

2013



**State of the Art Diagnosis on
Comprehensive Sexuality Education**
Final report

Acknowledgements

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This study was commissioned by the United Nations Population Fund (UNFPA). Since its inception in 1969, UNFPA has been providing technical and financial support to numerous initiatives in the field of education in population, development and environment, family and sexuality. Under the UNFPA Strategic Plan 2012-2013, the Regional Programme for Latin America and the Caribbean (LAC) has planned a series of actions aimed at contributing to the full exercise of the right of adolescents and youth in the region to live a fulfilling sexual life, healthy and free from discrimination. The present assessment was carried out behind the frame of supporting government to realize Universal Access to Comprehensive Sexuality Education for all young people.

Opinions expressed in this report are those of the authors and do not necessarily reflect the views of UNFPA, MINOV or other institutions the authors are affiliated with. The authors are responsible for all errors in translation and interpretation.



Abbreviations

ABS	General Statistical Department (<i>Algemeen Bureau voor de Statistiek</i>)
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
BEIP	Basic Education Improvement Project
BLS	Basic Life Skills
CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COTMAR	Cottica-Marowijne
CSE	Comprehensive Sexuality Education
EBGS	Moravian Church Suriname (<i>Evangelische Broeder Gemeenschap Suriname</i>)
EC	European Commission
e.g.	For example (<i>exempli gratia</i>)
Est.	Estimated
FCI	Family Care International, Inc.
GLO	General Primary Education (<i>Gewoon Lager Onderwijs</i>)
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDB	Inter-American Development Bank
i.e.	That is (<i>id est.</i>)
Incl.	Including or inclusive
IOL	Institute for the Education of Teachers (<i>Instituut voor de Opleiding van Leraren</i>)
IPPF	International Planned Parenthood Federation
LAC	Latin America and the Caribbean
LBGO	Lower Vocational Education (<i>Lager Beroepsgericht Onderwijs</i>) (old name)
LBO	Lower Vocational Education (<i>Lager Beroeps Onderwijs</i>) (new name)
LGBT	Lesbian, Gay, Bisexual, Transgender
MDG	Millennium Development Goal
M/F	Male/Female
MINOV	Ministry of Education and People's Development (<i>Ministerie van Onderwijs en Volksontwikkeling</i>)
MOH	Ministry of Health
MSM	Men who have Sex with Men
MULO	More Extensive Lower Education (<i>Meer Uitgebreid Lager Onderwijs</i>)
MZ	Medical Mission (<i>Medische Zending</i>)
NAP	National AIDS Programme
NBCCS	New Beginnings Consultancy and Counseling Services
NGO	Non Governmental Organization
O.S.	Public School (<i>Openbare School</i>)
PHC	Primary Health Care
PLOS	Planning and Development Cooperation, Ministry of
PSI	Population Services International
PSM	Project Student Mothers (<i>Project Scholieren Moeders</i>)
PAHO	Pan-American Health Organization

PEPFAR	The United States President's Emergency Plan for AIDS Relief
RFSU	Swedish Association for Sexuality Education
RKBO	Roman Catholic Special Education (<i>Rooms Katholiek Bijzonder Onderwijs</i>)
SIECUS	Sexuality Information and Education Council of the United States
SRD	Suriname Dollar
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
US	United States
USD	United States Dollar
VOJ	Continued Education Junior Level (<i>Voortgezet Onderwijs op Junioren Niveau</i>)
VVOB	Flemish Association for Development Cooperation and Technical Assistance (<i>Vlaamse Vereniging voor Ontwikkelingssamenwerking en Technische Bijstand</i>)
WHO	World Health Organization
WHR	Western Hemisphere Region Inc.
YAG	Youth Advisory Group
YAM	Youth Advocacy Movement
YABC	Youth as Agents of Behavioural Change
ZoCo	Care coordinator (<i>Zorg Coordinator</i>)

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1. Introduction

This report presents the results of fieldwork that was conducted for the UNFPA-commissioned project *State of the Art Diagnosis on Comprehensive Sexuality Education (CSE)* in Suriname. The Right to Comprehensive Sexuality Education (CSE) is inherent in various human rights agreements and political declarations, which establish the right of young people to education and information about sexuality, sexual and reproductive health and HIV.

Most countries in Latin America and the Caribbean (LAC) have some kind of legal institutional support for CSE programs in formal education, and have undertaken important curricular activities to incorporate the same in the processes of educational reform. However, countries have not always achieved the effective institutionalization, sustainability and impact of policies and programs for CSE. These programs often suffer from political volatility, limited funding, and a lack of training strategies for the teachers responsible for their implementation in schools and other educational spaces. At the same time, in many countries, conservative forces have voiced opposition to CSE programs, guidelines and education materials, thus adversely affecting its implementation.

The UNFPA, along with other international and national organizations and government departments, provides technical and financial support to numerous initiatives in the field of education in population, development and environment, family and sexuality. The present assessment analyzes what international and national organizations in Suriname execute activities in support of CSE; what are their goals and activities; what has been the impact of their work; where are gaps; and what strengths and challenges can be identified in providing CSE to Suriname youth. In this context, the overarching **aim** of this consultancy as described in the ToR is to:

Prepare an assessment of the current situation of education on the subject of Comprehensive Sexuality, and the support provided by UNFPA and other international organizations.

The assessment will provide key inputs for the development of UNFPA's 5 year work plan on Comprehensive Sexuality Education (CSE), which is intended to contribute to the rights of Caribbean adolescents and youth to live a fulfilling sexual life, healthy and free from discrimination.

The specific **objectives** of the present fieldwork report are to:

1. Present an assessment of the current state of the art with regard to CSE by means of interviews with key stakeholders including, but not limited to, government representatives (i.e. MINOV, MOH), representatives from relevant NGOs (i.e. Stg. Lobi, Pro Health), representatives from International Organizations concerned with education and/or SRH (i.e. UNICEF, UNFPA) and principals at a diverse range of schools in both Paramaribo and interior districts.
2. Identify regional differences in the format, content and effects of CSE, looking at differences in the situation in Paramaribo and the interior.
3. Map the organizations providing support to CSE in the country.
4. Identify strengths/assets and key gaps/deficiencies in the status of CSE that require action.

5. Offer a robust set of recommendations for strategic policy advocacy with government and civil society, along with opportunities for programmatic interventions over the immediate, medium and long term.

In the remainder of this report we will proceed as follows;

Chapter 2 provides an extensive review of the available literature on CSE, focussing on Latin America and the Caribbean region in general, and on Suriname in particular. This chapter provides a definition of CSE and describes the concept in greater detail.

Chapter 3 describes the methods that were used for field data collection and analysis.

Chapter 4 provides the mapping of organizations. It begins with governmental departments and continues to describe the activities of international development organizations and Non-Governmental Organizations (NGOs) in Suriname.

In Chapter 5 we zoom in on the experiences at a selected number of schools in Paramaribo city and the country's interior. This chapter provides a better understanding of what youth learn about CSE within the formal school setting.

Chapter 6 discusses strengths of, and gaps in, existing programs for CSE. It builds upon both the literature review (see earlier report) and the fieldwork results to identify where the Suriname programs are particularly strong or, alternatively, should be strengthened. This chapter also discusses challenges to the implementation of CSE activities, which have been identified by practitioners and other stakeholders in the field of CSE.

Chapter 7 contains the conclusions and recommendations, which synthesize key findings of the literature analysis with results of the primary investigation. The conclusions summarize the main content, tools and achievements of CSE in Suriname, as well as the lessons learned. The recommendations propose directions for UNFPA advocacy with government and civil society, and suggest areas of programmatic interventions over the immediate, medium and long term.

2. Literature review

This literature review presents an overview and analysis of existing documents, studies, reports, presentations and meeting notes related to Comprehensive Sexuality Education (CSE), as one of the deliverables for the UNFPA consultancy "State of the art diagnosis on Comprehensive Sexuality Education". Even though the study focuses on Suriname, the review presents also more general information about CSE in Latin America and the Caribbean (LAC) and the world. The present document looks at how CSE has been defined, describes the history of CSE in the LAC region, and provides insights in the current consensus about the purpose, goals, content areas and desired impacts of CSE. Next, the consultant focuses on the place of CSE in international agreements, policies and meetings, and zooms in on the role of the UNFPA therein.

The more general sections on CSE are followed by a brief description of youth and sexuality in Suriname, which serves to provide a general background against which CSE is advocated and implemented. It emphasizes the significant differences in different regions of Suriname (urban vs. Interior) and between the various ethnic groups, as an issue that must be taken into account when developing adequate CSE programs for Suriname youth. This literature review closes with a list of challenges and gaps in existing CSE that have been identified for Latin America and the Caribbean region, and also apply to Suriname.

2.1 History of Comprehensive Sexuality Education in an international perspective

2.1.1 Sexuality Education up to the 1960s

From the late 19th century, a number of sex education publications were produced in different countries, mainly aimed at helping parents to enlighten their children. However, few parents openly spoke with their children about sexuality and Sexuality Education at schools was minimal. Already in the early 20th century, however, there were voices calling for educating youth about sexuality at schools. For example, as early as 1912, the National Education Association of the United States called for teacher training programs in Sexuality Education. Three decades later, in 1940, the U.S. Public Health Service strongly advocated Sexuality Education in the schools, labelling it an "urgent need."

Generally, however, until about 1960, the sexual moral was rather closed and Sexuality Education was completely absent in most parts of the world. Parents told their children very little, apart from that sex was dirty, and also at schools Sexuality Education was not taught. We have not found information about the extent of sexuality education in Suriname in these years. However, given that Suriname was a colony of the Netherlands in these years, we may assume that Sexuality Education at schools was the same as that taught in the Netherlands, that is, virtually absent.

2.1.2 Trends in Sexuality Education since the 1960s

Due to the sexual revolution in the 1960s, the taboo of sexuality was largely lifted. Another factor of influence was the introduction of oral contraceptives as a reliable method to prevent pregnancy in the

early 1960s. As Sexuality Education started to become part of the school curricula in many countries, the 1960s also saw the first large organized opposition against Sexuality Education in schools. In the US, sex education programs were described by the Christian Crusade and other conservative groups as "smut" and "raw sex." These groups and other opponents of Sexuality Education argued that schools should not be in the business of teaching young people about an intensely personal matter that belonged exclusively to families and churches. They also argued that sex education encouraged too-early sexual activity, and that schools were encroaching on parental rights and authority. Very similar arguments can be heard today in Suriname society, where a new (2013) biology book for junior high (VOJ-level) created national uproar because it was, according to some politicians and teachers, "too free" and "not in line with Suriname culture", with one teacher even speaking of sexual education resembling "pornography".

Since the early 1980s, emergence of HIV/AIDS underlined the importance of Sexuality Education. In 1986 the U.S., Surgeon General C. Everett Koop issued a report calling for comprehensive AIDS and Sexuality Education in public schools, beginning as early as the third grade. He wrote: "There is now no doubt that we need sex education in schools and that it [should] include information on heterosexual and homosexual relationships. The need is critical and the price of neglect is high." (Quoted in: Pardini 2013). While this report helped promote Sexuality Education, it also caused the Religious Right to rethink its opposition strategies. Conservative forces in the US now no longer were opposed to all education about sexuality, but instead they began to preach fear-based, abstinence-only Sexuality Education. This message continues to be the main content of Sexuality Education of selected religious groups, not only in the US but also in Suriname.

2.1.3 Teaching youth about sexuality today: an international perspective

In recent years, different countries have responded in varying ways to the need to educate youth about sexuality, ranging from teaching nothing about the subject or providing very minimalist information, to discussing a large variety of topics including relationships and sexual orientation. In the US, almost all students receive some form of sex education at least once between grades 7 and 12. However, what students learn varies widely, because curriculum decisions are decentralized and often state provisions allow parents to opt out. US schools typically teach one of two forms of sexual education: "abstinence plus" and "abstinence-only". "Abstinence plus" (also known as comprehensive sex education) covers abstinence as a positive choice, but also teaches about contraception and the avoidance of STIs when sexually active.

In many African countries, much of Sexuality Education has focused on halting and reversing the HIV/AIDS epidemic. Most governments in the African region have established AIDS education programs in partnership with the international development organizations (i.e. WHO) and NGOs. In the various Asian countries, the state of Sexuality Education varies widely. For example, Thailand has institutionalized Sexuality Education curricula in schools since 2003. In Pakistan, the first ever curriculum on topics related to SRH for youth (ages 10-15) was launched this year (2013). This curriculum was developed through close engagement of religious scholars, government officials, parents, teachers and youngsters.

Most countries in Latin America and the Caribbean (LAC) now have some kind of legal institutional support for CSE programs in formal education, and have undertaken important curricular activities to incorporate the same in the processes of educational reform. A recent situation analysis of CSE in the Caribbean region, which was carried out at 39 schools in nine Caribbean countries (excl. Suriname) observed a “generally enabling policy environment for Sexuality Education, as part of Health and Family Life Education (HFLE)” and “widespread acceptance of the need to have some level of Sexuality Education in schools” (UNICEF 2013).

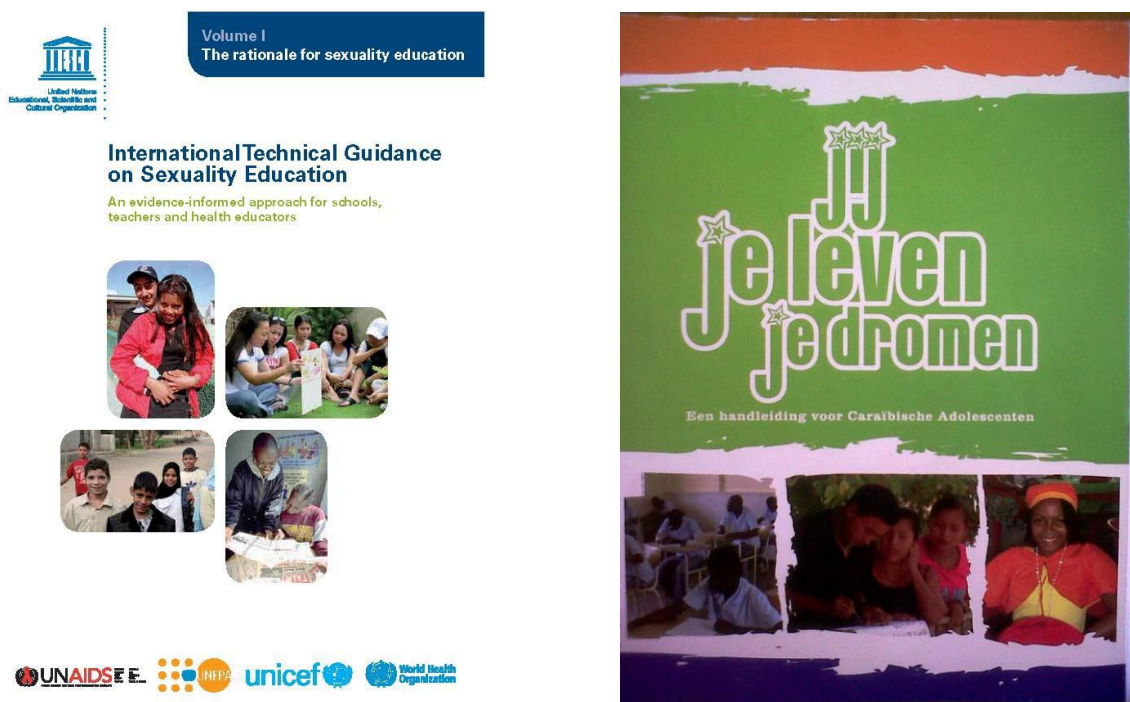
In most Caribbean countries, CSE is delivered by infusion, that is, as part of other subjects (e.g. social studies or science). The primary tool to teach CSE is HFLE, which in Suriname functions under the name Basic Life Skills Education (BLSE). The focus is on human development, followed by sexual and reproductive health. Like in many other countries (see above), the researchers found that while teachers, parents and communities generally support CSE, there is some concerns from church groups, especially when it comes to gender identity/sexual orientation issues. Furthermore, “some parents believe that talking about sexuality may make their children more promiscuous or precocious (despite proof to the contrary)” and “some teachers feel uncomfortable dealing with certain topics” (ibid.).

In the Netherlands, which’ curriculum still informs what is taught in Suriname schools, Sexuality Education has since the 1980s focused on teaching adolescents both knowledge about sexuality and the skills to make their own decisions regarding health and sexuality. Starting the 2012 school year, age-appropriate Sexuality Education - including education about sexual diversity - is compulsory in all secondary and primary schools. The curriculum focuses on biological aspects of reproduction as well as on values, attitudes, communication and negotiation skills, in line with the principles of Comprehensive Sexuality Education. Since 2013, some of the teaching materials from the Dutch biology curriculum are also used in Suriname.

Also in the Netherlands, however, Sexuality Education has been met with protests. In November 2013, concerned Dutch parents signed a petition against Sexuality Education on the weekly school TV, targeting youth in the ages 10 to 12. The 8,000 opponents labelled the program of Doctor Corrie ‘vulgar’ and ‘weird about adolescents and sex’, and asked the government for its immediate removal from TV.

International development organizations have embarked on the challenge to develop guidelines and instructional materials to teach CSE to youth in different countries. Examples are the *International Technical Guidance on Sexuality Education* by UNESCO, in collaboration with UNAIDS, UNFPA, UNICEF and the WHO (Figure 1, left); and the publication *You, Your Life, Your Dreams: a book for Caribbean Adolescents* by FCI and UNFPA (2009; 1st edition 2000) (Figure 1, right). The FCI/UNFPA publication is also used at some Suriname schools.

Figure 1. CSE instruction books developed by International Development Organizations



2.2 International agreements, policies and meetings related to CSE

At the political level, the right to Comprehensive Sexuality Education (CSE) is inherent in various human rights agreements and documents. The most important among these agreements are listed in Table 1.

Table 1. Conventions and agreements related to the right to CSE, and their ratification status

Name of international Convention/Agreement	Ratification status Suriname
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1993
The CEDAW optional protocol	Not ratified
The Belém do Pará Treaty. An Inter-American Convention	2002
The Convention on the Rights of the Child (CRC)	1993
United Nations Universal Declaration of Human Rights (UDHR), 1948	1948 (As part of the Netherlands)
United Nations Millennium Declaration, 2000 (and adoption of MDGs)	Adopted 2000
International Covenant on Economic, Social and Cultural Rights;	Accession 1976
International Covenant on Civil and Political Rights;	Accession 1976
Convention on the Rights of Persons with Disabilities	Signature 2007
Program of Action of the International Conference on Population and Development (ICPD)	Party, 1994

These and other documents establish the right of youth to education and information about sexuality, sexual and reproductive health and HIV. They assert that Sexuality Education is essential for the realization of other human rights. Furthermore, many of these documents argue that Sexuality Education programmes should actively promote the principles of equality, equity and non-discrimination (UNFPA 2010).

The International Conference on Population and Development (ICPD) in Cairo in 1994 was among the first international conferences, where Sexuality Education was explicitly identified as a human right, essential to development and human well-being. The ICPD Programme of Action states:

Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child, that stress responsibility of males for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts (ICPD POA, section 7.37; UNFPA 1995)

... education about population issues must begin in primary school and continue through all levels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of children and adolescents. Where such programmes already exist, curricula should be reviewed, updated and broadened with a view to ensuring adequate coverage of such important concerns as gender sensitivity, reproductive choices and responsibilities, and sexually transmitted diseases, including HIV/AIDS. (ICPD POA, section 11.9; UNFPA 1995)

The Ministerial Declaration "Preventing through Education" (Mexico, 2008), affirms the commitment of the Ministers of Health and Education in Latin America and the Caribbean (LAC) to the rights to health and education, and the belief that the education and health sectors are synergistically critical to the prevention of HIV and other STIs, and to human development as a whole.

This declaration was drafted in the context of the XVII International AIDS Conference, with the objective of strengthening the response to the HIV epidemic in formal and non-formal educational settings. In the Mexico declaration, the Ministers of Health and Education of the LAC region ratified their commitment to guarantee the rights to health and access to quality education for all children, adolescents and youth in the various countries in an environment free from violence, stigma and discrimination. The Mexico declaration lays a direct link between CSE and human development in stipulating that: "Childhood and adolescence are important periods for the development of people and their countries, and for this reason, it is necessary to provide quality education that includes comprehensive education on sexuality both as a human right, as well as one that contributes to present and future quality of life".

