

3rd Cycle Universal Periodic Review of St. Lucia

Submission by St. Lucia Planned Parenthood Association

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The St. Lucia Planned Parenthood Association (SLPPA) is the leading Sexual and Reproductive Health and Rights non-governmental organization in St. Lucia. Using a rights-based approach, SLPPA offers the St. Lucian population high quality clinical sexual and reproductive health services and commodities. Additionally, focus is kept on SRH awareness and education with a team of devoted staff and volunteers. SLPPA foresees St Lucia as a place in which all women, men and young people have access to information and services they need, a place in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right in which choices are fully respected and where stigma and discrimination have no place. SLPPA is an affiliate member of the International Planned Parenthood Federation (IPPF) and Caribbean Family Planning Affiliation (CFPA).

Human Rights Commitments of St. Lucia

1. St. Lucia has signed on to a number of international rights treaties that mandate universal access to sexual and reproductive health information, education, services and rights: 2030 Agenda for Sustainable Development (2015), the Programme of Action of the International Conference on Population and Development (ICPD) (Egypt, 1994), and the Montevideo Consensus on Population and Development (2013), Ministerial Declaration on Comprehensive Sex Education (Mexico, 2008). These agreements, made at the ministerial and governmental level, include commitments to provide comprehensive sexuality education to youth and to guarantee universal access to sexual and reproductive health and reproductive rights, and sexual and reproductive health information and education.
2. St Lucia has also ratified key international legal instruments such as the Convention on the right of the child (1993), Convention on the elimination of all forms of discrimination against women, CEDAW (1982), and the Protocol to prevent, suppress and punish trafficking in persons, especially women and children (2013) , which include state obligations to respect, protect and fulfill the right to enjoy the highest attainable standard of physical and mental health and the right to decide on the number and spacing of any children.
3. St. Lucia has not previously received any recommendation on comprehensive sexuality education or sexual and reproductive health during the Universal Periodic Review (UPR). They did receive one recommendation from South Africa, in the Second Cycle, to “Mainstream gender equality policies in the education sector, ensuring that gender issues and sensitivity training become an integral, substantive and mandatory component of all teacher training at all levels,” which was accepted.

Current Context on Adolescent Sexual and Reproductive Health

1. In 2009, a study on the impact of the Health and Family Life Education in the Caribbean, an abstinence-only educational program in the Caribbean region, which included St. Lucia, was conducted with UNICEF.ⁱ Planned analyses, comparing matched pairs of schools, reveal no pattern of significant positive effects of the HFLE Common Curriculum on Form 3 students’ self-reported attitudes, behaviours, and skills in the health domains related to the themes of Self and Interpersonal Relationships and Sexuality and Sexual Health.ⁱⁱ In fact, many sexual and reproductive health outcomes actually worsened during this time.
2. The study compared the baseline of Form 1 students (average age 12) and the impact after three years of HFLE curriculum implementation in Form 3 (average age 14.7). At Form 1, 38 per cent of boys and 6 per cent of girls reported that they have had sex; by Form 3, 28 per cent of females say they have had sex, along with 60 per cent of boys. Overall, at Form 3, 22 per cent of students report recent (last month) sex, or 16 per cent of females and 28 per cent of males. At Form 1, among students who report having had sex, two-thirds did not use a condom all the time; at Form 3, this figure actually *increased* to 69 per cent, despite receiving HFLE on sexual health. About two-thirds (63 per cent) of those who report recent sex did not use a condom one or more times; this figure is somewhat higher for males than females (65 per cent and 59 per cent, respectively).ⁱⁱⁱ

