

BRIEFING PAPER

Updated August 2018
Briefing Paper
Number 16

Seven Reasons to Reject “Comprehensive Sexuality Education”

Stefano Gennarini, J.D., Marianna Orlandi, Ph.D., and Rebecca Oas, Ph.D.

“And so seated next to my father in the train compartment, I suddenly asked, “Father, what is sex-sin?” He turned to look at me, as he always did when answering a question, but to my surprise he said nothing. At last he stood up, lifted his traveling case off the floor and set it on the floor. Will you carry it off the train, Corrie?” he said. I stood up and tugged at it. It was crammed with the watches and spare parts he had purchased that morning. “It’s too heavy,” I said. “Yes,” he said, “and it would be a pretty poor father who would ask his little girl to carry such a load. It’s the same way, Corrie, with knowledge. Some knowledge is too heavy for children. When you are older and stronger, you can bear it. For now, you must trust me to carry it for you.”

Corrie ten Boom, *The Hiding Place*

Introduction

Children need and deserve guidance, not only information. Whatever we tell children, we also teach them. And what we teach them will shape their personalities, attitudes, and values throughout their entire lives.¹

The umbrella term “Comprehensive Sexuality Education” (CSE) encompasses most sex education for school-aged children that emphasizes risk-reduction techniques as opposed to character-based education that provides children with skills and tools to avoid risks altogether.²

Comprehensive Sexuality Education, sometimes called Comprehensive Education on

¹ “It makes no small difference, then, whether we form habits of one kind or of another from our very youth; it makes a very great difference, or rather all the difference.” Aristotle, *Nicomachean Ethics*, Book 2, Chapter 1.

² See De Irala, J., Osorio, A., Beltramo, C., Carlos, S., Lopez del Burgo, C., *The politics of Comprehensive Sexuality Education*, p. 16. See also, “Sexual Risk Avoidance Works. Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth, Publication by “Ascend,” 2016, available at: <http://weascend.org/wp-content/uploads/2016/08/SRA-Works-web.pdf>; Oas, R., *Abstinence Education Works, Condoms Don’t: New Teen Pregnancy Data*, July 30, 2017, Friday Fax (C-Fam), available at: https://c-fam.org/friday_fax/abstinence-education-works-condoms-dont-new-teen-pregnancy-data.

Human Sexuality, has entered classrooms all over the world.³ A modern form of sex-education, it has no age limit, starting from pre-school and accompanying children all the way through high school and into adulthood.

Comprehensive Sexuality Education usually implies an approach to human sexuality far from what the majority of parents deem fit for their children.⁴ Curricula professing to represent a CSE approach are replete with controversial topics, including teaching very young children about sexual pleasure, sexual orientation, gender identity, and access to and use of contraceptives, abortion, and other drugs and medical procedures that carry their own health risks.

Comprehensive Sexuality Education is also likely to jeopardize their health and wellbeing.⁵ While CSE is frequently invoked as a way to prevent teenage pregnancies, the transmission of sexually transmitted diseases (STDs – also referred to as sexually transmitted infections—STIs), and even violence against women and girls, CSE may in fact undermine its professed goals.

United Nations agencies and international organizations have drafted CSE guidelines and remain among the strongest advocates of its further implementation at all levels.⁶ Information about CSE can be found in UN documents, reports published by international organizations, CSE advocates, or other sex education and children’s health providers.

United Nations Member States are not bound to accept or legitimize CSE in UN resolutions and programming; nor are they obliged to implement CSE curricula at the national level.⁷ In fact, based on the evidence below, they should reject both the terms and the ideology behind CSE to protect the best interests of the child.⁸

1. “Comprehensive Sexuality Education” is not politically neutral.

The General Assembly has been talking about sex education for the better part of the

3 While this is now the most common term adopted at the UN and international level, the same kind of curricula are at times known under different names – such as, “abstinence-plus” programs in the U.S. See, Martin, S., Rector, R., Pardue, M.G., *Comprehensive Sex Education vs. Authentic Abstinence, a study of competing curricula*, The Heritage Foundation, 2004, p. x and 35-44, available at: <http://www.heritage.org/education/report/comprehensive-sex-education-vs-authentic-abstinence-study-competing-curricula>.

4 A 2004 study by the Heritage Foundation reports that, based on a 2003 Zogby Poll, 90% of American adults believe teens should be given a strong abstinence message, which is not what CSE conveys. The poll surveyed a nationally representative sample of 1,245 parents of school-age children. The Heritage report adds, “More than 90 percent of parents want sex education programs to teach teens to abstain, at least until they have finished high school. Comprehensive sex-ed programs do not contain this message, and much of their material implicitly undermines it.” Ibid., pp. xi, 45. A more recent national survey shows that, “Approximately 70 percent of parents surveyed are opposed to premarital sex both in general and for their own adolescents.” U.S. Department of Health and Human Services, “National Survey of Adolescents and Their Parents: Attitudes and Opinion About Sex and Abstinence. Final report,” 2009, p. ix, available at: https://www.acf.hhs.gov/sites/default/files/fysb/20090226_abstinence1.pdf.

5 See, American College of Pediatrician, *Position Statement on Abstinence Education*, October 2010, available at: <https://www.acpeds.org/the-college-speaks/position-statements/sexuality-issues/abstinence-education>. See also, “Sexual Risk Avoidance Works,” Ascend, 2016, *ibid.*, supra note 2, pp 10-14. On the emotional problems linked to sexual activity, disregarded by CSE curricula, see, Johnson, K., Noyes, L., Rector, R, *Sexually Active Teenagers Are More Likely to Be Depressed and to Attempt Suicide*, Heritage Report, June 2003.

6 A team of Professors at the University of Navarra calls international CSE drafters and supporters the “Sex Education Establishment:” “We describe the characteristics of the “Sex Education Establishment:” an array of influential and international organizations, global authorities such as UNICEF, UN Population Fund (UNFPA), the World Health Organization (WHO), as well as powerful and diffuse associations and/or donor agencies such as the International Planned Parenthood Federation (IPPF), the U.S. Agency for International Development (USAID), CARE, the Population Council, etc.” De Irala, *The politics of comprehensive sexuality education*, p. 1, supra, note 2.

7 The consensus reached at International Conference on Population and Development (ICPD), in 1994, spoke of “Age-appropriate sex-education” with “appropriate direction and guidance from parents and legal guardians,” UN Document No. A/CONF.171/13, paras. 6.15, 7.45, 8.31, 11.24.

8 “Ideology,” defined as “a systematic body of concepts especially about human life or culture” is the most appropriate term to define CSE. See, “Ideology,” in *Merriam-Webster Dictionary*, let. a. As this research points out, CSE is surrounded by very specific set of ideas about human sexuality, health, and the need to change cultures, social norms, and values.

last forty years. At the International Conference on Population and Development it spoke of “age-appropriate sex education” with “appropriate direction and guidance from parents and legal guardians.”⁹ Such qualified references to sex education are generally acceptable, but they are entirely different from CSE.

There is no way to limit the scope of the term “Comprehensive Sexuality Education,” sometimes accompanied by “Evidence-based.” Caveats and qualifiers about age and parental responsibility are insufficient, because the type of education CSE implies is inherently problematic in both overall outlook and specific content.

