"Reproductive Health Care"*
- *"Reproductive Health Care Services"*
- *"Reproductive Health Services"*
- *"Sexual and Reproductive Health Care"*
- *"Sexual and Reproductive Health Care Services"*
- *"Sexual and Reproductive Health Service*

UN Member States and NGOs alike often argue over which are the best SRH language formulations. For example, they debate on whether SRH or RH should be modified by *"care"* or *"care services,"* or qualified with Beijing or ICPD or the *"outcome documents of their review conferences."* The truth is, however, that all of the SRH-related terms are highly problematic. And these terms are only getting worse as their meanings evolve over time. To buy into this game of choosing the best add-on is to buy into a game that has already been won by the other side.

Indeed, UN agencies and donor countries now openly assert in multiple documents that many, if not all of the SRH-related terms encompass radical sexual and abortion rights, even for children (See *Sexual and Reproductive Health.*) For example, with respect to sexual health, one UN committee has even claimed that "the right to life" encompasses a right to abortion.

To put it bluntly, the situation with respect to SRH is completely out of control. Therefore, UN Member States will need to stop doing business as usual and stand up and simply say no to all of these SRH-related terms, which continue to be proposed over and over again in UN documents, regardless of the topic at hand.

In addition, delegations should insist on definitions or qualifying phrases that make it impossible for these terms to be interpreted for bad purposes. This is another way to take back the definitions of these terms. (See *"Negotiating Strategies"* in *Sexual and Reproductive Health* for multiple strategies and talking points for deleting, defining, qualifying, or diluting SRH terms, and for using standard arguments often used at the UN to delete any controversial term.)

It is one thing to have these terms in your own SRH-related national policies where your government can control the interpretation and implementation. It is another thing to agree to SRH language in UN documents that other powerful outside entities will take as mandates or permission to implement their radical agendas in your country.

REPRODUCTIVE HEALTH CARE

As is clearly outlined in the other *"reproductive health"*-related sections of this Guide, *"reproductive health,"* (RH) is a term that is used to promote abortion. *"Reproductive health care"* is the euphemism used to promote abortion services provided by abortion clinics.

For example, a search for *"reproductive health care"* in the U.S. Westlaw database brought up at least 235 cases. A number of these cases concerned pro-life protestors outside abortion clinics. In these cases, the terms *"reproductive health care facility"* or *"reproductive health care clinic"* were used as euphemisms to describe the abortion clinic. So, in American law, *"reproductive health care"* means, precisely, *"abortion."*

ICPD and the Beijing Platform for Action define *"reproductive health care"* as follows:

> *"In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health."* **[Warning: *"reproductive health"* and *"reproductive health care"* are defined to also include sexual health, yet sexual health is not defined!]**

REPRODUCTIVE HEALTH CARE SERVICES – Defined to include abortion

ICPD 7.5. provides that *"reproductive health care services"* include, for women, *"methods of their choice for regulation of fertility which are not against the law."* As also explained in the SRH section, *"regulation of fertility"* is a common euphemism for abortion. (An article in the peer-reviewed journal, *The Lancet*, stated "for the foreseeable future abortion will remain an important element of fertility regulation."[356]) For example, consider the "World Health Organization Task Force on Post-ovulatory Methods for **Fertility Regulation**" (which may be the most creative euphemism for abortion to date). The sordid work of this task force was "to test the efficacy of lower doses of mifepristone and gemeprost for medical induction of early abortion," by experimenting on "1,224 healthy pregnant women," lowering the dose to see the effect.[357]

They reported the results of this experiment as follows, *"Incidence of complete abortion … included side effects such as vomiting and fall in haemoglobin, as well as the need for emergency curettage and blood transfusion."* After causing all of these serious side effects to their female test subjects, they concluded that *"[a] single dose of mifepristone 50 mg followed by gemeprost is inadequate for early medical abortion."* In other words, the World Health Organization compromised the health of over 1,000 women by actually performing experimental chemical abortions on them under the guise of *"fertility regulation."*

REPRODUCTIVE HEALTH SERVICES – defined to include abortion

UNFPA's publication, "Interagency Reproductive Health Kits for Crisis Situations,"[358] lists UNFPA's suggestions for "the provision of appropriate **reproductive health services** in emergency and refugee situations." In their recommended list for what to include in "**reproductive health kits**" to be used by humanitarian agencies, UNFPA lists the following: the "Ipas EasyGrip®," a hand-operated abortion vacuum suction; an abortion kit called a "[g]ynecological aspiration system, for uterine aspiration/uterine evacuation in obstetrics and gynecology patients;" and a "Manual Vacuum Aspiration (MVA) Set (adapted from IPAS set 2 x IA18)." Although this list is included in the section for dealing with incomplete miscarriage, these aspirators are commonly also used for first trimester abortion and IPAS is one of the largest providers of abortions in the world.

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[356] Kulczycki, A. et al. (1996). Abortion and Fertility Regulation. *The Lancet, 347*(9016), 1663-1668.

[357] World Health Organization. (2001). Lowering the doses of mifepristone and gameprost for early abortion: a randomised controlled trial. World Health Organization Task Force on Post-ovulatory Methods for Fertility Regulation. *BJOG: an International Journal of Obstetrics & Gynaecology, 108*(7):738-742.

[358] UNFPA. (2011). *Interagency Reproductive Health Kits for Crisis Situations*. https://www.unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf

UNFPA's "reproductive health kit" list also includes an "Emergency contraception patient information leaflet" and lists the pill "Levonorgestrel, tablet, 1.5 mg, (emergency contraception)." Used shortly before egg release, Levonorgestrel works to prevent the ovary from producing sufficient amounts of progesterone to sustain a pregnancy. This mechanism kills embryos.

In other words, in practice, these UN agencies consider *"reproductive health services"* to include abortion kits and emergency contraception, which kills embryos and unborn children.

Furthermore, during negotiations at the UN World Summit on Children in New York in 2002, the Canadian delegation was asked explicitly on the UN floor if *"reproductive health services"* included abortion. To the shock of many in the room, he responded that it did.

"SEXUAL AND REPRODUCTIVE HEALTH CARE"—*Defined to include abortion*

ICPD defines *"sexual and reproductive health care"* (SRHC) to include abortion with some caveats. In addition, as you will see in the SRH section, the terms *"reproductive health"* and *"sexual health"* on their own, with no qualifiers or add-ons, are often interpreted to include abortion and controversial sexual rights. Thus, quibbling over whether SRHC or SRHCS include abortion and sexual rights because of the nuanced and convoluted language in ICPD is pointless because according to many governments and implementing agencies, both terms now certainly do.

A 2006 World Health Organization publication titled "Sexual and Reproductive Health, A Matter of Life and Death" illustrates how the term *"sexual and reproductive health care"* has been used to advance abortion. To begin with, it states that **one of the *"five core components of sexual and reproductive health care" is "elimination of unsafe abortions."*** It also claims that *"the frequency of unsafe abortion in a country is affected by… the abortion legislation and its implementation, and the availability and quality of legal abortion services. Legal obstacles to safe abortion services force women to resort to unsafe abortion when faced with an unwanted pregnancy…. Restrictive legislation is usually associated with a high incidence of unsafe abortion."* (See *Abortion, Safe/Unsafe* and *Abortion, Legal/Illegal* to see how they come to these erroneous conclusions.) Similarly, the WHO definition of *"safe abortions"* is *"abortions which meet legal requirements in countries where abortions are not legally restricted."*

In other words, the WHO definitions of "unsafe abortion" and "safe abortion" are based on legality, not medical definitions, and thus such abortions are really only "safe" for the abortionist.

Eliminating "unsafe abortion," according to WHO, thus means eliminating legal restrictions on abortion.

The same WHO SRH report also claims that another component of *"sexual and reproductive health care"* is *"promotion of healthy sexuality."* WHO then defines sexuality as encompassing *"gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction... thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships."* So, by definition, according to WHO, *"sexual and reproductive health care"* includes *"services"* related to fantasies, desires, sexual orientation, pleasure, eroticism, and more.

Thus, the term *"sexual and reproductive health care"* is not only used to promote abortion but is also used to promote the sexual rights agenda.

"SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES"—Defined to include abortion

Because ICPD and WHO define *"sexual and reproductive health care"* (SRHC) to include abortion (although with some caveats), it only makes sense that *"sexual and reproductive health care services"* would encompass services for abortion as well.

Thus, SRHC and SRHCS should both be avoided.

"SEXUAL AND REPRODUCTIVE HEALTH SERVICES"—Defined to include abortion
According to the report released by the Special Rapporteur on the Rights of Persons with Disabilities, titled "Sexual and Reproductive Health and Rights of Girls and Young Women with Disabilities," "[s]exual and reproductive health services include, inter alia, … safe abortion services."

NEGOTIATING STRATEGIES
Sexual and Reproductive Health Care or Services

As mentioned in the note at the beginning of this section, the *Sexual and Reproductive Health* section of this guide has extensive negotiation suggestions and talking points for negotiating SRH language.

With regard to SRH for children (i.e., girls, adolescents, teens, youth, etc.), certainly, any medical, sexual, or reproductive health services, sexual information, or counseling provided to children of minor age should be given only with the knowledge, involvement, and consent of their parents. (See *Reproductive Rights, Context of 'Girls,' 'Children,' 'Youth,' or 'Adolescents,'* for talking points that could also be adapted for negotiating SRH in the context of children, and *Parents* for good language for modifying SRH to recognize parental rights.)

Proposing parental rights language and refusing to back down has been known to cause backers of SRH (and CSE) language to withdraw their proposals because they refuse to allow any precedence to be set for requiring parental involvement in sexual and reproductive health information, education or services. Parental rights language foils their plans to get SRH information or services to children without parental consent. (See *Barriers* and some of the sections on youth for more on this.)

Also note that *Sexual and Reproductive Health* and *Reproductive Rights* language in the SDGs is qualified by *"in accordance with"* ICPD and Beijing and *"the outcome documents of their review conferences."* (*See Outcome Documents of Review Conferences* section to understand the serious problems with these qualifiers.) As pointed out in the overview above, any of the SRH terms, whether modified by services, care, care services, ICPD, Beijing, or outcome documents, should be deleted or modified with additional clarifying language as specified in the Negotiating Strategies section of the *Sexual and Reproductive Health* section of this guide.

Another way to safeguard this term if you can't delete it is to propose adding the following language from Beijing, which ensures it cannot be interpreted to encompass abortion: *"the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."* – Beijing (1994), 97.

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

(See also Comprehensive Sexuality Education | Reproductive Health | Reproductive Health Care | Reproductive Rights | Reproductive Rights, Context of Girls, Children, Youth, or Adolescents | Sexual and Reproductive Health | Sexual and Reproductive Health Care or Services | Sexual Health | Sexual Rights | Sexuality | Sexuality, Control Over)

OVERVIEW

Sexual and Reproductive Health Rights (SRHR)

IMPORTANT: *Before reading this section, please first review the "Sexual and Reproductive Health (SRH)" section, which contains important background information for understanding SRHR, and which addresses "reproductive health" and "sexual health," both important foundational components of SRH and SRHR. Also, please note that in this Resource Guide, SRHR refers to both "sexual and reproductive health rights" and "sexual and reproductive health and rights," as these terms are often used interchangeably.*

"Sexual and Reproductive Health Rights" (also known as SRHR) is an elastic term used to promote a number of controversial alleged *"rights"* relating to abortion and human sexuality. SRHR is also the Trojan horse of the sexual rights movement because it encompasses *"reproductive rights"* (abortion) and undefined *"sexual rights."*

To understand how the EU interprets SRHR, we need look no further than their report "On the Situation of Sexual and Reproductive Health and Rights in the EU." In this document the European Parliament defined SRHR to encompass abortion services, sexuality education, sexual orientation and gender identity (SOGI), and more. It also defines "SRH services" to include comprehensive sexuality education and "abortion care and services."[359] Moreover, a Guttmacher-Lancet Commission report on SRHR, a source regularly relied upon by UN agencies and donor countries and affirmed by the director of the World Health Organization and the director of UNFPA, also defined SRHR to include the same controversial issues as the EU report.[360]

To date, SRHR remains one of the most contested terms at the UN and has been rejected by the majority of Member States in UN negotiations whenever it is proposed. But that doesn't stop activists, UN agencies, and many liberal UN Member States from acting like it is an accepted term, claiming that SRHR is enshrined in international human rights treaties. Nor does it stop them from trying to force SRHR on developing countries. Indeed, a disturbing trend occurring with increasing frequency within the United Nations system is the appearance of SRHR language in multiple UN publications that have not been negotiated by UN Member States.

SRHR advocates know they cannot get SRHR accepted in negotiated UN documents directly, so instead they seek to persuade UN agencies and experts to include SRHR language in various forms in UN agency or expert reports. Then they try to convince UN Member States to endorse these documents in UN resolutions, without Member States fully realizing how SRHR language will be interpreted.

[359] Resolution on the Situation of Sexual and Reproductive Health and Rights in the EU. https://www.europarl.europa.eu/doceo/document/A-9-2021-0169_EN.html

[360] Guttmacher-Lancet Commission. (2018). *Accelerate Progress: Sexual and Reproductive Health and Rights for All — Executive Summary*. https://www.guttmacher.org/sites/default/files/page_files/accelerate-progress-executive-summary.pdf

Background on Sexual and Reproductive Health Rights (SRHR)

The SRHR agenda, which is supported by many Western aid organizations and foreign donor governments, is not so much about advancing health as it is about sexualizing children, controlling undesired populations, and mainstreaming abortion and LGBT right in the developing world.

To understand the highly controversial agendas behind the SRHR movement, we will use a prominent European SRHR advocacy organization called Rutgers as a case study. Funded in large part by the Netherlands Ministry of Foreign Affairs, Rutgers aggressively promotes SRHR in developing countries. Its slogan is "For Sexual and Reproductive Health and Rights." Rutgers has received €215 million in funding from the government of the Netherlands to advance "the sexual and reproductive health and development of young people." It also has received grants from UNFPA and International Planned Parenthood Federation.

The Sexual and Reproductive Health Rights Agenda

Like most SRHR advocacy organizations, Rutgers generally seeks to accomplish the following objectives at the UN and through their development programs:

(1) Promote abortion;

(2) Limit populations through contraception and abortion; and

(3) Advance controversial sexual rights, including LGBT rights in developing countries through sexuality education.

These objectives mirror the goals of the global SRHR agenda. To implement them, a primary strategy used by SRHR organizations is to target young children.

Sexualizing Children

Indeed, the primary tool used by SRHR advocacy organizations to mainstream homosexuality, transgenderism, and abortion across the world, is highly controversial comprehensive sexuality education (CSE), which SRHR advocates falsely claim is an international SRHR right for all children.

For example, Rutgers has a CSE program, "The World Starts With Me," that teaches children, among other things, about anal sex, oral sex, and that children can decide for themselves when they want to lose their virginity (See WaronChildren.org and StopCSE.org.) This program has been implemented in schools across Africa.

Manipulating Youth

Another way that SRHR advocacy organizations like Rutgers advance their agenda across the globe is by establishing SRHR advocacy youth arms, which they camouflage as independent *"youth-led"* organizations that Rutgers just happens to partner with.

For example, Rutgers founded Choice for Youth and Sexuality, which is *"an ambitious and bold youth-led organization"* that also advocates for *"the sexual and reproductive health and rights of young people worldwide."*[361] The main focus of Rutgers' youth "partner," according to its website is

[361] Choice for Youth and Sexuality was originally founded by World Population Foundation (WPF), which later merged with Rutgers. Rutgers used to be called Rutgers WPF until recently, but it dropped the "WPF" which may have helped to conceal its objectives.

"on the United Nations" including *"the Commission on the Status of Women (CSW), Commission on Population and Development (CPD), the Sustainable Development Goals (SDGs), the Human Rights Council (HRC), and Universal Periodic Review (UPR)."*

Promoting Rights to Sexual Pleasure

SRHR advocacy organizations, like Rutgers, promote rights to sexual pleasure globally by using the concept of *"sexual and reproductive health rights."*

For example, with the backing of the Netherlands government and through their youth partners, Rutgers claims that "sexual and reproductive health and rights (SRHR) encompass all of the rights and issues surrounding a person's sexual and reproductive life." And by "all" they mean *all*, including alleged "rights" to sexual pleasure and sexual activity for children of *all* ages.

Moreover, Rutgers falsely claims that *"sexual and reproductive health rights"* are "closely linked with other internationally recognized human rights, such as the right to privacy, the right to education and information, the right to equality and freedom from violence and all forms of discrimination, [and] the right to the highest attainable standard of health."

They explain that SRHR combines four separate but interrelated concepts: Sexual Health (SH), Reproductive Health (RH), Sexual Rights (SR), and Reproductive Rights (RR). According to them:

- **"Sexual rights"** include *"the right to sexual pleasure, the right to sexual expression, the right to sexual privacy, the right to have access to the full range of contraceptives,* [and] *the right to choose your partner"*; and

- **"Reproductive rights"** include the right to have *"consistent access to sexual and reproductive health commodities and services," including "contraceptives and safe and legal abortion*."

While Rutgers recognizes that *"sexual rights"* are *"particularly contentious"* as they *"protect sexual and gender diversity, issues which are not accepted in many communities,"* they still use millions of dollars from the Netherlands' government to aggressively push sexual rights on unsuspecting countries, often through CSE programs.

Moreover, SRHR advocacy organizations similar to Rutgers are funded by Western governments such as Sweden, Denmark, France, Germany, France, Canada, the United States, the UK and others.

For example, Planned Parenthood in the U.S. has a similar model to Rutgers, partnering with their youth advocacy arm, Advocates for Youth, which also pushed SRHR at the United Nations and around the world. Unsurprisingly, Rutgers is a member organization of International Planned Parenthood Federation (IPPF), which is the largest advocate for SRH across the globe with 65,000 service points in over 170 countries.

Another prime example of a donor country promoting the SRHR agenda is Canada. In 2017, Canadian Prime Minister Justin Trudeau openly announced that $650 million of Canada's foreign aid in developing countries would be used on *"sexual and reproductive health and rights,"* which he admitted will include *"legal abortion"* and *"comprehensive sexuality education."*

Denmark's government also has granted millions of dollars to grassroots organizations to promote SRHR to improve access to abortion and protect young people's gender identities and sexual orientations.

Population Control in Developing Countries

Another goal of SRHR advocacy organizations is population control. Indeed, Rutgers was formerly called Rutgers WPF, with the "WPF" standing for World Population Foundation. Rutgers recently dropped the "WPF," which may have helped to conceal its population control objective.

Moreover, the government of Denmark, which actively promotes SRHR, recently revealed its objective to control populations in developing countries. The Minister for Development Co-operation actually stated at a Family Planning 2020 conference in London that "[p]art of the solution to reducing migratory pressures on Europe is to reduce the very high population growth in many African countries."

UN Agencies Claim Abstinence Programs Violate SRHR

A 2018 publication released by UNESCO, UNAIDS, UNIFCEF, UNAIDS, and UN Women, *International Technical Guidance on Sexuality Education* these agencies falsely claimed that *"Abstinence-only programmes have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights (SRHR)." (See Abstinence* and SexEdReport.org to see what studies really show.)

NEGOTIATING STRATEGIES
Sexual and Reproductive Health Rights (SRHR)

Note: Because additional terms such as *"care," "services,"* or *"care services"* are often added to many of the terms listed below that SRHR encompasses, these compound terms will be addressed in *Sexual and Reproductive Health, Care or Services.*

1. Avoid the following list of dangerous SRHR terms wherever possible:

"sexual and reproductive health rights"
"sexual and reproductive health and rights"
"sexual and reproductive rights"
"right to sexual and reproductive health"
"rights relating to sexual and reproductive health"
"sexual rights"
"sexual health rights"
"right to sexual health"
"reproductive rights"
"reproductive health rights"
"right to reproductive health"
"sexual and reproductive health"
"sexual health"
"reproductive health"

2. Go to "Negotiating Strategies" in the *Sexual and Reproductive Health* section of this Guide and read the six negotiation strategies listed at the end. Most, if not all, will apply to negotiating SRHR.

3. **When analyzing a new document, try doing a word search for the phrase *"sexual and reproductive health"* (SRH) and then look to see if the word *"rights"* modifies SRH in any way.** Sometimes the term *"rights"* is strategically distanced by a few words from SRH but still modifies the term. If so, the talking points below can be used to call for deletion of SRHR or the deletion of *"rights,"* so the provision would then advance the sexual and reproductive health of individuals rather than promoting controversial rights.

TALKING POINTS
Sexual and Reproductive Health Rights (SRHR)

Questions to ask generally when negotiating SRHR:

1. **The phrase *"sexual and reproductive health rights"* or any similar formulation is not consensus language** and has never been accepted in any binding UN document. Why are we trying to bring it in here?

2. **Since *"sexual"* modifies *"rights,"* this equates to *"sexual rights,"*** and many UN delegations are opposed to the term *"sexual rights"* because it is not consensus language for many good reasons. (See *Sexual Rights* for talking points.) Sexual rights are undefined and could encompass almost anything.

3. **We are concerned about the excessive focus on sexual and reproductive health** at the expense of other areas of health and wellbeing. We don't like this focus.

Questions to ask when negotiating SRH or SRHR provisions that apply to children, adolescents, or youth:

4. **To what ages would this apply? Are we proposing to give minors access to SRH services** without the involvement of their parents? I think most of us would agree that when it comes to the health of children/youth/adolescents, parents have the right and the duty to direct the medical procedures or services that their children receive. Shouldn't we make that clear that here?

5. **ICPD recognizes *"the rights, duties and responsibilities of parents*** *and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent,* ***appropriate direction and guidance in sexual and reproductive matters****."* (ICPD (1994), 7.45). Shouldn't this be reflected in the text?

SEXUAL AND REPRODUCTIVE RIGHTS (SRR)

(See also Sexual and Reproductive Health | Sexual and Reproductive Health Rights)

OVERVIEW
Sexual and Reproductive Rights (SRR)

The term *"sexual and reproductive rights"* (SRR) also is a highly controversial and contested term that is always flatly rejected by a large block of UN Member States when proposed in UN consensus documents. This is because SRR encompasses two of the most controversial concepts in UN negotiations: *"sexual rights"* and *"reproductive rights."*

"Sexual and reproductive rights" = "sexual rights" + "reproductive rights."

See the *Sexual Rights* section to understand how *"sexual rights,"* which is an undefined term in UN consensus documents, is used to encompass radical rights relating to prostitution, transgenderism, sexual orientation, comprehensive sexuality education, autonomous sexual rights for children, and more.

See the *Reproductive Rights* section to understand how *"reproductive rights"* is a euphemism for abortion rights and how it is also increasingly being used to encompass alleged rights for LGBT persons to assisted reproductive procedures that often leave children without a mother or a father. [**Note:** this is in violation of the UNCRC which states that children have "the right to know and to be cared for" by their parents (CRC 7.1).]

Since UN agencies and Western donor countries know they cannot get SRR accepted in UN consensus documents, increasingly they are deliberately inserting this term in multiple UN agency reports and documents (including UN Secretary General Reports) in an attempt to get around UN Member States to advance their controversial SRR Agenda. This is done in a deliberate attempt to create customary international law that would bind UN Member states to radical abortion and sexual rights, even if they have never agreed to them.

UN entities that promote *"sexual and reproductive rights"* (SRR) (or *"sexual and reproductive health rights"* (SRHR), which is sometimes used interchangeably with SRR) by inserting SRR or SRHR into UN reports or other documents, should be called out for overstepping their mandates and acting in opposition to UN consensus documents and international law.

UN Member States that propose SRR or SRHR in documents under negotiation should be challenged for advancing highly contested terms and should be asked to provide an agreed-upon definition for *"sexual rights,"* a main component of SRR, or *"sexual health rights,"* a main component of SRHR. Of course, they will not be able to come up with agreed-upon definitions, thus, these terms should then be easily removed.

NEGOTIATING STRATEGIES
Sexual and Reproductive Rights (SRR)

See the negotiating strategies in the *Sexual and Reproductive Health* section and the *Sexual and Reproductive Health Rights* section.

The most effective strategy for SRR specifically would be to read the WHO definition of sexual rights (see *Sexual Rights* section) and point out that the term "sexual rights" has never been adopted in any consensus document because of its highly controversial nature and because it has never been defined by Member States, i.e., there is no agreed language regarding "sexual rights."

SEXUAL/SEXUALITY EDUCATION

(See Comprehensive Sexuality Education)

SEXUAL DEBUT

OVERVIEW

Sexual Debut

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that EU and likeminded countries negotiate to support the right of children to have sex. Finally, an advocacy manual funded by the Netherlands to train LGBT and abortion-rights youth advocates at the UN reveals this agenda in the following excerpt:

"**Delay of sexual debut:** this term is considered **disempowering because it implies that ideally young people should delay having sexual intercourse until they are older, and that young people who don't do this are doing something wrong.** From a human rights based perspective we believe that everyone has a right to make informed and free decisions regarding their sexuality, **regardless of their age, as long as they are able to consent**." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[362]

NOTE: Proposing "delay of sexual debut" in paragraphs dealing with sex education or HIV prevention is a savvy negotiation tactic for several reasons. First, it will provide a bargaining chip because hostile countries that support the right of youth to have sex will be highly motivated to delete it. Second, any move by a country to delete it reveals their hostility toward an abstinence approach to sex education. If you have a difficult time believing that many countries actually support children having a right to sex, just watch their reactions after proposing "delay of sexual debut."

"Sexual debut" is generally defined to mean first sexual intercourse. *"Early sexual debut"* is having first sexual intercourse at an early age, which can be harmful to the development of a child's sexual health. This section will address *"early sexual debut"* and "*delay of sexual debut.*"

The World Health Organization has suggested that it is the role of the UN, governments and schools to give children comprehensive information about eroticism, pleasure, and desire. (See *Comprehensive Sexuality Education, Sexual Health, Sexual and Reproductive Health,* and especially, *Sexuality.*) The data show that the early sexual debut of children leads to high-risk sexual behavior.

Important History on "Delay of Sexual Debut"

At the 51st session of the UN Commission on the Status of Women in 2014, the government of Malawi introduced a draft resolution titled "Women, the girl child and HIV and AIDS" on behalf of the Southern African Development Community (SADC). Paragraph 11 of that resolution called for *"HIV prevention education that promotes abstinence and fidelity, **delay of sexual debut,** reduction of sexual partners,*

[362] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by Choice for Youth & Sexuality, the Netherlands puppet youth SRHR lobbying organization and Right Here Right Now, which is also a project of the Netherlands government with the same agenda.

correct and consistent use of condoms, and equality between men and women within a culturally and gender-sensitive framework."[363]

Despite the fact that *"delay of sexual debut"* and *"reduction of* [concurrent] *sexual partners"* are proven strategies for preventing HIV, the countries who are aggressively attempting to establish a right to promiscuous sex for children under the guise of *"comprehensive sexuality education"* (CSE) lobbied SADC behind the scenes to remove both of these terms from the resolution. They succeeded in convincing Malawi to remove *"reduction of sexual partners,"* but not the term *"delay of sexual debut."*

When SADC proposed revised text retaining the very important phrase, *"delay of sexual debut,"* that is essential to help protect children and youth from the harmful consequences of early sexual behavior, the representative of the Netherlands proposed a hostile amendment to delete *"delay of sexual debut,"* on behalf of *Argentina, Australia, Brazil, Colombia, Costa Rica, El Salvador, the European Union, the Dominican Republic, Iceland, Japan, Mexico, Norway, Paraguay, Peru, the U.S., and Uruguay*.

The amendment passed by a recorded vote of 18 in favor, 15 against, with 3 abstentions. The votes were as follows:

- **In Favor:** *Argentina, Belgium, Brazil, Dominican Republic, Ecuador, El Salvador, Estonia, Finland, Georgia, Germany, Japan, Mongolia, Netherlands, Paraguay, Republic of Korea, Spain, the U.S. and Uruguay*.

- **Against:** *Bangladesh, Belarus, Burkina Faso, China, Comoros, Democratic Republic of the Congo, Indonesia, Iran, Liberia, Malaysia, Pakistan, Russian Federation, Sudan, Uganda and Zimbabwe*.

- **Abstaining:** *Philippines, Switzerland and Thailand*.

