

**Spotlight
Initiative**

Initiated by the European Union and the United Nations



A FORMATIVE ASSESSMENT OF COMPREHENSIVE SEXUALITY EDUCATION WITHIN THE HEALTH AND FAMILY LIFE EDUCATION CURRICULUM IN THE CARIBBEAN

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Introduction and Overview

Sexuality is pivotal to the health of a nation. The result of healthy sexuality are citizens that are comfortable with themselves and able to make informed and responsible decisions, form healthy relationships, and take care of their bodies. Comprehensive sexuality education (CSE) plays a central role in preparing young people for a safe, productive, fulfilling life in a world where far too much still has the potential to negatively affect their health and well-being. There is clear and compelling evidence worldwide for the benefits of high-quality, curriculum-based CSE in empowering youth to take control of and make informed decisions about their sexual health and relationships. Without CSE, many young people approach adulthood faced with conflicting, negative and confusing messages about sexuality which ends up putting them at higher risk for HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and more. These risks, and their negative outcomes, significantly impede young people's ability to fulfil their potential.

Despite the extensive research demonstrating the far-reaching positive impacts of CSE, in many societies, attitudes and laws discourage public discussion of sexuality, including teaching it in school. This includes some parts of the Caribbean.

In response to this, the UNFPA Sub-Regional Office for the Caribbean (SROC) contracted with an independent consultant to conduct a formative assessment of comprehensive sexuality education within the Health and Family Life Education (HFLE) curriculum in schools in the Caribbean. This assessment was performed to compare what is currently being provided against international best practices; in particular, the International Technical Guidance on Sexuality Education (ITGSE) (UNESCO, 2018). To date, UNFPA and the Caribbean Community (CARICOM), along with additional partners, have done extensive work determining how best to support the youth living in the region. This assessment was designed to learn from that work, while filling gaps in the scope of those explorations and guidance documents.

Key stakeholders from these countries were surveyed and invited to participate in focus group sessions. Curricula and lesson plans solicited from country-level partners and HFLE teachers and found on Ministries of Educations' websites were assessed for CSE inclusion and whether they integrate and reflect international best practices using the Sexuality Education Review and Assessment Tool (SERAT) (UNESCO, 2020). The key findings from this formative assessment indicate that, while some countries are doing extensive work to integrate CSE much more into the HFLE curriculum, no country is offering what could be considered truly comprehensive sexuality education. Further, even those countries that are offering CSE in some way

are often using out-of-date materials, language and content, or leaving the selection or development of this content up to individual teachers. Given the wide variety in the availability of teacher pre-service preparation or ongoing professional development in CSE, as well as limited monitoring and evaluation of school-based CSE, it is clear that what is being provided to young people varies widely from country to country, community to community within a given country, and even from classroom to classroom within an individual school.

This document reflects the feedback from the formative assessment on the current state of school-based CSE in the Caribbean, as well as recommendations for how to strengthen regional partners' ability to advocate for and deliver quality, evidence-based and -informed CSE in schools throughout the Caribbean. It only pertains to CSE provided in schools. CSE for out-of-school youth will be addressed in a separate assessment.

Acknowledgments

The UNFPA Sub-Regional Office of the Caribbean (SROC) wishes to express its appreciation for the input of various individuals who both participated in this formative assessment, and facilitated the data collection processes:

- **Dr Elizabeth Schroeder** – Independent consultant who performed the formative assessment and drafted this report
- **Ms Maria Bakaroudis** – Comprehensive Sexuality Education Specialist & Disability Focal Point, UNFPA East and Southern Africa Regional Office

We also wish to acknowledge the The Spotlight Initiative for the Caribbean team members who guided the process, especially **Dr Nicolette Henry** (The Spotlight Initiative for the Caribbean CSE Consultant) and **Dr Pilar de la Corte Molina** (SRH Advisor) and other members who greatly helped with focus group recruitment and survey dissemination among other critical tasks.

Particular thanks go, above all, to the experts throughout the region who gave their time to participate in the focus groups and surveys, and who shared CSE and HFLE teaching materials from their countries.

This work was supported by funding from the European Union, and is a result of the multi-year partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030.

Foreward

Comprehensive sexuality education (CSE) is fundamental for a safe, healthy, and fulfilling life. It provides children and young people with age-appropriate knowledge on human rights, gender equality, relationships, reproduction, sexual behaviours risks, and prevention of illnesses. CSE also empowers children and youth to protect their health and dignity, and supports the prevention and combatting of sexual abuse against children, sexual violence, and sexual exploitation. Equally important, it provides an opportunity to emphasise values such as respect, inclusion, non-discrimination, empathy, responsibility, and reciprocity. Based on human rights principles, CSE helps advance gender equality and the rights of children and young people. In the absence of such knowledge and skills, there is the potential for higher rates of teenage and unwanted pregnancies, sexually transmitted infections, and mental health problems – matters of public health.

Against this backdrop, the European Union and the United Nations are collaborating in an unprecedented bid to fight violence against women and girls worldwide, including in the Caribbean. This study is a significant product of this collaboration: the Spotlight Initiative, which, among others, aims at promoting gender equitable social norms, attitudes, and behaviours to prevent violence against women and girls, including family violence.

Through a combination of assessments of literature, past studies, available teaching materials, surveys, and interviews with key stakeholders, the author is shedding some light on the situation of CSE taught in Caribbean schools. It complements available literature and constitutes a good basis for the development of country-specific CSE programmes aligned with international standards.

It is noteworthy that while most of the countries in the study had some kind of sexuality education in the school system, there were some challenges with the content and age-appropriateness of the curriculum. For instance, the study found that CSE lessons sometimes regrettably reinforced harmful existing gender stereotypes, which feed some of the social norms and beliefs behind violence against women and girls. What is more alarming is the complete erasure of LGBTQI+ individuals (their anatomies, sexual orientations, and identities) within all the curricula analysed, despite these youth being among the most marginalised and vulnerable to bullying, harassment, and stigmatisation, which can potentially lead to higher incidences of depression, alcohol and drug abuse. Regrettably, far from being exclusive to the Caribbean, this is a common trend in many other parts of the world, including in Europe, where there is some renewed resistance to the provision of mandatory sexuality education in schools, on grounds that it would threaten traditional and religious values.

This study sounds a clear warning bell that if we are serious about contributing to a healthy and happy life for all young people, we must fight this misinformation. It therefore emphasises the need for supporting the critical role of teachers in delivering a more balanced and inclusive curriculum that incorporates the voices of youth themselves. It is equally important to engage parents and faith-based organisations in the design processes.

Scientific research has demonstrated the benefits of CSE for children and the society as a whole. These include delayed sexual initiation, reduced risk-taking, increased use of contraception, and improved attitudes related to sexual and reproductive health. Through CSE children can also have increased self-confidence, critical thinking, and the capacity to make informed decisions – the key attributes of a 21st century citizen living within an inclusive, healthy, safe and happy society.

Malgorzata Wasilewska

Ambassador
Delegation of the European Union to Barbados,

Glossary of Terms

Affective Learning Domain – The learning domain that refers to attitudes, values and beliefs.

Behavioural Learning Domain – The learning domain that has to do with building skills and self-efficacy around those skills.

Cis-centric – When a concept, topic or practise focuses mostly or exclusively on cisgender people.

Cisgender – Someone whose gender identity (what they know their gender to be) is the same as the sex they were assigned at birth (usually determined by genital appearance). For example, someone with a penis and testicles who identifies as male.

Cognitive Learning Domain – The learning domain related to content knowledge.

Comprehensive Sexuality Education (CSE) – A rights-based and gender-focused approach to sexuality education, whether in-school or out-of-school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development (UNESCO, 2018).

Health and Family Life Education (HFLE) -- A comprehensive, life skills–based programme, which focuses on the development of the whole person in that it: enhances the potential of young persons to become productive and contributing adults/citizens, promotes an understanding of the principles that underlie personal and social well-being, fosters the development of knowledge, skills and attitudes that make for healthy family life; increases the ability to practice responsible decision-making about social and sexual behaviour; and more.

Heteronormative – A term used to describe language, images or practices that emphasise heterosexuality as the only acceptable sexual orientation. Heteronormative practices assume everyone is or should be heterosexual.

Intersex – Someone with sex chromosomes other than XX or XY, resulting in differences in development of internal and/or external sexual and reproductive anatomy.

Monitoring and Evaluation (M & E) – Two separate but related activities that help a school or organisation track the progress of a programme intervention over time and adjust as necessary.

Non-binary – Someone whose gender identity falls outside of the two-gender construct of female or male.

Sexuality Education Review and Assessment Tool (SERAT) – An excel-based tool designed to review school-based HIV prevention and sexuality education programmes based on international evidence and good practice.

Sexual Orientation – Refers to the gender or genders of people to whom people are attracted, physically and/or romantically. Common categories of sexual orientation include heterosexual (sometimes called “straight”), lesbian or gay, bisexual, pansexual and more.

Transgender – Someone whose gender identity (what they know their gender to be) is different from the sex they were assigned at birth (usually determined by genital appearance). For example, someone with a vulva and uterus who identifies as male or non-binary.

Trauma-Informed – When educators recognize that a portion of their student population has likely experienced trauma, but do not reduce an individual to that trauma or discount their potential to have positive future relationships because of past experiences (Fava and Bay-Cheng, 2012).



Acronyms

CARICOM	Caribbean Community
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
ESARO	East and Southern Africa Regional Office
GBV	Gender-Based Violence
HFLE	Health and Family Life Education
IPPF	International Planned Parenthood Federation
ITGSE	International Technical Guidance on Sexuality Education
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Additional Identities
M&E	Monitoring and Evaluation
MOE	Ministry of Education
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PLWHIV	People Living with HIV
SDG	Sustainable Development Goals
SERAT	Sexuality Education Review and Assessment Tool
SGBV	Sexual and Gender-Based Violence
SI	Spotlight Initiative
SRHR	Sexual and Reproductive Health and Rights
SROC	Sub-Regional Office of the Caribbean
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children’s Emergency Fund
UWI	University of the West Indies

Background

Adolescence, which typically refers to a developmental period during which youth begin to transition between childhood and adulthood, is defined differently in different countries. It is simultaneously a biological construct because it marks the beginning and duration of puberty, and a social construct, because of the ways in which cultures around the world respond to a young person once puberty has begun (Ember, Pitek & Ringen, 2017). The term tends to include young people between the ages of 10 and 19.

Adolescence is marked world-wide by physical, social, emotional and psychological growth. This includes a deepening understanding of human sexuality, sexual identity, and the potential for initiation of shared sexual behaviours. It is also a time when young people feel they are impervious to negative outcomes of risk-taking. Although this is developmentally-appropriate, the negative outcomes of too-early and risky sexual behaviours can have life-long consequences (Rojas Briñez, Galvis Panqueva and Hinojos, 2019). Poor access to sexuality-related information and education and sexual and reproductive health services results in unintended and too-early pregnancy, sexual and gender-based violence (SGBV) and higher risks for sexually transmitted infections (STIs), including HIV/AIDS (PANCAP, 2017).

The growth and development of young people living in the Caribbean continues to be challenged at every turn, and the negative impacts of sexual risk taking remains a significant concern in the region (Frederick, Wilkins, et al., 2014; Oelhafen, 2011; Baptiste et al., 2009; Barrow, 2006; Halcon, Blum, Beuhring, Pate, Campbell-Forrester, 2003; Phillips, 2006). Vulnerability to all forms of violence, particularly bullying, sexual violence, abuse and exploitation persists; adolescent pregnancy rates remain high; access to sexual and reproductive health information and services, including those for HIV and other STIs, is suboptimal. Further, noncommunicable diseases have increased among adolescents, and mental health, substance use/abuse and self-harm have become dominant features of adolescent diagnoses in the Caribbean. Rates of STIs and early pregnancies among young adolescents remain high, due to early onset of shared sexual behaviours, low, inconsistent and/or incorrect contraceptive usage and multiple partners (Blaidsee, 2018). These realities are exacerbated by the taboos associated with discussing sexuality-related topics within Caribbean cultures.

BACKGROUND

For more than thirty years, Caribbean governments and organizations have developed programmes to promote healthy lifestyles among adolescents in the Caribbean (CARICOM and UNICEF, 2010). In schools, this focused on the Health and Family Life Education (HFLE) curriculum. While there is immense regional support, policies, programmes and efforts are at different stages and areas of development from country to country. Efforts such as transitioning to a life skills approach and developing of a Regional Curriculum Framework to support the delivery of HFLE in CARICOM Member States revealed the need for monitoring and assessing the implementation and impact of the revised HFLE approach. The support for strengthening HFLE has been renewed since then at special meetings and convenings, yielding the recommendation that HFLE programmes should shift from an information-based model to a skills-development model.

More recently, in 2018, a High-Level Policy Dialogue meeting of eight countries on the effective delivery of HFLE Programmes yielded a total of 36 recommendations under the thematic areas policy and governance; monitoring and evaluation; knowledge management and strategic information; multisectoral, intersectoral and community collaborations and capacity building and programme implementation. With so many strong recommendations over the past decades, a disconnect remains between the intentions of these recommendations and their outcomes. To be sure, there are complex socio-cultural and -political issues that require investments at many levels of a society in order to change them for the positive. One vital investment that is backed by decades of research and professional expertise is the implementation of comprehensive sexuality education (CSE).

CSE is defined by the UN as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. 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” (UNESCO, 2018). There is a vast amount of research supporting the positive impacts of CSE worldwide, with an emphasis on the need for a comprehensive as opposed to an abstinence-only approach (see, for example, BzGA, 2018; Woog and Kagestan, 2017; Onuoha, Dyer-Regis and Onuoha, 2016; Fonner, Armstrong, et al., 2014; Frederick, Wilkins, et al., 2014, among others). Unfortunately, far too many countries still emphasise an abstinence only approach over a more comprehensive one, even though research demonstrates a direct connection between teaching abstinence-only and a higher than average teenage pregnancy and birth rate (Santelli et al., 2017; Stanger-Hall & Hall, 2011).

