



Regional Advocacy Tool

Sexual and Reproductive Health and
Rights Advocacy in the Caribbean



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List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
BFLA	Belize Family Life Association
BFPA	Barbados Family Planning Association
FSW	Female Sex Workers
GSHS	Global School Health Survey
HIV	Human Immunodeficiency Virus
HFLE	Health and Family Life Education
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MSM	Men who have Sex with Men
NGO	Non-Government Organisation
PANCAP	Pan Caribbean Partnership Against HIV & AIDS
PLHIV	Persons Living with HIV
POWA	Productive Organisation for Women in Action
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UNAIDS	United Nations Joint Programme of HIV and AIDS
WB	World Bank
W HO	World Health Organisation
YAM	Youth Advocacy Movement

I. Executive Summary

The ICPD Programme of Action (PoA) specified a range of SRH services that countries should strive to provide to make progress towards delivering integrated and comprehensive SRH services. Inter-alia this included contraception, maternity care, access to safe abortion, and the prevention and treatment of sexually transmitted infections including HIV, and reproductive health conditions.

While Caribbean countries are guided to a large extent by the WHO in ensuring that the right to health is fulfilled, sexual and reproductive health and rights (SRHR) are typically interpreted in the context of reproductive functions, and therefore are not comprehensively addressed.

The political commitment required for a sexually healthy society in the Caribbean is for governments to recognise sexual health as a fundamental human right and promote it as such. Social institutions, including governmental agencies, need to develop and implement public policies involving clear and precise directions for protecting and promoting sexual health as a fundamental human right.

Legislation is necessary that protects the vulnerable from exploitation (e.g., child prostitution), recognizes the rights of all persons to integrity of the body, protects the rights of sexual minorities to such fundamental human rights as education, health, and employment (e.g. anti-discrimination legislation), and promotes equity across sexual dimensions (e.g. equal opportunity legislation).

Universal access to age-appropriate, comprehensive sexuality education across the lifespan needs to be introduced to many Caribbean countries. And to ensure persons have access to services, an infrastructure of professionals and paraprofessionals specializing in sexual concerns and problems is necessary. This includes the provision of training programs for professionals to specialize in Sexual Health.

The limiting factors to achieving these goals in the Caribbean are often economic, many countries are small and have few resources to allocate to SRHR services, funding provided by other agencies has been delivered to specific services, such as HIV prevention, when an integrated approach to sexual health is the preferred option.

Governments can show they are serious about becoming a sexually healthy society in the areas of education and legislation, by standing against the outdated attitudes of religious leaders who seek to oppose progress based on their own opinions and interpretation of the guidelines put forward by the ICPD PoA. There is much room for improvement on SRH issues across the Caribbean, progressive legislation on abortion and clear direction on the rights of young and marginalised people to fight child sexual abuse could be the first steps in providing the leadership the region requires to recognise the importance and positive effects that sexual health can have on society in general.

Introduction - Understanding the Caribbean Context

The ICPD Programme of Action (PoA) specified a range of SRH services that countries should strive to provide to make progress towards delivering integrated and comprehensive SRH services. Inter-alia this included contraception, maternity care, access to safe abortion, and the prevention and treatment of sexually transmitted infections including HIV, and reproductive health conditions.¹

In the Caribbean, the focus on HIV and AIDS prevention and treatment has provided some impetus for expanded sexual health service provision. However, HIV and AIDS health service provision is not integrated into a comprehensive sexual and reproductive health approach. This is largely a result of a more centralized approach to HIV and AIDS prevention, treatment, care and support, which has been favoured by development and donor agencies. For example, the United Nations Joint Programme of HIV and AIDS (UNAIDS) put forward a framework referred to as the Three Ones, which was officially supported as the preferred framework for addressing the HIV and AIDS epidemic in the Caribbean, by other UN agencies including the WHO, donor governments and the World Bank (WB). The Three Ones main goal was to facilitate a coordinated HIV and AIDS response through the establishment of one national HIV and AIDS framework, one national coordinating agency and one monitoring and evaluation system. The approach depends upon a multi-sectoral response to HIV inclusive of the private sector². Such an HIV centred vertical framework has prevented a more inclusive, integrative approach towards SRH service provision.

This advocacy tool seeks to collate and make accessible relevant data and information on key issues of sexual and reproductive health and rights (SRHR) in the Caribbean with particular emphasis on the English-speaking Caribbean and Haiti (though data from Cuba, Puerto Rico and the Dominican Republic is also presented). It also seeks to provide analysis of the key SRHR issues in the region toward strategies for intervention. The chief mode of inquiry is a review and critical analysis of issues arising from governmental and international agency reports on diverse areas such as HIV/AIDS, maternal health, child health, sexual and other forms of gender-based violence and adolescent sexuality among others. This review and analysis is supplemented with a review of academic literature on the subject as well as consultations with activists in the field, particularly young activists who form part of the CatchAFyah Caribbean Feminist Network.

In reviewing this material, it is important to remember that this is not meant to be a comprehensive account. Rather, the purpose is to identify current trends and the corresponding challenges undermining access to SRHR.

Sexual and reproductive health and rights encompass a wide range of issues, services,

¹ United Nations Report of the International Conference on Population and Development, Cairo, September 5–13, 1994. Paragraph 7.6. Accessed 21 July 2013 at: <http://www.un.org/popin/icpd/conference/offeng/poa.html>.

² UNAIDS. Retrieved online on 21 July 2013 at: http://www.unaids.org/en/media/unaids/contentassets/dataimport/una-docs/three-ones_keyprinciples_en.pdf

areas of law and cross-cut many other issues such as economic empowerment and gender justice. The regional advocacy tool is limited to the following four areas of consideration:

1. Youth (focus on access to services and comprehensive sexuality education as well as child sexual abuse)
2. Services (focus on legality and accessibility of safe abortion)
3. Rights (focus on criminalisation of sexual behaviour)

As far as possible data is presented for as many Caribbean countries as there is data available. However, there are large gaps in data for many countries so examples from a particular country may sometimes be used to better illuminate a particular issue. Countries for which there is no data available highlight the need for support for data collection and the availability of timely and accessible data. Our overriding objective is to map the gaps in services and accessibility, and offer ideas for strategic advocacy points and areas of focus.

According to the current working definition by the World Health Organisation (WHO), sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2006a³).

While Caribbean countries are guided to a large extent by the WHO in ensuring that the right to health is fulfilled, sexual and reproductive health and rights (SRHR) are typically interpreted in the context of reproductive functions, and therefore are not comprehensively addressed. The primary reason for this is the dominant thinking that ‘normal’ sexual relations are meant to be heterosexual, with a view towards procreation, thereby denying inclusion of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) services as well as any acknowledgement of the needs of sex workers.

Regional Overview

Table 1 below shows the basic SRHR indicators published in 2011, the Dominican Republic and Jamaica have the highest MMRs in the region, though in Table 6 the data shows Haiti had much higher MMRs in 2015, and these three countries are joined by the Bahamas for the highest levels of HIV infections. This table also highlights a number of countries have no statistical data on a number of SRH indicators for certain time periods, and this absence of reliable information prohibits their ability to develop and subsequently monitor and evaluate SRH policies and programs. It also prohibits holding a government

³ Sourced online at: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html

accountable for the availability, access and quality of SRH services.