It is clear from the vote which countries were against delaying sexual debut as an HIV prevention strategy. Moreover, the full amendment that these countries passed went even further than deleting *"delay of sexual debut."* In the context of *"youth-specific HIV prevention education"* it called for replacing the phrase *"comprehensive sex education"* with the phrase *"including evidence-based education for human sexuality."* In other words, these countries were supporting *comprehensive sexuality education* (see *Comprehensive Sexuality Education*), which is known to sexualize children.

There is an abundance of compelling research that confirms the harmful consequences of early sexual debut. The longer the delay of sexual debut, of course, the longer the negative consequences are delayed. Teens who engage in early sexual behavior:[364]

- Are less likely to use contraception.[365]

[363] United Nations. (2014). *Women, the girl child and HIV and AIDS* (E/CN.6/2014/L.5). https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/58/CSW58-advancedunedited-L5_as_revised_and_amended%20pdf.pdf

[364] Ascend. *Policy Priorities: Why Sexual Delay Should be the Goal in Sex Education ... And Why Teen Pregnancy Prevention Isn't Enough*. (2016). https://weascend.org/wp-content/uploads/2017/10/sexualdelaypriorities.pdf

[365] CDC. (2016) 2015 Youth Risk Behavior Survey. Atlanta; Crosby, R., Geter, A., Ricks, J., Jones, M., Salazar, L. (2015). Developmental investigation of age at sexual debut and subsequent sexual risk behaviours: a study of high-risk young black males. *Sexual Health, 12,* 390-396; Sandfort, T., Orr, M., Hirsch, J., Santelli, J. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study. *American Journal of Public Health, 98,* 155-161; Magnusson, B., Masho, S., Lapane, K. (2012). Early Age at First Intercourse and Subsequent Gaps in Contraceptive Use. *Journal of Women's Health, 21,* 73-79.

- Are more likely to experience STI.[366]
- Have more concurrent or lifetime partners.[367]
- Are more likely to experience pregnancy.[368]
- Have lower educational attainment (and not necessarily linked to pregnancy).[369]
- Experience increased sexual abuse and victimization.[370]
- Have decreased general physical and psychological health, including depression.[371]
- Have decreased relationship quality, stability and more likely to divorce.[372]

[366] Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health, 52,* 523-532; Scott, M., Wildsmith, E., Welti, K., Ryan, S., Schelar, E., Steward-Streng, N. (2011). Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspectives on Sexual and Reproductive Health, 43,* 110-118; Sandfort, T., Orr, M., Hirsch, J., Santelli, J. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study. *American Journal of Public Health, 98,* 155-161; Lee, S. Y., Lee, H. J., Kim, T. K., Lee, S. G., & Park, E. C. (2015). Sexually Transmitted Infections and First Sexual Intercourse Age in Adolescents: The Nationwide Retrospective Cross-Sectional Study. *Journal of Sexual Medicine, 12,* 2313-2323.

[367] Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica 104*, 91-100; Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health, 52,* 523-532; Magnusson, B., Nield, J., Lapane, K., (2015). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. *BMC Public Health, 15,* 98; Heywood, W., Patrick, K. A., Pitt, M. (2015). Associations between early first sexual intercourse and later sexual and reproductive outcomes: a systematic review of population-based data. *Archives of Sexual Behavior, 44,* 531-569.

[368] Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health, 52,* 523-532.

[369] Kagesten, A., Blum, R. (2015). Characteristics of youth who report early sexual experiences in Sweden. *Archives of Sexual Behavior, 44,* 679-694; Raine, T. R., Jenkins, R., Aarons, S. J., et al. (1999). Sociodemographic correlates of virginity in seventh grade black and Latino students. *Journal of Adolescent Health, 24,* 304-312; Schvaneveldt, P. L., Miller, B. C., Berry, E. H., Lee, T. R. (2009). Academic goals, achievement, and age at first sexual intercourse. *Adolescence 2001, 36,* 767-787; Sabia, J. J., Rees, D. I., (2009). The effect of sexual abstinence on females' educational attainment. *Demography, 46,* 695-715; Tubman, J. G., Windle, M., Windle, R. C. (1996). The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Development, 67,* 327-343; Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health, 52,* 523-532; Finger, R., Thelen, T., Vessey, J. T., Mohn, J. K., Mann, J. R. (2004). Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolescent and Family Health, 3,* 164-170; Parkes, A., Wight, D., Henderson, M., West, P. (2010). Does early sexual debut reduce teenagers' participation in tertiary education? Evidence from the SHARE longitudinal study. *Journal of Adolescence, 33,* 741-754; Annang, L., Walsemann, K., Maitra, D., Kerr, J. (2010). Does Education Matter? Examining Racial Differences Between Education and STI Diagnosis Among Black and White Young Adult Females in the United States. *Social Determinants of Health, 125,* 110-121; Spriggs, A. L., Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspectives on Sexual and Reproductive Health, 40,* 152-161; Sabia, J. J., Rees, D. I. (2012). Does the number of sex partners affect educational attainment? Evidence from female respondents to the Add Health. *Journal of Population Economics,25*(1), 89-118.

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[372]Paik, A. (2011). Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family, 73,* 472-485;

- Have more frequent engagement in other risk behaviors, such as smoking, drinking, and drugs.[373]
- Are more likely to participate in anti-social or delinquent behavior.[374]
- Are less likely to exercise self-efficacy and self-regulation.[375]
- Have less attachment to parents, school and faith.[376]
- Have less financial net worth and more likely to live in poverty.[377]
- Establish early sexual behaviors that set a pattern for later ones.[378]

Sandfort, T., Orr, M., Hirsch, J., Santelli, J. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study. *American Journal of Public Health, 98,* 155-161; Finger, R., Thelen, T., Vessey, J. T., Mohn, J. K., Mann, J. R. (2004). Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolescent and Family Health, 3,* 164-170; Heaton, T. B. (2002). Factors contributing to increasing marital stability in the United States. *Journal of Family Issues*, *23,* 392-409; Teachman, J. (2003). Premarital sex, premarital cohabitation, and the risk of subsequent marital dissolution among women. *Journal of Marriage and Family*, *65*, 444-455.

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[375] Kastborn, A., Sydsjo, G., Bladh, M., Priebe, G., Svedin, C. (2015). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica, 104,* 91-100;
McLeod, J., Knight, S. (2010). The association of socioemotional problems with early sexual initiation. *Perspectives on Sexual and Reproductive Health, 42,* 93-101.

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NEGOTIATING STRATEGIES
Sexual Debut

When negotiating any phrases regarding sex, sexual, sexuality, HIV or STI information or education for children, *always* propose that the language be modified and clarified to indicate that such interventions will seek to *discourage* sex among children and *delay sexual debut* by including one of the following modifications:

- *"to delay sexual debut"*
- *"that encourages delay of sexual debut"*

Be prepared to face strong opposition because countries that advocate for CSE typically will not tolerate any language suggesting that children should not be having sex. Indeed, proposing this language will accomplish the following purposes:

1. Put countries on record for not wanting to discourage children from having sex; and
2. Draw the debate from other areas of contention to this area, which will change the entire dynamic of the negotiations.

TALKING POINTS
Sexual Debut

Irrefutable data can be used to discourage the adoption of language that would expose children to comprehensive sexual information that encourages, condones, or promotes *"early sexual debut"* as either healthy or safe.

See the list above for talking points that clearly indicate the need for the phrase *"early sexual debut"* to be included wherever possible in UN documents.

SEXUAL EXPLOITATION

(See Pornography | Prostitution)

UN CONSENSUS LANGUAGE IN CONTEXT
Sexual Exploitation

■ 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**. – 2030 Agenda (2015), 5.2.

■ Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations. Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single parent families headed by women, poor families with elderly members or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and youths are left to their own devices as family ties break down, and hence are increasingly exposed to

risks such as dropping out of school, labour exploitation, **sexual exploitation**, unwanted pregnancies and sexually transmitted diseases. – ICPD (1994), 5.7.

■ The needs of children and youth, particularly with regard to their living environment, have to be taken fully into account. Special attention needs to be paid to the participatory processes dealing with the shaping of cities, towns and neighbourhoods; this is in order to secure the living conditions of children and of youth and to make use of their insight, creativity and thoughts on the environment. **Special attention must be paid to the shelter needs of vulnerable children, such as street children, refugee children and children who are victims of sexual exploitation**. Parents and other persons legally responsible for children have responsibilities, rights and duties, consistent with the Convention on the Rights of the Child, to address these needs. – Habitat (1996), 13.

■ Strengthen the implementation of all relevant human rights instruments in order to **combat and eliminate, including through international cooperation, organized and other forms of trafficking in women and children, including trafficking for the purposes of sexual exploitation, pornography, prostitution and sex tourism**, and provide legal and social services to the victims; this should include provisions for international cooperation to prosecute and punish those responsible for organized exploitation of women and children; – Beijing (1995), 230(n).

■ Take concerted national and international actions as a matter of urgency to end the sale of children and their organs, **sexual exploitation and abuse**, **including the use of children for pornography, prostitution and paedophilia**, and to combat existing markets. – Children's Summit 2002, 40.

SEXUAL HEALTH

(See Sexual and Reproductive Health (SRH))

SEXUAL MINORITIES

(See also Gender Identity | Sexual Orientation | Transgender | Vulnerable Groups)

OVERVIEW
Sexual Minorities

"Sexual minorities" is a term that is increasingly proposed in UN negotiations and is highly controversial because it is intended to advance the political interests of LGBT people who self-identify based on their sexual and/or gender preferences or feelings.

TALKING POINTS
Sexual Minorities

1. **Please define sexual minorities because it is not clear what a sexual minority is.**

2. **Is this a minority based on sexual behavior? If it is, how do we measure sexual behavior?**

3. **Some pedophiles call themselves *"sexual minorities."* Would this include these individuals?**

4. **Could this include perpetrators of incest?**

5. **This is too vague, open ended, and undefined for us to accept.**

6. **Consider asking for the deletion of *"sexual,"* so the term *"minorities"* is not limited to just minorities of a sexual nature.**

SEXUAL ORIENTATION

(See also Discrimination, Multiple and Intersecting Forms of | Diversity, Women in All Their | Gender Identity | LGBT | Marriage | Other Status | Sexual Minorities | Sexuality | Yogyakarta Principles)

OVERVIEW

Sexual Orientation

The myths associated with same-sex attraction and sexual orientation are widespread. Some include claims that homosexuals are *"born that way"* and can't change, that sexual orientation is fixed, thus, must be protected, and that therapy for unwanted same-sex attraction is abusive and ineffective.

Homosexual activists aggressively promote these myths because polls show if people believe homosexuality is a fixed, unchangeable trait, they are more likely to support rights associated with same-sex attraction and sexual orientation, such as same-sex marriage or homosexual adoption, or to protect homosexual lifestyles in laws and policies.

However, affirming individuals, especially youth, in a homosexual identity and lifestyle that is protected in laws and policies will do more harm than good to the very people such policies are intended to help.

Self-labeled homosexual and bisexual teens in the U.S. were found to be twice as likely as heterosexual teens to have been victims of sexual or physical dating violence, to be regular cigarette smokers, to have tried marijuana before age 13, to ever have used cocaine, hallucinogenic drugs, ecstasy, taken prescription drugs without a doctor's prescription, or to have felt sad or hopeless.[379]

The most extensive review ever undertaken of the scientific research on homosexuality and transgenderism was published in 2017 the journal *The New Atlantis*. This study, "Sexuality and Gender: Findings from the biological, psychological and social sciences," was co-authored by two distinguished scholars, Dr. Lawrence S. Mayer and Dr. Paul R. McHugh. Together these two scholars, who have impeccable and impressive credentials, reviewed over 200 research articles on sexuality and gender.[380]

Major Findings from *The New Atlantis* on Sexual Orientation:

- The understanding of sexual orientation as an innate, biologically fixed property of human beings — the idea that people are "born that way" — is not supported by scientific evidence.

- While there is evidence that biological factors such as genes and hormones are associated with sexual behaviors and attractions, there are no compelling causal biological explanations for human sexual orientation. While minor differences in the brain structures and brain activity

[379] U.S. Centers for Disease Control and Prevention. (2015). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12. https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf

[380] Mayer, L. S., McHugh, P. R. (2016). Sexuality and Gender. Part One: Sexual Orientation. *The New Atlantis, 50*, 86-113. https://www.thenewatlantis.com/publications/part-one-sexual-orientation-sexuality-and-gender

between homosexual and heterosexual individuals have been identified by researchers, such neurobiological findings do not demonstrate whether these differences are innate or are the result of environmental and psychological factors.

- Longitudinal studies of adolescents suggest that sexual orientation may be quite fluid over the life course for some people, with one study estimating that as many as 80% of male adolescents who report same-sex attractions no longer do so as adults (although the extent to which this figure reflects actual changes in same-sex attractions and not just artifacts of the survey process has been contested by some researchers).

- Compared to heterosexuals, non-heterosexuals are about two to three times as likely to have experienced childhood sexual abuse.

NEGOTIATING STRATEGIES
Sexual Orientation

One of the best negotiating strategies for defeating *"sexual orientation"* provisions is simply to read from the "Orientation Master List" found in "Additional Resources" at the end of this section. Reading from that list and pointing out some of the absurd definitions can bring to light how utterly absurd it is to create policies or laws based the countless possibilities of sexual orientations.

TALKING POINTS
Sexual Orientation

1. The term *"sexual orientation"* has never been accepted in any binding UN document and is highly controversial, with nations deeply divided over this issue. Our delegation does not want to enter into a policy debate on such a divisive issue.

2. How are we to define sexual orientation as we hear conflicting information from mental health professionals? Is sexual orientation fluid or fixed? Is someone born that way or does homosexuality develop because of experience? We could be here all day debating these questions.

3. How can we make policy about a condition that cannot really be quantified and that is based on a person's self-proclaimed sexual attraction?

4. There are over 70 "sexual orientations" that have been conceptualized that are listed on an "Orientation Master List." The list includes orientations like [read definitions of several of the "sexual orientations" from the "Orientation Master List" found in the *Additional Resources* section below]. If all these sexual orientations were protected under a sexual orientation policy, it would create great controversy among UN Member States. While every individual is entitled to basic human rights, imagine what would happen if policies are created to provide special protection based on any claimed "sexual orientation." Are we proposing to protect all of these sexual orientations in this document? If not, which ones are we protecting?

5. What if additional sexual orientations emerge after a policy on sexual orientation is adopted? Would we then be required to recognize any and all sexual orientations that are put forward?

6. How can we create policies based on characteristics that are subjective, changeable, self-defined and that cannot be measured or quantified? For example, the "Abro-" orientation is defined as "having an orientation or feelings about it that constantly change and cannot be pinned down."

7. On its face, sexual orientation appears to refer to one's sexual orientation toward something or someone. Is pedophilia a sexual orientation? What about other sexual fetishes and even addictions? Some people are sexually attracted to shoes. How do we differentiate between them and *other "sexual orientations?"* Which sexual orientations are we seeking to protect?

8. How do we regulate or measure compliance with a policy protecting someone's internal sexual feeling? Is this intended to protect someone's sexual feelings or urges or their sexual acts? And, if it is sexual acts, which sexual acts are we trying to protect?

9. If other delegations continue to insist that *"sexual orientation"* be included, we are going to have to withdraw from negotiations until such time our religious and cultural values and national laws are respected as called for in the UN Charter and other multiple binding treaties and agreements.

10. Select from the additional facts below depending upon the issue that needs to be addressed.

Additional Talking Points/Facts Regarding Sexual Orientation and Homosexuality

Homosexuality is Not Genetically Fixed or Unchangeable

- **The American Psychological Association affirms sexual orientation can and does change.** The prestigious *"APA Handbook on Sexuality and Psychology"* (American Psychological Association, 2014) states:[381]

    - "[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time" (v. 1, p. 636).

    - "[I]t is critically important for clinicians…to allow individuals to determine for themselves the role of same-sex sexuality in their lives and identity" (p. 257)

- **Studies show that over time, individuals are more likely to shift to heterosexuality than homosexuality.** A highly regarded study by homosexual researcher Savin-Williams and colleagues followed the sexual *identity* of young adults, mostly ages 18 through 24 and again about 6 years later at ages 24 through 34.[382] Participants indicated whether their sexual identity was heterosexual, mostly heterosexual, bisexual, mostly homosexual, or homosexual. They found that "[O]ver time, more bisexual and mostly heterosexual identified young adults [those with some same-sex attraction but stronger heterosexual attractions] of both sexes moved toward heterosexuality than toward homosexuality." They also found that "the bisexual category was the most unstable" with three quarters changing that status in six years.

[381] Theories and etiologies of sexual orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association. V. 1.

[382] Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41,* 103-110; Rosario, M. & Schrimshaw, E. (2014). Theories and etiologies of sexual orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association. V. 1, pp. 555-596.

- **There is NO scientific evidence that people are *"born"* homosexual and therefore cannot change.** The American Psychological Association (APA) states, *"... No [scientific] findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature* [biological factors] *and nurture* [experiences and upbringing factors] *both play complex roles. ..."*[383]

- **There may be biological predispositions toward homosexuality.** Francis S. Collins, MD-PhD, former director of The Human Genome Project, has said, *"There is an inescapable component of heritability to many human behavioral traits. For virtually none of them is heredity even close to predictive. An area of particularly strong public interest is the genetic basis of homosexuality. Evidence* [indicates] *that sexual orientation is genetically influenced but not hard wired by DNA, and that whatever genes are involved represent predispositions, not predeterminations."*[384]

- **Studies of identical twins provide conclusive evidence that homosexuals are not *"born that way."*** Identical twins are *"identical"* because they have identical genes. Therefore, if homosexuality were genetically determined, when one twin is homosexual, the other identical twin should also be homosexual 100 percent of the time. However, research on identical twins consistently shows that this is far from the case. One of the largest studies on this, reported in the *Journal of Personality and Social Psychology*, examined the nearly 33,000 sets of twins listed in the Australian Twin Registry. The study found that both identical twins were homosexual only 11 percent of the time.[385] This is considered by geneticists to be a very low indicator of the influence of genes on any human trait. Other studies report similarly low numbers when it comes to twins both being homosexual.

- **The primary factor in homosexuality is environmental.** According to the American College of Pediatricians, the most recent, extensive, and scientifically sound research shows that the primary factor in the development of homosexuality is environmental, not genetic.[386]

Debunking the "10 Percent of the Population is Homosexual" Myth

- **Less than two percent of the population is homosexual.** According to opinion polls, most people believe the popular myth that 10 percent or more of the population is homosexual. However, widely respected scientific surveys show that homosexuals comprise less than two percent of the general population. For example, the latest reports from the U.S. Centers for Disease Control and Prevention (CDC) estimate that only about 1.7 percent of the U.S. population is homosexual, and about 0.7 percent is bisexual. Estimates are similar for other developed nations.[387]

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[383] American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. https://www.lgbti-era.org/sites/default/files/pdfdocs/0001%202002%20ENG%20Answers%20to%20your%20Questions%20for%20a%20Better%20Understanding%20of%20Sexual%20Orientation%20and%20Homosexuality.pdf

[384] Collins, Francis S. (2006). *The language of god, a scientist presents evidence for belief*. New York: Free Press.

[385] Bailey, J. M., Dunne, M. P., & Martin, N. G. (2000). Genetic and Environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology, 78*(3), 524-536. doi: 10.1037//0022-3514.78.3.524

[386] American College of Pediatricians. (2008). Empowering Parents of Gender Discordant and Same-Sex Attracted Children. https://archive.acpeds.org/the-college-speaks/position-statements/parenting-issues/empowering-parents-of-gender-discordant-and-same-sex-attracted-children-2

[387] Ward, B. W., et al. (2014). Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey. National Health Statistics Reports. http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf

Children and Same-Sex Attraction

- **Most children who experience same-sex attraction grow out of it.** A U.S. study published in *Pediatrics*, found that 26 percent of 12-year-olds were uncertain about their sexual orientation. But since homosexuals represent less than 2 percent of the adult population, most confused adolescents outgrew this confusion and adopted a heterosexual orientation.[388]

- **Temporary confusion during adolescence is common.** In fact, temporary adolescent gender confusion is so common that some researchers question whether it is even appropriate to ascribe a sexual orientation to adolescents since all categories of sexual orientation, except heterosexuality, diminish rapidly over time.[389]

- **Premature labeling of adolescents as homosexual can be harmful.** Yet *"comprehensive sexuality education"* courses, statements by authority figures, and organizations often tell youth who are merely confused that because homosexuals are *"born that way,"* if they experience any same-sex attraction, they are *"gay."* These youth are then encouraged to act out sexually on these attractions to find out if they are homosexual. This can lead to a premature self-labeling that can put youth at a high risk for a number of negative mental and physical health consequences.

- **Homosexual adolescents have an increased risk for many health problems.** According to the American Academy of Pediatrics, *"Adolescents and young adults who adopt the homosexual lifestyle are at increased risk for mental health problems, including major depression, anxiety disorders, conduct disorders, substance dependence, and especially suicidal ideation and suicide attempts."*[390]

- **Suicide risk is higher for adolescents who identify as homosexual.** A U.S. study found that for every year an adolescent postpones identifying as homosexual, the suicide risk drops by 20 percent.[391]

Sexual Orientation Change Efforts Proven Successful

- **Research shows some sexual orientation is fluid. The American Psychological Association states in its "Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients,"** *"Some research indicates that sexual orientation is fluid for some people; this may be especially true for women."*[392]

- **Sexual orientation change is possible.** "What the Research Shows," a review of 125 years of research and clinical experience and studies conducted by the National Association on Research and Therapy for Homosexuality (NARTH) showed conclusively that change from homosexual to heterosexual orientation is possible. While for most homosexuals, their sexual orientation

[388] Remafedi, G., Resnick, M., Blum, R., Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics, 89*,714-721.
[389] Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior, 36,* 385-349.
[390] American College of Pediatricians. (2019, May). Homosexual Parenting: A Scientific Analysis. https://acpeds.org/position-statements/homosexual-parenting-a-scientific-analysis
[391] Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics 87,* 869-875.
[392] American Psychological Association. (2011). Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients. http://www.apa.org/pi/lgbt/resources/guidelines.aspx

may not be a conscious choice, that does not mean that it is not changeable.[393]

- **Sexual Orientation Change Effort (SOCE) therapy is not harmful.** Research shows any kind of psychotherapy can be harmful for up to 5 to10 percent of individuals. Yet those trying to ban therapy for unwanted same-sex attraction want to hold SOCE to a much higher standard than any other psychotherapy in an effort to discredit it and thus support their activist agenda.[394, 395]

- **No scientific studies have found SOCE to have any higher risk than other psychotherapies.** Based on a review of the limited research available, the American Psychological Association determined *"… we cannot conclude how likely it is that harm will occur from SOCE."*[396]

- **Multiple testimonies regarding successful sexual orientation change are available.** The testimonials of dozens of individuals who had unwanted same-sex attraction but have benefitted from SOCE are posted on the Voices of Change website: www.voices-of-change.org.

Negative Outcomes for People Who Act Out on Same-Sex Attraction

- **Men who have sex with men have an increased risk for STDs.** According to the CDC's report, "STDs in Men Who Have Sex with Men": *"Compared to women and men who have sex with women only, gay, bisexual, and other men who have sex with men (collectively known as MSM) are at increased risk for STDs and antimicrobial resistance."*[397]

- **Men who have sex with men have much higher rates of HIV/AIDS.** Even though homosexuals in the United States account for less than 2 percent of the population, the CDC reports that in 2018, *"men who have sex with men"* accounted for about 81 percent of new HIV infections among men.[398]

- **Homosexual lifestyle contributes to health disparities.** According to the CDC, *among "men who have sex with men,"* their *"risk behaviors (e.g., higher numbers of lifetime sex partners, higher rates of partner change and partner acquisition rates, and unprotected sex) significantly contribute to the ongoing disparities"* in their sexual health.[399]

- **Homosexuals and lesbians have much higher rates of many diseases, a number of which are life threatening.** The Gay and Lesbian Medical Association published a list of health issues that are more prevalent in homosexuals. These include higher rates of drug and alcohol abuse, higher occurrence of oral and anal cancer, prostate, testicular and colon cancer, HIV/AIDS,

[393] The National Association on Research and Therapy for Homosexuality. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. *Journal of Human Sexuality, 1*. http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1

[394] Hansen, N. B., Lambert, M. J., & Forman, E. M. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice, 9*, 329-343. doi: 10.1093/clipsy.9.3.329

[395] Lambert, M. J., & Ogles, B. M. (2004). *The efficacy and effectiveness of psychotherapy*. New York, NY: Wiley.

[396] American Psychological Association. (2009). *Report of the APA task force on appropriate therapeutic response to sexual orientation*. http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf

[397] Centers for Disease Control and Prevention. (2016). *STDs in Men Who Have Sex with Men*. http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/std/stats16/msm.htm

[398] Centers for Disease Control and Prevention. (2018). *HIV and Men*. https://www.cdc.gov/hiv/group/gender/men/index.html

[399] Centers for Disease Control and Prevention. (2016). *STDs in Men Who Have Sex with Men*. http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/std/stats16/msm.htm

hepatitis, syphilis, depression, eating disorders, body image problems, and suicide, among others.[400]

- **The higher suicide rates of homosexuals, allegedly caused by homophobia, may be caused by problems inherent in homosexual behavior instead**. The homosexual lifestyle generally is associated with higher substance abuse and depression and other problems that are known as risk factors for suicide, regardless of sexual orientation. For example, a study in Australia found that partner relationship problems, rather than rejection by family or society, was a major cause of suicide among homosexuals.[401]

- **The American Psychological Association states that homosexuals suffer higher suicide rates even where the lifestyle is widely accepted.**[402]

(To learn more about homosexuality and same-sex attraction see the Family Watch documentary at www.UnderstandingSameSexAttraction.org*.)*

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

(See also Sexual Orientation | Gender Identity)

OVERVIEW
Sexual Orientation and Gender Identity (SOGI)

The Status of SOGI at the United Nations

The term "sexual orientation and gender identity" has never been adopted in a binding UN document because of its highly controversial nature. Every time it is proposed in any UN document (which is often), it has always been shot down quickly by multiple delegations including many from OIC and African countries.

However, in December 2022, for the first time ever, the UN General Assembly adopted by consensus a UN resolution on election integrity that included the term "sexual orientation and gender identity" (SOGI) in the non-discrimination section.

Earlier, Nigeria along with 14 countries had proposed an amendment to delete the SOGI reference, but the amendment failed. And because it was a U.S.-led resolution, no nation dared to call for a vote on the entire resolution out of fear of losing U.S. foreign aid.

[400] The Gay & Lesbian Medical Association. (n.d.). *Top 10 Things Gay Men Should Discuss with their Healthcare Provider.* https://shcc.ufl.edu/files/2011/09/Top10Questions_GayMenHealth.pdf
[401] Skerrett, D. M., Kõlves, K., De Leo, D. (2014). Suicides among lesbian, gay, bisexual, and transgender populations in Australia: An analysis of the Queensland Suicide Register. *Asia-Pacific Psychiatry, 6*(4), 440-446.
[402] American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. https://www.lgbti-era.org/sites/default/files/pdfdocs/0001%202002%20ENG%20Answers%20to%20your%20Questions%20for%20a%20Better%20Understanding%20of%20Sexual%20Orientation%20and%20Homosexuality.pdf

To complicate things further, the countries that strongly opposed the SOGI language throughout the negotiations felt that politically they could not vote against the resolution as a whole, lest they be accused of not wanting to hold free and fair elections in their countries. They felt trapped.

Putting SOGI language in this particular elections resolution was a very strategic move on the part of the U.S. in fulfillment of Biden's campaign promises to advance the LGBT agenda both domestically and globally.

The good news is that the adopted elections resolution is not legally binding on states. Further, after the elections resolution with the SOGI provision was adopted by consensus, 22 countries either reserved or disassociated from the controversial language, thereby stigmatizing this phrase and showing there is not universal consensus on SOGI at the UN.

The following countries made strong statements during the UNGA against the SOGI language in the U.S.-led elections resolution: Russia, Belarus, Iran, Egypt, Indonesia, Saudi Arabia, Malaysia, Guatemala, Jordan, Pakistan, Nigeria, Senegal, Libya, Ethiopia, Sudan, Syria, Yemen, Uganda, Bangladesh, Zambia, Guinea and Algeria.

