



**Jamaica Family Planning
Association**

Securing our Future

Lessons in HIV Prevention for girls
and young women, Jamaica

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December 2009

HIV/AIDS Context (Jamaica)

“... Since this year [there has been] an increase in the rate of infection from 1.5 percent to 1.6 percent and the number of persons living with HIV had increased from 25,000 to 30,000... Over 4,500 persons [are] currently on anti-retroviral drugs... Kingston, St. Andrew and St. James were the most challenging parishes and in St. James the prevalence rate was about twice as high as that for the entire country... In terms of distribution of AIDS cases, the majority were in the 20-49 years age group... The adolescent group, the prevalence rate among girls was twice as high as among boys.”

HIV/AIDS Context (Jamaica)

“Between 2002 and 2007, the number of newly reported cases [of HIV] for female youth in the 15-24 age group was three times higher than their male counterpart... One in three men who had sex with men were HIV positive and the largest concentration of AIDS cases was in the 20 to 49 age group.”

HIV/AIDS Context (Jamaica)

“60 percent of Jamaican males reported having multiple partners during the previous year and 16 percent of females. In the 15-24 age group, 47 percent reported multiple partners while in the 25-49 age group the figure was 32 percent. 21 percent of persons who had multiple partners were married or in a cohabiting relationship. On average males reported having six partners per year and the females three. 43 percent of the persons reporting multiple partners used a condom.”

HIV/AIDS Context (Jamaica)

“27 percent of persons in the 15-49 year old population in Jamaica were involved in transactional sex within the past year. 41 percent of those persons used a condom every time. The prevalence of HIV among commercial sex workers was nine percent. The incidence of sexually transmitted infections was 17 percent in the 25-49 years age group.”

HIV/AIDS Context (Jamaica)

“30 percent of men who had sex with men were HIV infected, 29 percent of them did not use a condom with their last male partner and they also had sex with a female partner without using a condom.”

HIV/AIDS Context (Jamaica)

“15 percent of the population reported being forced to have sex. In the 15-24 years age group 13 percent reported being forced to have sex and a condom was not used.”

Research Overview



Report Justification

Girls and young women are particularly vulnerable to HIV/AIDS,

“Women are not only being infected with HIV more frequently than men, they are becoming infected at a younger age. The numbers of new infections peak among women between the ages 15 and 25 years, while for men this peak occurs a decade later, between 25 and 35 years old.”

Report Justification

- There is need for advocacy to support, influence and encourage interest in ‘actions for improving and increasing HIV prevention for girls and young women in Jamaica’
- An absence of quality HIV prevention services for girls and young women translates to an insecure and unsustainable future for all Jamaicans

Research Methods

- Qualitative research methods were used to conduct the research
 - Review of existing literature on SRH programming for youth
 - Review of news reports (2006 to present) on issues raised in the Report Card
 - Conducted desk research at one special library on parliamentary discussions, committees and bills & acts on issues raised in the Report Card
 - Developed interview questionnaires for experts in the field of HIV prevention and young people
 - Facilitated focus group discussion (FGD) with 12 youth, 12-17 years, using FGD instrument
 - Elite interviews conducted via online and face-to-face methods with three organisations

Research Sample

- Three organizations/ leaders were selected for elite interviews based on their focused work in HIV prevention and/ or their responsibility to reduce HIV infections—Ministry of Education, Ministry of Health and FamPlan
- FGD participants were identified from the Youth Advocacy Movement of FamPlan based on their sensitivity to & awareness of HIV prevention actions

Report Outputs

- Summary of the key points raised in the Report Card (2006)
- Presentation of current data on key points raised in the Report Card
- Recommendations of youth, from the National Youth Declaration, for addressing the gaps and challenges raised by the Report Card
- Evaluation of the data to justify the current value and importance of the Report Card

Research Limits

- Use of online interview methods with experts generated a quick means of acquiring pertinent information, but this was not independently verified, so there is a reliance on experts reports
- FGD with one set of young people meant that data obtained from them cannot be generalised, but they provide a good idea about trends, gaps and critical lessons

