



Investigate the ESA Ministerial Commitment

15 Serious Concerns with the ESA Ministerial Commitment on “Sexuality Education” and “Sexual and Reproductive Health and Rights Services.”

1. Rather than an optimal health, abstinence-based approach to sexuality education, the Ministerial Commitment promotes a “rights-based” approach prioritizing sexual rights over sexual health. Neither abstinence before marriage nor delay of sexual debut are even mentioned in the ESA Commitment, though that is the optimal-health approach for children and youth. Instead the Commitment is replete with references to controversial sexual and reproductive health and rights, also known as SRHR, which is the Trojan horse euphemism under which donor countries and UN agencies advance abortion, LGBT rights and autonomous sexual rights for children. (See “Excerpts from WHO’s “Sexual Health, Human Rights and the Law” at ESACommitment.org under the “SRHR” tab.)

2. Under Target 1, “All adolescents and young people” must be taught “sexuality education through in and out of school programmes.” And while this is deceptively modified by the terms “age appropriate” and “evidence based,” these qualifiers are meaningless and are commonly used to deceive policymakers into thinking the “sexuality education” to be taught will be appropriate and effective. However, UNESCO’s International Technical Guidance on Sexuality Education shows us the inappropriate materials that UN and governmental ESA partners intend that children be taught under the Commitment. In fact, the UN’s interagency approach in this Guidance would be better described as “sexualization education” rather than “sexuality education” as it grooms children for sex, instructing schools to teach about masturbation, how to obtain sexual pleasure, and that children have a right to decide to have sex and more. (See International Technical Guidance on Sexuality Education at ESACommitment.org under the “CSE Curricula” tab.) Further, this same manual labels such harmful teaching as “age appropriate” and “evidence based” as do all harmful sexuality education curricula.

3. Well-meaning African technocrats were deceived into thinking that since the word “comprehensive” does not modify “sexuality education” in Target 1, the new Ministerial Commitment will not encompass controversial “comprehensive sexuality education” (CSE). This could not be further from the truth. The term “sexuality education” is just shorthand for CSE, and both terms are commonly used interchangeably in UN, regional and national CSE policies. This is further evidenced by the facts that 1) Article 6.5 of the new Commitment itself calls for “leveraging sustainable financing instruments and financial protection strategies for ... comprehensive sexuality education” and 2) the UN’s interagency guidance referred to above uses the term “sexuality education” in its title as well as throughout its text interchangeably with “comprehensive sexuality education” (CSE).

4. Proof of the controversial content which has already been taught under the original Ministerial Commitment and what will continue to be taught under the new one is the African

Regional Comprehensive Sexuality Education Teacher Training Module. Alarming, this ESA teacher training module uses the ESA Commitment as justification for its controversial teachings as follows:

- **“Gender Identity—Knowing whether one is male, female, neither, or somewhere in between (p.82)**
- **“The three pieces of sexual identity are gender identity, gender role, and sexual orientation. Each is important.” (p. 82)**
- **“Same–gender sexual behavior is common at this age.” (p. 79)**
- **“Sexual Orientation—A person’s sexual orientation is defined by their primary attraction to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality). Sexual orientation begins to emerge by adolescence.” (p. 82)**
- **“—the right to pleasure, to sexuality information, to choose if and whom to be intimate with...” (p. 78)**
- **“By the end of this lesson learners will be able to: Identify the skills they will need to be able to negotiate a safe and comfortable sexual relationship.” (p. 274)**

[**COMMENT:** The role of government is not to teach kids to negotiate sex. In order to obtain optimum health outcomes, the goal should be to encourage children to wait to have sex until marriage.]

- In the context of being normal: **“Masturbating with one’s same–gender friends and looking at or caressing each other’s genitals is common among preadolescent boys and girls.” (p. 79)**
- **“Masturbation is a normal part of sexual expression for most people. It will not cause a person to go crazy or blind. Many people of all ages masturbate, although some don’t because it goes against their values. You’re normal if you do it and you’re normal if you don’t.” (p. 155)**
- **“In deciding whether to become sexually active, my advice to you is that it would be important to... Feel close to the other person; Feel that you and the other person have made the decision together and that both of you want to have sex; Feel comfortable talking with the other person about condom use; Feel sexually attracted to the other person” (p. 277)**

[**COMMENT:** It is irresponsible to teach young hormonal teens that this is the criteria for deciding to have sex instead of encouraging abstinence until marriage.]

- “Are the instruction and materials used in the **classroom free from the teaching or promotion of religious doctrine?**” (p. 296)
- “It’s also important to **change social norms** and harmful practices that are not in line with human rights and increase vulnerability and risk...” (p. 57)

(See the African Regional Comprehensive Sexuality Education Teacher Training Module at ESACommitment.org under the “CSE Curricula” tab.)