The declaration proposes, among others, that Comprehensive Sexuality Education starting in early childhood favours the gradual acquisition of information and knowledge necessary to develop the skills

and attitudes needed for a full and healthy life as well as to reduce sexual and reproductive health risks. It also responds to critical sounds of conservative corners, in proclaiming that scientific evidence demonstrates that Comprehensive Sexuality Education neither accelerates sexual debut, nor increases the frequency of sexual relations.

In order to accomplish the goals set in the Mexico declaration, the signatory Ministers established the following targets:

1. By the year 2015, we will have reduced by 75% the number of schools that do not provide comprehensive sexuality education, of schools administered by the Ministries of Education.
2. By the year 2015, we will reduce by 50% the number of adolescents and young people who are not covered by health services that appropriately attend to their sexual and reproductive health needs. (Mexico declaration, section 4).

These targets must also guide the development and implementation of CSE programs in Suriname.

In December 2010, the UNFPA organized a Global Consultation on Sexuality Education, in Bogota, Colombia, to discuss the most effective approaches to CSE (UNFPA 2010). Some 80 practitioners and programmers from more than 36 countries came together in Bogota. The purpose of the consultation was to gain a common understanding of the state of the art in CSE programmes, both in-school and out of school, and to identify strategies for investing in, implementing, scaling up, monitoring and evaluating effective and sustainable programmes. Despite the diversity of experiences and opinions, participants agreed that they shared the common goal of promoting and advocating for the right to comprehensive Sexuality Education, which includes gender and rights as core elements, for all young people. The recommendations that emerged from this Consultation are attached as Annex B.

In 2012, focal points for CSE from Latin America and the Caribbean came together in Havana, Cuba, to discuss the state of the art and progress in the area of CSE in their countries.

In Suriname, policy matters related to CSE for the coming years are put down in the *National Sexual and Reproductive Health and Rights Policy of Suriname, 2013-2017*; in the *Integrated Framework for Adolescent Development* from the Presidential Task Force on Child and Adolescent Development; and to a lesser extend in the *Health Sector Plan, 2012-2018*.

The National Sexual and Reproductive Health and Rights (SRHR) Policy 2013-2017 “is guided by a human rights based approach and integrates a gender perspective, which reflects the political will to eliminate all forms of discrimination based on sex and to acknowledge, protect and respect the rights of all individuals, including their sexual and reproductive rights” (p.5-6). This National Policy document does not emphasize education and does not mention comprehensive Sexuality Education among its planned interventions or desired outcomes. With regard to education, it is mentioned that appropriate educational and awareness raising materials must be available at Primary health Care facilities. It also mentions in general terms that appropriate education on human sexuality, reproductive health and responsible parenthood are part of the Sexual and Reproductive Health Services, which must be

strengthened and integrated in primary health care (Ministry of Health 2013). There is no specific mention of collaboration with the Ministry of Education. These observations lead us to conclude that the present National SRHR Policy 2013-2017 fails to integrate the recommendations brought forward in the Mexico declaration.

The *Integrated Framework for Adolescent Development* from the Presidential Task Force on Child and Adolescent Development looks at five pillars for adolescent development: prevention, protection, rehabilitation, guidance and participation. In the pillar “prevention” the Framework mentions, among others, training on SRH/STI/HIV and Basic Life Skills (p.5). Furthermore, under “guidance” the Framework proposes training family coaches for teenage mothers and their families. In the area of health, the listed objectives include decrease the number of pregnant teens. Furthermore, in line with the Mexico Declaration, the Framework proposes collaboration of the Ministry of Education with the ministry of Health and other partners. Unfortunately, the Framework does not present details about how the mentioned goals and changes can be materialized. It lists responsible Ministries for the various action points, but overall the Framework remains rather vague and it is unclear what next steps must be taken by whom; what concrete programs may be carried out in the upcoming years and who will pay for these interventions; whether and how sustainability of project activities may be guaranteed; and whether there will be monitoring and evaluation, and by whom.

2.3 UNFPA and CSE

Since its inception in 1969, UNFPA has been providing technical and financial support to numerous initiatives in the field of education in population, development and environment, family and sexuality. Its work in this area is grounded in the principles promoted by the International Conference on Population and Development (ICPD), which reaffirms the right of all people to education and reproductive rights. The Programme of Action of the ICPD established, among others, that educational efforts should begin at the levels of the household, community and school at an appropriate age, but must also reach adults, men in particular, through non-formal education and community efforts.

Through its Regional Programme for Latin America and the Caribbean 2008-2011 (extended to 2013), the UNFPA supports regional commitments to implementation of the Cairo Plan of Action and achievement of the Millennium Development Goals, particularly MDG 5, recognizing universal access to sexual and reproductive health for persons with HIV / AIDS. A UNFPA organized Global Consultation on Comprehensive Sexuality Education (Bogota-Colombia, 2010) resulted in a series of recommendations on aspects related to the approach and content, implementation, expansion and sustainability, and monitoring and evaluation of CSE programs. Subsequently, the UNFPA Regional Programme for LAC planned a series of actions in order to implement a work plan for Comprehensive Education Sexuality for the next five years. During the Regional Meeting of Focal Points on Comprehensive Sexuality Education (Havana-Cuba, 2012) participants designed strategic guidelines for the preparation of the work plan for Comprehensive Sexuality Education UNFPA 2013-2018.

2.4 Youth, sexuality and education in Suriname

In order to understand the socio-cultural and health context in which CSE in Suriname is to take place, it is important to present selected basic facts about youth and sexuality in this country. The below sections discuss sexual initiation, adolescent pregnancies and motherhood, STIs and HIV/AIDS among youth, contraceptive prevalence and condom use among youth, and gender-based violence against youth.

2.5 Sexual initiation

Many adolescents become sexually active as a teenager. A 2000 study by the Lobi Foundation among 240 adolescents and young adults in greater Paramaribo found that 58 percent of adolescents aged 15 to 19, and 87 percent of young adults in the ages 20 to 24, had experience with sexual intercourse (Ilacqua and Mahes 2000). In Suriname neighbourhoods and districts surveyed by pro Health (2007), women were, on average, 16.5 years old and men were 14.5 years old when they had their first sexual contact. Men from Paramaribo city who participated in a reproductive health survey in that same year were on average 15.1 years of age when they first had sexual intercourse (Ilacqua 2000).

Ages of sexual initiation differ largely by region and ethnic group. The Presidential Task Force on Child and Adolescent Development reports that 5 percent of girls in the urban areas had sex before the age 15, versus 10 percent in the rural coastal areas and 44 percent in the interior (Presidential Task Force 2012). Research suggests that men of Maroon ethnic descent are significantly younger than men in all other ethnic groups when they started sexual intercourse (av. 13.6 yr; Ilacqua 2000). A study among youth in the community of Albina (Marowijne district), which is primarily populated by Maroons, reports that interviewed youth were, on average, 11 years of age when they first had sexual intercourse. For boys, the age of reported first sexual intercourse ranged from 9 to 12 years (average 10 yr) while the one interviewed girl who had experienced sexual intercourse was 15 years of age at the time (Bijlsma et al. 2003). In the Trio indigenous village of Kwamalasamutu some girls reportedly become sexually active from the age of nine, though most girls are slightly older when they have their first sexual intercourse. Boys in this community have their sexual initiation from the age of 10 or 11 (Heemskerk and Uiterloo 2008).

Sexual activity on an early age sometimes takes place within the formal setting of a marriage or union. In the current revised Suriname marriage legislation “Revision of the Marriage Act 1973” (2003), the minimum age for marriage is 15 for females and 17 for males. Nationwide, approximately 11% of women aged 15-19 years are married or in union. This figure is highest for women in households where the mother tongue is Javanese (19.2%) and for women living in the rural interior districts (20.0%) (Ministry of Health 2013).

2.6 Adolescent pregnancies and motherhood

In the past couple of years, the share of pregnancies that were teenage pregnancies has lingered around 15 to 17 percent of all live births; that is 1500-1600 births annually (UNFPA Caribbean 2013). The Ministry of Health (2013) reports that adolescent fertility rate slightly decreased from 72.1 in 1980 to 68.4 in 2007, to increase again to 73.7 in 2010. Adolescent pregnancy is disproportionately higher among the most disadvantaged women: those who are poor, who live in rural areas, and who belong to Indigenous and Maroon groups.

The above is confirmed in research by ProHealth (2007), which shows that particularly in poor neighbourhoods and districts a significant number of teenage girls become pregnant. In the district Brokopondo, the village Moengo, and the urban quarter Latour, respectively 40%, 31%, and 30% of surveyed teenage girls (15-19 yr) had been pregnant at least once (ProHealth 2007). The population in these areas is primarily of Maroon descent. In the small cities of Nickerie and Lelydorp, which are somewhat wealthier and have another population composition (resp. mostly Hindustani and Javanese), the number of teen pregnancies is still considerable yet much lower (resp. 12% en 17%). These pregnancies are most often unplanned.

In 2007, 1,550 young women in the ages 15-19 year became a mother (from 9,769 deliveries). For 1,131 of these women this was the first time that they had carried a child. In other words, slightly more than 1/5 of these young women had been pregnant before (regardless of whether it was completed). Reflecting the differential numbers of adolescent pregnancies, regional differences in the number of adolescent mothers are large. Thirty-five percent of 15-19 year old women in Brokopondo are mothers; 24 percent in Moengo; and 21 present in Latour. On the other hand, 'only' 7 percent of this age group is a mother in Nickerie. The Government of Suriname estimates the adolescent fertility rate for Suriname at 60 (per 1000 women in the ages 15-19 year (PLOS and ABS 2009).

In 2008 in the interior, the clinics of the Medische Zending PHC Suriname reported 264 girls in de ages 15 to 19 year who became a mother (not counting stillborns). This means that 17 percent of all deliveries registered by MZ were by teenagers. For 114 girls in this age group this was their first delivery (9 % of all pregnancies) (MZ pers com. 4 January 2010). We must comment that among the Maroons and Indigenous peoples, adolescents are considered adults at a relatively young age; at age 13 in the indigenous community of Kwamalasamutu (Koole 2009) and at age 16 in the Maroon community of Guyana; in this community, a pregnancy is considered a teenage pregnancy is considered a teenage pregnancy of the girls is younger than 16 years of age (ibid).

An estimated four percent of all adolescent mothers belongs to the age group 14 years and younger (Terborg, cited in Lang 2013). The Project Teenage Mothers from the Ministry of Sports and Youth Affairs reports that at the start of the new school year 2013-2014, two of the 250 adolescent mothers who had registered with the program to return to school were 13-year old. The highest number of teenage pregnancies and the youngest mothers are registered in the interior districts Marowijne, Brokopondo and Sipaliwini.

The ages of the boys and men who impregnated teenagers are not registered and there is no information about this subject matter. In Suriname, an estimated 15 percent of all births are of teenage mothers. This figure has remained constant in the past decade (Lang 2013).

In Suriname abortion is illegal in all cases. At a national level, annual abortions are estimated between 8,000 and 10,000, with a strong representation of women under the age of 24 (Ministry of Health 2013). In the study “Youth and their Health”, ProHealth finds that among youth (15-24 yr) who have been pregnant at least once, 7 percent had an abortion at least once. A relatively larger share of teenagers (15-19 yr; 13.1%) than young adults (20-24 years; 5%) had at least one abortion. Regional differences are large. In Nickerie, for example, relatively few teenage girls had gotten pregnant, but among those who did, a large share (28.5%) had an abortion. In areas where the number of teenage pregnancies was high (Latour, Moengo, en Brokopondo) teenagers were more likely to have the baby (Pro Health 2007).

The Ministry of Education does not allow removal from school due to pregnancy with reference to the right of every child to education. However, part of the school principals tends to hold on to their own school rules and still expel pregnant girls from school (Ministry of Health 2013).

2.7 Contraceptive prevalence and condom use among youth

In Suriname an estimated 45.6 % of women currently married or in union use some form of contraception. Adolescents aged 15 to 19 are slightly less likely to use contraception than older women (PLOS and ABS 2009). Contraceptive methods most used by young women are the condom and ‘oral contraception’ (Ministry of Health 2013). Research from Pro health (2007) among youngsters (10-24 years) from marginalized neighbourhoods finds that only 60 percent of the sexually active study population (N=732) had used contraceptives during their latest sexual contact. In virtually all areas and age groups, relatively more men than women reported the use of contraceptives (ibid). Among those who used contraceptives, the condom was most popular; not only to prevent pregnancy but also to protect against HIV. Eighty percent of sexually active youth (10-24 yr) used a condom during the latest sexual contact. Oral contraceptive (pill) came second (17.2%), while virtually no-one reported the use of an IUD or injection.

A Lobi Foundation study among adolescents and young adults found that the majority of respondents (58%) had not used contraceptive methods the first time they had sexual intercourse. Youth of Maroon ethnic descent were significantly less likely than youth from other ethnic groups to not use contraceptive methods when having sexual intercourse for the first time (Ilacqua and Mahes 2000). This study was performed some years prior to the Pro Health study, and the findings suggest that youth have become somewhat more conscious of the necessity to use contraceptives.

In 2013, Population Services International executed an HIV/AIDS TRaC study to evaluate condom use among sexually active youth in the ages 16-24 in Suriname. Based on 742 interviews with sexually active males and females, the researchers concluded that:

- Consistent condom use varies according to partner type; consistent condom use among regular partners was reported at 45.9% and among non-regular partners it was reported at 72.7%.
- Ability to use condoms correctly is far from being universal as only 26.5% demonstrated correct condom use. Similarly, only 27% of those interviewed had a condom at the time of the interview.
- 27.5% of participants reported having received an HIV test in the last 12 months but an even lower percentage received an STI screening over the same period (19.9%).
- The share of female respondents who currently use modern contraceptives other than condoms stood at 44.1%. Also, is the reported number of respondents, who reported using the pill as a modern contraceptive method (31.1%) and those using injectables (2%).
- 35.2% of respondents received a medical check-up at least once a year.
- Access to condoms did not appear to be a major issue as 91.7% of respondents reported that they can get a condom when they need one and a similar 94.7% indicated that the last time they bought or received a condom they got it from a non-traditional outlet. Notably however 64.6% of sexually active youth reported that it is easy to find a condom to purchase.
- Social Support and promoting condom use showed similar findings as 29.1% of respondents indicate that their friends think it is ok to have multiple partners whereas, only 13.9% of sexually active youth encourage friends to use condoms with their non-regular partners.
- Self-efficacy variables were low; only 11% of respondents felt that they can convince their partners to use a condom and similarly only 13.4% felt that they know how to use a condom when they have sex.
- Locus of control reports favourable results as only 13.3% of respondents drank alcohol before having sex with non-regular partners and an even lower 1.3% used drugs (other than alcohol) before having sex with non-regular partners.
- Sexually active 16 to 24 year old males and females who had a delayed sexual debut were more likely to use condoms consistently.
- Self efficacy seems to be a driver of consistent condom use. Youth who feel that they are able to use condoms consistently are generally able to do so.

2.8 STIs and HIV/AIDS among youth

Reports of the central STI clinic indicate that the vast majority of all genital discharges are detected among youth, aged 15-29 years, with a major share of youngsters in the age group 20-25 years (Ministry of Health 2013). HIV Prevalence among pregnant women aged 15 to 24 is 1 percent (PLOS and ABS 2009); which compares to the national HIV infection rate of 1.1 percent of the adult population aged 15 to 49 (UNAIDS 2013). It is estimated that 41 percent of youth aged 15-24 has comprehensive correct knowledge of HIV/AIDS; meaning they could name two HIV prevention methods and identify three misconceptions about HIV/AIDS (Ibid).

2.9 Gender-based violence

Gender based violence continues to be one of the government's main priority issues in sexual and reproductive health (Ministry of Health 2013). In recent years, the number of reported sexual offenses against children under the age of 12 has grown. This finding does not necessarily indicate an increase in the number of cases; it may also be an indication of increased awareness of the issue and a higher tendency to report such cases. Most child victims of sexual offenses are girls.

Table 2. Child victims of sexual offenses, by sex of the victim

Year	Boys	Girls
2004	26	158
2005	30	212
2006	30	205
2007	20	231
2008	17	306

Source: ABS 2009. Selected Gender Statistics Suriname

2.10 Role of the media in CSE

A recent study among students between 15 and 24 years of age concludes that radio- and TV stations and newspapers help little or nothing in sex education of youth in the area of HIV/AIDS¹. However, this study indicates that television is the most important medium to gain information for 63.9 percent of the respondents. The newspaper is named as second important medium (52.1%). The study report explains that PAHO has the experience that the best way to send information concerning health topics is by television because of the impact of visuals. The study also looks at the best medium to share information about condom use. Most students (66.0%) responded that television was the best medium and 65.3 percent named 'school' as the best medium to receive information about condom use (Accord 2010).

2.11 Educational achievement of youth

The Presidential task Force on Children and Adolescent development (2013) presents the following figures about educational enrolment in Suriname:

Primary school completion rate:

- Urban – 57%
- Rural Coastal – 37%
- Interior – 7%

Net Secondary School enrolment:

- National - 49%

¹ Reported on the wb site of RUTA, URL: <http://www.laruta.nu/nieuws/surinaamse-media-leren-jongeren-niet-over-seks>

- Interior – 17%
- Interior district of Sipaliwini – 3%

Out of all the children who are of primary school entry age (age 6) in Suriname, 92 % are attending primary school, with a small advantage for girls (93% vs. 91% of boys). In the rural districts, however, almost one out of every three children aged six are not in school (PLOS and ABS 2012). Particularly among boys drop out is a severe problem, which is apparent from the last grade of primary education onward. For secondary and higher education levels, male participation in education is significantly lower than that of females (Heemskerk and Apapoe 2011).

Particularly in the interior of Suriname, and mainly in the district of Sipaliwini, the quality of primary education is substandard (there are no secondary education facilities in this vast district). A recent assessment of education in Maroon and Indigenous communities concludes:

Children from the interior often attend poorly maintained schools, are taught by unqualified and under-qualified teachers, and obtain little educational support in their home environment. Moreover, in three out of the ten visited schools there was a lack of teachers and school-aged children were staying at home at the time of the research. This situation is a violation of child rights, which dictates universal access to primary education. (Heemskerk and Duijves 2013)

The presented figures suggest that CSE should not only take place at schools, because a significant proportion of youth, especially in the interior, does not attend school. Alternative venues must be identified to reach these youngsters. Keeping in mind that many young people from the interior regions and from low income neighbourhoods are not fluent and/or not comfortable speaking in Dutch, the national language, efforts should be made to deliver CSE in Sranantongo (national Creole) or other languages appropriate to the specific location.

2.12 Challenges and Gaps identified in existing literature

The various existing reports, presentations, studies and web documents provide insights in the challenges to teaching CSE in the Caribbean region, whether integrated in the school curriculum or outside of the school setting. We summarize these challenges below. The field work data will show that the listed challenges are largely applicable to Suriname as well.

1. Parents fear that Sexuality Education will make their children promiscuous. They fear that CSE will increase children's sexual activity. This belief is persistent, despite evidence proving the opposite.
2. In many LAC countries, policy advocacy and polarized conservative currents have fuelled opposition to, and public debates about, CSE, thus adversely affecting its implementation.

3. Some people are of the opinion that Sexuality Education may be good for young people, but not for young children. One of the ideas inherent to CSE, however, is that age-appropriate Sexuality Education should be taught from an early age (4-6)
4. What is presented in operational plans and structures is not necessarily reflected in the implementation, sustainability and impact of policies and programs for CSE. CSE programs in the Caribbean are often subject to the decisions of successive governments, do not have the budgetary resources required, and lack of training strategies for the teachers responsible for their implementation in schools and other educational spaces
5. In existing programs in the Caribbean region, the time dedicated to (Comprehensive) Sexuality Education is generally too short.
6. Teachers may be willing to teach Sexuality Education but may be uncomfortable, lacking in skills or afraid to do so. Especially when confronted with a classroom full of giggling teenagers, a teacher must be very self-assured and frank to discuss issues related to sexuality.
7. Related to (6) is that training processes for teachers are generally insufficient and/or inadequate.
8. Teachers and educators lack creative resources and materials as support tools, and especially so for culturally appropriate Caribbean materials.
9. Existing studies have identified several issues that receive insufficient attention or are inadequately addressed in the existing curricula of most Caribbean countries. These topics include: gender, stigma and discrimination, body image, privacy or gender identity, sexual orientation and values.
10. In most cases, there is very little or complete absence of monitoring and evaluation of Sexuality Education. There is generally no system to document what children have learnt. On the other hand, the various stakeholders (young people, parents, community, health sector, development bodies.....etc) demand behavioural outcomes. E.g., they want to judge CSE programs based on whether they have helped reduce teen pregnancies and so forth.
11. The delivery of behavioural outcomes is a challenge in itself, as outcomes may be delayed or difficult to measure/prove. One reason is that education can contribute to, but cannot be solely accountable for achieving behavioural outcomes. The home situation, peer group, and other social groups in the environment of youth have a large influence as well.
12. Teachers and principals may feel that Sexuality Education is already covered in other subjects (biology or social studies) and that there is no need for additional time and attention spent on this topic.

