

# Spotlight Initiative

*To eliminate violence against women and girls*

## TOWARDS A BETTER FUTURE: Enacting policy and legislation to guarantee comprehensive sexuality education for youth in and out-of- school

### POLICY BRIEF

An initiative of the United Nations funded by the European Union

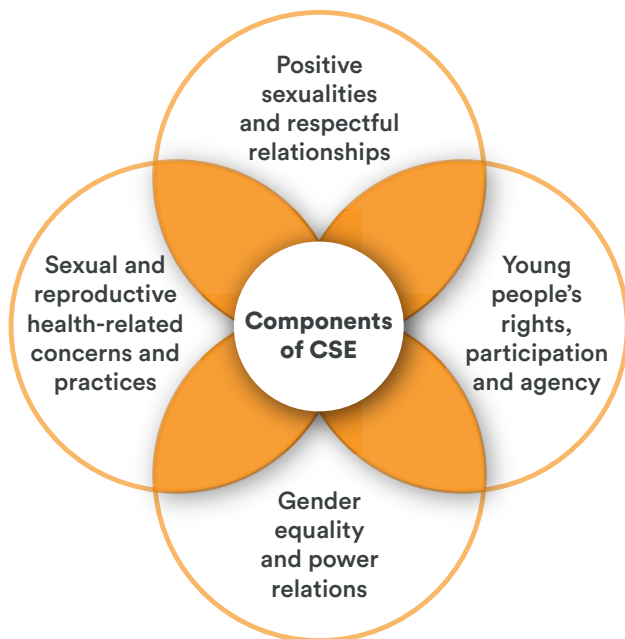


**Caribbean Observatory on  
Sexual and Reproductive Health and Rights**  
Monitoring • Mobilising • Advocating

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.<sup>1</sup> It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their

choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.<sup>2</sup> It is scientifically accurate (content is based on facts and evidence related to sexual and reproductive health (SRH), sexuality and behaviors) and developmentally appropriate and responsive to the evolving capacities of the child and adolescent.

## COMPONENTS OF CSE

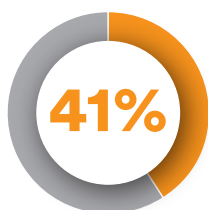


CSE plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being.<sup>3</sup> At the 2012 Global Youth Forum of the International Conference on Population and Development (ICPD), young people specifically called on governments to 'create enabling environments and policies to ensure that they have access to CSE in formal and nonformal settings, through reducing barriers and allocating adequate budgets'.<sup>4</sup> Despite clear evidence on the benefits of high-quality, curriculum-based CSE, few young people receive it.<sup>5</sup>

## THE SITUATION

Sexual debut often occurs during the adolescent period and is associated with unprotected sex and other sexual risk behaviors. Sexual risk behaviors were higher in students who had psychological distress, engaged in substance use, were older, male and absent from school.

In the Dominican Republic, Jamaica, Suriname and Trinidad and Tobago, more than two in five students among school-going adolescents ever had sex.<sup>6</sup> The global school-based student health surveys (GSHS) in the Dominican Republic (2016), Suriname (2016), Jamaica (2017), and Trinidad and Tobago (2017) indicate that:



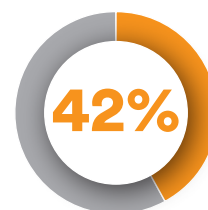
of students ever had sex, ranging from 26.4% in Trinidad and Tobago to 48.1% in Jamaica.



had  $\geq 2$  sexual partners, among those sexually active.



had an early sexual debut ( $\leq 14$  years).



had not used birth control the last time they had sex.

1 UNESCO. International Technical Guidance on Sexuality Education: An evidence-informed approach, 2018.

2 Ibid.

3 UNESCO. International Technical Guidance on Sexuality Education: An evidence-informed approach, 2018.

4 UNESCO-ICPD. Bali Global Youth Forum Declaration, 2012, Available at: [http://www.unesco.or.id/news/shs/bali\\_global\\_youth\\_forum\\_declaration.pdf](http://www.unesco.or.id/news/shs/bali_global_youth_forum_declaration.pdf) Accessed on 23 June 2023.

5 UNESCO. International Technical Guidance on Sexuality Education: An evidence-informed approach, 2018.

6 Pengpid S, Peltzer K. Prevalence and Correlates of Sexual Risk Behavior among School-Going Adolescents in Four Caribbean Countries. Behavioral Sciences. 2020; 10(11):166. Available at: <https://doi.org/10.3390/bs10110166>. Accessed on 29 July 2023

Child marriage and early unions, as well as early and unintended pregnancy are correlated. While the global adolescent pregnancy rate is estimated at 46 births per 1000 girls, adolescent pregnancy rates in Latin America and the Caribbean (LAC)

continue to be the second highest in the world, estimated at 66.5 births per 1000 girls aged 15-19 years.<sup>7</sup> Overall, 25% of women aged 20-24 in the LAC region were in a union before the age of 18, including 4% before age 15.<sup>8</sup>

## THE RIGHT TO EDUCATION: THE LEGAL LANDSCAPE

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### Countries with right to education guaranteed in law:

Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Cayman Islands, Dominica, Grenada, Guyana, Montserrat, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and Suriname.