UN Expert on Sexual Orientation and Gender Identity

SOGI Expert Mandate

In June 2016, the UN Human Rights Council (HRC), by a recorded vote of 23 votes in favor, 18 votes against and six abstentions, established a mandate for a UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (hereafter UN SOGI Expert).[403] Immediately thereafter, a number of African and Islamic delegations in attendance abruptly vacated the room in protest.

Since that appointment, a series of highly controversial ultra vires reports have been presented by the mandate holder to the UN Human Rights Council and the UN General Assembly—reports that have largely gone unchallenged by UN Member States.

In 2017, however, the Organization of Islamic Cooperation (OIC) minus Albania issued an official statement to the president of the HRC expressing their deep concern about the attempts of the Independent Expert to "re-open, redefine, or work beyond the content or scope of his Mandate, outside of the relevant resolution establishing his Mandate." Further, the statement asserted that "the Mandate-holders must respect relevant matters associated with historical, cultural, social and religious sensitivities while exercising their Mandates, especially when these matters have no foundation in International Human Rights Law."

This strong OIC pushback, however, has been largely ignored by the UN SOGI Expert who has continued to publish highly problematic reports, replete with controversial assertions, conclusions and policy recommendations that seek to advance a SOGI agenda. And in the absence of formal State opposition or further pushback to the mandate holder's reports, compounded with the ultra vires general observations and recommendations of treaty bodies on these issues, customary international law on SOGI is most certainly being established.

[403] United Nations. (2016). Protection against violence and discrimination based on sexual orientation and gender identity. A/HRC/RES/32/2. https://undocs.org/en/A/HRC/RES/32/2

Customary International Law

The principle of "customary international law" holds that governments can become bound by widely accepted international norms and standards, even if they have not formally agreed to such if such standards are widely practiced. On the other hand, the "persistent objector rule" in international law provides that if a State persistently objects to a newly emerging norm of customary international law during the formation of that norm, then the objecting State is exempt from the norm once it crystallizes into law. In other words, the persistent objector rule is said to provide States with an "escape hatch" from the otherwise universal binding force of customary international law.[404] This is why it is critical that UN Member States mount an effort to stop the ultra vires actions of the Independent Expert.

SOGI Expert Agenda

The SOGI expert has not hidden his agenda but put it out in the open. In 2021, the Independent Expert issued a call for submissions from UN Member States, NGOs, academics, etc. to assist him in his goal to discredit conversion therapy. However his call for submissions revealed a much broader controversial agenda seeking to:

- Use his subsequent report bolstered by the submissions he requested from the worldwide LGBT community to mainstream queer theory throughout the UN system and to pressure UN Member States to do the same. His intent was to make all States accountable to his radical concept of a "gender framework" that would mainstream SOGI ideology in all laws and policies.

- Identify political and religious leaders who speak out publicly against "gender ideology." Such a list could be used to incite reprisals against people who exercise free expression, speech and religious liberty rights.

Redefining Gender

The expert has sought to:

- Redefine retroactively the term "gender" and gender-based terms in UN documents (i.e., resolutions, treaties, UN 2030 Agenda, etc.) to go beyond the longstanding concept of male and female based on biological sex, incorporating the concept of "gender identity" based on unscientific gender ideology.

- Redefine the term "gender equality" specifically in UN Sustainable Development Goal 5 to encompass special rights based on sexual orientation and gender identity that would supersede women's rights and then mainstream these alleged "rights" throughout the 2030 Agenda.

[404] Green, J. A. (2016). *The Persistent Objector Rule in International Law*. Oxford University Press. DOI: 10.1093/law/9780198704218.001.0001; "There is fairly widespread agreement that, even if there is a persistent objector rule in international law, it applies only when the customary rule is in the process of emerging. It does not, therefore, benefit States which came into existence only after the rule matured, or which became involved in the activity in question only at a later stage. Still less can it be invoked by those who existed at the time and were already engaged in the activity which is the subject of the rule, but failed to object at that stage. In other words, there is no 'subsequent objector' rule." (See INT'L LAW ASS'N, COMM. ON THE FORMATION OF CUSTOMARY (GEN.) INT'L LAW, STATEMENT OF PRINCIPLES APPLICABLE TO THE FORMATION OF GENERAL CUSTOMARY INTERNATIONAL LAW 27 (2000). For similar statements, see, for example, 1 GEORG DAHM, JOST DELBRÜCK & RÜDIGER WOLFRUM, VÖLKERRECHT § 4(II)(2)(a), at 59 (2d ed. 1989); 1 JEAN-MARIE HENCKAERTS & LOUISE DOSWALD-BECK, CUSTOMARY INTERNATIONAL HUMANITARIAN LAW, at xxxix (200s); 1 OPPENHEIM'S INTERNATIONAL LAW 15 (Robert Jennings & Arthur Watts eds., 9th ed. 1992); and MALCOLM N. SHAW, INTERNATIONAL LAW 91 (6th ed. 2008).)

Legal Recognition of SOGI

The SOGI mandate holder now has a rich history of making very troubling assertions and recommendations in his reports. For example, the Independent Expert's July 2018 **"**Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity" discusses the failure of States to legally recognize "gender diversity" and asserts that the process of legal recognition for gender-nonconforming individuals should:

- "Be based on self-determination by the applicant"
- "Acknowledge and recognize non-binary identities, such as gender identities that are neither 'man' nor 'woman'" and
- "Ensure that minors have access to recognition of their gender identity."[405]

"Conversion Therapy"

Ironically, the SOGI expert has also made repeated calls for States to respect and affirm individual self-determination with regard to gender identity and sexual orientation, unless of course a person is seeking treatment for affirming their biological sex or reorienting toward a heterosexual orientation, and then such self-determination is to be banned.

The SOGI Expert's report titled, "Practices of so-called "conversion therapy," calls for a global ban on "conversion therapy" defined as any therapy whatsoever that helps people resolve unwanted same-sex attraction or gender confusion.[406] (See *Therapy Bans* section.)

Erasing and Compromising the Safety of Women

While he insists that as a mandate holder that "deeply respects the importance of safe spaces for all women," he discounts concerns that "legal recognition of trans women per se threatens safe spaces" stating that any concerns "draw on stigma about predatory determinism." Alarmingly, he contends that "concerns about the possibility of risk of abuse do not justify closing access to rights [of transgender individuals]."

He claims there is no "statistical evidence or analysis" that supports "the contention that legal recognition of trans girls represents a blanket threat to development through sports, a notion that circularly seeks to rely upon but also to justify the harmful and offensive contention that trans girls are not girls." He then further asserts that LGBT women face a "grave risk" of their rights from those who have "colonial bias" manifested by defining sex as "a male/female binary."

He calls for the protection of the physical and mental integrity of trans men (i.e. biological women who identify as men) "including all decisions concerning pregnancy and sexual and reproductive health."

Such absurd pronouncements from the person that is being held out by the UN as the world's foremost expert on SOGI simply cannot go unchallenged by UN Member States without serious repercussions.

[405] United Nations. (2018, July 12). Protection against violence and discrimination based on sexual orientation and gender identity. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/73/152

[406] United Nations. (2020, May 1). Practices of so-called "conversion therapy": Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. https://undocs.org/A/HRC/44/53

Gender and Sexuality Education

And deeply disturbing is the development of a new term, "comprehensive gender and sexuality education" that he claims is "legally protected" by the UDHR and several binding treaties as follows:

> "The provision and reception of **comprehensive gender and sexuality education** is legally protected under article 19 of the Universal Declaration of Human Rights and article 19 of the International Covenant on Civil and Political Rights. The Independent Expert wishes to underline the importance of comprehensive gender and sexuality education **to deconstruct stigma that lies as a powerful root cause for violence and discrimination**, to promote the full development of the human personality and the sense of its dignity under article 13 of the International Covenant on Economic, Social and Cultural Rights, to deconstruct stereotypes about sex, sexuality and pleasure, and to prevent gender-based violence."

Moreover, he claims that "comprehensive gender and sexuality education" is required to stop violence and discrimination based on SOGI stating, "Protection from violence and discrimination based on sexual orientation and gender identity also substantively rely on the implementation of comprehensive gender and sexuality education."

Bodily Integrity and Self Determination

The SOGI Expert further asserts in his report that:

States must "recognize the value of gender-based approaches, and uphold rights related to gender and sexuality as universal and inalienable, indivisible, interdependent, and interrelated to all other rights. Within this context, the Independent Expert recommends that States **ensure recognition of the right to bodily and mental integrity, autonomy and self-determination**, and of the requirements that are concomitant to them, such as socioeconomic inclusion, housing, employment, education, and in particular, comprehensive gender and sexuality education.

Conclusion

To prevent the slow but methodical creep of customary international law in relation to SOGI and in accordance with the persistent objector rule in international law, it is vital that UN Member States take formal, coordinated, multilateral action and issue official strong objections to the specific ultra vires claims and pronouncements enshrined in the UN SOGI Expert's official reports as well as in the future each time the SOGI Expert presents a new report to a UN body. The more States that object, the weaker the mandate holder's claims regarding international rights in relation to SOGI will be.

Indeed, recent events that include a Canadian father being jailed for speaking out about his daughter's gender "transition," individuals across the globe losing their jobs for taking a position against gender ideology, the rape of women inmates by incarcerated biological males who identify as women, and the invasion of men in women's private spaces and sports competitions all require a united pushback by likeminded States to stop this sexual and gender chaos that is being aided and abetted by the UN SOGI expert.

SEXUAL ORIENTATION ADDITIONAL RESOURCES

Instructions: Read aloud the entire list of *"sexual orientations,"* below, and then ask those proposing the sexual orientation policy if all these orientations should be recognized in the proposed policy.

Below are a few sexual orientations "genders" from the Gender Master List. For the entire list of 112 "genders" click here.

"Orientations Master List"
(as published on Tumblr, September 2016)[407]

"This is an ongoing list of orientations ... All types of attractions may be used as suffixes along with "-fluid" and "-flux". Feel free to mix and match your own prefixes and suffixes to create the orientation that best describes you."

Aceflux: similar to genderflux where the intensity of sexual attraction you feel fluctuates; *asexual* to *demisexual* to *allosexual* and back

Akoi- : the feeling of attraction but not wanting it reciprocated or losing it when it is reciprocated; used as an alternative and potentially less problematic form of *lithosexual/lithoromantic*

Auto- : the feeling of attraction only towards oneself

Ficto- : only felling a certain type of attraction towards fictional characters

Limno- : experiencing attraction towards depictions of attraction (writing or drawings) but not the physical acts

Neu- : feeling attraction towards people who are genderless

Noma- : experiencing attraction to every gender except for self identifying men

Novi- : feeling complicated attraction or lack thereof in such a way that it is difficult or impossible to fit into one word or term

Polar- : feeling either extreme attraction or intense repulsion

Pomo- : the feeling of having no orientation

Requies- : not feeling attraction when emotionally exhausted

SEXUAL RIGHTS

(See also Reproductive Health | Reproductive Health Care | Reproductive Health Care and/or Services | Reproductive Rights | Reproductive Rights, Context of Girls, Children, Youth, or Adolescents | Sexual and Reproductive Health | Sexual and Reproductive Health and Rights | Sexual and Reproductive Health Care or Services | Sexual Health)

OVERVIEW
Sexual Rights

The term *"sexual rights"* is a vague, elastic term that has never been accepted in any binding UN document. This is because it is used to advance many controversial and fictitious *"rights"* related to human sexuality including claimed rights associated with:

[407] Orientation Master List. (n.d.) Genderfluid Support. http://genderfluidsupport.tumblr.com/orientations/

gender identity and gender expression (transgenderism, hormone therapy, "reassignment" surgery), sexual expression, pornography, sexual relations, age of consent, sexual orientation, sodomy, adultery, prostitution (sex work), use of public facilities (for example use of women's bathrooms/showers by biological males who identify as female), civil unions/domestic partnerships, contraception, abortion, same-sex marriage, same-sex adoption, polygamy, fertility services, polyamory, polyandry, explicit sexuality education, etc.

The European Institute for Gender Equality (an autonomous body of the European Union) defines "sexual rights" as:

> "Human rights that are *already recognised* in national laws, international human rights documents and other consensus documents including the right of *all persons* [this includes children],free of coercion, discrimination and violence, to the highest attainable standard of health in relation to *sexuality*, including access to *sexual and reproductive healthcare services*; the capacity to seek, receive and impart information *in relation to sexuality*; access to *sexuality education*; respect *for bodily integrity*; free choice of partner; *the right to decide to be sexually active* or not; *the right to consensual sexual relations*, the right to consensual marriage; the right to decide whether or not, and when, to have children; and the right to pursue a satisfying, safe and *pleasurable sexual life.*"[408]

The term *"sexual rights"* is always rejected in UN negotiations, but this doesn't seem to stop sexual rights activists. Since they have never succeeded in getting direct references to *"sexual rights"* adopted in any binding UN documents, they have resorted to claiming that other established rights encompass *"sexual rights,"* such as rights related to equality, non-discrimination and sexual and reproductive health. Sexual rights activists are often able to get likeminded individuals to author UN reports or appointed to important positions in UN agencies and on UN treaty bodies or to be appointed as UN Special Rapporteurs. Their friends then issue documents and reports claiming that sexual rights are already protected under international human rights instruments.

One of the most deceptive terms at the UN is *"sexual and reproductive health and rights,"* also known as SRHR. This is because in this formulation *"sexual"* modifies *"rights,"* therefore, it equates to the controversial concept of *"sexual rights."* Unfortunately, there is much confusion over SRHR because UN agencies and UN Member States seeking to advance sexual rights deliberately use the term often in their statements and reports in an attempt to mainstream controversial *"sexual rights"* with the goal to get them eventually adopted in a binding UN document.

UN diplomats have been known to call for *"sexual rights"* or *"sexual and reproductive health rights"* to be recognized in UN documents without fully understanding that because these terms encompass *"sexual rights"* they also encompass controversial abortion and LGBT rights that their countries may oppose.

Diplomats also sometimes become confused about the difference between the terms *"sexual rights," "sexual and reproductive health and rights," "sexual and reproductive health," "sexual health," "reproductive health,"* and *"reproductive rights."* (See the *Sexual Rights*, *Sexual and Reproductive Health Rights*, *Sexual and Reproductive Health*, *Sexual Health*, *Reproductive Health*, and *Reproductive Rights* sections for clarifications.)

[408] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1381

NEGOTIATING STRATEGIES
Sexual Rights

It is essential that pro-family negotiators ensure that no UN documents include language formulations that could equate to *"sexual rights."* In this regard the following phrases should always be strongly opposed, although this is not an exhaustive list:

"sexual rights"
"sexual and reproductive rights"
"sexual and reproductive health rights"
"sexual and reproductive health and rights"
Rights relating to *"sexual and reproductive health"*

None of these terms is acceptable because *"sexual"* modifies *"rights."* To find hidden references to sexual rights, a negotiator should do a word search in any text under negotiation for the term *"right"* and then analyze the surrounding text to see if it is any way connected to the term *"sexual."*

TALKING POINTS
Sexual Rights

1. ***"Sexual rights"* has never been accepted in any UN consensus document or binding treaty** because it is too controversial. What does it encompass? How is it defined?

2. **Unless the term *"sexual rights"* is defined in a way that does not include controversial notions, this will be a redline for many delegations.**

3. International Planned Parenthood Federation (IPPF), a prominent UN-accredited NGO that receives funding from UNAIDS, UNFPA, UN Women, The World Bank, and WHO states in their Declaration on *"sexual rights"*:

> *"Sexual rights guarantee* that everyone has access to the conditions that allow fulfillment and *expression of their sexualities."* (Sexual Rights: An IPPF Declaration, p. vii)

4. **What are *"sexualities?"*** This seems like a Pandora's box of controversial notions that will likely be completely unacceptable to many UN Member States.

5. **IPPF's Declaration also states that: *"Sexual rights* … are an evolving set of *entitlements related to sexuality"*** (Sexual Rights: An IPPF Declaration, p. i); and the World Health Organization (WHO) website states that their definition of sexual rights reflects *"an evolving understanding of the concepts"* negotiated in Cairo and Beijing. UN Member States should not be expected to accept a term that will evolve in meaning to include presently unknown concepts.

6. We are very concerned that the World Health Organization's (WHO) *"working definition"* of *"sexual rights"* that appears on their website states that *"sexual rights"* includes rights to:

> **Seek, receive and impart information related to sexuality:** Yet there is no UN consensus on a definition of *"sexuality"* or what this could include. This could include an unlimited right to pornography or explicit sexuality education. In fact, WHO's website claims that the term *"sexuality"* encompasses such things as *"eroticism," "fantasies," "desires."* (See *Sexuality* section of this guide.)

Sexuality education: What kind of sexuality education? Education about *"eroticism," "fantasies," "desires"* and more as per WHO's definition of *"sexuality?"* Most comprehensive sexuality education programs condone or encourage masturbation and promote LGBT and abortion rights (See *Comprehensive Sexuality Education*) and a right for children to engage in sex. We do not recognize rights to such forms of education.

Choose one's partner: This sounds reasonable as most States oppose forced marriage, but this could be interpreted to include rights to incest, adult/child sex, or homosexual acts. Many UN Member States have prohibitions on one or more of these things.

Consensual sexual relations: Again, this could include a right to prostitution or a right to consensual sexual relations for children, or to homosexual acts. Many UN Member States have prohibitions on one or more of these sexual activities.

Consensual marriage: This could include a right to same-sex marriage or adult/child marriage**,** both of which are highly controversial in the majority of UN Member States.

Decide whether or not, and when, to have children: This has been interpreted to promote a right to abortion because if a woman is pregnant and she decides she does not want to have children, then it implies she has a right to abort that child.

Pursue a satisfying, safe and pleasurable sexual life: Would this apply to all persons of any age, including children? Who defines what a pleasurable sexual life is? Governments? The individual?

SEXUAL RISK AVOIDANCE (SRA) EDUCATION

(See also Abstinence)

OVERVIEW

Sexual Risk Avoidance (SRA) Education

There are typically three general categories of sex education (or sexuality education) programs: 1) comprehensive sexuality education (CSE), also known as Sexual Risk Reduction programs; 2) abstinence programs, also known as Sexual Risk Avoidance programs (SRA); or 3) some combination of these two types.[409]

Generally, SRA programs are designed to prepare youth to avoid all the possible negative risks associated with early sexual behavior—including the physical consequences of STIs and pregnancy—through practicing abstinence. SRA programs also address "secondary abstinence" encouraging youth who may already be sexually active to return to a lifestyle that will protect their sexual health.

In addition, SRA education provides information on the non-physical consequences of teen sex and practical skills associated with healthy decision-making and healthy relationships. Medically accurate information about condoms but without graphic demonstrations or distribution may also be part of some SRA education programs.

[409] Weed, S. E., Lickona, T. (2014). Abstinence Education In Context: History, Evidence, Premises, And Comparison to Comprehensive Sexuality Education. In M. Kenny (Ed.), Sex Education. Hauppauge, NY: Nova Sciences.

In contrast, CSE programs typically start with the premise that children have a right to sexual pleasure, and therefore, must be taught how to obtain it. CSE often promotes and provides instruction on high-risk heterosexual and homosexual behavior and includes sexually graphic materials. CSE programs often claim "success" if teens increase their use of contraceptives even though they are still participating in sexual behaviors that place them at significant risk. CSE normalizes teen sex as an expected standard. The explicit demonstrations and themes inherent in CSE programs set behavioral standards that can encourage sexually inexperienced teens to transition into sexual activity.[410]

In some cases, CSE programs that contain graphic, sexually explicit materials and that barely mention abstinence are deceptively promoted as "abstinence programs." Take, for example, the *Making A Difference* program. It is classified as an "abstinence program," but one activity includes instruction on expressing "sexual feelings" and lists "oral sex, dancing, anal sex, talking, sexual intercourse, sexual fantasy, saying 'I like you,' hugging, kissing, holding hands, touching, grinding, massaging, masturbation, caressing, cuddling, and touching each other's genitals." The teacher is supposed to "Be sure students identify oral, anal, and vaginal intercourse as behaviors to avoid when practicing abstinence," but the curriculum then says, "All other behaviors may be good ways to express feelings to another person." The curriculum also includes role-playing exercises with two lesbian girls, two homosexual boys, and a lesbian girl with a bisexual girl. Certainly, a sex education program that contains this type of information should not be considered an abstinence program.

At the same time, proponents of comprehensive sexuality education often intentionally misrepresent abstinence or sexual risk avoidance education programs labeling them "abstinence-only" programs to stigmatize them and give the impression that such programs are not comprehensive, evidence based, or effective.

Research on Sexual Risk Avoidance vs. CSE

UNFPA's *Operational Guidance for Comprehensive Sexuality Education* falsely states that there is "robust evidence" that the "abstinence-only" [SRA] approach is ineffective and that such programs are "more likely to contain inaccurate information about such topics as homosexuality, masturbation, abortion, gender roles and expectations, or even condoms and HIV."[411]

The studies UNFPA uses to make this inaccurate statement are cited in UNESCO's *International Technical Guidance on Sexuality Education*. More than half of the studies are from data collected in the U.S., and they arrive at vastly different conclusions than the U.S. studies showing successful outcomes of SRA programs.

With regard to measuring the effectiveness of sex education programs, UNFPA states, "Effectiveness should be measured against desired outcomes such as reduction in rates of unintended pregnancy, STIs and HIV, and in intimate partner violence; transformation of gender norms and advancement of gender equality more broadly; and empowerment of young people as global citizens who are able to advocate for their own rights."

It is unknown, however, how data could possibly be obtained to measure the transforming of gender norms or empowering "young people as global citizens" who can "advocate for their own rights." It is also highly questionable whether these goals should be the focus of any program that is serious about discouraging sexual behavior among children and youth. Such goals actually reveal the true intent

[410] Ascend. (2016). *Sexual Risk Avoidance Works*. https://weascend.org/wp-content/uploads/2017/10/sraworksweb.pdf
[411] UNFPA. (2014). *Operational Guidance for Comprehensive Sexuality Education*. http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf

behind the CSE programs promoted by UNFPA and UNESCO and that is to turn children into sexual rights activists.

Although described as "proven effective," by UNFPA, there is inadequate evidence of program effectiveness for most CSE programs. In fact, one analysis of data often quoted as proving that CSE programs are effective evaluated 28 CSE programs. A closer look at the evaluations of these programs revealed the following alarming facts that CSE proponents fail to disclose:

- Only one of the 28 CSE programs evaluated showed a reduction in teen pregnancy at least one year after the program;
- Only three of the 28 programs demonstrated a one-year reduction in sexual risk behavior for the teen population in a school classroom, where most sex education programs occur;
- Only one of the school-based programs demonstrated the ability to reduce teen STDs one year after the program, and only three community or clinic-based programs produced this outcome;
- Only 29 percent (8/28) of the programs showed a one-year increase in rates of teen abstinence, which is the only behavior that avoids the negative consequences of teen sex. Only five were school-classroom programs;
- None of the school-classroom programs demonstrated an increase in consistent condom use (use every time); only three community programs increased consistent use, the behavior necessary to reduce STD risk;
- For the large majority (about 68 percent) of the CSE programs the "rigorous proof" of program effectiveness consisted of the evidence from only one study, a study conducted by the program's author;
- Some programs that demonstrated crucial failures were included on the list as "proven to be effective." For example: The Safer Sex program was designed "to reduce STDs and improve [teen] condom use." It failed to achieve significant impact on either of these outcomes, but did show a short-term reduction in "number of sex partners." This effect was not evident after six months, yet it was cited as proof of program success, even though the program failed to show significant improvement on the two main outcomes—condom use and STDs—it was intended to influence (a failure not mentioned in any report).[412]

On the other hand, SRA education has an impressive and growing body of research showing its effectiveness. To date, 23 peer-reviewed studies show statistically significant evidence of positive behavioral impact for students with all levels of sexual experience. An additional 43 studies from the U.S. Department of Health and Human Services (HHS) 2010, 2007, and 2005 Abstinence Education Evaluation Conferences showed early stage positive attitudinal impacts that tend to predict decreased sexual initiation rates.[413] The results of the SRA studies consistently reveal three noteworthy findings. Compared to their peers, students in SRA abstinence education programs are:

1) Much more likely to delay sexual initiation;

[412] Institute for Research and Evaluation. (2010). Federally Funded Teen Pregnancy Prevention Programs: Not What They Claim to Be. http://institute-research.com/docs/IRE_Critique_of_28TPP_Programs_(12-31-10).pdf
[413] Abstinence Works. (2013). The National Abstinence Education Association.

2) If sexually active, much more likely to discontinue or decrease their sexual activity; and

3) No less likely to use a condom if they initiate sex.[414]

A landmark study of international school-based CSE programs compared to Abstinence Education (AE) found more evidence of failure than success for CSE programs in schools worldwide:

> "Using credible standards of effectiveness derived from the field of prevention research to evaluate sex education outcomes—criteria that have scientific validity and practical utility for policymakers—produces a very different pattern of evidence for school-based CSE than what has been reported by research reviews that employ more-lenient standards of effectiveness. When this more-rigorous approach is used, the claims that school-based CSE is proven effective and AE is ineffective are not supported by 120 of the strongest and most recent outcome studies of sex education worldwide, studies that have been vetted by the U.S. government and UNESCO and included in their CSE reviews. There were very few sustained CSE effects on key protective indicators for the intended populations. *In fact, the evidence, covering 30 years of research, shows that comprehensive sex education has not been an effective public health strategy in schools around the world and has produced a concerning number of harmful impacts. By contrast, the evidence for abstinence education effectiveness in the U.S., though limited, was more promising. We recommend that policymakers abandon plans for the global dissemination of CSE in schools; a different paradigm is needed to reduce the negative consequences of teenage sexual activity. Replication studies of the positive findings for abstinence education should be done to inform the development of such a paradigm.*"[415]

Parental Preference

Surveys show that most parents agree that abstinence is the appropriate choice for teens and is the solution to the problem of STDs, teen pregnancy, and emotional harm often caused by teen sexual activity. Most parents support SRA abstinence education regardless of political party affiliation or race. Most parents would not approve of the content of most CSE programs.

When parents of teens and pre-teens are made aware that some CSE curricula contain explicit content that demonstrates condom application and that teaches "safe" sexual contact between teens such as "grinding, massaging, masturbation, caressing, cuddling, and touching each other's genitals…may be good ways to express feelings to another person," approximately 70 percent of parents reject these programs.[416]

One survey of U.S. parents found:

- 68 percent of parents reject CSE programs that spend most of the time teaching condom use and application and spend little time teaching abstinence;[417]

- 78 percent agree that "sex education classes in public schools should place more emphasis on promoting abstinence rather than on condom and other contraceptive use;"[418]

[414] Weed, S. (2008, April 23). *Testimony Before the U.S. House of Representatives Committee on Oversight and Government Reform*. https://democrats-oversight.house.gov/sites/democrats.oversight.house.gov/files/migrated/20080423114651.pdf
[415] Ericksen, I. H., Weed, S. E. (2019). Re-Examining the Evidence for School-Based Comprehensive Sex Education. *Issues in Law and Medicine, 34*(2), 161-182. See also SexEdReport.org
[416] Zogby International. (2007). Nationwide Survey of Parents of Children Age 10–16. Conducted 3/27/07–4/5/07.
[417] Ibid.
[418] Ibid.

- 82 percent say that it is important that their child wait to have sex until marriage.[419]

Conclusion

Sexual risk to teens is of no less significance than other risk behaviors that governments have taken a risk avoidance approach to such as smoking, drinking or drug use. Yet, possibly due to political reasons, some policymakers promote risk reduction instead of complete sexual risk avoidance when addressing sexual health risks for youth.

According to the U.S. Centers for Disease Control and Prevention, "School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse...to continue to abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage. For young people who have engaged in sexual intercourse, school programs should enable and encourage them to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage."[420]

SEXUALITY

(See also Comprehensive Sexuality Education | Sexuality, Control Over)

OVERVIEW

Sexuality

The term *"sexuality"* is one of the most controversial terms in UN negotiations and should be strongly opposed whenever it is proposed, and especially if it is proposed in the context of children, adolescents, or youth.