Table 1: Sexual & Reproductive Health Indicators for Women

Country	% births to women ages 15-19 2011	Maternal Mortality ratio (per 100,000 live births) 2007-2010 last available yr	Corrected death rates (per 100,000 women) due to malignant neoplasms of cervix, 2005-2009 last 3 year period available	Women (%) among those aged 15 or older who are infected with HIV 2009
Antigua & Barbuda	Data not available or applicable	Data not available or applicable	9.8	Data not available or applicable
Aruba	5.0	Magnitude zero	5.5	Data not available or applicable
Bahamas	2.7	Data not available or applicable	6.5	61
Barbados	4.1	Data not available or applicable	7.9	<0.5
Belize	7.7	Data not available or applicable	8.0	59
Cuba	4.3	43.1	8.4	31
Dominica	Data not available or applicable	Data not available or applicable	12.0	Data not available or applicable
Dominican Republic	10.4	125.9	Data not available or applicable	59
French Guiana	7.1	Data not available or applicable	3.0	Data not available or applicable
Grenada	3.4	Magnitude zero	12.9	Data not available or applicable
Guyana	5.6	Data not available or applicable	9.6	51
Haiti	4.2	Data not available or applicable	Data not available or applicable	61
Jamaica	7.2	146.0	9.7	32
Montserrat	Data not available or applicable	Magnitude zero	Magnitude zero	Data not available or applicable
St. Kitts Nevis	Data not available or applicable	Data not available or applicable	5.5	Data not available or applicable
St. Lucia	4.5	Data not available or applicable	13.6	Data not available or applicable
St. Vincent	4.0	Data not available or applicable	11.1	Data not available or applicable
Suriname	3.5	Data not available or applicable	10.0	31
Trinidad & Tobago	3.2	Data not available or applicable	10.5	34

Source: Gender, Health and Development: Basic Indicators 2011 published by PAHO, UNFPA, UN WOMEN, UNECLAC

Table 2 provides an overview of the status of a number of SRHR issues in the Caribbean. Many SRHR indicators show there is still much work to be done, HIV is a leading cause

of death, access to contraceptives is also limited, and the legality of supply is inconsistent and confusing. Abortion is still illegal in many countries, and even where it is legal it is not accessible. Disparity between church and state in the Caribbean is the cause of much confusion at the grass roots level, the law and government initiatives conflict with the stance of religious leaders, and the personal beliefs of practitioners, for many SRHR issues.

Table 2: Overview of Caribbean SRHR Issues & Context

Issue	Context
HIV	High prevalence, leading cause of death among women and men aged 15-50.
HIV among youth	In many countries prevalence among young women is double that of young men.
Feminisation of HIV	While men’s prevalence rates outstripped women in the early days of the epidemic and continue to do so in many Caribbean countries, women now make up 48% of PLHIV in the region.
Sexual Violence	Jamaica, Bahamas, St. Vincent and the Grenadines have among the highest rates of reported rape in the world according to Crime Trends Survey cited by UN WOMEN.
Contraceptive Use/Family Planning	Significant unmet need for contraception in some countries linked to religious and cultural attitudes and gender inequality. Access to a variety of modern methods at low cost in some countries like Barbados. Youth access remains an issue due to illegality/confusion about the law and/or requirement of parental permission.
Access to safe and legal abortion	Barbados and Guyana have the most permissive laws but despite legality, abortion is inaccessible in Guyana as the main public hospital does not offer the service. Most Caribbean countries permit abortion in very limited circumstances such as to save the mother’s life. The Dominican Republic does not even permit abortion in this circumstance.
Migration	Migrant status is a key predictor of poverty and social exclusion in the Caribbean. Many migrants face difficulties accessing healthcare services some of which are due to overt discrimination against the undocumented.
Maternal Mortality	Haiti has a high MMR, Guyana has the second highest in the region. Maternal mortality must be understood as linked to the socio-economic context as well as the strength of the health care system, women’s economic empowerment, accessibility of contraception and safe abortion.

Issue	Context
Comprehensive sexuality education	Inability to reach young people out of school; comprehensive curriculum developed but is unevenly used. Jamaica's Minister of Education recently announced a new Health and Family Life Education (HFLE) curriculum that would exclude homosexuality and condoms. In Belize, the education system is a church-state partnership that has hindered the provision of adequate SRH education and services to the young and even to the rest of the public. In Antigua and Barbuda, Christian Family Life Education is offered in schools.
Integration of SRH services	Services not integrated. HIV treatment separated from other health services. Maternal and child health focus of women's health services. There have been news reports of doctors in Tobago refusing to treat sexual assault victims in order to avoid the hassles of a lengthy, time-consuming court process.
Women in decision-making	Highest levels of decision-making are male-dominated. Young women have comparatively higher levels of education but young women's participation in decision-making still limited.
Child sexual abuse	48% of adolescent girls report sexual initiation to be forced or somewhat forced in 9 Caribbean countries. ⁴ Child sexual abuse is linked to lower use of condoms. ⁵ Physical or sexual abuse is linked to sex by age 18. ⁶
Gender Equality	Pervasive feeling expressed by politicians, some academics, in media and by men's rights groups that Caribbean governments have focused on women to the neglect of men and men are now marginalized and losing ground to women. Has created difficulties in advocating for gender equality from a feminist perspective.
Sexual Rights	Most Caribbean countries criminalise both men's and women's same-sex practices. Guyana has laws against cross-dressing used to criminalise and harass trans women. Vagrancy laws similarly used in Trinidad and Tobago. Laws against buggery are often used to prosecute in cases of sexual abuse of boys. This is often given as the reason for retaining laws that criminalise anal sex.
Youth Unemployment	Youth unemployment rates are higher than those for the general population.

⁴ WOMEN, UN, "Advocacy Brief: Ending Violence against Women"
http://www.unifemcar.org/ge_iss.cfm?SubID=169&link_ =12 (accessed August 1 2013).

⁵ Allen, Caroline F., and Yasmin Solitahe Odlum, "Violence against Women and Hiv in the Caribbean: An exploration of Linkages and Interventions", Organisation of American States
http://www.academia.edu/2526878/Violence_Against_Women_and_HIV_in_the_Caribbean_an_Exploration_of_Link_ages_and_Interventions (accessed August 1 2013).

⁶ Ibid

Issue	Context
Media	<p>Recent work on 11 Caribbean countries by Women’s Media Watch of Jamaica indicated that: male government officials were the major newsmakers; just over 80 per cent of voices were male spokespersons and nearly 70 per cent were male experts; men were represented three times more than women in 65 newspapers and newscasts; the majority of women in the news were politicians and then professionals in health and education, while female sources were more likely chosen by female reporters; less than 10 per cent of stories (written by men) challenged gender stereotypes.</p> <p>Media monitoring by CODE RED for gender justice has revealed derogatory representations of homosexual men, pervasive backlash against women and “women’s issues”, frequent reports of violence against women. HIV prevention and avoidance in the context of heterosexual partnerships is the dominant SRHR messaging on Caribbean media. Caribbean feminists are creating their own media but this has very limited reach.</p>
Violence Against Women	<p>Data from the Caribbean suggests 30% of women experience violence.⁷ Country studies for Antigua and Barbuda, Guyana, British Virgin Islands and Suriname suggest that between 20-69% of women in intimate relationships have been victims of domestic violence.⁸</p>
STI prevention	<p>Located within HIV prevention despite cultural attitudes which see condom use as “inappropriate” for serious, long-term relationships and marriage. Legal/parental consent barriers to youth access to STI testing.</p>
Marital Rape	<p>Illegal in Grenada and Trinidad & Tobago but in Grenada carries a shorter sentence than non-marital rape. Illegal in Barbados only if there is a legal separation or decree nisi of divorce. Bahamas government to consider marital rape bill.</p>
Sex Work	<p>Largely criminalized and stigmatized. Some of it is linked to tourism and involves minors. Sex worker organisations exist in Guyana and Suriname.</p>

⁷ Allen, Caroline F., and Yasmin Solitahe Odlum, "Violence against Women and Hiv in the Caribbean: Anexploration of Linkages and Interventions", Organisation of American States
http://www.academia.edu/2526878/Violence_Against_Women_and_HIV_in_the_Caribbean_an_Exploration_of_Link_ages_and_Interventions (accessed August 1 2013).

⁸ WOMEN, UN, "Advocacy Brief: Ending Violence against Women"
http://www.unifemcar.org/ge_iss.cfm?SubID=169&link_ =12 (accessed August 1 2013).

II. THEME 1: Comprehensive Sexual and Reproductive Health Services

This section will highlight some of the existing challenges/barriers to adequate and respectful care in the provision of SRH services. It will provide an overview of HIV/AIDS and Maternal health and family planning, areas for which there has been a considerable focus of funding and programs in the region.

HIV/AIDS Overview

The Caribbean is second only to sub-Saharan Africa in terms of HIV prevalence, and HIV is the leading cause of death of women and men ages 20-59. UNAIDS has identified sex workers and men who have sex with men (MSM) as two vulnerable groups.

Among female sex workers (FSW) HIV prevalence is high compared to the prevalence in the adult population. Data from 2006-2008 indicate that there is considerable regional variation in HIV prevalence amongst FSW, ranging from 2.7% in the Dominican Republic to 27% in Guyana. This population plays an important role in the spread and acquisition of HIV, e.g. in Jamaica, 25% of reported AIDS cases indicated unprotected sex with FSW as the mode of acquisition of the HIV infection. The HIV prevalence among MSM varied from 6.1% in the Dominican Republic to 32% in Jamaica.

