Barbados

Teens, Sex & HIV

RESEARCH BRIEF

This research is part of a multi-country study titled Building Responsive Policy: Gender, Sexual Culture and HIV/AIDS in the Caribbean. This International Development Research Centre (IDRC Canada)-funded research undertaken in Barbados, Suriname and Trinidad and Tobago was executed by the UN Women Caribbean Office with partners - the University of the West Indies' (UWIHARP), Cave Hill, Barbados; the Stichting Ultimate Purpose, Suriname; the UWI Institute for Gender & Development Studies (IGDS) St Augustine Unit, Trinidad and Tobago; as well as UNICEF.

The authors of the Barbados study are Christine Barrow and Monique Springer.
[Barbados, 2011]

A mixed group of teenage girls and boys, 13-18 years, as well as men aged 20-40 years and 50+, were interviewed, as part of a case study to look at how gender and sexual culture affect the spread of HIV & AIDS.

61 girls aged 12-18 years, 40 boys aged 13-16 years, and 27 adult males participated in a total of 14 focus group discussions. Following the focus groups, teenage girls from four secondary schools were interviewed: 46 girls aged 13-15 years and 14 aged 16-18 years. The vast majority were Barbadian, and all were Afro-Caribbean and Christian, from a mix of working class and middle class households across the island.

The researchers also observed young people at popular public spaces in or near Bridgetown.

Research On…

Caribbean Sexual and Gender Cultures

Professor Kamala Kempadoo

Research on sex, sexuality, sexual practice and sexual culture needs to be done in ways that are positive and ethical. We need to be mindful about the kinds of questions we ask, the methods we use to gather information, how we analyze data, and the kind of interpretations and recommendations we make regarding wider interventions, actions and policies. If done carefully, we could produce research results that would support positive social change.

It is also vital to carefully examine and question how law, religion, the media, gender relations, ethnicity, and class and any other significant factors such as ability, create a particular culture or cultures with their own set of understandings, norms and values, and which produce particular sexual knowledge, actions and identities.

UN WOMEN and a number of researchers have focused on sexual culture in order to produce informed recommendations for HIV&AIDS prevention policies and programmes that close the gap between knowledge about sex, and sexual behaviour.

Gender (the way women and men relate in society) and patriarchy (relations of power where males are dominant) remain critical to our study of sexuality. As organizations such as UN WOMEN have made abundantly clear, the fact that men hold economic, political, social and often the physical power over other genders – and can, and very often do, dictate or enforce the terms of social and sexual engagement – puts many other groups at great risk of contracting sexually transmitted infections.

Any attempt to effectively intervene in the HIV & AIDS epidemics must then take a look at what sex means in peoples' everyday lives and what makes sexual acts and expressions desirable and pleasurable. We could then also ask and perhaps answer what it is in the sexual culture that enables people – sometimes very wise, knowledgable or responsible people – to put themselves and others in danger.

Professor Kempadoo has been studying sexuality and sexual culture since the early 1990s

"The drivers of the HIV epidemic among women and girls (and men and boys) in the Caribbean are entrenched in an unequal gender balance of power. Much progress has been made towards the realization of women's social mobility and rights in the wider political economy, but cultural and social norms and beliefs persist to reinforce their subordination to men…. " [1]

SUMMARY

Teen girls operate in a complex reality that involves boyfriends or older men, as well as parents, school, church and peers. Their environments are generally more restricted than that of male counterparts. Despite positive intentions, these girls may find it hard to express themselves appropriately and make safe decisions about sexuality and relationships, and may therefore see their options in terms of being either 'good girls' or 'bad/bashy girls'.

The study looked at how teenage Barbadian girls understand their social environment in terms of sexual identity and expression. This could help to explain why they might take decisions that could put them at risk for getting HIV and other Sexually Transmitted Infections.

"…the primary focus of the Barbados research is to create an understanding of the way that adolescent girls construct meanings (and thereby values) to the components of their social environments which place them at risk to HIV transmission. This is deeply embedded in the way individual sexual identities are socially constructed as they intersect with social risk factors, such as poverty, sexual and physical abuse, public images of respectability and private landscapes to intimacy and desire." [2]

CONTEXT

Most of the programmes that set out to reduce and overcome HIV&AIDS have focused on the risks involved and the behaviours that will reduce these risks – abstinence, consistent condom use, and one faithful partner. These include the Health and Family Life Education (HFLE) classes in schools, and the Abstain, Be Faithful, Condomise (ABC) campaign. But while knowledge has increased, sexual practices have not changed to match.