Specifically, when implemented according to international best practices and by trained educators CSE helps young people to delay the onset of shared sexual behaviours, practice safer sex and consistent contraceptive behaviours if they do become sexually active, thus reducing the risks for early pregnancy and/or STIs, including HIV. CSE that addresses 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 students, which in turn can reduce the rates of coercive relationships, sexism, gender-based violence and intimate partner violence (Avni & Chandra-Mouli, 2014; Santelli et al., 2018; Kagesten et al., 2017). In some countries, CSE has been shown to help young people succeed academically by increasing a feeling of school connectedness that encourages students to stay in school longer (Bridges & Alford, 2010). School-based sexuality education programmes that are intra-curricular, comprehensive, and delivered in conjunction with youth-friendly health services are much more impactful, cost effective and even cost-saving (UNFPA-SROC, 2018; IPPF, 2017). These facts and additional research not included in this literature review offer the strongest rationale for teaching CSE to Caribbean youth in schools starting at the primary level.

CSE is taught through a number of different venues, but most commonly separated based on formal (in-school) and informal (out-of-school) settings. Why teach CSE in school? There are several reasons. First, school is a reliable environment in which to reach a critical mass of young people over a period of time. This is particularly true in the Caribbean, where school enrolment at the primary and secondary levels remains high (CARICOM and UNICEF, 2010).

Second, research shows that school-based CSE is both cost-effective for schools and cost-saving for governments (IPPF, 2016). Yet, despite the ability of schools to reach a critical mass of young people with life-enhancing, often life-saving information and skills, studies show that many programmes do not contain enough basic information about such topics as contraception, sexual behaviours, sexual health and gender equality (Chandra-Mouli, Lane and Wong, 2015).

In most cases in the Caribbean, when CSE is taught in schools, it is provided within the Health and Family Life Education (HFLE) curriculum. This has advantages and disadvantages. The advantages include:

- **Access** – 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, although as discussed in this report, inclusion in the curriculum does not guarantee that CSE is actually taught.

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HFLE is a life skills-based curriculum so it focuses on equipping students with knowledge and skills to make informed decisions. It covers a wide range of topics under modules that look at Understanding Sexuality, Expressions of Sexuality, Sexual and Reproductive Health and Accessing Information. The curriculum is taught by exclusive teachers at the secondary level which ensures consistency of delivery.” (Survey Respondent)

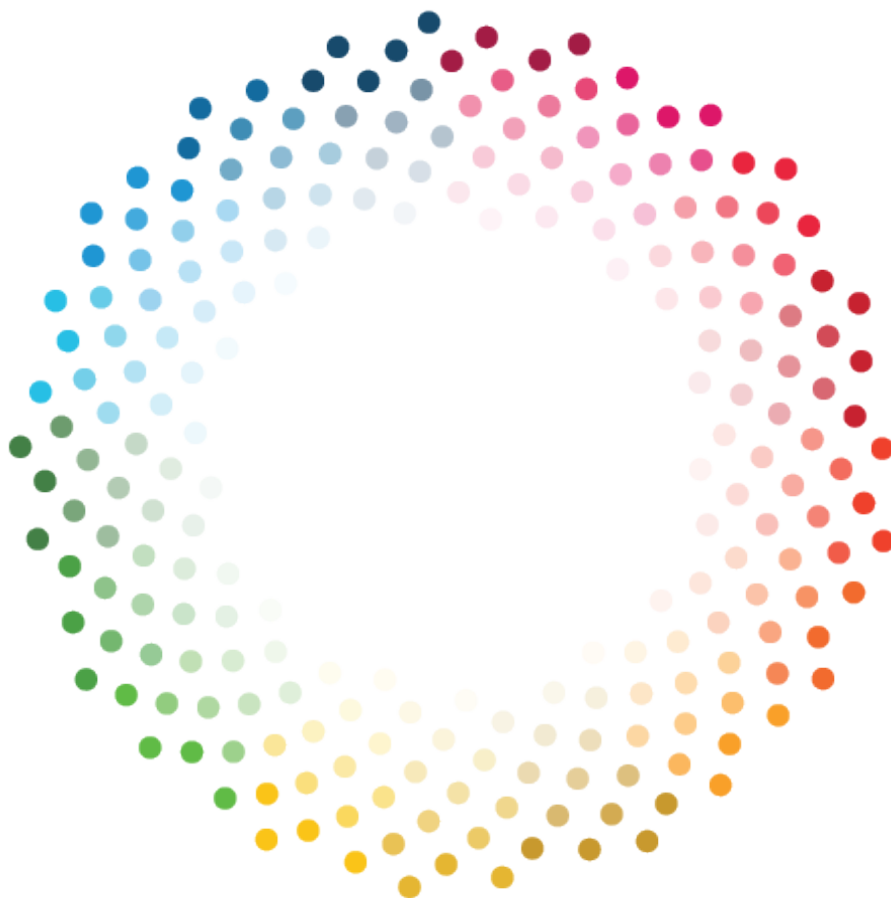
- **Context** – By teaching CSE within HFLE, students learn that their sexual development is an equally important part of their overall development. This context may also help defuse any discomfort or opposition from family, religious leaders and other community members about what is being taught.
- **Linkages to Other Information** – By integrating CSE into HFLE, 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, and so on. The only caveat is that schools and teachers must choose to make those connections, which, as discussed later in this report, is not being done widely.

The potential disadvantages to teaching CSE as part of HFLE as opposed to being a stand-alone topic include:

- **Competition for Time in the Curriculum** – HFLE covers a large number of topic areas. If teachers find themselves short on time, CSE can easily be cut from the curriculum. The full extent to which this is being done is not known, although anecdotal data as part of this formative assessment affirms CSE is not always being taught, or not to the extent to which standards would indicate. When one considers that the age of consent for sexual activity in most Caribbean countries is 16 (UNICEF, 2017), it is imperative that CSE start as early as possible. Just like any other topic taught in schools, CSE must start with foundational knowledge and skills at the primary level, and building scaffolded ways through secondary school and beyond.

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- **Lack of Teacher Training and Comfort** – Currently, most teachers in the Caribbean teaching CSE in HFLE are HFLE generalists. Although access to pre-service teacher training in HFLE that specifically includes sexuality-related content is increasing in some parts of the Caribbean, as well as online, there is far more that needs to be done, in particular to focus on more participatory teaching methods and facilitation skills that invite critical thinking, discussion and debate among students as opposed to exclusively increasing teachers' knowledge about human sexuality.

One aspect of having CSE integrated into the HFLE curriculum that is both a potential advantage and disadvantage relates to testing. Although HFLE is a tested subject, CSE does not tend to be part of this testing. As a result, CSE can easily be minimised 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 that need to be addressed.



Formative Assessment: Data Collection and Analysis Methods

The formative assessment of school-based CSE in the region was comprised of four individual components:

- A Review of the Literature on best practises in school-based CSE and on how CSE is delivered in schools in the Caribbean;
- Key Stakeholder Focus Groups;
- Surveys of Key Stakeholders; and,
- Review and Assessment of Available Teaching Materials and/or Content Standards.

These components were used to answer the following questions posed by UNFPA-SROC:

1. To what extent is the CSE component within the HFLE curriculum in line with international evidence and good practice?
2. How does the CSE component within the HFLE curriculum relate to health, education, gender, legal and policy context data based on international best practices and, specifically, the ITGSE?
3. What are the strengths and gaps of the CSE component within the HFLE curriculum?
4. Does the HFLE curriculum provide adequate guidance and preparation for teachers? If yes, how? If no, why not?
5. Are education policies adequately incorporated in the CSE component within the HFLE curriculum?
6. Are the CSE activities within the HFLE curriculum reaching targeted vulnerable and marginalized populations across age groups and are there other populations the programme should be reaching?

COMPONENT ONE: LITERATURE REVIEW

The literature review examined existing UNFPA and other regional reports on CSE in the Caribbean, as well as peer-reviewed literature about CSE in the Caribbean. Articles were searched using Google Scholar, and the Widener University (US) online library system, using articles only available in English and published from 2015 on. Search terms and Boolean searches included, “sex education,” “sexuality education,” “CSE,” “schools + sex ed,” and “[individual country names] + sex ed.” The reference sections of each relevant article were also searched and relevant articles incorporated into the literature review.

Data relating to sexual health and young people in the Caribbean is limited, and much of what is available is out of date. Much of the research also tends to be country-specific, making it more challenging to make recommendations that can be applied to the region as a whole. Much more research applies to SRHR in general, which is useful from a demographic standpoint; at the same time, however, there is less current peer-reviewed research relating specifically to the implementation of CSE in the region to address many of the identified gaps in SRHR. In addition, even more recent peer-reviewed articles are using data and findings from research conducted more than ten years ago. Although a more recent and increased focus on HIV prevention in the region has been having a positive impact, HIV remains an ongoing concern among the adolescent population in the region, and progress still needs to be made to ensure unfettered access to information and services (UNAIDS, 2019).

There also tends to be a greater availability of convening and recommendation reports made by youth development and education experts, but less current peer-reviewed research relating to the region. In addition, a good number of resource reports and peer-reviewed literature group together “Latin America and the Caribbean,” which then includes one Caribbean country among a group of Central American countries that are not part of CARICOM. This, too makes it challenging to apply findings to the Caribbean as a whole.

In many of these cases, Caribbean countries are barely mentioned – or if they are, one country is referenced as opposed to other Central American countries not part of the Caribbean. Literature that generalised about Latin America and the Caribbean, therefore, were not included unless there was a clear and significant focus on Caribbean countries.

From what is currently available and was found as part of this literature review, recent regional research about Caribbean youth indicates:

- Caribbean youth are at high risk for all forms of violence
- Contraceptive and safer sex methods are used inconsistently
- Young people are having sex with multiple partners
- Teenage pregnancy and unsafe abortion remain too high throughout the region
- Gender roles and gender inequality have a significant impact on young people's access to sexuality-related information and services
- Additional research on youth, sexual and reproductive health and rights (SRHR) and CSE needs to be done.

COMPONENT TWO: KEY STAKEHOLDER FOCUS GROUPS

In May 2021 key stakeholders identified by UNFPA-SROC and CARICOM partners participated in one of three facilitated focus groups on how CSE is provided in the region. Each two-hour focus group focused on a different category of professional: One with country-level administrators and regional colleagues; one with teachers who are currently providing CSE in schools as part of HFLE as well as other Ministry of Education professionals and administrators; and one with youth advocates, regional partners and CSOs that partner with and work in schools. Recruitment for the focus groups was performed by sending emails from the UNFPA-SROC director's office to Ministries of Education and other partners, as well as from Spotlight Initiative and UNFPA team members working throughout the Caribbean. Focus groups are designed to be smaller in size to enable more meaningful discussions, participation and interactions. As a result, numbers and representation are, by necessity, limited.

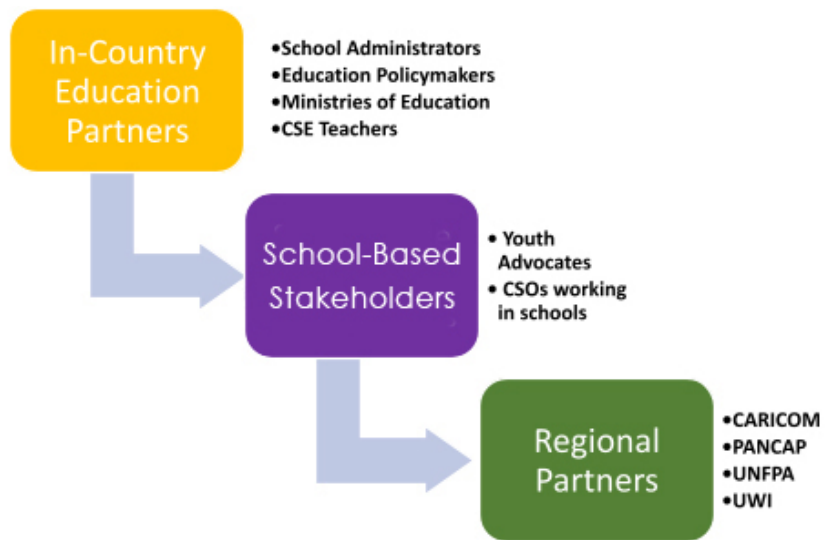


Figure 1: Categories of Focus Group Participants

COMPONENT THREE: SURVEYS OF KEY STAKEHOLDERS

In order to solicit feedback from a wider population of stakeholders, the programme consultant distributed a survey on how CSE is provided in the region. The survey instrument was based largely on a survey conducted in 2020 by UNFPA in East and Southern Africa. The colleagues and youth advocates attending the focus groups were asked to complete the survey, and for their support in disseminating the survey to other colleagues. A total of 28 surveys were collected, representing 9 of countries in the region. In most cases, only one or two surveys were completed for each country. Trinidad and Tobago was the most highly represented, with a total of 16 surveys submitted.

COMPONENT FOUR: REVIEW OF AVAILABLE TEACHING MATERIALS AND/OR CONTENT STANDARDS

The types of materials used worldwide for teaching CSE varies widely. Focus group participants and additional country partners were asked to share the curricula, lesson plans and/or resources they have been using to teach CSE as part of HFLE. Other topic areas (e.g., literature, social studies) were not reviewed, as those topics were not part of the scope of this formative assessment. If a country representative did not share materials, the consultant searched each country's Ministry of Education (MoE) website for the HFLE content standards, teaching guides and/or curricula. If materials were not found on a country's MoE website, the consultant performed a Google search in an attempt to find them.

All teaching materials and content standards obtained were analysed using the SERAT, a Microsoft Excel-based tool designed to help countries collect data on and analyse the strengths and gaps in their sexuality education programmes at primary and secondary school levels. The SERAT is broken down by whether and to what extent various topics are taught within the school curriculum, and at what grade level(s). A SERAT was completed for each country for which CSE curricula and teaching materials and/or guidance documents, such as curriculum content standards, were obtained. In all, SERATS for 11 countries were completed. Color-coded graphs representing the materials assessed appear in Annex A of this document.