Research Limits

- Under one month was available to design, conduct and evaluate the research, etc.— this made it extremely difficult to acquire all the feedback from experts. Further, research was executed during the peak period of planning World AIDS Day activities, when many stakeholders were busy. Three months would be more realistic

Report Format/ Style

The Report was written so that young people could easily understand its contents and connect with the information presented:

- Quotations were used to help to clarify information presented
- Highlights were made of key terms, phrases and information throughout the document to bring attention to key points
- Bullets used to bring attention to specific information
- Short paragraphs used to reduce tedium

Research Findings

Gaps: Legal Provisions

The legal provision component examines national laws and regulations that affect actions on HIV prevention for girls and young women. According to the Report Card (2006), there are six legal issues, which make it difficult for girls and young women to benefit from improved and increased actions for HIV prevention— Age of Consent, Marital Rape, Buggery Law, Sex Work, Abortion and the absence of HIV Law(s)

Changes: Legal Provisions

Legislation was enacted in 2009 to address the issue of Marital Rape—The Sexual Offences Act (2009) recognises that rape can occur within the context of marriage, “a husband commits the offence of rape against his wife if he has sexual intercourse with his wife in any of the [specified] circumstances”

Changes: Legal Provisions

An Advisory Committee on Abortion was established in 2005 to “make recommendations for the development of a comprehensive national policy on Abortion.” The Age of Consent for sexual activities outlined in subsection 4(1) of the Act is 16 years; therefore a grievous sexual assault occurs when a child under 16 years is involved or otherwise when no consent is given by the participating adult

Changes: Legal Provisions

The Sexual Offences Act (2009) was amended to include Grievous sexual assault (penetration of vagina or anus and/ or oral sex) of individuals less than 16 years.

National Dialogue: Legal Provisions

- "The Age of Consent for sexual relationship is 16 in this country and yet we scream about teenage pregnancy. If that is the age of consent, aren't we technically saying that persons can well become families and get married at that time?"
- "... Safe, medical Abortions are currently readily accessible to women with means to procure the services of private practitioners; the law as it stands, however, serves only to jeopardise the health of women who cannot afford private care..."

National Dialogue: Legal Provisions

- "These legislative framework have, to some extent, led to persons falling under these legislation being unavailable to us. For example, the Buggery Act and Commercial Sex Workers, all of those things are illegal, so how do you legally provide services for persons who are engaged in illegal activities?"
- "We are not going to yield to the pressure, whether that pressure comes from individual organisations, individuals, whether that pressure comes from foreign governments or groups of countries, to liberalise the laws as it relates to Buggery..."

National Dialogue: Legal Provisions

“Prime Minister Bruce Golding has rejected the suggestion made by an officer of the Ministry of Health that the Government should tax prostitutes as a legitimate source of revenue, describing the proposal as ludicrous, ill-informed and unauthorized...”

Improving Legal Provisions: Abortion Case

“At Victoria Jubilee Hospital, admissions... [for] abortions and their complications, numbered 641 patients between March 1 and August 31, 2005 [six months]. Seven percent of those admitted volunteered that they had attempted a termination of pregnancy (TOP). 35 percent of the patients admitted were teenagers, all were single, 75 percent were unemployed and 27 percent were engaged in low paying employment, all had inner city addresses. 38 percent admitted to having a previous TOP, 30 percent had two or more previous abortions, 45 percent of patients said they belonged to Christian denominations, 64 percent of patients had gestation periods of 12 weeks or less, 62 percent had induced the abortion medically...” (Report of the Abortion Advisory Group, Feb 2007)