Reports on CSE implementation at the local level show its proponents do not leave enough room for governments to ensure CSE is culturally sensitive and age appropriate.¹⁰ The adoption of this and related terminology turns into a blank check made out to donor countries and their aid agencies, trying to advance normative, and societal change.¹¹

A. “Comprehensive” means nothing can be kept out.

Comprehensive Sexuality Education programs teach children *everything* about sexuality, without reserve. Providing children indiscriminately with “comprehensive” information about sexuality likely overlooks their “physical and mental immaturity,” which, based on the Convention on the Rights of the Child, entitles them to “special safeguards and care.”¹²

0-4	Information Give information about	Skills Enable children to	Attitudes Help children to develop
Sexuality	<ul style="list-style-type: none"> ■ enjoyment and pleasure when touching one’s own body, early childhood masturbation ■ discovery of own body and own genitals ■ the fact that enjoyment of physical closeness is a normal part of everyone’s life 	<ul style="list-style-type: none"> ■ gain an awareness of gender identity ■ talk about (un)pleasurable feelings in one’s own body ■ express own needs, wishes and boundaries, for example in the context of “playing doctor” 	<ul style="list-style-type: none"> ■ a positive attitude towards one’s body with all its functions = positive body-image ■ respect for others • curiosity regarding own and others’ bodies

Standards for Sexuality Education in Europe, WHO Regional Office, Age Group 0-4,¹³

Figure 1

9 Programme of Action of the International Conference on Population and Development, UN Document No. A/CONF.171/13, paras. 6.15, 7.45, 8.31, 11.24

10 See, Vanwesenbeeck, I., Westeneng, J., de Boer, T., Reinders, J., van Zorge, R., *Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me*, Sex Education, Vol. 16 , Iss. 5,2016, in particular, pp. 478-482, available at: <http://www.tandfonline.com/doi/full/10.1080/14681811.2015.1111203>. See also the Guttmacher Institute reports: *De la Normativa a la Práctica: la Política de Educación Sexual y su Implementación en el Perú*, May 2017, available at: <https://www.guttmacher.org/es/report/politica-de-educacion-sexual-peru>; *De la Normativa a la Práctica: la Política y el Currículo de Educación en Sexualidad y su Implementación en Guatemala*, June 2017, available at: <https://www.guttmacher.org/es/report/politica-de-educacion-sexual-guatemala>.

11 At the local level, sex education programs that are similarly focused on “safer-sex” take several names, a common one being “Abstinence-plus.” CSE, however, is the most common term at the international and UN level.

12 Convention on the Rights of the Child, 1989, Preamble.

13 Ibid, WHO, 2010, *The Matrix*, Age Group 0-4, p. 38.

In 2010, the World Health Organization (WHO) published recommendations on comprehensive sexuality education in Europe that include teaching children between 0-4 about “early childhood masturbation,” how to “express their needs, wishes, and boundaries, for example, in the context of playing doctor,” and telling them they may choose a gender identity different from their biologically determined sex.¹⁴

4-6	Information Give information about	Skills Enable children to	Attitudes Help children to develop
The human body and human development	<ul style="list-style-type: none"> ■ all body parts and their functions ■ different bodies and different sexes ■ body hygiene ● <i>age differences in bodies and development</i> 	<ul style="list-style-type: none"> ■ name the body parts ■ practise hygiene (wash every part of the body) ■ recognize body differences ■ express needs and wishes ● <i>recognize own and others' need for privacy</i> 	<ul style="list-style-type: none"> ■ a positive gender identity ■ a positive body-image and self-image: self-esteem ■ respect for differences ■ respect for gender equality

*Standards for Sexuality Education in Europe, WHO Regional Office, Age Group 4-6,*¹⁵

Figure 2

These guidelines are invoked by International Planned Parenthood Federation (IPPF).¹⁶

Specifically, IPPF teaches children younger than ten that, “Some children do not feel comfortable being identified as male or female based on their sex organs,” and that, “Boys, girls or intersex children can like similar things.” They should also know, “Sexuality includes desires or practices involving someone of the other sex, the same sex or both.”¹⁷

The *International Guidance on Sexuality Education* published by UNESCO in 2009, together with UNAIDS, UNFPA, UNICEF and WHO, mentions the following learning objectives within the scope of CSE:

- » Teaching children aged 5-8 the concept of family, with examples of different kinds of family structures, including non-traditional ones.
- » Teaching children aged 9-12 that “Masturbation does not cause physical or emotional harm but should be done in private.”
- » Teaching children older than 12 that “non-penetrative sexual behaviors are without risk of unintended pregnancy, and offer reduced risk of STDs, including HIV.”¹⁸

14 WHO, BZgA, *Standards for Sexuality Education in Europe*, 2010, available at: http://www.escrih.eu/sites/escrih.eu/files/WHO_Standard_Sexuality_Education_0.pdf.

15 Ibid, WHO, 2010, *The Matrix*, Age Group 4-6, p. 41.

16 IPPF, *DELIVER+ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE)*, 2017 p. 12. Available at: http://www.ippf.org/sites/default/files/2017-07/IPPF_YOUTH_Toolkit%20002.pdf.

17 Ibid, p. 19.

18 UNESCO, *International Technical Guidance on Sexuality Education*, Volume II, Topics and Learning Objectives, 2009, pp. 8, 11, 26, 28, available at:

Key learnings: Gender identity and gender equality

Under 10	10-18
	KNOWLEDGE AND ATTITUDES
<ul style="list-style-type: none">• At birth, newborns are identified as male or female based on their sex organs. In different places, people indicate a baby's sex using specific names, jewellery, clothing and so forth.• Some babies whose genitals are not clearly male or female are termed intersex.• Some children do not feel comfortable being identified as male or female based on their sex organs.• Boys, girls or intersex children can like similar things. Being identified as male or female does not mean you can only do or like certain things, games or activities.	<ul style="list-style-type: none">• See 'Under 10.'• Gender roles are learned, which means they can change over time. They are not innate or 'natural'. In fact, almost everything that males can do, females can also do. And almost everything that females can do, males can also do.• Your gender identity does not condition your sexual orientation. Regardless of how you identify, you may like people of the same sex or of the opposite sex.• In every society, gender norms and gender roles influence people's lives, including their sexual lives, their capacity to exercise their rights and their access to opportunities. In some societies, for example, girls/women cannot access contraceptives without the consent of their parents or husbands, or are expected to get pregnant very young.

*DELIVER+ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE), IPPF*¹⁹

Figure 3

Already in 2004, a report of the Heritage Foundation found most CSE curricula in U.S. schools, termed “abstinence-plus” at the time, contained “controversial and explicit sexual material.”²⁰

The Heritage report details curricula with discussions of “anal sexual intercourse, graphic sexual descriptions, homosexual role playing, discussion of dental dams, encouraging mutual masturbation, encouraging teens to watch erotic movies, demonstrations of condom use, having teens practice using condoms, and instructing teens on how to obtain birth control without parental knowledge or permission.”²¹ As well as teachers demonstrating condom use, some require students to learn how to use a condom by practicing on “fingers, bananas, or dildos.”²²

In early 2018, UNESCO published an update to its technical guidance on CSE,²³ despite the objections of several UN member states.²⁴ One notable change from the 2009 version of the guidance is its assertion that CSE should be mandatory in schools.

<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>.