Limitations

LIMITATIONS: METHODOLOGY

There are several limitations to the overall construction and methodologies used in this assessment. First, in any effort that requires the assistance of such high-level colleagues, schedules and availability were often limited. One result of this was not receiving representation, input or feedback from every country in the Caribbean. This limitation will be referenced later when discussing the types of generalisations that can and cannot be made about the region. Second, because teaching materials did not always come directly from colleagues, the alternative method for obtaining these materials was conducting a search on each Ministry of Education's website and through Google. As a result, the materials analysed may not be the most current versions.

Third, small sample size, time constraints and timing of the assessment were three related limitations affecting recruitment. In some cases, a particular country's description is based on one person's survey and/or participation in some or all of the methods. In addition, the omission of youth from this assessment is directly connected to limited time, as the processes for securing parental consent and accessing youth directly are complicated and time-consuming, and sufficient time was not allocated for the completion of the project to enable us to do so. In terms of timing, several survey and focus group participants indicated they are currently in the midst of reviewing/developing their curricula and/or content standards, and so copies may not yet be available. This is both a limitation and an opportunity as the timing for offering additional resources and guidance is optimal.

Finally, coder perception must be considered a limitation in this process. As the criteria in the SERAT did not often match exactly what was described in the teaching materials, whether and the extent to which a country addressed a particular topic was open to interpretation. As a result, some countries may have been assessed as addressing or not addressing a particular topic or skill area when education professionals in that country may assert the opposite to be true.

Two additional limitations that are not related to the methodologies used but that are worth mentioning relate to the availability of up-to-date research specific to the Caribbean. In some cases, literature that purports to be about the Caribbean refers to "Latin America and the Caribbean," and then refers only to the former. Also, some of the literature cited in this document is older than what used be used. This speaks to the need for additional research relating to CSE in this region.

LIMITATIONS

LIMITATIONS: SERAT

In centring human rights for all individuals, the ITGSE is both inspiring and aspirational. It is a guiding document that exists to push countries to do as much as they can to ensure no young people are left behind as the world seeks to fulfil UN Sustainable Development Goals (SDG) 3 (Health), 5 (Gender Equality) and 10 (Reduced Inequality).

Because the SERAT is based on the ITGSE, it goes beyond the scope of some of the more basic content that is age- or developmentally-appropriate with younger learners. It also is far more socially progressive than what some countries are currently prepared for, including most countries in the Caribbean. Also, the SERAT is very specific in its language, which had an impact on whether a particular country was rated as addressing a particular topic. For example, in ages 9 – 12, a standard indicates that students should “acknowledge that discrimination against people who are attracted to the same sex, or who are believed to be attracted to the same sex is wrong and can have negative effects on these individuals” – but there isn’t anything like “acknowledge that relationships can be between people of the same or two different genders.” If schools aren’t first acknowledging the basic information that there are more than two genders, or that LGBTQI+ people exist and what those identities mean, this is a pretty significant leap to expect teachers to make.

In addition, rather than refer to whether assertive communication is taught, it reads, “communicate assertively to maintain privacy and counter unwanted sexual attention.” Similarly, there is nothing about too-early pregnancy, which means it is not possible to assess whether/how countries are doing from an international standpoint on a key focus of one of the SI goals.

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Very often we have to report internationally, let’s say on HIV education and its implementation, but there’s insufficient focus, let’s say on HIV prevention. So yes, the topics are taught, but in drilling down as to the kinds of details that are required sometimes from international reporting, that is not there.”

– Focus Group Participant

As discussed later in this document, the SERAT itself is written in a gender binary and is heteronormative, reinforcing marriage as being between a man and a woman. Although this is the dominant cultural narrative in the Caribbean, these criteria are exclusionary and contradict the ITGSE’s mandate for LGBTQI+ inclusion in CSE.

The SERAT does not mention abstinence at all. Although research has found abstinence-only-until-marriage programmes to be ineffective and can even be harmful to young people (Santelli et al., 2017), abstinence is still a valid choice when it is presented alongside contraceptive and other safer sex methods.

The SERAT is very focused on affect and skills, which contradicts much of the CSE curricula around the world, especially in younger areas. This connects back to the idea of scaffolding teaching; a seven-year-old student cannot “demonstrate ways to show tolerance, inclusion and respect for others and treat all people with dignity,” unless they first understand what these terms all mean. Based on the materials analysed, the Caribbean appears to be more focused in the cognitive learning domain than in the other two – especially the affective domain.

In summary, all of the limitations attributed to the SERAT indicate that countries and schools in the Caribbean that are providing some sexuality-related lessons may end up being characterised as doing less than what they actually are doing.

Countries Represented in the Data

UNFPA-SROC works with 22 countries and territories (Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Sint Maarten, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands), not all of which are represented in the formative assessment because a representative was unavailable to participate and/or a country’s HFLE/CSE teaching materials were not available. The following image lists the countries that participated in some way; those represented with a colour participated in all three aspects of the formative summary.

Countries Represented



Focus Groups	Educational Materials	Surveys
1	2	3
Anguilla Aruba Bahamas Barbados Guyana Jamaica Montserrat Suriname Trinidad and Tobago	Antigua/Barbuda* Bahamas Barbados Belize Bermuda Cayman Islands Dominica Grenada Guyana Jamaica Montserrat* Saint Lucia SVG Trinidad and Tobago	Anguilla Antigua/Barbuda Belize Guyana Jamaica Montserrat St. Lucia Suriname Trinidad and Tobago

*indicates reports found pertaining to HFLE/CSE, but not actual standards or teaching materials

Data Summary for the Region: Themes

Note: It is important to reiterate here that this summary is based only on the data collected from the countries that participated in this formative assessment.

The themes that emerged from the formative assessment are based on what was contributed in the focus groups and surveys, as well as what was analysed using the SERAT. Some generalisations can be made about the region, while some are country-specific.

“

Sexuality Education is taught within the context of HFLE. As guided by the Education Act the main focus is on abstinence education. Issues such as sexual identity, gender diversity, contraception are not encouraged.”
(Survey Respondent)

- **SE in the region is not comprehensive.**

Although UNFPA (2017), UNESCO (2011) and UNICEF/UWI (2011) have found that policies are in place to support CSE in the region, the extent to which CSE is actually implemented, the quality of materials used and the pre-service preparation of those who teach these sensitive topics as part of HFLE, all vary widely. Some countries offer more content and skills than others, but CSE is not comprehensive (K-12, mapped to the ITGSE) in any country in the Caribbean. Guyana and Jamaica offered more content than other countries, but still cannot be seen as providing CSE as defined by international organisations.

- **CSE is mostly delivered within the HFLE curriculum, with some countries including aspects of CSE in other topic areas.** Most standards relating to CSE appear within the HFLE standards. Nearly half of survey respondents indicated that CSE-related topics are also included elsewhere in the curriculum but did not specify where. The review of the teaching materials indicated biology or science to be the most likely courses other than HFLE to include sexuality-related topics, in particular, human reproduction and anatomy.
- **There is inconsistency related to CSE being informed by international best practises.** The most common responses to the survey question, “Is your CSE informed by international best practices?” were “No” or “I don’t know.” At the same time, however, focus group participants and some survey respondents indicated that CSE content was informed by international best practises, with the ITGSE being named most often as the guiding document, followed by the CARICOM Regional Framework. There may have been insufficient information provided in the teaching materials and content standards to demonstrate this, or the materials reviewed may have been out of date, as the formative assessment of content standards and teaching materials did not support this assertion.
- In some parts of the Caribbean, **national policies are in place that restrict young people’s access to sexual and reproductive health information and services** (Jarrett, Udell, et al., 2018). At the same time, according to focus group participants, more and more countries in the Caribbean are putting policies and procedures into place to create an enabling environment for CSE in schools throughout the region.

“

CSE is not mandatory, and schools can choose to implement either CSE or Religious Education for one period (35 minutes) per week.” (Survey Respondent)

-
- **Content and methodological decisions are mostly made by teachers.** Some countries offer a full curriculum; others provide content standards with sample lessons or with suggestions about the types of activities a teacher could use to teach. Others have content standards without any guidance on lessons.

The majority of survey respondents indicated they have access to the following education materials, scripted lesson plans and teaching guidelines to assist them with delivering CSE:

- HFLE curriculum and facilitator’s guides, with sample lessons and supporting resources
- MacMillan education textbooks
- Materials from CSOs and online sources; one colleague mentioned the “It’s All One” Curriculum, UNESCO Guidelines and the AMAZE Education Resource Package. Another referred to a programme called “Focus on Kids,” which has been implemented successfully for a number of years.

- **A dominant theme** Although teacher self-determination is also a clear theme in HFLE and other topic areas, it also means that student learning will be uneven and inconsistent.

- **CSE Content is Heavily Weighted on Three Topics.** The three topics most likely to be covered are sexual abuse prevention/setting boundaries, gender and puberty. This applies to both the primary and secondary levels.

- Abuse prevention was more focused on teaching students how to recognize what is and is not abuse (“good touch/bad touch”) as well as what to do if someone is abused (“No, go, tell”), although the onus

“

Sample lesson plans are provided with links to resources. These, however, are to be adapted by teachers for the students in their classroom. Content is provided as guidelines for lessons. Lesson plans are often reviewed and feedback provided.” (Survey Respondent)

is placed on the child to refuse advances. There were no lessons or content standards teaching young people to not abuse others.

- Some countries discussed boundaries, but in more general ways; other countries were more explicit about not letting someone touch “private parts.”
- Lessons on gender and gender roles sometimes reinforced gender role stereotypes (e.g., “this is what boys/men do, this is what girls/women do”) and other times, focused on breaking gender role stereotypes by communicating, “Both men and women/boys and girls can do a range of things,” such as sharing caregiving roles as parents and within the family, and certain types of jobs.
- Although puberty tends to be a relatively “safe” sexuality-related topic to teach, there was sometimes less on the physical changes of puberty, and more on general hygiene (although “hygiene” would occasionally include menstrual hygiene). With the exception of Guyana and Jamaica, there was little to nothing on the emotional and social changes of puberty.

According to survey respondents, the least likely topic to be addressed in primary or secondary school was abortion, which corresponds to dominant religious groups represented in the region. Assessments conducted by UNFPA (2017), UNESCO (2011) and UNICEF/UWI (2011) showed that, at the time they were conducted, a majority of schools surveyed had a life skills-based HIV education programme even though there was evidence of inconsistencies in its delivery. In the current formative assessment, however, very little was mentioned in primary and middle levels about HIV, and what was addressed remains inconsistent.

- **Content is Cis-centric and Heteronormative**, with some countries communicating implicitly that there are only two sexes and genders, and others stating it explicitly. There was nothing in the content standards or teaching materials reviewed pertaining to intersex individuals or anatomies, transgender or gender non-binary identities, or lesbian, gay, bisexual, pansexual or other non-heterosexual sexual orientations and identities. According to research, LGBTQI+ individuals are much more likely to be bullied, harassed and stigmatised, which can lead to higher rates of depression and alcohol and drug abuse (Baltag et al., 2016; Hillier, et al., 2010).
- **More Content and Specific Guidance is Provided in Younger Grades**. In many parts of the world, the greatest challenge with CSE is it is “too little, too late.” In the Caribbean, more detailed guidance is provided in primary and middle grades than in other regions. At the same time, however, it is important to note there is also a greater likelihood of repetition at the younger ages from grade to grade, as opposed to scaffolding

content and skills on what was taught in the previous grade.

- In numerous countries, **the content standards and content taught did not match** – for example, in one country the standard a lesson was supposed to fulfil was related to reproductive health; the lessons, however, were more about hygiene. There are disconnects like that throughout many of the documents.
- There is an **explicit bias that all students will want to grow up, get married and have children**. While this very much may be a cultural norm in the region, and is understandable within the context of “Family Life Education,” issues such as infertility, miscarriage and/or the choice to not be in a relationship, marry or reproduce were not included.
- **Most Teachers are HFLE Generalists**, although in some cases, participants said they or someone they knew were trained in CSE, either through pre- or in-service professional development opportunities.
- Teachers may communicate with each other, but **there isn’t much consistency in what is taught within a country or across the region**. There are some advantages to flexibility, as it allows teachers to ensure their lessons are community-specific and up-to-date. The inconsistency becomes a problem, however, when assessing the impact of a curriculum or programme (e.g., did it change attitudes relating to gender and gender-based violence? Did it have a positive impact on teen pregnancy rates?).
- **Accountability measures were not identified.**

“

We promote the rights of all individuals, but our culture promotes heterosexual relationships. As it relates to LGBTQI, we are aware of it, but we don’t go preaching it.”

– Focus Group Participant

The most common response to survey questions relating to who was responsible for developing the CSE curriculum as part of HFLE was “National/ Federal Ministry of Education” with input from other government ministries, departments or representatives and teachers. Focus group participants indicated that, as CSE is not its own stand-alone topic, it is unlikely to be included in testing. Without testing or other accountability measures (e.g., teacher observation), what is being taught in CSE and how it is being taught cannot be confirmed – nor can it be evaluated for impact. Thus, a country with a strong curriculum developed by a Ministry of Education will not have the positive impact it is intending if teachers choose not to teach the content, or do so incompletely.

“

At the junior high school level and the senior high school level we have specialist teachers who cater only to HFLE, however we still have a challenge because we can never seem to have enough. Like one of the other Islands, at the junior and senior high level, we find sometimes that our teachers are also teaching religious studies and social studies, and now another area has been added at the senior high level, which is grades 10 to 12, and that is civics. And so it poses some challenges for us.” – Focus Group Participant

- There were numerous **missed opportunities to connect CSE-related topics with HFLE-related topics**. For example, some HFLE lessons discussed alcohol and drugs, but only a few countries (e.g., The Bahamas) connected alcohol and drug abuse to potentially dangerous sexual situations/impaired decision-making.
- **HIV/STIs were often mentioned, but not always taught about**. For example, a lesson on empathy in younger ages would include being compassionate for someone with HIV – but the same country’s curriculum did not have an explicit lesson on what HIV is, how it affects the body, what kinds of stigma exists and therefore why empathy is needed.
- **The curricula and teaching materials are not trauma-informed**. To be clear, neither the ITGSE nor the SERAT integrate trauma-informed language or practises. In numerous situations, suggested lessons for elementary

school-age students recommended role playing an adult making advances toward or even molesting them. This type of activity can be very harmful to a student who may have already experienced this type of abuse.