One need look no further than the World Health Organization (WHO) definition for *"sexuality"* used around the world to see how problematic the term *"sexuality"* is in any context.

Definitions for Sexuality:

The WHO gives the following definition for *"sexuality"*:

> "…a central aspect of being human throughout life **encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure**, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While **sexuality can include all of these dimensions**, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."[421]

[419] These conclusions are based upon the information given in the OAH *Teenage Pregnancy Prevention* documentation, the studies cited therein, and/or the information about these interventions on the programs' websites. See: Office of Adolescent Health. (2010). *Teenage Pregnancy Prevention: Programs for Replication—Intervention Implementation Reports.* Office of Public Health and Science, U.S. Department of Health and Human Services.

[420] Guidelines for Effective School Health Education to Prevent the Spread of AIDS. (1988). https://www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm

[421] World Health Organization. (n.d.). Defining Sexual Health. https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

It is important to note that the European Institute for Gender Equality, which is an autonomous body of the European Union, defines "sexuality" to also encompass "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction." This means when the EU proposes the term "sexuality," which they often do in the context of "control over sexuality" that they intend such to be understood as encompassing control over sexual orientation, gender identity, eroticism and pleasure. This in turn would encompass repealing laws that impose any restrictions regarding sexual orientation and gender identity. Further, if "control over sexuality" is in a proposed provision in the context of "all persons," "everyone," "girls," "boys," "youth," "adolescents" or "young people" then control over sexuality would connote sexual rights to children in this regard.[422]

Another WHO document published with the support of multiple UN agencies states:

> "**Sexual health** today is widely understood as a state of physical, emotional, mental and social **wellbeing in relation to sexuality**. "It encompasses: "being able to control one's fertility through **access to contraception and abortion" and** "**the possibility of having pleasurable and safe sexual experiences**…"[423]

In the Eastern and Southern African (ESA) Commitment on CSE and SRH Services for Adolescents, after the text was finalized, a glossary of terms was added without the knowledge or consent of African countries defining "sexuality" as follows:

> "Sexuality – A central aspect of being human which encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. This is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships throughout an individual's whole life. (UNFPA, n.d.)"

See *Eastern and Southern African (ESA) Commitment on CSE and SRH Services for Adolescents* section for more information.

Miriam Webster's Dictionary defines *"sexuality"* as:

> "1. The quality or state of being sexual, 2. Sexual activity, 3. Expression of sexual receptivity."

According to these definitions, *"sexuality"* encompasses, "**gender identities and roles, sexual orientation, eroticism, pleasure," "fantasies" and "desires," "access to contraception and abortion,"** and "pleasurable" sexual experiences.

In effect, granting rights to *"control over" "sexuality"* is the same as granting rights to abortion, sexual promiscuity, transgenderism, homosexuality, and more.

NEGOTIATING STRATEGIES

Sexuality

The best option is to delete the term *"sexuality"* everywhere it appears. This term should always be contested and challenged immediately by pointing out its highly controversial definitions.

[422] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1379

[423] World Health Organization. (2015). *Sexual Health, Human Rights and the Law*. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

"Sexuality" provisions should never be accepted in the context of children, adolescents, or youth.

TALKING POINTS
Sexuality

1. **We are uncomfortable using the term "*sexuality*" because there is no consensus definition.** How will it be defined? We would like to ask the delegations supporting this para to provide us with a consensus definition for *"sexuality."*

2. **The World Health Organization** 2015 publication, *Sexual Health, Human Rights, and the Law* supported by multiple UN agencies **defines "*sexuality*" to encompass *"access to abortion"* and a right to pleasurable sexual experiences.** This is unacceptable to our delegation.

> "**Sexual health** today is widely understood as a state of physical, emotional, mental and social **wellbeing in relation to sexuality**. "It encompasses … being able to control one's fertility through **access to contraception and abortion … also the possibility of having pleasurable and safe sexual experiences**…"[424]

3. **For what age are we granting rights related to *"sexuality,"* and what do those rights entail?**

4. **We are concerned about the way *"sexuality"* has been interpreted in the 2018 UNESCO *Technical Guidance on Sexuality Education.*** This UN *"Guidance"* document defines *"sexuality"* to encompass abortion, transgender issues, sexual orientation, sexual pleasure, and more, making this term entirely unacceptable to our delegation. (See *Comprehensive Sexuality Education* section.)

5. **Unless we adopt a less controversial definition for *"sexuality"*** within this document than those being put forward by UN agencies, we cannot accept this term.

6. If we are going to use the term *"sexuality,"* we propose adding the following language to help give context to the term:

> Recognizing that *"human sexuality and gender relations are closely interrelated* [and that] *equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behavior."* – ICPD 7.34

[**Note:** If you coordinate with other delegations, ask them to verbally support this proposal with the following change, replace "*gender relations"* with *"relations between the sexes*." The argument that can be made was that back in 1999 when ICPD was adopted *"gender"* was understood as a reference to the two sexes, male, and female. (See *Gender* section.)]

See also talking points below for "*Sexuality, Control Over."*

[424] Ibid.

SEXUALITY, CONTROL OVER

(See also Sexuality and Sexual Rights)

OVERVIEW
Sexuality, Control Over

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that one of the top priorities of the EU and likeminded countries for every resolution is to include a reference regarding "control over sexuality," including sexual and reproductive health. This is essential to them because they understand it to encompass abortion and LGBT rights, among other things. Further, an advocacy manual funded by the Netherlands to train LGBT and abortion-rights youth advocates at the UN reveals that they believe including the phrase "and responsibly" in the following formulation limits the rights they are trying to promote. The following quote from their advocacy manual provides a window into their thoughts regarding this:

"**Decide freely [and responsibly] on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence:** Sentences like the three above are considered weak and regressive because they effectively try to police young people's sexuality, instead if you remove the 'and responsibly' this language would be considered quite progressive as it promotes and respects young people's rights to make choices around their own sexuality without negative repercussions." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[425]

NOTE: Again, any mention of responsibility connected to control of sexuality is considered regressive to sexual rights advocates.

The concept of having *"control"* over matters related to one's *"sexuality"* should always be aggressively opposed, especially when used in the context of girls or adolescents.

This is because when language promoting a right to having *"control over"* one's *"sexuality"* was first adopted in 1995, it was understood by the majority of delegations to have an entirely different meaning than what it does today.

The term *"sexuality"* appears in ICPD over 20 times, but largely in the context of protecting women and girls against rape or FGM or in generally promoting responsible sexual behavior.

However, this phrase has now taken on an entirely new and expanded meaning, where, as noted in the *Sexuality* section above, according to multiple UN agencies, the term *"sexuality"* now encompasses

[425] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.

"gender identity," "sexual orientation," sexual *"intimacy," "pleasure," "abortion," "eroticism,"* and more.

It is important to note that the European Institute for Gender Equality, which is an autonomous body of the European Union, defines "sexuality" to encompass "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction." This means when the EU proposes the term "sexuality," which they often do in the context of "control over sexuality" that they intend such to be understood as encompassing control over sexual orientation, gender identity, eroticism and pleasure. This in turn would encompass repealing laws that impose any restrictions regarding sexual orientation and gender identity. Further, if "control over sexuality" is in a proposed provision in the context of "all persons," "everyone," "girls," "boys," "youth," "adolescents" or "young people" then control over sexuality would connote sexual rights to children in this regard.[426]

Thus, a *"right"* to *"control"* one's *"sexuality"* now encompasses a right to abortion, homosexuality, sexual pleasure, eroticism, and more.

The real danger began when a *"right to have control over and decide freely"* on *"sexuality"* was adopted in the Beijing Platform for Action in 1995.

The Beijing Platform for Action states,

> *"The human rights of women include* ***their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health****, free of coercion, discrimination and violence."* (Article 3-2m)

Cheers erupted in Beijing from lesbian advocacy groups upon its adoption. This was because the lesbian caucus interprets the ***"right to have control over"*** their ***"sexuality"*** to encompass lesbian rights. Indeed, what most States didn't realize or intend at Beijing is that the term *"sexuality"* was then defined by the LGBT community and would later be defined by the World Health Organization as encompassing sexual orientation, gender identity, fantasies, desires, eroticism, and pleasure, among other things.

Ever since, the concept of having *"control over"* one's *"sexuality"* has been aggressively pushed in multiple UN documents by a number of developed countries seeking to advance LGBT rights. In fact, some academic texts opine that Article 96 in the Beijing Platform indirectly enshrined *"sexual rights"* in UN policy. (See *Sexual Rights section.)*

To date, the ***"right to have control over and decide freely"*** **on** ***"sexuality"*** has been adopted in many other UN resolutions and documents, which is very unfortunate indeed.

But this does not mean it has to be accepted in any document moving forward. The simple argument that can be used is that there were no controversial UN agency definitions for *"sexuality"* back when it was first adopted, and now there are. So, since its definition has changed, it can no longer be accepted.

In January 2019, the European Parliament passed a resolution on fundamental rights in the European Union reiterating that "women and girls must have control over their bodies and sexualities." Granting young girls the "fundamental right" of exercising "control over their bodies and sexualities" opens the door to a plethora of possible harmful "rights" including everything from unfettered access to

[426] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1379

contraceptives to abortion to complete autonomy regarding medical decisions without parental knowledge or consent.[427]

TALKING POINTS
Sexuality, Control Over

1. **We can no longer accept this term for the simple reason that since it was first adopted in Beijing, UN agencies have created new definitions for *"sexuality"*** which are too controversial. For example, The World Health Organization (WHO) gives the following definition for "*sexuality*":

> "…a central aspect of being human throughout life **encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure**, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, **fantasies, desires**, beliefs, attitudes, values, behaviours, practices, roles and relationships. While **sexuality can include all of these dimensions**, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."[428]

2. **We cannot accept language calling for a right to control *"sexuality"* if we don't know how *"sexuality"* will be defined or interpreted.** Will the World Health Organization definition for *"sexuality"* be used? (See point 1 above.) Will *"sexuality"* encompass access to abortion, sexual orientation, gender identities, eroticism, and more? These concepts are too controversial for us.

[**Note:** Use the following talking points if the *"control over sexuality"* language is proposed in the context of children, girls, adolescents or youth:]

3. **Based on the fact that the definition for *"sexuality"* has expanded to encompass many controversial concepts for adults, let alone children,** we simply cannot accept references to children of minor age here. Even Miriam Webster's Dictionary defines *"sexuality"* as encompassing *"sexual activity"* and the *"expression of sexual receptivity"* (whatever that means)—two concepts entirely inappropriate for children or adolescents.

[**Note:** If all the main concepts in the full Beijing Article 96 paragraph are on the table, including the reference to *"sexual and reproductive health,"* the proposal can also be opposed on the basis that UN agencies are now defining SRH to encompass abortion and more. (See *Sexual and Reproductive Health* section.)]

NEGOTIATING STRATEGIES
Sexuality, Control Over

It is important to call for the deletion of references to "control over sexuality" as this term has been expanded to encompass the controversial issues outlined above. If it is impossible to delete "control over sexuality" provisions, please consider insisting on caveats with regard to national sovereignty and national laws and policies. For multiple examples of caveats see the *Sovereignty* section.

[427] European Parliament resolution of 16 January 2019 on the situation of fundamental rights in the European Union in 2017 (2018/2103(INI)). Para 23. http://www.europarl.europa.eu/doceo/document/TA-8-2019-0032_EN.html
[428] World Health Organization. (n.d.). Defining Sexual Health. https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

SINGLE PARENT FAMILIES

UN CONSENSUS LANGUAGE IN CONTEXT
Single Parent Families

■ Governments, in cooperation with employers, should provide and promote means to facilitate compatibility between labour force participation and parental responsibilities, **especially for single-parent households with young children**. Such means could include health insurance and social security, day-care centres and facilities for breast-feeding mothers within the work premises, kindergartens, part-time jobs, paid parental leave, paid maternity leave, flexible work schedules, and reproductive and child health services. – ICPD (1994), 5.3.

■ When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. **Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants**, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and stronger legal enforcement of male parental financial responsibilities. – ICPD (1994), 5.4.

■ Assisting women and men in reconciling employment and family responsibilities, inter alia, by flexible working arrangements, including parental voluntary part-time employment and work-sharing, as well as accessible and affordable quality child-care and dependant-care facilities, **paying particular attention to the needs of single-parent households.** – Social Summit +5 (2000), 49(c).

■ Governments should maintain and further develop mechanisms to document changes and undertake studies on family composition and structure, especially on the prevalence of one-person households, and **single-parent and multigenerational families**. – ICPD (1994), 5.6.

SOCIAL PROTECTION

OVERVIEW
Social Protection

When negotiating social protection provision, care must be taken with regard to social protection policies. Consider the following:

A video on the UNAIDS website titled "Social Protection for LGBT People: Challenges and Good Practices" sponsored by ILO, OHCHR, and UNRISD in collaboration with ECLAC, ECWAS, UN-WOMEN, ESCAP and FAO describes the "human rights" approach to social protection.[429] According to the video highlighting advances for LGBT people, social protection policy achievements in Uruguay included the passage of a new marriage equality law (i.e., legalizing same-sex marriage), passing a gender identity law (transgender affirming law) and a pro-abortion law. Also, enacted in 1978, Italian Law

[429] UNAIDS. (n.d.). Social Protection for LGBT People: Challenges and Good Practices. http://www.unaids.org/en/file/110814

No. 194 "on the social protection of motherhood and the voluntary termination of pregnancy" legalizes abortion during the first 90 days of pregnancy for economic, family, health or personal reasons.

SOVEREIGNTY

OVERVIEW
Sovereignty

Since a number of UN entities and States have been seeking to establish new international rights that undermine the family by inserting vague and euphemistic terms into UN documents under negotiation, it is important to explicitly protect national sovereignty in each and every text.

Many battles over sovereignty have resulted in all-night negotiations when some Western governments, especially the European Union, have refused to allow sovereignty protection clauses to be inserted in documents despite the strong protections for sovereignty in the UN Charter.

The UN Commission on Population and Development has been an especially heated battleground for national sovereignty. In fact, on three occasions, the outcome documents were actually thrown out because Western governments refused to allow developing countries to protect their sovereignty with strong language. This is because their intent is to override the sovereignty of nations to push their radical abortion/sexual rights agenda in their countries.

There was a major sovereignty battle at CPD 51 in 2018. Developing countries proposed strong sovereignty language, which was supported by many countries. But then the U.S. negotiator proposed what we call a "fake" sovereignty paragraph. The essential language in the original sovereignty paragraph is agreed language directly from ICPD and is the language that was adopted in the past five CPD outcome documents:

> *"reaffirms the sovereign right of each country to implement the recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights;"*

This sovereignty paragraph originally from the ICPD Programme of Action was adopted fully intact at CPD 44, 45, 46, 47, and 49. There were no outcome documents at CPD 48, 50 and 51, largely because developed countries would not accept it, and developing countries refused to back down because it is their only protection against the deceptive way UNFPA and developed countries interpret and implement CPD agreements. Also, at CPD 52, there was only a draft "Declaration on the occasion of the twenty-fifth anniversary of the International Conference on Population and Development" which did not warrant a sovereignty paragraph.

[**Note:** Proposing this ICPD sovereignty paragraph can completely change the dynamics of the negotiations drawing attention away from other controversial issues.]

Also, this paragraph should not be controversial as it reflects respect for national sovereignty as specified in the UN Charter, which calls for respecting the sovereign rights of all nations.

A comparison of the legitimate sovereignty paragraph with the "fake" sovereignty paragraph reveals the deceptive manner in which Western nations seek to manipulate developing countries.

A legitimate sovereignty paragraph has two key pillars.

1. It reaffirms the sovereign *"right"* of each state. That's what makes it a *"sovereignty"* paragraph.

2. It calls for respect for *"religious and cultural values"* in implementing the document in which it appears.

Fake Sovereignty Paragraph

The following language is proposed as a deceptive compromise, but it intentionally guts the key pillars of sovereignty.

> *"Takes into account different national realities, capacities, and levels of development, and respects each country's policy space and leadership while remaining consistent with relevant international rules and commitments."*

Comments:

1. The phrase "*takes into account"* is arbitrary and has no real weight.

2. The phrase *"respecting policy space"* is absurd is and nothing close to *"reaffirming"* the sovereign *"right"* of states, which is much stronger.

3. The phrase "*remaining consistent with*" is intended to caveat or override the first part of the sentence that calls for respect of "*policy space*" as in only respecting "*policy space*" if doing so is consistent with some vague notion of "*international rules and commitments*" which could be defined in many ways.

4. The vague phrase *"relevant international rules and commitments"* is ridiculously broad. What rules? What commitments? Established by whom? Who decides what is relevant?"

According to the UN publication *Sexual Health, Human Rights and the Law*, multiple UN agencies falsely claim that states have made "commitments" to liberalize and provide abortion, transgender surgeries, CSE and SRH services without parental guidance or consent, prostitution rights, and much more, all under the banner of sexual and reproductive health.[430] They make this case often by citing to non-binding, ultra vires treaty body pronouncements.

In other words, a fake sovereignty provision, depending on how it is interpreted can be worse than no para at all. And that's exactly the intention.

[430] See excerpts from Sexuality, Human Rights, and the Law. https://www.comprehensivesexualityeducation.org/wp-content/uploads/WHO-Sexual-Health-Human-Rights-and-the-Law_UNICEF_withcover.pdf

NEGOTIATING STRATEGIES

Sovereignty

Governments should always insist, even at the risk of not having an outcome document, that national sovereignty be protected in each and every negotiated document. This will prevent controversial agendas from being imported into policy documents in deceptive ways. Protecting sovereignty can be achieved by proposing one of the sovereignty paragraphs, below, after replacing the reference to "the Programme of Action" with the name of the current document under negotiation. Additional consensus sovereignty language also listed below can be added in various places throughout a negotiated text to further protect sovereignty.

> "The implementation of the recommendations contained in **[DELETE: ~~the Programme of Action and those contained in~~]** the present document is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights." – ICPD +5 (1999), Preamble.
>
> "Further reaffirms the sovereign right of each country to implement recommendations **[DELETE: ~~of the Programme of Action or other proposals~~]** in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights." – CPD Report on the forty-sixth session (2013).

Examples of good consensus language that can be proposed:

- *"… is the sovereign right of each country, consistent with national laws and development priorities."* – Social Summit (1995), 3.
- *"… respect for sovereignty as set forth in the Charter of the United Nations."* – Beijing (1995), 131.
- *"The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities …"* – ICPD (1994), Chapter II, Principles.
- *"… with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people."* – ICPD (1994), 1.11.
- *"… take account of cultural, religious and ethical factors."* – HIV/AIDS (2001), 63.
- *"… consistent with national laws, religious and ethical values and cultural backgrounds of its people."* – Children's Summit (2002), 37.

You can also identify inflexible language and mandatory terms such as:

> *"must," "ensure," "shall," "require," "establish," "guarantee," and "imperative,"*

and propose deleting the inflexible language and replacing these mandatory terms with more flexible ones.

Examples of more flexible language:

> *"promote," "encourage," "help," "assist," "increase efforts," "work toward," "facilitate," "suggest," "request," "support," "recommend,"* and *"set a goal to"*

As an alternative, delegates can also insert modifying phrases to increase flexibility.

Examples:

> *"as appropriate," "where appropriate," "where needed," "when merited," "where feasible," "where relevant,"* and *"according to the needs of the member state."*

There are some excellent examples of sovereignty language in the 2030 Agenda that can be used to modify proposals in negotiations:

> *"different levels development and capacities"* – 2030 Agenda, 3
> *"respecting national policies and priorities"* – 2030 Agenda, 5
> *"different national realities"* – 2030 Agenda, 21
> *"national realities, capacities and priorities"* – 2030 Agenda, 55
> *"national circumstances and priorities"* – 2030 Agenda, 59
> *"and the family as nationally appropriate"* – 2030 Agenda, 5.4
> *"in accordance with national laws"* – 2030 Agenda, 5.a
> *"in accordance with national circumstances"* – 2030 Agenda, 8.1
> *"in line with national circumstances"* – 2030 Agenda, 9.1
> *"national plans and programmes"* – 2030 Agenda, 10.b
> *"national policies and priorities"* – 2030 Agenda, 12.7
> *"national circumstances"* – 2030 Agenda, 12.c
> *"in accordance with national legislation"* – 2030 Agenda, 16.10
> *"relevant in national contexts"* – 2030 Agenda, 17.18
> *"respect policy space and priorities"* – 2030 Agenda, 74.a
> *"national needs and priorities"* – 2030 Agenda, 74.f
> *"circumstances, policies and priorities"* – 2030 Agenda, 79

When negotiating language regarding the actions of UN entities that might overstep their mandates and violate principles of national sovereignty with their reports or actions (such as UN agencies, Special Rapporteurs, treaty body monitoring committees, etc.), you can add modifying language such as *"within its mandate"* to limit the scope of their influence.

Example:

> *"Support the Commission on the Status of Women, within its mandate, in assessing and advancing the implementation of the Beijing Platform for Action …"* – Beijing +5 (2000), 85(e).

Common preambular verbs and adjectives (the strongest ones are bolded):

Acknowledging, **Affirming,** Alarmed, Aware, Bearing in mind, **Believing**, Cognizant, **Commending**, Concerned, **Gravely concerned**, **Deeply concerned** (about), Conscious, **Convinced**, **Deploring**, Disturbed, **Deeply disturbed**, **Emphasizing**, Expressing (alarm, appreciation, concern, gratitude, satisfaction) **Guided**, Having considered, Having heard, Having received Mindful, Noting, **Noting with concern**, **Noting with appreciation**, **Noting with satisfaction**, **Reaffirming**, Realizing, Recalling, Recognizing, **Stressing**, Taking into account, Taking note, **Taking note with appreciation**, **Taking note with concern**, Thanking, Underlining, **Underscoring the fact that**, **Urging**.

Common operative verbs (the strongest are bolded):

Accepts, **Adopts**, **Affirms**, **Agrees**, Appeals, Appreciates, **Approves**, **Authorizes**, Calls upon, Commends, Condemns, **Strongly condemns**, **Decides**, **Declares**, **Demands**, **Denounces**, **Deplores**, Discourages, Emphasizes, **Endorses**, Expresses (alarm, appreciation, concern, gratitude, satisfaction), Invites, Notes, **Notes with concern**, **Notes with appreciation**, **Notes with satisfaction**, **Reaffirms**, Recognizes, **Recommends**, Reiterates, **Rejects**, **Renews**, **Renews its invitation**, **Renews its commitment**, Requests, Supports, Takes note, **Takes note with appreciation**, Underlines, **Underscores the fact that**, **Urges**, Welcomes.

TALKING POINTS
Sovereignty

1. **National sovereignty is a fundamental principle of the UN Charter as the United Nations** *"is based on the principle of the sovereign equality of all its Members."* – UN Charter Article 2.1; *see also* Chapter II.1

2. **The UN Charter also makes it very clear that *"nothing contained in the present Charter shall authorize the United Nations to intervene in matters which are essentially within the domestic jurisdiction of any state …"*** – UN Charter, Article 2.7

UN CONSENSUS LANGUAGE IN CONTEXT
Sovereignty

■ We are announcing today 17 Sustainable Development Goals with 169 associated targets which are integrated and indivisible. Never before have world leaders pledged common action and endeavour across such a broad and universal policy agenda. We are setting out together on the path towards sustainable development, devoting ourselves collectively to the pursuit of global development and of "win-win" cooperation which can bring huge gains to all countries and all parts of the world. **We reaffirm that every State has, and shall freely exercise, full permanent sovereignty over all its wealth, natural resources and economic activity.** We will implement the Agenda for the full benefit of all, for today's generation and for future generations. In doing so, we reaffirm our commitment to international law and emphasize that the Agenda is to be implemented in a manner that is consistent with the rights and obligations of States under international law. – 2030 Agenda (2015), 18.

■ We are determined to establish a just and lasting peace all over the world in accordance with the purposes and principles of the Charter. We rededicate ourselves to support all efforts to **uphold the sovereign equality of all States, respect their territorial integrity and political independence,** to refrain in our international relations from the threat or use of force in any manner inconsistent with the purposes and principles of the United Nations, to uphold resolution of disputes by peaceful means and in conformity with the principles of justice and international law, **the right to self-determination of peoples which remain under colonial domination and foreign occupation, non-interference in the internal affairs of States**, respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion, international cooperation in solving international problems of an economic, social, cultural or humanitarian character and the fulfilment in good faith of the obligations assumed in accordance with the Charter. –World Summit 2005, 5.

■ **Reaffirm the sovereign rights of Member States**, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights; – HIV/AIDS (2011), 2.

■ Welcome the United Nations Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners **in support of national plans and strategies,** to significantly reduce the number of maternal, newborn and under-five child deaths, as a matter of immediate concern, including by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition; – HIV/AIDS (2011), 19.

■ Implement, as a matter of urgency, **in accordance with country-specific conditions and legal systems,** measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children and have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, taking into account ethical and cultural considerations. Governments should take active steps to implement programmes to establish and strengthen preventive and curative health facilities, which include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in **keeping with freedom, dignity and personally held values, taking into account ethical and cultural considerations.** Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well-being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness; – Agenda 21 (1992), 3.8(j).

■ The implementation of the recommendations contained in the Programme of Action and those contained in the present document is **the sovereign right of each country, consistent with national laws and development priorities**, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights. – ICPD +5 (1999), Preamble 5.

■ Take measures, with the full participation of women, to create, at all levels, an enabling environment conducive to the achievement and maintenance of world peace, for democracy and peaceful settlement of disputes **with the full respect for the principles of sovereignty, territorial integrity and political independence of states and non-intervention in matters which are essentially within the jurisdiction of any state**, in accordance with the Charter of the United Nations and international law, as well as, the promotion and protection of all human rights, including the right to development, and fundamental freedoms; – Beijing +5 (2000), 89.

■ **Nationally determined policies** for integrated and multifaceted programmes, with special attention to women, to the poorest people living in critical areas and to other vulnerable groups should be implemented, ensuring the involvement of groups with a special potential to act as agents for change and sustainable development. Special emphasis should be placed on those programmes that achieve multiple objectives, encouraging sustainable economic development, and mitigating adverse impacts of demographic trends and factors, and avoiding long-term environmental damage. Food security, access to secure tenure, basic shelter, and essential infrastructure, education, family welfare, women's reproductive health, family credit schemes, reforestation programmes, primary environmental care, women's employment should, as appropriate, be included among other factors. Agenda 21 (1992), 5.46.

■ Many of the issues mentioned in the present Programme of Action have been addressed in greater detail by previous world conferences concerned with questions closely related to the different aspects of social development. The Programme of Action was elaborated against the background of, and taking into account the commitments, principles and recommendations of, these other conferences, and is also

based on the experience of many countries in promoting social objectives in the context of their particular conditions. The special importance of the Programme of Action lies in its integrated approach and its attempt to combine many different actions for poverty eradication, employment creation and social integration in coherent national and international strategies for social development. **The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities,** with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with all human rights and fundamental freedoms. Each country will also take action in accordance with its evolving capacities. The outcomes of relevant international conferences should also be duly taken into account in the implementation of the present Programme of Action. – Social Summit (1995), 3.

■ An environment that maintains world peace and promotes and protects human rights, democracy and the peaceful settlement of disputes, in accordance with the principles of non-threat or use of force against territorial integrity or political independence and of **respect for sovereignty as set forth in the Charter of the United Nations**, is an important factor for the advancement of women. Peace is inextricably linked with equality between women and men and development. Armed and other types of conflicts and terrorism and hostage-taking still persist in many parts of the world. Aggression, foreign occupation, ethnic and other types of conflicts are an ongoing reality affecting women and men in nearly every region. Gross and systematic violations and situations that constitute serious obstacles to the full enjoyment of human rights continue to occur in different parts of the world. Such violations and obstacles include, as well as torture and cruel, inhuman and degrading treatment or punishment,
summary and arbitrary executions, disappearances, arbitrary detentions, all forms of racism and racial discrimination, foreign occupation and alien domination, xenophobia, poverty, hunger and other denials of economic, social and cultural rights, religious intolerance, terrorism, discrimination against women and lack of the rule of law. International humanitarian law, prohibiting attacks on civilian populations, as such, is at times systematically ignored and human rights are often violated in connection with situations of armed conflict, affecting the civilian population, especially women, children, the elderly and the disabled. – Beijing (1995), 131.