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### Countries with policies guaranteeing access to CSE by minors:

Aruba, Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Saint Lucia, St Kitts and Nevis, Saint Vincent and the Grenadines, Suriname.

Source: UNFPA Legislative Analysis of Sexual and Reproductive Health and Rights in the English- and Dutch-speaking Caribbean, 2023

## BARRIERS TO EFFECTIVE IMPLEMENTATION OF CSE

Across the Caribbean, if CSE is taught, it is largely provided in schools within the Health and Family Life (HFLE) curriculum, which can pose several challenges. For example, HFLE covers many topics, but if teachers find themselves short on time, CSE can easily be removed from the curriculum. Anecdotal data reaffirms CSE is not always taught, or not to the extent to which standards would indicate. Given the age of consent for sexual activity of 16 years in most Caribbean countries,<sup>9</sup> it is imperative that CSE start as early as possible.

Another challenge is that most teachers in the Caribbean teaching CSE within HFLE are HFLE generalists. Although access to pre-service and online teacher training in HFLE that include sexuality-related content is increasing in some parts of the Caribbean, more participatory teaching methods and facilitation skills are needed to encourage

critical thinking, discussion and debate among students.

Although HFLE is a tested subject, CSE does not tend to be part of this testing. As a result, CSE can easily be minimized or eliminated by teachers who are uncomfortable with or opposed to teaching the topic, or who do not wish to dedicate time away from the other tested HFLE topic areas.

Other barriers include gender biases, religiosity, and the belief by parents that CSE will encourage adolescents into sexual activity. Conversely, global evidence shows that age appropriate CSE significantly reduces adolescent pregnancy and early sexual debut. It is crucial that decision-makers enact policy and legislation to guarantee CSE in and out-of-school to address the challenges faced by adolescents and young people in the Caribbean.

7 PAHO/WHO, UNICEF, UNFPA. Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean, 2018.

8 UNICEF, Child marriage database, Data and Analytics Section, Division of Data, Analytics, Planning and Monitoring, 2020 cited in Girls Not Brides - Child, early and forced marriage and unions in Latin America and the Caribbean, July 2020. Available at: <https://www.girlsnotbrides.es/documents/947/Child-early-and-forced-marriages-and-unions-in-LAC.pdf> Accessed on 20 July 2023.

9 UNFPA Formative Assessment of Comprehensive Sexuality Education within Health and Family Life Education Curriculum in the Caribbean, 2022.

## Myths vs Facts

Several myths exist regarding the perception of CSE<sup>10</sup> that may undermine its importance and influence decision-makers not to go beyond HFLE.

However, global evidence exists to debunk such misinformation.

Myths about CSE	Facts <sup>11</sup>
CSE encourages youth to have sex.	Research clearly demonstrates that CSE can help young people delay sexual initiation.
CSE programmes undermine parental/family authority.	Multiple polls indicate that an overwhelming majority of parents support the provision of CSE in schools.
CSE disregards values and morals.	CSE incorporates values and cultural sensitivity.
CSE introduces homosexuality to children.	By providing factual, non-stigmatizing information on sexual orientation and gender identity as one aspect of human development, CSE can help save lives. It can contribute to combating homophobia and transphobia, at school and beyond, and to creating a safer and more inclusive learning environment for all.
CSE teaches the mechanics of sex to young children.	CSE provides age and developmentally appropriate information and skills to help young people delay sexual initiation and to protect themselves when they do become sexually active.
CSE programmes do not promote abstinence.	Two-thirds of rigorously evaluated CSE programmes lead to reductions in one or more risk behaviors. <sup>12</sup> In contrast, CSE has been persuasively shown not to foster early sexual debut or unsafe sexual activity (UNFPA, 2014).
Abstinence-only-until-marriage programmes work.	A five-year study <sup>13</sup> mandated by the U.S. Congress determined that abstinence only-until-marriage programmes were not effective.