- **Very few countries expressly address the needs of particularly vulnerable and/or marginalized youth in their school-based CSE.** Survey and focus group respondents were asked whether the CSE being taught in their country included the “most vulnerable populations,” and if so, to specify which populations. In the few cases in which respondents answered in the affirmative, the accompanying explanation was that “all youth are vulnerable” or referred to a particular population being part of the school community.

One country identified that children with special education needs, HIV-affected children and children from low socio-economic backgrounds were included in their CSE offerings. In reviewing the teaching materials, the content that specified anything related to more vulnerable youth and families were more connected to HFLE-related lessons on building empathy and respect; the methodology and content overall, however consistently taught to the power majority of all the countries with reference to others who were “in need.”

As discussed above, the extreme marginalization and erasure of LGBTQI+ individuals would categorize these youth as among the most vulnerable. No efforts were made to be more inclusive of them or of heterosexual and cisgender youth with LGBTQI+ family members.

Reported Strengths of CSE in the Region

Survey respondents identified what they consider to be strengths of the school-based CSE being offered in their country. These can be grouped by the following themes:

- a. **Students learning more sexuality-related information**, and becoming more comfortable discussing this information. Included in this was giving students and opportunity to access a safe adult to discuss sexuality-related topics. Topics highlighted included safer sex practises, reducing risks, and “all aspects of CSE.”
- b. **The leadership of Ministries of Education in nesting CSE within HFLE.** One respondent acknowledged the importance of CSE being included in HFLE, which ensures it will be taught at least to some extent. Others highlighted the support they receive, both in teaching materials and professional development opportunities.
- c. **Several participants from countries that had adopted a formal curriculum discussed how much they appreciated having one**, along with teaching aides and the Teaching Resource Handbook.

Reported Challenges of Implementing CSE in the Region

In addition to sharing perceptions of the strength of CSE in their country, participants shared some of the challenges or gaps. Again, while some challenges were country-specific, the following themes emerged:

a. Insufficient teacher training and support. This pertained to teachers not being trained or prepared to teach CSE, not feeling comfortable discussing sexuality-related topics and the overall social and/or religious stigma relating to teaching CSE. Several respondents indicated that they received pre-service teacher training; others highlighted limited financial resources for in-service teacher training, as well as teacher training programmes not actually included CSE as additional gaps. The majority of survey respondents indicated that they did not receive any training in CSE before teaching the topic.

b. Policies supporting CSE are either lacking, or not reaching schoolteachers. Nearly two-thirds of survey respondents indicated either that their country did not have policies relating to CSE implementation, or that they did not know whether there were any. Additional data show that more policies exist than was reflected in the formative assessment. This indicates a need for greater and more consistent communication between school administrators and teachers to ensure they know about and are familiar with these policies.

c. The structure of CSE is insufficient. Numerous respondents referred to the scope of what is taught as not sufficiently in-depth, excluding numerous key topics (such as family and gender-based violence), and the fact that it is not mandatory to teach it and therefore implemented inconsistently as problematic. In addition, participants shared a range of opinions about whether CSE should be integrated into HFLE or a stand-alone topic.

“

I attended a course of training which gave an overview of the various aspects of HFLE, including Sexuality and Sexual Health. It was conducted by the Ministry of Education Curriculum and Professional Development Department.”
(Survey Respondent)

“

When our national primary curriculum was revised in 2013, HFLE was intended to be infused, and that has not worked because there’s so many other subjects on the timetable that, you know, HFLE has been shoved to the side for want of a better word, and teacher preparedness to deliver it is, you know, is wanting. We have attempted to advocate though for it to be a standalone subject at the primary level in order to get the outcomes that we want.” – Focus Group Participant

- d. **Political and financial support for CSE is insufficient.** In some cases, a lack of awareness about regional frameworks was apparent in the survey responses; in others, respondents reflected their country lacked a national CSE policy. Many connected this to funding, and believe without sufficient financial investment, CSE is not sustainable.
- e. **The need for Monitoring and Evaluation support.** A number of respondents shared that M & E efforts were insufficient or “weak.” They connected this with the need for “committee/ commission oversight” to ensure CSE programmes are actually implemented. In some cases, M & E happens, but is related to HFLE as a whole; CSE itself is not specifically monitored or evaluated. Several focus group participants reinforced that data collection is not the issue, but rather, the limited human resource capacity to analyse the data collected lacking.

“

COVID has impacted HFLE implementation and by extension, CSE. Because instead of schools organizing the timetables, some schools dropped out of Family Life Education for the academic year, unfortunately.” – Focus Group Participant

- f. **Challenges with access to technology.** Focus group participants shared that while access to technology has always been challenging, both in terms of reliable internet and having tablets or other devices to get online, the COVID-19 pandemic has highlighted how important this infrastructure is in all types of education. Specific to CSE, this challenge relates to both lesson delivery, particularly for lessons relating to the affective and behavioural learning domains, as well as to data collection and analysis.

g. Insufficient time allocated in the HFLE curriculum. With so many topics addressed within HFLE, CSE competes against other important life skills and topics. While time can be used as a fall-back excuse for teachers who are uncomfortable with or resistant to teaching CSE, it is a real challenge.

“

We rely a lot on volunteerism: Teachers who are willing to teach it and/or teachers who have a low timetable.” – Focus Group Participant



Recommendations for School-Based CSE in the Caribbean

It is challenging to make recommendations for the entire Caribbean region because of the diversity of cultures, beliefs, religious groups and histories that are country-specific, and sometimes even different within a given country. Through anecdotal feedback from regional partners, more is being done to create enabling environments for CSE throughout the CARICOM than this formative assessment would indicate.

At the same time, however, as in other parts of the world, there is much more that needs to be done in the region to strengthen school-based CSE. This section will discuss some more universal recommendations based in international best practices that each country can consider as they move forward:

- **High-quality, medically-accurate, research-based CSE should be delivered to young people, both in-school and out-of-school.** UNFPA-SROC is about to launch an initiative to create a toolkit for implementing out-of-school CSE programming for youth. It will be important for in- and out-of-school sectors to collaborate to ensure young people are receiving the information and skills they need and deserve.
- **Guidance should be provided to countries for how the ITGSE can be adapted for cultural relevancy and age-appropriateness in the Caribbean.** The ITGSE is a guide, it is not a mandate. It must be considered in partnership with the local and regional expertise of education professionals.
- **CSE should be implemented more consistently within individual countries.** There are many existing CSE curricula around the world that can be adapted and/or implemented as is. Having a group of curriculum specialists in countries that do not have a national curriculum consider adapting these materials will help to provide more consistency, while also allowing for teacher flexibility in how to teach. If the goal of this project is to support countries in teaching evidence-

based CSE, the finding that many teachers are using such a wide range of resources indicates much of what is being taught is neither evidence-based nor evidence-informed.

- **Review scope and sequence documents for repetition.** In some cases, the same concepts and activities were done year to year, with a bit more complexity to what was taught. For example, in one country, a decision-making model was taught/integrated every year consecutively for four years. Although some repetition is useful, particularly in younger ages, it also eliminates the opportunity to integrate additional topic areas and skills.
- **Increase support for and training in M & E efforts, and make them an expectation of HFLE and CSE.** Focus group participants in particular voiced an interest in receiving additional monitoring and evaluation resources. There was a range of assessment efforts shared, which were as inconsistent as the curricula and teaching methods represented. M & E should include accountability measures. HFLE may be a required course in some countries, but there was nothing reviewed in the formative assessment describing any type of oversight methods. A separate UNFPA-SROC initiative is currently under way to support the development of a robust monitoring and evaluation system to assess process, outcomes and impact of CSE that will guide countries in strengthening their M & E systems.
- **Review all materials to ensure inclusion of the most vulnerable populations.** Who is characterized as the most vulnerable may differ from country to country, and area to area within each country. There is an opportunity to address the needs of all marginalized identities within CSE.
- **Expand teacher pre-service and in-service training** for HFLE and science teachers, specifically on CSE. Research shows that pre- and in-service training builds understanding, commitment and skills teachers need to effectively teach the curriculum (Onuoha, Dyer-Regis and Onuoha, 2016). Efforts have been underway to strengthen teacher training in the Caribbean, focusing preliminarily on HFLE and more recently specifying the need for CSE-trained teachers. These trainings need to go beyond content into building comfort and skills in facilitating sensitive subjects with learners of different ages.
- **Collaborate with faith leaders and parents** to sustain successful school-based CSE implementations. Oftentimes, school professionals are hesitant to teach CSE because they anticipate opposition from parents and faith groups. Involving these stakeholders in CSE by a)

providing support for reinforcing the school-based curriculum and b) listening to their questions and concerns will help to ensure the sustainability effect of school-based programmes farther into the community.

“

Some churches and leaders have publicly spoken out against CSE. There was an attempt by the former Minister of Education, with the support of the Peace Corps to revise the HFLE Curriculum to include more CSE language, the document was shared with the Council of Churches and other churches that aren't members of the Council. The document was rejected particularly by the Evangelical Churches, because of the language of sexual rights, sexual orientation, pleasure..." (Survey Respondent)

Conclusion

The formative assessment described in this document examined and responded to six key questions:

- a. *To what extent is the CSE component within the HFLE curriculum in line with international evidence and good practice?***

International evidence and good practice recommends CSE from grades K-12, and offers the range of topics and skills sets young people need in order to fulfil their potential and grow into healthy adults and members of their communities. From this formative assessment, it is clear that CSE is delivered inconsistently throughout the Caribbean, and that even in those countries that offer quite a bit of CSE, what is offered in the HFLE curriculum is not comprehensive. In some countries, what is offered is informed by international evidence and good practice, but it does not necessarily embody either in the actual CSE implementation.

- b. *How does the CSE component within the HFLE curriculum relate to health, education, gender, legal and policy context data based on international best practices and, specifically, the ITGSE?***

Based on the data collected in the formative assessment, there is inconsistent awareness by classroom teachers and other education professionals about what the specific policies are relating to CSE in their countries. In a few countries, specifically Guyana and Jamaica, there appears to be a greater awareness of what the policies are and how they connect with what is taught. There was not a clear connection in any of the respondent countries, however, between how health, education, gender and legal policy context relate to the CSE delivered in the HFLE curriculum.

- c. *What are the strengths and gaps of the CSE component within the HFLE curriculum?***

The greatest strength reported during the formative assessment is what appears to be growing awareness of and support for how important CSE is to provide young people with the information and skills they need to be healthy, safe and well. As schoolteachers have significant latitude in what they teach and when, their recognition of and investment in the value of CSE is imperative. The gaps as connected to international best practices, specifically, the ITGSE, are different from country to country. In particular, there is a need to more intentionally reach marginalized and disenfranchised youth within the curriculum, including, but not limited to, youth living with HIV, out-of-school youth, and LGBTQI+ youth

- d. *Does the HFLE curriculum provide adequate guidance and preparation for teachers?***

What can be considered the HFLE “curriculum” in each country is different, sometimes from country to country, and sometimes from school to school. In some countries, there is a national document

that offers a scope and sequence and guidance for what should be taught, but in most cases, teaching materials were either developed or compiled by individual teachers. None of these are designed to be teacher preparation tools, but they offer the guidance on what should be taught and when. With a few exceptions, what is lacking in many countries is the monitoring and evaluation efforts to determine whether what is recommended in the curriculum/learning standards is actually being taught, as well as the impact of these lessons on the students.

e. Are education policies adequately incorporated in the CSE component within the HFLE curriculum?

The answer to this question is, again, “inconsistently.” In countries that have more detailed learning standards and/or scopes and sequences, one can see the country’s education policies reflected in what is – and is not – taught. There is also, based on the survey and focus group data collected, a disconnect between policies that are reflected within HFLE documents and what is actually taught in the classroom. Additional monitoring and evaluation efforts would help with this, keeping in mind the cultural norm expressed by the countries who participated in the formative assessment that teachers have latitude to decide what is taught and how.

f. Are the CSE activities within the HFLE curriculum reaching targeted vulnerable and marginalized populations across age groups?

Although topics that can pertain to targeted vulnerable and marginalized populations are sometimes discussed in the curriculum, there was no evidence during the formative assessment process that there are lessons, activities or teaching methods implemented to ensuring these students are specifically reached. For example, a CSO serving youth with disabilities may be asked to come in and speak to a classroom about disabilities, but there was nothing reflected in the formative assessment data to demonstrate that lessons contain guidance for teachers on how to adapt them for students with physical and/or intellectual disabilities. Similarly, lessons may teach about what HIV and how people who are not living with HIV should have compassion for those who are, there is an implicit assumption that CSE lessons are addressing those who would not be considered vulnerable or marginalized. This is especially true, as mentioned earlier, of students who identify as LGBTQI+, given the strong religious values that infuse the cultures of each country and the explicit prioritisation of heterosexual and cisgender individuals.

Much is being done in the Caribbean, and much more needs to be done. There is a depth of commitment to and expertise in working with young people throughout the region, which can and should be shared between and among countries throughout the Caribbean. These collaborations have started and need to continue in order to create and sustain school-based CSE that will create sexually healthy youth who will grow into sexually healthy adults.