13. Links between educational institutions and integrated sexual and reproductive health services are generally weak. This is unfortunate because existing SRH services could play a central role in the delivery of CSE.
14. Education must be delivered as a process of learning and development throughout each year of schooling. However, the education sector is not always equipped to teach in this way.
15. Political opposition or lack of political support will hinder the effective introduction and implementation of CSE. For example, conservative fractions in government may propose less explicit and less extensive Sexuality Education, or abstinence-only Sexual Education. Other politicians may simply not find the topic interesting enough to give their attention.
16. Sexuality education is a sensitive issue that can be taboo in socially and culturally conservative settings
17. To ensure that CSE efforts are affordable and sustainable, governments need to strengthen cooperation between the Ministries of Education and Health, establishing formal mechanisms for joint planning, implementation, monitoring, evaluation and follow-up, as well as work in collaboration with other sectors. At present, such cooperation is often lacking.

3. Methods

The consultant started with a literature review to acquire a more accurate understanding of the definition(s), content, and purposes of CSE, and of what is currently known about the issue and its impact. This information was used as basis for interviews with key stakeholders. The literature review and a list consulted documents were submitted to UNFPA in a separate document named *Literature Review*.

The consultant collected data on delivery of CSE using structured interviews with partly open ended (more in depth) and partly closed questions with policy makers, with representatives of relevant Non Governmental Organizations (NGOs), and with principals at schools. Interviews were designed to obtain expert opinions of the fundamental principles of CSE, the present national response to SRH and CSE, lessons drawn from earlier experiences in the implementation of (sexual) educational programs in different settings, and strengths, challenges, and gaps in present CSE.

Most interviews were conducted in Paramaribo, where the grand share of policy makers and NGOs are located. Yet even though the school curriculum is equal throughout the country, the implementation thereof differs substantially in the city versus the interior districts. Hence interviews also were conducted with the principals of two junior high schools in Brokopondo district, and two elementary schools in Sipaliwini district. This approach has helped to identify differences in the delivery of CSE in the capital city and interior regions.

The desk study and the mapping exercise were intertwined processes and informed one another. That is, based on the literature review the consultant identified key stakeholders and based on stakeholder interviews the consultant discovered new literature for review.

A list of consulted stakeholders is attached as Annex B.

4. Mapping of Organizations

4.1 Government departments

Department of Curriculum Development, Ministry of Education

Organization and mission: The Curriculum Development Department was established in June 1980 to give further implementation to the innovation idea of the education policy. The books were insufficiently aligned for the Surinamese society. The values of the own culture were not reflected in the subjects. The language was too difficult and too much emphasis was put on knowledge. Projects were initiated to insert own needs, nature and essence of the Surinamese context that reflected to experiences of the child into the curriculum.



The mission is further professionalization of the department through the staffing of professional curriculum developers and qualified staff. This will be done, among others, through training and thereby contribute to the development of qualitative educational packages under working conditions that ensure the preconditions for this purpose.

Exchange programs with:

- Anton de Kom University for research, testing and collaboration in evaluation and development of methods and standards (students engage in professional educational training, creating internships).
- All educational institutions (IOL, colleges, pedagogic institutes) that help develop the education policy and implement.
- Curriculum Development Institutes (departments) abroad (including the Caribbean Community (CARICOM)) for ongoing cooperation and exchange of knowledge and expertise and boosting each other's standards.

Activities: This year Curriculum Development has released a new curriculum for the first two grades of primary school. The books are both implemented nationwide. All schools make use of the method for the first grade. Some schools already use the books for the second year. It is not clear why not all schools make use of the curriculum for the second grade. The old method emphasizes more the biological side of sexual education. The themes in the new method are also about reproduction but also the subject "strengthening children against sexual harassment" is mentioned in the second grade of the revised method.

The intention is to develop the methodology for the next few years for the primary education. At present the department curriculum development is funded by the IDB (Inter-American Development Bank) for development of new methods. This funding continues until 2016. The intention is to yearly introduce the revised curriculum for the two upcoming grades, until 2016. The BEIP (Basic Education

Improvement Project), has trained teachers in the new method. BEIP is a division of the MINOV which is partly responsible for revising the curriculum of basic education in Suriname.

Challenges:

- Some aspects of CSE are insufficiently emphasized. In the first place the explanation of the feeling and sexual behaviour in general. In addition, pupils must be taught how to deal in a responsible way with sexual feelings.
- CSE in the current method is completely outdated. All relevant aspects of CSE (e.g. teenage pregnancies, STI's) would be desirable to teach. Information about HIV is only taught in IOL (advanced teachers training college)
- The department Curriculum Development is not formally appointed. This is the intention but it is not clear when.
- It is intended that Curriculum Development will develop new methods for the VOJ (lower secondary) level as well. At present, the newly purchased biology books by the government are criticized because of the visual material that is used. Most schools do not use the books and they are also not required to do so. According to Curriculum Development the books do give a lot of relevant information. The challenge for the future is to develop a method that will provide plenty of illustrative material and is user-friendly for all teachers.
- There is no uniformity in schools. Teachers determine how they want to provide some form of sexuality education, for example in biology or nature science classes.

Table 3. Summary MINOV Curriculum Development involvement in CSE

Summary Curriculum Development involvement in CSE	
Topic areas	1 st grade. Lesson 7. What do you and I have, Lesson 28. Bruintje has puppies 2 nd grade. Lesson 22. Tell mama (molestation) Lesson 23. Aunt Asha is pregnant 3 rd grade. Lesson 17. You and I, Lesson 18. This is the way little ones are born 4 th grade. Les 19 and 20. How life is passed on 5 th grade. Les 15 and 16. We are big 6 th grade. Lesson 6. How people pass on life; Lesson 7. Contraceptives
Activities	Development of curriculum based on current events and trends
Age group	6-18 years
Impact	Not clear at this moment
Sustainability	Update of the curriculum
Monitoring and Evaluation	No specific evaluations in the field of Sexuality Education was done by MINOV. However, the quality of teaching was evaluated (the way the lessons were explained by teachers). This is still a discussion because for some parents and even teachers sexual education is still taboo.

Basic Life Skills (BLS) program, Ministry of Education

Organization and Mission: The origin of the current Basic Life Skills (BLS) program lays in the '90s, when participants at a CARICOM meeting concluded that youngsters in the Caribbean region are confronted with many problems in the areas of human and capital development. It was concluded that a holistic approach would be needed to tackle the problem (cognition-body-mind), and that this could be best achieved through the schools.



The Health and Family Life Education project started in the entire Caribbean region with the aim to teach youngsters basic skills to confront life challenges. To ensure that the program would be carried out, the Ministers of Education and the Ministers of Health of all CARICOM countries expressed their dedication by signing an intention declaration. In Suriname the program was initiated under the name: Basic Life Skills. Based on a needs assessment it was decided that the program should focus on four themes:

1. Proper nutrition and physical exercise
2. Self-consciousness and personal relations
3. Sexuality and sexual behaviour
4. Responsible environmental management and protection

The aim of the BLS program is to help students adopt a healthy lifestyle and acquire the knowledge, skills, and attitudes necessary to be successful individuals and life-long learners. The program has been inactive for some years. In 2013 the department was again made operational, but the Basic Life Skills program itself has not been implemented.

Activities: A BLS curriculum has been developed for grades 5 and 6 of elementary school, and grades 1 and 2 of continued education, based on CARICOM guidelines. The lessons are formulated around four pillars: sexuality, environment, food and exercise, and interpersonal relations.

In 2008, the program was piloted at ten schools in Paramaribo and coastal districts. An independent researcher conducted an evaluation of the program at eight schools, but the present director of the BLS program is not satisfied with the evaluation and she has conducted her own evaluation.

In the past couple of years, the BLS program was rather inactive, but under the new government the program has been revived. It has revised the training book with 20 teaching sessions, which now needs to be edited and printed. The new director of the BLS program assumes that MINOV is in favour of the program and is willing to collaborate for its implementation. She also would like to pilot the new materials at schools, possibly during the after school programs or via the school libraries.

In 2013, upon request of the Bureau for Alcohol and Drugs, the BLS program trained ten boys in the ages 12 to 19 from the youth detention centre Santa Boma in communication and presentation.

Challenge: BLS is not part of the present curriculum and there is no plan of how it should be implemented; either as a separate subject area or integrated in other subjects. It is unsure how schools

will find room in their already crowded lessons plans to insert the BLS lessons. Another challenge is that not all teachers may be suitable to teaching BLS; one has to be creative, search additional information (on the internet) and be able to teach the various subjects. Suitable teachers must be trained and empowered and energized to teach the various subjects.

Table 4. Summary BLS program involvement in CSE

Summary BLS program involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Sexuality in the broadest sense of the word • Interpersonal relations
Activities	<ul style="list-style-type: none"> • Production of (written) lessons • Pilot at 10 schools (2008)
Age group	Ages 4-21, but at present lessons have been written for 5 th and 6 th grade of elementary school, and 1 st and 2 nd grade of secondary education (~children ages 10-15).
Impact	There has been a pilot at 10 schools. Evaluation suggests that children who participated in the BLS program performed better in the areas of Behaviour and school results, as compared to children who had not participated.
Sustainability	At present it is unsure whether, how and where the BLS program will become part of the MINOV curriculum or the MINOV educational system. The continuity of the program seems to large depend on the position of the Minister of the moment, which makes its proliferation uncertain
Monitoring and Evaluation	The 2008 pilot has been evaluated by an external researcher.

Basic Education Improvement Project (BEIP)

Organization and mission: The Basic Education Improvement Project (BEIP) is a collaboration with Minov. The goal is to improve the learning outcomes of primary education, through the revision of the curriculum and methods of 2nd through 6th of primary education and producing textbooks and learning materials. Since 2004, the Government of Suriname has a collaboration with the Inter American Development Bank (IDB), who partly funds the reform program of the primary school.



Activities: The BEIP has developed the curriculum for Sexuality Education for grades 3 and 4. These books are not yet distributed. It is the intention to develop the curriculum for the 5th and 6th grade in a playful manner. The consulted BEIP representative indicated that it is important to teach about sexuality at elementary school in a playful manner because in his opinion, Sexuality Education actually belongs in secondary education.

Table 5. Summary BEIP program involvement in CSE

	Summary BEIP involvement in CSE
Topic areas	The body, reproduction, contraceptives
Activities	Grade 3 and 4
Age group	6-12 in theory; 7-9 in practice
Impact	Not clear at the moment
Sustainability	Update of the curriculum
Monitoring and Evaluation	Not clear at the moment

Ministry of Health National AIDS Program, Ministry of Health

Organization and Mission: The National AIDS Program (NAP) is the government department responsible for management of prevention and treatment of HIV/AIDS, and care for persons living with HIV/AIDS in Suriname. Information and awareness activities are delivered through its centre for Health Promotion and HIV Prevention named Libi.



Activities: In 2012, in relation to World AIDS Day, the Ministry of Health organized nation-wide activities. In Brokopondo and the Upper-Suriname River area, the Ministry organized short story writing competitions and edutainment festivals. In Paramaribo, churches organized a song festival and in Nickerie there were special education sessions for youth. A representative of NAP added that NAP in collaboration with NGO's had given information at various fairs about HIV (what it is), PMTCT, and about treatment and care. During activities related to NCD's, prevention of HIV was highlighted as part of a healthy lifestyle. At this moment outreach activities are carried out in Paramaribo and the gold mining areas, targetting CSW and MSM.

Neither NAP nor Libi has a website with information about their activities and the responsible representative was not available for more detailed information.

Project Scholieren Moeders (Project Student Mothers), Ministry of Sports and Youth Affairs

Organization and mission: The Ministry of Sports and Youth affairs started in 1988 the Project Student Mothers (*Project Scholieren Moeders, PSM*). The goal of the project is to help young mothers who want to go back to school and who are already enrolled in school.



Activities: The project provides information, counselling and assistance to young mothers so they can acquire at least a secondary school degree, strengthen their parenting skills and postpone a second pregnancy as long as possible. The guidance usually takes one year. If necessary, the teenage mothers are counselled individually. There are also group activities and theme days. Sometimes the project is being invited to schools. The focus of the information days is

making conscious choices, create resilience and goal setting. There is also a focus on practical issues such as babysitting and approaching schools to re-register the young mothers. Every year, about 250 girls are registered. This number is exclusively for girls who want to visit the school again.

Challenges: The project has to deal with a lack of qualified employees. In addition, they also suffer from a lack of resources. Although a large part of the mothers goes to school again, the trend is that they stay at home after a while because of babysitting problems. Another common problem is that regularly violent situations within the relationship are reported.

Table 6. Summary Ministry Sport and Youth affairs involvement in CSE

Summary Ministry Sport and Youth affairs involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Personal leadership • Study Skills • Health and family life education • Early Childhood Development • Law • Entrepreneurship • Role models for teenage mothers
Activities	<ul style="list-style-type: none"> • Education • Counselling • Assistance
Age group	Teenage mothers who want to go to school again
Impact	The majority goes back to school
Sustainability	Continuous training of teenage mothers
Monitoring and Evaluation	After every training Follow-up appointment with mothers

Task Force Integral Children and Youth Policy (Task Force Integraal Kinder- en Jeugd Beleid)

Organization and mission: The working group was established in 2011 by the President of the Republic of Suriname, with the tasks: the formulation of a comprehensive policy for children and youth, conceiving a plan of action, monitoring the implementation of the policy and to advise the President of the Republic of Suriname regarding necessary interventions in terms of implementation. The general objective of the integral child and youth policy ensures all children and adolescents in Suriname (0-21 years) optimal development opportunities and protection so that they can grow up to competent adults who participate adequately in an increasingly globalized world. The integral child and youth policy 2012-2016 will be discussed from five dimensions:

- Early Childhood Development (0-9 years)
- Adolescents (10-21 years)
- Vulnerable kids
- Fight against violence
- Development opportunities

Activities: Within each dimension of policy there are actions formulated based on the current situation in the areas of prevention, protection, counselling, rehabilitation and participation. In particular within the dimension of 'adolescents' policy pays attention to CSE but this has not yet been implemented. The purpose of the policy dimension 'adolescents' is to provide the necessary support to adolescents so that they can fulfil the important developmental tasks successfully and as an adult a position in the labour market and in society. This is an integrated program and policy priorities include mental health, nutrition, sexual - reproductive health, prevention of teenage pregnancy, abortion, suicide, alcohol and drug use and crime. Ms. Ferrier explains that in her opinion it is good to focus on activities that keep children busy . Many children are engaged in sex out of boredom. By her experience the school is not the best place to teach children CSE, and some teachers are not the right persons to do so. There is already little time left at school to organize a good CSE session organized by an organization like Foundation Lobi or Pro Health, and sometimes children and the teacher feel uncomfortable in the school setting. It would be best to use the after school program or various associations for this kind of education. The coordination of this policy dimension is at the Ministry of Youth and Sports .

For the part of the ECD strategy 2012-2016 there is no focus on sexuality although there is attention for teen pregnancy. There is a well described pilot area, three different villages. Ms. Ferrier explains that CSE could be part of the ECD program for example when persons from the ECD team conduct house visits. This would be a possibility to execute CSE in a defined pilot area and properly monitor it as part of ECD.

Challenges: The biggest challenge is that all stakeholders should work together to develop plans, structures and programs and to perform for the benefit of the group of adolescents. These have to be both rights-based and gender-based and have to fit together to guide adolescents in their development.

Ms. Ferrier, who is the chairman of the Task Force is also director of the Foundation for Human Development, a foundation that is dedicated to give children what they are entitled to. CSE is part of their activities. One of the activities was the creation and distribution of the booklet 'Echte Vrienden' (real friends), a story for children from 10-14 years old about a healthy lifestyle and the prevention of HIV / AIDS.

Table 7. Summary Task Force integral Child and Youth Policy involvement in CSE

Summary Task Force integral Child and Youth Policy involvement in CSE	
Topic areas	CSE overall
Activities	Activities are formulated regarding prevention, protection, counselling, rehabilitation and participation. Regarding CSE nothing has been implemented yet.
Age group	10-21
Impact	They have a steering function and put Ministries to action. The Task Force is initiated by the President and falls directly under his responsibility.
Sustainability	Is recognized by all relevant Ministries and has a strategic position.
Monitoring and Evaluation	Every three months monitoring takes place.

4.2 Foundations for Education

Foundation Education EBGs (St. Onderwijs der EBGs)

Organization and mission: The foundation was established in 1977. In Suriname it is responsible for 73 schools, of which 64 primary and nine secondary schools. The mission of the EBGs is to provide high quality education in a Christian and challenging learning environment where there is plenty of room for the development of talent, the accumulation of knowledge and learning essential skills. The above mission also includes providing sexual education.



Activities: The EBGs works with care coordinators (zorgcoördinatoren, ZoCo's) who will identify children who need care. It appears that there is an increase in the number of teenage pregnancies. Often parents do not even know that their children miss out school sometimes. It is in the planning to start a program with teenagers who are (were) pregnant so they can share their experience to peers. However, it is not yet clear how to organize this awareness session. It appears that there is some resistance from the organization. One is afraid to sent “wrong” signals to teenagers when this program is launched. Furthermore, the EBGs is developing seminars for parents how to deal with adolescents .

CSE is given from Christian values and standards: the goal is to learn children about their feelings and encourage sexual abstinence until the proper age is reached. In contrast, the organization believes good information is needed for children who are sexually active.

Challenges: The biggest challenges for EBGs is to take sexuality in the broadest sense of the word out of the taboo. It seems that sometimes the foundation has to deal with angry parents. There is also a barrier for some teachers to talk about sexuality. Some of them are even skipping lessons about this subject. Furthermore, the foundations lacks material to give good qualitative information about CSE.

Table 8. Summary Stichting Onderwijs der EBGs involvement in CSE

	Summary Stichting Onderwijs der EBGs involvement in CSE
Topic areas	CSE mostly about reproduction
Activities	<ul style="list-style-type: none"> • Support of teachers by care coordinators • Awareness sessions
Age group	6-15
Impact	Hard to say. No studies about specific impact of CSE.
Sustainability	CSE under responsibility of care coordinators
Monitoring and Evaluation	No specific evaluation is done by the EBGs

Foundation Roman Catholic Denominational Education (Stichting RKBO)

Organization and mission: The mission of the RKBO is to provide qualitative education and to guide children in the right way based on the ideology of the RKBO. The main goal is to create awareness so that the children can recognize sexual abuse and so that they can indicate when it is done to them.

Activities: Like the EBGs, the RKBO uses care coordinators (*zorgcoördinatorer, ZoCo's*) to organize information days about sexuality. In addition to the curriculum some information sessions are organized because of care needed. For example, a session about gender issues was conducted to educate a classroom because one of their classmate was bullied because of his sexual orientation. On December 2th, a discussion day is planned concerning sexual abuse. A film will be shown about perpetrators and victims. The goal is to train teachers so that they can recognize the signs of sexual abuse.

Challenges: According to the RKBO, the curriculum is too brief and insufficient. Teachers need more material. They now rely on their own improvisation. Moreover, there are many cultural groups in Suriname for whom sexuality is taboo.

Table 9. Summary Foundation Catholic Denominational Education (RKBO) involvement in CSE

Summary Foundation Catholic Denominational Education (RKBO) involvement in CSE	
Topic areas	CSE mostly about reproduction
Activities	<ul style="list-style-type: none"> • Support of teachers by ZoCo's • Awareness sessions
Age group	6-15
Impact	Some cases of sexual abuse have been reported
Sustainability	CSE under responsibility of care coordinators
Monitoring and Evaluation	No specific evaluation is done by RKBO

4.3 International Organizations

Progress

Organization and mission: Progress, the Effective Schools Program Suriname, is a collaborative program between the Ministry of Education and the Flemish Association for Development Cooperation and Technical Assistance (VVOB), which started in 2008. The program aims to positively contribute to child-friendly and learner-centred education in Suriname, departing from the principle "I believe in you". The specific purpose of Progress is to strengthen capacity at schools so that they can improve their quality.