"How effective is it to tell women and girls to negotiate or insist on condom use or to avoid inter-generational sex in a context of gender inequality, gender-based violence and economic need? Will young men respond to messages to abstain and be faithful when culture valorizes early sexual initiation and multiple partnering as primary signifiers of masculinity?" [3]

WHY ARE TEENAGE GIRLS IMPORTANT?

Though the overall highest number of HIV and AIDS cases and HIV-related deaths continues to be among men – with most new HIV cases reported in 2008 being in the 30-39 years group – in relation to new cases overall, young women are consistently surpassing those among young men. In 2008 there were 27 new cases among females aged 10-29 years, compared with 14 males. There is also concern that the rate of HIV cases among women generally, relative to men, has been increasing over time.

HIV & AIDS IN THE GENERAL POPULATION

Barbados has an estimated population of 280,000, of whom some 52% are female, with a life expectancy of 77 years, 98% literacy, and the third highest per capita earnings in the English-speaking Caribbean, mostly from tourism.

While Barbados has ratified UN conventions related to discrimination and is highly rated globally, the researchers found "considerable evidence that women in the Barbados economy remain occupationally segregated and subject to ideologies of gender inequalities." [4] They recognized that even though there was a high level of female breadwinners, yet women continued to earn less than men for equal work, especially in the private sector. In addition, it was officially recognized that gender-based domestic violence and rape continue to be important challenges.

The first case of HIV was identified in Barbados in 1984. In 2008, an estimated 1.5% of the Barbadian population or 3,600 adults were living with HIV (UNGASS 2008,4). In the 24 intervening years, 3,376 persons had been diagnosed as HIV-Positive, according to a Health Ministry update. Of these, 2,059 advanced to AIDS and 1,335 died as a result.

The percentage of annual reported AIDS cases has declined by 46% between 2001 and 2006, with the number of deaths for the period declining by 85%, based on widespread access to anti-retroviral drugs.

Currently, most cases occur through heterosexual contact. Statistics suggest that 86% of AIDS cases in Barbados affect heterosexuals; with homosexual/bisexual cases accounting for 6% and prenatal cases for 8%.

The National HIV/AIDS Commission identified four priority groups to work with to lower HIV prevalence: Men who have sex with men (MSM), sex workers, prisoners, and People living with HIV (PLHIV)s. They said that four other groups – children and youth, persons with disabilities, drug-users and mobile populations – have higher than usual risk levels.

Sex work is recognized as a high-risk area in terms of spreading HIV & AIDS, both for workers or clients. But the category of sex work is broader than the narrow definition and is particularly difficult as it also relates to 'outside' relationships and transactional sex which are rooted in the provision of gifts and financial support but which would not generally be labeled as prostitution. Because these relations are ongoing, the use of condoms is not seen as necessary.

Poverty is a related factor. Research suggests that persons living in poverty "are more likely to engage in unsafe sexual and social activity as a survival strategy, thereby risking exposure to the virus." [5]

Government policy on HIV and AIDS has set out to influence behaviour across the society through public education (in schools, tertiary institutions and workplaces), information provision and persuasion. Medical support, which is available to all Barbadians, is seen as a last resort.

The first case of HIV was identified in Barbados in 1984…

The government provides voluntary counseling and testing for HIV through the public health system; free anti-retroviral treatment; a specialized HIV& AIDS clinic, a hostel for homeless people living with HIV; as well as condom procurement, distribution and promotion. Statistics show that many more women than men generally volunteer for testing.

Though there are some positive points, there are several recognised problems with local HIV&AIDS interventions.

These include:

- The gap between knowledge of the virus and actual prevention measures
- Stigma and discrimination against vulnerable groups
- Ineffective systems to oversee, monitor and evaluate the epidemic
- Insufficient information on vulnerable groups, leading to poor information flows

The researchers found that stigma and discrimination drive members of vulnerable groups – including MSMs and sex workers – to conceal their sexual orientations and to avoid testing and disclosure of HIV status.