19 Ibid, p. 14.

20 Martin, *Comprehensive Sex Education vs. Authentic Abstinence*, supra, note 3.

21 Ibid, p. 35.

22 Ibid, pp. x, 37.

23 United Nations Educational, Scientific, and Cultural Organization (UNESCO); Joint United Nations Programme on HIV/AIDS; United Nations Population Fund; United Nations Children's Fund; UN Women; World Health Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Rev ed Paris: UNESCO; 2018. <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

24 https://c-fam.org/friday_fax/un-agency-defies-general-assembly-promotes-comprehensive-sexuality-education-part-1/

UNESCO touts its approach as “evidence-informed” saying that “curriculum-based sexuality education programmes contribute to” delayed sexual debut, fidelity, and increased use of condoms and contraception. But UNESCO’s own reviewers found less than 50% of surveyed programs had that effect. The guidance even admits there is no evidence curriculum based sexuality education protects children from STDs.

The updated guidance was hailed by LGBT groups as being more “progressive” and “inclusive” than its predecessor.²⁵ From the age of five, the guidance proposes teaching children that gender is a social construct and teaching them to “appreciate their own gender identity and demonstrate respect for the gender identity of others” from the age of nine. Included in the objectives is teaching children about various types of “non-traditional families” and a heavy emphasis on LGBTI rights.

Similarly, the abortion advocacy organization Ipas hailed the updated guidance as “expand[ing its] abortion content.” An Ipas spokesperson welcomed the guidance, saying it “supports our commitment to...advocate for the inclusion of accurate, non-biased information on abortion in comprehensive sexuality education programs” and “points to new evidence that abortion must be included in curricula for maximum effectiveness.”²⁶

In summary, even as CSE advocates raise the alarm about a growing backlash against their agenda, UN agencies are going still further beyond their mandates to promote a controversial set of standards that run contrary to the values—and laws—of many UN member states and the people who live within them.

B. “Sexuality” means much more than just facts and information about sex relevant to health.

According to the WHO working definition, sexuality 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, behaviors, 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.”²⁷

In its *Operational Guidance for Comprehensive Sexuality Education*, UNFPA reports, “Sexuality is a social construction that defines our understanding and experience of sex, gender and sexual orientation. It is essential to address communication, emotions, reproduction and pleasure from individual, family and societal perspectives.”²⁸

According to the Guttmacher Institute, one of the key elements of CSE curriculum is, “Sexual rights and sexual citizenship.”²⁹ These are defined as, “Knowledge of

25 <https://www.devex.com/news/un-issues-more-progressive-guidelines-on-sex-education-91893>

26 <http://www.ipas.org/en/News/2018/January/Updated-UN-sexuality-education-guidance-expands-abortion-content.aspx>

27 It is worth noting WHO says these definitions do not represent WHO’s official position, but they are “offered instead as a contribution to ongoing discussion about sexual health.” See, WHO website at, http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.

28 UNFPA, *Operational Guidance for Comprehensive Sexuality Education*, 2014, p. 47, available at: http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf.

29 See, “A Definition of Comprehensive Sexuality Education,” p.2, published as “additional informational handout” to, Panchaud, C., Anderson, R., *Demystifying Data: Using Evidence to Improve Young People’s Sexual Health and Rights—Workshop Toolkit*, Guttmacher Report, 2014, available at: https://www.guttmacher.org/sites/default/files/report_downloads/demystifying-data-handouts_0.pdf.

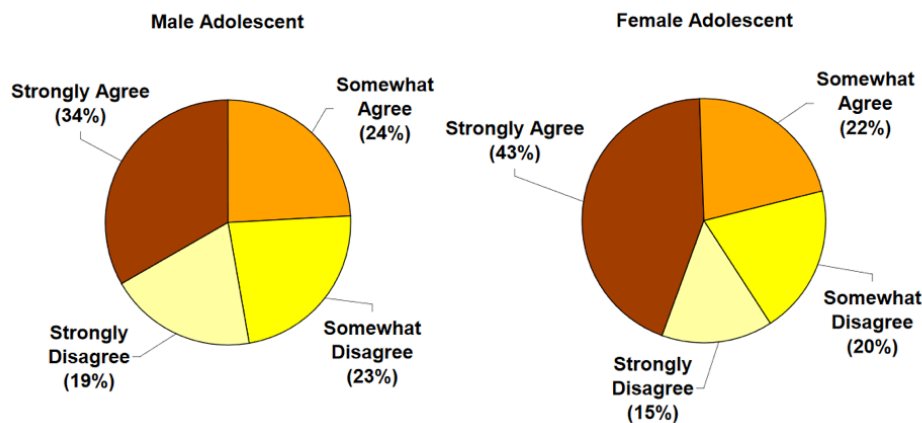
international human rights and national policies, laws and structures that relate to people’s sexuality; rights-based approach to sexual and reproductive health; social, cultural and ethical barriers to exercising rights related to sexual and reproductive health; understanding that sexuality and culture are diverse and dynamic; available services and resources and how to access them; participation; practices and norms; diversity of sexual identities; advocacy; choice; protection; negotiation skills; consent and the right to have sex only when you are ready; the right to freely express and explore one’s sexuality in a safe, healthy and pleasurable way.”³⁰

Ultimately, the framing of CSE places sexuality at the center and attempts to incorporate topics like interpersonal relationships, health, family relations, human rights, and civic responsibility through a sexuality-focused lens, with sexuality defined according to UN agencies. Therefore, instead of approaching the topic of sex and sexuality from within one’s existing moral and cultural framework, such frameworks must now be taught “comprehensively” according to a specific and controversial philosophy about sexuality. Instead of transmitting accepted social norms about sexuality, CSE tries to undermine and replace them with extreme notions of sexual autonomy.

C. Questionable “evidence-based” claims are used to rule out information about abstinence as ineffective.

This is a rather deceptive aspect of CSE,³¹ as it does not take into account that there is no accurate and, particularly, no value-neutral information on sensitive topics related to sexuality. The same can be said about gender roles.

Adolescent Views by Gender: Percent Adolescent Agreement That It Is Against Their Values to Have Sexual Intercourse Before Marriage (N=997)



*National Survey of Adolescents and Their Parents: Attitudes and Opinions about Sex and Abstinence, 2009, Exhibit 3-27.*³²

Figure 4

30 Ibid.

31 De Irala, *The politics of comprehensive sexuality education*, pp. 8-14, supra, note 2.

32 U.S. Department of Health and Human Services, “National Survey of Adolescents and Their Parents,” Final Report, p. 62, supra, note 2.

According to researchers, CSE curricula are often difficult to evaluate precisely because they tend to mix true information, facts based on empirical evidence, opinions, and undefined terms—with a wide range of possible definitions (such as: “gender,” “sexuality,” “intimate citizenship”), as well as claims incorrectly presented as evidence-based.³³

The word “evidence” is often cited to rule out abstinence as impractical and unrealistic. This is simply untrue in light of the increasingly low number of teens who engage in sex.³⁴ And it also contradicts the stated desire of a majority of teens who want to avoid sex.³⁵

Dismissing or ridiculing abstinence-centered programs undermines parental, cultural, religious, or other moral guidance on sexual mores and can foster a care-free approach to sex that endangers the health and wellbeing of young generations.³⁶

Researchers have shown CSE programs provide “information that is incorrectly presented as evidence-based (and therefore scientifically inaccurate) such as “condoms are the only way of effectively avoiding STIs” (in reality condoms only “reduce” risks of some STIs but abstinence “avoids” risk).”³⁷

Similarly, calling for so-called “evidence-based” programs in 2014, UNFPA complained many sex education curricula “contain inaccurate information about such topics as homosexuality, masturbation, abortion, gender roles and expectations, or even condoms and HIV.”³⁸ This is disingenuous because UNFPA acknowledges the high risks of homosexual activity, even with proper condom use. On the other hand, it says nothing to discourage individuals who engage in this behavior to avoid risks and change behavior.