## CSE OUT-OF-SCHOOL

CSE is primarily taught in school settings but also delivered in informal out-of-school settings. UNFPA and UNESCO define out-of-school CSE as CSE which is delivered outside the school curriculum.<sup>14,15</sup> The advantage is that out-of-school CSE can provide CSE to children and young people who are not in school; who are in situations where CSE is not included in the school curriculum; supplement in-school CSE and provide CSE that is tailored to the needs of specific groups of children and young

people, such as LGBTQI and non-gender conforming, living with HIV or disabilities, who use drugs, etc.<sup>16</sup> It also offers greater flexibility in terms of time, content, and the ability to link community-based CSE with service provision such as access to condoms and other contraceptive methods. Out-of-school CSE programmes should also be provided to younger children in an age and developmentally appropriate manner. This is important because children acquire information relevant to sexuality from

10 Advocates for Youth. Myths and Facts About Comprehensive Sex Education Research Contradicts Misinformation and Distortions. Available at: <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/cse-myths-and-facts.pdf> Accessed on 23 June 2023.

11 Myths and Facts About Comprehensive Sex Education Research Contradicts Misinformation and Distortions. Available at: <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/cse-myths-and-facts.pdf> Accessed on 8 June 2023.

12 Global Public Health. Comprehensive Sexuality Education. 29 May 2020. Available at: <https://oxfordre.com/publichealth/display/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-205>; jsessionid=60A1E6C7689867CAB88AA22D-F7AEAD17?rskey=1RJGy6 Accessed on 20 July 2023.

13 The Society of Adolescent Health and Medicine. Abstinence-only-until-marriage policies and programs: An updated position paper of the Society for Adolescent Health and Medicine, Vol 61 Issue 3 P400-403 September 2017. Available at: [https://www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](https://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext) Accessed on 20 July 2023.

14 UNFPA Formative Assessment of Comprehensive Sexuality Education within Health and Family Life Education Curriculum in the Caribbean, 2022.

15 UNFPA, UNESCO. International Technical and Programmatic Guidance on Out-of-Guidance school CSE: An evidence-informed approach for non-formal, out-of-school programmes.

16 Ibid.

many sources from a young age, and CSE helps ensure that their learning is accurate, safe, relevant, and supportive of gender equality.<sup>17</sup>

Out-of-school CSE can be delivered in a range of settings, including civil-society or community-based organizations; youth centres or youth clubs; health clinics; summer camps; faith-based organizations; at school after hours; through families, workplaces; institutional correctional settings such as detention centers or juvenile correctional centers; refugee camps or other shelters where people seek humanitarian support.



## WHY CSE IS IMPORTANT

### Empowers Young People<sup>20, 21</sup>

CSE supports learners' empowerment by improving analytical, communication, and other life skills for health and well-being in relation to sexuality, human rights, a healthy and respectful family life and interpersonal relationships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, among others. It also helps prevent sexual violence. CSE is medically accurate, evidence-based, and age-appropriate, and includes the benefits of delaying sexual intercourse, while also providing information about normal reproductive development, contra-

Out-of-school CSE is also challenged by barriers,<sup>18</sup> including difficulty in building community support if the curriculum content is stigmatized or considered unacceptable; identifying, training, supporting, and retaining facilitators who are motivated, skilled and have an appropriate attitude, and ensuring that they adhere to the curriculum.<sup>19</sup> Furthermore, logistical challenges are the provision of adequate materials and supplies, safe and convenient settings and times for CSE sessions; and making intended participants aware that out-of-school CSE is available.

ception (including long-acting reversible contraception methods) to prevent unintended pregnancies, and prevent STIs. Social norms and gender inequality influence the expression of sexuality and sexual behaviour. Many young women have low levels of power or control in their sexual relationships. Young men, on the other hand, may feel pressure from their peers to act according to male sexual stereotypes and engage in controlling or harmful behaviours. CSE helps children and young people understand these dynamics and make active choices to change how gender inequities affect their lives.

### Positively affects attitudes, values, self-esteem and -efficacy<sup>22,23</sup>

Good quality sexuality education has a positive impact on attitudes and values and can help to change power dynamics in intimate relationships, thus contributing to the prevention of abuse and fostering mutually respectful and consensual partnerships. CSE that includes topics relating to gender norms and gender role stereotypes, healthy relationships and consent can have positive impacts on building self-esteem and self-efficacy in stu-

dents. This in turn can reduce the rates of coercive relationships, sexism, gender-based violence and intimate partner violence. There is strong evidence that in-school CSE also leads to improved knowledge, increased condom use, decrease in multiple partners, increase in self-efficacy for HIV protection, favourable attitudes to safer sex and delays in initiation of first sexual intercourse.

17 Igras et al., 2014; Lundgren and Amin, 2015, Kågesten et al., 2016; Blum et al., 2017; ChandraMouli et al., 2017.

18 Ibid.

19 Vanwesenbeeck et al., 2016.

20 UNESCO. Comprehensive Sexuality Education Implementation Toolkit. Available at: <https://csetoolkit.unesco.org/toolkit/getting-started/what-comprehensive-sexuality-education> Accessed on 23 June 2023.