Such stigma was seen in the public outcry, especially from fundamentalist Christian groups, against the recommendations of a 2004 study commissioned by the Attorney-General. The study recommended liberalizing legislation to improve the lot of marginalized groups including homosexuals, prostitutes and sexually-active teens at high risk of HIV.

"…strategies of inclusion aimed at out-groups of the society, so-defined by their sexual practices, have foundered on the strength of public opposition." [6]

REALITIES FOR ADOLESCENT FEMALES

"The socio-cultural circumstances and conditions under which an adolescent girl or a young woman becomes HIV positive are very different to those for young men and these differentials must be further assessed. For example, despite legislation and public campaigns, high rates of violence against women and girls persist, including sexual violence." [7]

It is widely agreed that violence against women – including rape, beating and sexual harassment – is widespread, though many cases are not reported because of socialization and because cases are often trivialized by police, magistrates and the media. A Domestic Violence study done by the Gender Bureau in 2009 estimates that just 37% of female victims (34% of all young adults) report acts of domestic violence against them to the police.

Teenage girls and boys who participated in the Barbados case study, recognized that there is violence against girls; boys noted that some girls accept violence from male partners as a display of love.

More than 90% of the steadily increasing cases of sexual abuse in Barbados affect teenage girls, most of them in the 12 – 16 age group; many of them the victims of boyfriends or family members.

Teens can legally consent to sexual intercourse at 16 years. But the researchers note that these same teens may be refused related medical treatment without the consent of parents or guardian.

Teen mothers account for around 16% of births – which is far less than the nearly 30% level of the early 1980s. But the decline appears to be linked to high levels of teenage abortions.

16% of births
(Teen mothers)

UNDERSTANDING IDENTITY

> "…a deeper understanding is needed to examine what transpires when a young woman's personal agency and potential empowerment are co-opted within intimate relationships in order to demonstrate her love and commitment to her partner, while putting herself at risk of HIV transmission." [8]

What causes teenage girls who get involved in intimate relationships, to make decisions that can put them at risk? The study argues that inequalities in the relations between men and women, which are accepted by society, undermine safe sexual and relationship decision-making. Other factors include the following:

- Good girls are recognized as those who protect their virginity and respectability, while in contrast their male counterparts are expected or even encouraged to be promiscuous.
- These 'good girl' ideals exist side by side with historical patterns whereby girls and boys start sexual activity at an early age – an eventuality that is now reinforced by peer pressure and media promotion of a bashment youth subculture centered on sexual performance.
- Sex between people of different age groups, especially young women and men 10 or more years older, is common in the Caribbean as the 'sugar daddy' syndrome.
- Sex may be given in exchange for basic needs as well as for status items.
- There are frequent cases of gender-based sexual violence and physical violence.
- Young people in particular feel the impact of peers on popularity and reputation.

PARTICIPANT VIEWS

The girls interviewed had mixed responses on growing up as a female in Barbados. One thing that stood out was that they wanted to pursue further education and careers leading to socio-economic betterment. More than 90% said they intended to go beyond the CXC Secondary Education Certificate (CSEC) level. Most also expected to combine employment with motherhood and, probably marriage.

The girls emphasized the importance of family life, mostly in positive terms, but there were complaints about overly protective parents, especially where it came to relationships with boys.

Many of the girls identified a double standard, compared to their brothers, where they were expected to behave in socially acceptable ways and do household chores while the boys could run free. Indeed, girls and boys agreed that adolescent boys had a significantly less difficult, less challenging, more 'carefree' experience of growing up. This was true in terms of both the social and the physical aspects of growing up.

There were clear moral standards for the 'good girl' or 'church girl', compared to her delinquent peers. But there is also pressure to grow up, stop being a 'little girl', and to express emerging womanhood by dressing and carrying yourself with the self-confidence of the 'bashy' girl.