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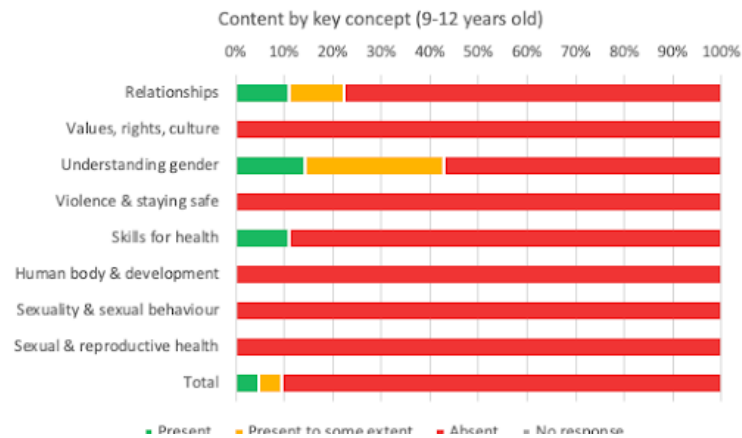
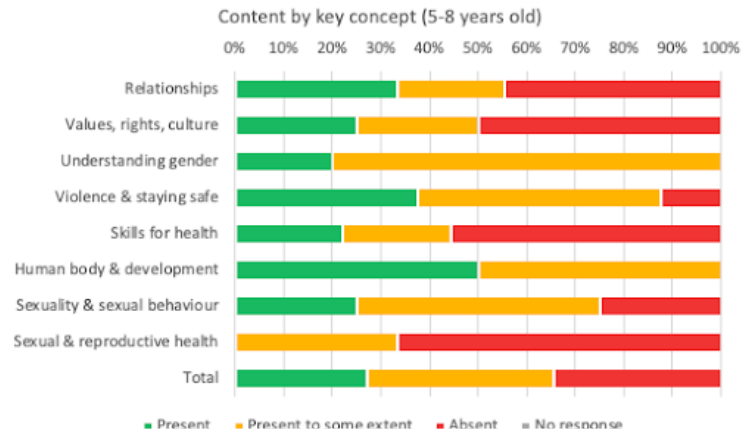
Annex A: SERAT Tables by Country

Notes:

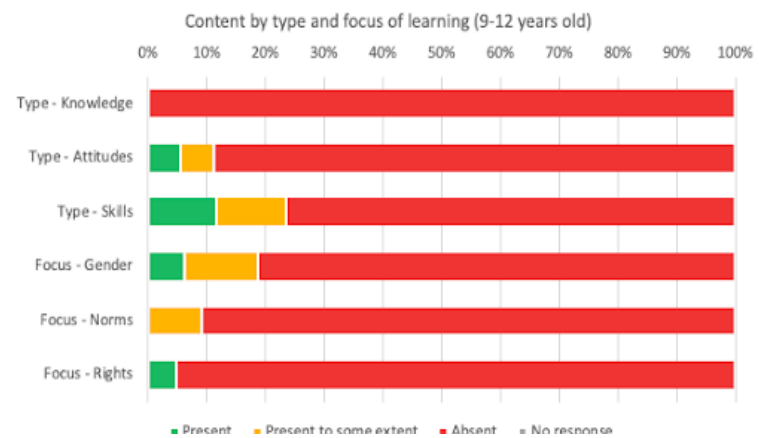
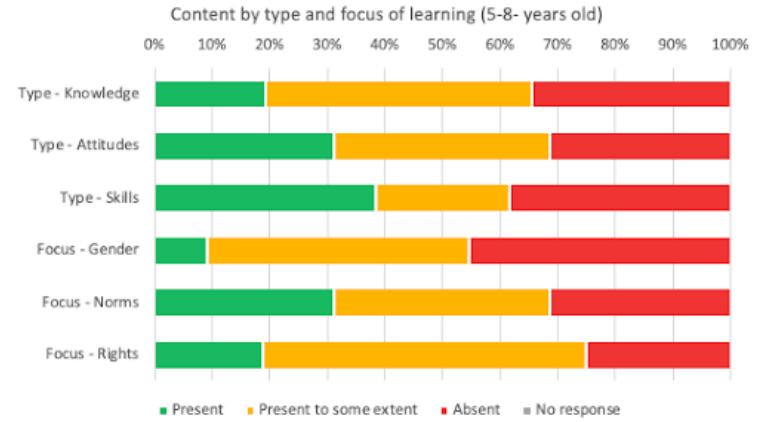
- a. The SERAT graphs that follow were based on materials found on the Ministry of Education websites for each country, sent to the consultant as part of the formative assessment, or found through a more general internet search. Because this project focused on CSE being delivered within the HFLE curriculum, countries whose HFLE standards or curriculum were not found or provided are not included in this annex. **This does not mean that country is not providing some form of CSE in school.** An example of this is Jamaica, whose science and other curriculum content standards were readily available, but whose HFLE materials were not. As a result, Jamaica, which is doing a great deal of work on CSE in the country, is not included in this annex. Similarly, the only content standards available from Turks and Caicos was for grades K and 1; as a result, their SERAT graph would not offer an accurate representation in comparison to the other countries
- b. If a topic or focus of learning is marked in green, then what was in the SERAT matched materials in the same age group, and was more than just mentioned. If yellow, the topic or focus either was mentioned or addressed tangentially, or was addressed in an age group different from where the SERAT had it with a notation added. Red indicates that the standard as written in the SERAT was not addressed at all.

BAHAMAS

Content by Key Concept

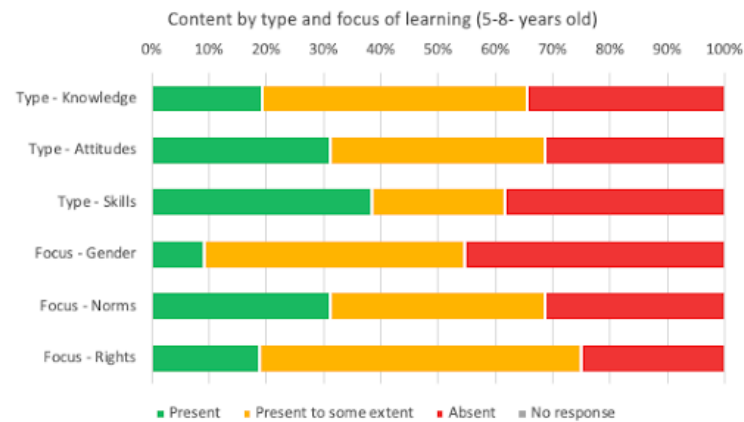
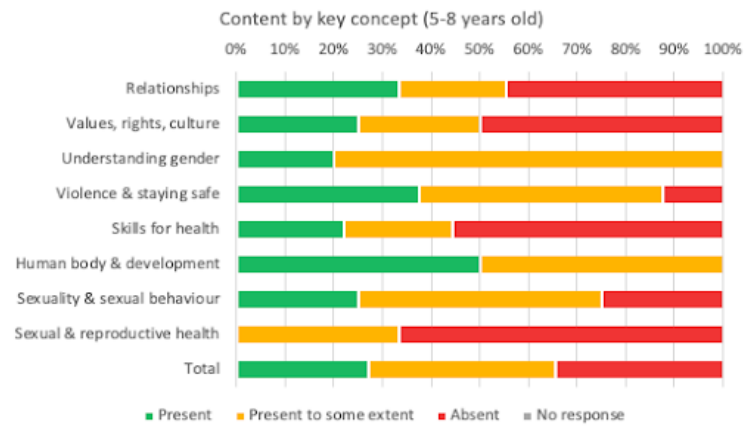


Content by Type and Focus of Learning

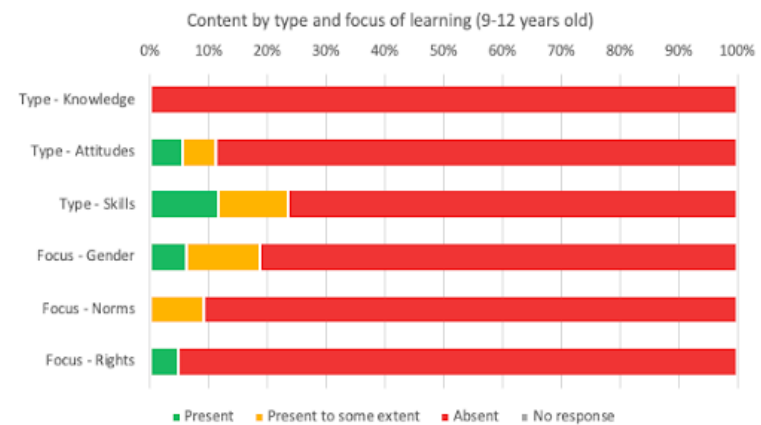
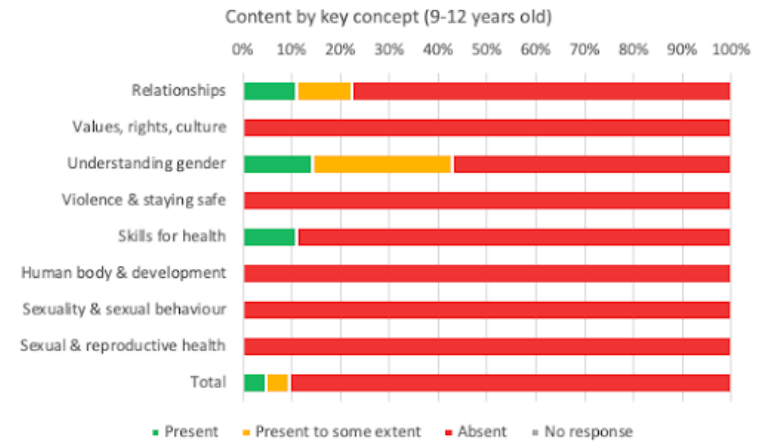


BELIZE

Content by Key Concept

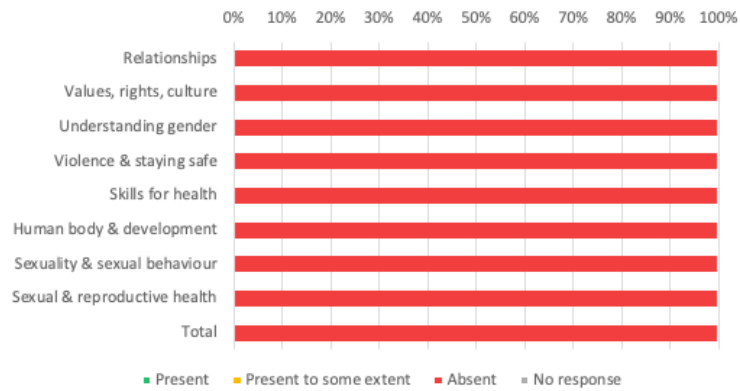


Content by Type and Focus of Learning

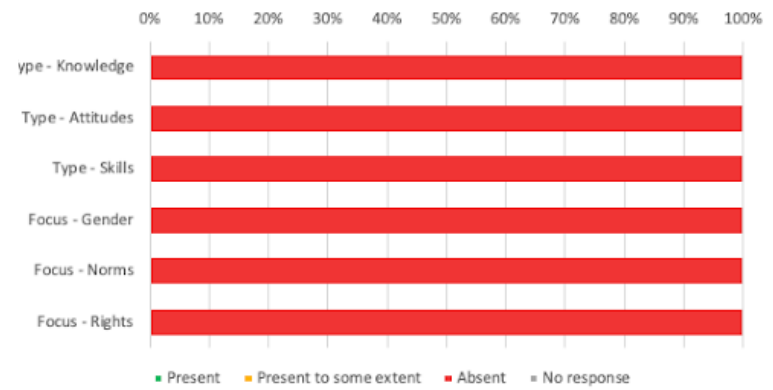


BERMUDA

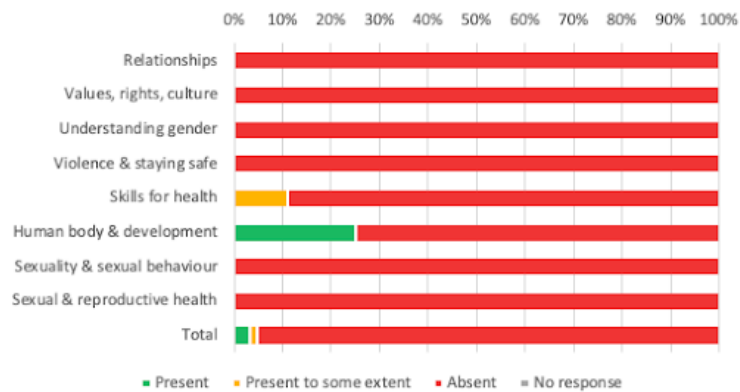
Content by key concept (5-8 years old)



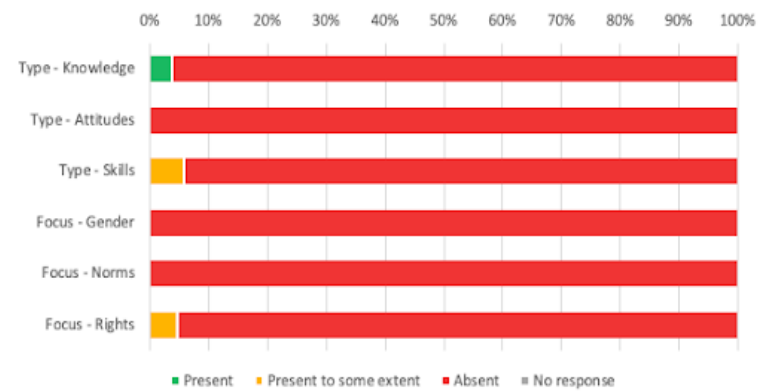
Content by type and focus of learning (5-8- years old)



Content by key concept (9-12 years old)

