



HIV Prevention Advocacy Campaign



Stakeholders Meeting

HIV Prevention for girls and young women

Kingston, Jamaica, October 9, 2008

NATIONAL YOUTH DECLARATION

On HIV Prevention for Youth

We, the participants of the Stakeholders Meeting on HIV Prevention for girls and young women, met in Kingston, Jamaica on 9 October 2008 within the framework of the HIV Prevention Advocacy Campaign, which seeks to mobilize stakeholders to address four components of HIV prevention services for young people: policy and legal provision, availability of services, accessibility of services, and participation and rights.

The HIV Prevention Advocacy Campaign utilizes the *Report Card: HIV Prevention for Girls and Young Women, Jamaica* (2006) as a central tool in articulating concerns around key issues—it provides evidence, assessment, and recommendations on the issue of HIV prevention for youth and along with the recommendations that emerged from the Youth Symposium held on May 14, 2008 forms an integral part of the HIV Prevention Advocacy Campaign. The advocacy campaign is spearheaded by the Jamaica Family Planning Association with support from: International Planned Parenthood Federation, United Nations Population Fund, the Global Coalition on Women and AIDS, and Young Positives.

The advocacy campaign strives to mobilize national and local stakeholders to support the establishment of a National Working Group, which will: speak on the issue of HIV prevention for youth publicly and seek to identify a spokesperson who can connect with Jamaican youth and other stakeholders in order to encourage them to mobilize to address the issue; encourage the integration youth HIV prevention issues in existing educational programmes and on materials; encourage the design of new or the reform of existing projects and programmes at institutional and community levels; influence the media to play a central role in raising awareness and providing interesting and accurate information on HIV prevention for youth and its impact on national development; and network with and influence stakeholders who are integral to the successful implementation of the recommendations of the *National Youth Declaration on HIV Prevention for Youth*.

We, the participants of the Stakeholders Meeting, gathered here to discuss HIV prevention for Jamaican youth and the supportive framework, which will be needed to sustain the National Working Group and its mandate—to lobby for the implementation of the recommendations presented by this Youth Declaration on a national scale.

On the occasion of the Stakeholders Meeting on HIV Prevention for girls and young women, 9 October 2008 we raise demands in the following areas:

I. Participation and Rights

A. To provide age-appropriate access to information and services

- i. Train all teachers in SRH so that they will have the knowledge and skills to help youth
- ii. Increase the number of peer resources and educators, especially those who are PLWAs
- iii. Implement a standard public awareness campaign (like a World AIDS Day for schools)

B. To increase input from persons infected or affected by HIV in programme development and to normalize the participation of youth in programme and country development

- i. Participation from vulnerable groups, like children and PLWAs
- ii. Put positive messages in public venues: concerts, t-shirts, bus stops, arm bands, etc.
- iii. Prescribed text discussing HIV/SRH developed for students to support the curriculum
- iv. Have a specially designated educator in schools to discuss SRH– these persons will organize festivals, skits, etc.
- v. Government could endorse HIV prevention programme to show support and political will
- vi. National AIDS Awareness Competition
- vii. Advertise information on exercise books
- viii. Media support and endorsements
- ix. Visibly posted rights of children (e.g. murals) in strategic locations like schools, community centres, and health facilities
- x. Malicious Intent/Disclosure laws posted, so that individuals will know what their entitlements are in institutions that have a responsibility to keep personal and health information confidential

- C. To increase knowledge and practice of HIV prevention among girls and young women in rural and urban Jamaica
 - i. Make available knowledge more accessible
 - ii. Participation through grassroots efforts is fundamental for changing culture
 - iii. Address SRH issues at a younger age as children are being exposed at very young ages. We need a way to reach them in child-specific ways (concerts, etc.)
 - iv. Diversify modes, methods, and content of messages to children. It will need to take a different form from our parents'--birds and the bees'-- messages to us. We need to use different media, e.g. cartoons, marches, pamphlets with children's rights (posted in schools). Parents know some information but are afraid to share it
- D. To organize youth to advocate to the Prime Minister, and the relevant government ministers, church leaders, DJs and other community leaders for the prevention of HIV for young women and girls
 - i. Have advertising everywhere as constant/consistent reminders (cartoons, ads, commercials, etc.)
 - ii. Be in contact with people who are members of the Prime Minister's network, because as a public we aren't connected to him
 - iii. Go back to our respective organizations and tell people and spread message upward
 - iv. Use popular tools to reduce HIV on a national level: media, Internet (chat rooms, forwards, blogs), churches, and voting
 - v. Hold an HIV consortium for DJs to discuss their: influence on adolescent sexuality, influence on public opinion, potential to 'preach positive messages'
 - vi. Develop and implement a training programme for ministers to help them manage and cope with HIV within their communities and congregation.