Nonetheless laws in many Caribbean countries continue to criminalise sex work and same-sex sexuality practices fuelling stigma, discrimination and homophobia. In addition, laws which criminalise cross-dressing also support a culture of exclusion of trans women.

Data from the Caribbean suggest that while MSM are a group with a high HIV prevalence, some Caribbean countries have seen a feminization of HIV. Data from 2009 indicate that, in the Bahamas (61%), Belize (59%), Dominican Republic (59%), Guyana (51%) and Haiti (61%), women make up the majority of those ages 15 years and over who are infected with HIV. Among young people ages 15-24 (Table 4) in the Bahamas, Belize, Dominican Republic and Haiti, women's rate of HIV infection is at least double that of the rates among men.⁹ A 2010 UNAIDS report on the status of HIV in the Caribbean indicated that the percentage of PLHIV who were female rose from 35% to 50% from 1990 to 2008. But there is wide variation by country in the estimates of females living with HIV, ranging from 26% in the Bahamas to 59% in Belize, Guyana and Trinidad and Tobago.¹⁰

Nonetheless, PANCAP reported that the Epidemiology Unit of the Ministry of Health in Belize recommends that “in an economic constrained setting and with limited resources, the priority must thus now be concentrated on men – in both testing and engaging them

⁹ See **Table 3: HIV Prevalence**

¹⁰UNAIDS. *The Status of HIV in the Caribbean*. 2010. http://www.unaids.org/en/media/unaids/contentassets/documents/countryreport/2010/2010_HIVInCaribbean_en.pdf: page 6.

earlier in the HIV infection”. The report highlighted that “There were 249 new HIV infections in 2012. That is approximately 10% higher than the 226 in 2011. 101 of the newly infected individuals are females and 148 are males.”¹¹ Despite that women made up 40% of new infections, the Ministry continues to recommend a policy focus on men. This reflects a very contradictory understanding of how gender should be integrated into public policy.

Understanding the gender dimensions of HIV in the Caribbean requires an appreciation that the vulnerabilities faced by women and men are different and must be treated as such when designing policies and programs. To think of HIV prevention in terms of one group in isolation of the other is to lose sight of the goal of getting to zero. For young women especially, such a zero-sum understanding of gender relations is particularly dangerous because young women in the region typically have higher rates of HIV infection than their male counterparts. For example, in the Dominican Republic and Haiti, young women are up to 2 to 3 times more likely to be affected by HIV than young males in the same age group.¹²

Table 3: HIV Prevalence

Country	Annual incidence of reported AIDS cases (per 100,000 population) 2008-2010 last available yr		Prevalence of HIV in the population 15-24 years old 2009		
	Female	Male	Female	Male	Ratio of a female/Male
Antigua & Barbuda	11.3	34.8	ND	ND	ND
Aruba	0.0	2.1	ND	ND	ND
Bahamas	45.2	72.6	3.1	1.4	2.2
Barbados	26.0	40.1	1.1	0.9	1.2
Belize	45.3	79.6	1.8	0.7	2.6
Cuba	1.6	9.4	0.1	0.1	1.0
Dominica	0.0	5.4	ND	ND	ND
Dominican Republic	ND	ND	0.7	0.3	2.3
French Guiana	ND	ND	ND	ND	ND
Grenada	13.2	20.5	ND	ND	ND
Guyana	15.4	22.8	0.8	0.6	1.3
Haiti	ND	ND	1.3	0.6	2.2
Jamaica	28.9	39.6	0.7	1.0	0.7
Montserrat	0.0	39.1	ND	ND	ND

¹¹ Williams, Shane D. "HIV Hits Male Population Hard." *The Guardian* 2013.

¹² UNAIDS. *The Status of HIV in the Caribbean*. 2010. Page 5.

St. Kitts Nevis	4.1	0.0	ND	ND	ND
St. Lucia	17.1	19.2	ND	ND	ND
St. Vincent	19.4	30.2	ND	ND	ND
Suriname	ND	ND	0.4	0.6	0.7
Trinidad & Tobago	5.8	8.3	0.7	1.0	0.7

ND= Data not available or applicable

Source: Gender, Health and Development: Basic Indicators 2011 published by PAHO, UNFPA, UN WOMEN, UNECLAC

Maternal Health and Family Planning

While many Caribbean countries have made significant improvements in maternal health, the maternal mortality ratio of some countries remains worrisome. The World Health Organisation's (WHO) recent report on maternal mortality noted that the MMR of Latin America (in which Guyana was included) was 80 while that for the Caribbean alone was 190. Haiti's maternal mortality rate is considered high by the WHO standard and Haiti is one of a handful of countries outside of sub-Saharan Africa with MMR of 350 or more, though the WHO report also acknowledged this is a . Guyana was also deemed to have made no progress in the area of reduction of maternal mortality by the WHO. It is among the Caribbean countries with the highest MMR¹³ and along with Jamaica and Suriname, has seen an increase in maternal mortality over the past 20 years.¹⁴ Lifestyle changes could be a contributing factor for increases in MMR in some countries, a recent WHO study has found that more than 1 in 4 maternal deaths are caused by pre-existing medical conditions such as diabetes, HIV, malaria and obesity, whose health impacts can all be aggravated by pregnancy.¹⁵

Table 4: Maternal Mortality at a Glance (most recent data)

Country/Region	Ratio
Rate considered high by WHO	≥350
Haiti	350
Latin America and the Caribbean	80
Caribbean*	190
Trinidad & Tobago	46
Guyana	280
Belize	53

*Bahamas, Barbados, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago.

¹³ See

o

¹⁴ See Table 5: Trends in estimates of maternal mortality ratio

(MMR, maternal deaths per 100 000 live births) by 5-year intervals, 1990–2015, by *country*

¹⁵ <http://www.sciencedirect.com/science/article/pii/S2214109X1470227X>

Source: Trends in Maternal Mortality: 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank estimates

Table 5: Trends in estimates of maternal mortality ratio

(MMR, maternal deaths per 100 000 live births) by 5-year intervals, 1990–2015, by country

Country	MMR						Average annual % change in MMR between 1990 and 2015	Lifetime risk of maternal death 1 in:	Proportion of maternal deaths among deaths of women of reproductive age %	Progress towards MDG 5A
	1990	1995	2000	2005	2010	2015				
Bahamas	46	49	61	74	85	80	-2.2	660	3.8	NA
Barbados	58	49	48	40	33	27	3.0	2100	1.5	NA
Belize	54	55	53	52	37	28	2.7	1300	2.7	NA
Cuba	58	55	43	41	44	39	1.6	1800	1.8	NA
Dominican Republic	198	198	79	64	75	92	3.1	400	3.7	Making progress
Grenada	41	37	29	25	27	27	1.7	1500	1.7	NA
Haiti	625	544	505	459	389	359	2.2	90	10.1	No progress
Jamaica	79	81	89	92	93	89	-0.4	520	3.8	NA
Puerto Rico	26	25	22	19	16	14	2.4	4300	0.8	NA
Saint Lucia	45	43	54	67	54	48	-0.2	1100	2.7	NA
Saint Vincent and the Grenadines	58	81	74	50	50	45	1.1	1100	2.0	NA
Suriname	127	177	259	223	169	155	-0.8	270	7.4	No progress
Trinidad and Tobago	90	77	62	62	65	63	1.5	860	2.1	NA

Countries in red are countries where MMR has increased over 25 years.

Source: Trends in Maternal Mortality: 1990 to 2015 WHO, UNICEF, UNFPA and The World Bank estimates.

An overview of the region suggests a significant unmet need for contraception. The use of modern methods of contraception ranges from a low prevalence of 31% in Belize to a high of 70% in the Dominican Republic. Table 8 shows 47% of women ages 15 to 49 use female sterilization, the highest rate of such use in the region.¹⁶ In Belize, the low rate of contraceptive use is understood to be the result of complex and intersecting factors.