5. Under Target 3 of the new Commitment, all 21 ESA countries are required to “facilitate linkages between sexuality education and youth-friendly sexual and reproductive health, and psychosocial services.” This hits at the center of the deceptive agenda of UN agencies, NGOs like Planned Parenthood and their allies, and donor countries which fund them (Norway, UK, Sweden, Germany, Ireland and others). Their ultimate goal is to get children into their “youth-friendly” SRH clinics where they encourage and support adolescent promiscuity and diverse sexual orientations and gender identities. Proof showing how sexuality education programs link children to Planned Parenthood’s services can be found in the ESA’s teacher’s module mentioned above which includes the following referral:

“**Planned Parenthood clinics**, and many state and local health departments, hospitals, community health centers, and independent clinics **offer confidential services**. Some services offered by these clinics include: ... **Counseling about abortion and abortion services.**” (p. 193)

6. The “Young People Today” coalition behind the ESA Ministerial Commitment includes UN agencies, donor countries and NGOs that seek to promote LGBT rights, abortion and autonomous sexual rights for children across Africa. It can be helpful to think of UN agencies as glorified NGOs controlled by the very donor countries listed as partners for the ESA Ministerial Commitment. In fact, sexuality education is their stated tool for changing the gender and sexual norms of African countries by changing the views of Africa’s rising generation on sex and sexuality. A quick look through these partners’ websites provides ample evidence that their goals for Africa on sex and sexuality could not be more antithetical to African values. From the George Soros-funded Open Democracy organizations to Planned Parenthood (which is the largest abortion provider and controversial sexuality education provider in the world, see at InvestigateIPPF.org) these Commitment partners are very dangerous indeed. These partners should not be allowed anywhere near Africa’s children, let alone be given a mandate to help teach them about sex.

7. To get them to sign on to the Commitment, African regional economic communities (EAC, SADC, COMESA) and ESA countries were provided with false claims and information. Lofty

claims are made to convince governments that sexuality education and SRH services for youth are the panacea for many of Africa's problems. For example, it has been claimed that sexuality education will prevent sexual and gender-based violence, STDs including HIV, teen pregnancy, maternal mortality, and more. These are all critical issues that need to be addressed, but "sexuality education" and "SRHR services" for adolescents is the wrong answer to the right problem.

8. The evaluation by Young People Today of health outcomes for adolescents from the previous five years under the ESA Ministerial Commitment shows dismal results. Almost all of their reported successes are simply in the areas of process such as the number of teachers trained, youth reached, laws changed to facilitate their agenda, budgets allocated, sexual knowledge by youth obtained, etc. But what was the true measurable benefit to African children, if any, and thus their countries, and at what cost?

9. Young People Today attempts to pass off a small reduction in STDS and teen pregnancies in the region in general as a success of the ESA Ministerial Commitment, yet nowhere in their reports do they show any concrete or even quasi-valid evidence that these lower statistics were actually caused by specific sexuality education or SRH programs. Do they think the African people can't see through their high-dollar, slick marketing materials? In fact, they even admit in their newest evaluation that their data were hard to gather, are incomplete, were conducted by their biased partners and not independent evaluators, did not saturate ESA countries, and in many cases, they cannot even account for what was actually taught to children in classrooms. Some experts attribute the lower trends for teen sex and thus pregnancy and STDS across the world to more pornography use and sexting among teens. **There simply are no data proving the previous ESA Ministerial Commitment has had any positive effect on these critical measures (STDs and teen pregnancy) whatsoever.**

10. On the other hand, independent peer-reviewed evaluations of specific sexuality education programs implemented in the African region showed an 89 percent failure rate. The Institute for Research and Evaluation that conducted this study even found that 24 percent of sexuality education programs actually *increase* sexual risk-taking among youth in Africa. (See Re-Examining the Evidence for Comprehensive Sex Education in Schools at ESACommitment.org under the "CSE Research" tab.) This should not come as a surprise as the governments funding the Young People Today campaign for the ESA Ministerial Commitment are determined to mainstream homosexuality, transgenderism and abortion across Africa, and "sexuality education" is their number one tool for doing so.

11. These controversial sexuality education/SRH agendas are driven by foreign governments, not the people of Africa. This is sexual, social and cultural imperialism at its worst, especially since foreign governments are targeting the values and morals of Africa's rising generation. Donor countries in partnership with UN agencies and NGOs including Planned Parenthood have a devious plan to use the ESA Commitment to indoctrinate, sexualize, radicalize and then mobilize adolescents as follows:

Step 1: Work with governments to try to get as many CSE elements as they can into the national “sexuality education” curriculum. (See Inside and Out: CSE Assessment Tool created by UNESCO and Planned Parenthood that has a checklist of all the CSE elements they want to insert in “sexuality education” programs at ESACCommitment.org under the “CSE Curricula” tab.) They work to carefully insert the controversial elements (LGBT, abortion, teen promiscuity rights, etc.) among the good elements. (See ESACCommitment.org under the “CSE Curricula” tab for controversial “sexuality education” programs that are already promoting masturbation, homosexuality, transgenderism and abortion in Africa.)