Activities: Based on the principle "Our students are our concern, because every child counts", MINOV in collaboration with Progress started a training program for care coordination. Within the two-year training, teachers were trained and supervised to become a care coordinator (*zorgcoördinator ZoCo*) at

school. Central themes were: coordination skills, communication, and assist teachers in organizing extra care in the classroom and school-wide to work on a powerful pedagogical and didactic basis.

The ZoCo works with school leaders and teachers, and maintains an overview of what is happening in the school to accommodate pupils who need support. The ZoCo coordinates the delivery of extra care in the entire school. In this context the ZoCo also identifies sexual problems (e.g. sexual abuse) that require attention. The main task is to continuously support the teachers so that they become stronger. The ZoCos also are the bridge to external support and assistance for pupils. They make sure that they are informed about support networks. Furthermore, the ZoCo helps develop information days if it turns out that they are needed.

Since March 2014, the ZoCos of various schools are following training in the context of the project: prevention of and dealing with child abuse in Suriname. The purpose of the training is identifying and discussing (suspected) child abuse, including sexual abuse, with children and their parents, and to stop abuse. The training is done in collaboration with the Institute for Graduate Studies and Research of the Anton de Kom University. This training lasts four days. During the training, a protocol is being discussed with the focus to enhance the safety of children.

Together with the principal, the ZoCo is responsible for implementing the protocol. At the moment school inspectors throughout the country are being trained. The follow-up plan is to work with multi disciplinary teams that have to consist of: the school inspector, the school principal, the school social worker, and a MINOV representative. It is also the intention to include a pediatrician and someone from the youth police to be a part of the multi disciplinary team. The goal is to get started in February 2014 with the implementation of the multi disciplinary teams. The various parties are motivated and recognize the importance of the training.

Challenges : There is no central reporting system. Relevant authorities do not know who to refer to and who is ultimately responsible.

Table 10. Summary Progress involvement in CSE

Summary Progress involvement in CSE	
Topic areas	All CSE topics can be discussed depending on needs.
Activities	<ul style="list-style-type: none"> • Assist teachers to accommodate pupils who need support • Organizing information days about certain topics of CSE • Training: prevention and approach of child (sexual) abuse in Suriname
Age group	6-12
Impact	Hard to say. No studies about specific impact of CSE. A number of times, there have been reported cases of sexual abuse.

Sustainability	Continuous training of peer educators from different organizations Long-term partnership with the <i>Ministry of Education and the Flemish Association for Development Cooperation and Technical Assistance (VVOB)</i>
Monitoring and Evaluation	The student care system is monitored by the zoco's and together with the principal, the zoco's are responsible for the implementation of the protocol.

United Nations Population Fund (UNFPA)

Organization and Mission: UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.



The overall objective of the UNFPA Country Programme in Suriname, as part of its regional strategy, is to contribute to the reduction of poverty and to improve the quality of life of the people by promoting sexual and reproductive health and rights; gender equality and equity by integrating population related factors into development strategies and plans.

Projects and Activities: UNFPA started its cooperation in Suriname in 1985 by supporting projects in the area of adolescent health, data collection and capacity building for population programmes. In 2003 its liaison office was opened in Paramaribo with the objective of strengthening the organization’s capability for stepping up program delivery in the country. The Joint programme (Government of Suriname/EC/ UNFPA) for Sexual and Reproductive Health (2003-2008) was the first project managed by the new office, with the Ministry of Health as the executing agency. UNFPA has also been actively engaged in capacity building on gender issues as well as with adolescent mothers.

UNFPA’s main role in CSE is to provide technical and financial support for initiatives in the field of education in population, development and environment, family and sexuality. In 2009, the UNFPA worked with the Basic Life Skills program. The UNFPA co-developed/adapted a manual “*Jij, Je leven Je dromen*” (You, your life, your dreams) for peer education in youth groups. The target group for this book is youth in the ages 12 to 26. The book was donated to the libraries of schools and staff from the BLS program trained teachers to work with the book. In addition, the UNFPA made an infomercial about CSE with youngsters from a scouting group.

In 2011, during six months, the UNFPA initiated a project with youth leaders from different religious groups. Religious leaders with expertise on the subject provided information and held discussions with the youth leaders about how to discuss sexuality issues with young people. In 2012-2013, in collaboration with Pro Health, information sessions have been given at schools in low-income areas. The sessions focused on misconceptions about pregnancy and HIV/AIDS.

In September 2013, the UNFPA in collaboration with Population Services International (PSI) organized peer education training about sexuality, including HIV/AIDS, for 20 youth from different organizations. In 2014, there will be a follow-up training. This group is organizing follow-up activities, such as an info-day for youth in the village of Lelydorp (planned December 2013) and participation in Suriname's national fair, with the Red Cross (28 Nov-4 Dec 2013).

Since several years, the UNFPA has been providing financial and technical support to the Ministry of Sports and Youth Affairs (*Sport en Jeugdzaken*) Teenage Mothers' program. Among others, UNFPA has supported training for counsellors of teenage mothers and provided awareness and training materials. Another activity involved South-South cooperation, with an educational trip to Guyana.

Challenge: In some years, projects about CSE have not continued because there was no funding for these specific projects. This threatens the continuity and sustainability of projects. Another barrier is bureaucracy, which sometimes delays the receipt of (co-)funding from the Government of Suriname. As a result, some projects cannot be executed as planned. Finally, people often have to cross a certain barrier before they can freely discuss CSE issues. For example, some teachers appreciate information because they know that the children are sexually active, but others believe that children become sexually active if they are confronted with information about sexuality.

Table 11. Summary UNFPA program involvement in CSE

Summary UNFPA involvement in CSE	
Topic areas	CSE overall
Activities	<ul style="list-style-type: none"> • Financial and technical support for governmental and non-governmental organizations • Training of teachers, peer educators and others • Production and distribution of education and awareness materials
Age group	All ages. A peer education manual was developed for youth in the ages 12 to 20
Impact	Hard to say. No studies about specific impact of CSE. Generally reactions have been positive
Sustainability	Continuous training of peer educators from different organizations Long-term partnership with the Teenage Mothers' program from the Ministry of Sports and Youth Affairs.
Monitoring and Evaluation	Annual evaluation with all implementing partners.

Youth Advisory Group (YAG) of the UNFPA

Organization and Mission: The youth group of UNFPA, the Youth Advocacy Group (YAG) Suriname, is a diverse group of six to ten² young Suriname adults (aged 20 to 25) who support the UNFPA in issues regarding their mandate. The group contains representatives of different sub groups such as adolescent mothers and men who have sex with men (MSM), and is chaired by a male and a female chair person who are annually re-elected.



Projects and Activities: Under the auspices of UNFPA, YAG members participate in workshops and attend international meetings. In addition, the group can suggest ideas for activities to UNFPA. The YAG Suriname has been involved in peer education about sexuality since its establishment in 2010, and has always discussed sensitive topics in the area of sexuality.

In 2012, YAG members participated in a health fair in Kwamalasamutu, in collaboration with the Medical Mission (MZ). At their stand, they promoted healthy life styles (focused on sexuality) and performed interactive condom demonstrations. In Nickerie (2013), the YAG participated at a youth fair with a stand to provide information about Sexual and Reproductive Health and Rights (SRHR) issues. In the context of International Youth Day, the YAG held an information activity at one of the malls in Paramaribo. YAG members held discussions with individuals and small groups of youth.

Also in 2013, the YAG held trainings for youth in institutions and children's homes in Para, Nickerie and Paramaribo. Main topics during these trainings were assertiveness, your own strength, and equity/discrimination. From November 30th till December 4 of this year, YAG in collaboration with the Suriname Red Cross will populate a stand at the annual national fair.

The vision of YAG is that it is important that youth make adequate choices and have the appropriate skills and information: "If you do not get adequate information at school, you will seek it among your peers," explained one of the chairs. As a result, young people may obtain false information, including misperceptions about the prevention of pregnancy and Sexually Transmitted Infection (STIs). According to the YAG chair persons, the strength of their approach is that everything can be openly discussed whereas at schools many topics are taboo (e.g. condom demonstrations). In this context, the consulted chair persons indicated that it would be useful if the MINOV curriculum would pay more attention to sexuality in a broad sense, in the context of Healthy Life Styles. The BLS program aims to do just that but there seems to be opposition against the program within the government.

Challenges: One of the challenges is to change persistent misperceptions about sexuality among youth. Another challenge is to reach youth in interior villages where people poorly speak Dutch and Sranantongo.

² At present YAG counts seven members.

Table 12. Summary YAG involvement in CSE

Summary YAG involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Practice safe sex, in the context of a healthy life style • Sexuality • Family planning • Contraceptive use, including condoms • Abstinence
Activities	<ul style="list-style-type: none"> • Trainings for youth in institutions and children’s homes • Information dissemination during fairs and public events in Paramaribo • Information sessions and condom demonstrations during special events in the districts • Suggestion of ideas to UNFPA
Age group	Youth ages 14-25
Impact	Generally positive reactions and in feedback youth convey that they have learned.
Sustainability	Projects are often one-time activities and there is little follow-up
Monitoring and Evaluation	End of the year internal evaluations, but evaluation among the target groups.

UN MDG Youth Ambassadors Program

Organization and mission: The objective of the organization is mainly to promote the Millennium Development Goals. In this context there are projects to carry out that will contribute to achieve the goals for 2015. This project is a pilot project. A number of schools (chosen randomly) will be visited by the MDG corps to give a short presentation about the millennium goals. This project is a two-year project which was launched in October 2013.



Activities: The project involves that the youth officers are giving a short presentation about:

- The eight Millennium Development Goals
- Summary of the state of affairs in Suriname
- Possible contribution of youth to help achieve these goals

Recently some youth advisors were given the opportunity by the Youth Advisory Group (YAG) of the UNFPA to attend a training concerning Sexual Education. The goal of the training was to train a group of youngsters between 18 and 25 years, in order for them to transfer the information in a fun way to their "peers" which eventually should result in a behaviour change concerning sexuality. The topics that were discussed were:

- Sexual Transmitted Infections (including HIV)
- HIV
- Prevention

On November 30th, 2013 a training of eight sessions will start. For this occasion a information booklet will be launched.

Other projects:

- School Packages Project; 14.000 school packages (including uniforms) were given to underprivileged children in 10 districts
- Environmental Consciousness Project; barrels will be placed at some schools

Challenges: Some Youth advisors believe that a lot of information is missing concerning sexual education. The importance of knowing who you are and how you feel in your body, being familiar with yourself and know yourself, that is missing, are topics that the youngsters had to learn by themselves. The youth advisors also experiencing a lack of openness about sexuality among teenagers.

Table 13. Summary UN MDG Youth Ambassadors Program involvement in CSE

	Summary UN MDG Youth Ambassadors Program involvement in CSE
Topic areas	<ul style="list-style-type: none"> • Sexual Transmitted Infections • HIV • Prevention
Activities	<ul style="list-style-type: none"> • Training about sexuality will be given
Age group	18-25
Impact	Hard to say at this moment
Sustainability	Unclear whether this is a recurring event
Monitoring and Evaluation	Not yet

United Nations Children’s Fund (UNICEF)

Organization and Mission: The United Nations Children’s Fund (UNICEF) is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of Behaviour towards children³.



Activities: The UNICEF representative in Suriname was unable to provide extensive information about UNICEF activities in the area of CSE. In his brief response he stated that UNICEF follows basically the priority areas as indicated by the Ministries, fitting within the integrated policy. The activities within the health sector are not specifically defined, and therefore the education specialist could not say anything about the activities concerning Sexuality Education.

³ For full mission statement, see the UNICEF web site: http://www.unicef.org/about/who/index_mission.html

Population Services International (PSI)-Caribbean Suriname youth program

Organization and Mission: PSI is a global health organization dedicated to improve the health of people in the developing world by focusing on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrheal, pneumonia and malnutrition.



Its mission is to develop favourable environments that facilitate a better quality of life among people in the Caribbean, by measurably improving the availability, access, and use of key health information, products and services through innovative and effective social marketing.. PSI/Caribbean is headquartered in Trinidad and Tobago and has offices in most Caribbean countries, including Suriname.

Activities: In 2013, PSI conducted a study entitled: 'Suriname (2013): HIV/AIDS TRaC Study Evaluating Condom Use' among youth in Suriname. The PSI website lists other activities the organization is involved in, such as: Behaviour Change Communication (BCC) through targeted community interventions and mass media campaigns; and Condom Sales at non-traditional retail outlets. The consultant has not been able to get in touch with a PSI representative in Suriname or to verify the information. It is unclear whether the organization is indeed active in Suriname.

Pan American Health Organization (PAHO)

Organization and Mission: The Pan American Health Organization (PAHO, 1902) is an international public health agency, which provides technical cooperation and mobilizes partnerships to improve health and quality of life in the Americas. PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO). Together with WHO, PAHO is a member of the United Nations system.



The mission of PAHO is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas. PAHO has been active in Suriname since 1958.

Activities: PAHO does not execute field activities but instead supports Ministries to do so. To date the consultant has not been able to obtain information about PAHO Suriname activities in the area of CSE.

The Suriname Red Cross

Organization and Mission: The Suriname Red Cross (est. 1940) is part of Red Cross International. Its main purpose is to: “prevent and soften human suffering in the broadest sense of the word, in an impartial way, free of discrimination on the basis of nationality, race, sex, religion, language, social or political beliefs”⁴.



The above-stated mission includes promotion of good SRH. In the past, the Red Cross has organized training of trainer programs with youth for sex education, but at present these trainings are revised at the international level. The current trend within the Red Cross is to work more preventively instead of after a problem has surfaced. In the general outreach and awareness activities, sexuality and sexual health discussed as an integral part of overall health.

Projects and Activities: Club-25 (est. 2006) is a group of young blood donors between the ages of 18 and 25. In the context of attracting more youth to become blood donors, Club-25 aims to motivate youth and young adults to make healthy life choices, eat healthy, exercise, and lead healthy sexual lives. Persons with high-risk sexual Behaviour are not accepted as blood donors⁵, and hence Club-25 promotes safe sexual Behaviour and protection against HIV and other STIs. Among others, outreach occurs through information sessions at schools and during public events. With regard to HIV/AIDS and STIs, outreach activities focus on Basic Life Skills (BLS) and the main message is abstinence and faithfulness to one partner.

The program Youth as Agents of Behavioural Change (YABC) has internationally been active since 2008, and is planned to take effect in Suriname by the end of this year. This program builds on youth and ethical leaders and role models to promote social inclusion and a culture of non-violence and peace. The topic areas of this program are closely linked to the CSE topic area of resilience, equity, and non-discrimination. The Red Cross awareness activities are not linked to the Ministry of Education curriculum, but there is collaboration with some schools. For example, during the introduction week for high school, some schools ask the Red Cross to provide information sessions.

Challenges: The main challenge for the Red Cross in the area of CSE is the need for a mind shift in which educators no longer tell youth how to have sex (i.e. use condoms) but –much broader- how to deal with your sexuality and your body. A Club-25 member asserted: “They [youngsters] know how to put on a condom, but we talk about the deeper feelings ... [we] convey that the body is precious and sex is intimate and special.”

Table 14. Summary Red Cross program involvement in CSE

Summary Red Cross involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Assertiveness, equity, non-discrimination, as a basis for general health • Promotion of healthy life styles/BLS, including sexual health.

⁴ http://www.surinameredcross.sr/?page_id=62

⁵ In order to be accepted as a blood donor, the person must either have abstained from sexual activity or been sexually active in a monogamous relationship in the past six months.

	<ul style="list-style-type: none"> • STIs, incl. HIV/AIDS • Focus for youth on abstinence and faithfulness • Changing root causes of health Behaviour
Activities	<ul style="list-style-type: none"> • Information sessions at schools and during public events • Training sessions with youth • Use of youth and ethical leaders as role models
Age group	All ages; primarily high school
Impact	Hard to say. No studies about specific impact of CSE. Anecdotal evidence suggests that programs help change behaviour.
Sustainability	Continuous training of peer educators in and outside of Suriname guarantees sustainability of programs
Monitoring and Evaluation	Annual evaluation of C-25 program.

The United States President’s Emergency Plan for AIDS Relief (PEPFAR)

Organization and Mission: The United States President’s Emergency Plan for AIDS Relief (PEPFAR) program for the Caribbean region assists the region in strengthening health systems in their response to HIV/AIDS -including health financing, leadership and governance, and laboratory systems- and addresses public health issues beyond HIV and AIDS. The PEPFAR is active in Suriname through the US embassy.



Activities: PEPFAR provides funding to the Suriname Ministry of Health and to NGOs for activities related to HIV/AIDS prevention. PEPFAR itself does not implement projects.

4.4 Non Governmental Organizations

Stichting (Foundation) Lobi

Organization and mission: The Lobi Foundation (1968) is an NGO, which has as its mission to promote the quality of life in Suriname, by improving the health of particularly women and children. This occurs by promoting responsible parenthood and reproductive health, and is based on respect for human life, human dignity and strengthening of the family.



The main working area of the Lobi Foundation is Sexual and Reproductive Health, which is approached through the principle: “Sexuality is a key element in the life of every human being; therefore each individual must be able to express his/her sexuality in a pleasant and responsible way.” CSE is inherent in all activities of the Lobi Foundation.

Activities: The Lobi Foundation uses a variety of strategies for CSE, including information sessions, trainings and workshops for groups, and counselling and consultation with individuals. For the Lobi Foundation, workshops and trainings are best suited to CSE because these sessions are more lengthy than many of the other methods. Besides, topic areas can be discussed in greater detail, using a variety

of behaviour change communication tools, including games, group discussions, demonstrations, role play and (PowerPoint) presentations. During such sessions, it also is possible to discuss multiple topics. Information sessions at schools typically focus on your changing body in adolescence and STIs including HIV. During workshops, broader themes are discussed, including values and behavioural codes, communication games, listening and so forth. The workshops, trainings, and other education and awareness activities are designed to fit the specific demand, age, skills and background of the group. The trainers/educators often perform a quick scan needs assessment prior to the CSE activity, during which the youngsters can put their questions (anonymously) on paper.

The Lobi representative conveyed that information sessions at schools are very important because teachers often feel uncomfortable to discuss certain themes or even to call the reproductive organs by their name. Often the teachers themselves do not want to admit this because they want to appear qualified and knowledgeable. Others, however, admit openly that they do not feel equipped to discuss CSE topics. In those cases, Foundation Lobi can train teachers and parents.

The different topics that are discussed with the different age groups are listed in Table 6, keeping in mind that these topics can also be moved to other ages depending on the situation. The topic of sexual orientation is inherent in the various areas. Typically it is not dealt with as a separate topic to not give the impression that a sexual orientation other than heterosexuality is a deviation.

Table 15. Topics discussed in CSE information sessions

From 4-6 to 11 years old	12 and older
Sex and society	Sex and society
The body	Puberty
Friendship and relations	Relations
Sexuality	Sex and the body
Reproduction	Reproductive planning
Gender and sexual orientation	Gender and sexual orientation
Communication	Communication
Assertiveness; saying 'No'	Assertiveness; saying 'No'
	STIs and HIV
	Sexual violence

Challenges: The Lobi Foundation does not receive any funding from the Suriname government, and hence its ability to perform CSE activities depends on grants and donations from international organizations⁶. This also means that Lobi needs to ask schools to pay for their services and many schools may not have the funds to cover the activities.