¹⁶ See Table 6: Access to Contraceptive Services

% Women aged 15 to 49 using contraceptive methods, 2003-2010 (last available year)

Women stated that planned pregnancies were desirable, but often unachievable because of religious beliefs, cultural norms, the opposition of family members, lack of knowledge of contraceptive methods and male partners seeking control over women. Community leaders reported that men are often unsupportive of contraceptive use and that religious groups often seek to discourage contraceptive use. Both women and community leaders stated that in San Ignacio, women are expected to have families and that local religious groups discourage the use of contraception.¹⁷

MMRs in the Caribbean must be understood in the wider socio-economic context and the health care systems of Caribbean countries. Both Haiti and Guyana are two economically vulnerable Caribbean countries with inadequate health care systems. While Guyana may have the most permissive laws on abortion in the English-speaking Caribbean it is inaccessible since the main public hospital does not provide the service. Back street abortions persist and claimed the life of at least one young woman in 2011.

Table 6: Access to Contraceptive Services

% Women aged 15 to 49 using contraceptive methods, 2003-2010 (last available year)

Country	Any Method	Modern Methods	Pill	IUD	Female Sterilization	Male Sterilization	Injection	Male condom
Antigua & Barbuda	Data not available or applicable							
Aruba	Data not available or applicable							
Bahamas	Data not available or applicable							
Barbados	Data not available or applicable							
Belize	34	31	11	2	9	<1	5	4
Cuba	73	74	6	35	19	<1	1	11
Dominica	Data not available or applicable							
Dominican Republic	73	70	13	2	47	<1	4	2
French Guiana	Data not available or applicable							
Grenada	Data not available or applicable							
Guyana	43	40	9	7	5	<1	5	13
Haiti	32	24	3	Data not available or applicable	2	Data not available or applicable	11	5
Jamaica	72	68	17	1	10	Data not available or applicable	14	25
Montserrat	Data not available or applicable							

¹⁷ Davidson, Charis R., Deborah L. Billings, and Daniela B. Friedman. "Understanding Family Planning in San Ignacio, Belize." *Journal of Global Health*, Spring (2013).

St. Kitts Nevis	Data not available or applicable							
St. Lucia	Data not available or applicable							
St. Vincent	Data not available or applicable							
Suriname	46	45	27	2	9	<1	3	4
Trinidad and Tobago	43	38	11	3	8	<1	2	13

SRHR Advocacy in the Region

Caribbean feminists have been at the forefront of global feminist advocacy for the full realisation of women’s sexual and reproductive health and rights:

The Convenors of both NGO forums were Barbadian women – Nita Barrow convened the forum in Nairobi, while Billie Miller convened the Forum in Cairo – following in the footsteps of Gloria Scott and Lucille Mair of Jamaica, who were among those who took leadership in the activities around International Women’s Year (1975) and the ensuing UN Decade for Women.¹⁸

Indeed, Barbadian women had access to safe and legal abortion in 1983, more than a decade before the International Conference on Population and Development (ICPD) would signal a global shift from population control to reproductive rights and health. This was due largely to the efforts of its sole woman Minister at the time, Dame Billie Miller. Her reflection on her strategy bears lessons for Caribbean activists currently working to advance SRHR in the region:

I decided to put the issue [decriminalization of abortion] in the wider context of public health because it was broader than an exclusively women’s issue. It was going to be a part of a suite of social legislation designed to uplift the rights of women and children.¹⁹

In Guyana, activists used the momentum generated by the ICPD to secure legal abortion on demand in 1995.²⁰ Speaking of the Guyana context today Fred Nunes has argued:

¹⁸ AHMED, AZIZA, CAROLE NARCISE, MAGGIE SHMEITZ, and MARSHA MASSAYA. *Maternal Mortality, Abortion, and Health Sector Reform in Four Caribbean Countries: Barbados, Jamaica, Suriname, and Trinidad and Tobago*. DAWN Caribbean and ASPIRE, 2005, page 7.

¹⁹ Miller, Dame Billie, and Nicole Parris. "Capturing the Moment: The Barbados Experience of Abortion Law Reform – an Interview with Dame Billie Miller." *Social and Economic Studies* 61, no. 3 (2012): page 52

²⁰ Nunes, Fred. "Legal but Inaccessible: Abortion in Guyana." *Social and Economic Studies* 61, no. 3 (2012): page 63

There is no real culture of holding the Government accountable in Guyana. Since the 1970s, Guyana has been exporting its middle class. Both professional and civilian organizations are weak.²¹

Nonetheless, Guyana has one of the most active women’s movements in the region. Red Thread, a multiracial feminist organisation in Guyana has been a key critical voice on a range of gender and social justice issues.

Patrice Daniel, has noted that:

The Barbados Family Planning Association’s (BFPA) Youth Advocacy Movement (YAM) was an example of good practice around youth/adolescent SRHR education in its heyday. YAM Barbados is, unfortunately, no longer active though there are hopes of reviving it in the relatively near future.

The BFPA is affiliated with the International Planned Parenthood Federation (IPPF) which Patrice also views as supportive of her local advocacy work through “technical support, training, capacity building, printed resources, a channel for awareness raising via posts on their blog and other social media platforms.” The value of IPPF affiliated organisations as a resource and ally in SRHR advocacy in the region is uneven. Guyana’s local IPPF affiliate, “barely participated in the campaign for the new law and had done nothing to provide [abortion] services since the law.”²²

Snapshot: SRHR in Caribbean Media

<p>Today, after two days of trial, Patrick Lorent, 32, was acquitted of three counts of carnal knowledge after the child’s father could not remember her age, an important fact which had to be proven for the charge to stand.²³</p>	<p>Lack of justice for child sexual abuse survivors</p>
<p>Guyana’s dismal record on maternal mortality would have contributed to the near-fail the region received on this target when the 2013 Millennium Development Goals (MDGs) report was released on Monday in Geneva, Switzerland.²⁴</p>	<p>Maternal mortality</p>

²¹ Ibid, 61

²² Nunes, Fred. "Legal but Inaccessible: Abortion in Guyana." *Social and Economic Studies* 61, no. 3 (2012): page 69.

²³ <http://amandala.com.bz/news/patrick-lorent-32-acquitted-counts-carnal-knowledge/>

²⁴ <http://www.stabroeknews.com/2013/opinion/editorial/07/04/lagging-behind/>

Another litigant, Joseph Fraser, known as Peaches, said, “There are plenty of trans genders out there who are looking for jobs; who don’t feel comfortable in male clothes, so they are discriminated against because of the way they dress – and as a result, engage in sex work to make an honest living. If the Chief Justice does not rule that this law is unconstitutional, everything will go back to square one and we will continue to be oppressed,” Fraser added. ²⁵	Criminalization of trans women & Trans women’s activism
“It doesn’t matter what promise they make that if we don’t decriminalize it [buggery] that they will stop whatever aid,” he pointed out. “We don’t want that kind of aid because we will get AIDS...”	Homophobia and ignorance about HIV/AIDS
“Women also played deadly sexual politics... vaginal politics in the bedroom as a way to control their men,” Bradshaw said. Asked to explain what he meant Bradshaw said that was using sex as a weapon of “power and control big time” in the bedroom. ²⁶	Misogyny

Recommendations

SRHR advocacy in the Caribbean must be mindful of how misguided and narrow understandings of gender equality may result in adverse outcomes. Messaging must focus on the particular vulnerabilities faced by specific groups such as men who have sex with men, sex workers and young women, how such vulnerabilities are exacerbated by gender inequality and homophobia and must insist that policy and programming can and must focus on both women and men regardless of scarce economic resources.

²⁵ <http://www.kaieteurnewsline.com/2013/06/07/constitutional-court-reserves-judgment-in-cross-dressing-case/>

²⁶ <http://www.guardian.co.tt/news/2013-03-13/violence-against-children-conference-hear-women-also-violating-men>

III. THEME 2: Sexual and Reproductive Health Rights of Young People

Barriers to Comprehensive Sexuality Education

Standardized Regional Health and Family Life Education (HFLE) Curriculum Frameworks exist which focus on 4 key themes:

- 1) Sexuality and HIV/AIDS Prevention,
- 2) Interpersonal Relationships and Violence Prevention,
- 3) Nutrition and Fitness, and
- 4) Managing the Environment

UNICEF reported some difficulties from the teachers' perspectives: limited time allocation for the curriculum; teacher preparedness and personal comfort with the subject matter; and, difficulties with completing the full HFLE curriculum.²⁷ It is reported that countries such as Antigua and Barbuda have implemented Christian Family Life Education (CFLE). Jamaica's current Minister of Education has recently announced a new HFLE curriculum that would exclude homosexuality and condoms. In Belize, the education system is a church-state partnership that has hindered the provision of adequate SRH education and services to the young and even to the rest of the public.