Respondents said: "Girls also want to have fun by escaping the restrictive social geographies of home, church and school. Sexuality is central to the process of growing up, but makes it highly risky. Mismanagement spoils a girl's reputation overnight…. Infringements bring heavy sanctions for girls – further restrictions and 'beatings' at home, and labeling and castigation in public…By contrast, boys were 'players', their lives and experiences 'cool' and 'carefree'." [9]

The girls reported varied experiences of their communities, from peaceful neighbourhoods with friends and church, to communities where they were afraid when walking alone because of exposure to harassment and drugs.

School was a major social institution with many views focusing on pressure or support from teachers. Comments on Health and Family Life Education (HFLE) were generally positive. Church was the other main social institution, which most respondents attended regularly and found important in their lives.

Peer groups were seen as important, but they were mixed responses on the impact of being a part of these groups– most girls regard peers as supportive; some, partly so. Peer pressure, however, was mostly mentioned as a negative

force. Boyfriends were also a source of stress, especially in terms of pressure for sex, but they were viewed as important to girls' self-esteem.

However some girls also prided themselves on exercising sensible personal choices by resisting social and sexual pressures.

When it came to self-concept, most saw themselves positively as 'good girls' but also added adjectives such as 'outgoing', 'independent', 'lawless' and 'hot', that revealed complexity and contradiction.

Talking about their expectations of the opposite sex, girls and boys expressed traditional views about physical appeal as well as honesty, loyalty, commitment and caring. Many girls wanted men who could protect them and boys and men wanted to be in charge.

However the researchers noted some inherent contradictions: girls wanted to become independent and confident, yet wanted men who would meet their financial and emotional needs; boys wanted committed relationships, but also wanted to attract multiple partners so that their peers would judge them as men.

These contradictions extended to views on inter-generational relationships. If a girl had an older 'boyfriend', this might create a big impression on some peers and have financial benefits, but it might also cause her to be branded a slut.

Putting these inter-generational relationships into context, researchers noted: "…preference for establishing relationships with older men for some girls increases the risk to girls of STIs, HIV and control over their sexuality by men who are exploitative and do not have their best interests uppermost." [10]

The girls also put great store on having a boyfriend, and being able to identify someone as such. For some, this relationship did not preclude having a 'flam' on the side, as a financial provider or a back-up. However serial monogamy was generally preferred to multi-partnering, and there was value placed on long-term relationships that evolved into committed relationships.

"Both adolescent boys and girls admit to knowledge of the variety of relationships that exist between the sexes. These range from non-sexual to sexual relationships characterized as committed relationships; casual/ one-night stands; sexual relations that involve daggering or rough, violent sex;

sex for benefits and multi-partnering. Of these relationships, the risks and vulnerability to STIs and HIV&AIDS are increased with the practice of one night stands, 'daggering', sex for benefits since it is likely to reduce girls' ability to negotiate safe sex, and multi-partnering." [11]

The respondents also clearly distinguished between relationships that were centered on love, or casual sex, or transactional sex for material benefit, with the first being generally approved.

53 of the 60 girls interviewed have had boyfriends, with 11 of those admitting to some sexual experience – one of them indicating that she had only had oral sex; three of them stating that they had been pressured by boyfriends or peers. Of the 49 girls who said they had not had sex, 10 stated that they had experienced pressure to do so.

A total of 24 girls said they had not been pressured to have sex and these included several who were under threat from parents, siblings and peers to not have sex. Those in relationships at the time of the research said their boyfriends ranged in age from 12 – 25 years, with most being under 20 years.

KAP - CONDOM USE

"A knowledge of condom use and an appreciation of the importance of condoms were very high among the girls. They fully understood the role of condoms for protection against pregnancy, infections and diseases…. However, although protection against HIV and other sexually transmitted infections was mentioned, the girls were much more concerned about avoiding pregnancy. The risk of HIV was much less evident on their personal radar screens…"

Of the 60 girls interviewed, 37 said that condom use should be normal; three added that this was especially important with a partner whose sexual practices are unknown. But intentions do not always translate into practice, and only two of the 11 girls who had been sexually active, stated that they regularly used condoms.

Asked about responsibility for deciding to use a condom, 21 of the 60 girls thought it should be a joint decision; 17 felt the girl should decide; 5 thought the boy should decide and 16 gave no response or were unclear in their response. Boys in the focus groups said that condom use and contraception were the girl's responsibility.