Improving Legal Provisions: Abortion Case

“Antoinette was a promising 14 year old girl from rural St. Andrew. She was admitted to the Victoria Jubilee Hospital (VJH) ward from casualty on June 4, 2005 at 1:15 pm. Her last menstrual period was not known. The history from the Antoinette and her mother, Sandy, was that Antoinette fell and hurt her back, after which she was taken to a centre for care. Later, Antoinette gave a history of having had an abortion done followed by heavy bleeding. On admission to VJH Antoinette was cold, clammy and her pulse was thready. There was massive bleeding... She deteriorated rapidly and was pronounced dead four hours after admission. An autopsy was performed and revealed that Antoinette’s uterus contained a male foetus of 20-21 weeks gestation. The foetus showed an ovoid laceration of the lower back with extensive haemorrhage into the surrounding soft tissue. Death was due to massive bleeding from a cervical laceration.” (Report of the Abortion Advisory Group, Feb 2007)



Recommendations: Legal Provisions

- Ensure that healthcare is delivered non-prejudicially and is universally accessible
- Provide public education about the legality of abortion, risks associated with illegal abortions, and the use of contraceptives as means of reducing pregnancies leading to abortion
- Increase awareness of the risks associated with alternative sexual practices

Recommendations: Legal Provisions

- Educate persons about the various contexts within which rape can occur
- Reduce experiences of HIV/AIDS stigma and discrimination
- Make legislation more accessible to the public

Gaps: Policy Provisions

- The policy prevention component examines national policies, protocols and guidelines that are useful to the improvement of actions taken on HIV prevention for girls and young women in Jamaica. It also identifies gaps, which if addressed would contribute to improved actions. The Report Card (2006) identified two major issues, which were not adequately addressed by the National HIV/AIDS Policy, which if discussed would improve actions taken on HIV prevention for girls and young women—“... The distribution of condoms in schools and sex education, remain absent or unclear.”

Changes: Policy Provisions

A Green Paper was tabled on the National Workplace Policy on HIV/AIDS in 2008—to “facilitate the development of a working environment that protects the rights of workers infected and/ or affected by the epidemic...”

Changes: Policy Provisions

The National Policy for HIV/AIDS Management in Schools (2001) is, “... Being revised and should be finalized by early 2010. Revision has so far taken into consideration a principle/clause to guide the development of a Referral Mechanism for at-risk young people 16 years and over. Through this system, young people will be able to access reproductive health services outside of the formal education system; based on referrals made by competent educators (guidance counsellors, nurses)... The National Health and Family Life Education (HFLE) Policy will also speak to HIV prevention services. A first draft of the document has been completed. The Policy is currently being reviewed internally.”



National Dialogue: Policy Provisions

- "The Ministry of Education is not in the business of distributing condoms in schools"
- "I am an advocate for young people in the schools to learn how to use a condom because if you don't actually practise putting a condom on a dildo you are not going to know how to put it on when it comes to having sex... We have got to get safe sex education and condom skills in the schools, even while the schools are recognised as no-sex zones. We have to prepare the young people for a sexually active adulthood"

National Dialogue: Policy Provisions

- “... Access to contraceptives is not a part of the Ministry’s mandate. Hence the stance remains that condoms will not be distributed in schools, but through the referral mechanisms in place students will know where to access such services”
- "All senior students, ages 16 and over in all secondary and high schools, should have condoms available to them in the school system"

National Dialogue: Policy Provisions

"Persons who are in their teen years in school have HIV, we are seeing high rates of teenage pregnancy, we are seeing high rates of STI's like herpes, gonorrhoea and syphilis that means teens are having sex, and they are having unprotected sex. We go to schools, we have peer education in schools, we have spent millions of dollars on abstinence campaigns in schools, to have a workshop like this it costs a lot of money. We try to provide pamphlets, name it we have tried it. Now, if all of that isn't working then we realise the next best thing would be to empower these persons that listen if you need to have sex you need to at least do it safely... So we are advocating for the use of condoms in schools..."



Recommendations: Policy Provisions

Consultations with young people revealed the view point that policy gaps would best be addressed through practical strategies, because changes in policies do not necessarily translate into actual changes in the experiences of young people. Therefore, revising the national legal and policy documents for HIV prevention would not directly change young people's actions or those of service providers. Education about risks, information about youth-friendly service outlets and behavior change communications were seen as preferred strategies for reducing risk.