In the Caribbean, primary and secondary school education on sex and sexuality continues to be inadequate, largely due to dominant religious moralities, and the idea that with increased information about sex and sexuality, children and adolescents will be encouraged to participate in sexual activities at an early age. This latter argument is also made in regards to lack of provision of condoms in schools.

Child Sexual Abuse

Human rights advocates have made strides with the inclusion of information on sex and sexuality in the HFLE curriculums in most public schools across the region; however, teachers report that some parents oppose their teaching of the full curriculum. Further some teach components in alignment with their personal belief systems. This is despite that many teachers are aware some of their students are sexually active, whether with adults or their peers. Furthermore, many teachers are aware of students who are being or have been sexually abused, and still fail to advocate for comprehensive sexuality education and protections for those students.

Given the climate of child sexual abuse in the region, this is particularly troubling, as many young people develop risky sexual behaviours after being abused. Further, early sexual debut is common, and proper education and access to SRHR services remains inaccessible to persons engaging in sexual activities at a young age.

²⁷ STRENGTHENING HEALTH AND FAMILY LIFE EDUCATION IN THE REGION The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries, 2009.

There have been some successes in Grenada for example, where the Legal Aid and Counselling Clinic has been able to engage in early childhood education for the prevention of child sexual abuse. Generally however, the issues remain largely taboo. Topics such as sexual orientation and alternative sexualities are rarely/not discussed. Young people are therefore increasingly placed at risk, and their right to access comprehensive sexuality education denied.

In a study undertaken on child sexual abuse in the Eastern Caribbean in 2008-09²⁸, it was noted that “Transactional sexual abuse was reported as being widespread and while it primarily involves girls and older men; increasingly boys are being sexually exploited. Transactional sexual abuse was described as quite visible, i.e. an ‘open secret’ – and often happens with the full knowledge of parents, communities and officials. Such is the extent of the problem, that it was considered a firmly entrenched and established pattern of behaviour that did not need to be hidden since it was unlikely to attract penalty, and in some circumstances, would not even attract disapproval. Transactional sex was reported as being committed by men at all levels of society, including politicians and senior professionals.”

The report also notes the effects of child sexual abuse on the level of the individual as including:

- Emotional Problems: including aggression and difficulties with sexual boundaries
- Psychological problems: including depression, self-harm, low self esteem
- Behavioural problems: including poor school performance, challenging behaviour, risky sexual behaviour, substance misuse and violence

Legal Barriers for Youth Access to SRHR and Services

Most Caribbean countries have set the age of consent to sex at 16, however the average age of sexual debut is lower for large percentages of persons in many Caribbean states. In Barbados for example, according to the Ministry of Health’s Global AIDS Response Progress Report 2012, a “2011 KABP²⁹ Youth Survey revealed that 19.1% of the respondents between 15-24 years reported to having sexual intercourse before the age of 15 years³⁰”. Amongst other issues around the age of consent to sex, some criminal codes specify the age of consent only for girls. In St. Vincent and the Grenadines for example,

²⁸ Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean, The report of a study carried out across the Eastern Caribbean during the period October 2008 to June 2009. The study emerged out of the UNICEF/Governments of the Eastern Caribbean Programme of Cooperation 2008-2011 and was a joint programming initiative (UNICEF/UNIFEM together with stakeholders from the region) aimed at reducing sexual violence against children. The study was partially funded by the Department for International Development (DfID) to support the inclusion of countries designated as British Overseas Territory. Retrieved online 5 August 2013 at: [http://www.unicef.org/infobycountry/files/Child Sexual Abuse in the Eastern Caribbean Final 9 Nov.pdf](http://www.unicef.org/infobycountry/files/Child_Sexual_Abuse_in_the_Eastern_Caribbean_Final_9_Nov.pdf)

²⁹ Knowledge, Attitudes, Behaviors and Practices (KABP)

³⁰ Global AIDS Response Progress Report for Barbados, Ministry of Health, March 2012 (For the reporting period January 2012 - December 2011). Retrieved online on 10 July 2013 at: http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BB_Narrative_Report%5B1%5D.pdf

where according to the Criminal Code cap. 124, 15 is the age for a girl to give consent to sexual intercourse³¹. There is no reference made to the age of consent for a boy.

Furthermore, there is tension in many states throughout the region regarding the age of medical consent, or the age at which a person does not require a parent or guardian's consent for medical services or procedures. For most medical professionals, the age of medical consent where not explicitly stated, is often equated with the age of majority, which is 18 years in most Caribbean states, and 21 years in others. UNFPA notes in a Legal Gap Analysis of Adolescent Sexual and Reproductive Health and Rights in Barbados 2011 that "The confusion and insufficiency of the legislation has contributed to young people being refused and deterred from even enquiring about sexual and reproductive health treatment and services with fear of the consequences, on the basis that the legal age at which children become adults is eighteen³²."

The biggest challenge concerning the age of medical consent is the gap between the age of consent to sex and the age of medical consent in many states. Often the age of consent to sex is 16, and the age of medical consent understood to be several years later, whether legally ascribed or assumed as such. The Global School Health Survey (GSHS) for Barbados in 2011 shows that "among students who ever had sexual intercourse, the percentage who had sexual intercourse for the first time before age 14 years" was 68.1%, 74.3% for boys and 56.1% for girls³³.

Implications of this include that adolescents are dependent upon adults to access sexual and reproductive health services, including condoms and HIV testing, and as such are deterred from seeking sexual and reproductive health services. While there has been advocacy across the region in support of establishing the age of medical consent as the same as the age of consent to sex, this has not been widely supported in the political arena.

Furthermore, bearing in mind the extent of incest, statutory rape and various forms of sexual violence in the region, there is much to be concerned about when we consider that adults caring for children and adolescents either perpetrate violence against them directly, or indirectly by failing to protect them from known abuse. Following on this is the inadequacy of the justice system in addressing child sexual abuse. In a UNICEF, Action for Children and University of Huddersfield supported study across the Eastern Caribbean undertaken from October 2008 to June 2009, it was found that:

"Respondents across all socio-economic groups were consistent in their responses

³¹ Retrieved online at: <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=country&category=&publisher=&type=&coi=VCT&rid=4562d94e2&docid=4784def41e&skip=0>, on 12 July 2013.

³² Legal Gap Analysis of Adolescent Sexual and Reproductive Health and Rights in Barbados, Prepared by Ruth Henry 2011. UNFPA Caribbean Sub-Regional Office for the Caribbean – Barbados <https://caribbean.unfpa.org/webdav/site/caribbean/shared/publications/2011/Barbados/SRH/Legal%20Gap%20Analysis%20ASRH%20Barbados.pdf>

³³ Retrieved online on 21 July 2013 at http://www.who.int/chp/gshs/2011_Barbados_GSHS_FS.pdf. Note: "The GSHS was developed by the World Health Organization (WHO) in collaboration with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from CDC. GSHS is a school-based survey conducted primarily among students aged 13–17 years." The surveys for the region can be accessed at: <http://www.cdc.gov/gshs/>

t... [and] show a lack of confidence in the ability of the police to deal effectively with child sexual abuse, nevertheless most respondents (82.3%) believe that sexual abuse should always be reported to the authorities which suggests that people do consider law enforcement to be an essential aspect of an effective child protection system.³⁴

Mapping SRH Services & Activism in Belize³⁵

The Belize Family Life Association is the organization most dedicated to providing and advocating for the provision of SRH services and information. BFLA has offices around the country with a registered nurse that provides services at a minimal cost such as pap smears and contraceptives. They also provide education to the community through various activities such as visiting schools, participating in community fairs, and radio shows. They have made conscious efforts to target young people by establishing a youth arm of BFLA known as the Youth Advocacy Movement (YAM). The Productive Organization for Women in Action operates in Dangriga Town which is in the southern part of Belize has an ongoing Pink POWA programme that targets girls from age 10 who are taught about self-esteem, sexual and reproductive health, and cultural retrieval (to strengthen self-esteem) among other prevalent social issues they are exposed to. Strengthening trust and team-building is also an objective of the program which involves regular meetings on Sundays with the girls.