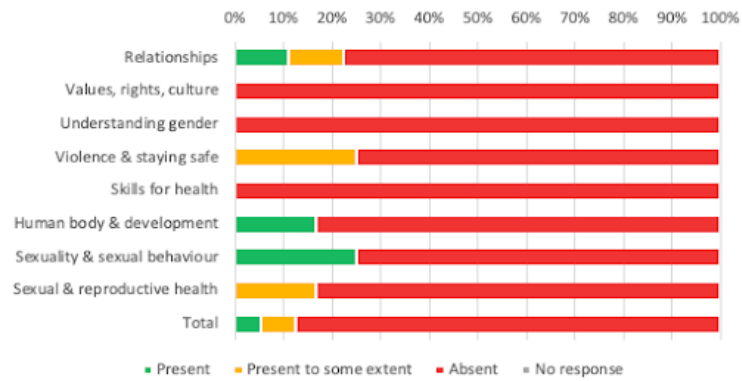


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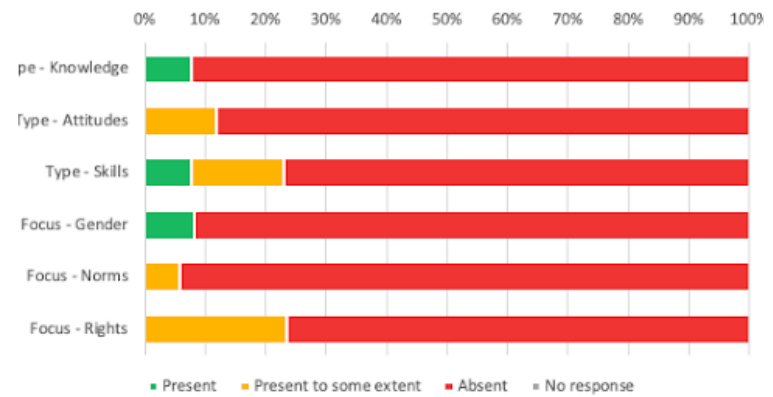


DOMINICA

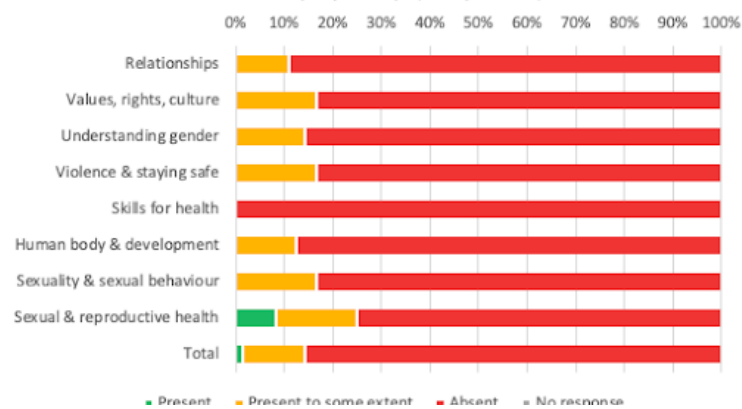
Content by key concept (5-8 years old)



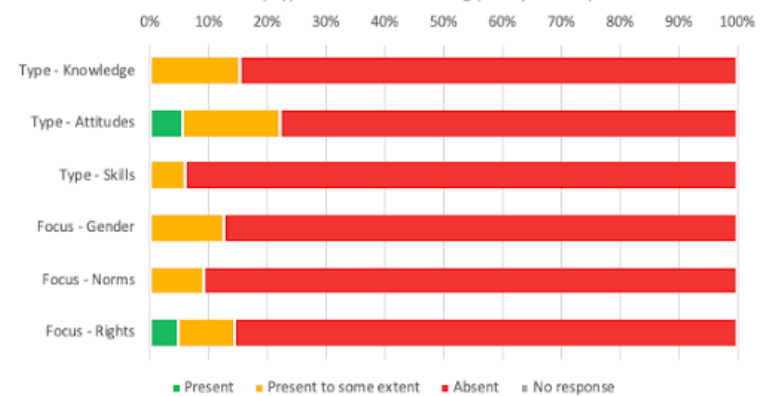
Content by type and focus of learning (5-8- years old)



Content by key concept (9-12 years old)

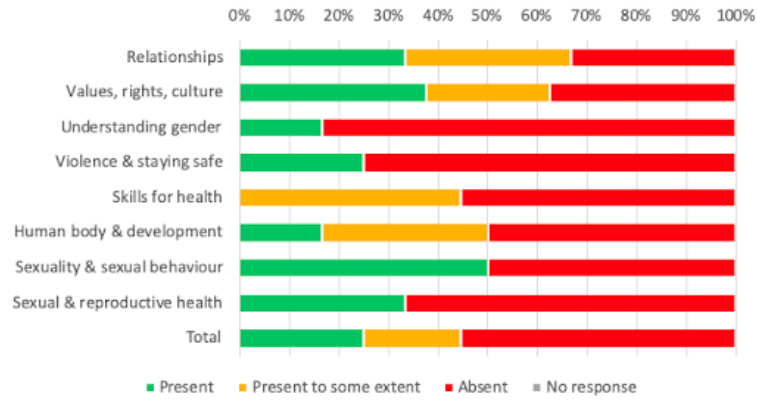


Content by type and focus of learning (9-12 years old)

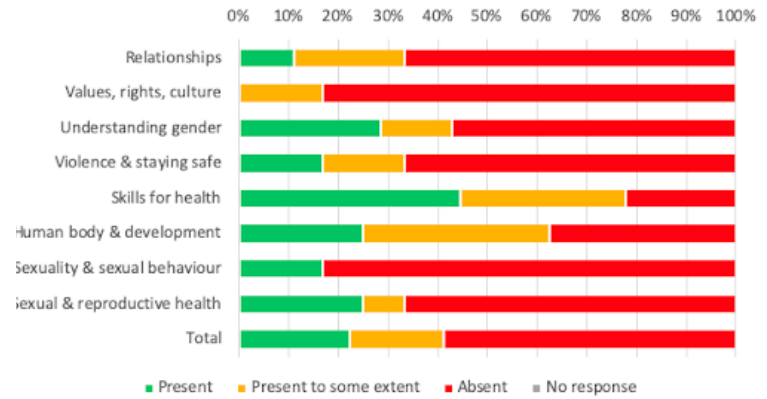


GUYANA

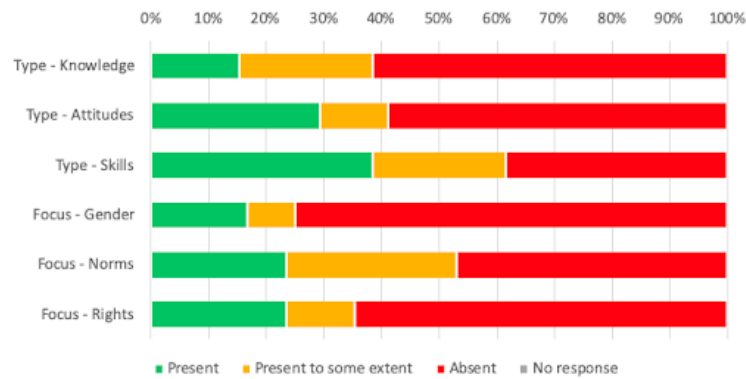
Content by key concept (5-8 years old)



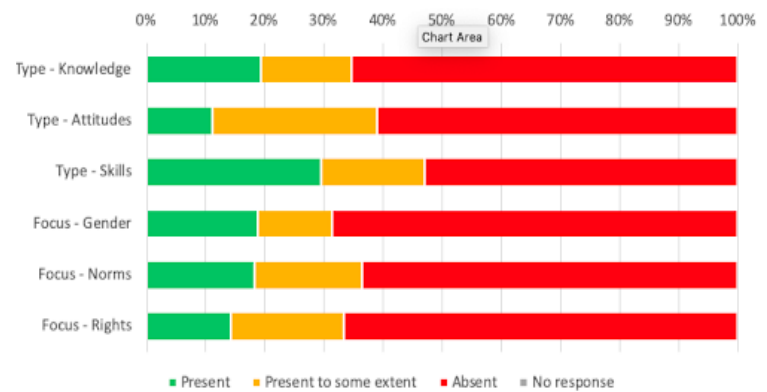
Content by key concept (9-12 years old)



Content by type and focus of learning (5-8- years old)

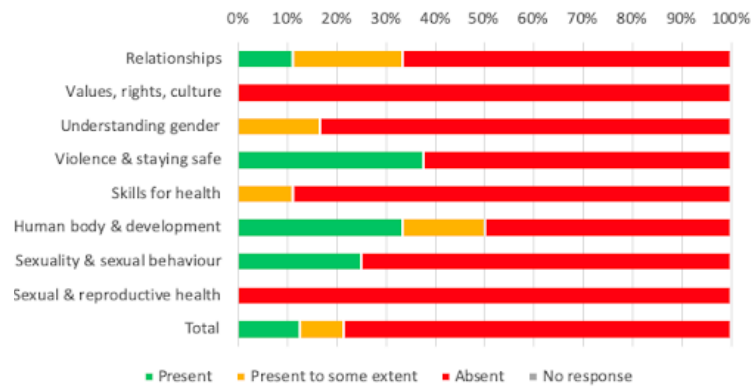


Content by type and focus of learning (9-12 years old)

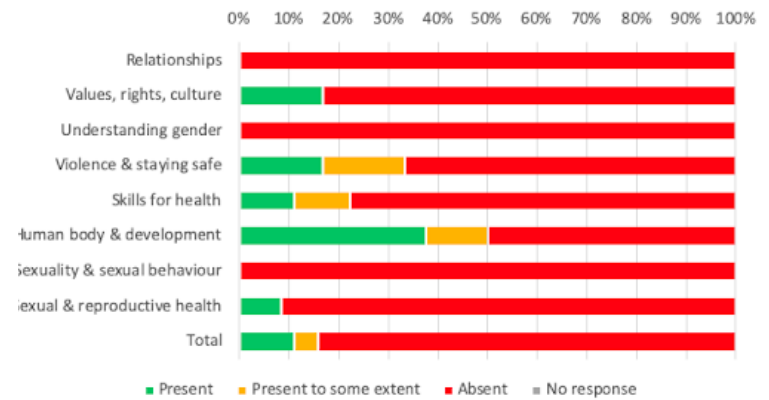


SAINT LUCIA

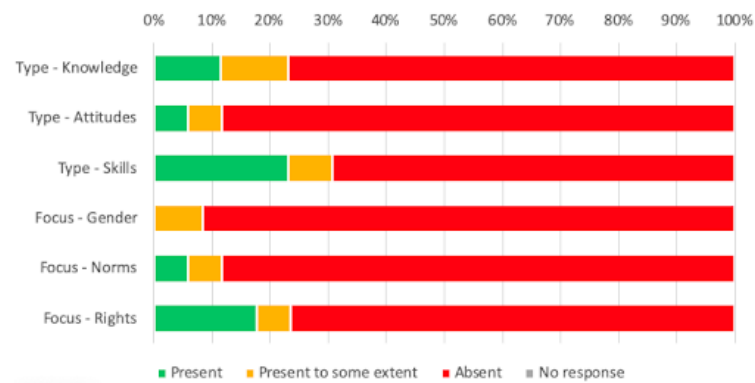
Content by key concept (5-8 years old)



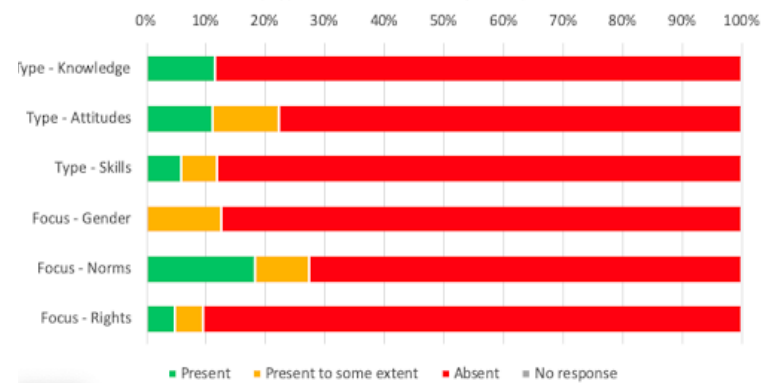
Content by key concept (9-12 years old)



Content by type and focus of learning (5-8- years old)



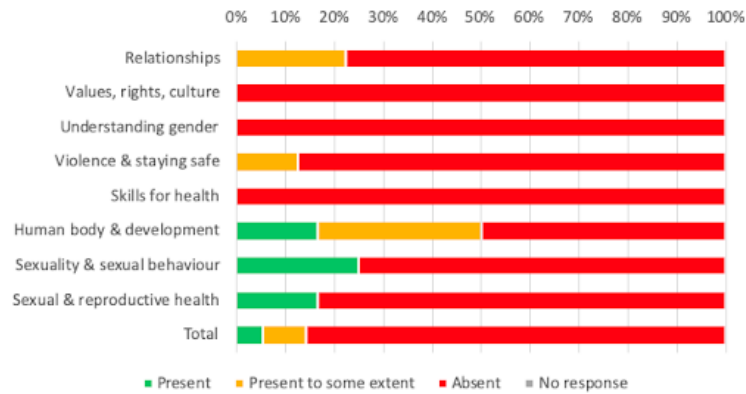
Content by type and focus of learning (9-12 years old)



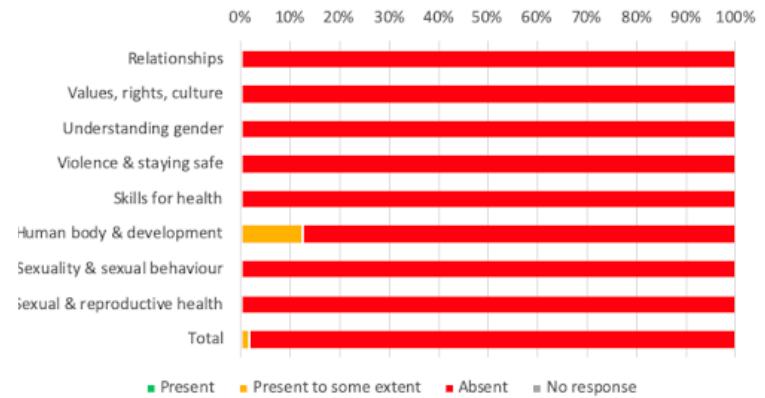
SAINT VINCENT AND THE GRENADINES

(Only received standards for K – 6)