Gaps: Availability of Services

- The availability of services prevention component looks at the number, scale, range and variation of HIV prevention services that exist to meet the needs of girls and young women
- The quality of information and services for HIV prevention were found to be variable, programmes were seen as largely generic and not addressing the different and specific needs of different categories of girls and young women

Gaps: Availability of Services

“They [school guidance counselors] show mostly pictures, they don’t really talk about HIV and sex. They just tell you don’t do it. We do not get to share our opinion. Grade 10 and 11 students don’t get Guidance and Counselling—they assume the older kids should know.”

Changes: Availability of Services

- “HFLE is currently in its third year of implementation since the programme was revised in 2005-2006. As at Oct. 2009, 647 primary and secondary schools are implementing the programme and some 289, 626 students are receiving HFLE. A Manual for Managing HIV/AIDS at the Early Childhood Level has been developed, and the programme is expected to be implemented at this level in by 2010/2011.”

Changes: Availability of Services

“The Ministry trains approximately 700 teachers each year to facilitate implementation of the HFLE Programme. These teachers are required to train other teachers at the local school level to ensure quality delivery. A comprehensive teacher training manual and other learning materials have been developed and pre-tested to ensure quality in the delivery of information on HIV. The Ministry also has a cadre of Health Promotion Education Officers who monitor the implementation and delivery of HFLE in the 6 Ministry of Education regions.”

Changes: Availability of Services

- The condom advertisement, which gives instructions about correct use, ‘pinch leave an inch and roll,’ is very useful to girls and young women
- “Sex Education is currently provided under the Sex and Sexual Health Theme of the HFLE Programme which is offered to grades 1-6 at the Primary Level and grades 7-9 at the Secondary Level. HIV Prevention Education Programmes are designed from time to time for students above grade 9. In addition, Guidance Counsellors in the various institutions provide lessons on sexuality and sexual health based on the needs of the school”

Recommendations: Availability of Services

- Empower women with life skills training
- Increase access to confidential services
- Thoroughly train all health care workers in customer services
- Address irregularities among the different government agencies where it concerns adolescent sexuality management

Gaps: Accessibility of Services

- Accessibility to HIV prevention services takes into consideration concerns about location, user-friendliness and affordability
- Multiple social, political and financial barriers were identified as curtailing girls and young women from accessing HIV prevention services in Jamaica--Access to services varies enormously, cost of voluntary counselling and testing varies, facility workers are unfriendly, opening hours are a barrier, knowledge of young women about the female condom is very inadequate

Changes: Accessibility of Services

Data gathered from the FGD, revealed that young people (12-17 years) are very uncomfortable talking to leaders about HIV prevention issues. Guidance counselors and teachers,

- “... Don’t know how to deliver information about HIV to youth—they have this piggish mentality, which makes children distrust them and are afraid of sharing problems. They are not confidential either...”

Changes: Accessibility of Services

- Young people in the FGD also had significant reservations about talking to their: mother and/ or father—because of fear of them becoming ‘overprotective and restrictive’
- Pastors were not seen as confidential and there was the fear of being preached about
- Health workers were said to have similar attitudes to guidance counselors and teachers—“they treat young people with a piggish approach, they lack confidentiality and they don’t explain prevention and contraceptives.”

Changes: Accessibility of Services

- Young people were of the opinion that there was a need to increase awareness about HIV prevention and the national policies, using youth-friendly multimedia campaigns,
 - “... Promoting HIV prevention with Kartel writing/singing fitting songs—look at what he has already done promoting condoms. Influential youth leaders, like Usain Bolt, endorsing the campaign would also get more youth involved.”