POWA is also currently conducting a program with adolescent boys and girls with similar focus on building self-esteem as well improving knowledge of gender and sexuality. Plenty Belize is in the Toledo district of Belize and they provide support services for teenage mothers as well as referrals. Since BFLA does not have the financial support to operate countrywide anymore Plenty has helped with a project to target and address teenage pregnancy in the Toledo District. The Belize Red Cross had a program called “Together We Can” which was an excellent program for youths dealing with SRH issues. They had trained many young people as peer educators.

A lot of excellent initiatives have occurred in this country but too many have died due to lack of funding, lack of commitment, lack of continuity, lack of support etc. It is so unfortunate when there is no lack of sexual molestation and exploitation of our youths.

³⁴ Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean
The report of a study carried out across the Eastern Caribbean during the period October 2008 to June 2009. p. 91.
Retrieved online on 21 July 2013 at:
http://www.unicef.org/infobycountry/files/Child_Sexual_Abuse_in_the_Eastern_Caribbean_Final_9_Nov.pdf

³⁵ This section was submitted by Ifasina Efunyemi of POWA, Belize.

IV. THEME 3: Sexual and Reproductive Rights

Sex and Crime

Legal systems and corresponding health services are limited in their provision of access to sexual and reproductive health and rights. This section of the tool interrogates the criminalisation of sexual activity, and highlights the impact of this on sexual health service provision. It will give an overview of the current status on abortion rights, and will explore challenges to the delivery of comprehensive sexuality education and services.

Most legal frameworks dealing with sexual and reproductive health in the Caribbean serve to reinforce dominant religious, cultural and social norms, which equate sexual activity with heterosexuality and reproductive biological functions. Human rights and the fair and equal administration of justice seldom take precedence in courtrooms and around policy tables, as popular notions of sexual morality are reinforced at the expense of the individual right to safe, consensual sex, and all that it implies. Activists and others working to increase access to SRHR in the Caribbean must contend with the reality that the state determines to a large extent whether or not an individual is able to access their sexual and reproductive health rights.

Policing Sexuality

Same sex Relations

Sexuality is policed by the state through the justice system well beyond what is the reasonable purview of the law. On the issue of same sex sexual relations in particular, many legal frameworks are overtly discriminatory and have criminalized to varying degrees corresponding sexual identities, expressions and practices (Table 7). The practice of anal sex, commonly referred to as buggery in many criminal codes, is the most commonly prohibited by law and is used as a way of prohibiting sex between males. “Buggery” is criminalized in Antigua and Barbuda, Barbados, St. Lucia, St. Vincent and the Grenadines, St. Kitts and Nevis, and Jamaica.

Table 7: Criminalisation of same sex activity in the Caribbean

Country	Female same-sex activity criminalised	Male same-sex activity criminalised	Maximum punishment for “buggery”/ “abominable crime”
Bahamas	No	No	N/A
Antigua & Barbuda	No	Yes	15 years
Trinidad & Tobago	Yes	Yes	25 years
Barbados	Yes	Yes	Life
Guyana	No	Yes	Life

Jamaica	Possibly under “gross indecency”	Yes	10 years
St. Lucia	Yes	Yes	10 years
St. Kitts and Nevis	No	Yes	4 years with or without hard labour
St. Vincent & the Grenadines	Yes	Yes	10 years

In the Commonwealth Caribbean, no state makes explicit legal provisions for non-discrimination and equality of persons on the basis of sexual orientation. What general provisions exist are subject to interpretation, and as such, provisions are invariably implemented in the most limited interpretation of the law. For example, where constitutions make provisions for non-discrimination on the basis of sex, sex is often interpreted to mean biological sex exclusively, not encompassing sexual orientation. Arif Bulkan in his contribution to the Equal Rights Review, (Volume 10, 2013) notes that while there has been some success in expanding the interpretation in this way, it is not consistently so. He notes an overall “poverty in equality jurisprudence” in the application of existing provisions on non-discrimination and equality³⁶. Citing the contestation of the Trinidad Equal Opportunities Act of 2000, which prohibits “discrimination ...and promote[s] equality between persons of different statuses”, he discusses that sex as a characteristic of ‘status’ was defined as “not including sexual preference or orientation”. Bulkan points out here that while the Trinidad and Tobago Court of Appeal “found the exclusion to be unjustified and unconstitutional” the Privy Council overturned the result. He notes that Baroness Hale who spoke for the council on this matter, had the opposite position only two years earlier when in the English case of *Pearce vs Mayfield School* “agreed that discriminating on the basis of sexual orientation was one species of sex discrimination, and, quoting her, that “[those] who treat homosexuals of either sex less favourably than they treat heterosexuals do so because of their sex: not because they love men (or women) but because they are men who love men (or women who love women.) It is their own sex, rather than the sex of their partners, which is the problem³⁷.” He notes further that Baroness Hale did not elaborate on her different reasoning on the matter of the Equality of Opportunities Act of Trinidad and Tobago.

The lack of clarity provided for justice system decisions on these matters is problematic and serves as a regressive function. On the matter of whether sex can be interpreted to include sexual orientation, Bulkan further notes that “The United Nations Human Rights

³⁶ The Poverty of Equality Jurisprudence in the Commonwealth Caribbean: The Equal Rights Review: Promoting Equality as a Fundamental Human Right and a Basic Principle of Social Justice Volume 10. 2013. Biannual Publication of the Equal Rights Trust. p. 9 - 32. Retrieved online on 25 June 2013, at: <http://www.equalrightstrust.org/view-subdocument/index.htm?id=922>

³⁷ *Pearce v Mayfield School* [2001] EWCA Civ 1347, Para 7 quoted in The Poverty of Equality Jurisprudence in the Commonwealth Caribbean: The Equal Rights Review: Promoting Equality as a Fundamental Human Right and a Basic Principle of Social Justice Volume 10. 2013. Biannual Publication of the Equal Rights Trust. p. 9 - 32. Retrieved online on 25 June 2013, at: <http://www.equalrightstrust.org/view-subdocument/index.htm?id=922>

Committee was one of the earliest bodies to make this connection³⁸, but they ... provided no analysis or explanation in so deciding.³⁹” As a standard for expanding the interpretation of human rights provisions, the lack of specificity on the part of the United Nations is troubling, and serves to reinforce the arbitrary application of legal provisions for non-discrimination and equality at the level of the state.

The denial of medical care in some instances is also a matter of serious concern. For example, recent press reports from Tobago have alleged that some doctors refuse to treat sexual assault victims because they want to avoid the lengthy court process involved in prosecuting sexual assault.⁴⁰ The reluctance of doctors to treat sexual assault victims further compounds that lack of access to justice, which sexual assault survivors already face, and points to lack of service provision for the most vulnerable.

Sex Work

The criminalisation of sex work poses a multiplicity of human rights problems, including but not limited to the lack of access to sexual and reproductive health services for sex workers. Discrimination by health workers leaves persons engaged in sex work vulnerable to both physical and mental ill health. Most Caribbean countries focus on penalties against the sex worker and others associated with the sale of sex, but there are limited/no provisions that penalise the purchaser of sexual services⁴¹. The sex trade in the Caribbean is extensive, involving large networks of local and foreign clientele. It also involves members of the justice system such as policemen and others, who profit from the sex industry and use their power arbitrarily.