Churches send messages that are confusing people and that contradict the facts. They say “sex before marriage is a sin, but we feel, we the youth, should be better prepared for the future in terms of managing our sexuality regardless.”

- E. To implement projects aimed at bringing together males and females for HIV prevention
 - i. Involve more men, as they are less aware of the issues. We need to reach them in an attention grabbing way (music, etc.)
 - ii. Working on HIV prevention issues at church—trying to take it to the larger community, through the PTA, SDC, Red Cross, police youth clubs, guidance counsellors, and peer counsellors
 - iii. Malicious Intent Laws– self-disclosure in relationships (need more prevention laws)
 - iv. Target boys in schools
 - v. Develop positive lyrics to be recorded and played on the radios
 - vi. Train artists to have rap sessions at schools alongside peer educators
 - vii. Target non-traditional areas such as: sporting events, to provide SRH information and services

II. Availability of Services

- F. To empower women
 - i. Life skills training: including condom negotiation
 - ii. Skills training for young women and girls in the proper use of contraceptives
 - iii. Training women on the issues of knowing and standing up for their sexual and reproductive health rights
 - iv. Train community women to promote services that will empower women and girls
 - v. Develop programmes that will promote the acceptance of self and promote self worth

- G. To increase access to confidential services (counselling and information) in schools
 - i. Work on de-stigmatizing traditional sites among students
 - ii. Offer/ provide confidential services to students
- H. To thoroughly train all health care workers in customer services
 - i. Implement and enforce laws against discrimination
 - ii. Establish a system where complaints can be logged and dealt with, as well as penalizing service providers for not adhering to the established protocol for service provision
- I. To address irregularities among the different government agencies where it concerns adolescent sexuality management
 - i. Get the different entities to agree on making the age of consent, age of marriage, and age to vote one single age in consideration for the age for the provision of all clinical services to adolescents

III. Legal and Policy Provision

- J. To ensure that healthcare is delivered non-prejudicially and is universally accessible
 - i. Public education on the rights of the clients. This should be coupled with a mandatory display of said rights in health care settings. In addition a monitoring/complaint system needs to be in place so that those who are not receiving appropriate care or are being discriminated against have recourse available
- K. To provide public education about the legality of abortion and risks associated with illegal abortions. This is due to the many misconceptions that exist about abortion and its legality in Jamaica
 - i. Public education to discuss the legality of abortion in Jamaica. Also to promote contraceptive usage
- L. To increase awareness of the risks associated with buggery
 - i. Educate the public about the risks that are associated with alternative sexual practices such as STIs. Also educate the public about how buggery laws affect heterosexual couples

- M. To educate persons about the various contexts within which rape can occur, especially within the context of marriage
 - i. Self-esteem and relationships education should be included in a comprehensive sexuality curriculum throughout school
- N. To reduce experiences of HIV/AIDS stigma and discrimination
 - i. Integrate HIV/AIDS services with other health care services
- O. To make legislation more accessible to the public. People need to be aware of the laws that exist, especially those working in the area of sexual and reproductive health
 - i. Place all the sexual and reproductive health legislation in one location
 - ii. Educate health workers on the laws that exist

IV. Accessibility of Services

- P. To end overcrowding in clinics
 - i. Increase the number of mobile clinics
 - ii. Implement an appointment system in clinics
 - iii. Increase the number of volunteers and health aids
 - iv. Conduct VCT in the communities
 - v. Reorganize physical space to maximize space and comfort for the clients
- Q. To maintain a high level of confidentiality across the health services sector
 - i. On-going training and sensitization of staff
 - ii. Continuous evaluation of services and health care workers
 - iii. Encourage and train clients and staff about the process for documenting and reporting breaches in confidentiality
 - iv. Sensitize clients and staff about their rights by using signs
 - v. Put in place penalties for staff members that are found guilty of breaching confidentiality
 - vi. Create a body to investigate reports of discrimination and stigma