For many youth, there is still a barrier to visit the Lobi Foundation. A Foundation Lobi staff member asserted: “Adults often are prejudiced, saying ‘Oh, they are so young and they are having sex already’, or ‘they are just horny’; and youngsters know”

⁶ At present, the largest funder for Lobi Foundation is the International Planned Parenthood Federation

Table 16. Summary Lobi Foundation involvement in CSE

Summary Lobi Foundation involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • All possible CSE topics. • Per training, workshop or information session, the topics are selected and the methods are designed according to the group background and needs.
Activities	<ul style="list-style-type: none"> • Consultation: Personal conversations and providing advice about general topics. • Counselling: communication focused on a specific problem or issue of the client. • Information provision through telephone and internet. • Outreach during fairs and other public events, both passive (behind a stand) and active (walking around to approach people). • Workshops: information sessions that typically contain a lot of practical exercise (some hrs to multiple days). • Trainings: More extensive information sessions (some hrs to multiple days). • Information sessions (~ 1 hr) for groups of max. 25 persons, for example at a school or a neighbourhood centre.
Age group	All ages; generally starting at the age of about 6.
Impact	Generally positive feedback. Many parents are happy because they know that the youngsters get good sexual education. Also the youth themselves come with questions.
Sustainability	Through M&E, Lobi determines whether adjustment and/or follow-up are useful and necessary. At one middle school in Paramaribo, Foundation Lobi provides annual information sessions.
Monitoring and Evaluation	Workshops, trainings and information sessions are started with a pre-test and/or needs assessment, and after the event (e.g. after several days) there is a post-test. Occasionally another evaluation follows after three months.

Youth Advocacy Movement (YAM) of the Lobi Foundation

Organization and Mission: The YAM (2001) is the youth group of Lobi Foundation. The Suriname YAM is part of the international YAM network, which was established by the International Planned Parenthood Federation, Western Hemisphere Region Inc. (IPPF/WHR). The various YAM groups represent youth interests within organizations that provide information and raise awareness about SRH in the East Caribbean region. The mission of YAM Suriname is to strengthen SRHR among youth. YAM Suriname counts 23 members, among whom 14 are regularly active. The members are aged 17 to 25.



Activities: The YAM supports the work of Foundation Lobi, particularly where youth are concerned. The members try to reach youth and build capacity by means of workshops, information sessions at schools, participation in meeting (national and international) and information sessions at a variety of occasions. In 2012, the YAM executed a project with schools, during which approximately 12 schools

were visited. An evaluation study that was conducted afterwards demonstrated that the participating students were happy with the information sessions; they had learned a lot and wanted to obtain more information. The YAM members also offer one-on-one counselling with peers.

Challenge: Among the main challenges is to have adequate and skilled persons in the group to disseminate information. There have been different trainings including peer education training sessions. However, most participating youth still attend school either at day time or in the evenings, and they are not always available. Moreover, the trainings are expensive.

Table 17. Summary YAM program involvement in CSE

Summary YAM involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • STIs including HIV/AIDS • Sexuality, diverse phases • Family planning
Activities	<ul style="list-style-type: none"> • Workshops • Information sessions at schools, incl. during introduction week and school motivational days. • Information sessions during events (e.g. at fairs or events such as International AIDS day) • Participation in national and international meetings
Age group	Youth ages 10-24
Impact	Generally positive reactions and in feedback youth convey that they have learned.
Sustainability	Activities are ongoing; exchange with YAM groups in other Caribbean countries
Monitoring and Evaluation	Not all activities are evaluated. A 2012 project at 12 schools was evaluated with positive results

Stichting (Foundation) Liefdevolle handen

Organization and mission: The Foundation Liefdevolle Handen (Loving Hands) (2009) is occupied with the social support for and care of women with psychosocial and social problems in general, and particularly Commercial Sex Workers (CSW) and addicts. Foundation Liefdevolle Handen also provides information and awareness sessions about CSE-related topics for youth and adults to prevent the named problems.



Activities: The Foundation organizes information sessions at schools. Sometimes they approach specific schools and sometimes the schools approach them. Topics that are discussed in these sessions include: HIV/AIDS and other STIs, adolescent pregnancy, drugs (incl. alcohol), and sexual and domestic violence (in relation to substance abuse). Sexual orientation is only discussed in the context of HIV/AIDS, as one of the forms of sexual relations.

Information sessions with youth primarily take place at schools, including elementary schools, mostly starting at grade 3-4. Sometimes there are requests to hold sessions for grade 1 (ages 6-7). In 2012, more than 10 schools were visited, including schools in the districts of Para and Wanica. It is important to reach school children from a young age onwards, conveyed a Liefdevolle Handen staff member, because: “even if you do not give [children] information. They have that information, and they like to experiment. It is important that children from a young age onwards learn things so that they will not meet surprises later.”

So far in 2013, fewer schools have been visited because the Foundation has been busy with workshops, trainings and outreach for other venues. These activities include:

- A public workshop about sexual violence, specifically linking sexual violence and substance abuse.
- Outreach among CSW, providing information about condom use and HIV, and performing needs assessments. Foundation staff members are in the streets on a daily basis, alternating mornings and evenings.
- Trainings focusing on practical (creative) skills to provide an alternative source of income, such as making jewellery and tie-die.
- In collaboration with New Beginnings Consultancy and Counseling Services (NBCCS), Foundation Liefdevolle Handen has also organized trainings about SRH to CSW, to train them as peer counsellors.
- Infomercial about sex and drugs, made for the US embassy for television broadcasting.

For November/December 2013, additional activities are planned, including a 2-day workshop for school leaders, church leaders, parents, care takers and directors of children’s homes; a e-day public workshop about sex and drugs; and an information session about STIs including HIV for youth.

Financial support for the various activities is obtained partly from the Ministry of Social Affairs, and partly through grants and donations (e.g. Global Fund, UNFPA, US embassy)

Challenge: Educational material to deliver information sessions is not always available. Nevertheless, the National AIDS Program and UNFPA help with brochures and other materials.

Table 18. Summary Foundation *Liefdevolle Handen* involvement in CSE

Summary Foundation <i>Liefdevolle Handen</i> involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Promotion of good SRH • STIs and HIV/AIDS • Adolescent pregnancy • Sexual and domestic violence – in relation to substance abuse
Activities	<ul style="list-style-type: none"> • Information sessions at schools • Peer counselling trainings about SRH to CSW • Production of an infomercial about sex and drugs • Public workshop about sexual violence • Outreach among CSW, providing information about condom use and HIV

Age group	For youth; ages 6 and up. For adults all ages. Main target groups are CSW & drug addicts.
Impact	Sex workers come to the Foundation for support and shelter. The Foundation is approached by schools. Teachers and children approach the Foundation with questions.
Sustainability	Activities among CSW take place on a daily basis. CSW have been trained as peer counsellors.
Monitoring and Evaluation	There are follow-up appointments with peer counsellors among CSW to see how they can continue working with them.

Foundation Pro Health

Organization and Mission: Foundation Pro Health is a Suriname NGO which has as its mission to: “contribute to improvement of health for everyone, and particularly for marginalized groups; empowering communities; and initiating or strengthening partnerships between community groups and health institutions.



Activities: Since 2011, Pro Health is actively involved in Sexuality Education for youth in low income neighbourhoods in Paramaribo city, and in marginalized regions in the Suriname’s interior. Pro Health produced three short films/infomercials (8-20 min.) that are used for this purpose;

- 2011: Information film “Mirroring Role Models. ‘If I can do it, you can too” about HIV/AIDS prevention and the importance to complete school. The DVD contains three short films about role models (with support from the United States President’s Emergency Plan for AIDS Relief (PEPFAR)).
- 2012: Information film “Teenage pregnancy; you can prevent it”, about the prevention of adolescent pregnancy and HIV/AIDS. This short film was produced with youth from Brokopondo district, and used during sexual education sessions at schools in low-income neighbourhoods in metropolitan Paramaribo (e.g. Latour, Wintiwai). One of the main messages in this film is that youth should concentrate on completing school (with support from Skanfonds).
- 2013: Information film “No, I do not participate”, a DVD film containing a musical made by elementary school children in Latour neighbourhood with the theme “Stay away from sex because it is not worth it and you will not reach anything”. The musical was the winning production of a school competition that was part of a Pro Health project aimed at HIV/AIDS prevention (with support from PEPFAR).
- In 2013, Pro Health executed several sexual education projects, mostly focused on the prevention of adolescent pregnancy and HIV/AIDS among youth:
- In the context of the project “Strengthen adolescents in the fight against HIV/AIDS and other STIs by means of theatre and educational strategies for youth” Pro Health provided information and held interactive discussion sessions about prevention of teen pregnancy and HIV/AIDS with

youth at 10 primary schools (grades 4-6) in a low-income neighbourhood of Paramaribo (Latour). In addition, an expressive arts competition was held between schools.

- Pro Health initiated an awareness project "to empower adolescents by informing them about the dangers and risks of using 'cultural' or self-invented remedies" in relation to falling in and making love. Youth in the ages 10-16 from the low-income neighbourhood Abrabroki play in an infomercial about the risks of using such remedies to prevent pregnancy and HIV infection.
- For the project "prevention of teenage pregnancy", youth from elementary schools in a low-income neighbourhood in the suburbs of Paramaribo (Pontbuiten) have received an interactive training about the prevention of teen pregnancy and HIV/AIDS (planned October-November 2013).
- At present, Pro Health is executing the project "Reduction of teen pregnancies in Marowijne". The organization has developed training materials that fit the daily life experiences of youth in the district. Trainings have been initiated in November 2013.

The Pro Health director conveyed that the Sexual Education information sessions at schools are aimed at both providing information and teaching skills. Even though 'assertiveness' and 'gender' are not delivered as separate topics, these themes are inherent in the sessions about other topics. There are special sessions planned about stigma and discrimination related to HIV/AIDS.

The director of Pro Health observed that youth are hungry for information about sexuality, but parents do not easily touch upon the subjects because they themselves were not well informed by their own parents and they do not know where to start and what to tell. Moreover, school teachers often feel uncomfortable talking about sexuality, especially with adolescents who become tumultuous and over-excited when sex is discussed. The Pro Health director conveyed: "Teaching staff themselves admit in all honesty: 'we cannot do it'". Nevertheless, the experience is that once the Pro Health team has completed its session, the teachers often continue the discussion.

She also indicated that it is important to model the Sexuality Education to the group, not only with regard to age but also with regard to the specific needs; what do they know and what do they want to know; and what do the school leaders and/or parents permit. For example, she provided the example of a school where they were invited to provide information about teen pregnancy and HIV/AIDS prevention, but where they were asked to not use the word "sex". At a VOJ school in Marowijne district, Pro Health was not allowed to distribute condoms, which was unfortunate as it was not in line with the message 'be safe'. One of the Muslim schools in Paramaribo was hesitant and the lessons had to be test-taught for the teacher and principle. In such cases, she asserted, you have to be adaptive and creative.

While it is difficult to measure the impact of the CSE sessions, there are indications that the messages stick and generate discussion. The Pro Health director provides the example of two schools where the Pro Health team came to the same classes in the beginning and at the end of the school year. At these occasions, she found that the children were even more concentrated when they viewed the same film for the second time, and they came with more specified questions. This experience suggests that the children have internalized the message and thought about it, and possibly discussed it with their peers.

It also demonstrates that children at particularly elementary school level have a great interest in information, and that they like to hear the same message twice so that they can process the information and think about it.

At present, Pro Health has submitted a project idea with the UNFPA aimed at developing guidelines for teachers about how to teach Sexual Education to Suriname youth in a playful manner.

Pro Health receives funding for its work from various donors, including UNICEF, Skanfonds, and PEPFAR.

Challenges: The main challenge for Pro Health is to obtain the funding to execute and extend various CSE projects and to guarantee that the projects are sustainable. For example, the director of Pro Health explained that after information sessions at the schools in one neighbourhood, they were called by other schools with the request to come provide the information there as well. However, there is no funding to extend the projects to a broader range of schools.

Another challenge is to guarantee sustainability. In order to make the projects sustainable, teachers should be trained and get guidelines and tools to teach sexuality -related topics at schools. A proposal to develop such a guide has been submitted to UNFPA.

Table 19. Summary Foundation Pro Health involvement in CSE

Summary Foundation Pro Health involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • Prevention of adolescent pregnancy • Prevention of STIs & HIV • Stop discrimination of people living with HIV/AIDS
Activities	<ul style="list-style-type: none"> • Interactive discussion sessions (+- 1 hr) about the prevention of adolescent pregnancy and HIV/AIDS with school-aged youth in low-income areas (Paramaribo and interior); at schools and in other settings where youth gather. • Promotion of liberal arts to convey messages (e.g. theatre competition in 2013, short story writing completion in 2012). • Interactive discussion sessions about mentioned topics with parents and school-teachers. • Production of infomercials/short films with youth in low-income areas.
Age group	School aged youth, mostly in the ages ~9-16 (grade 4-6 of elementary school through the final grade of junior high school (VOJ)).
Impact	Reactions of youth at return visits suggest that youth have learned from, and thought about the messages, are eager to receive more information, and are able to formulate more advanced questions.
Sustainability	Pro Health has requested funding to develop a manual with teaching modules for teachers with guidelines to teach about sexuality and to train teachers in its use.
Monitoring and Evaluation	After information sessions at schools, an evaluation is performed with one of the groups to discuss what they liked, what has to be done differently, and what more do you want to learn.

Foundation Medical Mission Primary Health Care (PHC) Suriname (Medische Zending)

Organization and Mission: The Medical Mission (1974), popularly known as MZ, is a private, non-profit, primary health care organization which delivers health care to the isolated interior of Suriname. The MZ website describes its mission as follows: 'Driven by Christian basic principles we strive to offer optimally accessible quality health and work continuously to further develop the supply and communication systems in PHC for the inhabitants of rural areas.'



Activities: Sexuality Education is part of the curriculum of the MZ health workers. Besides, in 2012 and 2013 all health workers were trained in 'the decision making tool for family planning (DMT) in cooperation with the UNFPA. This training is now incorporated in the curriculum of the health workers education and at this moment, two groups have already finished this module.

Both on own initiative and upon the request of schools, MZ staff workers deliver sexual education sessions at schools. The head of health promotion of MZ states that this Sexuality Education does not occur on a structural basis. 'The target group is children in grade 4 till 6 at primary school and in Brokopondo and Apura, all grades from MULO and LBGO schools.' The specific topics include;

- Sexual education in general
- Teen pregnancies/teen mothers
- HIV/AIDS and other STIs
- Sexual rights, empowerment, making choices
- Gender equality related to sexual and reproductive health
- Sexual abuse

Often these topics overlap.

In theory, MZ health workers should each month hold one information session at school, one session at the clinic, and one session in the community. In practice, MZ health workers do visit schools in their service region to provide information about adolescent pregnancy and HIV/AIDS. However, explained a consulted MZ health worker in Brokopondo Centrum, these visits occur irregularly. Even though they perceive it as their duty, the health workers do not manage to annually visit all grades of all schools in 'their' communities. The Brokopondo MZ staff, for example, visits schools every two months. The MZ health worker sighted that while MZ has given a lot of information, "sometimes it seems as if it fails." The number of teenage pregnancies even increases; there are at least five a year in this community⁷. Perhaps we need to get outside support." In the Brokopondo communities he serves, he conveyed, most pregnancies occur in grade 6 of elementary school and grade one of junior High School (VOJ).

At the time of the interview, the consulted MZ health worker was preparing a two-hour workshop about adolescent pregnancy and HIV/AIDS, and how these affect your future, for grade one Junior High

⁷ The community he serves includes Brokopondo-Centrum and the surrounding communities of Boslanti, Tapuripa, Compani and Dreypada.

(MULO) students. The parents will be involved in this workshop. So far, the health worker has had preparatory conversations with participating students and parents, and these discussions are already a venue for Sexuality Education. The workshop will consist of three exercises and a theatre play by students.

The main emphasis in Sexuality Education for youth is that children and youth should wait with sex. Sex will distract you and cause you to neglect school. In order to facilitate communication, Sexual Education sessions are often partly provided in the local language or Sranantongo.

As part of its information sessions MZ staff provides condom (M/F) demonstrations at schools. Condoms are not distributed at school but youth can visit the MZ clinic any time for free condoms – without being questioned. However, the consulted MZ health worker conveyed that very few youth come for condoms to the clinic. MZ does not give special guidance to pregnant adolescents, but during the regular consultations the health worker may discuss issues specific to the situation of the pregnant girl (e.g. school).

In recent years several 4th grade students conducted a mini-research in the field of teen pregnancy and other issues related to sexual reproductive health.

Challenges: Time constraints make it challenging to provide regular Sexuality Education at schools. Furthermore, the MZ does not have a broad spectrum of information about sexuality for youth.

Table 20. Summary Medical Mission-PHC Suriname involvement in CSE

	Summary Medical Mission PHC involvement in CSE
Topic areas	<ul style="list-style-type: none"> • Prevention of adolescent pregnancy • Prevention of STIs & HIV
Activities	<ul style="list-style-type: none"> • Information sessions (+- 1 hr) about the prevention of adolescent pregnancy and HIV/AIDS at schools in Indigenous and Maroon communities in the interior (Paramaribo and interior) • Workshop about the prevention of adolescent pregnancy and HIV/AIDS for students at junior High School level and their parents
Age group	All school aged youth, mostly in the ages ~9-18 (grade 4-6 of elementary school through the final grade of junior high school (VOJ))
Impact	Hard to say as it has not been measured.
Sustainability	Sexuality Education at schools is a continuous activity but it does not occur annually at all schools.
Monitoring and Evaluation	To date no evaluation of the Sexuality Education activities, but the planned workshop will be followed by an evaluation.

Suriname Men United (SMU)

Organization and Mission: Suriname Men United is a Foundation which is dedicated to the well being and health of Men who have Sex with Men (MSM). SMU provides information with the aim to prevent the spread of STIs and HIV.



Activities: SMU executes outreach activities for MSM. These activities primarily focus on education about STIs, HIV education, the distribution of condoms and lubricant, and education about condoms. The Foundation makes use of Behaviour Change Communication (BCC) activities whereby the participants are actively involved in the outreach activities. In the area of SRH, SMU makes an effort to motivate MSM to visit the health clinics. In this context, MSM were offered a discount card to use the services of the Lobi Foundation.

In collaboration with “*info uit de kast*” (info out of the closet) from the LGBT (Lesbian, Gay, Bisexual, Transgender) Platform Suriname, SMU works on informing Suriname society about human rights, including the rights of LGBT. SMU also has developed a human rights brochure, which is handed out at the different events.

The SMU outreach activities target MSM between the ages of 18 and 35, and are mostly carried out at locations where MSM meet each other, such as bars, clubs, house parties and so forth. The outreach is an ongoing activity, sometimes in collaboration with the LGBT platform. SMU has noticed that there is a substantial demand for regular information.

Challenges: The chair of SMU could not name any direct challenges. He mentioned that generally, the activities they organize are well received.

Table 21. Summary SMU involvement in CSE

	Summary SMU involvement in CSE
Topic areas	<ul style="list-style-type: none">• Condom use• STIs and HIV/AIDS• Human rights
Activities	<ul style="list-style-type: none">• Outreach to MSM• Education and awareness of society at large
Age group	Ages 18-35.
Impact	MSM are generally well informed about issues related to sexuality, but some individuals continue to have unsafe sex.
Sustainability	Outreach is continuous.
Monitoring and Evaluation	No comment.

Foundation Youth of Cottica-Marowijne (CotMar)

Organization and Mission: The Faith-Based Organization CotMar is the youth group of a Roman Catholic church, located in the district of Marowijne. The aim of the group is to talk about relevant issues among youth.

Activities: On Thursdays, youth aged 13 and older from the church group gather and discuss about a variety of topics. Typically the group discusses Bible texts, but sometimes they also talk about topics related to sexuality, such as HIV/AIDS, pregnancy, and abortion. In September 2013, one of the representatives of Foundation CotMar followed a UNFPA peer education training about sexuality, including HIV/AIDS. According to this representative, the church group is not opposed to the use of condoms: “You have to protect yourself; no-one can tell you that you may not use condoms.” The main message in the church group is: do not start sex too early; stick to one partner; and be faithful. Parents of youth in the group are not opposed to the provision of information about sexuality.

Challenges: No specific challenge was mentioned.

Table 22. Summary Foundation CotMar involvement in CSE

	Summary CotMar involvement in CSE
Topic areas	<ul style="list-style-type: none">• STIs and HIV/AIDS• Pregnancy and Abortion
Activities	<ul style="list-style-type: none">• Weekly discussions, occasionally about sexuality-related issues
Age group	Youth ages 13 and up
Impact	Cannot say yet. The representative herself felt better informed and better equipped to talk with peers about HIV after the UNFPA training
Sustainability	Discussions take place on a weekly basis but seldom about sexuality
Monitoring and Evaluation	No M&E

Youth group YAMREKE of Bernharddorp

Organization and Mission: YAMREKE, which stands for ‘thinking big and dreaming big for the future’ in the indigenous language, is the youth group from the Kaliña and Lokono indigenous community Bernharddorp, Para district. The youth group works for the interests of youth in the community.