Valerie Huber, chief of staff to the U.S. Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS), exposed the notion of “evidence-based comprehensive sexuality education” as a pretext of the Obama administration to fund only groups that promote avant-garde sexual mores that are actually more likely to harm children.³⁹

Huber documented how programs pre-approved by HHS for Federal funding, supposedly for having been proven to be “evidence-based”, are actually encouraging sexual risk taking among children and exposing them to STD infection, as well as other psychological and emotional health issues.⁴⁰

33 For instance, the sentence “Adolescents are prepared to have sex,” which they might be from a biological perspective, but not from a psychological one, *ibid.*, p. 9.

34 *Ibid.*, p. 15. See also, Abma, J.C., and Martinez, G.M., *Sexual Activity and Contraceptive Use Among Teenagers in the United States, 2011–2015*, National Health Statistics Reports Number 104, June 22, 2017, available at: <https://www.cdc.gov/nchs/data/nhsr/nhsr104.pdf>.

35 See, “Sexual Risk Avoidance Works. Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth, Ascend, 2016, *ibid.*, *supra* note 2, p. 9.

36 Sex education research is difficult and, “there is insufficient evidence to make any unequivocal claims about the effectiveness of any approach as the sole method for communicating sexual health messages to youth.” Huber V., *Sex Education and the Seduction of Selective Science*, The Public Discourse, 6/3/2016, available at: <http://www.thepublicdiscourse.com/2016/06/17071/>.

37 De Irala, *The politics of comprehensive sexuality education*, p. 9, note 2, *supra*.

38 UNFPA, *Operational Guidance for Comprehensive Sexuality Education*, 2014, p. 30.

39 Huber, *Sex Education and the Seduction of Selective Science*, *supra*, note 32.

40 *Ibid.*

D. Much of the “evidence” used to advocate for CSE is based on invalid comparisons.

In the 2004 Heritage Foundation report referenced above, “abstinence plus” is equated with “comprehensive” in contrast to curricula designated as “abstinence only.” However, the terms have evolved significantly since then, and new important distinctions between categories must be noted in the studies comparing outcomes. Today, CSE advocates only label programs as CSE when they push the boundaries of sexual norms. Programs that encourage abstinence and fidelity can never qualify.

An example of this is the “ABC” approach (Abstain, Be faithful, use Condoms) that was successfully deployed in Uganda in response to the AIDS epidemic. This strategy, which today would be labelled “abstinence-plus,” still maintains a strong emphasis on the benefits and feasibility of abstaining, while also incorporating some information about condoms and contraceptives as a backstop. Such curricula would never be accepted as “comprehensive” by CSE proponents today. Now the ABC approach would be labeled “abstinence-plus”⁴¹ for not incorporating more controversial elements such as sexual orientation and gender identity.

However, when it comes to evaluating the outcomes of different sex education programs, CSE advocates apply labels differently. Many studies comparing outcomes between different educational approaches, particularly in the United States, simplistically contrast an abstinence-only approach with an abstinence-plus approach, and disingenuously claim the successes of abstinence-plus programs as successes of CSE programming.

For example, an operational guidance on CSE released by UNFPA to help compare the effectiveness of different sex education programs included the following definition: “For studying effectiveness, any programmes that teach about contraception and condoms are considered as CSE.”⁴² By that standard, successful outcomes from “abstinence-plus” approaches like ABC would be credited to CSE and used to argue for CSE language in international agreements and national policies. If successful, the champions of CSE would then push to abolish the very same abstinence-plus curricula and replace it with something far more “comprehensive” – which was never part of the original comparison.

2. Comprehensive Sexuality Education does not reduce the risk of sexually transmitted infections.

Since 2009, the U.S. Department of Health and Human Services ensured that funding was allocated nearly exclusively for CSE programs, as opposed to other sex education programs.⁴³ The results are far from satisfactory.

According to the U.S. Centers for Disease Control and Prevention (CDC), there are roughly 110 million persons living in the United States infected with an STD at any given time. This means that one out of every three persons living in the United States is infected with an STD.

41 Advocates for Youth, “Sex Education Programs: Definitions & Point-by-Point Comparison,” available at: <http://www.advocatesforyouth.org/publications/publications-a-z/655-sex-education-programs-definitions-and-point-by-point-comparison>.

42 UNFPA, *Operational Guidance*, 2014, p. 30, footnote 18.

43 *Ibid.*

Youth bear disproportionate share of STIs

Americans ages 15-24 make up just **27%** of the sexually active population

But account for **50%** of the **20M** new **STIs** in the U.S. each year



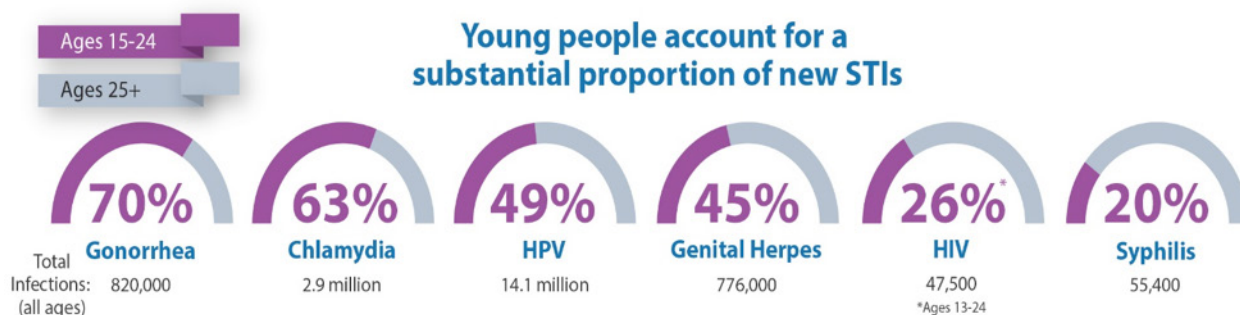
CDC, STD Prevention Infographics.⁴⁴

Figure 5

Twenty million new infections take place every year, of which ten million are in the 15-24 age group.⁴⁵

New strains of diseases are emerging each year that are resistant to drugs and antibiotics. This is despite the fact that CSE is increasingly taught to U.S. children thanks to uninterrupted funding for “evidence-based” programs under the eight years of President Barak Obama’s administration.

Data from the CDC shows the CSE message of risk-avoidance through contraception has been received by the teen population. Of sexually active high school students (34% of all U.S. teenagers) well near 85% of both sexually active male and female teens report using contraception the first time they had sex, and nearly 90% report using contraception the last time they had sex.⁴⁶



CDC, STD Prevention Infographics.

Figure 6

44 Center for Disease Control website, STD Prevention Infographics, 2013. Available at: <https://www.cdc.gov/std/products/infographics.htm>. More recent data confirm the trend, Center for Disease Control, Fact Sheet, *Reported STDs in the United States, 2016*, available at: <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/std-trends-508.pdf>.

45 Center for Disease Control website, “Sexually Transmitted Diseases; Adolescents and Young Adults,” at: <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>, “While sexually transmitted diseases (STDs) affect individuals of all ages, STDs take a particularly heavy toll on young people. CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year.”