■ The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, **consistent with national laws and development priorities**, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights. – ICPD (1994), Principles, 1st paragraph.

■ Implementation of the Habitat Agenda, including implementation through national laws and development priorities, programmes and policies, is **the sovereign right and responsibility of each State** in conformity with all human rights and fundamental freedoms, including the right to development, and taking into account the significance of and with full respect for various religious and ethical values, cultural backgrounds, and philosophical convictions of individuals and their communities, contributing to the full enjoyment by all of their human rights in order to achieve the objectives of adequate shelter for all and sustainable human settlements development. – Habitat (1996), 24.

SOVEREIGNTY, RESPECT FOR NATIONAL LAWS

UN CONSENSUS LANGUAGE IN CONTEXT

Sovereignty, Respect for National Laws

■ We resolve, between now and 2030, to end poverty and hunger everywhere; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and

promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources. We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, **taking into account different levels of national development and capacities**. – 2030 Agenda (2015), 3.

■ This is an Agenda of unprecedented scope and significance. It is accepted by all countries and is applicable to all, taking **into account different national realities, capacities and levels of development and respecting national policies and priorities**. These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible and balance the three dimensions of sustainable development. – 2030 Agenda (2015), 5.

■ Ensure public access to information and protect fundamental freedoms, **in accordance with national legislation and international agreements**. – 2030 Agenda (2015), 16.10.

■ The new Goals and targets will come into effect on 1 January 2016 and will guide the decisions we take over the next 15 years. All of us will work to implement the Agenda within our own countries and at the regional and global levels, **taking into account different national realities, capacities and levels of development and respecting national policies and priorities.** We will respect national policy space for sustained, inclusive and sustainable economic growth, in particular for developing States, while remaining consistent with relevant international rules and commitments. We acknowledge also the importance of the regional and subregional dimensions, regional economic integration and interconnectivity in sustainable development. Regional and subregional frameworks can facilitate the effective translation of sustainable development policies into concrete action at the national level. – 2030 Agenda (2015), 21.

■ The Sustainable Development Goals and targets are integrated and indivisible, global in nature and universally applicable, **taking into account different national realities, capacities and levels of development and respecting national policies and priorities.** Targets are defined as aspirational and global, with each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global targets should be incorporated into national planning processes, policies and strategies. It is important to recognize the link between sustainable development and other relevant ongoing processes in the economic, social and environmental fields. – 2030 Agenda (2015), 55.

■ We recognize that there are different approaches, visions, models and tools available to each country, **in accordance with its national circumstances and priorities**, to achieve sustainable development; and we reaffirm that planet Earth and its ecosystems are our common home and that "Mother Earth" is a common expression in a number of countries and regions. – 2030 Agenda (2015), 59.

■ Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family **as nationally appropriate**. – 2030 Agenda (2015), 5.4.

■ Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, **in accordance with national laws**. – 2030 Agenda (2015), 5.a.

■ Sustain per capita economic growth **in accordance with national circumstances** and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries. – 2030 Agenda (2015), 8.1.

■ Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, **in line with national circumstances**, and double its share in least developed countries – 2030 Agenda (2015), 9.2.

■ Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, **in accordance with their national plans and programmes**. – 2030 Agenda (2015), 10.b.

■ Promote public procurement practices that are sustainable, **in accordance with national policies and priorities.** – 2030 Agenda (2015), 12.7.

■ Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, **in accordance with national circumstances**, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities. – 2030 Agenda (2015), 12.c.

■ Ensure public access to information and protect fundamental freedoms, **in accordance with national legislation and international agreements**. – 2030 Agenda (2015), 16.10.

■ By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics **relevant in national contexts**. – 2030 Agenda (2015), 17.18.

■ Follow-up and review processes at all levels will be guided by the following principles:
(a) They will be voluntary and country-led, will **take into account different national realities, capacities and levels of development and will respect policy space and priorities.** As national ownership is key to achieving sustainable development, the outcome from national-level processes will be the foundation for reviews at the regional and global levels, given that the global review will be primarily based on national official data sources.
(f) They will build on existing platforms and processes, where these exist, avoid duplication and **respond to national circumstances, capacities, needs and priorities.** They will evolve over time, taking into account emerging issues and the development of new methodologies, and will minimize the reporting burden on national administrations. – 2030 Agenda (2015), 74.a, f.

■ We also encourage Member States to conduct regular and inclusive reviews of progress at the national and subnational levels which are country-led and country-driven. Such reviews should draw on contributions from indigenous peoples, civil society, the private sector and other stakeholders, **in line with national circumstances, policies and priorities.** National parliaments as well as other institutions can also support these processes. – 2030 Agenda (2015), 79.

■ Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, **in accordance with national laws.** – 2030 Agenda (2015), 5.a.

■ Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration

consistent with national laws, national development priorities and international human rights; – HIV/AIDS (2011), 2.

■ The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, **consistent with national laws and development priorities**, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights. – ICPD (1994), Principles, 1st paragraph.

■ To achieve these goals and targets, taking into account the best interests of the child, **consistent with national laws,** religious and ethical values and cultural backgrounds of its people, and in conformity with all human rights and fundamental freedoms, we will carry out the following strategies and actions: – Children's Summit 2002, 37.

■ Strengthen the capacity of health-care systems to deliver basic health services to all in an efficient, accessible and affordable manner aimed at preventing, controlling and treating diseases, and to reduce environmental health threats, in conformity with human rights and fundamental freedoms and **consistent with national laws** and cultural and religious values, and taking into account the reports of relevant United Nations conferences and summits and of special sessions of the General Assembly. This would include actions at all levels to: Earth Summit +10, 54.

■ 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 only be determined 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. – ICPD (1994), 8.25.

■ In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "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 only be determined 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", consider reviewing laws containing punitive measures against women who have undergone illegal abortions; – Beijing (1995), 106(k).

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SPIRITUALITY

UN CONSENSUS LANGUAGE IN CONTEXT

Spirituality

■ Promote respect for the right of women and men to the freedom of thought, conscience and religion. **Recognize the central role that religion, spirituality and belief play in the lives of millions of women and men.** – Beijing +5, 98(c).

■ We Heads of State and Government are committed to a political, economic, **ethical and spiritual vision** for social development based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation, a**nd full respect for the various religious and ethical values and cultural backgrounds** of people. Accordingly, we will give the highest priority in national, regional and international policies and actions to the promotion of social progress, justice and the betterment of the human condition, based on full participation by all. – Social Summit (1995), Declaration, 25.

■ The empowerment and advancement of women, including the right to freedom of thought, conscience, religion and belief, thus contributing to the **moral, ethical, spiritual** and intellectual needs of women and men, individually or in community with others and thereby guaranteeing them the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations. – Beijing Declaration, 12.

■ We acknowledge that our societies must respond more effectively to the material and **spiritual needs** of individuals, their families and the communities in which they live throughout our diverse countries and regions. – Social Summit (1995), Declaration, 3.

■ Social development is inseparable from the cultural, ecological, economic, political and **spiritual** environment in which it takes place. It cannot be pursued as a sectoral initiative. Social development is also clearly linked to the development of peace, freedom, stability and security, both nationally and internationally. To promote social development requires an orientation of values, objectives and priorities towards the well-being of all and the strengthening and promotion of conducive institutions and policies. – Social Summit (1995), 4.

■ The girl child of today is the woman of tomorrow. The skills, ideas and energy of the girl child are vital for full attainment of the goals of equality, development and peace. For the girl child to develop her full potential she needs to be nurtured in an enabling environment, where her **spiritual**, intellectual and material needs for survival, protection and development are met and her equal rights safeguarded.

If women are to be equal partners with men, in every aspect of life and development, now is the time to recognize the human dignity and worth of the girl child and to ensure the full enjoyment of her human rights and fundamental freedoms, including the rights assured by the Convention on the Rights of the Child, 11/ universal ratification of which is strongly urged. Yet there exists worldwide evidence that discrimination and violence against girls begin at the earliest stages of life and continue unabated throughout their lives. They often have less access to nutrition, physical and mental health care and education and enjoy fewer rights, opportunities and benefits of childhood and adolescence than do boys. They are often subjected to various forms of sexual and economic exploitation, paedophilia, forced prostitution and possibly the sale of their organs and tissues, violence and harmful practices such as female infanticide and pre-natal sex selection, incest, female genital mutilation and early marriage, including child marriage. – Beijing (1995), 39.

■ Acknowledge and respect the artistic, **spiritual** and cultural activities of indigenous women. . . – Beijing (1995), 83(o).

■ We shall promote the conservation, rehabilitation and maintenance of buildings, monuments, open spaces, landscapes and settlement patterns of historical, cultural, architectural, natural, **religious and spiritual value**. – Habitat (1996), Declaration, 11.

■ As to the second theme, sustainable development of human settlements combines economic development, social development and environmental protection, with full respect for all human rights and fundamental freedoms, including the right to development, and offers a means of achieving a world of greater stability and peace, built on **ethical and spiritual vision**. – Habitat (1996), 4.

■ We, the States participating in the United Nations Conference on Human Settlements (Habitat II), are committed to a political, economic, environmental, **ethical and spiritual vision** of human settlements based on the principles of equality, solidarity, partnership, human dignity, respect and cooperation. – Habitat (1995), 25.

■ We commit ourselves to the goal of sustainable human settlements in an urbanizing world by developing societies that will make efficient use of resources within the carrying capacity of ecosystems and take into account the precautionary principle approach, and by providing all people, in particular those belonging to vulnerable and disadvantaged groups, with equal opportunities for a healthy, safe and productive life in harmony with nature and their **cultural heritage and spiritual and cultural values**, and which ensures economic and social development and environmental protection, thereby contributing to the achievement of national sustainable development goals. – Habitat (1996), 42.

■ Historical places, objects and manifestations of cultural, scientific, symbolic, **spiritual and religious value** are important expressions of the culture, identity and religious beliefs of societies. Their role and importance, particularly in the light of the need for cultural identity and continuity in a rapidly changing world, need to be promoted. – Habitat (1996), 152.

■ With the full voluntary participation of indigenous women, develop and implement educational and training programmes that respect their history, culture, **spirituality**, languages and aspirations and ensure their access to all levels of formal and non-formal education, including higher education; – Beijing +5 (2000), 95(e).

■ The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050 . . . Such a global demographic transformation has profound consequences for every aspect of individual, community,

national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and **spiritual**. – Ageing (2002), 2.

■ Investing in health care and rehabilitation for older persons extends their healthy and active years. . . . Effective care for older persons needs to integrate physical, mental, social, **spiritual** and environmental factors. – Ageing (2002), 69.

■ A world fit for children is one in which all children get the best possible start in life and have access to a quality basic education, including primary education that is compulsory and available free to all, and in which all children, including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment. We will promote the physical, psychological, **spiritual**, social, emotional, cognitive and cultural development of children as a matter of national and global priority. – Children's Summit +10 (2002), 14.

■ **Religious, spiritual, cultural and indigenous leaders, with their tremendous outreach, have a key role** as front-line actors for children to help to translate the goals and targets of the present Plan of Action into priorities for their communities and to mobilize and inspire people to take action in favour of children. – Children's Summit +10 (2002), 32(7).

■ Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and **spiritual development.** – CRC, Article 23(3)

STEREOTYPES

(See Gender Stereotypes)

THERAPY BANS
(Sexual Orientation and Gender Identity)

(See also Gender Identity | Transgender)

OVERVIEW
Therapy Bans (Sexual Orientation and Gender Identity)

Sexual rights activist groups in every part of the world are attempting to enact laws to ban any therapy intended to help individuals decrease their unwanted same-sex attraction or gender dysphoria (severe gender confusion). This therapy, most often called "conversion therapy" by those who oppose it, is also referred to by various other names, including "sexual orientation change efforts" (often called SOCE), "change therapy," "reparative therapy," "reintegration therapy," or "reorientation therapy."

Unfortunately, all change therapy has been unfairly stigmatized and attacked as being unethical and harmful by conflating it with coercive, abusive, and aversive therapy, which is already outlawed in many countries. However, ethical conventional, conversational change therapy has been proven to help many

of those who seek and receive it—especially children, therefore, it should not be considered to be in the same category as abusive conversion therapy.

Laws that would ban such therapy usually rest on the unsupported claims that sexual orientation and gender identity are fixed, genetic and immutable characteristics, and any efforts to help people resolve their unwanted feelings or attractions to align with their values are ineffective and even harmful.

Despite assertions by sexual rights activists to the contrary, there is no ethical or scientific basis for limiting or banning therapy that has helped countless people with unwanted same-sex attraction. This reorientation therapy carries no greater risk than other widely accepted therapeutic interventions. Therapy bans, where adopted, not only violate the right of persons to self-determination and choice with regard to their mental health, they also violate the free speech rights of counselors by designating some therapeutic messages as acceptable and banning alternative messages. Therapy bans also violate one of the most fundamental rights of a parent—the right to choose the appropriate healthcare for their children.[431]

False Claims Made by Therapy Ban Proponents:
What the Research and the Facts Show

False Claim #1: Homosexual attractions and cross-gender identities are fixed and unchangeable, therefore, change therapy is harmful.

FACT: Attractions and self-perceived gender identities are fluid, and many individuals with gender dysphoria or with feelings of unwanted same-sex attraction have been able to embrace their biological sex or to develop heterosexual attractions. For documented peer-reviewed research see FamilyWatch.org/TherapyBan and the video at UnderstandingSameSexAttraction.org. For multiple testimonies of individuals who have been helped by change therapy, see the following websites: VoicesOfChange.net, SexChangeRegret.com, Changedmovement.com, VoiceOfTheVoiceless.info.

A study of 75 men who underwent Reintegrative Therapy was published in the Journal of Human Sexuality in 2021 and found that same-sex attraction experiences decreased, opposite sex attraction experiences increased, and sexual attraction identity moved toward heterosexual identity. Data also "revealed a clinically and statistically significant improvement in well-being." "Overall, the results of this study document that exploring sexual attraction fluidity in therapy can be effective, beneficial, and not harmful."[432]

False Claim #2: Conversion therapy is a dangerous and discredited practice that harms children.

FACT: There is no evidence proving that all professional therapy that affirms a person's biological sex or attempts to diminish same-sex attraction is harmful. Research shows unequivocally that **many people with unwanted same-sex attraction can, and do, change their sexual orientation**, and of those who do not change, most still greatly benefit from therapy that helps them cope with their unwanted same-sex attraction.[433]

[431] See UN Convention on the rights of the Child, Art. 7 & 24.1; Universal Declaration of Human Rights, Art. 25.
[432] Pela, C., & Sutton, P. (2021). Sexual Attraction Fluidity and Well-being in Men: A Therapeutic Outcome Study. *Journal of Human Sexuality, 12*.
[433] Phelan, J. E., Whitehead, N., & Sutton, P. M. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality, 1*. https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1

Further, the American Psychological Association Task Force report **concluded that there is no proof of harm from "Sexual Orientation Change Efforts (SOCE)."**[434] Although another part of the APA report states that SOCE therapy *could* be harmful, it also indicates the evidence is *inconclusive* on the matter. Yet this same APA report is one of the primary "studies" that therapy ban activists use in legislatures to claim that therapy has been proven to cause actual harm. Notwithstanding the lack of evidence of harm, activists cherry-pick the parts of the report that support their bias. Moreover, it should also be noted that every APA doctor selected to be on the APA task force is homosexual except for one who is an LGBT-affirmative therapist.

> **False Claim #3:** Conversion therapy has been rejected as ineffective, harmful and unethical by all of the nation's leading medical and mental health organizations.

FACT: The APA has never declared change therapy to be "unethical," nor has the APA condemned it. This is likely because the APA knows the research does not support condemning it. In addition, many other psychological organizations that have denounced change therapy have done so without doing their own research on it. Thousands of therapists and doctors have left the larger "mainstream" professional organizations that have denounced change therapy and have formed their own organizations that more accurately communicate what the research shows in these areas. These organizations include the American College of Pediatricians (ACPeds) and the Alliance for Therapeutic Integrity, which have both issued strong statements opposing therapy bans.[435]

> **False Claim #4** One study found that LGBTQ youth subjected to conversion therapy were two times more likely to experience depression and nearly three times more likely to attempt suicide.

FACT: This study was conducted by an LGBT-affirming research group in San Francisco that relied largely on reports from LGBT-identifying individuals recruited from gay bars, clubs and "community centers," ignoring anyone who had sought and obtained change through therapy. Moreover, the study was not randomized, had no control group, and has never been replicated. Further, the 24 states that have passed therapy bans have produced no evidence that LGBT youth suicides have decreased since these laws were enacted. All suicides are tragic, and especially teen suicides, and we want to do everything we can to prevent them, but there is no evidence that change therapy leads to suicide. Many clients see therapists precisely because they already have suicidal ideation. **Studies have shown that the very high suicide rate of gender-confused individuals (as high as 19 times greater than the general population) is not significantly reduced by cross-sex surgery and hormone treatment**.[436]

> **False Claim #5**: Very few even highly motivated clients who complete a recommended course of therapy can consistently function in a heterosexual lifestyle.

FACT: Former APA president Nicolas Cummings headed the mental health division of Kaiser Permanente, the huge California-based health maintenance organization. In an affidavit filed in 2013 in a lawsuit challenging the effectiveness of reorientation therapy, Dr. Cummings said he personally treated over 2,000 people with same-sex attraction, and his staff treated an additional 16,000. Of those of his patients who wanted to change their sexual orientation to heterosexual, "hundreds" were successful, going on to

[434] American Psychological Association. (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. 82-83. https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf
[435] American College of Pediatricians. (n.d.). HB099 a threat to children's mental and physical health. https://familywatch.org/wp-content/uploads/sites/5/2019/02/UT_One_Page_Testimony_Against_Ban_2.23.19_V1.pdf
[436] Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets. *Archives of Sexual Behavior, 43*(8), 1535-1545. doi:10.1007/s10508-014-0300-8

lead normal heterosexual lives.[437] Dr. Cummings has also stressed that "I am … a proponent of patient self-determination. I believe and teach that gays and lesbians have the right to be affirmed in their homosexuality and also have the right to seek help in changing their sexual orientation if that is their choice."[438] Other empirical studies have also found no greater risk of suicide resulting from SOCE.[439] The NARTH survey of over a century of research and clinical experience also shows that SOCE is no more harmful than other psychotherapies.[440]

> **False Claim #6**: These laws will protect parents by informing them that sending their child to such a therapist is harmful.

FACT: These laws do not "inform" parents, they prohibit parents from being able to make these decisions. Parents are best able to assess whether the therapeutic approach of a particular therapist is appropriate for their child, and this is their right. This statement also arrogantly assumes that policymakers, governments, or a licensing board knows better than parents and their chosen mental health professional, which treads on dangerous ground indeed.

> **False Claim #7**: We can reduce the youth suicide rate by sending the message that conversion therapy is banned.

FACT: A significant research study found that for every year that an adolescent postpones self-identifying as homosexual, the risk of suicide drops 20 percent per year.[441] If an adolescent undergoing change therapy is told during the period of normal confusion about sexual orientation that homosexuality is an inborn trait that cannot be changed and believes it, this can push the adolescent into early identification as same-sex attracted and can increase the risk of suicide. It can also push an adolescent into same-sex sexual exploration and homosexual pornography, which, in and of themselves, can be contributing factors in tipping a vulnerable youth toward homosexual behavior, which will subsequently put them at a high risk for many negative health consequences.

> **False Claim #8:** Conversion therapy has not only been proven to not work but to cause depression and suicide.

FACT: There is no evidence that LGBT-identifying persons commit suicide at higher rates if they have had therapy. Studies that claim to have found such evidence have all had serious methodological flaws including being based on self-reporting surveys that elicit answers from people found in venues known to be frequented by activists with a vested interest in discrediting anything but LGBT-affirming therapy. For example, a widely promoted study published in the journal *Jama Psychiatry* claimed that children who received "conversion therapy" before age ten had much higher rates of suicide. However, this study,

[437] Cummings, N. A. (2013, July 30). Sexual reorientation therapy not unethical: Column. *USA Today*. http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/

[438] Videos of Dr. Cummings' interview are available at http://josephnicolosi.com/interviews/#videos

[439] Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*(3 Pt 2), 1071-1088; Jones, S. L. & Yarhouse, M. A. (2011). A longitudinal study of attempted religiously-mediated sexual orientation change. *Journal of Sex and Marital Therapy, 37*(5), 404-427; Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies, 18*(1), 84-102.

[440] Phelan, J. E., Whitehead, N., & Sutton, P. M. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality, 1*. https://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1.

[441] Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics, 87*(6), 869-875.

which was conducted by an advocacy group, the National Center for Transgender Equality, had serious methodological flaws including:

> (1) The study was conducted by an advocacy group with a predetermined interest in a specific outcome and (2) the participants were all self-selected from those in transgender communities so anyone who found therapy helpful would likely have been excluded from the study. (3) The results were self-reported, so they reflect only perceptions of individuals rather than objective measures of well-being. (4) As the study admits, there are no specific definitions of "gender identity conversion efforts," so it's not clear what the participants actually experienced. (5) The study admits there is no way to determine causation, so other factors could better explain the reports of suicidality than therapy. (6) Only a very small number of respondents reported experiencing these efforts before they were 10 (206 respondents of 27,715 total), making it hard to generalize based on such a small number, especially in light of the other serious flaws in the study. (7) The authors of the study admitted that "its cross-sectional study design … precludes determination of causation" and that they lacked data regarding "what specific modalities were used" in what they were calling conversion therapy, leaving serious doubts as to any of their claims regarding the potential harm of such therapy in general.

TALKING POINTS

Therapy Bans (Sexual Orientation and Gender Identity)

1. Where bans are enacted, choice is abolished. Gender-confused children will be forced to either go without therapy for their *unwanted* behaviors or feelings or to receive transgender "transition" support only. Such "transition" protocols often include untested puberty blockers, cross-sex hormones, and genital-mutilating surgeries—protocols that impair sexual functioning and cause infertility for life.

2. Where bans are enacted, sexually abused children who have developed unwanted same-sex attraction or gender dysphoria as a result of their abuse must wait until adulthood to get the professional help they need.

3. Where bans are enacted, children with unwanted same-sex attraction or gender confusion who are already at a higher risk for suicide could ultimately take their own lives when denied the therapy they want and need.

4. Where bans are enacted, therapists who are currently treating children with psychological comorbidities (i.e., a combination of pornography addiction, depression, unwanted same-sex attraction, gender dysphoria, etc.) will be forced to address only part of their child clients' needs.

5. Where bans are enacted, the only change counseling available to children will be from religious leaders or parents who often have no professional training in treating unwanted same-sex attraction or gender dysphoria.

6. Where bans are enacted, the rights of parents to guide the health services of their children are violated.

7. Where bans are enacted, the free speech rights of therapists are violated and the right to health and to self-determination of clients seeking therapy are violated.

8. Where bans are enacted, the state will have launched a huge overreach into the personal, intimate sexual lives and identity issues of children and their families, dictating health decisions that should be left up to parents, children, and their professional therapists.

TORTURE

(See also Therapy Bans, Sexual Orientation and Gender Identity | Transgender Suicide)

OVERVIEW

Torture

The concept of "torture" at the UN has been twisted by UN committees to promote the false claim that denying abortion to women is a form of torture, or that even providing voluntary, ethical therapy to a person with unwanted same-sex attraction or gender confusion is a form of torture as follows:

Abortion: In General Comment 35 on gender-based violence, the CEDAW Committee declared the criminalization of abortion to be a form of "gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."

Therapy: In 2014, the United Nations Committee Against Torture (CAT), which is tasked with preventing both torture and cruel, inhuman, and degrading treatment, expressed concern that some LGBT youth in the United States had received therapy for their unwanted same-sex attraction or gender confusion. While reviewing U.S. compliance with CAT, committee members repeatedly asked U.S. State Department representatives why "conversion therapy" (a term used to try to discredit any therapy that helps a client with their goal to change is still being practiced on LGBT youth. (See *Therapy Bans* section.)

TRAFFICKING

(See also Prostitution)

UN CONSENSUS LANGUAGE IN CONTEXT

Trafficking

■ Governments are urged to take the necessary measures to prevent infanticide, pre-natal sex selection, **trafficking in girl children** and use of girls in prostitution and pornography. – ICPD (1994), 4.23.

■ Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can result in harmful and unethical practices such as pre-natal sex selection, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, **trafficking**, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status and in protecting the health and well-being of girls should be enhanced and supported. – ICPD +5 (1999), 48.

■ Governments of both receiving countries and countries of origin should adopt effective sanctions against those who organize undocumented migration, exploit undocumented migrants or engage in **trafficking in undocumented migrants**, especially those who engage in any form of international traffic in women, youth and children. Governments of countries of origin, where the activities of agents or other intermediaries in the migration process are legal, should regulate such activities in order to prevent abuses, especially exploitation, prostitution and coercive adoption. – ICPD (1994), 10.18.

■ All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. The child has the right to be cared for, guided and supported by parents, families and society and to be protected by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and **trafficking** in its organs. – ICPD (1994), II, Principle 11.

■ States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or **traffic in children** for any purpose or in any form. – CRC (1990), Article 35.

■ States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall: **(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;** – CRC (1990), Article 21(d).

■ By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, **trafficking** and loss of inheritance. – Children's Summit +10 (2002), 46(c).

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■ Countries should take effective steps to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth, such as abduction, rape and incest, pornography, **trafficking,** abandonment and prostitution. In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders. – ICPD (1994), 5.9.

■ Violence against women both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms. Taking into account the Declaration on the Elimination of Violence against Women and the work of Special Rapporteurs, gender-based violence, such as battering and other domestic violence, sexual abuse, sexual slavery and exploitation, and international **trafficking in women and children**, forced prostitution and sexual harassment, as well as violence against women, resulting from cultural prejudice, racism and racial discrimination, xenophobia, pornography, ethnic cleansing, armed conflict, foreign occupation, religious and anti-religious extremism and terrorism are incompatible with the dignity and the worth of the human person and must be combated and eliminated. Any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated. Governments should take urgent action to combat and eliminate all forms of violence against women in private and public life, whether perpetrated or tolerated by the State or private persons. – Beijing (1995), 224.

■ Strengthen the implementation of all relevant human rights instruments in order to **combat and eliminate, including through international cooperation, organized and other forms of trafficking in women and children, including trafficking for the purposes of sexual exploitation, pornography, prostitution and sex tourism**, and provide legal and social services to the victims; this should include provisions for international cooperation to prosecute and punish those responsible for organized exploitation of women and children; – Beijing (1995), 230(n).

■ Violence against women and girls is a major obstacle to the achievement of the objectives of gender equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. Gender based violence, such as battering and other domestic violence, sexual abuse, sexual slavery and exploitation, **and international trafficking in women and children,** forced prostitution and sexual harassment, as well as violence against women, resulting from cultural prejudice, racism and racial discrimination, xenophobia, pornography, ethnic cleansing, armed conflict, foreign occupation, religious and anti-religious extremism and terrorism are incompatible with the dignity and worth of the human person and must be combated and eliminated. – Beijing +5 (2000), 59.

■ All actors in the Information Society should take appropriate actions and preventive measures, as determined by law, against abusive uses of ICTs, such as illegal and other acts motivated by racism, racial discrimination, xenophobia, and related intolerance, hatred, violence, **all forms of child abuse, including paedophilia and child pornography, and trafficking in, and exploitation of, human beings.** – Information Summit (2003), 59.

■ The goals and objectives of social development require continuous efforts to reduce and eliminate major sources of social distress and instability for the family and for society. We pledge to place particular focus on and give priority attention to the fight against the world-wide conditions that pose severe threats to the health, safety, peace, security and well-being of our people. Among these conditions are chronic hunger; malnutrition; illicit drug problems; organized crime; corruption; foreign occupation; armed conflicts; illicit arms trafficking, terrorism, **intolerance** and incitement to racial, ethnic, **religious and other hatreds**; xenophobia; and endemic, communicable and chronic diseases. To this end, coordination and cooperation at the national level and especially at the regional and international levels should be further strengthened. – Social Summit (1995), 20.

