

Ms. Angie Motshekga
Minister of Basic Education
Parliament of South Africa
Cape Town

CC: Minister of Women, Youth and Persons with Disabilities
Minister of Health
Members of Parliament

Re: Serious concerns with proposed implementation of CSE in South African schools

Dear Minister Motshekga,

We, the undersigned parents, grandparents, teachers, doctors, counselors, business, religious, and community leaders, in association with the Protect Children South Africa Coalition, strongly oppose the proposed implementation of Comprehensive Sexuality Education (CSE) in the Life Orientation curriculum in South Africa's public schools for the following seven reasons:

1. **CSE runs counter to South African cultural values.** CSE is a harmful Western- and UN-driven agenda that seeks to change South African gender and sexual norms under the guise of HIV and teen pregnancy prevention. Multiple UN agencies clearly revealed their harmful "rights-based" sex agenda in their 2018 publication, "International Technical Guidance on Sexuality." This publication reveals that CSE promotes "the right to decide when and with whom" a child will have sex rather than discouraging children of minor age from engaging in sex at all. It also promotes harmful gender identity ideology, sexual promiscuity and abortion. It recommends asking children to "differentiate" their sexual values from their parents and to "question" social norms on sexuality.
2. **Rolling Out CSE without prior parental involvement, guidance and approval violates well-established parental rights.** According to multiple binding and nonbinding international human rights documents that South Africa is a party to, parents have the "prior right" to guide the education of their children, and yet parents have had no opportunity to view, evaluate and approve of any proposed sexuality curriculum.¹
3. **UNFPA and Sweden, among other UN agencies and foreign governments are driving the CSE agenda in South Africa.** For example, UNFPA, in their publication funded by the Swedish government titled, "Basic and Higher Institutions of Learning in KwaZulu-Natal," (see at https://southafrica.unfpa.org/sites/default/files/pub-pdf/UNFPA_CSE_report_web.pdf) calls for a "roll out and implementation of CSE nationally" and discusses the controversial issues of "sexual orientation," "gender identity," and "sexual diversity" and respect for "all sexual preferences." It also reveals, that through CSE "children will also be taught that you have the right to say no to sex" rather than, again, discouraging children of minor age from engaging in sex at all. Yet teens who are sexually active often experience many of the following negative consequences:²
 - Less likely to use contraception³
 - More likely to experience an STI⁴
 - More concurrent or lifetime sexual partners⁵

- More likely to experience pregnancy⁶
 - Lower educational attainment (not necessarily linked to pregnancy)⁷
 - Increased sexual abuse and victimization⁸
 - Decreased general physical and psychological health, including depression⁹
 - Decreased relationship quality, stability and more likely to divorce¹⁰
 - More frequent engagement in other risk behaviors such as smoking, drinking and drugs¹¹
 - More likely to participate in antisocial or delinquent behavior¹²
 - Less likely to exercise self-efficacy and self-regulation¹³
 - Less attachment to parents, school and faith¹⁴
4. **CSE programs, including those promoted by UN agencies and Sweden, take a controversial “rights-based” rather than health-based approach** to sex education emphasizing “sexual rights” over sexual health.
 5. **South Africa’s signing on to the “Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights for Adolescents and Young People on Eastern and Southern Africa (ESA)” was done without proper consultation** with the appropriate branches of government and without proper regard for the rights of parents to direct their children’s education.
 6. **The “National Adolescent Sexual and Reproductive Health and Rights (ASRHR) Framework Strategy” also violates the rights of parents who were not consulted** and reflects a UN and Western governmental sexual rights rather than sexual health approach. Similar “framework” strategies are being pushed by UN agencies all across the globe in violation of parental rights.¹⁵
 7. Most importantly, the research UN agencies use to claim CSE is effective and will prevent teen pregnancy and STDs including HIV and that abstinence education is ineffective has recently been thoroughly discredited in a global study. **According to this new global analysis found at SexEdReport.org, CSE has the highest failure rate in Africa (89% failure rate) and the highest rate of negative impacts (24%) in Africa as well.** The researchers in this study titled, “*Re-Examining the Evidence for Comprehensive Sex Education in Schools – A Global Research Review*,” looked at the research referenced by UNESCO and concluded:

“Three decades of research indicate that school-based comprehensive sex education has not been an effective public health strategy—it has produced only a few sustained effects on protective out- comes, without other negative impacts, in U.S. and non- U.S. settings combined. In fact, it [CSE] has shown far more evidence of failure than success and caused a concerning number of harmful effects ... Given the threat posed by STDs, HIV, and pregnancy to the health and well-being of young people worldwide, and the compelling lack of evidence of effectiveness for school-based Comprehensive Sex Education after nearly 30 years and 103 credible studies, we recommend that policymakers abandon plans for its global dissemination and pursue alternative prevention strategies for reducing the negative consequences of adolescent sexual activity. Further studies of the positive findings for abstinence education should be done to inform the development of such paradigms.”

In conclusion, without a legal obligation to provide failed and highly controversial CSE in our schools, nor evidence to support CSE from a health perspective, it is unclear what the DBE's rationale is for implementation in SA schools.

In light of all of these alarming facts, we, the undersigned, respectfully request the South African government, and in particular our Minister of Education, to urgently take the seven following actions:

- 1. Withdraw from the Eastern Southern Africa Commitment on CSE.** (Several other African countries that did not understand the CSE agenda when they signed it are also now working toward withdrawing.)
- 2. Abandon the controversial “National Adolescent Sexual and Reproductive Health and Rights (ASRHR) Framework Strategy.”**
- 3. Withdraw all ongoing or intended programmes containing any and all elements of CSE.** (See 15 common harmful CSE elements at <https://www.comprehensivesexualityeducation.org/wp-content/uploads/Harmful-Effects-10.17.17.pdf>)
- 4. Recognize and respect the rights of parents and guardians** in guiding, shaping and influencing the education and especially the sex education of their children.
- 5. Ban the reintroduction of any and all harmful elements of CSE** in its various formats from any curricula or programmes in South Africa.
- 6. Mainstream the promotion of abstinence (or a return to abstinence for sexually active youth) from all sexual behaviour as the expected standard for all South African children of minor age,** throughout all sex education curricula.
- 7. Ensure that no South African public school shall include in any of its courses of study instruction which:**
 - a. Normalizes sexual conduct between minors or uses examples depicting or describing children of minor age engaged in sexual conduct.
 - b. Suggests that any type of sexual conduct between minors can be safe or without risk.
 - c. Includes materials or content about masturbation or oral or anal sexual contact.
 - d. Includes materials or content that suggests that children of minor age have sexual rights beyond those related to protection from abuse.
 - e. Includes materials or content about gender identity theory including the following concepts:
 - that gender or sex can be fluid or changeable
 - that gender or sex exists on a spectrum
 - that gender or sex is self-determined rather than biologically determined

- that genders or sexes exist other than male or female
- that teaches children to use female pronouns for males and vice versa

f. Encourages children to identify according to their sexual preferences.

We affirm that compassion and assistance should always be given to children struggling with their gender identity, but such compassion should not consist in affirming children in an identity that is counter to reality and that can lock them into a false belief leading to medical interventions and mutilating surgeries that leave children infertile for life.

We, therefore, respectfully request that you give this matter your most urgent attention and immediately act to protect South African children by taking the aforementioned steps.

The future of our nation—and our children—is at stake.

Sincerely,

[Your name will be inserted here along with other signers]

¹ Universal Declaration of Human 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); UN Convention on the Rights of the Child, “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 and “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).

² Sexual Risk Avoidance Works. (2016). Retrieved from <http://weascend.org/wp-content/uploads/2016/08/SRA-Works-web.pdf>

³ 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.

⁴ 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; 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.

⁵ 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.

⁶ 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; 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*, 5213-532. 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.

⁷ 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.

⁸ 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;

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