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An Open Statement by the Psychological Society of South Africa (PsySSA)¹, represented by the Sexuality and Gender Division (SGD)², as well as the Society for Educational Psychology of South Africa (SEPSA)³, in support of Comprehensive Sexualities Education (CSE) in South Africa⁴

Background

Recent weeks have seen reports of disquiet and organised resistance to the ongoing roll out of Comprehensive Sexualities Education (CSE) in South African schools. This disquiet has been expressed by some parents, but particularly organisations which formally oppose CSE. In this statement we set out why PsySSA strongly supports CSE in South Africa.

Over 80 lessons in CSE⁵ will cover topics such as goal setting, healthy and unhealthy relationships, developmental stages, bullying and gender-based violence, consent (what is consent, your right not to consent), peer pressure and rape, adolescent sexual reproductive health and HIV/AIDS & other STIs.

Drawing on current research and needs, the lessons will be provided to grades 4-12 in the following phased manner:

- Intermediate Phase (Grades 4-6), ages 10-12: the focus of CSE is their safety. Lessons are designed to educate, empower and prevent sexual abuse, bullying and sexual grooming.
- Senior Phase (Grades 7-9), ages 13- 15: the lessons encourage the delay of sexual debut, safer sex for the sexually active, prevention of pregnancy, HIV and other STIs.
- Further Education & Training Phases (Grades 10-12), ages 16-18: the lessons explore role-modelling, social justice, human trafficking and personal action plans.

To support these lessons, there are Educator and Learner Books for all nine grades as well as Scripted Lesson Plans (SLPs). SLPs are learner and teacher support materials (LTSMs) that are designed to aid teachers and learners address these important topics in a systematic and sensitive way, mindful that we all bring our own attitudes and biases around sex and sexuality.

We note statements from the Department of Basic Education (DBE)⁶, under whose remit CSE falls, which set out the following:

¹ PsySSA is the professional body representing psychology professionals in South Africa.

² The SGD promotes a psychological understanding of the fields of sexuality and gender and supports PsySSA in its endeavours to ensure human well-being and social justice for all people.

³ As a division of PsySSA, SEPSA, among others, co-ordinates professional and research activities in the field of Educational Psychology and promotes the theory, practice and research of Educational Psychology.

⁴ This statement was compiled by Pierre Brouard (MA Clin Psych) and Letitia Rambally-Greener (M Soc Sci, Research Psychology) of the SGD, and Dr Lynn Holmes (PhD Ed Psych) of SEPSA.

⁵ See <https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx> for more information on the curriculum

⁶ See <https://www.gov.za/speeches/basic-education-rejects-misleading-reports-life-orientation-curriculum-29-oct-2019-0000>

- Low sexual debut in adolescents; age disparate relationships between girls and older men; high birth rates among adolescents and teenagers (only one third of girls stay in school during their pregnancy and return following childbirth); the fact that more than a third of girls and boys (35.4%) experience sexual violence before the age of 17; a decline in HIV knowledge; have necessitated the age appropriate sexualities and relationship education that builds resilience, confidence and assertion amongst young people.
- Early sexual debut leads to mental health issues such as depression, vulnerability to violence and poor educational outcomes.
- Most parents and caregivers do not talk to their children about sexuality, which can lead to experimentation and risky sexual behaviours.
- The core aim of the CSE is to ensure that learners can build an understanding of concepts, content, values and attitudes related to sexuality, sexual behaviour change as well as leading safe and healthy lives.
- The Comprehensive Sexuality Education has been part of the curriculum since the year 2000 in life skills and orientation lessons.

We further note that:

- Every week in South Africa nearly 1500 adolescents and young adults (15-24 years) are infected with HIV. Of those close to 1300 are young girls [1].
- A nationwide survey found that the age of sexual debut among adolescents is now younger than it has been since 2012 [1-2]. Additionally, there has been an increase in the reporting of multiple sexual partners among this age group [2]. Condom use among both males and female is also lower [2]. These factors put young people at high risk for HIV infection, sexually transmitted infections (which could have lifelong consequences) and unplanned pregnancies.
- Supporting learners to complete secondary school has been proven to be a significant protective factor in preventing HIV infection [3]. Studies also indicate that if condoms are used during sexual debut then there is a higher likelihood that they will be used consistently in the future [1]. The best means to implement these interventions is through information and structured education on these topics.
- Sexualities education has been shown to foster positive, healthy social and emotional development. It may also enhance self-determination, competence, and is a safe means of encouraging self-reflection.

Furthermore, the DBE points out that research shows that CSE:

- does not sexualise children;
- does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates
- delays sexual debut and promotes safe sexual behaviour;
- increases knowledge of different aspects of sexuality and the risks of early and unintended pregnancy, HIV and other STIs;
- decreases the number of sexual partners;
- reduces sexual risk taking; and
- increases use of condoms and other forms of contraception.

CSE has been designed in recognition of the risks young people face and is an intervention to address and potentially mitigate risks faced most predominately in adolescence. Large-scale programmes for adolescents are an important priority population in South Africa [6]. Programmes and interventions directly addressing the unique social and developmental challenges faced by adolescents should be prioritised.

PsySSA's Position on CSE

Based not only on this evidence, but international and local research in the fields of sexualities, gender, child development and education⁷, PsySSA notes that:

- The constitutional rights of children, which states that the “best interests are of paramount importance in every matter concerning the child” [4-6], remain a key guiding principle.
- It supports CSE as a human right of all young people, in all their diversity, to prepare them for a responsible and pleasurable adult sexual life.
- CSE provides an opportunity to address complex and compelling social challenges of early sexual debut, teenage pregnancy, sexual violence and abuse, which have significant impact on the psychological wellness of young people, noting that unresolved trauma may lead to lifelong psychological challenges.
- Parental and caregiver reluctance to talk openly about matters of sexuality with their children leaves those children under-equipped to deal with contemporary challenges around sexual health and wellness.
- Age-appropriate information, discussions and skills building around sexuality, gender, relationships, assertiveness and communication is a form of resilience building and leads to healthier adult sexual relationships.
- Young people with disabilities (physical and intellectual) are often seen as lacking sexuality or are targeted because they are vulnerable, and therefore need special attention in a CSE curriculum and practice, which goes beyond what parents and caregivers are able to provide.
- The opposition to aspects of the CSE curriculum, which view sexually and gender diverse young people as equal and rights-bearing members of South African society under our

⁷ References can be supplied on request

Constitution, undermines this Constitution and is a rejection of the dignity of the rich diversity of South African citizens.

CSE will be co-ordinated and run in collaboration with The Department of Health (DOH) and Department of Social Development (DSD) under the Integrated School Health Programme (ISHP). The DBE notes that these partnerships are critical to ensuring that learners are linked to health and psycho-social services.

To this end, PsySSA calls on all psychologists and mental health practitioners to stand by the DBE's CSE curriculum and practice, and to offer the necessary support to young people, their parents and caregivers, teachers, school leaders and communities to promote sexual health and wellness in young people.

In conclusion, we note that we respect the rights of those who have genuine concerns about CSE (as parents, teachers and other concerned parties) to hold their views, but encourage them to familiarise themselves with the curriculum, the materials, the evidence on CSE, and the clear and responsible, scientifically driven assurances from the DBE, as we have done, before arriving at a position. While teachers should not be compelled to teach what they do not believe in, and parents views should be engaged with and respected, we believe engagement and addressing concerns as collective remains of the highest importance.



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 5. Strobe, A. & Essack, Z. (2017). Facilitating access to adolescent sexual and reproductive health services through legislative reform: Lessons from the South African experience. SAMJ, 107(9), pp. 741-744.
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