21 Global Citizen. The Benefits and Barriers of Comprehensive Sex Education: Why teach CSE in School? Available at: <https://www.globalcitizen.org/es/content/sex-ed-barriers-and-benefits/> Accessed on 23 June 2023.

22 Apter, D. 2011. Recent developments and consequences of sexuality education in Finland. FORUM Sexuality Education and Family Planning, 2: 3-8. Cologne, BZgA.

23 UNFPA Formative Assessment of Comprehensive Sexuality Education within Health and Family Life Education Curriculum in the Caribbean, 2022.



## Addresses early sexual debut, risk for HIV & other STIs and early pregnancies<sup>24, 25, 26</sup>

CSE is an essential part of HIV prevention and prevention of unintended pregnancies. The effects of limited provision of CSE in the region has contributed to high regional prevalence of adolescent pregnancy and early sexual debut, and high prevalence of HIV. Studies in several European countries

showed that the introduction of long-term national sexuality education programmes led to a reduction in teenage pregnancies and abortions and a decline in rates of STIs and HIV infection among young people aged 15–24 years.



## CSE-In-School: Provides Access, Context and links to Information when Delivered within HFLE

Teaching CSE within an already-established, valued topic area increases the likelihood that students will learn the content and skills they need to remain healthy and safe. Students learn that their sexual development is an equally important part of their overall development. This context may also help defuse any discomfort or opposition from family, religious leaders, and other community members about what is being taught.

Opportunities arise for making connections between sexual risks and other risks; between self-esteem and sexual choices; between overall rights and sexual and reproductive rights.

UNFPA's Formative Assessment highlighted schools are reliable environments to reach many young people; and research shows that school-based CSE is both cost-effective for schools and cost-saving for governments. Research offers the strongest rationale for teaching CSE to Caribbean youth in schools starting at the primary level.

CSE contributes to the attainment of the Sustainable Development Goals (SDGs) and accelerating the socio-economic development of countries across the region. Furthermore, empowering marginalized groups and leaving no one behind, including women and children, youth, LGBTQI+ persons, persons living with disabilities, indigenous peoples, is central to the 2030 Agenda.<sup>27</sup>

24 UNFPA Legislative Analysis of Sexual and Reproductive Health and Rights in the English- and Dutch-speaking Caribbean, 2023.

25 UNESCO. Comprehensive Sexuality Education: For healthy, informed, and empowered learners. Available at: <https://www.unesco.org/en/health-education/cse> Accessed on 24 June 2023

26 UNFPA. Policy Brief No. 1. Sexuality Education. Available at: <https://www.scribd.com/document/445141689/Sexuality-education-Policy-brief-No-1> Accessed on 20 June 2023

27 United Nations Human Rights – Office of the High Commissioner. Transforming Our World: Human Rights in the 2030 Agenda for Sustainable Development. Available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/MDGs/Post2015/HRAAnd-Post2015.pdf> Accessed on 20 June 2023



## RECOMMENDATIONS FOR DECISION MAKERS

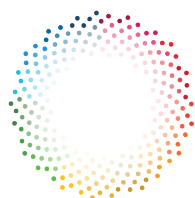
**CSE leads to improved SRH, resulting in the reduction of HIV and other STIs, and unintended pregnancies. It promotes gender equality and positive social norms, and has a positive impact on safer sexual behaviors, delaying sexual debut, increasing condom use, empowering against sexual violence, and to achieving the development goals being pursued by the region.**

1. Examine why there has been limited progress in reducing vulnerability and other harmful outcomes among adolescents and what it will take to enact policy and legislation to guarantee CSE for youth in and out-of-school.
2. Provide strong, consistent leadership as well as institutional support for implementation of evidence-based, age-appropriate CSE.
3. Develop differentiated messages, tailored to individual audiences, to make a more persuasive case in recruiting allies to support CSE at national and local levels.
4. Facilitate the greater involvement of youth in the planning, design, content, and delivery of age appropriate CSE.
5. Develop systematic approaches to human resource recruitment, deployment and development at national level including HFLE subject leaders, master trainers and increased collaborations with civil society to facilitate capacity building.
6. Build capacity of education systems to effectively deliver CSE including development of learning materials and training of educators to deliver the CSE syllabus effectively.
7. Enact provisions in the respective Education Acts, guaranteeing the provision of age appropriate CSE to facilitate the empowerment of adolescents.
8. Partner with the Ministry of Health, National AIDS Programmes and Civil Society Organizations to deliver CSE.
9. Institutionalize quality assurance mechanisms for CSE for both in and out-of-school to ensure that it is effectively delivered.
10. Create partnerships with United Nations agencies (UNFPA, UNICEF and UNESCO) working in this area to leverage technical expertise, financial resources, and their comparative advantages.
11. Work with parents and the faith-based community to reduce the socio-economic burden on young people and increase their well-being. This will require respectful dialogue and trust building.

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