Step 2: Whatever controversial elements they can’t get in the school curriculum they try to get into the “out of school” programs. (See for example an “out of school” CSE manual used in Zambia that scored 14 out of 15 for harmful CSE elements at ESACCommitment.org under the “CSE Curricula” tab.)

Step 3: Whatever controversial elements they can’t get into the “out of school” programs they can get to adolescents in their “youth friendly” SRHR clinics. In fact, ESA Ministerial Commitment Target 2 requires governments to “integrate adolescent and youth sexual and reproductive health and rights services into Universal Health Care packages.” It is at the SRHR service clinics where children are referred through the “sexuality education” programs as called for in Target 3. Then in the clinics they are indoctrinated in the SRHR ideology and recruited to be advocates for CSE and SRHR in laws and policies. The “youth friendly” clinic programs provide “safe spaces” for youth to discuss sensitive sexual matters away from parents. The SRH services are largely provided by Young People Today partners like International Planned Parenthood Federation that work to indoctrinate children into their promiscuous sexual and gender ideologies. A very devious plan indeed.

12. There is no clear governmental oversight of the “youth friendly” SRH services required by the Commitment. What is happening at these clinics? Who are the providers? What kind of sexual counseling is given? Are parental consent forms required? “Youth friendly” is a euphemism for a parent-free, non-judgmental space where children are usually affirmed in their preferred sexual behavior, sexual orientation or gender confusion and are often provided with commodities and services without parental consent.

13. Target 5 of the Commitment obligates governments and the EAC and SADC to increase the “number of youth-led organisations, groups or networks who are regularly engaged and participate in policy and decision-making processes relating to SRHR.” Is it the proper role of regional economic communities or ESA governments to get youth involved in SRHR policymaking and sexuality education? What business is it of the economic communities such as SADC, COMESA and the EAC to get involved in the sex-ed culture wars at all or to push sexuality education over abstinence education? And why has this focus even been added to this Commitment? Actually, we know why. It is because UN agencies and donor countries have been training youth across Africa to advocate for sexuality education and controversial SRHR.

This is why they want governments to put youth in decision-making roles so that their trained youth can promote their sexual rights, homosexual, transgender and abortion agendas. A better and more appropriate focus would be on education and job preparation for youth, not SRHR and sexuality education advocacy through the creation of “youth-led organizations.”

14. The Commitment places increased burdens of responsibility on ESA governments, SADC and the EAC. At what cost will this Commitment come? Article 6.3 establishes SADC and the EAC as the “leads in regional monitoring of this Commitment.” Article 6.4 also commits them to “establish a new, technical committee, which shall be responsible for receiving and coordinating ESA Commitment progress reports from Member States.” In addition to the damage to the health and innocence of children, what are the opportunity costs? When did regional economic communities get into the sex education business? Certainly there are more pressing matters such as poverty, food and housing security, sanitation, clean water and more.

15. The ESA Ministerial Commitment violates the rights of parents. In fact, the implementing organizations for sexuality education in ESA countries including UNICEF and other UN agencies call parental consent requirements for sex education or for SRH services “barriers” to SRHR. Yet the Universal Declaration of Human Rights recognizes that parents have the prior right to guide the education for their children. How can governments commit to provide access for youth to SRH services and not consult the parents? What is the role of the parents in the ESA ministerial commitment? They are completely left out. This violates binding international treaties that recognize the prior right of parents to guide such for their children.

For all of these reasons and many more, we plead with you to postpone the signing of this 10-year ESA Commitment. This agreement will harm African children and families and does the opposite of what it claims to do.

Parents who have become aware of the “sexuality education” agenda are rising up all across Africa against this sexualization education that is scientifically inaccurate and age inappropriate despite the claims made. In fact, because of its graphic nature a number of medical and mental health experts have called the kind of “sexuality education” promoted by the Commitment’s partners child abuse as it grooms children for engaging in sex.

We know you have a heart for the children and families of Africa. We therefore plead with you to protect them by postponing the signing and adoption of the ESA Ministerial Commitment and investigating each of these serious concerns. Specifically we would encourage all ESA countries to investigate:

1. The nature of the actual sexuality education curriculum being taught “in and out of school” and in the SRH clinics,
2. The organizations and entities implementing and funding the sexuality education programs including their internal stated goals for sexuality education in Africa, and

3. The “youth friendly” SRH services children are directed to through the sexuality education curricula.

The health and innocence of children across the ESA region are at stake. All concerned citizens and officers of government in the ESA region must do all within their power to encourage governments to postpone the implementation of this harmful Commitment.

For more information and documentation on these serious concerns go to ESACommitment.org.