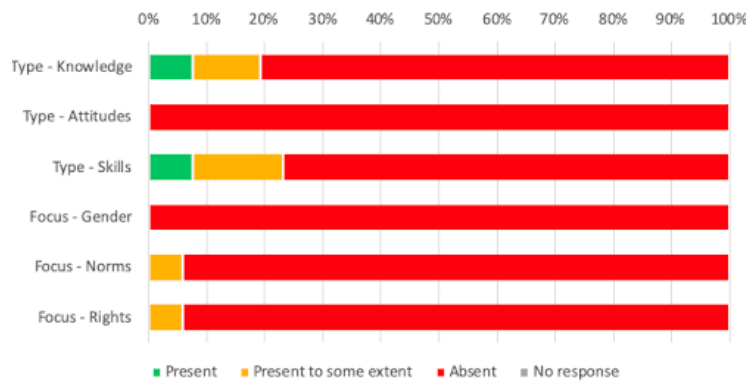
Content by key concept (5-8 years old)



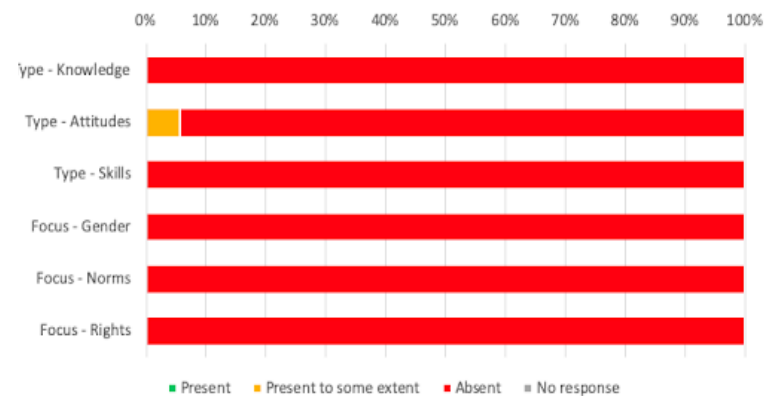
Content by key concept (9-12 years old)



Content by type and focus of learning (5-8- years old)

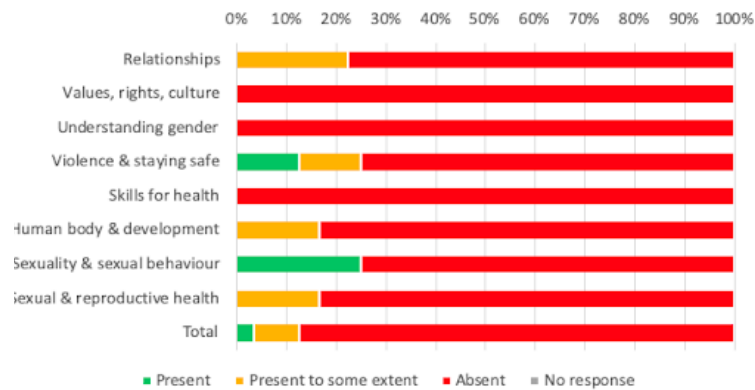


Content by type and focus of learning (9-12 years old)

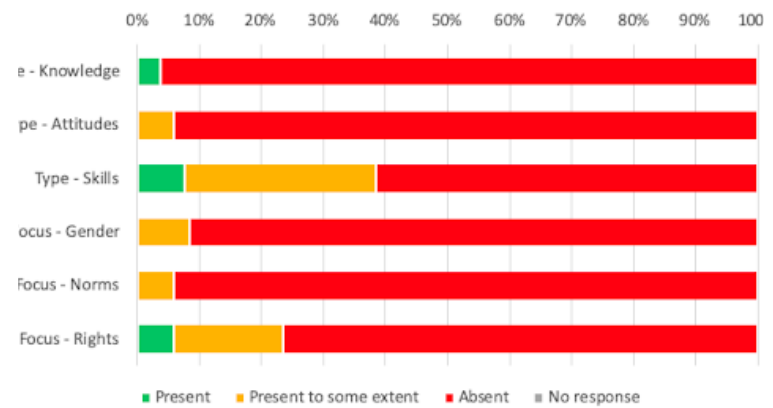


TRINIDAD AND TOBAGO

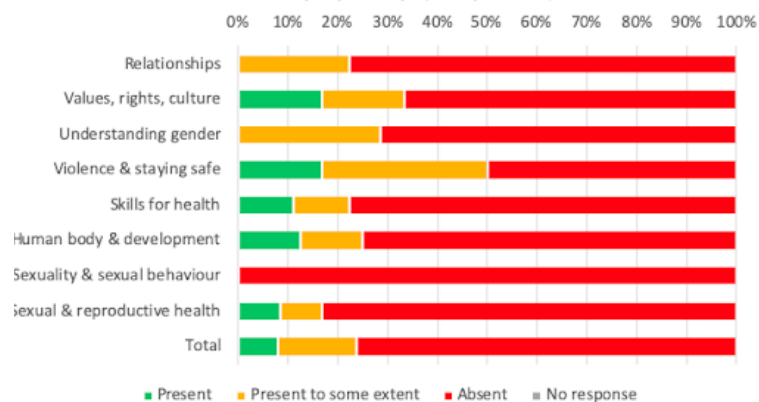
Content by key concept (5-8 years old)



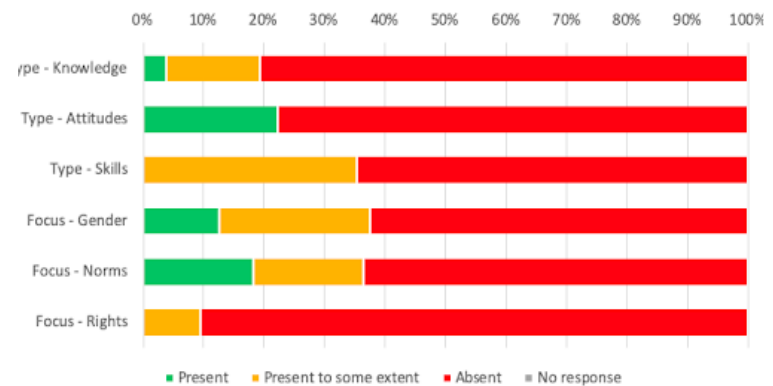
Content by type and focus of learning (5-8 years old)



Content by key concept (9-12 years old)

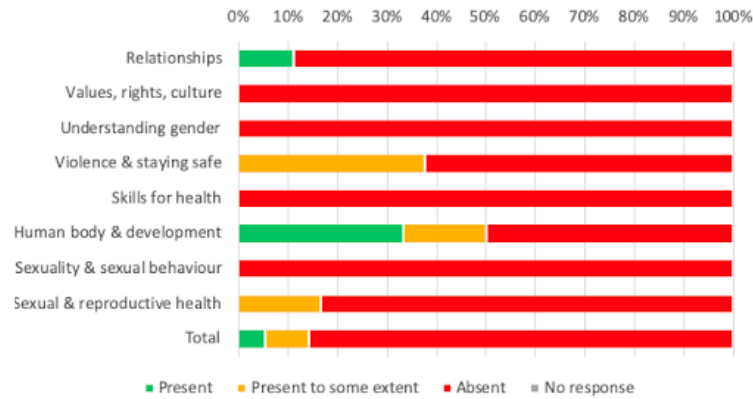


Content by type and focus of learning (9-12 years old)

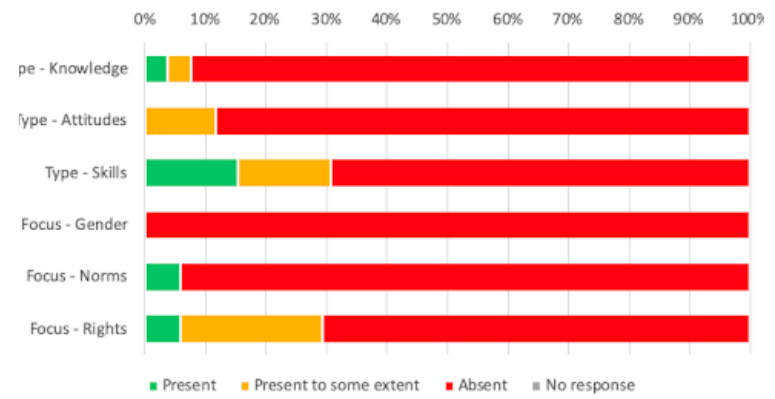


CARICOM HFLE Framework

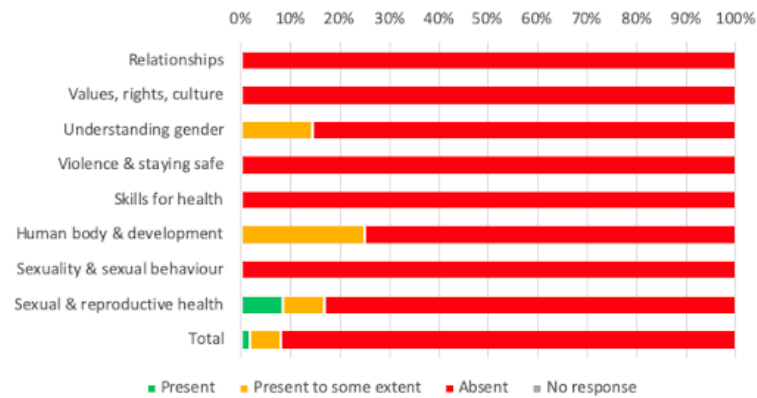
Content by key concept (5-8 years old)



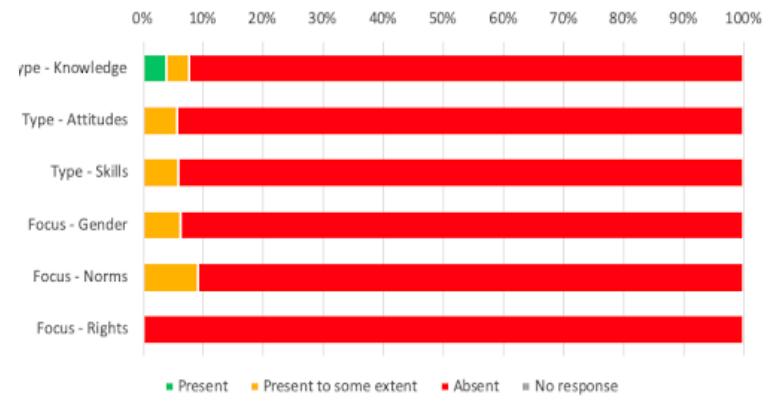
Content by type and focus of learning (5-8 years old)



Content by key concept (9-12 years old)



Content by type and focus of learning (9-12 years old)



Annex B: Survey Instrument

Note: This survey was adapted from a UNFPA-ESARO survey with permission

UNFPA Sub-Regional Office for the Caribbean Survey on School-Based Comprehensive Sexuality Education (CSE)

INTRODUCTION

The UNFPA Sub-regional Office for the Caribbean (SROC) is conducting a formative assessment of Comprehensive Sexuality Education (CSE) within the Health and Family Life Education (HFLE) curriculum within the Caribbean Community (CARICOM). This assessment will compare what is being provided against international best practices; in particular, the International Technical Guidance on Sexuality Education (ITGSE). To date, UNFPA and CARICOM, along with additional partners, have done extensive work determining how best to support the youth living in the region. The final product generated from this research and documentation will be a guidance document that describes the current state of CSE in the CARICOM countries, as well as recommendations for how to strengthen regional partners' ability to advocate for and deliver quality, evidence-based and -informed CSE in schools throughout the Caribbean. These recommendations, along with the qualitative data collected from professionals and young people living in the region, will also aid in the design of a regional CSE strategy for the formal education sector in the Caribbean.

Comprehensive sexuality education (CSE) is defined as 'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality', sexual and reproductive health and behavior. CSE equips children and young people with the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity.

ANNEX B: SURVEY INSTRUMENT

survey to refer to comprehensive sexuality education topics, regardless of the terminology used to identify the curriculum or whether they are delivered as a standalone subject or integrated into other subjects.

Please complete the survey below based on what you know about your country's current situation, bearing in mind your experience working with schools or in a school there. It is a Word document, so simply save it to your desktop with your responses typed directly into the document. You can use the space provided to clarify your responses and provide further information if needed. If additional space is needed for a response, please feel free to add additional pages. Completion of this survey is voluntary. Although we ask for identifying information in case we have clarifying questions, all feedback will be anonymous and collated into a final regional report by UNFPA. Thank you for any insights and feedback you can provide!



Please complete this survey by **Friday 7 May 2021**
and return it via email to elizschroe@gmail.com and nhenry@unfpa.org.

The curriculum or educational materials used to teach CSE may vary by country, e.g. health education, basics of health, health and safety education, sexuality education, sexual health education, family life education, life skills education, HIV education, sexual and reproductive health education, and personal development, etc. The term ‘sexuality education’ is used in this

Name of Respondent:	Title/Position:
Organization/School Contact details:	Phone:
	Email:
	Skype:
Country:	Date survey completed:
May we contact you if we wish to follow up with any questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 1: Sexuality Education in the Curriculum

- 1. Is teaching of sexuality education topics mandatory in schools in your country?**

 - Yes, for all students at all schools
 - Yes, but topics can vary by type of school (e.g., public, private, faith-based)
 - No, it is only provided in some parts of the country
 - No, it is optional for students
 - No, sexuality education is only provided outside of the formal school curriculum
 - Other, please specify:

- 2. Is CSE provided only as part of HFLE or in other topic areas as well?**

 - Only in HFLE
 - In HFLE and other topic areas (please specify):
 - CSE is not provided in schools in my country

ANNEX B: SURVEY INSTRUMENT

3. To what extent is the CSE component within the HFLE curriculum in line with international evidence and good practice?

- It is informed by the UN International Technical Guidance on Sexuality Education (ITGSE)
- It is informed by other international evidence/good practice (please specify):
- It is informed by national/regional evidence or good practice (please specify):
- I do not know
- Other, please specify:

4. What are some of the STRENGTHS of the school-based CSE offered at your school/in the schools in which you work?

5. What are some of the GAPS in the school-based CSE being offered in-school in your country?

6. At which education levels in your country is sexuality education delivered? Please complete the table below.

Level of education	Sexuality education subjects or topics	Name of subject(s) where sexuality education is included (e.g., health education)
Primary level (ages 5/6 to 11/12)	<input type="checkbox"/> Not delivered <input type="checkbox"/> Delivered, but optional <input type="checkbox"/> Mandatory If delivered – Mode of delivery: <input type="checkbox"/> Standalone (separate teaching subject) <input type="checkbox"/> Integrated (taught as part of another subject) <input type="checkbox"/> Not specified <input type="checkbox"/> Other - please specify:	

Secondary level (ages 11/12 to 16/17)	<input type="checkbox"/> Not delivered <input type="checkbox"/> Delivered, but optional <input type="checkbox"/> Mandatory If delivered – Mode of delivery: <input type="checkbox"/> Standalone (separate teaching subject) <input type="checkbox"/> Integrated (taught as part of another subject) <input type="checkbox"/> Not specified <input type="checkbox"/> Other - please specify:	
--	---	--

7. Is there a sexuality education curriculum endorsed by the education authority in your country?

- For Primary level (5/6 – 11/12 years): Yes No Not sure
- For Secondary levels (10/12 – 16/17 years): Yes No Not sure

8. Who is primarily responsible for developing the sexuality education curriculum/materials used most widely in schools in your country?