TRAFFICKING IN CHILDREN

(See Children, Trafficking in)

TRANSGENDER

(See also Gender | Gender Identity | LGBT | Sexual Minorities | Vulnerable Groups)

For videos, policy briefs and numerous resources on transgender issues, see TransgenderIssues.org

OVERVIEW

Transgender

Note: Since *"gender identity"* is the term most often used in UN documents to refer to *"transgender"* persons, much of the information on *"transgender"* issues can be found in the *Gender Identity* section.)

Transgender Defined

"Transgender" is an umbrella term for persons whose gender identity, gender expression or behavior is not aligned with their biological sex. People who identify as transgender often say they feel like they were "born into the wrong body" and that they feel disconnected from the sex of their physical body (i.e., their male or female sex).

A *"transgender"* person may have an internal self-perception or self-identification as being male or female, a combination of both sexes (bigender), having no "gender" (agender), having multiple "genders" within a person (polygender), or they may self-identify as any of a number of the more than 100 genders which have been conceptualized. (See "Master List of Gender Identities" in Additional Resources at the end of the *Gender Identity* section.) The city of New York recognizes 31 "genders."

If an individual's discomfort with their own biological sex becomes severe, they will likely be diagnosed with *"gender dysphoria."* And for the majority of *"transgender"* persons who identify as the opposite sex, they will be told by mental health professionals that in order to relieve their distress, they need to "transition" to the opposite sex. This means they will start to dress and live as if they were the opposite sex.

A *"transgender"* person's gender confusion can be so severe that some individuals undergo medical procedures and/or drug therapies to change their bodies to appear more like their self-perceived *"gender."* This can include the administering of controversial cross-sex hormones, breast removal or augmentation, and genital surgeries.

In the case of children, they may be given medication to block puberty and later receive cross-sex hormones and/or surgeries. However, this protocol usually locks them into a transgender identity for life, and there have been no studies on the long-term effects of all of these drugs on children. Further, children who take this *"transgender"* affirming medical path have a high chance of being infertile for life.

The American College of Pediatricians has gone so far as to say that putting children on a transgender-affirming medical protocol, including suppressing their puberty, medicating them to develop opposite-sex characteristics, and amputating or mutilating healthy body parts is tantamount to child abuse. This is because research shows that 70-80 percent of children with gender dysphoria, if not put on a transgender-affirming protocol, usually resolve their dysphoria and come to accept their biological sex as adults.

Dr. Paul McHugh, the former director of the John Hopkins "sex-reassignment" surgical center, warned:

> *"When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings … Claiming that this is civil-rights matter and encouraging surgical intervention is in reality to collaborate with and promote a mental disorder."*[442]

Further, since it is a medical impossibility for a person to become the opposite sex, locking children physically into a cross-sex identity can cause children to have a lifetime of confusion, frustration and grief and to be dependent on expensive cross-sex hormones for life to maintain the appearance of the opposite sex. And the high likelihood that a child on this protocol will be infertile makes this a serious issue indeed. (See the *Gender Identity* section for more on this condition and the implications of cross-sex hormone therapy and surgeries.)

Health Risks Associated with Cross-Sex Hormones

According to a brief published by the American College of Pediatricians:

> "Estrogen administration to boys *may* place them at risk for experiencing: thrombosis/thromboembolism; cardiovascular disease; weight gain; hypertrigyceridemia; elevated blood pressure; decreased glucose tolerance; gallbladder disease; prolactinoma; and breast cancer. Similarly, girls who receive testosterone *may* experience an elevated risk for: low HDL and elevated triglycerides; increased homocysteine levels; hepatotoxicity; polycythemia; increased risk of sleep apnea; insulin resistance; and unknown effects on breast, endometrial and ovarian tissues. In addition, girls may legally obtain a mastectomy as early as 16 years of age after receiving testosterone therapy for at least one year; this surgery carries its own set of irreversible risks."[443]

A major study published in 2018 of almost 5,000 transgender males and transgender females, and over 97,000 "cisgender" men and women (individuals whose gender identity matches their biological sex) found that male-to-female transgenders on cross-sex hormones were twice as likely as cisgender men or women to have the blood clot condition venous thromboembolism. Male-to-female transgenders on hormone therapy were also found to be 80 to 90 percent more likely to have stroke or a heart attack than cisgender women.[444]

According to a study in the Netherlands, biological males who undergo "sex change" procedures increase their risk of developing breast cancer by 46 times when compared to men. The study of over 2000 male "transwomen" found that one in 200 developed breast cancer compared to fewer than one in 8,000 men.[445]

Suicide Rates Among Transgender Persons

Many claim that children will likely commit suicide if they are not given hormones and surgery in an attempt to *"transition"* to the opposite sex. However, whether children try to transition or not, the depression and suicide rates of transgender persons are much higher than for the general population.

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[442] McHugh, P. (2014, June 12). *Transgender Surgery Isn't the Solution*. https://albertozambrano.files.wordpress.com/2016/05/paul-mchugh_-transgender-surgery-isnt-the-solution-wsj.pdf

[443] American College of Pediatricians. (2018). *Gender Dysphoria in Children.* https://acpeds.org/position-statements/gender-dysphoria-in-children

[444] Getahun, D. (2018). Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Annals of Internal Medicine, 169*(4), 205-213.

[445] De Blok, C. J. M., et al. (2019). Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. *BMJ, 365*, l1652.

It is unconscionable that even the World Health Organization is calling for government-funded amputation of healthy body parts and drug therapies for people with gender confusion. (See *Gender Identity* section for evidence.)

Any provisions calling for protections based on *"LGBT"* status (*"transgender"* is the *"T"* in the acronym *"LGBT,"* which stands for lesbian, gay, bisexual and transgender) or based on *"gender identity,"* which is often used as a synonym for *"transgender,"* should always be rejected, because ironically, such provisions, while well intentioned, may hurt the very people they are meant to help. For more information on transgenders and suicide, see the *Therapy Ban* section.

Transgender Identity and Social Contagion

New research suggests that environmental factors may be leading youth to identify as transgender. This is because there has been a significant increase of teens who are identifying as transgender, often along with their peers.

The most striking illustration of this dramatic increase in youth identifying as transgender comes from statistics of the Gender Identity Development Service at the Tavistock Centre in London. An analysis of the referrals to the clinic show that referrals rose by 24% to 1,302 persons in just a six-month period of time.

Also, the long-term trend of the numbers of people identifying as transgender is climbing at a fast pace. For example, in 2009 there were 97 children referred to the clinic for gender dysphoria, in 2016 there were 2,016 and in 2017 the number of children identifying as transgender rose to 2,600."[446] This amounts to 50 children a week seeking services such as puberty blocking hormones.

Social Contagion and Rapid Onset Gender Dysphoria

A revealing study provides the first empirical description of the phenomena of "rapid onset gender dysphoria." The study surveyed parents who reported that their children, after never having expressing discomfort with their biological sex while younger, as adolescents, quickly began to insist that their identity was at odds with their biological sex.[447]

Facts Regarding Children Suspected of Having "Rapid Onset Gender Dysphoria"

The study on "rapid onset gender dysphoria," conducted by Dr. Lisa Littman, an American physician and researcher at the School of Public Health at Brown University, found the following after surveying the parents of transgender-identifying adolescents:

- The average age of announcement was 15, and a vast majority came "out of the blue" to their parents.

- Most of the adolescents and young adults in the study were female (83 percent).

[446] Bagot, M. (2017, October 22). 'Some are confused, others are trapped in the wrong body': Astonishing 50 kids a week referred to sex change clinics. *Mirror*. https://www.mirror.co.uk/news/uk-news/record-50-children-week-referred-11390561

[447] Littman, L. (2018). Rapid-Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports. *PLOS One 13*(8), https://doi.org/10.1371/journal.pone.0202330. The study is open about its limitations—it is not a comparison, and the subjects were solicited through outlets for parents who reported the phenomena in their children. But it does examine if rapid onset gender dysphoria exists and makes preliminary observations about a group of people experiencing it.

- There were "cluster outbreaks of gender dysphoria occurring in pre-existing groups of friends." The strong majority had friends who came out as transgender around the same time and/or increased their social media/Internet use at the time of their coming out.

- None "would have met the diagnostic criteria for gender dysphoria in childhood."

- A majority had been diagnosed with at least one psychiatric disorder or neurodevelopmental disability.

- Nearly half had experienced a stressful event before the dysphoria; 45 percent had engaged in self-injury.

- A majority of parents reported that the language of their child's announcement appeared to have come from an online source.

- Most asked for hormone or surgical procedures to change their appearance.

This research suggests that children may be identifying as transgender as a result of "social contagion." This has serious implications in light of the worldwide push by UN agencies and a number of Western governments to teach "comprehensive sexuality education" to the youngest of children. CSE programs often promote transgender identification and radical gender ideology to young children, in some cases, even asking children to question their "gender identity." In other words, children in large groups in schools being told some people have a different "gender identity" than their biological sex and being asked to question their "gender identity" could all possibly contribute to a rapid onset of gender dysphoria due to social contagion.

[**Note:** Dr. Littman's research has been aggressively attacked by transgender activists for interviewing the parents instead of the children and for recruiting parents from three allegedly biased websites. But even so, that does not negate the fact that many parents reported similar experiences with their children who suddenly identified as *"transgender"* along with their friends.]

TRANSGENDER SUICIDE

(See also Gender | Gender Identity | LGBT | Sexual Minorities | Vulnerable Groups)

For videos, policy briefs and numerous resources on transgender issues, see TransgenderIssues.org

OVERVIEW

Transgender Suicide

Transgender activists often assert that affirming the preferred "gender identity" of transgender persons and providing them with access to cross-sex hormones and surgeries is essential to preventing them from committing suicide. Activists claim suicidality and other mental health problems result from transphobia, stigma and discrimination, as well as a lack of support or affirmation by others of a person's self-perceived gender identity. Moreover, parents of gender-confused children are often pressured to collude with their child's self-declared "gender identity" fantasy and are accused of contributing to their child's suicidality if they do not.

However, if societal factors such as discrimination or lack of collusion and affirmation were the major contributors to transgender suicidality, we would expect suicide rates to be lower in communities where transgender identities are supported and affirmed and higher where they are not—but that is not what research shows.

There is no research showing that either cross-sex social affirmation or medical procedures have reduced suicides among those who identify as transgender. In fact, key studies have provided some evidence that social, medical and surgical affirmation of cross-sex identities might actually increase suicidality instead. Further, underlying mental health conditions that may contribute to the dysphoria of transgender people have largely been left untreated, and they often have been denied the help they really need as it has become politically incorrect to imply there could be any kind of link between mental illness and gender dysphoria.

Although all suicide threats should be taken seriously, such threats have sometimes been used by youth and health care providers, as a form of manipulation to coerce parents into allowing their children to receive life-altering transgender medical procedures. The threat of transgender individuals committing suicide is often used as a reason to enact policies that impose forced affirmation of transgender identities.

For more information see the FWI Policy Brief, *Understanding Transgender Issues: Suicide Risk*.

UN AGENCIES

(See also Comprehensive Sexuality Education | Nairobi ICPD+25 Summit and Outcome Document)

OVERVIEW
UN Agencies

Unfortunately, over time, UN agencies and treaty body monitoring committees have been taken over by developed countries with radical, social, sexual and gender agendas. The countries that are the largest donors to UN agencies tend to dictate their philosophies, goals and projects. In other words, many UN agencies are operating as NGOs of a coalition of high-donor, developed countries. Some of the most prominent governments that are manipulating UN agencies and other UN entities include Sweden, the Netherlands, Norway, Finland, Denmark and others.

UN AGENCIES, OHCHR

OVERVIEW
UN Agencies, OHCHR

The Office of the UN High Commissioner for Human Rights (OHCHR) aggressively promotes a sexual rights agenda. In 2012, the OHCHR released a report on the "human rights-based approach to preventing maternal mortality." This "human rights"-based approach calls for States to legalize "sexual and

reproductive health services," including services "such as abortion," and also promotes comprehensive sexuality education.[448]

Over the last several years, the OHCHR also has been at the forefront of promoting LGBT rights with their "Free and Equal" campaign and more. And in 2016, the UN Human Rights Council appointed an independent expert on sexual orientation and gender identity, funded by the OHCHR, who is now traveling the world and pressuring nations to advance LGBT rights.

Also, the UN Deputy High Commissioner for Human Rights has claimed, "Sexual and reproductive health rights [SRHR] are human rights. They are not new rights, and they are not optional. They are intrinsic to a range of internationally binding treaties."[449] Yet *no* binding treaty includes promiscuity as a sexual right.

The Deputy's statement goes on to say these rights encompass, "whether, when, how and with whom any individual chooses to have sex … and how we choose to express gender and sexuality."[450] Most people would agree that these alleged rights are completely fabricated and are highly problematic for children.

UN AGENCIES, UNAIDS

OVERVIEW
UN Agencies, UNAIDS

UNAIDS, the agency tasked with preventing HIV infections and ending the AIDS pandemic worldwide, provides us with a good example of how sexual promiscuity and claimed sexual rights are furthered under the banner of human rights. UNAIDS published what they call the "International Guidelines on HIV/AIDS and Human Rights."[451] (For an in-depth review of the HIV/AIDS Guidelines, see our Policy Brief.)[452] According to this "human rights" approach to eradicating AIDS, they claim governments must legalize:

- "abortion"
- "adultery, sodomy, fornication"
- "commercial sexual encounters" (prostitution), and
- "same-sex marriages"

In these Guidelines, UNAIDS encourages governments to legalize the very high-risk sexual behaviors

[448] Family Watch International. (2012). Family Policy Brief: The Report of the Office of the High Commissioner for Human Rights: "Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality." https://familywatch.org/wp-content/uploads/sites/5/2017/10/fwipolicybrief_technical_guidance.pdf

[449] United Nations Office of the High Commissioner for Human Rights. (n.d.). Statement by the Deputy High Commissioner for Human Rights at Launch of OHCHR information series on sexual and reproductive health and rights. http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16190&LangID=E

[450] Ibid.

[451] Office of the High Commissioner for Human Rights. (2006). International Guidelines on HIV/AIDS and Human Rights. https://www.ohchr.org/documents/publications/hivaidsguidelinesen.pdf

[452] Family Watch International. (2009). The International Guidelines on HIV/AIDS and Human Rights: A Troublesome Paradox for Containing the HIV/AIDS Epidemic. https://familywatch.org/wp-content/uploads/sites/5/2019/09/Int_Guidelines_HIV-AIDS_and_Human_Rights.pdf

that *drive* the AIDS pandemic as the *solution* to reduce the spread of AIDS. Equally dangerous is the fact that the UNAIDS Guidelines claim that sexuality education for children is also critical to stemming the spread of AIDS. But the type of education UNAIDS promotes encourages early experimentation and many of the high-risk sexual behaviors that spread AIDS at the highest rates. So the issue of which sexual behaviors should be considered to be legal rights is not a question just of morals—it is a question of life and death—as AIDS is a deadly disease.

UN AGENCIES, UNESCO

OVERVIEW
UN Agencies, UNESCO

The UNESCO International Guidelines on Sexuality Education, published with the support of UNAIDS, UNFPA, UNICEF, and the World Health Organization, advances radical sexual rights for children. Consider the following UNESCO learning objectives for various ages:[453]

UNESCO Learning Objectives for Level I (ages 5-8)

- "Girls and boys have private body parts that can feel pleasurable when touched by oneself." (p. 43)
- "Bodies can feel good when touched." (p. 48)
- "Masturbation is not harmful, but should be done in private." (p. 48)

UNESCO Learning Objectives for Level II (ages 9-12)

- "Both men and women can give and receive sexual pleasure." (p. 43)
- "Relationship between excitement and vaginal lubrication, penile erection and ejaculation." (p. 44)
- "Many boys and girls begin to masturbate during puberty." (p. 44)
- "Definition and function of orgasm." (p. 49)

UNESCO Learning Objectives for Level III (ages 12-15)

- "Both men and women can give and receive sexual pleasure with a partner of the same or opposite sex." (p. 50)
- "Everyone is responsible for their own and their partner's sexual pleasure and can learn to communicate their likes and dislikes." (p. 50)
- "Access to safe abortion and post-abortion care." (p. 52)

One of the most dangerous concepts promoted by the UNESCO Guidelines is that children can engage in pleasurable sexual behaviors without risk of unintended pregnancy and sexually transmitted infections. Like the UNAIDS Guidelines, these UNESCO Guidelines ultimately will increase the very same

[453] UNESCO's most recent version includes a title change: International Technical Guidance on Sexuality Education. While the some of the most offensive parts of the original publication have been toned down due to strong opposition by some UN member states, it still contains disturbing material. The original UNESCO Guidelines have been revised, but the original version can be found here: https://reliefweb.int/sites/reliefweb.int/files/resources/8556521DD9D4A9E64925762000240120-UNESCO-Aug2009.pdf

negative consequences of sexual behavior in youth that they claim to prevent. (For an in-depth review of the UNESCO Guidelines, see our Family Policy Brief.)[454]

UNESCO justifies its promotion of sexual rights, particularly with regard to sexual orientation, by claiming in their Guidelines, "There are international and national legal instruments regarding sexual orientation." Yet there are no international binding treaties that even mention sexual orientation. The UNESCO Guidelines also state as one of the learning objectives for 15- to 18-year-olds: "Respect for human rights requires us to accept people with differing sexual orientations and gender identity."

The problem with these kinds of statements (especially when taught in the classroom) is that they are designed not only to promote respect for the basic rights of people who have differing sexual orientations or gender identities (which most agree would be a good thing), rather, they also are intended to prepare children to respect LGBT sex acts, sexual relationships and sexual expression. And once sensitized to such, children would be encouraged to eventually embrace and act out on their sexual attractions or to experiment with different sexual orientations and gender identities.

UN agencies often claim that the sexual rights they are pushing are simply what many of the world's youth themselves are calling for from their respective governments. For example, the preface to UNESCO's sexuality education guidelines states that in relation to contraception, abortion and sexual diversity, "young people are clear in their demand for more and better sexuality education, services and resources."[455] These types of statements do not reveal what youth of their own volition want, but rather, what UNESCO wants, and what they have groomed youth to say they desire, all disguised under the banner of rights.

UN AGENCIES, UNFPA

OVERVIEW
UN Agencies, UNFPA

The United Nations Population Fund (UNFPA) may be the most aggressive UN agency in promoting the sexual rights agenda. UNFPA pushes abortion and seeks to abolish parental rights so they can advance their agenda with children. Their publication, purporting to be a review of the International Conference on Population and Development (ICPD) is quite telling, even by its title, "ICPD and Human Rights: 20 years of advancing reproductive rights through UN treaty bodies and legal reform."[456]

In this report, in addition to promoting abortion, UNFPA references *"sexual orientation"* 11 times, *"transgender"* six times, *"gender identity"* five times, and has multiple references to decriminalizing same-sex behavior and implementing public campaigns to eliminate discrimination based on sexual orientation and gender identity. It also is an assault on parental rights wherein it calls upon governments to:

- Remove *"barriers to sexuality education such as parental consent*";

[454] Family Watch International. (2009). Family Policy Brief: The International Guidelines on Sexuality Education: Comprehensive Sexuality Education Defined. https://familywatch.org/wp-content/uploads/sites/5/2017/10/fwipolicybriefunesco2ndREVISION.pdf
[455] Ibid.
[456] United Nations Fund for Population Activity & Center for Reproductive Rights. (2013). ICPD and Human Rights: 20 years of advancing reproductive rights through UN treaty bodies and legal reform. https://www.unfpa.org/sites/default/files/pub-pdf/icpd_and_human_rights_20_years.pdf

- Remove *"barriers to accessing safe abortion services, such as third-party authorization requirements* [parental consent for abortion]*"*;
- Remove *"barriers in accessing comprehensive sexual and reproductive health services"* [parental consent for adolescents]; and
- Abolish *"laws denying adolescents decision making capacity or requiring that they obtain parental consent."* (Emphasis added.)

Consider the following additional evidence indicating UNFPA is pushing the controversial sexual rights agenda:

- **UNFPA's operational review of the International Conference on Population and Development (ICPD) called "ICPD Beyond 2014" contains more than 500 highly controversial references**, including 391 references to "sexual," 25 references to "sexual orientation," six references to "prostitution," four references to "transgender," 18 references to "comprehensive sexuality education," 44 references to "sexual and reproductive rights," and 173 references to "abortion."

- "**It's All One," a radical UNFPA-supported curriculum designed to sexualize children has over 112 references to "abortion" and 62 references to "sexual pleasure"** and teaches about masturbation, orgasm, ejaculation, oral sex, sexually pleasing a partner, penis size and more.[457]

- **UNFPA co-published a highly controversial review of sexuality education.** A joint UNFPA/UNESCO publication purporting to be a credible review of sexuality education programs in Africa is in reality a promotional piece that contains 100 references to the controversial "It's All One" Curriculum." The review, among other things, claims that the programs that did not promote abortion were inferior and used the "It's All One" sexuality education curriculum as the gold standard, recommending, for example, that readers "See 'It's All One' Curriculum"… for a factual treatment of abortion."[458] It also criticizes African sex education programs for not better promoting sexual diversity including sexual orientation and gender identity.

- **UNFPA funded and promotes a Youth Peer Education Toolkit (YPeer) with disturbing sexual content for young people.**[459] For example, it encourages youth to ask their peers, "With whom would you share: your sexual fantasies … whether you enjoy erotic material … whether you have fantasized about a homosexual relationship … whether you have had a homosexual relationship…"[460]

- **UNFPA promotes controversial comprehensive sexuality education (CSE) as a key component of their work.**[461] CSE is one of the "five prongs" in UNFPA's Strategy on Adolescents

[457] A short video clip showing controversial excerpts from the curriculum can be found at https://vimeo.com/205359559
[458] United Nations Educational, Scientific and Cultural Organization (UNESCO). (2012). Sexuality Education: A ten-country review of school curricula in East and Southern Africa. Note that this regional ten-country curriculum review was jointly commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). http://unesdoc.unesco.org/images/0022/002211/221121e.pdf
[459] While the manual contains a disclaimer stating that the opinions expressed in the document do not necessarily reflect the policies of UNFPA, the Y-PEER initiative was funded and spearheaded by UNFPA in partnership with FHI/YouthNet and UNICEF.
[460] United Nations Population Fund and Youth Peer Education Network (Y-Peer). (2005). Youth Peer Education Toolkit: Training of Trainers Manual. http://www.y-peer.org/bitrix/templates/landing001/ resources/ypeer_tot.pdf
[461] United Nations Population Fund. (2014). The UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. https://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education

and Youth and a key priority of the 2014-2017 Strategic Plan. Outcome 2 of the Strategic Plan commits UNFPA to "increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services."[462]

- **UNFPA partnered with IPPF to convene their highly controversial Global Youth Forum.** They sponsored selected youth from a variety of countries to come to their forum in Bali, Indonesia and claimed these youth represented the views of all the youth in the world. The Bali Global Youth Forum Declaration has an obsessive focus on sexual rights, seeking to establish LGBTQI (lesbian, gay, bisexual, transgender, questioning, and intersex) *"rights"* for the world's youth. For example, among other things, it claims the world's youth demand that all governments:

    - Legalize prostitution, same-sex marriage, and homosexual behavior;
    - Provide "comprehensive sexuality education";
    - Recognize "young people have autonomy over their own bodies, pleasures, and desires";
    - Support the sexual rights of all youth regardless of their sexual orientation or gender identity; and
    - Provide abortion without parental consent.

Rather than a sexual "rights" document, the Bali Youth Declaration would be more aptly called a sexual "wrongs" document, since it would harm the very children and youth that were manipulated into calling for these alleged "rights" if it were implemented.

UNFPA's Controversial "Youth Empowerment" Strategy

UNFPA revealed what they mean by "youth empowerment" in their strategic plan 2018-2021 which states:[463]

> "UNFPA will intensify its evidence-based advocacy, policy engagement … to prioritize, invest and **empower adolescents and youth, especially adolescent girls**…
>
> > **CONCERN:** UNFPA defines "adolescent girls" as beginning at age 10!
>
> "This will enable them **to exercise autonomy** and choice **with regard to their sexual and reproductive health and rights"**
>
> > **CONCERN:** This is a direct violation of parental rights and constitutes sexual exploitation of children by a UN agency. See *Sexual and Reproductive Health* section showing how SRH is defined by UN interagency documents to include rights to abortion, transgender and homosexual rights, sexual rights for children and more.

UNFPA's Explicit "Tune Me" Phone App for Youth

Created as part of UNFPA's "Safeguard Youth" Program, UNFPA's comprehensive sexual and reproductive health (SRH) education phone app named "Tune Me." (see at TuneMe.org), openly promotes promiscuity, abortion, homosexuality and transgenderism to youth. This digital CSE app has already

[462] Ibid.

[463] UNFPA Strategic Plan, 2018-2021. (2017). DP/FPA/2017/9. Para 23. https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

reached over four million African youth in seven countries and contains some of the following harmful elements:

Concerning Quotes from UNFPA's "Tune Me" App:

- **Masturbation:** "One way to have an orgasm is through masturbation or touching yourself in a way that feels pleasurable. It's safe and normal to masturbate … If you learn first how to have an orgasm by yourself, it may be easier for you to have one when you have sex with someone else."

- **Anal Sex:** "Anal sex is when a man inserts his penis into someone's bum (or back passage). Anal sex is a topic people don't often want to talk about. Anal sex is also illegal in Zambia so that makes it doubly taboo. But that doesn't mean it doesn't happen!"

- **Oral Sex:** "Oral sex is when one partner uses their mouth, lips or tongue on their genitals to pleasure their partner … Use flavoured condoms if you have them … Not sure about a girl's bits or what gets her excited during sex? Find out more."

- **"Ending a Pregnancy – How Does a Termination Work?** … In a surgical termination, a doctor performs an operation in a clinic to remove the contents of the uterus … It is offered under certain conditions at government health facilities, PPAZ [Planned Parenthood Association of Zambia] or Marie Stopes/Blue Star clinics. Call the Marie Stopes helpline for emergency advice on 5600."

- **"'Sex is the best' But the guys lied to me** … It was as good as all the boys had told me. It was the best moment."

- **"Think You Could be Gay?** … It is not uncommon for young people to explore their sexuality with someone of the same sex. In many countries gay men and women live and love openly, and even get married."

- **"How Girls Orgasm** … An orgasm is a feeling of intense pleasure from sexual stimulation. It is a series of very pleasurable, rapid contractions of the vagina, uterus and anus."

UNFPA's Radical "Global Youth Strategy"

This strategy includes a youth initiative called "My Body, My Rights, My World—Rights and choices for all adolescents and youth" with the following problematic elements:

- **UNFPA's Vision (page 8):** "A world where **every young person can make their choices and enjoy their rights**."

  CONCERN: This sounds so nice, however, according to UNFPA, youth body rights include unfettered *"access to integrated sexual and reproductive health services and information for all adolescents and youth"* without parental knowledge or consent.

- **UNFPA (Page 7):** A "Rights Imperative" for adolescents is defined to encompass a right for children to make choices that "occur early in life," including "affirming sexual orientation and gender identity" and "deciding when and with whom to have sex."

CONCERN: This openly promotes promiscuity, abortion, homosexuality and transgenderism to youth.

- **UNFPA (Page 17):** "We act to **prevent … unsafe abortion** and its consequences"

  CONCERN: UNFPA's plan to end "unsafe abortion" is to legalize abortion everywhere it is illegal. They falsely argue that legalizing abortion will prevent maternal death and other negative consequences. UNFPA's messaging is a very deceptive play on words and ignores the real and significant consequences of abortions, whether performed legally or illegally, as documented in Family Watch's abortion brief at familywatch.org.[464]

- **UNFPA (Page 17):** "We support … a health workforce able to deliver high-quality, **non-judgmental and confidential services to adolescents and youth**"

  CONCERN: When UNFPA says "confidential services," they mean services given to youth that are kept confidential from the parents—that is, without their knowledge and consent. See, for example, the World Health Organization's publication, "Making Health Services Adolescent Friendly," which defines "*confidential*" on page 34 as "*staff do not disclose any information given to or received from an adolescent, to a third party (for example, family members…) without their consent*."[465] UNFPA and their pro-abortion partners also define a "non-judgmental" health workforce to mean workers who are LGBT supportive and who condone, or at least do not oppose, promiscuity and abortion.