46 Abma, J., Martinez, G., *Sexual Activity and Contraceptive Use Among Teenagers in the United States, 2011–2015*, National Health Statistics Reports Number 104, June 22, 2017, available at: <https://www.cdc.gov/nchs/data/nhsr/nhsr104.pdf>.

Along with abstinence from sex, it has resulted in some success at lowering teen pregnancies, but unlike abstinence, it has not reduced the transmission of STDs.

These failures account in part for the decision of the Trump administration in 2017 to cut funds to the Teen Pregnancy Prevention Program (TPPP) endorsed by President Obama.⁴⁷

3. Comprehensive Sexuality Education promotes risky sexual behavior that can have immediate and long-lasting damaging effects on children.

The global cost of risky sexual behavior among adolescents is enormous. A recent commission of *The Lancet* published a study of the disease burden among youth internationally that found “unsafe sex” to be the fastest-growing risk factor among 15-24-year-olds.⁴⁸

While no one factor is able to account for this entire burden, evidence suggests the perception that contraception makes sex safer leads to increased sexual risk-taking behavior among adolescents.⁴⁹ This behavioral phenomenon is called “risk compensation.”⁵⁰ Indeed, even when CSE curricula do not overtly encourage teens to engage in sexual activity, they do not really discourage it either. Curricula based on the CSE model do not teach children to avoid sex per se, only to avoid not using contraception. Sex in itself is presented as an otherwise common and healthy recreational activity and nothing more.⁵¹

Teens report this kind of education “makes them feel more pressured to have sex than the pressure they feel from their romantic partners. Nearly 1 in 4 teens say these sex education classes make them feel that teen sex is an expectation.”⁵²

47 “Abrupt Trump cuts to teen pregnancy program surprise groups,” The Hill, August 11, 2017, available at: <http://thehill.com/policy/health-care/346122-abrupt-trump-cuts-to-teen-pregnancy-program-surprise-groups>.

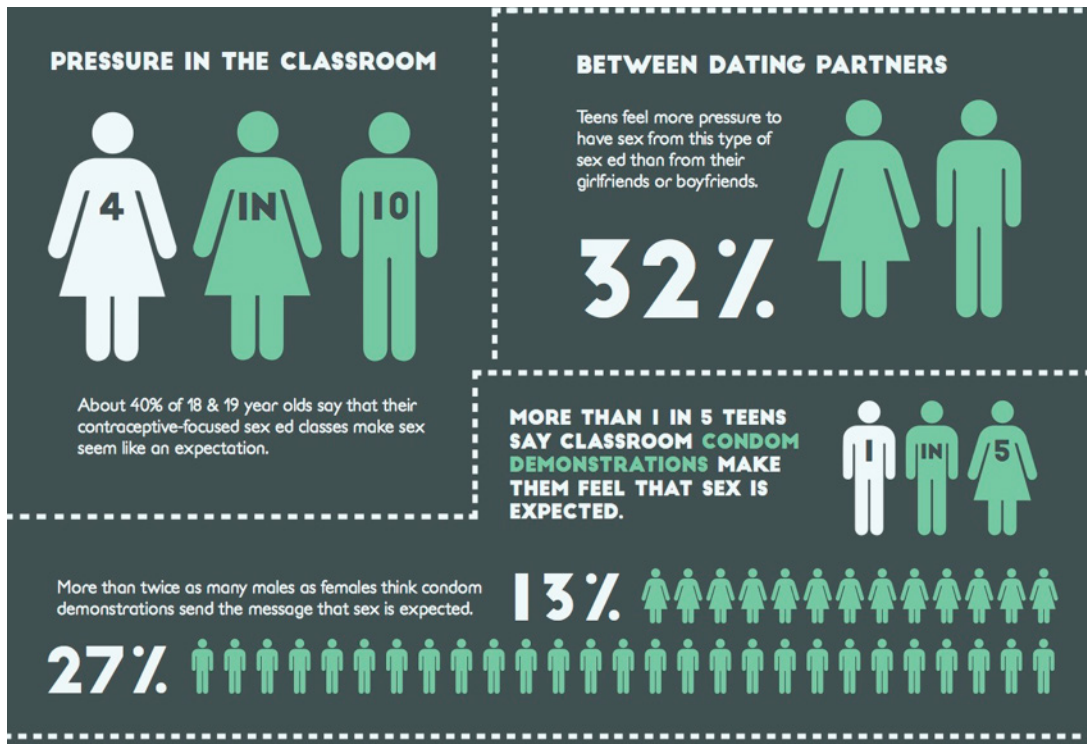
48 The Lancet, “Our future: a Lancet commission on adolescent health and wellbeing,” Published: May 11, 2016, available at: <http://www.thelancet.com/commissions/adolescent-health-and-wellbeing>.

49 As Huber reports, the Obama administration created an “evidence-based” list of sex education program in 2009. In 2016, the list included 44 programs, but only two of them focused on helping children avoid the risks linked to sexual activity. All others focused on “reducing” the risks. Huber V., *Sex Education and the Seduction of Selective Science*, supra, note 32.

50 De Irala, *The politics of comprehensive sexuality education*, p. 16, supra, note 2, with reference to: Pinkerton, SD, *Sexual risk compensation and HIV/STD transmission: Empirical evidence and theoretical considerations*, Risk analysis 2001; 21:727-736; De Irala, J., Alonso A., *Changes in sexual behaviours to prevent HIV*, Lancet, 2006;368:1749-50; Cassell, MM., Halperin, DT., Shelton, JD., Stanton, D., *Risk compensation: the Achilles heel of innovation in HIV prevention?*, BMJ, 2006; 332:605-7; Richens, J., Imrie J., Copas A., *Condoms and seat belts: the parallels and the lessons*, Lancet, 2000; 355:400-403.

51 “The focus is on reducing the risks of STDs and pregnancy among teens. Abstinence is presented as one technique for avoiding immediate risks, but the predominant emphasis is on using contraception, especially condoms. For the most part, teens are not urged to avoid sex per se, but to avoid sex without contraception. As long as the teen feels “comfortable” with the activity, protected teen sex is not criticized, but is presented as commonplace, healthy, and largely unproblematic. The decision to use contraception during sex is almost always presented in a very favorable light, while teen sexual activity itself is rarely questioned or criticized.” Martin, *Comprehensive Sex Education vs. Authentic Abstinence*, p. 33, supra, note 3.

52 “Sexual Risk Avoidance Works. Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth, Ascend, *ibid.*, supra, note 2, p.10.



Ascend, 2016.⁵³

Figure 7

But sexual activity is a risk factor for adolescent health, a fact which CSE proponents seldom acknowledge adequately. Teen sexual activity is linked to emotional problems and depression, and evidence shows how casual sexual activity early in life increases the likelihood of unstable relationships and marital failure.⁵⁴ In contrast, sexual activity among adolescents offers no durable benefit to their lives.

According to the American College of Pediatricians (ACP), “By every measure, adolescent sexual activity is detrimental to the well-being of all involved, especially young women, and society at large. Children and adolescents from 10 to 19 years of age are more at risk for contracting a sexually transmitted infection (STI) than adults. This is due to the general practice of having multiple and higher risk sexual partners, and to the immaturity of the cervical tissue of girls and young women.”⁵⁵

The ACP further notes that, “Adolescent sexual activity alone has been acknowledged as an independent risk factor for developing low self-esteem, major depression, and attempting suicide.”⁵⁶

Research also shows that when teens have sex, the following negative life outcomes are more likely to occur, and often persist into adulthood:⁵⁷

53 “Teens Speak Out Report, National Survey Indicates That Most Teens Want More Than Contraception From Their Sex Education Classes,” published by “Ascend,” June 2016, p. 4, available at: <http://weascend.org/document-library/?mdocs-cat=mdocs-cat-4&att=null#>.