- National/Federal Ministry of Education
- National/Federal Ministry of Health
- Local governments
- Schools/school administrators
- Teachers find/create their own materials
- Civil society organizations/NGOs - Please specify the name(s):
- Other – Please specify the name(s):

9. Who else has input into developing the sexuality education curriculum? Select all that apply:

- Other government ministries, departments or representatives
- Teachers/education professionals
- Healthcare professionals
- Parents
- Young people
- Religious groups

ANNEX B: SURVEY INSTRUMENT

- Civil society organisations / NGOs
- The United Nations
- Other - please specify:

10. Please indicate the major topics in sexuality education covered in the curriculum by level of education, and how extensively they are dealt with:

Main topics dealt with:	Level of Education			
	Primary (5/6 – 11/12 years)		Secondary (10/12 – 16/17 years)	
Puberty	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Abstinence	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Pregnancy and birth (including teen and early pregnancy)	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Contraception	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
HIV & AIDS / STIs	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Love and relationships	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Marriage	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know
Sexual orientation and gender identity	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly	<input type="checkbox"/> Extensively	<input type="checkbox"/> Briefly
	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know	<input type="checkbox"/> Not included	<input type="checkbox"/> Don't know

Gender and gender norms	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Online media and technology (e.g. safe use of internet and social media, pornography)	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Access to safe abortion (if legal)	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Sexual abuse/violence	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Where to access services for sexual and reproductive health	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Other, please specify:	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Other, please specify:	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Other, please specify:	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know
Other, please specify:	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know	<input type="checkbox"/> Extensively <input type="checkbox"/> Briefly <input type="checkbox"/> Not included <input type="checkbox"/> Don't know

11. In general, do students require permission from a parent and/or guardian before receiving sexuality education?

Yes

No

Unsure/don't know

ANNEX B: SURVEY INSTRUMENT

12. Are the CSE activities within the HFLE curriculum reaching targeted vulnerable and marginalized populations across age and ethnic groups?

- Yes No Unsure/don't know

If the answer is "Yes," which vulnerable and marginalized populations are being reached?

If the answer is "No," what other populations should the program be reaching?

13. Are the CSE programmes in your country monitored and evaluated?

- Yes No Unsure/don't know

If the answer is "Yes":

a. Is there national-level information or data available in the country on the sexual and reproductive health needs of young people?

- Yes No Unsure/don't know

b. Are there indicators derived from elements of the sexuality education curriculum that are included in any of the following (please check all that apply):

- National Education Management Information System
 National Demography and Health Survey
 National Monitoring and Evaluation Frameworks on HIV and AIDS
 School Inspection Tools
 Other (please specify):

c. Is there national-level information or data available in the country on the coverage of CSE for young people?

- Yes No Unsure/don't know

d. Is there information or data available in the country on the cost of sexuality education programmes for young people?

Yes No Unsure/don't know

e. Is there national-level information or data available in the country on the outcomes and impact of CSE programmes for young people?

Yes No Unsure/don't know

f. Are there any additional tools used to monitor or evaluate CSE programmes for young people in your country?

Yes No Unsure/don't know

If the answer is “Yes,” please specify:

14. Are teachers required to have training in sexuality education before teaching the subject in school?

Yes No Unsure/don't know

15. If you are a teacher, did you receive any training in sexuality education before teaching the subject in school?

Yes No N/A

If the answer is “Yes” – Please describe what you received:

16. Does a teacher-training program exist in your country for sexuality education?

Yes No Unsure/don't know

ANNEX B: SURVEY INSTRUMENT

If the answer is “Yes” – Please specify who offers this programme and what is involved:

17. Do teachers have access to education materials, scripted lesson plans and teaching guidelines (including online resources) to assist them with delivering sexuality education?

Yes

No

Unsure/don't know

If the answer is “Yes” – Please specify:

18. Do any laws or policies exist to support school-based CSE in your country?

Yes

No

Unsure/don't know

If the answer is “Yes” – Please specify (add rows to expand the table if needed):

Name of law or policy	Level of government (e.g., national, regional, local)	Main objective of law of policy	Kindly provide, where possible a link

19. **Are there any organisations or institutionalised campaigns AGAINST CSE in your country?**

Yes

No

Unsure/don't know

If the answer is “Yes,” please specify what you know:

20. **Do you have any further comments about how school-based sexuality education is provided at your school or in your country?**

Thank you very much for your time!

Please return the survey by **Friday 7 May 2021**

If you have any questions or concerns regarding this survey, please contact **Dr. Nicolette Henry** at UNFPA-SROC (nhenry@unfpa.org)

Annex D: Understanding the “Comprehensive” Part of CSE

Elizabeth Schroeder, EdD, MSW

Sexuality Education Expert

Regardless of the extensive research demonstrating the positive impacts of CSE on the overall health and well-being of young people and adults, some of which is shared in this report, opposition to CSE continues. As with other types of prejudice, such as racism, sexism and ableism, the bias against CSE is often rooted in a limited understanding of what it actually is. Ignorance breeds fear, and fear breeds strong resistance.

The idea of sexuality education being “comprehensive” seems to be a trigger for some who are more socially conservative and uncomfortable with the idea of young people learning about sexuality. People mistakenly believe that just because sexuality education is “comprehensive,” it means children are taught absolutely everything from the earliest ages.

Nothing could be further from the truth.

Sexuality education is comprehensive the way K-12 general education is comprehensive: It starts basic, and builds in depth and complexity as children get older and can understand more. For example, in math, students will likely not study geometry until year 9 or 10. They do not learn it in first grade, because they would not be able to understand such advanced concepts. It does not mean, however, that tenth grade is the first time students learn any kind of math. In fact, without the foundational math lessons of early elementary school (addition, subtraction, multiplication...), they will not understand geometry, even if they are old enough to take the class.

Sexuality education is no different. Students in grades 9 and 10 may discuss the various sexual behaviours that put them at highest risk for pregnancy and/or sexually transmitted infections, but they would not discuss these behaviours in first grade. In first grade, they should be learning what their body parts are called, and the basics of how they function. That information should become more detailed and complex as the students get older. If they know what their body parts are called and how they function, and learn what the immune system is, they will be able to understand what STIs are, how they affect the body and how they can reduce their risks for or manage them by the time they are old enough to begin discussing that information.

“Comprehensive” does not mean “everything at once.” It means, “as much as possible, over time, in ways that are age-appropriate, culturally-relevant and that recognize the inherent rights of all people to learn about sexual and reproductive health and well-being.”

In *But Is It Comprehensive? Unpacking the ‘Comprehensive’ in Comprehensive Sexuality Education*, Miedema, Le Mat and Hague (2020) offer the following figure summarizing the four key themes in what, in the international literature, can be considered “comprehensive” sexuality education:

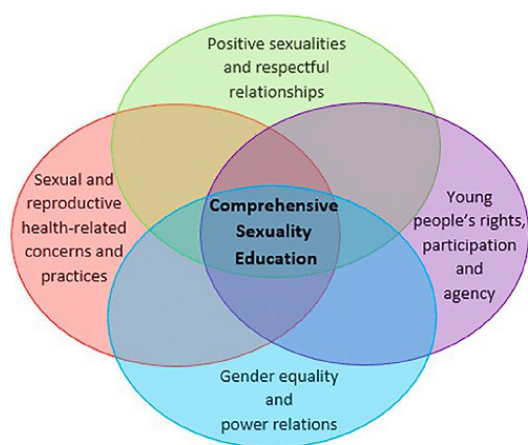


Figure 1. Components of comprehensive sexuality education.

All of the topics that appear in the visual, although taught within the context of human sexuality within CSE, are threads that run through all parts of human existence. We want to teach younger children how to be good friends and members of their families so that when they grow older, they will be respectful partners. Just as we want them to have agency – to know how to do things for themselves – we want them to know how to seek out and use sexuality-related information. And so on.

Comprehensive sexuality education is “comprehensive” because it is not a stand-alone topic, nor should it be treated as such – just as our sexuality is not a separate part of our bodies, but rather, one of numerous aspects of who we are as human beings. There are countless opportunities to connect the lessons young people learn in HFLE and science and social studies to what is taught in CSE, and vice versa. Instead of obsessing over the word “sexuality,” we can help those who are uncomfortable or resistant to focus on how CSE is part of the “comprehensive education” of young people so that they can grow into healthy, happy, contributing adult members of their communities.

Annex E: Resources to Support School-Based CSE Implementation

“Assessment of Health and Family Life Education (HFLE) in Secondary Schools In Trinidad and Tobago: A review of HFLE coverage and good practices in secondary schools in Trinidad and Tobago,” United Nations Population Fund (UNFPA) 2013.

“Deliver + Enable Toolkit: Scaling-up comprehensive sexuality education (CSE),” International Planned Parenthood Federation, 2017. <https://www.ippf.org/sites/default/files/2018-03/IPPF%20Deliver%20and%20Enable%20-%20CSE%20Toolkit.pdf>

“Everyone’s Right to Know: Delivering Comprehensive Sexuality Education for All Young People,” International Planned Parenthood Federation, 2016. https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf

“HFLE in Caribbean Schools: New Approaches, Prospects, and Challenges,” United Nations Children’s Fund (UNICEF), 2006. <https://healtheducationresources.unesco.org/library/documents/hfle-caribbean-schools-new-approaches-prospects-and-challenges>

“High Level Policy Dialogue on Improving Adolescent Health in the Caribbean through the Effective Delivery of Health and Family Life Education (HFLE) Programmes Final Meeting Report,” United Nations Population Fund Sub-Regional Office for the Caribbean, 2018.

“Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean,” UNFPA and CARICOM, 2014.

“International Technical Guidance on Sexuality Education: An Evidence-Informed Approach,” United Nations Educational, Scientific, and Cultural Organization (UNESCO), 2018. <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

“Myths and Facts about Comprehensive Sex Education,” Advocates for Youth, 2010. <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/cse-myths-and-facts.pdf>.

“Regional Programme Document: Caribbean,” Spotlight Initiative, 2020. <https://info.undp.org/docs/pdc/Documents/R46/Spotlight%20Initiative%20Caribbean%20Regional%20Programme%20Document%20Final%20Signed.pdf>

“Revised CARICOM Health and Family Life Education Regional Curriculum Framework: Ages 3 to 12 Years,” CARICOM, 2019.

“School-Based Sexuality Education Programmes: A Cost and Cost-Effectiveness Analysis in Six Countries,” United Nations Educational, Scientific, and Cultural Organization (UNESCO), 2011. https://www.researchgate.net/publication/255691737_Cost_analysis_of_school-based_sexuality_education_programs_in_six_countries

“The Situation of Children and Adolescents in Aruba: Key Findings and Recommendations,” United Nations Children’s Fund (UNICEF), 2013. https://www.unicef.nl/media/1389246/aruba_executive_summary__28english_29.pdf

“State of the Art Diagnosis on Comprehensive Sexuality Education: Final report,” Social Solutions, 2013. <http://www.social-solutions.net/heemskerk/images/cse.pdf>

“State of the Art Diagnosis of Comprehensive Sexuality Education (CSE) implementation in the English and Dutch Speaking Caribbean: A Brief,” United Nations Population Fund (UNFPA).

“A Strategy for Strengthening Health and Family Life Education in CARICOM Member States,” CARICOM AND UNICEF, 2010. <https://data.miraquetemiro.org/sites/default/files/documentos/A%20Strategy%20for%20Strengthening%20HFLE.%202010.pdf>

“Strengthening Evidence Base on Youth Sexual and Reproductive Health and Rights in the Eastern Caribbean,” United Nations Population Fund (UNFPA), 2012. <https://caribbean.unfpa.org/sites/default/files/pub-pdf/UNFPA%20SexRepro%20Health1ART%2072S.pdf>

ANNEX E: RESOURCES TO SUPPORT SCHOOL-BASED CSE IMPLEMENTATION

“Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries,” United Nations Children’s Fund (UNICEF), 2009.

MONITORING AND EVALUATION RESOURCES

“Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children's Lives,” United Nations Children’s Fund (UNICEF), 2016. <https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNICEF%20Advocacy%20Toolkit.pdf>

“The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies,” International Perspectives on Sexual and Reproductive Health, 2015. https://www.gutmacher.org/sites/default/files/article_files/4103115_0.pdf

“The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes,” United Nations Population Fund (UNFPA), 2015. <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf>

“Explore Toolkit Monitoring and Evaluation and Research in SRHR Programmes for Young People: Handbook,” Rutgers WPF, 2013. <https://www.rutgers.international/sites/rutgersorg/files/pdf/AW-Explore-M%26E%26R%20handbook15.4.14.pdf>

“UNFPA Operational Guidance for Comprehensive Sexuality Education,” United Nations Population Fund (UNFPA), 2014. <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf>