Recommendations: Accessibility of Services

- Increase the reach/ scope of services
- End overcrowding in clinics
- Maintain a high level of confidentiality
- Increase personal awareness and acceptance of responsibility for accessing services
- Reduce the distance travelled to access SRH services, especially in rural areas
- Increase the number of support groups
- Address discrimination by service providers
- Increase parental involvement

Gaps: Participation and Rights

- The participation and rights component examines how issues such as: human rights, representation, advocacy, and involvement in leadership improves actions on HIV prevention for girls and young women in Jamaica
- The Report Card (2006) recommended greater involvement of youth in national decision-making for improved actions on HIV prevention:
 - “... The involvement of girls and young women in national decision-making is sometimes seen as 'token' rather than genuine”
 - “At the community level, girls and young women report that there are few, if any, projects that bring together girls/boys or young women/young men to discuss HIV prevention”



Changes: Participation and Rights

- Young people who participated in the FGD could not identify any youth who articulated the perspectives of young people on HIV prevention. On account of this they could not tell if there were genuine attempts to seek and involve girls and young women in advocacy and leadership about HIV prevention nationally
- There was a strong conviction amongst FGD participants that it is important to get the opinions and perspectives of girls and young women about HIV prevention, because
 - “They are the ones infected with and affected by HIV, so they need to be included in any national decision about its prevention—it is their lives that those decisions will impact on”

Recommendations: Participation and Rights

- Provide age-appropriate access to information and services
- Increase input from persons infected or affected by HIV in programme development
- Increase knowledge and practice of HIV prevention
- Organize youth to advocate to the Prime Minister
- Implement projects aimed at bringing together males and females

Importance of HIV Prevention Actions

AIDS is the "second leading cause of death in persons 15-24" while HIV infection "doubled in the age group 10-24 between 1995 and 2006."⁶⁴ The trend of HIV infections amongst girls and boys and young women and men is trending upwards with "1.1 percent of young women and men aged 15-24 infected in 2004, 1.5 percent infected in 2005 and 1.3 percent infected in 2007. Percentage of most-at-risk populations who were HIV infected: 9 percent of sex workers (2005), 3.3 percent of inmates (2006) and 25 – 30 percent (estimated) of MSM (2007)"

Actions on HIV Prevention: FamPlan

FamPlan has been involved in HIV prevention for girls and young women since 2000, with the formation of the YAM. Since that time several strategies were undertaken to improve and increase actions on HIV prevention for girls and young women in Jamaica and St. Ann's Bay—primary research, secondary research, advocacy, awareness raising, skills building, youth-friendly clinic, involving parents, social networking, sourcing grants



The Challenges: Summary

- There are a number of obstacles to overcome in order to improve actions on HIV prevention for girls and young women in Jamaica. Legally, the issues of the age of consent for accessing HIV prevention services, the illegality of buggery and commercial sex work and the absence of HIV specific laws make it difficult to deliver HIV prevention services to different categories of girls and young women
- The quality of sex education and making condoms available to young people are seen as critical actions for improving HIV prevention for girls and young women, but they are contentious issues, which have very strong moral and religious support from a wide cross-section of Jamaicans

The Challenges: Summary

- The general absence of data on type, range, variety and scope of national HIV prevention programmes for young people is also a hindrance to the assessment of actions in the participation and rights prevention component
- Young people who advocate for HIV prevention are, in many instances, unknown to the wider population of youth. There are also young leaders who are generally unaware of the issue of HIV prevention and/ or how it other laws, policies and programmes impact on its improvement

Conclusion: Is the Report Card still valid for HIV prevention?

The majority of the recommendations, of the Report Card, are still valid for improving actions on HIV prevention for girls and young women, as only a limited number of changes occurred since its publication in 2006. There is no specific HIV/AIDS law, adolescents under 16 years cannot access critical HIV prevention services and the national legal stance on sex work and buggery reduces access of some girls and young women to HIV prevention services and thereby increases their vulnerability to HIV/AIDS. There is also need for further promotion of universal access to antiretroviral therapy, increased involvement of young and older men in programmes to support HIV prevention for girls, awareness campaigns amongst parents and community leaders, opportunities for girls and young women to participate in decision making about HIV/AIDS, high quality comprehensive sex education and the promotion of models of HIV prevention for girls and young women.