Yet girls told researchers that they found it difficult to discuss condom use and birth control with men and boys.

Although the respondents knew that condoms were an important protective device, many of them identified negatives:

- frequency of condom breakage;
- the idea that condoms restricted male (and female) sexual pleasure;
- the problematic idea that condoms and demands for HIV testing suggest lack of love, trust and fidelity.

"…The incompatibility between love and condom use was highlighted by both girls and boys…The symbolism around condom use echoes that revealed in earlier research where girls stated that if they insisted on condom use, their boyfriends would interpret this as a sign of mistrust – that they were either unfaithful or infected – and if they, the girls, bought and introduced condoms, they would be considered loose and 'dirty'….The opinions of the boys tended to echo those of the girls." [12]

Homosexuality, outlawed and decried by Barbadian society, especially at the official level and among conservative Christians, was also discussed – with a diversity of opinion and some indication of tolerance for some homosexuals, though generally not for bisexuals.

OTHER ISSUES

Other issues discussed with the teens included the cause and effect of relationship problems; coping with break-ups; the basis on which sexual risks are taken by boys and girls; the effect of alcohol and drug use in relation to sexual encounters – with girls sometimes encouraging or participating in substance use and group sex; and the impact of multiple partnering.

"Girls, boys and adult males have all identified multiple partnering as a risk factor for them not only in terms of health/exposure to STIs and HIV infection, but also in terms of a risk factor for other forms of abuse." [13]

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SOCIAL IDEOLOGY

> "The recent vociferous public discourse on sexuality illustrates that Barbadians are profoundly influenced by a religious doctrine that privileges hetero-sex confined within holy matrimony and wholesome family life, and abhors non-conforming sexualities and practices as sinful and evil." [14]

The adolescent girls who participated in the research essentially went along with the moral, social and sexual codes of being a 'good girl': feminine personality traits including being caring and helpful; plans for future motherhood and possibly marriage – which is a typical Caribbean ordering.

They also emphasized the importance of employment, with most wanting to work in professional jobs rather than stereotypical 'woman's work'. Most wanted boyfriends who were more thoughtful than might be the Caribbean stereotype. However they also appreciated more dominant masculine characteristics including material and sexual assets and the capacity to protect from other male predators.

In discussing ideal characteristics of girlfriends, male respondents underscored stereotypical respectable femininity, as well as acceptance of males being the decision-makers in relationships. There was concern about gold-digging and untrustworthiness.

FINDINGS

> "The risk environment of adolescent girls…combines several potentially harmful influences including the ubiquitous presence of alcohol and illegal drugs at fairs, fetes and other leisure activities, persistent pressure from men and boys to engage in sex, and peer pressure for sexual initiation as an indicator of womanhood. Risk is associated with social practices in those spaces…" [15]

Many teenage girls asserted the intention to become positive women. But they are challenged when they try and affirm this self-concept among their peers, within sexual relationships and in the wider social environment including family, church and school. Examples of these challenges included frequent failures to insist on condom use for self-protection.

A compounding factor in girls' vulnerability to HIV transmission is inadequate social protection and support. This operates at the level of socially deteriorating communities as well as families.

"…the family fails to provide the girls with the emotional intelligence and the capacity to nurture personal agency and autonomy. The school sanitizes their sexual and reproductive health education by not providing them with the skills to manage their own sexuality, or for safer sexual practices. In a similar vein, religious institutions promote abstinence and generally only provide discussions on sexuality to married couples. Consequently, adolescent girls are ostracized and made to feel guilty for engaging in pre-marital sex and there is not an enabling environment for them to discuss their developing sexuality and relationships." [16]

RECOMMENDATIONS

The researchers made several recommendations with a view to building policy that is gender-responsive and programming that enhances the effectiveness of HIV prevention. The overarching one is that teenagers, and especially girls, should continue to be recognized and addressed as a vulnerable social group.

Specific needs included behaviour change at several levels, the improvement of community and other environments where young people feel at risk, the empowerment of youth, and realization of the social and sexual rights of all vulnerable groups.