54 Ibid., p. xv.

55 See, American College of Pediatrician, Position Statement on Abstinence Education, October 2010, available at, <https://www.acpeds.org/the-college-speaks/position-statements/sexuality-issues/abstinence-education>. See also, Zeiler, A. *Abstinence education*, *The Linacre Quarterly*, 81(4), 372–377, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4240060/>.

56 American College of Pediatrician, Position Statement on Abstinence Education, October 2010.

57 Ascend, *The Need for Sexual Risk Avoidance Education: Helping Youth Flourish During Adolescence & Thrive into Adulthood*, Policy Brief, 2016. This paper provides extensive references to available research. Available at: <http://weascend.org/document-library/?mdocs-cat=mdocs-cat-2#>.

- » more likely to live in poverty and less financial net worth;
- » lower educational attainment (not necessarily linked to pregnancy);
- » less likely to use contraception;
- » more likely to experience STIs;
- » more likely to experience teen pregnancy;
- » increased sexual abuse and victimization;
- » more concurrent or lifetime partners;
- » more frequent engagement in other risk behaviors, such as smoking, drinking, and drugs;
- » more likely to participate in anti-social or delinquent behavior;
- » decreased general physical and psychological health, including depression;
- » decreased relationship quality, stability, and more likely to divorce;
- » less attachment to parents, school and faith;
- » less likely to exercise self-efficacy and self-regulation.

4. Adolescents should be empowered to avoid risks altogether, not just reduce the harms associated with inherently risky sexual behavior.

A risk-avoidance approach to sex education emphasizes abstinence and fidelity to one partner, which are associated with the best physical, psychological and socio-economic outcomes.⁵⁸ CSE, on the other hand, employs a harm-reduction/risk-reduction approach.⁵⁹

As has been noted in leading sex education publications, “‘Comprehensive’ Sex Education is almost entirely focused on skills to help teens reduce the physical consequences of sex through the use of contraception. Therefore, it is more accurately known as a Sexual Risk Reduction (SRR) approach, designed to reduce the risk of teen sexual behavior, rather than eliminating the risk altogether.”⁶⁰

Advocates for CSE discredit abstinence-centered programs as not “evidence-based” although experimental studies have shown an abstinence-centered approach is effective and guards also against risk-compensation.⁶¹ Researchers have concluded that, “The only sex education programs to have actually documented decreased teen

58 Ibid.

59 Oas R., Gennarini, S., *Pro/Con: Should schools provide sex education to girls?*, in Yee, A., *Girls’ rights*. CQ Researcher, 25, 337-360, April 17, 2015, available at: <http://library.cqpress.com/cqresearcher/cqresrre2015041706>.

60 Ascend, “Sexual Risk Avoidance Works. Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth, 2016, *ibid.*, supra note 2, p. 9.

61 De Irala, *The politics of comprehensive sexuality education*, p. 17, supra, note 2, with reference to: Cabezon, C., Vigil, P., Rojas, I., Leiva, ME., Riquelme, R., Aranda, W., Garcia, C., *Adolescent pregnancy prevention: An abstinence-centered randomized controlled intervention in a Chilean public high school*, *J Adolescent Health*, 2005; 36(1):64-9.

pregnancy were abstinence-based programs.”⁶²

According to the American College of Pediatricians, the key message for teens is that abstinence is not only beneficial, but also an attainable goal. Comprehensive Sexuality Education deliberately avoids teaching this. The consequences for sexually active teenagers can be dire: “sexually transmitted infections (STIs) are on the rise, as is adolescent depression, sometimes referred to as the emotional STI.”⁶³

As a recent report further underlines, “The sexual risk reduction [SRR] model, however, is considerably different from other risk reduction approaches in important ways.

The CSE/SRR model targets the general teen population, rather than focusing on an individual intervention for those who are actually engaged in the risk behavior. This sends the false impression that “everyone is doing it” which has the negative effect of normalizing teen sex as an expected behavior. The explicit demonstrations and themes then set behavioral standards that can easily provoke sexually inexperienced teens to transition to sexual activity.

The CSE/SRR model also does not seek to move youth who are engaged in sexual activity back to a sexual risk-free status, a significant departure from the typical public health risk reduction model. The implicit message of the CSE/SRR approach is that once teens become sexually active, it is not possible for them to discontinue sexual activity and eliminate all sexual risk. In fact, the CSE/SRR model claims “success” even when teens are still participating in behaviors that place them at significant risk.”⁶⁴

Addressing only some of the risks associated with premature and promiscuous sex, CSE instead stresses the importance of increased access to contraception—and abortion when it fails—on the premise that abstinence and fidelity are impractical.⁶⁵ This conclusion is not evidence-based and is overly pessimistic. Global epidemiological data, in fact, show the vast majority of youth under 18 years are not sexually active and therefore behavior change on this issue is not impossible.⁶⁶

The question is whether or not educators believe in adolescents’ ability to choose abstinence, and in their own ability to teach it. Comprehensive Sexuality Education promotes a fatalistic approach that treats teenage sexual activity as inevitable. But the lack of ambition in relation to preventing teenage sexual activity is not a necessity, but a political and ideological choice.

A 2006 survey of Finnish teachers found that out of a list of fourteen aims of sex education, education on abstinence was ranked last among their priorities.⁶⁷ Yet this

62 Hendricks, K, Thickstun, P., Khurshid, A., Malhotra, S., Thiele, H., *The Attack on Abstinence Education: Fact or Fallacy?*, Medical Institute for Sexual Health, Technical Paper, May 5, 2006, p. 2, available at: https://www.heartbeatinternational.org/pdf/Santelli_Report.pdf; with specific reference to the studies of: Vincent, ML, Clearie, AF, Schluchter, MD, *Reducing adolescent pregnancy through school and community-based Education*, JAMA. 1987;257(24):3382-6; and, Doniger AS, Adams E, Utter, CA, Riley, JS., *Impact evaluation of the “not me, not now” abstinence-oriented, adolescent pregnancy prevention communications program*, Monroe County, New York. J Health Commun. 2001;6(1):45-60.

63 “Great News for Teen Pregnancy Prevention!,” American College of Pediatricians Press Release, June 22, 2016, available at: <https://www.acped.org/great-news-for-teen-pregnancy-prevention>.

64 Ascend, “Sexual Risk Avoidance Works. Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth, 2016, *ibid.*, supra note 2, p. 9.

65 Oas, R., Gennarini, S., *Pro/Con*, supra, note 55.

66 De Irala, *The politics of comprehensive sexuality education*, p. 16, supra, note 2. See also, Oas, R., *Abstinence Education Works, Condoms Don't: New Teen Pregnancy Data*, July 30, 2017, Friday Fax (C-Fam), available at: https://c-fam.org/friday_fax/abstinence-education-works-condoms-dont-new-teen-pregnancy-data.

67 Kontula, Osmo. The evolution of sex education and students’ sexual knowledge in Finland in the 2000s. *Sex Education* Vol. 10, No. 4, November 2010, p. 373–386.

fatalism is clearly selective: Finland has announced its goal to eradicate smoking—another activity with high costs and no benefits to teenagers—by 2030.