3. The study demonstrated the unequal pressure girls face to have sex from older partners. At Form 1, most sexually initiated students said they had sex for the first time with someone their own age. During Form 3, the majority (65 per cent) of females who had initiated sex say their first partner was someone older; by contrast, about half (51 per cent) of males say their first partner was someone their own age. The study also found high levels of sexual violence against children. At Form 1, forced sex was reported by 14 per cent of all students. At Form 3, 18 per cent report a forced sexual experience (21 per cent of females; 15 per cent of males).^{iv}
4. Implementation issues were found to be a major factor in all pilot countries.^v Many teachers assigned to HFLE had deficiencies in knowledge/content, limited experience either with the content or pedagogy, and requiring more in-depth training in delivering lessons, especially for the lessons on sexuality.^{vi} This study also failed to analyze the impact of teacher bias and general discomfort with the lessons on sexuality. This is important, because SLPPA has discovered that teacher bias and general discomfort with SRH topics is an important issue locally.
5. St. Lucia has taken steps to pass policy to protect and support the sexual and reproductive health and rights of children and adolescents. On 20 November 2018, the Government of Saint Lucia passed the Child Justice Bill and the Children Care, Protection and Adoption Bill. Their passage was a crucial step to operationalize the UN Convention on the Rights of the Child and can help address the neglect, abuse, exploitation and violence affecting young people.
6. CARICOM'S Council for Human and Social Development (COHSOD) strategy to reduce adolescent pregnancy in the region from 2014 -2019 had as one of its expected results ensuring that all adolescents have access to age appropriate, accurate information as well as quality sexual and reproductive health services and commodities, access to age appropriate, comprehensive sexuality education for young people in and out of school.
7. However, as demonstrated by the UNICEF study, the HFLE curriculum does not effectively address these needs or provide the education, information, tools and skills for young people to navigate their sexuality. The data has not improved since the 2009 study:
 - Adolescent Fertility Rate in St. Lucia showed Births per 1000 Women Aged 15-19 data was reported at 41.262 Ratio in Dec 2016. Though this records a miniscule decrease from the previous number of 41.987 Ratio for Dec 2015, the rate is still extremely high.
 - The number of child abuse cases reported over the period of 2010-2015 totaled 1,341. Sexual abuse was the most common type of reported child abuse, accounting for 34 per cent, of all reported cases. Generally girls account for over 70 per cent of the victims. The 12-16 year old group are most often victims and many of the total cases are incest, as was the case for 29 of the 103 reports in 2014.
 - Using the St. Lucia Multiple Indicator Cluster survey 2012 in the chapter on Child Protection it was reported that 3% of women aged 15-49 were married or in a union before the age of 15. The survey showed a strong relationship between early marriage/union and women from the poorest households.

- The 2013-2014 UNAIDS reports notes that youth 15-24 years accounted for 17 per cent of total new HIV infections (3 females and 7 males).

Comprehensive sexuality education

8. There is compelling evidence that comprehensive sexuality education (CSE) enables young people to protect their health, well-being and dignity^{vii}. CSE provides basic, fundamental sexual and reproductive health and rights information that is essential for young people to fully comprehend their bodies, feelings, and sexuality, in order to enable them make well informed choices, but also goes beyond biological information to include values creation around gender equality by providing children and young people with age-appropriate, culture sensitive and phased education based on human rights, gender equality, relationships, reproduction, sexual behaviors, risks and prevention of ill health, and emphasizes values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.^{viii} Because CSE programmes are based on human rights principles, they advance gender equality and the rights and empowerment of young people^{ix}.

Recommendations

9. St. Lucia's Health and Family Life curriculum, needs to reflect and impact the reality of children and adolescence and adhere to UN standards. Without this children and adolescent will continue to be vulnerable and at high risk of intimate partner violence, sexual violence, unplanned pregnancy and sexually transmitted infections. We therefore would like to request that Member States make the following recommendation to the government of Saint Lucia during the 3rd Cycle of their Universal Periodic Review:
 - I. Train competent facilitators or service providers to deliver the Health and Family Life Education program, in line with the UN guidelines on comprehensive sexuality education, and implement accountability measures to measure the effectiveness of knowledge acquisition on the part of the students in order to ensure access to accurate information and health services for sexual and reproductive health nationally.

ⁱ UNICEF, *Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries* (2009) https://www.unicef.org/Final_HFLE.pdf

ⁱⁱ Ibid, p.45.

ⁱⁱⁱ Ibid, p.42.

^{iv} Ibid.

^v Ibid, p. 10.

^{vi} Ibid, p. 10, 25.

^{vii} UNFPA. Retrieved from <https://www.unfpa.org/comprehensive-sexuality-education>

^{viii} UNESCO, 2018, *International Technical Guidance on Sexuality Education*, p.16
<https://www.unfpa.org/comprehensive-sexuality-education>

^{ix} Ibid.