- **UNFPA (Page 20): Our "approach is access to comprehensive sexuality education** (CSE)" and "safe schools and spaces for adolescents"

  CONCERN: See the *Comprehensive Sexuality Education* section. Also "safe schools" and "safe spaces" are terms often used as euphemisms for LGBT-affirming and LGBT-supportive spaces.

- **UNFPA (page 20): "We emphasize respect for adolescents' agency and autonomy**, partnering with them rather than serving them as passive beneficiaries."

  CONCERN: Every parent should be very concerned that a UN agency is trying to partner with their adolescent child to help them embrace "autonomy" in sexual matters. This initiative is right out of IPPF's sexual rights handbook.

- **UNFPA (Pages 21, 28): We act to increase "access to sexual and reproductive health and rights**, and address inequalities so adolescents and **youth can make informed choices about their bodies** … **We act to end** …

  - "stigma based on age, gender, sexual orientation,"

  CONCERN: How will UNFPA end such stigma? By promoting LGBT rights for youth.

  - "early and/or unintended pregnancies"

[464] Family Watch International. (n.d.). Abortion. https://familywatch.org/wp-content/uploads/sites/5/2017/10/policy_brief_abortion.pdf

[465] World Health Organization. (2012). *Making Health Services Adolescent Friendly*. https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf;jsessionid=AF921CC6A8DCB970BDE88586F47824E2?sequence=1

CONCERN: How will UNPFA end such pregnancies? By securing abortion.

- "discriminatory power structures and gender and social norms"

CONCERN: How will UNFPA end such alleged discriminatory norms? By changing moral laws and religious norms by indoctrinating the rising generation and going around parents to create and advance rights for youth to abortion, LGBT privileges, and promiscuity.

UNFPA's Radical ICPD25 Youth Engagement Toolkit

UNFPA exposes its harmful agenda even further with its "ICPD25 Youth Engagement Toolkit."[466] In their youth toolkit, UNFPA outlined the following as "ICPD Key Issues" for adolescents even though none of these concepts were ever part of ICPD, and most UN Member States would strongly oppose them:

- **The SRHR Abortion Agenda in UNFPA's Own Words (Pages 5, 6, 8 and 13)**: "A comprehensive SRHR approach includes safe abortion care … without these services, we will never be able to end preventable maternal mortality." It continues: "Making informed choices over your body means having access to SRH services and information and being able to exercise your SRHR, regardless of age … Comprehensive SRHR include[s] … safe abortion care." (pages 5 and 6). "Access to Safe Abortion Care: "YOU have safe options other than pregnancy. #MyBody" (page 8). "Young women particularly face challenges in accessing … abortion care," including "requirements regarding age" and "parental … consent requirements and restrictions" (page 13).

- "**Comprehensive Sexuality Education" (Pages 6 and 8)**: According to UNPFA, "Access to CSE is a human right; an individual [translation: adolescents] should be able to make informed decisions … about their own sexuality and reproduction … **YOU can learn about safe sex in school … to allow you to decide if, when and with whom you want to have sex**. #Mylie."

  CONCERN: UNFPA promotes promiscuity to youth under the deceptive euphemism of "safe sex," which ignores all the psychological and other harms resulting from sex outside of marriage.

- **"LGBTI and Human Sexuality" (Page 8)**: "YOU alone should have **the right to decide what your body and sex characteristics look like**, to express your authentic, (non-) gendered self, and to love who you wish to love. #MyLife."

  CONCERN: This assertion may be the most concerning of all. UNFPA is actually saying that adolescents have the right to decide to use puberty blockers, dangerous cross-sex hormones, and genital mutilating and breast removing surgeries, without parental interference, so they can determine how their body should look (even if it does not correspond to their biological gender). Surely UNFPA has truly gone too far, putting this in a training kit for the world's youth.

- **"SRHR and CLIMATE CHANGE" (Page 7)**: "…young people have been vocally pushing for more climate ambition … However, more needs to be done to link SRHR with climate

[466] Tumer, I., Holker, A. & Paul, M. (2019) ICPD25 Youth Engagement Toolkit. https://www.nairobisummiticpd.org/sites/default/files/files/ICPD25%20Youth%20Engagement%20Toolkit%281%29%281%29.pdf

change."

CONCERN: UNFPA's attempt to link SRHR and climate change shows how desperate it is to implement its sexual agenda among the youth, and that it will link SRHR to any vehicle it can to get it implemented.

UN AGENCIES, UN TREATY MONITORING COMMITTEES

OVERVIEW
UN Agencies, UN Treaty Monitoring Committees

UN treaty bodies—the UN committees responsible for monitoring compliance with UN treaties—are some of the most aggressive UN entities in promoting the sexual rights agenda. These committees often seek to reinvent or redefine vague or undefined UN treaty provisions, pretending that the original UN treaties contain binding provisions that encompass their invented sexual "rights" relating to abortion and sex. They then pressure nations to embrace these fictitious "rights." (For more information on how UN treaty bodies overstep their mandates, see our Family Policy Brief.[467])

For example, unlike the fixed characteristics of race, sex or religion, "sexual orientation" and "gender identity" are not protected classes in either the UN Charter or in the Universal Declaration of Human Rights (UDHR) and were not terms commonly used at the time the binding International Covenant on Economic, Social and Cultural Rights (ICESCR) was negotiated in 1976. Moreover, "sexual orientation" provisions have been specifically rejected many times by UN Member States since 1976. Yet the UN Committee on Economic, Social and Cultural Rights has unabashedly argued that the words "other status" in the ICESCR include "sexual orientation" and "gender identity" as an attempt to make them protected classes and thus international human rights.[468]

In other words, UN committees are basically reinventing UN treaty provisions and then bullying developing countries into complying with them, even though they have no authority to do so because (i) only UN member states (governments) can establish human rights, and (ii) most matters related to sexuality are left to the states to regulate as a domestic matter and per their national sovereignty.[469]

Although the "general comments" or recommendations of UN treaty monitoring committees are non-binding, unfortunately, many nations believe they *are* binding or feel compelled to act as if they are for various reasons. Let's explore just a few of the more revealing examples provided by the UN committee that is responsible for monitoring the UN Convention on the Rights of the Child (CRC):

- The UN Committee on the Rights of the Child claims in its General Comment #15 that in order for States to be in compliance with the CRC, children must be granted "sexual and reproductive

[467] Family Watch International. (2013). Family Policy Brief: Threats to National Sovereignty: UN Entities Overstepping Their Mandates. http://familywatch.org/wp-content/uploads/sites/5/2017/10/fwipolicybrief_National_Sovereignty.pdf
[468] The following is a direct quote from General Comment #20 of the UN Committee on Economic, Social and Cultural Rights stating that the term "other status" now includes "sexual orientation" and "gender identity"—"PROHIBITED GROUNDS OF DISCRIMINATION—15. ... The inclusion of 'other status' indicates that this list is not exhaustive and other grounds may be incorporated in this category. 32. 'Other status' as recognized in article 2, paragraph 2, includes sexual orientation. States parties should ensure that a person's sexual orientation is not a barrier to realizing Covenant rights, for example, in accessing survivor's pension rights. In addition, gender identity is recognized as among the prohibited grounds of discrimination; for example, persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment in schools or in the workplace."
[469] UN Charter, Articles 13, 55, and 66.

freedom," "confidential counseling and advice," and "sexual education, [and] reproductive health services without the permission of a parent, caregiver or guardian."[470]

- The UN CRC Committee, in its General Comment #20 on adolescents (beginning at age 10), claims that in order to be in compliance with the CRC, nations must:
  - Repeal all laws regarding sexual orientation and gender identity;
  - Give girls access to abortion;
  - Remove barriers like parental consent;
  - Destigmatize LGBT status; and
  - Give access to free "sexual and reproductive health services, information and education."
- The CRC Committee's General Comment #4 on "Adolescent Health and Development in the Context of the Convention on the Rights of the Child (CRC)" claims that States cannot discriminate based on the categories listed in article 2 of the CRC: "race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." It then adds this *ultra vires* statement: "These grounds also cover adolescents' sexual orientation and health status …" Again, the CRC says nothing about sexual orientation.

The CEDAW Committee, the UN Committee that monitors compliance with the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), between 1995 and 2010 alone pressured at least 83 nations to legalize, remove penalties for, or increase access to abortion.[471] Yet the CEDAW treaty says nothing about abortion. The CEDAW Committee also has:

- Recommended the "decriminalization of prostitution" in China.[472]
- Demanded that Mexico "address the matter of whether it intends to legalize prostitution" and urged it to provide "access to rapid and easy abortion."[473]
- Told the Czech Republic that it was concerned about that country's "over-protective measures for pregnancy and motherhood."[474]
- Told Belarus it was "concerned by the continuing prevalence of sex-role stereotypes and by the reintroduction of such symbols as a Mothers' Day and a Mothers' Award, which it sees as encouraging women's traditional roles."[475]
- Criticized Slovenia because "less than 30 percent of children under three years of age ... were in formal daycare."[476]

Another problematic trend is when vague, elastic terms are inserted into UN documents that are then

[470] UN Committee on the Rights of the Child. (2013.) General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24). http://www.refworld.org/docid/51ef9e134.html
[471] Jacobson, T. (2010, June 4). *CEDAW Committee Rulings Pressuring 83 Party Nations to Legalize Abortion 1995 – 2010.* http://c-fam.org/wp-content/uploads/20101022_CEDAWAbortionRulings95-2010.pdf
[472] Concluding observations of CEDAW: China. 05/02/99. A/54/38, paras. 251-336.
[473] Concluding observations of CEDAW: Mexico. 14/05/98. A/53/38, paras. 354-427.
[474] Concluding observations of CEDAW: Czech Republic. 14/05/98. A/53/38, paras. 167-207.
[475] Concluding observations of CEDAW: Belarus. 04/02/2000. A/55/38, paras. 334-378.
[476] Concluding observations of CEDAW: Slovenia. 31/01/97. A/52/38/Rev.1, paras. 81-122.

used to bring in controversial concepts that would have never been accepted by states if they were openly proposed. For instance,

- The term *"other status"* also appears in two places in the 2030 sustainable development goals (SDGs): First, SDG target 10.2 states, *"By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status."* (Emphasis added.)

  If the definitions of *"other status"* from the UN CRC and ICESCR monitoring committees' Comments #4 and #20 are used for SDG target 10.2, it would be understood to call for the social, economic and political *"inclusion"* of individuals with every sexual orientation, including homosexuals and bisexuals, and every gender, including transgender individuals and any of the 70-plus genders recognized by Facebook.

- Second, the term, *"other status"* also appears in paragraph 19 of the SDGs, where it emphasizes *"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."*

  Using the interpretations of these words in Comments #4 and #20, this paragraph 19 of the SDGs would then call for nations to "respect, protect, and promote" rights for homosexuals and transgender persons, etc. While most people agree that the basic human rights of LGBT people should be respected for the same reason that the basic rights of all people should be protected, it is likely that the term *"other status"* in the SDGs will eventually be used to promote more controversial LGBT rights, including same-sex marriage and adoption rights.

Finally, another UN mechanism that is used to advance sexual rights is the UN's Universal Periodic Review (UPR) process. Each UN Member State is required to have its human rights record examined by the UN Human Rights Committee every four years. Essentially, the States under review become a pincushion for committee members from certain Western governments to attack their alleged human rights abuses.

Unfortunately, the HRC is stacked with governments who use it to push the sexual rights agenda. For example, already over 1,000 UPR recommendations have been issued to most of the UN's 193 member countries regarding sexual orientation and gender identity (SOGI). Yet, again, no international human rights instruments even mention SOGI. Interestingly, 30 percent of the SOGI pressure came from only four countries (Spain, France, Canada, and the Netherlands).[477]

The UN Committee on Economic, Social and Cultural Rights Comment #22 on the right to health, released in May 2016, defines non-discrimination to include a "right of all persons ... to be fully respected for their sexual orientation, gender identity and intersex status." It then asserts that "Criminalization of sex between consenting adults of the same gender or the expression of one's gender identity is a clear violation of human rights. Likewise, regulations requiring that lesbian, gay, bisexual transgender and intersex persons be treated as mental or psychiatric patients, or requiring that they be 'cured' by so-called 'treatment,' are a clear violation of their right to sexual and reproductive health. State parties also have an obligation to combat homophobia and transphobia…"

[477] Oas, R. (2016, November 17). Center for Family and Human Rights. "Sexual Rights" Proponents Seek Legitimacy Through Universal Periodic Review. https://c-fam.org/friday_fax/sexual-rights-proponents-seek-legitimacy-through-universal-periodic-review/

To be clear, Family Watch opposes coercive laws, policies, or practices that would force people into therapy based on their LGBT status, but we also aggressively seek to protect the right for people to *voluntarily* seek therapy with the goal of decreasing unwanted sexual attractions or therapy that will help people accept and be comfortable with their biological sex. We also promote respect for the basic rights of all people, including those who self-identify as LGBT persons. However, Comment #22 requires that people respect not just LGBT persons themselves but also requires respect for their sexual orientations and gender identities, even though extensive studies show that acting out on such inclinations can lead to many negative mental and physical health outcomes for these individuals.

Comment #22 also claims that "The realization of the rights of women and gender equality" requires States to "guarantee all individuals access to affordable, safe and effective contraceptives and comprehensive sexuality education, including for adolescents; to liberalize restrictive abortion laws; to guarantee women and girls access to safe abortion services."

Thus, Comment #22 is also a huge overreach and a radical interpretation of the right to health, which it claims now includes a right to sexual and reproductive health, which in turn is defined in controversial ways to include abortion and other sexual rights. And this is how UN treaties are manipulated to advance the radical sexual rights agenda.

UN AGENCIES, WHO

OVERVIEW
UN Agencies, WHO

A World Health Organization (WHO) publication outlining WHO's Sexuality Education Standards for Europe suggests that youth receive information about their alleged "sexual rights" from International Planned Parenthood Federation (IPPF).[478] Unfortunately, IPPF promotes high-risk sexual behaviors as "sexual rights."[479] They have over 65,000 service points in over 170 countries and receive millions of dollars from UN agencies. Since IPPF's declaration on "sexual rights" defines these rights as "an evolving set of entitlements related to sexuality,"[480] to understand what sexual rights are (according to IPPF and the WHO) we must first understand what "sexuality" means.

On this key issue, the World Health Organization helps us out again. Both on their website and in a WHO publication,[481] they provide us with their "working definition" for sexuality.[482] It says, **sexuality "…encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, [and] beliefs … "**[483]

[478] Federal Centre for Health Education (BZgA) and the WHO Regional Office for Europe. (2010). *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe*. https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf

[479] To learn about ten ways IPPF sexualizes children, go to InvestigateIPPF.org

[480] International Planned Parenthood Federation. (2008). Sexual Rights: An IPPF Declaration. http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf

[481] World Health Organization. (2006). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002, Geneva. http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

[482] WHO claims these "working definitions" do not represent the official position of WHO.

[483] World Health Organization. (n.d.). Sexual and reproductive health. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

The WHO publication also states that "The definition of sexual rights reflects an evolving understanding of concepts."[484] In other words, the definition of sexual rights is an ever-changing and moving target of rights relating to highly controversial sexual concepts. Even more troubling, however, is the notion that the World Health Organization defers to IPPF, an organization that makes money from the adverse consequences of illicit or unlawful sex, to teach children about sexuality.

For example, this quote from IPPF's "Exclaim!" publication reveals IPPF's core philosophy regarding young people's sexual rights and sexual health:

> Young people are sexual beings. They have sexual needs, desires, fantasies and dreams. It is important for all young people around the world to be able to explore, experience and express their sexualities in healthy, positive, pleasurable and safe ways. This can only happen when young people's *sexual rights* are guaranteed.[485]

IPPF also asserts, "All young people are entitled to sexual well-being and pleasure, … and how to experience different forms of sexual pleasure is important for their health and well-being."[486]

In other words, IPPF believes that to have good health, children should not only be engaging in "different forms of sexual pleasure," but that they are actually "entitled" to "sexual pleasure," which should be "guaranteed" as a legal "right."

WHO instructs educators to teach children about their "sexual rights" as defined by IPPF.[487] It should be noted that IPPF has a conflict of interest when seeking to advance high-risk sexual acts as rights, since they profit from providing sexual-related services, commodities, and procedures such as sexual counseling, condoms, contraceptives, screenings and treatment for STIs (including HIV and AIDS), abortions, and more.

This is very disturbing for a number of reasons. For example, consider IPPF's "Healthy, Happy and Hot" publication. This publication tells youth who are infected with HIV that they have "sexual rights," including a "right to sexual pleasure" through "anal sex, oral sex, rough sex and soft sex," and states that "some people have sex when they have been drinking alcohol or using drugs. This is your choice." Alarmingly, this publication even tells youth they don't have to tell their sexual partners they are infected with HIV. It erroneously informs them that laws requiring youth to disclose their HIV status to their sexual partners supposedly violate their internationally protected sexual rights. Unfortunately, "Healthy, Happy and Hot" is just one of IPPF's many radical and explicit publications and programs.

It makes sense that WHO would send youth to IPPF to learn about sexual rights when you understand that WHO also promotes radical sexual rights and defines "sexual health" on their website to include "well-being in relation to sexuality that includes pleasurable and safe sexual experiences."

A serious problem with these sexual philosophies promoted by WHO and IPPF, however, is that the research shows that sexually active children are at a much higher risk for many negative health

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[484] World Health Organization. (2006). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002, Geneva. http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

[485] International Planned Parenthood Federation. (2011). Exclaim! Young People's Guide to 'Sexual Rights: An IPPF declaration.' http://www.ippf.org/sites/default/files/ippf_exclaim_lores.pdf

[486] Ibid.

[487] Federal Centre for Health Education (BZgA) and the WHO Regional Office for Europe. (2010). *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe*. https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf. Guidelines for instruction for children age 9-12 years, provide *information about sexual rights "as defined by IPPF."*

outcomes, which is why children of minor age should never be encouraged to have any kind of sex or sexual experiences. (See *Abstinence* section.)

Even if the alleged sexual rights being promoted by sexual activists were in fact legitimate or widely accepted rights, which they are not, any sexual rights related to promiscuity should certainly be categorized as rights for adults and not children.

One of the most egregious examples is WHO's European Standards for Sexuality Education.[488] These standards instruct educators to teach children the following:

(For Children Age 0-4 years)

> "Give information about enjoyment and pleasure when touching one's body, **early childhood masturbation,**" "Enable children to **gain an awareness of gender identity,**" and "Give the right to **explore gender identities.**"

(For Children Age 4-6 years)

> "Give information about **early childhood masturbation**," "Give information about **same-sex relationships**" and "Help children develop respect for **different norms regarding sexuality.**"

(For Children Age 6-9 years)

> "Give information about … **different methods of conception**," "Give information about enjoyment and pleasure when touching one's own body, **early childhood masturbation**" and "Give information about friendship and **love towards people of the same sex**."

(For Children Age 9-12 years)

> "Give information about **different types of contraception** … **enable children to use condoms and contraceptives** effectively in the future," "Give information about **pleasure, masturbation, orgasm,**" and "Give information about **sexual rights as defined by the International Planned Parenthood Federation** and the **World Association for Sexual Health.**"

(For Children Age 12-15 years)

> "Give information about **gender identity** and **sexual orientation**, including coming-out/homosexuality," "Give information about **pleasure, masturbation, orgasm,**" and "Enable teenagers to **obtain and use condoms and contraceptives effectively.**"

(For Youth Age 15 and up)

> "Help teenagers to develop a **critical view of different cultural/religious norms** related to pregnancy, parenthood, etc.," and "Help teenagers to develop **a change from possible negative feelings, disgust and hatred towards homosexuality to acceptance and celebration of sexual differences.**"

[488] Ibid.

UNDERSTANDING

(See Family, Happiness, Love and Understanding)

UNMET NEED FOR FAMILY PLANNING/CONTRACEPTION

(See also Abortion, Family Planning | Contraceptives)

OVERVIEW

Unmet Need for Family Planning/Contraception

The United Nations Population Fund (UNFPA) report, "State of the World 2012," claims: *"... statistics show that 867 million women of childbearing age in developing countries have a need for modern contraceptives. Of that total, 645 million have access to them. But a staggering 222 million still do not. ...* ***The remaining 222 million women have an unmet need for contraception."***[489]

Using this figure of *"222 million women"* with a supposed *"unmet need"* for contraception, Planned Parenthood and other organizations that profit from selling contraceptives, manipulate governments and UN agencies to provide them with millions of dollars of funding for their lucrative contraceptive/family planning services.

But what does the *"222 million"* figure really represent?

According to UNFPA, 100 percent of the *"unmet need"* for contraceptives is attributable to *"lack of access."* Yet the facts say otherwise. For example, a survey of women in Sub-Saharan Africa, South Central Asia, and Southeast Asia,[490] *which account* for almost 69 percent of the alleged 222 million women with supposed *"unmet needs"* in the developing world, illustrates the deception in the 222 million figure.

In fact, the Guttmacher Institute, the organization that conducted the survey, found that the reasons for not using contraception among the large majority of women categorized as having an *"unmet need"* for contraception had little to do with *"lack of access"* and everything to do with not wanting to use contraception.
Here is what the *"unmet need"* survey actually found:

- 23 percent of the women surveyed did not want to use contraception because of its side effects
- 21 percent didn't use contraception because they had sex infrequently
- 17 percent because they were breastfeeding or postpartum
- 10 percent because their partner was opposed to contraception
- 16 percent because the woman herself was opposed to contraception
- 8 percent because of high costs or no access
- 4 percent because they were unaware of contraceptive methods

[489] Information in the overview is based on Oas, R. (2015). *Needs Without Wants* [fact sheet]. Center for Family and Human Rights. https://c-fam.org/flyer/needs-without-wants/

[490] Darroch, J. E., Sedgh, G., & Ball, H. (2011, May). Contraceptive Technologies: Responding to Women's Needs. Guttmacher Institute.

According to the survey, only eight percent of women were not using contraception because of the high cost or because they had no access. This means that 92 percent of the women who allegedly had *"unmet needs"* for contraception actually had legitimate reasons for not using contraception. Therefore, they did not really have any need for contraception as is often claimed.

In other words, this *"222 million women"* figure with *"unmet needs"* for family planning is a marketing ploy to push the birth control/family planning agenda on the developing world and to line the pockets of organizations and businesses that profit from family planning services and contraception.[491]

TALKING POINTS

Unmet Need for Family Planning/Contraception

1. **From what source did the number of women with *"unmet needs"* come from and what exactly does *"unmet need"* mean?** Does it mean women or girls who have asked for contraceptives and couldn't get them?

2. **Does every woman need or want family planning?**

3. **Where did the concept of "unmet need" for family planning originate?** Was it an entity that profits from providing family planning services? The Guttmacher Institute is the main organization conducting the "research" that claims there is a huge, worldwide "unmet need" for family planning. They were supported and funded by Planned Parenthood for decades. Planned Parenthood makes millions of dollars from family planning services. In fact, they have 65,000 service points in 170 countries, and Planned Parenthood's president receives more than $500,000 annually in compensation. (See https://familywatch.org/investigateippf/.)

In other words, "unmet need" is a major profit-making ploy.

4. **Are there any related data coming from an unbiased source?**

5. **Consider the following from the Guttmacher Institute's own study:**

- In sub-Saharan Africa, the two most commonly cited reasons for not using contraception were health risks/side effects and opposition by the woman and/or partner.
- In South Central Asia, opposition to contraceptive use by the woman and/or partner was the main reason for nonuse, followed by infrequent sex.
- In Southeast Asia, health concerns, side effects, followed by infrequent sex, were cited most often as the reasons for not using contraceptives.[492]
- Based on the above data it is clear that there are many reasons why people don't use contraceptives that have nothing to do with access or availability. This debunks the common myth that millions of women have an "unmet need" for contraceptives.

[491] Ibid.
[492] Ibid.

VALUES

(See also Religious and Ethical Values)

◆ **HRC Protection of the Family Resolution** ◆

Recognizes that the family, while respect for the rights of its members is ensured, is a strong force for social cohesion and integration, intergenerational solidarity and social development, and that the family plays a crucial role in the preservation of cultural identity, traditions, morals, heritage and the **values system of society**; -- Protection of the Family Resolution, HRC, (2015), 6.

VARIOUS FORMS OF THE FAMILY

(See Family, Various Forms of)

VIOLENCE AGAINST WOMEN/GIRLS

(See also Gender-based Violence | Pornography)

OVERVIEW

Violence Against Women/Girls

"Violence against women and girls" is an important policy issue addressed over and over in UN policy documents. Yet, despite all of the discussions and multiple outcome documents, one of the key drivers of violence—pornography— and one of the most important protective factors for women and children—living within a stable, married, mother/father family—are rarely if ever even mentioned.

The UN Sustainable Development Goals address violence specifically in SDG Target 5.2, calling upon governments to "Eliminate all forms of violence against women and girls."

Unfortunately, a narrative often advanced in UN negotiations is the claim that marriages and families are a main source of violence against women and children and that a married woman may be more at risk for violence than a single woman. This narrative, though oft repeated, is completely unfounded. While certainly some women and children are abused in a married family setting, overwhelmingly the data show that, overall, marriage and family are significant protective factors in preventing violence against women and girls.

The term "domestic violence" is not a good term to use if we want to determine where the most abuse is occurring. Instead, "cohabitating violence" is a better descriptor. This is because it is among non-married cohabitating couples (i.e., a mother living with her boyfriend), not among married couples, where the majority of *"violence against women"* occurs worldwide.

Decades of research demonstrates that women who are married and girls who live with their married parents are not only less likely to experience domestic violence, but they are not as likely to be victims of other crime, and children are less likely to experience abuse as well.

An additional emerging narrative is the assertion that withholding abortion services from women and girls is a form of violence.

In January 2019, the European Parliament passed a resolution strongly affirming "that the denial of services related to sexual and reproductive health and rights, including safe and legal abortion, is a form of violence against women and girls."[493]

Also, in General Comment 35 on gender-based violence, the CEDAW Committee declared the "criminalization of abortion" to be a form of "gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."[494]

The term "all forms of violence" has become a catchall term that can encompass "psychological violence" and "family violence." In fact, a Canadian court found a father guilty of "family violence" for referring to his 14-year-old daughter, who identifies as a male, as a girl. The judge forbade the father from acknowledging the biological reality that his daughter was a female. The parents were not allowed to refer to their daughter as a girl, were not allowed to use her female birth name, or use female pronouns when referring to her.[495]

This court decisions was a serious violation of parental rights.

Another bizarre example was when a lesbian activist was found guilty of "violence" for using male pronouns when referring to a male rapist who identifies as a female. She was removed from an LGBT commission in Baltimore, Maryland for "misgendering" the man. The rapist was transferred to a female prison and assaulted two women there.[496]

Since the term "violence" has taken on radical new meanings, it's important to ensure the context makes the intended meaning clear. **Important measures that any state can take that would protect women and girls include to (1) restrict the availability of pornography, and (2) promote strong and stable marriages and families. Marriage and family are key to preventing *"violence against women and girls."***

NEGOTIATING STRATEGIES
Violence Against Women and Girls

Insist that the family and marriage be promoted as a solution to *"violence against women and girls,"* rather than being viewed as the problem. <u>Quote from the statistics above to show that violence occurs much more in cohabitating relationships rather than in a stable, married, mother/father family</u>.