PANCAP in 2009 published a report titled “Prostitution, Sex Work and Transactional Sex in the English, Dutch and French Speaking Caribbean - A Literature Review of Definitions, Laws and Research”. The report notes:

“Today in the Caribbean, foreign troops, such as UN Peacekeepers in Haiti and French Foreign Legion troops stations in Kourou in French Guyana are reported to buy sex from adult women and girls (COIN 2008). In Grenada, shortly after Hurricane Ivan it was reported that ‘relief supplies sent ...[were] being used by some members of the security forces in what is now a lucrative sex trade. Reports from within the security forces are that food hampers are often removed from the relief supply centre based at the Special Services Unit (SSU).. and given to

³⁸ Suratt and Others v AG, Civil Appeal No. 64 of 2004, 26 January 2006, Paras 43-44 quoted in *The Poverty of Equality Jurisprudence in the Commonwealth Caribbean: The Equal Rights Review: Promoting Equality as a Fundamental Human Right and a Basic Principle of Social Justice* Volume 10. 2013. Biannual Publication of the Equal Rights Trust. p. 9 - 32. Retrieved online on 25 June 2013, at: <http://www.equalrightstrust.org/view-subdocument/index.htm?id=922>

³⁹ *The Poverty of Equality Jurisprudence in the Commonwealth Caribbean: The Equal Rights Review: Promoting Equality as a Fundamental Human Right and a Basic Principle of Social Justice* Volume 10. 2013. Biannual Publication of the Equal Rights Trust. p. 9 - 32. Retrieved online on 25 June 2013, at: <http://www.equalrightstrust.org/view-subdocument/index.htm?id=922>

⁴⁰ <http://www.thetobagonews.com/news/Doctors-staying-away-from-exams-216692841.html>

⁴¹ *Prostitution, Sex Work and Transactional Sex in the English, Dutch and French Speaking Caribbean - A Literature Review of Definitions, Laws and Research*. Pan Caribbean Regional Partnership Against HIV and AIDS, CARICOM Community Secretariat 2009.

young women in exchange for sex.⁴²”

The report also notes that legal definitions are still unclear, and that while the trend in new legislations is to avoid being gender/sex specific, some countries still have laws which criminalise prostitution, defined as “females of known immoral character”, and referring to prostitutes as “she” and brothel owners as “he”, reinforcing the “heteropatriarchal ideas that is it women who provide sexual services, and men who organise, profit from and pay for those services.⁴³”

It is well known that both males and females in the Caribbean participate in sex work, however, as also noted in the PANCAP report, women engaging in sex work, and men engaging with men, are the most heavily discriminated against.

Addressing Spousal Rape

Legal frameworks also discriminate by exclusion, for example, same sex marriage is not permitted in any Caribbean state at present, with marriage being legally recognised only between a male and a female. Additionally, the issue of spousal/marital rape, or as in the case of Antigua and Barbuda, sexual assault by a husband, is often denied and when recognised by the justice system, is typically addressed under highly conditional circumstances. For example, in Barbados’, Sexual Offences Act, Chapter 154, Sections 3, 4 and 5:

- **Section 3** defines rape as any person who has sexual intercourse with another person without consent.
- **Section 4** defines marital rape as when the husband has sexual intercourse with his wife without her consent, by force or fear, with the existence of the following: a decree nisi of divorce, a separation order within the meaning of section 2 of the Family Law Act, a separation agreement, or an order for the husband not to molest his wife or have sexual intercourse with her.
- **Section 5** establishes the penalty for these offenses, which can be up to imprisonment for life.

Additionally, where there are non conditional penalties, there is a tendency toward lesser sentences for spousal rape as in the case of Grenada, whose government in 2012 amended the Criminal Code, Article 29 pertaining to Rape and Similar Offences.

The article states that:

“A person guilty of the offence of rape ... is liable on conviction on indictment to a term of imprisonment not exceeding thirty years ...[and] a spouse who is guilty of the offence of rape is liable on conviction on indictment to a term of imprisonment not exceeding fourteen years.⁴⁴”

⁴² Ibid. Page 43.

⁴³ Ibid, p. 9.

⁴⁴ Grenada Criminal Code Amendment Article 29, 2012.

Furthermore, in addition to conditionalities as indicated above, with Barbados, some legislation makes spousal rape sex specific, thus limited to rape of a wife by her husband. Therefore males are excluded from protection, with the implication that husbands cannot be raped by their wives. This is the case with several other states including Antigua, Belize, St. Lucia and Jamaica⁴⁵.

Abortion

According to the 1994 ICPD PoA, comprehensive sexual and reproductive health care is:

“The constellation of methods, techniques and services that promote the complete physical, mental and social wellbeing of individuals in all matters relating to the sexual and reproductive system and its functions and processes”.⁴⁶

The World Health Organisation (WHO) reported an estimated 170 000 unsafe abortions in the Caribbean for the year 2008, accounting for 11% of the region’s maternal mortality⁴⁷. In 2013 there was a revitalisation of debates on abortion law reform in several Caribbean countries. The practice of unsafe abortion has served as an impetus for much debate within the government,, mostly due to the burden of costs on the state. For the current status of abortion laws in Caribbean countries, please refer to Table 9.

*Spotlight on Guyana: Abortion Legal But Inaccessible*⁴⁸

In 2011 18-year-old Karen Devi Bhadal, a mother of two, died at the Guyana Public Hospital following an operation to repair injuries (perforated uterus and damaged bowels) sustained during a botched abortion. This tragedy highlighted the inaccessibility of abortion services despite their legality. Guyana’s abortion laws are the most permissive in the region.

Nunes points out that: “research from Guyana indicates that for every 1000 women about 720 will have at least one abortion in her lifetime. i.e. abortion is a mainstream experience and needs to be treated as such.” He further states that “in the Guyana study based on private providers in the capital, only 21% of the women were using contraception at the time they got pregnant” (page 84). This highlights the unmet need for contraception in Guyana.

There is also evidence that economically disadvantaged women are not aware of their

⁴⁵ The UNWOMEN Caribbean website provides information on state accountability regarding legal protections regarding gender-based violence and can be accessed online at: <http://www.unifemcar.org/GBVlawportal/Antigua.aspx?Cntry=Antigua%20and%20Barbuda>. Information on spousal rape above was retrieved on 13 July 2013.

⁴⁶ 1994 Programme for Action, Cairo, www.iisd.ca/cairo.html

⁴⁷ Unsafe abortion incidence and mortality: Global and regional levels in 2008 and trends during 1990 –2008. Department of Reproductive Health and Research, World Health Organisation, 2012. Accessed online at http://apps.who.int/iris/bitstream/10665/75173/1/WHO_RHR_12.01_eng.pdf (26 June 2013).

⁴⁸ Summarised from Nunes, Fred. "Legal but Inaccessible: Abortion in Guyana." *Social and Economic Studies* 61, no. 3 (2012).

rights:

“poor women know that they cannot lawfully obtain an abortion at the major public hospitals. And hospital administrators are still uncertain of their obligation and authority to provide abortions in accordance of the law. So they don’t: they are still awaiting clear instructions from the Ministry of Health. In all likelihood poor women probably do not know that abortion is very widely legal and should be readily accessible in Guyana. They certainly have no sense of their rights” (page 64).

Jamaica at a Glance: Abortion Law Reform and Advocacy

The Ministry of Health in Jamaica set up an Advisory Group on Abortion Policy Review in 2005, with the objectives to 1)“ ... articulate a policy for the provision of safe reproductive health services in Jamaica with special emphasis on safe abortions” ... and 2) “To draft recommended amendments to the existing Offences Against the Person Act in support of terminations of pregnancy for medical and humanitarian reasons e.g. statutory rape.³” The final report was presented to the Minister of Health in February 2007 and recommended that the draft Termination of Pregnancy Act be adopted, and the conditions under which abortion would be lawful accepted. In 2013, the Act is still in draft, religious leaders tend to mobilise and use quotes from the bible to stymie political reform whenever each time a motion for review is called for.

The Jamaica Gleaner online⁴⁹, reported on the 18 June 2013, that Lisa Hanna, the Minister for youth, during a Sectoral Debate in the House of Representatives, said that “the law which prohibits abortion is outdated and debate on changing the legislation has been ongoing for the past 38 years.” She provided the following evidence to justify her statement: Many having children are themselves children with no parenting skills; Neglect by parents and guardians is the number one form of abuse recorded by the Office of the Children’s Registry.; It costs \$1.7 billion a year to fund the Child Development Agency, and \$436 million to operate eight government-run homes; Millions spent on care for children in private homes and foster care. All reasons for reviewing the abortion legislation put forward by the Minister of Youth have to do with the cost to the state of taking care of children, economics would seem to be the motivation of politics.

Table 8: Status of Caribbean Abortion Laws

The following data has been acquired from the United Nations Department of Economic and Social Affairs: World Abortion Policies 2013 Wall Chart⁵⁰.