Furthermore, in contrast to its European neighbors, Sweden and the United Kingdom, Finland is choosing to completely phase out of tobacco products instead of adopting a harm-reduction approach.⁶⁸ A central component of the plan involves preventing young people from taking up smoking in the first place, and helping current smokers to quit. Only when it comes to sexual activity is behavior change not preferred or considered feasible.

5. Activists use CSE as a tool of social engineering to export extreme notions of sexual autonomy.

Comprehensive Sexuality Education is based upon the notion that social norms must change.⁶⁹ According to its advocates, there is only one right way to address sexuality. That's why CSE invites teachers to advocate for “new” social norms. A guide of the Population Council suggests, “Try to avoid words like “natural” or “normal” to describe aspects of sexuality that are, in reality, nothing more than cultural conventions or norms that we have adopted.”⁷⁰

The CSE curricula usually teach children the moral equivalence of any kind of sexual activity between consenting individuals (teenagers or adults). It predicates the need to reach out to “LGBT children,”⁷¹ and to help them enjoy their diverse sexuality.⁷²

The CSE curricula often associate the choice to educate children about abstinence and fidelity to a negative perception of sexuality that must be stigmatized or eradicated. In fact, any sort of limits and directions aimed at characterizing sexual impulses as something that should be resisted or overcome outside the confines of marriage are labeled as “cultural barriers,” “prejudice,” and “moral bias.”

The International Planned Parenthood Federation (IPPF) says the world of sex education and health services, “often draws on negative and condemning language” and that “It is necessary to reclaim some of the language used within the commercial sex industry in order to represent safe sex as fun and pleasurable.”⁷³ Accordingly, CSE guides contain explicit and quite offensive material that “educates” children to actively engage in sexuality.

68 Senthilingam, M., *What Finland's Plan to be tobacco-free can teach the world*, CNN, January 26, 2017, available at: <http://www.cnn.com/2017/01/26/health/finland-tobacco-free-plan/index.html>.

69 See, UNESCO, *Early and Unintended Pregnancy: recommendations for the education sector*, 2017, p. 4, “The education sector has a critical role to play in promoting gender equality by challenging values and norms that maintain inequality through gender transformative curriculum content and teaching approaches.”

70 See, *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, Section, *Sexual and Reproductive Health, Tips for teachers*, p. 183. Available at: https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf. This booklet was developed by a group of organization including IPPF and Population Council.

71 See Elia, JP., Eliason, MJ., *Dangerous Omissions: Abstinence-Only-Until-Marriage School-Based Sexuality Education and the Betrayal of LGBTQ Youth*, *American Journal of Sexuality Education*, Vol. 5, 2010, Issue 1, 17-35, available at: <http://www.tandfonline.com/doi/abs/10.1080/15546121003748848>.

72 See, UNESCO, *As we grow up, vol. 1: What is happening to me?*, 2015, in particular Chapter 7, *Who am I? Who do I love?*, available at: <http://unesdoc.unesco.org/images/0024/002446/244640e.pdf>.

73 IPPF Framework for Comprehensive Sexuality Education, 2010, p.4., available at: http://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf.

The CSE guide *Be Proud! Be Responsible!* instructs teachers to: “Invite [students] to brainstorm ways to increase spontaneity and the likelihood that they’ll use condoms.”⁷⁴ Examples include:

- » Store condoms under mattress;
- » Eroticize condom use with partner;
- » Use condoms as a method of foreplay;
- » Think up a sexual fantasy using condoms;
- » Act sexy/sensual when putting the condom on;
- » Hide them on your body and ask your partner to find it;
- » Wrap them as a present and give them to your partner before a romantic dinner;
- » Tease each other manually while putting on the condom.

“Similarly, *Focus on Kids* prompts teachers to: State that there are other ways to be close to a person without having sexual intercourse. Ask youth to brainstorm ways to be close. The list may include...body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines....”⁷⁵

Notwithstanding the controversial nature of these topics, the issue of adopting a “LGBT-inclusive” sex education is one of the main concerns among CSE proponents. Major United Nations agencies, such as UNICEF, the World Health Organization, and UNESCO, recommend LGBT-inclusive approaches to education.⁷⁶ Once mainstream nongovernmental organizations (NGOs), such as Human Rights Watch, perform the same kind of advocacy.⁷⁷

6. Comprehensive Sexuality Education undermines parental rights and institutional integrity of the United Nations.

Comprehensive Sexuality Education curricula disregard almost entirely that parents have the prior right, and duty, to educate their children, as recognized in the Universal

74 Martin, *Comprehensive Sex Education vs. Authentic Abstinence*, p. 35, supra, note 3, with reference to, *Be Proud! Be Responsible!* Adolescents; School-Based and Community-Based, Fifth Printing 1996, p. 78, 79.

75 Martin, *Comprehensive Sex Education vs. Authentic Abstinence*, p. 35, supra, note 3, with reference to *Focus on Kids*, Students Ages 9–15; Community-Based, University of Maryland Department of Pediatrics, 1998, p.137.

76 See, among others, UNICEF, *Eliminating Discrimination against Children and Parents Based on Sexual Orientation and/or Gender Identity*, Current Issues, N. 9, 2014, available at: https://www.unicef.org/videoaudio/PDFs/Current_Issues_Paper_Sexual_Identity_Gender_Identity.pdf; WHO, *Developing sexual health programmes*, 2010, available at: http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf; and *International Technical Guidance on Sexuality Education*, 2009, available at: <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>.

77 See, for instance, *Japan’s Missed Opportunity to Support LGBT Children*, Human Rights Watch, Statement, April 27, 2017, Available at: <https://www.hrw.org/news/2017/04/27/japans-missed-opportunity-support-lgbt-children>.

Declaration of Human Rights and binding international law.⁷⁸ It is parents who are the persons primarily responsible for the education and well-being of children.

Advocates of CSE believe that not only governments and communities, but also parents and teachers should align their views with what is prescribed in CSE curricula: getting rid of gender stereotypes, prejudices and negative perceptions of sexuality, including children's sexuality. In countries all around Europe families are being fined, and children are being taken away from their parents, when parents try to keep their children out of CSE classes.⁷⁹

Given the highly inappropriate content of many CSE curricula it is inevitable that the goodwill associated with the United Nations will be tarnished by its promotion, and the organization undermined. Parents, teachers, and politicians around the world will have cause to believe that the United Nations is improperly meddling in their culture, religion and other affairs that are outside its legitimate scope of action. In some areas parents are already beginning to protest publicly.⁸⁰

No UN policy should be in the business of “modifying” or otherwise engineering societies and cultures. This sounds hegemonic and ultimately undermines the good work of the United Nations. It also completely disregards the many positive elements in all cultures and societies that ultimately contributed to the formation of the United Nations and legitimize and sustain its current work.

What UN policy should focus on is the basic information to keep children safe. Countries should have the latitude to provide the appropriate social, cultural, religious, and moral context. There is no international mandate to advocate for “celebration of sexual differences” (see figure below).

78 Children have a fundamental human right to know and be cared by their mother and father under international law. It is the basis for rights of the child in the context of family reunification policies and adoption (International Covenant on Civil and Political Rights, Articles 23, 24; Convention on the Rights of the Child, Articles 2, 3, 5, and especially 7, 8, 9, 10, 18, 27). It is also related to the “prior” right of parents to educate their children in accordance with their religious and moral convictions and to the right of the child to a cultural and religious identity (Universal Declaration of Human Rights, Article 26.3, International Covenant on Civil and Political Rights, Article 18, Convention on the Rights of the Child, Articles 2, 3, 5, 14, 20, 29, 30).