Activities: Two members of YAMREKE participated in the UNFPA peer education training about sexuality. They have planned to deliver a workshop about HIV/AIDS prevention, life skills, and responsible behaviour to youth from Bernharddorp. Furthermore, the two members will participate in an activity organized by the different peer educators on November 30th; world AIDS day. At this day, the various peer educators will give demonstrations, information about HIV and different workshops. The YAMREKE peer educators also would like to organize information sessions at schools, for example grades 3 and 4 of MULO (Junior High School) – youth in the ages 16 and older. The YAMREKE representative identified a strong need for awareness sessions because adolescent pregnancy rates are high and district youth are generally poorly informed. He emphasized the need to make information easier to understand.

Challenge: Obtaining the financial means to share information with other youth in the district of Para and other places. The peer educators obtained a tool kit, but they need funding for transportation and other expenses.

Table 23. Summary Foundation YAMREKE involvement in CSE

Summary YAMREKE involvement in CSE	
Topic areas	<ul style="list-style-type: none"> • STIs and HIV/AIDS • Adolescent pregnancy • Basic Life Skills
Activities	<ul style="list-style-type: none"> • Participation in an HIV/AIDS awareness activity of UNFPA peer educators, on November 30th. • Planned workshop about HIV and BLS for youth in Bernharddorp, Para district.
Age group	Youth ages 13 and up.
Impact	Cannot say yet. The representative himself felt better informed and better equipped to talk with peers about HIV after the UNFPA training.
Sustainability	Cannot say yet.
Monitoring and Evaluation	No M&E.

5. CSE taught at school

The MINOV curriculum is the basis for Sexual Education at schools. Whether or not teachers discuss issues beyond the general curriculum depends partly on the school principal, but even more so on the personal insights, creativity, dedication and courage of the individual teachers.

At elementary school and at the LBGO level, the MINOV curriculum only briefly touches upon the topic of sexuality. During nature education or biology classes, students learn about the human body, the reproductive organs, menstruation, conception and pregnancy but in purely biological terms. The new biology book for MULO and HAVO/VWO schools is more extensive; the images are very explicit and include real photographs. This biology book contains short paragraphs on STIs, relationships, and sexual orientations, and teachers are expected to use their own judgment, creativity and skills add to these lessons.

In the below sections, we briefly discuss how schools in Paramaribo and in selected places in the interior deal with CSE. The information from the different schools suggests that even though CSE is included in the curriculum of MINOV, there is no uniformity among the various schools in how they propagate CSE. What children learn about sexuality at school and how this information is brought to them appears to largely depend on the staff of the school in question.

5.1 Perceptions of school leaders in Paramaribo city

At the O.S. Balonaschool (Uitvlucht area, Paramaribo), children are briefly informed through regular classes about the biological aspects of sexuality in the nature education curriculum. “We do not want to make innocent virgin kids curious and poison them with free sexual thoughts, but empower them to focus on their school work”, said the principle. The main goal of CSE is abstinence. She continued: “The curriculum is emphasizing genitals too much.... There is too little information about sexual abstinence”.

In addition to the curriculum, there are no specific projects about Sexuality Education. There are occasional conversations with students when it appears that they are sexually active. The focus of the conversation is to empower the children and suggest various contraceptives. The head of school voiced the opinion that Sexuality Education should be provided to adolescents at the age of 14 and 15 year.

At the O.S. Fluschool (Kwatta area), there are no projects related to CSE to inform the children, besides the usual curriculum. Occasionally different organizations visit the school. The goal of these visits is mostly commercial. For example, to promote the use of sanitary napkins, girls receive a sample to take home. The main purpose of sexuality education is to make pupils realize the consequences of unsafe sex.

The principal acknowledged that the curriculum is insufficient in the area of CSE. The school, however, is very careful and does not want to work with its own educational material. She indicated that MINOV tells schools to adhere to the prescribed curriculum. The principal explained that according to the teachers, a lot of youngsters are sexually active. However, the teachers believe that by talking about contraception girls get the idea to experiment.

In order to provide good and sufficient information the Roman Catholic St. Petrus Donderschool (Centrum area) organizes motivational days for the sixth graders with different themes, including sexuality, in addition to the curriculum. This initiative is done in collaboration with the parents committee. The purpose of such a motivational day is to prepare the children for high school. For these occasions relevant organizations are invited such as Foundation Claudia A. This foundation provides care to women and children in Suriname who are infected with HIV/AIDS.

The school experiences little support from MINOV. The curriculum is not sufficient, hence teachers give meaning to Sexuality Education based on their own insights and visions. The principal voiced the opinion that information about sexuality will fail if it does not match with the needs of the children because children are often more aware of trends than the teacher. In the classroom conversations about various current events concerning sexuality may arise spontaneously. According to the principal this encourages openness among the children.

Pupils from the Roman Catholic R. F. Slooteschool (Centrum area) participate in motivational days comparable to those offered to pupils from the St. Petrus Donderschool. Often, an organization is invited to hold an awareness session. The themes about CSE are being selected based on current events that play at that moment. The principal explained that Sexuality Education in the curriculum does not cover other important topics, for example; dealing with love and how to prevent children from having sex at a young age.

The school is also planning to organize information meetings for parents in order to inform them about the topics that are discussed in school and about how parents can educate their children. 'We see how far we get, but if it depends on us, children should be informed at an earlier age because children are sexually mature at a young age and they start menstruating at a younger age', explained the care coordinator. According to the school the reproductive part of Sexuality Education must be addressed earlier in the curriculum.

At the EBGs Dotschool (Centrum area) the library teacher regularly attends workshops on HIV/AIDS. In addition to the Sexual Education in the prescribed curriculum that is taught by the teachers, she provides information sessions about selected topics. These are mainly intended for children of the 5th and 6th grade. In most cases outside organizations are invited to talk about certain topics such as teenage pregnancy.

'Teachers are constantly searching for the right balance to educate sexuality', explains a teacher of the fifth grade. On the one hand she believes that children should be educated on various sexual topics, on the other hand, according to Biblical values, sexual abstinence is propagated. The library teacher observed that in many families, sexuality is still a taboo. She provided the example of a girl who was ordered by her parents to bring an age appropriated library book about Sexual Education back to school. Her mother did not allow her to read it.

At the Dutch primary school, the Cederboomschool (Centrum area), CSE is not mandatory. However, there are lessons in the biology method (for 5th and 6th graders) about reproduction. The school intends to teach Sexuality Education in the highest group, conducted by for example the Lobi Foundation. Certain CSE topics will be discussed spontaneously with students if they bring them up. However, the school will not discuss them extensively.

Although CSE is not included in the curriculum, the school recognizes its importance. A teacher stated:

“Children are becoming mature faster and are exposed to, for example older boys (or girls) whose hormones are running at full speed ... If children are not well informed about sex and the do's and don'ts are not discussed, they do not know what the dangers of unsafe sex are. The topics can be explained in a fun and playful manner.”

The principal emphasized the importance of educating parents, indicating that it is important that parents feel free at home to talk with their child about sexuality. At present many girls do not know how contraceptives (e.g. oral contraceptive) work and some have no idea of their existence at all.

At the secondary MULO EBG L. Schültzschool (Centrum area), sexual education is part of biology lessons that are provided in 3rd and 4th grade. Little or no activities are organized concerning other topics of Sexuality Education such as teen pregnancy and HIV, despite the fact that the school annually deals with teenage pregnancies. Girls who become pregnant are referred to the Project Student Mothers (Project Scholieren Moeders). During Bible class topics are briefly discussed. The message in the Bible classes is mainly “to be careful”.

The principal worries about the information students find on the internet. According to her they do not know how to deal with that information in a right way. “Youngsters often do not see danger, they often cross boundaries and take risks, and they cannot oversee the consequences”. Therefore, she finds the new biology books that were obtained from MINOV of added value. “The books are offering more space for CSE in a broader sense of the word, but it still depends on how the particular biology teacher discuss these topics with the students”, she explains.

At the Roman Catholic I.P.J. Berkenveldschool (MULO, Maretraite area), Sexuality Education is also provided in 3rd and 4th grade. The lessons are mostly about reproduction and development, while contraceptives and STIs are briefly mentioned. Occasionally the library teacher organizes theme days about sexuality. Little or no attention is paid to teenage pregnancies. However the school reports a teenage pregnancy at least once a year, usually in 1st grade. The I.P.J Berkenveldschool also obtained the new biology books from MINOV, however, they received insufficient copies. Moreover, the staff does not agree with the content of the book and hence is not keen on using it.

The biology teacher believes that the old method falls short in many areas. “It does not address sexual orientation and STI's, furthermore there is little illustrative material”, explained the teacher. She often makes her own drawings or searches for visual materials on the internet to make the lessons more

understandable. The students love the lessons about reproduction, it is often very quiet in the class and for this part they get the highest marks, she observed.

Box 1: Experience of a Care Coordinator*

Marilyn is 12 years old. Last month she came at school with a hicky on her neck. The school was already keeping an eye on Marilyn for a while. In that same period Marilyn was caught with a cell phone. Although children are not allowed to bring cell phones to school, Marilyn did it anyway. During the flag parade her phone rang regularly, she got text messages sent from a boy. As a result of the hicky and her behavior the school had suspended her and had indicated that the hicky needed to be gone first before she was allowed to visit school again.

Jason is a boy of 11. Last year he was head over heels in love with a girl from another grade. When she broke up, he was very upset; so upset that he was suicidal. Jason has presented his problem to his teacher. She discussed it with his permission with his parents who were very understanding. In collaboration with the school they helped Jason increase his self esteem.

*The names in this Box are fictive

5.2 Perceptions of school leaders in the Interior

In the context of the present assignment, the consultant interviewed the following school leaders in the interior:

- Principal of the O.S. Apetina, Sipaliwini (South Suriname, Wayana indigenous)
- Principal of the O.S. Kamalassamutu, Sipaliwini (South Suriname, Trio indigenous)
- Replacement Principal of Lower Vocational Education (*Lager Beroepsgericht Onderwijs*, LBGO) in Brokopondo-Centrum, Brokopondo
- Principal of More Extensive Lower Education (*Meer Uitgebreid Lager Onderwijs*, MULO) in Brokopondo-Centrum, Brokopondo

While the selection is very small and it was out of the scope of the current assignment to discuss CSE throughout the interior, the consultant felt it was important to provide a brief synopsis of the situation in the interior of Suriname, and how it is different than that of the urban area.

At the elementary schools in Apetina and Kwamalassamutu, children are informed through the regular classes about the biological aspects of sexuality in the nature education curriculum. The principals take a fundamentally different approach to what more is taught at school.

In Apetina, a Medical Mission health worker annually visits grades 3 through 6 to talk about contraceptives (male and female condom, oral contraceptive) and gives condom demonstrations. These classes are typically in the native language and students are invited to actively participate; they have to show how to place a condom on the penis model and explain how to use the female condom. The reason to start at an early age, explained the principle, is that children from the village are sexually active from an early age, and with multiple partners. The principle himself is upfront about the need to give community children Sexuality Education from a young age onward, and talks very frankly with the students about sexuality (Box 1). Sexuality Education at the O.S. Apetina is blithe but serious. In addition to talking about pregnancy and STIs, Sexuality Education also contains motivational talks. Sexual orientation is not discussed, primarily because the teachers do not know of any example in the village. The principal is aware that the school is only one environment where children learn about 'appropriate' behaviour though; the community culture, family and peer pressure play an important role.

At the O.S. Kwamalasamutu a more conservative approach is taken to teaching sexuality. The principal acknowledges that the MINOV curriculum contains insufficient material in the area of CSE. For example, about STI's the nature education book states that 'you can get it from sexual intercourse', but not what it is, what are the symptoms and how can it be cured/treated. At teacher trainings the teachers are told that they 'can do more', and she did make her own lesson about HIV/AIDS. However, the principal finds it difficult to find educational material, there is no access to internet, no television and she is far from organizations that could provide her with this material. It is basically left up to the teacher what happens in class, and at her school she knows that many of the teachers just skip the chapter. MINOV tells the principals that they have to discuss Sexuality Education with the teachers, but at the O.S. Kwamalasamutu none of the teachers has teaching qualifications and they find it difficult to teach this subject matter. Several individuals from the community have been trained in CSE, however, they do not use this skill. The grade 1 teacher was trained as well, but she only applies it in her own class.

In order to provide good information, MZ health workers come to teach children –in their local Trio language- about the more technical aspects; in three annual sessions for grades 4 to 6. They typically stick to the subjects presented in the MINOV curriculum, covering sexuality (the changing body), pregnancy, and STIs including HIV and living with HIV. Assertiveness is discussed in relation to other topics, not as a subject by itself. Meanwhile the topic of sexual abuse is discussed in greater detail because it is a common problem in the community. No special attention is paid to adolescent pregnancies or to sexual orientation. The principal has noted that the students are even more outspoken when people from outside (Paramaribo) come to the school to discuss matters related to sexuality, because the MZ staff are often relatives. In pre-school, children learn about the human body, that you have to be careful, and that no-one must touch you without your consent.

The MZ health workers also demonstrate the use of condoms in class, but condoms are not distributed among the students because it is feared that parents will complain that the school stimulates children to have sex. Many 6th graders are already sexually active though, and they are told that they need to ask the MZ health workers for a condom if they are interested in someone from the opposite sex.

Box 2. Creativity and engagement in teaching indigenous youth about CSE

At the O.S. Apetina, the approach to sexuality is very open. Topics are discussed freely and children in grades 3 through 6 are interactively, and in their own language, educated about contraceptive use. They also receive condoms at school. The principle, headmaster Arupa, explains: "I do not tell them 'don't do it', because that will entice them even more to do it." Instead, he tries to equip children with the information and skills they need to have sex responsibly. He has thought it through with his team of teachers and together they decided "to abandon all primness". "For example," he explains, "at this moment there is a trend to give hickeys. I tell them: 'I do not tell you not to do it, but do it where we do not see it'". Arupa conveys that he finds it very important to explain children 'why', but it should happen in a blithe way, and with occasional jokes. For example, he always emphasizes that the children have to think about their school and "If you do it, do it safely".

In order to promote safe sexual conduct, Arupa hands out condoms to children of the higher grades prior to the weekend and any other time that there are parties in the village. Alternatively, he will place a box with condoms on the table and leave the class room; to find the box empty when he returns 10 minutes later. "Now they just have to learn to not throw away their condoms just anywhere," he says.

He actively engages the girls, because they feel and behave (and are made to behave) like adults from a younger age, and often take the initiative. Among others, he gives them motivational talks and advices them to have a condom with them in case the boy does not have one. The principle also shows the educational film 'John and Sarah' from school TV. This dramatized infomercial shows pain and emption (when the girl finds out she is pregnant and HIV+) but also discusses where to get support and medical assistance. Because the school does not have electricity, the film can only be played after 6 in the afternoons, when the village generator is started. Around that time village children come to play soccer and *slagbal* (Dutch variation of baseball) at the school grounds and occasionally the principal takes his laptop outside to show a film. When he plays the movie, he says, they all come to watch. "If someone from the group gains awareness, you have helped one more person," is his vision.

Arupa emphasizes that Sexuality Education must be adapted to the culture. In the early days, he argues, women were particularly important for making offspring. The earlier a girl would be married off, the earlier she would be able to get children; a survival strategy in times that child mortality was high. This idea continues is still present in Wayana culture, says the principle. The Wayana group is small and every newborn is welcome. In this context, parents often do not mind a lot when a school girl gets pregnant. "Now, if the school says 'stop, it is bad to get pregnant' it goes against traditional culture." Another factor that plays is that the girl who is pregnant will be 'married', and hence she will have a husband to cut her agricultural plot, build a canoe, and hunt for bush meat. A husband provides security, especially in the virtual absence of opportunities to continue education after elementary school.

The main message is "be careful", explained the principal at Kwamalasamutu: "If you do not use it [a condom] you can get pregnant and you will not be able to complete school." Even though MINOV has stipulated that pregnant girls must be facilitated to continue their education, the principal of the O.S. Kwamalasamutu writes pregnant girls off from school. Also once she has delivered, the girl is not allowed to return. In addition, the MINOV regulation that 'married' children are not allowed to attend

school is strictly enforced. In Apetina, the principal takes a very different approach in actually motivating adolescent mothers to complete their education.

At the junior high school level in Brokopondo Centrum (district of Brokopondo) the consultant also observed substantial differences in the way that schools dealt with CSE and student sexuality. At both visited schools, the majority of students are sexually active in some way or another, and adolescent pregnancy is a problem. At the MULO school 21 out of 248 girl students (8.5%) were mothers at the time of the interview. Teenage mothers are registered and get special guidance, with the aim to prevent a second pregnancy and increase the chances that they will finish school. At the LBGO school, the replacement-principal could not name any numbers, but she estimated that between 10 and 20 school girls were mothers. Even though MINOV dictates that pregnant girls should stay in school, the LBGO school writes them off and pregnant girls do not receive guidance or counselling. After delivery the girl can return to school. Only girls are punished: male students who have fathered a child are not disciplined.

Both heads of school indicated that the present MINOV curriculum insufficiently deals with topics related to sexuality. "It is never sufficient", asserted the MULO principle. The replacement-principal of the LBGO school spoke out: "The Ministry indicates that pregnant girls can just study on; but if that is their stand they should avoid [adolescent pregnancies], and they don't do that." Moreover, she continued, MINOV should take responsibility for guidance of these girls. The MULO principal brought forward that they do what they can in guiding the girls at school, but you cannot control what happens after school. The students come from different communities and the only thing they can do at school is to continue communication with them.

At the LBGO school in Brokopondo Centrum, biology is taught up to 2nd grade. These classes focus on the purely biological aspects of procreation. Information about HIV/AIDS is provided when an organization from Paramaribo comes to talk about it, which was the case in the past school year. The teachers at school do talk about adolescent pregnancy. The teachers do 'not really' speak about condoms, though some teachers may mention it. Condoms are not distributed at school. Basic Life Skills and sexual violence are not discussed. The main message is that students have to 'wait'.

Also teachers at the MULO in Brokopondo do not teach more than the MINOV curriculum because, laments the principal, "we have not been trained to provide Sexuality Education. You go to the classroom and try to talk with the children, but these children need more. Maybe we don't do it in the correct way so that you actually stimulate the children [to have sex]." She observed that in some children's homes it is still a taboo to talk about sex, and for some teachers as well. Biology is taught from grade 1 through grade 4, using the new biology book. She acknowledges that some people may find the way in which sexuality is presented in the book "too raw" but, she says, "in fact it has to happen this way. It is good that it is explicit." The teachers have endorsed the new book 'Biology For You' (*Biologie Voor Jou*), which takes a broad approach to Sexuality Education and discusses, among others, the body, menstruation, conception, STIs, sexual violence, and sexual orientation. In using the book, which was developed in the Netherlands, Dutch examples need to be translated to the Suriname reality by the teachers themselves because they is not provided by MINOV. Parents have never

complained about Sexuality Education at school. In the contrary, the principal noticed, they are already happy that the school has taken it upon itself to educate youth about sexuality.

The MULO teachers do not specifically teach sessions about HIV/AIDS, but they do pay attention to the topic in other ways. For example, the school children can register for the *Lobi Kandra Waka* (Candle light walk) on December 1st.

At both junior High (VOJ) schools the principals opinionated that it would be good if 'people from outside' such as the Lobi Foundation or MZ would regularly return to the school to teach sexuality, in all grades (1 - 4). At the MULO, MZ health workers had provided an education session about adolescent pregnancy, but that was already two school years ago. The MULO principal indicated that Foundation Lobi also shows pictures, and in her opinion that is what the children need. "A drawing doesn't tell them anything. If you do not come with pictures [nowadays] you are behind." Neither one of the principals had ever taken the initiative to invite Foundation Lobi to the school.

Among the main challenges to teach CSE at schools, the MULO principle named the fact that the girls at school are in puberty. It is difficult to talk with them and to reach them; they think they are adults. Secondly, she mentioned the large differences in age within one class room. For example, in 4th grade you may have a 15-year old boy who is still rather childish and an 18-year old girl who behaves like an adult woman. In this context it is difficult to determine what information is adequate and fitting. And finally, it can be difficult for teachers to teach Sexuality Education. It is not a taboo, but they may get shy. Hence it would be good if teachers would be trained in how to approach the subject with youth.

6. Strengths, gaps and challenges

6.1 Strengths and opportunities

Conversations with Sexual Education practitioners, health and education specialists and heads and staff at schools revealed the following strengths and opportunities.