If marriage or family is promoted as a cause of "*violence against women and girls,*" object and insist on the removal of any such language. State: In their landmark report about encouraging marriage and families as a way to end violence against women, W. Bradford Wilcox & Robin Fretwell Wilson said, "The bottom line is that married women are less likely to be raped, assaulted, or robbed than their

[493] European Parliament resolution of 16 January 2019 on the situation of fundamental rights in the European Union in 2017 (2018/2103(INI)). Para 23. http://www.europarl.europa.eu/doceo/document/TA-8-2019-0032_EN.html
[494] Committee on the Elimination of Discrimination against Women. (2017). General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19. CEDAW/C/GC/35.
[495] Laurence, L. (2019, April 25). Dad calling gender-confused daughter a girl and not a boy constitutes 'family violence,' BC judge rules. https://www.lifesitenews.com/news/dad-calling-gender-confused-daughter-a-girl-and-not-a-boy-constitutes-family-violence-bc-judge-rules
[496] Ciandella, M. (2019, January 29). Lesbian activist says she was ousted from Baltimore's LGBTQ Commission for using the wrong pronoun to identify a rapist who identified as trans. https://www.theblaze.com/news/lesbian-activist-banned-misgendering-rapist

unmarried peers" and that "girls raised in a home with their married father are markedly less likely to be abused or assaulted than children living without their own father."[497]

When causes of violence are discussed, include pornography and cohabitating as significant factors/causes of *"violence against women and girls."* (See *Gender-Based Violence* and also see the *Pornography* section and for more information on how pornography viewing is a main driver of *"violence against women and girls."*)

TALKING POINTS
Violence Against Women/Girls

1. **Marriage is safer for women**. As a group of family scholars has noted, cohabitation is associated with higher rates of violence, including fatal violence, by partners than marriage.[498] One study found that "women in cohabiting relationships were nine times more likely to be killed by their partners than were women who were in marital relationships."[499]

2. **Married women experience much less violence than single women.** "Overall, single and divorced women are four to five times more likely to be victims of violent crime in any given year than are married women. Single and divorced women are almost ten times more likely than are wives to be raped, and about three times more likely to be the victims of aggravated assault. For instance, the U.S. Department of Justice estimates that the violent victimization rate was 17 per 1000 married women compared to more than 60 per 1000 single and divorced women in 1992–1993."[500]

3. **The family is the safer environment for women and girls.** One U.S. social scientist stated, "girls raised in a home with their married father are markedly less likely to be abused or assaulted than children living without their own father."[501] British data are similar. They show "that rates of serious abuse of children are lowest in the intact married family but six times higher in the step family, 14 times higher in the always-single-mother family, 20 times higher in cohabiting-biological parent families, and 33 times higher when the mother is cohabiting with a boyfriend who is not the father of her children."[502]

4. **Pornography is a significant cause of violence against women and girls, yet, it is rarely addressed in UN policy negotiations.** (See *Pornography* section.)

5. Since as long ago as 1995 up until as recently as 2016, [quote from selected research findings related to pornography below] **studies have emerged showing how pornography viewing is a major driver of violence against women and girls.** If we want to protect women and girls from violence, we need to

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[497] Wilcox, W. B., Wilson, R. F. (2014, June 10). One Way to End Violence Against Women? Married Dads. *Washington Post*. https://www.washingtonpost.com/posteverything/wp/2014/06/10/the-best-way-to-end-violence-against-women-stop-taking-lovers-and-get-married/

[498] Wilcox, W. B. (2011). *Why Marriage Matters, Third Edition: Thirty Conclusions from the Social Sciences*. New York, NY: Institute for American Values. https://irp-cdn.multiscreensite.com/64484987/files/uploaded/Why-Marriage-Matters-Third-Edition-FINAL.pdf

[499] Pirog, M. & Vargas, E. D. (2007). Cohabiting Violence. In N. A. Jackson (Ed.), *Encyclopedia of Domestic Violence* (172-178). New York, NY: Routledge.

[500] Wilcox, W. B. (2011). *Why Marriage Matters, Third Edition: Thirty Conclusions from the Social Sciences*. New York, NY: Institute for American Values. https://irp-cdn.multiscreensite.com/64484987/files/uploaded/Why-Marriage-Matters-Third-Edition-FINAL.pdf

[501] Wilcox, W. B. , Wilson, R. F. (2014, June 10). One Way to End Violence Against Women? Married Dads. *Washington Post*. https://www.washingtonpost.com/posteverything/wp/2014/06/10/the-best-way-to-end-violence-against-women-stop-taking-lovers-and-get-married/

[502] Rector, R. E., Fagan, P. F., Johnson, K. A. (2004, March 9). Marriage: Still the Safest Place for Women and Children. *Heritage Foundation.* https://www.heritage.org/marriage-and-family/report/marriage-still-the-safest-place-women-and-children#pgfId-1075836

add a statement calling for the elimination of pornography, or at a minimum, calling for stricter regulations on pornography distribution.

Research Findings on Pornography Viewing and Violence

- **Men who were exposed to film depictions of sexual violence were more accepting of sexual violence and more attracted to it and less sympathetic to victims**.[503]
- **A meta-analysis showed pornography use was correlated with attitudes of support for violence against women, particularly if the pornography itself was violent.**[504]
- **A review of 22 studies from seven countries showed consumption of pornography was associated with verbal and physical sexual aggression.**[505]
- **Study of college-age men found strong association between use of almost all forms of pornography and "rape and rape proclivity.**[506]

VULNERABLE GROUPS

(See also LGBT | Sexual Minorities | HIV/AIDS, Vulnerable Groups/Marginalized Groups)

OVERVIEW

Vulnerable Groups

The term *"vulnerable groups"* is a controversial, open-ended term that is increasingly being used to promote protection and rights for LGBT people. This was a hotly debated term during the negotiations of the 2030 Agenda and was eventually rejected before its adoption. Member States are correct of being wary of this term since a number of documents actually define "vulnerable groups" to include LGBT individuals.

Replacement text that has worked as a compromise position is to replace *"vulnerable groups"* with *"people in vulnerable situations"* or with *"the vulnerable."*

[503] Weisz, M. G. & Earls, C. M. (1995). The Effects of Exposure to Filmed Sexual Violence on Attitudes Toward Rape. *Journal of Interpersonal Violence 10*(1).
[504] Hald, G. M., Malamuth, N. M., Yuen, C. (2010). Pornography and Attitudes Supporting Violence Against Women: Revisiting the relationship in nonexperimental studies. *Aggressive Behavior, 36*(1), 14-20.
[505] Wright, P. J., Tokunaga, R. S., Kraus, A. (2016). A Meta-Analysis of Pornography Consumption and Actual Acts of Sexual Aggression in General Population Studies. *Journal of Communication, 66*(1), 183-205.
[506] Boeringer, S. B. (1994). Pornography and sexual aggression: Associations of violent and nonviolent depictions with rape and rape proclivity. *Deviant Behavior, 15*(3), 289-304.

WIDOWS

UN CONSENSUS LANGUAGE IN CONTEXT
Widows

■ Governments should assist single parent families, and **pay special attention to the needs of widows and orphans.** All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example, those involving street children. – ICPD (1994), 5.13

■ In some countries, current demographic trends, which show that lowered fertility rates, increased life expectancy and lower mortality rates, have contributed to ageing of the population, and increase in chronic health conditions and have implications for health care systems and spending, informal care systems and research. Given the gap between male and female life expectancy, **the number of widows and older single women has increased considerably, often leading to their social isolation and other social challenges.** Societies have much to gain from the knowledge and life experience of older women. On the other hand, the current generation of young people is the largest in history. Adolescent girls and young women have particular needs which will require increasing attention. – Beijing +5 (2000), 43.

■ For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, **female headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty.** Special social protection measures are required to address feminization of poverty, in particular among older women. –Ageing (2002), 46.

WIFE

(See also Marriage)

UN CONSENSUS LANGUAGE IN CONTEXT
Wife

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners.** – Social Summit (1995), 80.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. – ICPD (1994), Principle 9.

■ The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms

of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement, and protection within adequate shelter and with access to basic services and a sustainable livelihood. – Habitat (1996), 31.

■ Reaffirm that the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and **husband and wife should be equal partners**. The rights, capabilities and responsibilities of family members must be respected. Human settlements planning should take into account the constructive role of the family in the design, development and management of such settlements. Society should facilitate, as appropriate, all necessary conditions for its integration, reunification, preservation, improvement and protection within adequate shelter and with access to basic services and a sustainable livelihood; – Habitat +5 (2001), 30

WOMAN

OVERVIEW

Woman

The definition of the word "woman" that has existed for millennia is being rewritten by government agencies, activists and policymakers around the world in an attempt to blur the biological line between men and women.

Consider these new definitions of "woman":

- From the European Institute for Gender Equality – "Female human being; a person assigned a female sex at birth, or a person who defines herself as a woman."[507]
- From the Cambridge Dictionary – "An adult who lives and identifies as female though they may have been said to have a different sex at birth,"
- From Merriam-Webster – "having a gender identity that is the opposite of male."

Other terms that have been coined to spare the feelings of transgender-identifying individuals include "pregnant people," "people with a vagina" (or cervix, uterus or ovaries), "menstruators," "chestfeeding." These terms have the net effect of erasing any distinction between men and women.

[507] European Institute for Gender Equality. (2016). Glossary & Thesaurus. https://eige.europa.eu/thesaurus/terms/1430

WORK

UN CONSENSUS LANGUAGE IN CONTEXT
Work

■ Foster policies that enable people to combine their paid work with their **family responsibilities**; – Social Summit (1995), Declaration, Commitment 3(f).

■ Formulate or strengthen measures to ensure respect for and protection of the human rights of migrants, **migrant workers and their families**, to eliminate the increasing acts of racism and xenophobia in sectors of many societies, and to promote greater harmony and tolerance in all societies; – Social Summit (1995), Declaration, Commitment 4(e).

YOGYAKARTA PRINCIPLES

(See also Gender Identity | Sexual Orientation | LGBT | Sexual Rights)

OVERVIEW
Yogyakarta Principles

The Yogyakarta Principles document is the "Magna Carta" of the sexual rights movement and constitutes one of the greatest current threats to the institution of the family. It is a comprehensive wish list of alleged sexual rights based on *"sexual orientation"* and *"gender identity"* (also referred to as *"SOGI"*). The Principles were created by a group of sexual rights activists who insist this radical wish list is grounded in international human rights laws.

Signed by nine UN Special Rapporteurs and 21 sexual rights activists in 2006, the Yogyakarta Principles, were expanded in 2017[508] to include nine additional principles and over 100 new alleged state obligations, known as the Yogyakarta Principles plus 10 ("YP+10").

These radical Principles seek to redefine gender and promote governmental recognition, legal protection, and broad promotion of any kind of voluntary and consensual sexual behavior—no matter how harmful.

Even more concerning, those who promote the Yogyakarta Principles are seeking to enforce them globally as "international human rights" enforceable by law.

The drafters of these Principles claim they *"reflect the existing state of international human rights law in relation to issues of sexual orientation and gender identity"* and *"affirm binding international legal standards with which all States must comply."* Yet the drafters failed to identify the supposed *"binding legal standards"* upon which the Principles are allegedly based.

At the time the Principles were created, the terms *"sexual orientation"* and *"gender identity"* were not mentioned in *any* UN treaty or other consensus document, even though a number of countries had tried countless times to get UN consensus on these topics. Each time a Member State or group of States has

[508] Both The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity (November 2006) and The Yogyakarta Principles plus 10 (November 2017), collectively referred to as Yogyakarta Principles (or Principles), are available at https://yogyakartaprinciples.org/

proposed such references to SOGI in a binding document they have been strongly rejected by other UN Member States.

Unfortunately, even though references to the Yogyakarta Principles have been outright rejected in multiple negotiations, UN agencies treat them as if they are authoritative or binding and cite to them in their reports and documents.

For more details on the Yogyakarta Principles, see the FWI Policy Brief titled "The Yogyakarta Principles.")

TALKING POINTS
Yogyakarta Principles

1. **The Yogyakarta Principles were not negotiated by UN Member States,** therefore, should not be referenced in UN documents or cited to as authoritative as they carry no legal weight.

2. **The Yogyakarta Principles are too controversial and go way beyond the scope of what has ever been agreed upon by UN Member States.**

3. **Many of the concepts in these Principles contradict our nation's laws** and conflict with the religious and cultural values of our people.

4. The Yogyakarta Principles claim to *"reflect the existing state of international human rights law in relation to issues of sexual orientation and gender identity,"* when **such understandings do not exist as SOGI is not even mentioned in any UN consensus documents or treaties.**

5. **Treaty bodies, UN Special Rapporteurs, and UN agencies that have cited to or supported the Yogyakarta Principles or that have sought to reinterpret existing treaties to include SOGI are acting outside their mandates** and undermining the entire UN system's negotiation processes.

YOUTH

(See also Children, Street Children | Youth Friendly | Youth, Distortion of Rights | Youth, Negotiating Policies Related to)

UN CONSENSUS LANGUAGE IN CONTEXT
Youth

■ Commit to develop and implement strategies to improve infant HIV diagnosis, including through access to diagnostics at point-of-care, significantly increase and improve access to treatment for children and adolescents living with HIV, including access to prophylaxis and treatments for opportunistic infections, as well as increased support to children and **adolescents** through increased financial, **social and moral support for their parents, families and legal guardians,** and promote a smooth transition from paediatric to young adult treatment and related support and services; – HIV/AIDS (2011), 68.

■ Reaffirm the central role of the family, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments

especially for young girls, **expanding good-quality youth-friendly information** and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and **involving families and young people** in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible; – HIV/AIDS (2011), 43.

■ Particular efforts should be made to **protect children and youth by**:
(a) **Promoting family stability and supporting families in providing mutual support, including in their role as nurturers and educators of children**; – Social Summit (1995), 39-a.

■ Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. **Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents** and in line with the Convention on the Rights of the Child. – ICPD (1994), 6.15.

■ Governments of both receiving countries and countries of origin should adopt effective sanctions against those who organize undocumented migration, exploit undocumented migrants or engage in trafficking in undocumented migrants, especially those who engage in any form of international traffic in women, **youth** and children. Governments of countries of origin, where the activities of agents or other intermediaries in the migration process are legal, should regulate such activities in order to **prevent abuses, especially exploitation, prostitution and coercive adoption**. – ICPD (1994), 10.18.

■ **Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations.** Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single parent families headed by women, **poor families with elderly members** or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and **youths are left to their own devices as family ties break down**, and hence are increasingly exposed to risks such as dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases. – ICPD (1994), 5.7.

■ Develop at national and other levels, as appropriate, action plans for **adolescents and youth**, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, **with proper regard for parental guidance and responsibilities**. Special attention should be devoted to vulnerable and disadvantaged youth; – ICPD +5 (1999), 73(c).

YOUTH, BALI GLOBAL YOUTH DECLARATION

OVERVIEW
Youth, Bali Global Youth Declaration

The "Bali Global Youth Forum Declaration" was allegedly drafted by youth at a 2014 conference in Bali, Indonesia. This event was organized by UNFPA, International Planned Parenthood Federation and the unsuspecting Indonesian government. Prominently posted on the UNFPA website, the Bali Youth Declaration purports to represent what all the youth of the world want from governments and the United Nations.[509]

As sponsors of the conference, UNFPA and International Planned Parenthood Federation funded the participation of youth they had groomed and trained in the sexual rights agenda to come to Bali, Indonesia to produce the Declaration under their guidance. The Declaration purports to be a 20-year global review of ICPD by the youth of the world. However, it closely tracks UNFPA's 20th anniversary review of ICPD and promotes many of the same controversial concepts.

The Bali Declaration's obsessive focus on the controversial sexual rights agenda, even seeking to establish LGBTQI (lesbian, gay, bisexual, transgender, questioning, and intersex) *"rights"* for the world's youth shows the heavy fingerprints of Planned Parenthood.

Among other controversial demands, the Bali Global Youth Forum Declaration calls on governments to:

- Legalize prostitution, same-sex marriage, and homosexual behavior
- Provide *"comprehensive sexuality education"*
- Recognize *"young people have autonomy over their own bodies, pleasures, and desires"*
- Support the sexual rights of all youth regardless of their sexual orientation or gender identity
- Provide abortion without parental consent

The radical alleged "rights" promoted in this document purport to advance sexual "rights" but, in reality, they advance sexual "wrongs" that will harm the very children and youth that were manipulated into calling for them.

YOUTH, CONFIDENTIALITY AND PRIVACY

(See Confidentiality and Privacy)

[509] UNFPA. (2013). ICPD Review Bali Global Youth Forum Declaration. http://icpdbeyond2014.org/uploads/browser/files/bali_global_youth_forum_declaration_final_edoc_v3-2.pdf

YOUTH, DISTORTION OF RIGHTS

(See also Children, Distortion of Rights | Youth, Bali Global Youth Declaration | Youth Friendly | Youth Led)

OVERVIEW
Youth, Distortion of Rights

Increasingly, youth are being manipulated by adults who use them to advance sexual rights and abortion policies. International activist groups and UN agencies like Planned Parenthood and UNFPA regularly train and groom youth to promote radical sexual and gender ideologies at the United Nations and around the world and then insist that the UN and governments have to listen to them and take their sometimes militant views into account citing a *"right to participate"* and a *"right to be heard"* in government policies. They claim youth have autonomous *"sexual rights"* and abortion rights that emanate from the right to health.

A good example of this distortion of rights for youth is the "Bali Global Youth Forum Declaration" allegedly drafted by youth. (See *Youth, Bali Global Youth Declaration*.)

Rather than advancing these fictitious rights for youth, a more constructive approach would be to focus on the true rights and fundamental needs of youth such as basic education, nutrition, medical care, counseling to avoid gangs, crime, drugs, and sexual activity before marriage, job preparation and training, employment, preventing out-of-wedlock pregnancies, etc.

YOUTH, NEGOTIATING POLICIES RELATED TO

(See also Youth)

OVERVIEW
Youth

The following definitions have been published in official UN documents:

AGE GROUPS AND POPULATIONS

Child	Up to the age of 18 (CRC definition)[510]
Adolescent	10 - 19 years of age[511]

[510] The UN website states that the "statistically oriented definition of youth [15 – 24], in turn, entails that children are considered those persons under the age of 14. Worthy of note, however, is that Article 1 of the United Nations Convention on the Rights of the Child defines 'children' as persons up to the age of 18. At the time, it was hoped that the Convention would provide protection and rights to as large an age-group as possible, especially as there was no similar document on the rights of youth." (Convention on the Rights of the Child, Article 1. "For the purposes of the present Convention, a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.") United Nations. (n.d.). Global Issues: Youth. https://www.un.org/en/global-issues/youth

[511] World Health Organization. (2013). Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection Recommendations for a Public Health Approach. https://www.who.int/publications/i/item/9789241549684. See "Definition of Key Terms," p. 13.

Early (or young) adolescence	10 - 14 years of age
Middle adolescence	14 - 17 years of age
Late adolescence	17 - 19 years of age (sometimes extended to ages 21 or 22)[512]
Youth	15 - 24 years of age[513, 514, 515]
Young People	10 - 24 years of age[516]
Young Adult	20 - 24 years of age[517] (This term appears only once in the 2011 Political Declaration on HIV/AIDS.)

WHO Definitions of Age Groups and Populations

The following definitions for adults, adolescents, children and infants are used to ensure consistency within these consolidated guidelines, as well as with other WHO guidelines. It is recognized that other agencies may use different definitions.

> *"An adult is a person older than 19 years of age unless national law defines a person as being an adult at an earlier age."*
>
> *"An adolescent is a person aged 10 to 19 years inclusive."*
>
> *"A child is a person 19 years or younger unless national law defines a person to be an adult at an earlier age. However, in these guidelines when a person falls into the 10 to 19 age category they are referred to as an adolescent (see adolescent definition). An infant is a child younger than one year of age."*
>
> *"An infant is a child younger than one year of age."*[518]

[512] World Health Organization. (2004). Contraception Issues in Adolescent Health and Development. http://whqlibdoc.who.int/publications/2004/9241591447_eng.pdf

[513] Ibid.

[514] There is no internationally defined, universally accepted standard with regard to the definition of "youth," but according to the Secretary-General of the UN, *"In preparing for the first International Youth Year in 1985, however, the report of the Advisory Committee for the International Youth Year (A/36/215, annex) noted the following: 'A chronological definition of who is young, as opposed to who is a child or who is an adult, varies with each nation and culture. However, the United Nations, for statistical purposes, defines those persons between the ages of 15 and 24 as youth without prejudice to other definitions by Member States.'"* (United Nations. (2012). Adolescents and youth, Report of the Secretary-General, E/CN.9/2012/4.)

[515] United Nations. (n.d.). Definition of Youth. https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

[516] UNFPA. (n.d.). Adolescent and Youth Demographics: A Brief Overview. https://www.unfpa.org/sites/default/files/resource-pdf/One%20pager%20on%20youth%20demographics%20GF.pdf; World Health Organization. (n.d.). Adolescent Health. https://www.who.int/southeastasia/health-topics/adolescent-health

[517] United Nations. (n.d.). Frequently Asked Questions. "What does the UN mean by 'youth,' and how does this definition differ from that given to children?" https://www.un.org/development/desa/youth/what-we-do/faq.html

[518] World Health Organization. (2013). Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection Recommendations for a Public Health Approach. https://www.who.int/publications/i/item/9789241549684. See "Definition of Key Terms," p. 13.

Common terms used in United Nations documents referring to people age 24 and under include *"children," "adolescents," "young people," "young adults,"* and *"youth."* However, various documents ascribe different ages to these terms, which means there is no clear definition of what ages these various terms include.[519]

The confusion created by the various ways these terms have been defined or used results in a serious problem in the policymaking arena. This is because in many cases, UN Member States negotiate policies that may be appropriate when applied to older youth or young adults but which can be entirely inappropriate, and even sometimes dangerous, when applied to young children.

It should be noted that since the UN Convention on the Rights of the Child (CRC) is a binding treaty and since it defines a "child" as up to the age of 18, for UN Member States that are a party to the CRC, this definition trumps any other definitions that may be created in nonbinding UN documents.

What is critically important to remember when negotiating language in UN documents is that when terms are used that include young children in the spectrum of ages (such as *"adolescent," "young people,"* or even *"youth,"* it is imperative that there must also be an acknowledgement of the rights, duties, and responsibilities of parents to guide their children as they see fit.

Any provisions regarding children, youth, adolescents, or young people, especially those related to sex education, sexuality, or information or counseling related to sexual and reproductive health issues, should always include the recognition of the prior right of parents to guide the education of their children as recognized in the Universal Declaration of Human Rights.

Those who seek to advance sexual rights for children at even young ages will push for language calling for governments to provide sexuality education or sex education for children and will usually try to insert language establishing this as a *"right."* They will then refuse to recognize the *"right"* of parents to guide that education. If the *"right"* of parents is not recognized wherever governments are to provide children with sexual education and services, then parents are usually relegated to only having an undefined *"role"* in guiding their children *"as appropriate"* or along with other stakeholders on an equal basis.

YOUTH EMPOWERMENT

(See also Confidentiality and Privacy | Youth | Youth, Bali Global Youth Declaration | Youth, Distortion of Rights | Youth Friendly | Youth Led | Youth, Negotiating Policies Related to)

OVERVIEW

Youth Empowerment

UNFPA revealed what they mean by "youth empowerment" in their strategic plan 2018-2021, which states:

[519] As noted in one scholarly journal, "Inconsistencies in defining an age range for adolescents and young adults are understandable given the realities of the complex biologic and psychosocial developmental processes experienced in the lengthy transition from childhood to adulthood in Western cultures." Certainly this would hold true not only in the West but throughout the world considering the almost infinite variety of cultures and individual situations that exist. Geiger, A. M., Castellino, S. M. (2011). Delineating the Age Ranges Used to Define Adolescents and Young Adults. Journal of Clinical Oncology, 29(16).

"UNFPA will intensify its evidence-based advocacy, policy engagement … to prioritize, invest and **empower adolescents and youth, especially adolescent girls"**

CONCERN: UNFPA defines "adolescent girls" as beginning at age 10!

"This will enable them **to exercise autonomy** and choice **with regard to their sexual and reproductive health and rights"**

CONCERN: This is a direct violation of parental rights and constitutes the sexual exploitation of children by a UN agency. See the *Sexual and Reproductive Health* section showing how SRH is defined by UN interagency documents to include rights to abortion, transgender and homosexual rights, sexual rights for children and more.

See also examples from UNFPA's "Safeguard Youth Program" and their "Tune Me" phone app in the *"UNFPA Exposed"* section.

YOUTH FRIENDLY

(See also Confidentiality and Privacy | Youth, Distortion of Rights)

OVERVIEW
Youth Friendly

Excerpt from the Opposition's Advocacy Manual Funded by the Netherlands

Family Watch has been warning delegations for some time that the term "youth friendly" especially when modifying "sexual and reproductive health services" is interpreted by UN agencies and providers to mean non-judgmental, values-free, morals-free, LGBT-supportive, confidential services that do not require parental consent. The following quote from an advocacy manual funded by the Netherlands to train LGBT and abortion rights youth advocates at the UN finally provides evidence that this is so.

"**Youth-friendly sexual and reproductive health services:** not only should young people have unrestricted access to sexual and reproductive health services, it is important that these services are also youth-friendly. **By youth-friendly we mean that young people are able to access these services anonymously and without parental/partner consent**, the information they receive is comprehensive and easy to understand, they are not discriminated against or judged by service providers because of their age and marital status, etc." (Choice for Youth & Sexuality, "The Advocate's Guide to UN Language")[520]

The terms *"youth-friendly"* or *"child-friendly"* can mean a number of things, but in the context of sexuality education, sexual counseling, or sexual and reproductive health services, these terms usually mean *"parent-free,"* or, in other words, without the knowledge or consent of parents. These terms also can refer to services offered without judgment or morals. They usually connote sex-positive services,

[520] Choice for Youth & Sexuality. (2017). The Advocate's Guide to UN Language. https://www.youthdoit.org/assets/Uploads/UN-Language-Tool-2017.pdf. This is an excerpt from the training manual created by anti-family, anti-life, LGBT-rights advocates funded by the Netherlands government. It is ostensibly co-published by choice for youth and sexuality, the Netherlands puppet youth SRHR lobbying organization and right here right now which is also a project of the Netherlands government with the same agenda.

meaning that any kind of sexual behavior is condoned as long as it is consensual, and contraception use and abortion is facilitated without parental involvement. In other words, the term *"youth-friendly"* is often used to promote access of children and youth to controversial sexual services and information.

General Comment #14 issued by the Committee on Economic, Social and Cultural Rights, shows how privacy and confidentiality rights are connected to the term *"youth-friendly"* as follows:

> *"The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services."* (Para. 22)

IPAS, the largest manufacturer of the "EasyGrip" handheld abortion suction device states that they support a health center in Lusaka, Zambia with a "youth-friendly corner—a private space where young people come for counseling on sexual and reproductive health topics, including contraception and safe abortion. ... Before Ipas began supporting youth-friendly services at the center in 2012, young people who sought abortion services at the main registration desk were often shamed or turned away."[521] In other words, *"youth-friendly"* is defined by IPAS as abortion-friendly, and this is a common use of the term.

TALKING POINTS
Youth Friendly

1. **Our delegation would prefer to delete *"youth friendly"*** as we have learned this term is sometimes used to promote services without the knowledge or consent of parents.

2. ***"Youth friendly"* could be acceptable to our delegation if the rights of parents to guide and direct the education and services related to sexual matters are clearly recognized here.** (See *Parents, Rights, Duties and Responsibilities* for language options.) For the protection of minors, we want to make sure any services are provided with parental knowledge and consent.

YOUTH LED

OVERVIEW
Youth Led

Increasingly, UN documents or resolutions are calling for funding for, support for, or the involvement of youth-led organizations in policymaking. This can be highly problematic since many "youth-led" organizations are really just sexual rights/abortion rights advocacy groups set up by adults or adult-led organizations to groom youth to advance their agenda.

Many of these youth-led groups were actually founded by or supported by Planned Parenthood or other similar organizations (Such as Advocates for Youth, Youth Coalition for Sexual and Reproductive Rights for Youth, or Choice for Youth and Sexuality). These organizations teach youth to advocate for controversial sexual rights for children of all ages.

[521] Ipas. (2016). *The Youth-Friendly Corner*. https://www.ipas.org/news/the-youth-friendly-corner/

UNFPA is behind the youth-led agenda and funded the development of a manual titled "Youth-led Organizations and SRHR, A step by step guide to creating sustainable youth-led organizations working on Sexual and Reproductive Health and Rights."

When the term "youth-led" is inserted into a text, it is usually intended to ensure that youth-led sexual rights activists groups will get special consideration or funding over other groups.

NEGOTIATING STRATEGIES

Youth Led

Replace the term *"youth led"* with *"youth focused"* wherever possible and ensure that the context of the language where this term occurs is not connected to sexual rights advocacy.