Country	Laws
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⁴⁹ Retrieved on 13 July 2013 online at: <http://jamaica-gleaner.com/latest/article.php?id=45828>

⁵⁰ Retrieved online on 26 June 2013 at: <http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>

Antigua and Barbuda	Laws do not expressly allow abortion to be performed, however general principles of criminal legislation allow abortion to be performed to save the life of the woman on the ground of necessity.
Bahamas	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest and because of foetal impairment
Barbados	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons.
Belize	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, because of foetal impairment or for economic or social reasons.
Cuba	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons, or on request.
Dominica	Abortion explicitly permitted to save a woman's life
Dominican Republic	Laws on abortion have been amended to remove all grounds on which abortion might be performed legally, however, it is not clear whether a defence of necessity might be allowed to justify an abortion performed to save the life of the woman.
Grenada	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health.
Guyana	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons, or on request. *There is a gestational limit of 8 weeks within which period abortion is permitted.
Haiti	Laws do not expressly allow abortion to be performed, however general principles of criminal legislation allow abortion to be performed to save the life of the woman on the ground of necessity.
Jamaica	Laws do not expressly allow abortion to be performed, however general principles of criminal legislation allow abortion to be performed to save the life of the woman on the ground of necessity. In addition, as a Commonwealth country, the British case of R.v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.

St. Kitts and Nevis	Abortion is permitted to save the life of the woman. In addition, as a Commonwealth country, the British case of R.v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.
St. Lucia	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health and in case of rape or incest
St. Vincent and the Grenadines	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons.
Suriname	Abortion is permitted to save the life of the woman.
Trinidad and Tobago	Abortion is permitted to save the life of the woman. In addition, as a Commonwealth country, the British case of R.v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.

Transforming legal systems and frameworks

The importance of legal system transformation cannot be overstated: without a human rights based legal framework it is difficult to hold states accountable for the protection of sexual and reproductive health rights.

Ensuring that legal frameworks are ethically sound and grounded in human rights principles are key steps in the process of implementing international and regional human rights conventions and agreements. Sound legal frameworks offer a foundation for:

- Expansion of sexual and reproductive health services which offer human rights based care
- Fair and equal administration of the rule of law for the protection of SRHR
- Ensuring that the state performs its duty to protect, respect and fulfil SRHR commitments as stated in the PoA.

V. Conclusion

The political commitment required for a sexually healthy society in the Caribbean is for governments to recognise sexual health as a fundamental human right and promote it as such. Social institutions, including governmental agencies, need to develop and implement public policies involving clear and precise directions for protecting and promoting sexual health as a fundamental human right.

Legislation is necessary that protects the vulnerable from exploitation (e.g., child prostitution), recognizes the rights of all persons to integrity of the body, protects the rights of sexual minorities to such fundamental human rights as education, health, and employment (e.g. anti-discrimination legislation), and promotes equity across sexual dimensions (e.g. equal opportunity legislation).

Universal access to age-appropriate, comprehensive sexuality education across the lifespan needs to be introduced to many Caribbean countries. And to ensure persons have access to services, an infrastructure of professionals and paraprofessionals specializing in sexual concerns and problems is necessary. This includes the provision of training programs for professionals to specialize in Sexual Health.

A society committed to sexual health of its members will support adequate and sound research to address sexual health related clinical, educational and public health concerns. This includes both research on emerging concerns (e.g. new infections) and behavioral surveillance to monitor preventive health concerns (e.g. rates of unsafe sex in high-risk sub-populations, rates of sexual violence, prevalence of sexual dysfunctions etc.).

Surveillance is necessary to monitor biomedical and behavioral markers of sexual health concerns and problems. Effective programs with integrated monitoring and evaluation mechanisms as part of the development of sustainable, adaptable and transformative approaches. Data collection in Caribbean countries needs vast improvement, for many SRHR indicators there is simply no data available, thus there is no way to monitor these markers or hold governments accountable.

A culture of openness to, and prioritization of sexual health is necessary. Such indicators as the quality of media reporting on sexual health concerns, and the degree to which public health messages regarding serious threats to sexual health can be openly promoted, can measure the culture. The most common objections to sexuality education in the region are that it will encourage children to experiment with sex, yet sexual abuse of children and early sexual debut is widespread and an accepted part of the culture, the evidence from research is that sexuality education is the first step in prevention by providing children knowledge of their own sexual rights, boundaries and empowerment.

The limiting factors to achieving these goals in the Caribbean are often economic, many countries are small and have few resources to allocate to SRHR services, funding provided by other agencies has been delivered to specific services, such as HIV prevention, when an integrated approach to sexual health is the preferred option.

Governments can show they are serious about becoming a sexually healthy society in the

areas of education and legislation, by standing against the outdated attitudes of religious leaders who seek to oppose progress based on their own opinions and interpretation of the guidelines put forward by the ICPD PoA. There is much room for improvement on SRH issues across the Caribbean, progressive legislation on abortion and clear direction on the rights of young and marginalised people to fight child sexual abuse could be the first steps in providing the leadership the region requires to recognise the importance and positive effects that sexual health can have on society in general.

Source: Adapted from: Promotion of Sexual Health: Recommendations for Action: Proceedings of a Regional Consultation convened by the Pan American Health Organization (PAHO), the World Health Organization (WHO) In collaboration with the World Association for Sexology (WAS) in Antigua Guatemala, Guatemala May 19-22, 2000

Appendix: SRHR in the Caribbean: Important Indicators

This table is a composite of data from several tables in other sections of this tool.

Country	Maternal mortality ratio (rate of 350 considered high by WHO)	Women (%) among those aged 15 or older who are infected with HIV 2009	Female-male HIV prevalence ratio age 15-24 cohort 2009	% Women aged 15 to 49 using modern contraceptive methods, 2003-2010 (last available year)	Legality of Abortion	Criminalisation of same sex practices, maximum sentencing for buggery
Antigua & Barbuda	ND	ND	ND	ND	To save mother's life	Yes, 15 years
Bahamas	47	61	2.2	ND	Save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest and because of foetal impairment	No
Barbados	51	45	1.2	ND	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons. In practice, abortion is widely available.	Yes, Life
Belize	53	59	2.6	31	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, because of foetal impairment or for economic or social reasons.	Yes, 10 years

Cuba	73	31	1.0	74	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons, or on request.	
Dominica	ND	ND	ND	ND	Abortion explicitly permitted to save a woman's life	Yes, 10 years
Dominican Republic	150	59	2.3	70	Laws on abortion have been amended to remove all grounds on which abortion might be performed legally, however, it is not clear whether a defence of necessity might be allowed to justify an abortion performed to save the life of the woman.	
Grenada	24	ND	ND	ND	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health.	Yes, 10 years
Guyana	280	51	1.3	40	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case of rape or incest, because of foetal impairment, for economic or social reasons, or on request. *There is a gestational limit of 8 weeks within which period abortion is permitted. Legal but inaccessible	Yes, Life, cross-dressing also illegal
Haiti	350	61	2.2	24	Laws do not expressly allow abortion to be performed, however general principles of criminal legislation allow abortion to be performed to save the life of the woman on the ground of necessity.	
Jamaica	110	32	0.7	68	Laws do not expressly allow abortion to be performed, however general principles of criminal legislation allow abortion to be performed to save the life of the woman on the ground of necessity. In addition, as a Commonwealth country, the British case of R. v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.	Yes, 10 years

St. Kitts Nevis	ND	ND	ND	ND	Abortion is permitted to save the life of the woman. In addition, as a Commonwealth country, the British case of R. v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.	Yes, 4 years
St. Lucia	35	ND	ND	ND	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health and in case of rape or incest	Yes, 10 years
St. Vincent & Grenadines	48	ND	ND	ND	Abortion permitted to save a woman's life, to preserve a woman's physical health and to preserve a woman's mental health, in case or rape or incest, because of foetal impairment, for economic or social reasons.	Yes, 10 years
Suriname	130	31	0.7	45	Abortion is permitted to save the life of the woman.	
Trinidad & Tobago	46	34	0.7	38	Abortion is permitted to save the life of the woman. In addition, as a Commonwealth country, the British case of R.v Bourne, or local application of the decision apply. Under that decision, the ground of necessity was interpreted to encompass abortion performed on the grounds of preserving the physical and mental health of the woman.	Yes, 25 years

ND= No data

Sources: Trends in Maternal Mortality: 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank estimates

Gender, Health and Development: Basic Indicators 2011 published by PAHO, UNFPA, UN WOMEN, UNECLAC