Thematic areas for improvement were:
Social and Gender Inequalities, given continued disparities in women's employment and resource access:

- Increased female employment at skilled and professional levels
- More opportunities for flexible income generation that women can combine with child care
- More early childhood care and support
- Investigations aimed at providing social protection for women in the tourist sector
- Interventions aimed at poor women and their families to ensure availability of basic rights to health, education etc, given the disproportionate numbers of poor women and children
- Increased opportunities for women in leadership, and cultural change so more women go after leadership positions, to address unequal representation of women in leadership roles.

Heteronormativity and Sexual Cultures

- Public campaigns against all forms of violence
- Public discourse on dominant gender constructs and sexual cultures including inequality, gender-based violence, alternative sexualities
- Programmes targeting men and boys at all levels of society to contest dominant gender norms and harmful masculinities
- Programmes supporting joint responsibility for care
- Decriminalization of sex work and anal sex, and sanctions for infringing sexual and social rights

Violence Against Women and Girls (VAW) – a continuing, silent epidemic

- scaling up public campaigns against gender-based violence and VAW
- systemic interventions to end VAW in society, community and family, especially for women who are living with HIV
- Integration of VAW issues in national HIV&AIDS response programme
- Counselling and health services for women and girls suffering effects of violence

Building Agency for Adolescent Girls (and Boys)

- Create interventions to encourage positive, diversified self-concepts centered on self-esteem, 'agency' or capacity to take action, and evolving maturity, sexually and socially
- Challenge established social constructs such as 'good girl', 'bashy girl' etc
- Develop programmes to build confidence and self-esteem among adolescent girls – especially needy ones – in families and schools
- Develop support interventions to help girls who have made 'mistakes' get a fresh start
- Engage men and boys in encouraging positive masculinity for adolescent boys
- Strategize towards eliminating double standards in socializing girls and boys, and the restrictive over-protection of girls
- Promote knowledge on connections between substance use and social/sexual risks
- Encourage a youth focus on career paths and future plans
- Develop a gender equitable programme to mentor absentee or negligent fathers of young girls and boys

Building Agency Through Social/Sexual Relationships and Networks – overcoming the gap between positive intentions and actual outcomes, with major focus areas being pressure for sexual initiation, condom use and inter-generational sex

- Develop programmes to encourage diverse inter-personal relations and respect within relationships
- Promote open, informed discussion between boyfriends and girlfriends on relationship issues
- Provide advice for adolescents on discussing sexual debut, sexual pleasure and non-violent relationships
- Promote open discussion on condom use between couples and re-branding of condoms to identify them with intimacy, support and protection
- Provide full contraceptive services for girls including less embarrassing sources of condoms
- Develop peer leadership and mentoring programmes in schools and communities
- Support for south-south peer leader/education exchange programmes for youth
- Engage men and boys as advocates for and promoters of female empowerment
- Develop strategies to help eliminate abusive inter-generational sexual exchanges

Enabling Protection Against HIV and VAW in the social context, institutions and relationships

- Develop policies and programmes to ensure that social institutions (families, schools, churches etc) and contexts (youth leisure locations) are safe and protective for youth, especially girls
- Improve family knowledge on the impacts of tension/conflict in the home on children and youth
- Develop strategies to eliminate psychological, physical and sexual violence in homes and families
- Develop strategies to improve inter-generational communication in families on puberty, sexuality and growing up
- Develop parenting education and support programmes to help parents guide youth through adolescence – enhancing self-esteem, promoting social and sexual rights, recognizing early problem signs
- Promote fatherhood education to enhance their role in the lives of their children
- Redouble efforts to ensure schools are safe and supportive spaces for personal and educational development, including interventions with staff concerning deportment, sexuality, student confidentiality
- Develop programmes for early recognition of and response to student stress
- Foster supportive relationships, across age groups at school

- Enhance communication between families and schools
- Encourage churches and faith-based organizations to develop youth programmes that encourage safe sex, reduced gender inequalities and violence, and attack stigma and discrimination as part of HIV prevention
- Develop strategies to protect girls (and boys) from sexual harassment of older boys and men (Possible alliance: Bureau of Gender Affairs/ Constituency Councils/MESA/ CARIMAN/Caribbean HIV&AIDS Alliance)
- Implement a policy of more effective policing of night clubs and other venues to ensure adherence to existing regulations regarding admission of under-age girls (and boys) and to ensure greater protection in these spaces
- Developing strategies to counter violent images and realities in youth popular culture e.g. 'daggering'