1. The BLS program, which was inactive for several years, has been reinitiated. The program, which operates under the auspices of MINOV, has a well-developed curriculum for the higher grades of elementary school and the first grades of junior high school. The curriculum document contains guidelines for teachers and lesson plans.
2. Some organizations have joined forces and are combining resources and capacity to reach shared goals. For example, the Lobi Foundation works together with the Ministry of Youth and Sports Affairs project Adolescent mothers.
3. The grand majority of school leaders endorse CSE and emphasize its importance. There is a will to teach CSE at schools, but teachers and principals often do not know where to start and where to find appropriate information.
4. Communities and parents are increasingly supportive of Sexuality Education and these programmes prove more effective than those without this support. Parents may be shy or uncertain about teaching sexuality themselves but they generally do believe it is important and they are happy if the school or outside groups provide such information. Only a very small group of parents and teachers does not favour CSE, often on religious grounds.
5. Even in settings that tend to be socially and/or culturally conservative, it is possible to teach CSE. Organizations have experienced that when they adapt to the specific needs and wishes of the school or group, sexuality can be discussed in church groups, at Muslim and Christian schools, and in any other setting.
6. Both international and local organizations have developed a wide array of teaching and awareness materials that can be used for CSE. These materials include the curriculum developed by the BLS program; three DVDs and other educational materials about prevention of adolescent pregnancy and HIV; a guidebook for Caribbean adolescents by the FCI/UNFPA; and a variety of brochures, teaching materials and information sources from the Lobi Foundation.
7. Considerable regional and international experience exists regarding teacher training, curriculum and materials development.
8. A commitment to CSE (including HIV prevention education) is reflected in various policy statements.

9. Young people are involved in sensitizing peers, teachers and decision makers, among others through the youth groups of UNFPA (YAG), Foundation Lobi (YAM) and Red Cross (C-25).

6.2 Gaps in, and challenges to CSE education in Suriname

1. Sexuality Education in the present MINOV curriculum is largely limited to reproductive and sexual anatomy and physiology; that is, only one out of the 39 topic areas that according to Sexuality Information and Education Council of the United States (SIECUS) are part of Comprehensive Sexuality Education. The new biology book for junior high school (VOJ) is an exception in this regard.
2. The analysis of the content of CSE at a variety of schools in Paramaribo and the Suriname interior suggests that MINOV largely leaves it up to the school leaders and individual teachers to determine whether and how students are exposed to CSE. Whereas some principals and teachers pay a lot of attention to the topic and invite outside organizations to provide additional information, others merely stick to the biological explanations in the MINOV curriculum. Furthermore, even though MINOV has stipulated that pregnant students must be given the opportunity to stay in/return to school, some principals refuse to accept pregnant students and/or adolescent mothers.
3. Teachers often can teach certain topics, but find it difficult to talk about other issues. Even with training, some persons are just not capable of providing CSE. They get ashamed or rush over the topics, or even skip entire sections of the nature education or biology book.
4. Some principals and teachers have an unrealistic perception of the sexual experience and knowledge of present-day youth. As a result they not convinced of the need to teach sexuality to youth, and refuse to expose their students to certain topics.
5. Teachers who are willing to provide additional information about sexuality often do not know what to tell and where to find appropriate educational materials for the age group they teach. The Ministry of Education tell teachers that they can make the lessons more interesting by providing additional information. However, the teachers themselves do not go online to find additional information. They stick with the limitations of the MINOC curriculum. Particularly for teachers in the interior it is not possible to go online to find more information.
6. Within MINOV, the BLS program would be most adequate to teach CSE issues, but the program has been inactive and it is unclear whether, when and how it will be introduced at schools.
7. Despite the commitments stated in the Mexico declaration, there is no noticeable collaboration or partnership between the Ministries of Education and Health with regard to the development and implementation of CSE within or outside of the school setting.

8. Teachers do not follow the most recent developments, with as a result that they cannot answer the questions from their pupils.
9. Organizations that could play a substantial role in providing CSE at schools, such as Lobi Foundation and Pro Health, do not have a sustainable working relationship with MINOV and do not receive public funding; instead they depend on donor organizations to teach youth at schools about CSE.
10. There is little collaboration between MINOV and NGOs in the field of CSE, and relevant NGOs are not consulted in curriculum revisions. For example, during the public discussions about the new biology book, the Lobi Foundation and Pro Health were not approached for advice.
11. Even though educators and professionals emphasized time and time again that it is of utmost importance that youth learn to make responsible decisions and are both resilient and assertive, youth are not sufficiently educated in personal skills related to sexuality, such as: decision-making and negotiation; assertiveness; communication and learning to say 'No'; dealing with peer pressure; norms and values; self-image and group identity; and looking for help..
12. There are many other topics that receive virtually no attention in existing Sexuality Education. For example, little information is provided about CSE topics such as:
 - a. Relationships (family, friendship, love, dating, marriage, raising children);
 - b. Sexual behaviour (sexuality through life, masturbation, shared sexual behaviour, human sexual response, sexual fantasy, sexual dysfunction);
 - c. Human development, certain topics (body image, gender identity, sexual orientation), and
 - d. Society and culture (sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the media, sexuality and the arts)

7. Conclusions and Recommendations

7.1 Conclusions

This report presented an assessment of the state of the art of Comprehensive Sexuality Education in Suriname. It focussed on what information about sexuality youth give and receive both within and outside of the school setting. The analysis showed that Sexuality Education as taught within the present curriculum at schools does not qualify as Comprehensive Sexuality Education. The curriculum is narrow oriented and hardly goes beyond reproductive and sexual anatomy and physiology. An exception is the new biology book for junior high school, which briefly touched upon a variety of topics related to sexuality, including sexual violence, sexual orientation and STIs.

According to teachers, they are told by the Ministry that they as teachers have to look for additional appropriate tools and materials for Sexuality Education. However, many teachers do not know where to find information, have no access to sources, or simply have never undertaken the effort to do so. A more serious problem is that a significant share of teachers feel unequipped and not at ease when they need to name the genitals or speak about sexual behaviour or refuse to teach Sexuality Education. Consequently even the minimal level of Sexuality Education in the standard MINOV curriculum is sometimes taught half-heartedly or even entirely skipped. Many stakeholders, including school principals, expressed the need to train teachers or at least one teacher per school in CSE.

The gap in sexuality education could be filled by the MINOV Basic Life Skills program, which was developed to provide youth with a broad orientation, knowledge and skills that are necessary for a healthy and satisfactory life. Similar programs, often under the name Health and Family Life Education, have been introduced throughout the Caribbean region. The BLS curriculum approaches sexuality from a wide variety of angles, in discussing issues such as relationships, assertiveness, and gender relations. Despite substantial investments in time and funding, the BLS program was never introduced at schools and it is uncertain whether, when and how the developed lessons will become part of the MINOV curriculum.

In theory, all schools of the same level should teach Sexuality Education similarly. In practice, we found substantial differences in the inclusion, approach, tools and contents of Sexuality Education at schools. In the consultant's opinion, it is particularly worrisome that these differences largely depend on the personal insights and character of the principals and teachers involved. The Ministry of Education, whether or not knowingly, appears to largely leave it up to the schools and individual teachers to decide what information about sexuality is provided and how.

As a result of this seemingly impartial attitude of MINOV, there is no uniformity in what Suriname children learn about sexuality at school. A principal who is of the opinion that the children at his or her school are 'virgins kids' can decide to not pay any more attention to sexuality than the basic curriculum, and preach abstinence rather than safe sexual behaviour. A teacher who is ashamed to name the

genitals by name in front of the children may decide to skip over the pages in question. And a MULO school may decide not to use the new biology book but rather to continue with the less explicit older books, which do not address sexual orientation and STIs, and do not contain graphic images of reproductive organs. On the opposite end of the spectrum, there are teachers who explicitly discuss adolescent pregnancy, STIs and safe sex (condoms), and distribute condoms in class. Students at schools that decide to reach out to Foundation Lobi or MZ or schools that happen to be the Pro health target group, may receive substantial information and skills training, and be exposed to open discussions about sexuality. On the other hand, at schools where the principal is of the personal opinion that elementary school children should not be poisoned with 'free sexual thoughts', students will not be exposed to any additional information about sexuality and not be taught topics related to personal skills such as assertiveness, negotiation and communication.

Various organizations make an effort to fill the most salient and urgent gaps in Sexuality Education for youth, both in and out of schools. Table 15 displays the different topic areas that are addressed by the various organizations, looking at Key Concepts and Topics for CSE compiled by SIECUS (2004; Annex C). The table shows that only two organizations take a holistic approach to Sexuality Education: the UNFPA with its Youth Advisory Group (YAG), the Lobi Foundation with its Youth Advocacy Movement (YAM). The curriculum of the Basic Life Skills (BLS) program of the Ministry of Education also addresses a large variety of topics related to sexuality, but the program has never been implemented at schools and it remains unclear if, when and where its curriculum will be used.

The overview shows that the issue of sexual health is addressed by virtually all organizations, though most of these organizations focus primarily on the prevention of HIV and adolescent pregnancy, and hardly discuss other topics related to sexual health such as abortion, sexual harassment and prenatal care. An exception in this regard is the Medical Mission, which does discuss these issues with youth during consultations.

Other concepts are not or hardly covered in information and awareness to youth. For example, very few programs discuss relationships and the various issues surrounding it (e.g. family, friendship, love, romantic relationships and dating, marriage and lifetime commitments, raising children). Also sexuality in relation to society and culture is not discussed in information sessions and workshops/trainings with youth. Hence young people in Suriname are not stimulated to think about topics such as 'sexuality and religion', 'gender roles' and 'sexuality and the media', among other related topics.

Various organizations organize information sessions at schools, including Lobi Foundation, the Red Cross, Pro Health and the Medical Mission. All consulted practitioners reported that these sessions are received with a lot of enthusiasm from students, teachers and parents alike, indicating a substantial demand for reliable and professional information about sexuality. However, the listed activities are typically not sustainable in the sense that they tend to be one-time events. The activities at schools are usually carried out as part of a specific project with a defined time line (usually less than one year) and the organizations involved do not have the funding and/or staff-time for follow up sessions.

Table 24. Topics related to CSE addressed by government departments, foundations for education, international organizations and NGOs

	Human Development	Relationships	Personal skills	Sexual behaviour	Sexual health	Society & culture	Providing Funding
Department of Curriculum Development, MINOV	Anatomy and Physiology; Puberty; Reproduction			Abstinence	At VOJ-level: Contraception; STIs; Sexual violence		
Basic Life Skills Education (BLSE) program, MINOV	As of yet not implemented	As of yet not implemented	As of yet not implemented	As of yet not implemented	As of yet not implemented		
Basic Education Improvement Project (BEIP)	As of yet not implemented			As of yet not implemented	As of yet not implemented		
National AIDS Program, Ministry of Health					HIV/AIDS	Stop discrimination of people living with HIV	
Project Scholieren Moeders, Ministry of Sports and Youth Affairs					Teen pregnancy, contraception		
Task Force Integral Children and Youth Policy	As of yet not implemented	As of yet not implemented	As of yet not implemented	As of yet not implemented	As of yet not implemented	As of yet not implemented	
Foundation Education EBGs (Stichting Onderwijs der EBGs)	SE is given from Christian values and standards, focus on reproduction						
Foundation Roman Catholic Denominational Education (Stichting RKBO)	SE is given from Christian values & standards, focus on reproduction						

Progress	Depending on the demand of MINOV	Depending on the demand of MINOV	Depending on the demand of MINOV	Depending on the demand of MINOV	Depending on the demand of MINOV	Depending on the demand of MINOV	
United Nations Population Fund (UNFPA)				Practicing safe sex, condom use	Teen pregnancy; STIs; HIV/AIDS		
Youth Advisory Group (YAG) of the UNFPA					Teen pregnancy; STIs; HIV/AIDS		
UN MDG Youth Ambassadors Program							
United Nations Children's Fund (UNICEF)	?	?	?	?	?	?	
PSI-Caribbean Suriname youth program	?	?	?	?	?	?	
Pan American Health Organization (PAHO)	?	?	?	?	?	?	
The Suriname Red Cross				Abstinence	STIs; HIV/AIDS		
US President's Emergency Plan for AIDS Relief					HIV/AIDS		
Stichting (Foundation) Lobi							
Youth Advocacy Movement (YAM) of the Lobi Foundation							
Stichting (Foundation) Liefdevolle handen							

	Human Development	Relationships	Personal skills	Sexual behaviour	Sexual health	Society & culture	Providing Funding
Foundation Pro Health					Teen pregnancy, STIs, HIV/AIDS	Stop discrimination of people living with HIV	
Foundation Medical Mission (<i>Medische Zending</i>) Primary Health Care (PHC) Suriname							
Suriname Men United (SMU)					HIV/AIDS	Human rights (Sexuality & Society)	
Foundation Youth of Cottica-Marowijne (CotMar)					Teen pregnancies, STIs, HIV/AIDS		
Youth group YAMREKE of Bernharddorp					Teen pregnancies, STIs, HIV/AIDS		

The described situation could be improved if MINOV were to establish a partnership with NGOs that are active in the field of Sexuality education. For example, the Lobi Foundation (Paramaribo) or the Medical Mission (interior) could be hired to conduct annual CSE sessions at schools. MINOV, however, does not have formal working relations with organizations providing Sexuality Education. Neither does the Ministry consult these organizations about the content or topics related to sexuality that should be part of the curriculum. International organizations such as UNFPA could make a difference in this respect by funding projects for a more extensive time period (e.g. 5 years), and by fostering collaboration between MINOV and NGOs.

Schools in Indigenous and Maroon communities in the interior of Suriname (districts of Marowijne, Brokopondo and Sipaliwini) use the same curriculum as urban and coastal schools. However, their isolation from the urban region – particularly at a greater distance from Paramaribo- creates additional challenges to providing adequate CSE. In the first place, due to the travel expenses, it is very expensive for urban organizations to deliver CSE information sessions in interior communities. Organizations such as Pro Health do execute projects at schools in Brokopondo and Marowijne, but these projects are short-lived without follow-up. Even though the schools ask for return visits, the organization is unable to do so without project funding. Likewise, the Lobi Foundation does not have a budget for visits to schools –unless a special project is executed or the school itself pays. Hence schools in remote communities are not included in information and awareness activities. The Medical Mission is the only organization that is active in, and targets communities throughout the Suriname interior. However, the organization is understaffed and unable to provide annual information sessions at all schools.

A second challenge for interior schools is that it is very difficult for teachers to find guidelines and tools to teach knowledge and skills related the CSE. Most organizations that are active in this field are located in Paramaribo and do not often travel to the interior, particularly to the remotest communities. Moreover, in most interior communities there is no internet access and access to current and appropriate information is limited. An additional challenge is that youth from interior districts are relatively unlikely to enter secondary education. As a result it is particularly difficult to reach adolescents and young adults in interior communities; they may be working in mining or logging camps, they may be working on agricultural plots; or they may be at home with a child or children. Ironically, earlier studies and information from principals suggest that youth in these interior communities may have a particular need for CSE. As compared to their peers in Paramaribo, they are on average younger when they experience their first sexual intercourse, and more likely to get pregnant or father a child as an adolescent. For example, the principals of the elementary schools in South Suriname were sure that a majority of the pupils in grades 5 and 6 were already sexually active (having intercourse), while the principals of elementary schools in Paramaribo were convinced that no single student at their school was having sexual intercourse.

The above observations confirm what several stakeholders emphasized: there is no blueprint for good CSE at Suriname schools. The topics, content, and tools must be adjusted to the specific target group. Children from the village of Apetina have different experiences and educational needs than children from the capital city, and even within Paramaribo, children from elite neighbourhoods and those from

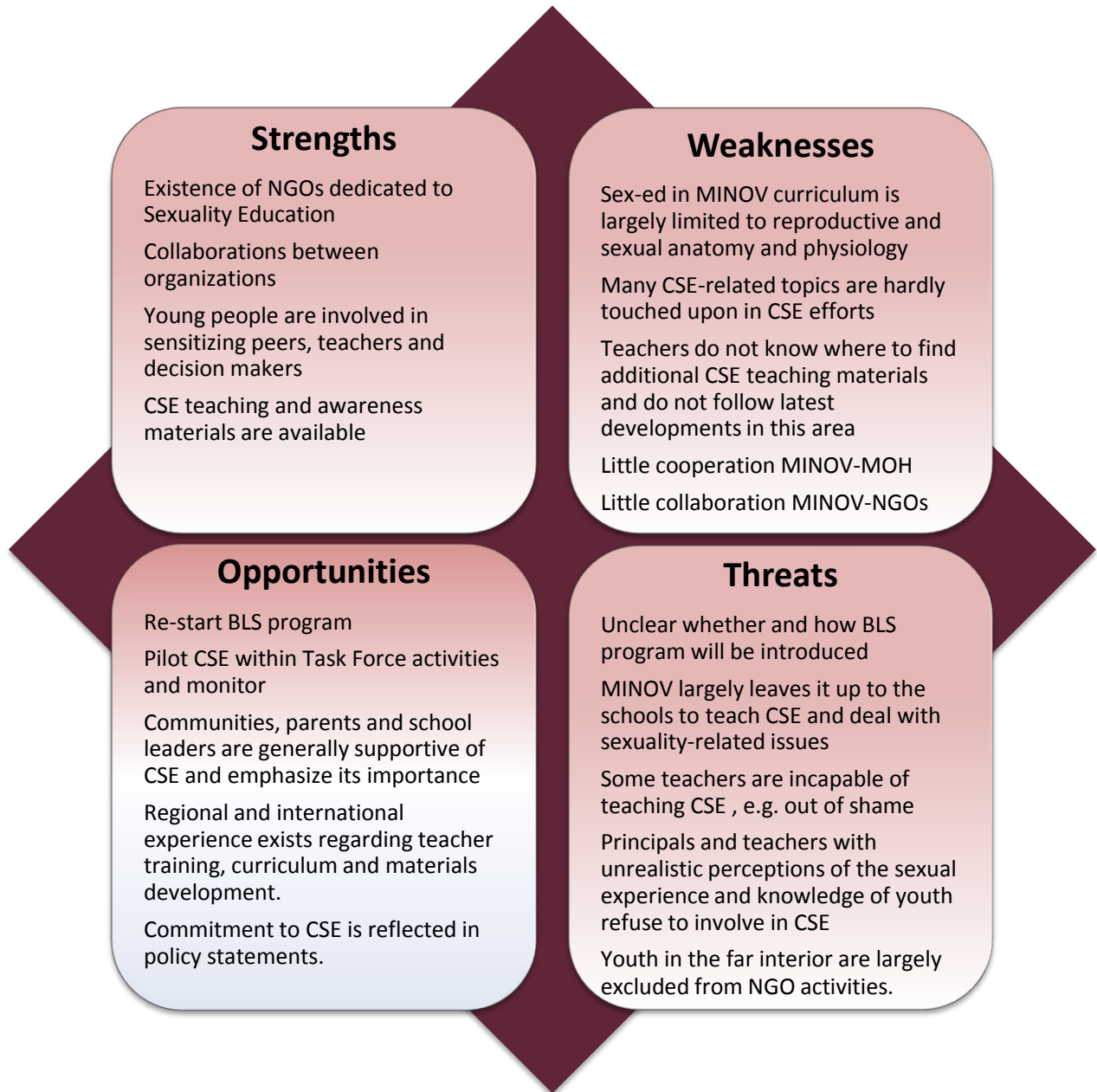
low-income neighbourhoods must be approached differently. For this reason, the various organizations involved in Sexuality Education at schools typically start with a needs assessment or preliminary discussions with the teachers and students to design an information session or workshop that meets the specific needs of the target group.

We identified a number of strengths and opportunities in the state of the art of CSE in Suriname, as well as weaknesses and threats (Figure 2). On the positive side, a number of organizations in Suriname are dedicated to delivering CSE -or at least a selection of related topics. These organizations have developed a broad selection of teaching materials and tools, ranging from DVD movies to brochures, hand books and lesson plans. There are collaborations among the various NGOs in this field, as well as between NGOs and international organizations such as UNFPA. There are also international exchanges and youth are involved in all of these efforts. Another opportunity is re-start of the BLS program which – if ever introduced- could be an excellent venue for teaching CSE at schools throughout Suriname. And also the ECD and Adolescents dimensions of the Task Force Integral Children and Youth Policy give opportunities to join forces.