- vii. Implement a referral system for clients who feel they are being discriminated against or treated unfairly, if they desire to change the service provider
- R. To increase personal awareness and acceptance of responsibility for accessing services
 - i. Empowering youth to be self aware and informed of their rights and responsibilities to self
- S. To reduce the distance travelled to access SRH services, especially in rural areas
 - i. Increased mobile clinics
 - ii. Do more work within the communities (at community level)
 - iii. Closer collaboration between groups that could provide services on a community level
- T. To increase the number of support groups
 - i. Speak to women about their own discriminatory practices
 - ii. Organize support groups for persons who are HIV positive
 - iii. Organize support groups for persons who are negative but have struggles protecting themselves
- U. To address discrimination by service providers towards married and unmarried clients
 - i. Work with pharmacists to highlight the problem and train them with skills for recognizing and creating rights-friendly and youth-friendly spaces and attitudes
- V. To increase parental involvement
 - i. Implement parent education programmes
 - ii. Health and education information through PTAs
 - iii. Collaboration with the SDC to mobilize parents at the community level

We, the stakeholders of the HIV Prevention Advocacy Campaign, are convinced that improved and increased programmatic, policy, and funding actions on HIV Prevention for Jamaican youth are critical for national sustainable development. We are committed to the recommendations that are articulated in this National Youth Declaration and we will contribute creatively in our various organizations and spheres of influence, so as to make HIV prevention for Jamaican youth a national priority. We will grasp the opportunity for participation and collaboration, which is presented to us by this Stakeholders Meeting and we will take advantage of this in establishing the National Working Group and building a sustainable network of young people across the country who will work in cooperation with national and local organizations and agencies to truly build a healthier and more sustainable future for all.

Two of the key indicators of performance in fulfilling the Millennium Development Goal (MDG) of combating HIV/AIDS are the prevalence rate amongst 15-24 year old pregnant young women and the number of children orphaned by HIV/AIDS. This shows that young people are in centre stage, where it concerns the growth of HIV/AIDS. According to *Millennium Development Goals, Jamaica* (April 2004) our country's status in relation to combating HIV/AIDS is described as lagging behind, which means that we have achieved 70 to 89 per cent of the rate of progress required to achieve the target by 2015—the World Bank describes Jamaica as a country that is likely to achieve the MDGs. In order to ensure that we achieve the goal to combat HIV/AIDS we must address the challenges presented by the: cultural context, which is a major hindrance to progress; and inadequate prominence on the political agenda.

We, therefore, call on all international, national, and local policy and decision-makers and service providers to join our efforts and provide support in order to make our HIV Prevention Advocacy Campaign successful in improving: participation and rights, availability of services, legal and policy provisions, and accessibility of services. We recognize that addressing HIV prevention for youth is a process that requires commitment both by young people and the respective authorities. Therefore we call on local, national, and international institutions to support the process of dialogue initiated with this Stakeholders Meeting in Kingston, Jamaica organized by the Jamaica Family Planning Association, supported by the International Planned Parenthood Federation, United Nations Population Fund, the Global Coalition on Women and

AIDS, and Young Positives. We call on you to act, assist in improving HIV prevention policies, programmes, and services, and by extension to advance Jamaica's Social Policy vision for

“A prosperous and dynamic Jamaica which upholds the fulfillment of human rights, dignity for all persons, and builds continual social progress based on shared values and principles of partnership. Minds are transformed and extraordinary results are produced in this the most caring and secure country in the Americas, where individuals fulfill their potential, are in control of their destiny, take responsibility for their lives and work always for the larger good.”¹

¹ Jamaica Social Policy Evaluation. (2002, July). *Social Policy Framework and Social Action Plan 2002 – 2007*, (Ministry Paper No. 54 /02). Retrieved September 18, 2008, from http://www.sedi.oas.org/ddse/puente_caribe/documents/Ministry%20Paper%2054%20-%20Jamaica.pdf

Signatories to the National Youth Declaration on HIV Prevention for Youth

We, the undersigned stakeholders, support the *National Youth Declaration on HIV Prevention for Youth* and affirm that we will use our individual and collective power and influence to advance the recommendations and general intent of the Declaration—to improve HIV prevention services for Jamaican youth.

Organization Name	Representative Name	Position	Signature & Date
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