HIV Policy and Programming, through greater emphasis on prevention and social inclusion by reducing stigma and discrimination, as well as reducing risks by knowing and fully engaging with vulnerable local populations

- Barbados National HIV/AIDS Commission to develop national programming that targets the needs and rights of women and girls and mobilizes them as leaders, with focus areas including reduction of gender-based violence, inter-generational and transactional sexual exchanges, and harmful behaviours
- Establish national standards for peer leadership/educator programmes that encompass gender and sexuality
- Develop programmes led by youth groups, faith-based and community-based organizations to help young people know their rights, address discrimination and other rights' violations, and engage in HIV awareness and advocacy.
- Develop youth-friendly comprehensive health services tailored to sexual and social needs.
- Review legislation to ensure adequate legal protection for adolescents and children; reform law to lower the age for independently accessing health services to 16 years; enforce law to prosecute perpetrators of sexual abuse against girls and boys.
- Operationalize research on structural drivers of HIV and VAW; underlying causes of female vulnerability; best practices, to develop evidence-informed interventions for HIV prevention, treatment and care, stigma and social exclusion. [17]

Health and Family Life Education (HFLE) – and in particular the shift to Life-Skills Based Education (LSBE)

- Continuously review HFLE and LSBE, including in-depth responses and recommendations from adolescents in schools
- Develop a more participatory learning methodology that allows adolescent students to assume a leadership role in curriculum development, delivery and assessment
- Consider developing a cadre of young adults to manage and deliver HFLE/LSBE within and outside the school environment
- Expand coverage to primary school, and move to ensure coverage of all schools and student poulations
- Change education policy to facilitate condom demonstration and availability, promotion of HIV testing and counseling, and open discussion of sex and sexuality in schools
- Assess curriculum content to ensure relevance to the lived reality of Caribbean youth
- Change messaging related to youth sexual behaviours by using the language and realities of adolescents and to recognize sexual desire and pleasure
- Promote open and informed discussions around condom use
- Encourage healthy, safe social and sexual development during young adulthood
- Develop programmes that build self-esteem and agency and empower young girls in relationships with boyfriends and peer groups
- Expand individual counseling for social and sexual development of more troubled and higher risk youth include gay, lesbian and transgender adolescents.

The researchers acknowledged that responsibility for sexuality education rested primarily with the Ministry of Education and schools, colleges and the University, though partnerships with other agencies including UNICEF, UN Women and UNFPA were important. The Education Department at UWI should play a lead role in curriculum development and M&E, and the peer educators of UWIHARP in delivery of the programme to schools and to out-of-school youth. The involvement of FBOs, NGOs and youth and community groups in sexuality education is also critical.

The researchers also supported the idea that a cadre of specially trained sexuality educators, under the Ministry of Education and supervised by school principals and guidance counselors, move from school to school and to other youth locations to deliver the programme. This would relocate sexuality education from the periphery to the centre of the school timetable and relieve guidance counselors and teachers from what appears for many to be an embarrassing extra burden.

End Notes

1 'Adolescent Girls' Sexual Culture and Vulnerability to HIV', Final Country Report, The Barbados Case Study on 'Building Responsive Policy: Gender, Sexual Culture and Implications for HIV&AIDS in the Caribbean'. UWI HIV&AIDS Response Programme (UWIHARP), June 2011. P140

2 Ibid p9
3 Ibid p8
4 Ibid p53
5 Ibid p56
6 Ibid p33
7 Ibid p5
8 Ibid p14
9 Ibid pp126-7
10 Ibid p94
11 Ibid p97
12 Ibid p105
13 Ibid p116
14 Ibid p123
15 Ibid p143
16 Ibid pp155-6

17 Such research has been spearheaded by the UWI HIV&AIDS Response Programme (UWIHARP) in collaboration with Ministries responsible for Health and Education and other government agencies as well as international agencies including UNWOMEN, UNICEF and UNFPA.

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

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