Weaknesses and threats, however, are multiple and dismantle some of the mentioned opportunities; causing school-aged youth at all levels of education to receive a minimal amount of Sexuality Education during regular school classes. Within the present curriculum minimal attention is paid to topics related to sexuality other than basic anatomy and reproduction; teachers do not have or use additional teaching materials; some teachers are ashamed to talk about even the most basic facts of sexuality; and some principals believe there is no need for CSE at their schools. Meanwhile the future of the BLS program, which could counterpoise the lack of comprehensive education about sexuality-related issues, is unclear and the curriculum that was developed may never be introduced at schools. This occurs against a background of reports of young (<15) involvement in sexual intercourse and high rates of sexual adolescent pregnancy rates, both in and out of school. Existing studies suggest that sexual risk behaviour among youth is relatively more prominent in the interior districts, yet exactly youth in these districts have poorest access to CSE.

An important obstacle to the development and implementation of CSE in Suriname schools is the limited collaboration between MINOV and the Ministry of Health (MoH), and between the Ministries and NGOs/International organizations. In line with the Mexico declaration, MINOV and the MoH are supposed to jointly design CSE programs, but so far there are no indications that the named Ministries discuss such issues, let alone execute joined programs. NGOs and international development organizations have developed capacity, experience, and a wide array of teaching materials that can be used for CSE at schools. However, these organizations are not involved in any formal curricular activities, nor asked for advice in curricular matters in the area of sexuality. The consultant contents efforts to expose nation-wide Suriname youth to high quality needs-based CSE, will have more chances to succeed if the various loose, short-term CSE-related projects by local, national and international organizations somehow become part of the formal curriculum.

Figure 2. SWOT Analysis of CSE in Suriname



7.2 Recommendations

Considering:

1. The importance of CSE for the healthy development of youth, and the commitment of the Ministers of Health and Education in Latin America and the Caribbean (LAC) to the rights to health and education;
2. That the general aim of this project is to prepare an assessment of the current situation of education on the subject of Comprehensive Sexuality, and the support provided by UNFPA and other international organizations;
3. The data collected in the framework of this consultancy and our key findings reported here above

We provide recommendations aimed at strengthening UNFPA's leadership role in the promotion of CSE in four sections: Quick wins, Education and Awareness; Cooperation; and Policy. "Quick wins" are a list of specific activities that can typically be executed with relatively little effort and in a short period of time. "Education and Awareness" refers to recommendations aimed at improving knowledge and awareness about CSE among key-stakeholder groups in Suriname. "Cooperation" focuses on ways in which UNFPA, other international organizations, national organizations and government departments can work together to build organizational capacity, and to develop and implement CSE activities. Recommendations in the area of "Policy" contain suggestions for ways in which UNFPA can support the development and implementations of policies to promote CSE at Suriname schools and in Suriname communities.

Quick wins

1. Make use of existing resources

- Fund the expansion of existing CSE-related activities of organizations with a proven track record, such as Lobi Foundation, Medical Mission and Pro Health. For example, the Pro Health has executed an educational project at schools in the neighbourhood of Pontbuiten. Since the approach and tools have been already developed, relatively fewer resources can be invested to expand this project to other, similar low-income neighbourhoods.
- Collect, at UNFPA, the various CSE-related teaching resources, and develop a (web-based) data base of the various guidelines, handouts and tools, which allows interested parties to discover what resources are available and where they can obtain them.
- Make existing resources publicly and freely available. For example, the handbook for Caribbean adolescents *Jij, Je Leven, Je Droom* and the UNFPA-funded short DVD movies developed by Pro Health could be placed online so that interested parties can download the materials. The same materials, compiled on one CD/DVD, could be mailed to schools in the interior that do not have internet access.

2. Ensure that UNFPA-funded CSE projects have a sustainability component

- Provide funding for new, well designed CSE projects at both elementary and secondary schools. Well-designed projects have a clear and realist target; respond to an observed need; use appropriate methods; and have a Monitoring and Evaluation component
- Fund projects for a more extensive period of time (3-5 years) rather than some months. This longer time span will allow organizations to provide information sessions that build upon one another from year to year, and to test how the students have processed the information. Moreover, return visits allow students to rethink and discuss the various topic areas with their peers, and pose new questions about issues that have remained unclear.
- Ensure that the submitted projects include a Monitoring and Evaluation component, and that the M&E results are used to continuously adapt the project to new insights. In progress reports, organizations should explain how this has happened.
- Encourage executing organizations to invest in sustainability of their projects, for example through training of trainers' activities and peer educator workshops.
- Encourage organizations to apply for co-funding by providing partial funding pending funding from another source. By using co-funding, longer-term projects can be executed.
- Ensure that information sessions, workshops and training executed under the auspices of UNFPA are interactive and make use of visual materials and fun games/activities, so that the information will be better understood, processed and remembered.

3. Shift the focus from HIV and teen-pregnancies to a more inclusive approach to CSE

- Encourage organizations that submit proposals for projects that focus on the prevention of adolescent pregnancy and HIV/AIDS to more explicitly include components that to date received relatively little attention (see Table 15).
- Make funding available for projects that focus on topics that have hitherto remained underemphasized in Sexuality Education but are extremely important for healthy sexual lifestyles (see Table 15). For example, the concept of relationships –with family, friends, and romantic partners; personal skills such as communication, negotiation and assertiveness; and norms around gender and sexuality, equality, empowerment, non-discrimination and respect for diversity have direct relevance to current problems such as adolescent pregnancy. However, by approaching sexuality from a different angle, youth may be stimulated to think about sexuality in broader terms than boy-girl intercourse.

4. Stimulate youth advocacy and leadership, as youth may be easier convinced by their peers.

- Support outreach activities of existing youth groups (e.g. YAG, YAM, Red Cross), also in the Suriname interior.
- Support the execution of 1-day peer education workshops in the interior, for example during school holidays – possibly in collaboration with MZ. Urban youth who have been trained in CSE can deliver information and skills to their peers in the interior, but will also have an opportunity to learn about the specific challenges to leading a healthy life in the interior.

- Train and fund youth from youth groups to conduct a CSE-related needs assessment (including data collection, analysis and reporting) among youth in different districts to discover what other youth would like to learn in terms of knowledge and skills. Such an exercise would not only provide better insight in pressing questions and desired skills of youth throughout the country, but it would also allow the youth group members to learn more about the cultural and geographic diversity in experiences, opportunities and challenges related to sexuality.

Education and Awareness

5. Train teachers and Care Coordinators (ZOCOs) in the delivery of CSE classes and in discussion of sexuality with youth, in order to help them overcome their fear and shame to talk about sexuality-related issues

- Work with the teacher training colleges to (CPI, IOL) to deliver information sessions or workshops about CSE with student-teachers. These sessions could be delivered by Foundation Lobi or Pro Health.
- Offer MINOV to provide CSE trainings to teachers and/or ZOCOs, and develop the content of such training in collaboration with the Ministry. These trainings could become part of the regular refresher courses for teachers, in-service courses, continuing education classes, and/or intensive seminars.
- Work with Lobi Foundation or Pro Health to make an instruction video about CSE for teachers. Such a video should briefly explain what is CSE and its importance, and –using a class room in action- provide examples of different tools that can be used to teach youth knowledge and skills for a healthy (sexual) life style.
- Give teachers during CSE training the opportunity to explore their own values and feelings and facilitate training to develop new knowledge and skills.

6. Use a variety of teaching methods:

- Both in and out of school, Sexuality Education is most effective when young people not only receive information but are also given the opportunity to explore their own and society's attitudes and values and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning such as interactive discussions, role plays, demonstrations, individual and group research, group exercises, and homework assignments.
- Support teachers in thinking about and developing alternative tools to teach CSE. For example, teachers may use the school library/media-centre for CSE by showing a movie followed by a discussion or let students to work on exercises on internet.

7. Support the inclusion of basic counseling in the training of teachers, Care Coordinators (ZOCOs) and health service providers.

- Lobby with MINOV to include basic counseling in the curricula of general teachers' training institutes

- Offer MINOV to provide basic counseling trainings to teachers and/or ZOCOs, and develop the content of such training in collaboration with the Ministry. These trainings could become part of the regular refresher courses for teachers.
 - Offer the Medical Mission to provide basic counseling trainings to MZ staff in the interior, and develop the content of such training with the MZ leadership. These trainings could become part of the regular refresher courses for health workers at interior clinics.
- 8. Make school-principals, teachers, ZoCos, and parents aware of the necessity to teach CSE and to provide an open environment where youth can ask questions about sexuality-related issues.**
- Work with the teacher training colleges to (CPI, IOL) to deliver information sessions or workshops about CSE with student-teachers. These sessions could be delivered by Foundation Lobi or Pro Health.
 - Work with and fund the MINOV school radio and school TV to have short weekly information sessions about CSE (see #5).
- 9. Involve the community and parents in the development and implementation of CSE programs that reflect Suriname’s cultural diversity.** School-based programs must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents, family members, teachers, administrators, community and religious leaders, and students should all be involved.
- Start the new school year with an announcement of Sexuality Education in the school news letter/school journal, and let parents know that they are welcome to discuss this issue with the principle or class teacher.
 - Put the theme Sexuality Education on the agenda during the meet-the-teacher evenings at the beginning of the new school year. During such a meeting with all parents, the teacher can show the materials used in class and sketch the lesson outline. At such a moment, parents can be told that they can support efforts at learning their children about a healthy (sexual)life style by continuing the discussions at home.
 - In collaboration with MINOV and/or NGOs, UNFPA can motivate schools to organize a reading-to-children day, where parents read to children about diverse topics such as, for example, falling in love.
 - Programs and materials should be adapted to reflect the specific issues and concerns of the community as well as any special needs of the learners. In addition, curricula and material should reflect the cultural diversity represented in the classroom.
 - Ensure a focus on All Youth; All children and youth should feel that the form and content of CSE also meet their needs and answers their questions. That is, CSE should consider that the recipients (youth) are diverse in terms of gender, sexual orientation, ethnicity, socio-economic status, or disability.
- 10. Pay particular attention to the Suriname interior and low-income neighbourhoods in the coastal districts and Paramaribo,** where adolescent pregnancy rates are relatively higher than those in the urban areas and coastal zones, and where few organizations execute CSE-related projects.

- Use existing research and rapid assessment fieldwork to map vulnerable groups and vulnerable neighbourhoods that should be prioritized in receiving CSE. This mapping exercise could be conducted by youth from the various youth groups, under guidance of an experienced researcher, as a way to build their capacity.
- Support the execution of 1-day peer education workshops in the interior (see #4)
- Because many youth in the interior and low-income neighbourhoods in Paramaribo do not speak Dutch as their mother tongue, workshops should be interactive and make use of visual materials and fun games/activities.

11. Use educational radio and TV for youth

- Start collaboration with the 10-minutes Youth Journal (10-Minuten Jeugdjournaal) to have weekly youth and sexuality related topics. The 10-minutes Youth Journal is an award winning program for elementary school and junior high school children, which features news stories. The program could be sponsored to feature a weekly, 5 minutes news story related to CSE. Example an interview with an adolescent mother; a news report about divorcing parents; a collage about the first kiss; etc.
- Work with and fund the MINOV school radio and school TV to have short weekly information sessions about CSE. Informational sessions could contain issues such as: falling in love, where can you go when you have questions about sexuality, what happens in puberty, etc..

Cooperation

12. Build alliances and support among diverse stakeholders and gatekeepers.

- Organize a one-day workshop for policy makers and practitioners who are relevant in the field of CSE (e.g. the organizations listed in this report). The aims of the workshop should be to prioritize topics; get to know one another and establish an informal network; discuss how to overcome challenges; and share success stories and tools.
- Fund practitioners in the field of CSE (e.g. MZ, Red Cross, Lobi Foundation, Pro Health) to execute information and awareness sessions at schools in collaboration with MINOV and other educational organizations (RKBO, EBG).
- Invite a MINOV representative from the department of curriculum development or the BEIP, as well as a representative from relevant NGOs to the next CSE-related regional meeting.
- Provide matching funding for CSE-related projects funded by MINOV and executed by MINOV in collaboration with NGOs with a proven track record.
- Make use of the already existing alliances within the Force Integral Children and Youth Policy and stimulate the representatives to join forces with existing programs and organizations.

13. Stimulate and strengthen multi-sectoral partnerships between relevant ministries such as Ministry of Health, Ministry of Education and Ministry of Sports and Youth Affairs.

- Host a CSE website with a link for policy makers, where officers in the related ministries can view and discuss relevant policies and plans.
- Fund, organize and facilitate (in collaboration with an executing organization) a day-long interactive workshop for policy makers of relevant departments within the mentioned Ministries. Goals of this workshop are to highlight the Mexico declaration; discuss what activities are executed and planned; place responsibilities of the execution of listed activities with the various Ministries.

Policy

14. Support the appointment of CSE focal points at the relevant departments within the Ministries Ministry of Health, Ministry of Education and Ministry of Sports and Youth Affairs

- Discuss the appointment of CSE focal points with the department directors
- Organize an informal reception to introduce the CSE focal point network and allow for the different focal points to meet and get to know one another.
- Fund an external organization (NGO/consultant) to call together and facilitate monthly meetings between the focal points. At these meetings, the focal points should discuss concrete activities, targets and indicators for the next 3 to 5 years.
- Organize monthly entertaining educational activities for CSE focal points so that they continue to be aware of their function and responsibilities. These activities can be a film evening with discussion session or a lunch presentation of a researcher (e.g. J. Terborg or Ms. Ferrier) or practitioner.

15. Lobby and advocate for introduction of the Basic Life Skills program

- Lobby with the Government of Suriname to make Sexuality Education as part of an overall comprehensive health education program (e.g. BLS program) compulsory at all schools.
- Lobby with the Government of Suriname to have a specific policy for sexuality education linked to the Mexico Declaration, and support the Government in drafting such a document.
- Call a meeting with relevant MINOV and MoH politicians to discuss how UNFPA can support introduction of the BLS program at all Suriname schools.
- Work with the BLS Commission to support their planned efforts to conduct another pilot of the BLS curriculum during the MINOV after school program, with the goal to implement the program in the general MINOV curriculum school year 2013/2014.
- Advocate with MINOV to identify teachers, care teachers (*zorgleerkrachten*) and or ZoCos who are suitable for teaching BLS and to appoint at least one CSE teacher in each school. Discuss ways in which UNFPA can support the preparation and/or training of teachers and/or ZoCos to work with the BLS curriculum.

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Annexes

Annex A. Recommendations forthcoming from the Global Consultation on Sexuality Education, in Colombia (2010)

- Address norms around gender and sexuality, and promote equality, empowerment, non-discrimination and respect for diversity.
- Use theoretical models that locate individual behaviours within broader contexts.
- Foster critical thinking and respect for human rights, and build capacities for citizenship.
- Apply pedagogical theories and curricular standards that are backed up by expertise and evidence.
- Deliver clear messages, use scientifically accurate information, and address personal values and perceptions.
- Start at a young age and continue through adolescence.
- Create a safe environment where young people are respected and encouraged to participate.
- In school systems, integrate sexuality, gender and citizenship objectives into educational goals and incorporate them across the curriculum.
- Build a critical mass of educators and provide continuous training and support.
- Find innovative ways to reach those out-of-school and otherwise marginalized.
- Employ participatory teaching methods.
- Conduct an on-going process of advocacy and build alliances and support among diverse stakeholders and gate-keepers..
- Develop, implement and monitor public policies and laws and promote multi-sectoral collaboration.
- Work with local government and civil society organizations.
- Foster youth leadership and participation.
- Plan for evaluation and monitoring and ensure that data are disaggregated by sex, age, race, socio-economic status and other variables.
- Develop indicators that go beyond the biomedical to measure effectiveness.

Annex B. List of Consulted Stakeholders

Organization	Person	Date consulted
GOVERNMENT		
MINOV - Curriculum Development	Ms. M. Brown	21/11/2013
MINOV - Basic Life Skills commission	Ms. Hermelijn	12/11/2013
Basic Education Improvement Program	Mr. H. Esajas	11/12/2013
Teen pregnancy Program (Tienermoeder programma), Min. Sport and Youth Affairs	Ms. M. Maas	19/11/2013
Ministry of Health/AIDS coordination centre	Ms. W. Emanuelson	28/11/2013
Task Force Integral Children and Youth Policy	Ms. L. Ferrier	28/11/2013
INTERNATIONAL ORGANIZATIONS		
UNICEF	Mr. W. Nederstigt	27/11/2013
UNFPA	Ms. I. Caffè	08/11/2013
YAG	Mr. R. Pollard Ms. V. Setrosentono	23/11/2013
CARICOM Youth Ambassadors	Ms. J. Kromosoeto	09/11/2013
NON GOVERNMENTAL ORGANIZATIONS		
Foundation Lobi	Ms. Breidel	11/11/2013
Lobi- Youth Advocacy Movement	Mr. R. Pollard	23/11/2013
Pro Health	Ms. J. Zuidveen	21/11/2013
Stichting Onderwijs der EBGs	Ms. M. Demon	12/11/2013
Stichting RKBO	Ms. Oliveira	11/11/2013
Medical Mission	Ms. N. van Eer	27/11/2013
MZ Brokopondo Centrum	Mr. A. Amania	14/11/2013
Suriname Men United	Mr. K. van Emden	15/11/2013
Foundation Liefdevolle Handen	Ms. S. Warnert	13/11/2012
Rode Kruis Suriname	Mr. O. Overman	15/11/2013
YAMREKE	Mr. S. Tawjoeram	15/11/2013
COTMAR (Cottica-Marowijne)	Ms. M. Ingi	15/11/2013
CONSULTANTS		
	Ms. J. Terborg	20/11/2013
	Ms. A. Accord	29/11/2013
SCHOOL PRINCIPALS AND STAFF		
O.S. Apetina	Mr. A. Arupa	10/11/2013
O.S. Kwamalasamutu	Ms. S. MacNack	10/11/2013
MULO Brokopondo	Ms. Nelson	14/11/2013
LBGO Brokopondo	Ms. Jackson	14/11/2013
O.S. Balonaschool	Mr. Tjon A Sam	14/11/2013
O.S. Fluschool	Mr. Mangroe	18/11/2013
R.F. Slooteschool	Ms. Sarita	14/11/2013
Petrus Dondersschool	Ms. Gaddum	15/11/2013

L. Schützschool	Ms. Van Engel	20/11/2013
I.P.J. Berkenveldschool	Ms. S. Rasidin	21/11/2013
Dothschool	Ms.Wallerij	14/11/2013
Cederboomschool	Ms. A. Bockting	21/11/2013

Annex C. Key Concepts and Topics for CSE compiled by SIECUS (2004)

Key Concept 1: Human Development

- Topic 1: Reproductive and Sexual Anatomy and Physiology
- Topic 2: Puberty
- Topic 3: Reproduction
- Topic 4: Body Image
- Topic 5: Sexual Orientation
- Topic 6: Gender Identity

Key Concept 2: Relationships

- Topic 1: Families
- Topic 2: Friendship
- Topic 3: Love
- Topic 4: Romantic Relationships and Dating
- Topic 5: Marriage and Lifetime Commitments
- Topic 6: Raising Children

Key Concept 3: Personal Skills

- Topic 1: Values
- Topic 2: Decision-making
- Topic 3: Communication
- Topic 4: Assertiveness
- Topic 5: Negotiation
- Topic 6: Looking for Help

Key Concept 4: Sexual Behaviour

- Topic 1: Sexuality throughout Life
- Topic 2: Masturbation
- Topic 3: Shared Sexual Behaviour
- Topic 4: Sexual Abstinence
- Topic 5: Human Sexual Response
- Topic 6: Sexual Fantasy
- Topic 7: Sexual Dysfunction

Key Concept 5: Sexual Health

- Topic 1: Reproductive Health
- Topic 2: Contraception
- Topic 3: Pregnancy and Prenatal Care
- Topic 4: Abortion
- Topic 5: Sexually Transmitted Diseases
- Topic 6: HIV and AIDS
- Topic 7: Sexual Abuse, Assault, Violence, and Harassment

Key Concept 6: Society and Culture

- Topic 1: Sexuality and Society
- Topic 2: Gender Roles
- Topic 3: Sexuality and the Law
- Topic 4: Sexuality and Religion
- Topic 5: Diversity
- Topic 6: Sexuality and the Media
- Topic 7: Sexuality and the Arts