79 See, “Parents’ rights to withdraw children from compulsory sex education classes ‘unlawful’, say ministers,” *The Independent*, March 2, 2017, available at: <http://www.independent.co.uk/news/education/education-news/sex-education-classes-compulsory-parents-right-withdraw-children-laura-bates-justine-greening-sre-a7607981.html>; “Sex education to be compulsory in England’s schools,” *BBC News*, March 1, 2017, available at: <http://www.bbc.com/news/education-39116783>; “Germany Jails Eight Christian Fathers for Removing Children from Sex-Ed Class,” *LifeSiteNews.com*, Dec 11, 2009, available at: <https://www.lifesitenews.com/news/germany-jails-eight-christian-fathers-for-removing-children-from-sex-ed-cls>.

80 Parents are protesting against the inclusion of “gender ideology,” and other confusing messages on sex and sexuality in primary schools, all over the world. See for examples, “*Théorie du genre* : nouvel appel au boycott de l’école,” *Le Figaro*, October 2, 2014, available at: <http://www.lefigaro.fr/actualite-france/2014/02/09/01016-20140209ARTFIG00132-theorie-du-genre-nouvel-appel-au-boycott-de-l-ecole.php>; and, *Masivas marchas en Perú contra la ‘ideología de género’*, *El Tiempo*, March 4, 2017, available at: <http://www.eltiempo.com/mundo/latinoamerica/marchas-en-peru-contra-la-promocion-de-la-igualdad-de-genero-64192>; *100,000 Panamanians March Against UN-Style Sex Ed*, *Friday Fax (C-Fam)*, July 28, 2016, available at: https://c-fam.org/friday_fax/100000-panamanians-march-un-style-sex-ed/; and *Thousands of Colombians join nationwide protest of gender ideology in public schools*, *LifeSiteNews*, August 11, 2016, available at: <https://www.lifesitenews.com/news/thousands-of-colombians-join-nationwide-protest-of-gender-ideology-in-publi>.

15 and up	Information Give information about	Skills Enable teenagers to	Attitudes Help teenagers to develop
Sexuality	<ul style="list-style-type: none"> ■ sex as more than merely coitus ■ meaning of sex at different ages, gender differences ■ sexuality and disability, influence of illness on sexuality (diabetes, cancer, etc.) ■ transactional sex (prostitution, but also sex in return for small gifts, meals / nights out, small amounts of money), pornography, sexual dependency ● sexual behavioural variations; differences in the cycle of arousal 	<ul style="list-style-type: none"> ■ discuss the forms relationships take and the reasons to have sex, or not to ■ “come out” to others (admit to homosexual or bisexual feelings) ■ develop skills in intimate communication and negotiation ● handle difficulties in making contact; handle conflicting desires ● be able to express respectfully one’s own wishes and boundaries and take into account those of others ● reflect on the power dimensions of sexuality 	<ul style="list-style-type: none"> ■ a positive attitude towards sexuality and pleasure ■ acceptance of different sexual orientations and identities ● acceptance that sexuality in different forms is present in all age groups ● a change from possible negative feelings, disgust and hatred towards homosexuality to acceptance and celebration of sexual differences

Standards for Sexuality Education in Europe, WHO Regional Office, Age Group 15 and up,⁸¹

Figure 8

United Nations sex education policies and programming, inasmuch as they exist at all, should not touch social norms, unless they are a violation of internationally recognized human rights, as for example the case of child marriage and female genital mutilation, as recognized by the General Assembly in the Programme of Action of the International Conference on Population and 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 universally recognized international human rights. (A/CONF.171/13, Principles)

7. Adopting CSE at the General Assembly would enshrine CSE as the preferred sex education model for UN programming and international aid.

While some countries are trying very hard to have CSE adopted at the UN level and included in UN resolutions and programming, UN member States should defeat such attempts. To include CSE in UN resolutions and programming is to legitimize social engineering.

81 Standards for Sexuality Education in Europe, WHO Regional Office, 2010, *The Matrix*, Age Group 15 and up, p. 49. Available at: http://www.bzga-whocc.de/fileadmin/user_upload/WHO_BZgA_Standards_English.pdf.

If CSE becomes the UN preferred style of sex education by adoption of this term in UN programming and in UN resolutions groups then more socially conservative sex education approaches would not be eligible as partners of UN agencies, including those that focus on behavioral change and advocate for abstinence-centered curricula.

It will likely jeopardize children’s physical and mental health, as documented above, and it would lead to an increase in funding to “sexual rights” groups and advocates. This will in turn increase pressure on UN Member States to change their laws, and lead over time to the erosion of cultural, traditional, and religious norms and values. Advocates of CSE are quite open about their intention of changing societies and promoting a free, autonomous and pleasurable sexual life at all ages. CSE experts, for example, talk about the need to educate teachers and parents who may not focus on abstinence, or believe their children should not be taught about sexual orientations, eroticism, and sexual pleasure in schools.⁸²

Conclusions and Recommendations

Comprehensive Sexuality Education rests on assumptions about sexual activity that clash with traditional mores and parental authority, and disregards the health problems related to early sexual activity. In order to respect the rights of parents and, above all, to fully protect the rights and the physical, emotional, and spiritual well-being of children, CSE programs should be rejected, their implementation stopped, and their contents thoroughly reviewed.

Recommendations

- » States should avoid using of the term “comprehensive sexuality education” in UN documents, resolutions, and programming. This will help prevent the promotion of controversial sexual mores, and better protect the health and well-being of children, and of societies as whole.
- » International bodies and UN agencies should exclusively refer to sex-education with caveats to ensure it is “age-appropriate” and making provision for “appropriate guidance of parents and legal guardians,” as provided by the International Conference on Population and Development⁸³.
- » Any mention of sex education in negotiated or policy documents should include the following caveats:
 - Explicit recognition of the “sovereign prerogative of States to implement sex education programs consistent with national laws

82 See, for instance, Guttmacher report, *From Paper to Practice: Sexuality Education Policies and Curricula and Their Implementation in Guatemala*, June 2017. The authors claim teachers are not sufficiently prepared, and they provide incorrect information on condom ineffectiveness. They also lament teachers’ and communities’ resistance to some of CSE contents based on their religious views (<https://www.guttmacher.org/es/report/politica-de-educacion-sexual-guatemala>).

83 UN Document No. A/CONF.171/13, paras. 6.15, 7.45, 8.31, 11.24.

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.”⁸⁴

- Explicit recognition of the “prior right of parents” to choose whether, at what age, and in what ways their children should learn about sex and human sexuality, including by allowing parents to opt out their children from sex education.
- Explicit recognition that parents are entitled to full and complete information about sex-education curricula that their children come in contact with, and they should be involved in the shaping and framing of the message about sex that their children receive.
- A public health approach to sexual activity, including for young persons, should emphasize “delay of sexual debut, abstinence, and fidelity.” In particular, the avoidance of concurrent sexual partners should be discouraged in favor of fidelity as a way to prevent the rapid lateral transmission of sexually transmitted infections.

84 Ibid, Principles.



805 3rd Avenue, Suite 1440
New York, New York 10022
(212) 754-5948
info@c-fam.org
www.c-fam.org

© Center for Family & Human Rights. All rights reserved