



Submission for the 3rd Cycle of the Universal Periodic Review of Jamaica

Jamaica Family Planning Association (JFPA/ FAMPLAN Jamaica) is a non-government and non-profit organization that has been operating in Jamaica since 1957. The entity is a member of the International Planned Parenthood Federation/ Western Hemisphere Region.

Currently, the Association operates two clinics – one in St. Ann’s Bay (Beth Jacobs Clinic) at 14 King Street and the other in Kingston (Lenworth Jacobs Clinic) at 65 East Street. JFPA aims to readily respond to the need and demand for family planning and reproductive health services of adolescents, men and women, and in particular among the underserved in rural and urban areas. The driving force at both facilities is the desire to provide comprehensive sexual and reproductive service to clients.

The Association operates within national policy guidelines to provide contraceptives, vaccination for adults and children, gynecological, antenatal and post-natal services. Additionally, outreach activities are conducted in various communities identified by government and non-government organizations as particularly vulnerable due to high rates of adolescent pregnancies, high fertility rates among the general population of women, high HIV/STI infection rates, and high rates of maternal death.

JFPA is committed to work assiduously in partnership with the Government of Jamaica and all interested non-governmental agencies in order to achieve a better quality of life for all Jamaicans.

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Background

1. In the past three decades, Jamaica has ratified several international treaties that have implications for the work of the Jamaica Family Planning Association (JFPA). Among them are:
 - Convention on the Rights of the Child (1991);
 - Convention on the Rights of Persons with Disabilities (2007);
 - International Covenant on Economic, Social and Cultural Rights (1966);
 - Convention on the Elimination of All Forms of Discrimination against Women (1979); and
 - International Covenant on Political and Civil Rights (1975)
2. In terms of UPR recommendations, Jamaica has only ever received one recommendation on reproductive rights by France regarding decriminalization of abortion - "Envisage softening legislation towards decriminalisation of abortion, especially in cases of rape," - which the Government of Jamaica only took note of. In contrast, they have received numerous recommendations on gender-based violence in both previous cycles. Unfortunately, many of them were very general and hard to monitor implementation.
3. In recent years, several national efforts have also been made to address the rights of women. The 2013 National Policy for the Reintegration of School-Age Mothers into the Formal School Systemⁱ, a policy aimed at enabling the continuing education of school-age girls whose education is disrupted because of pregnancy and childbirth is one example. However, widespread action to address critical issues for women, adolescents and girls and therefore the population as a whole has been insufficient.
4. From a human rights and gender equality perspectives, there are three persisting areas of concern for the Jamaica Family Planning Association. These are:
 - Lack of comprehensive sexuality education in the school system;
 - Legal and regulatory restrictions to access to modern contraceptives for adolescents under the age of 18 years; and
 - Sexual and gender-based violence.
5. These three areas are inextricably linked as they, individually and collectively, speak to the right to sexuality education, the right to access to contraception and the rights to protection and freedom from violence.

Comprehensive Sexuality Education and Young People's Access to Contraceptive Commodities

6. According to a recent study conducted in Jamaica, the initiation of sexual activity for many young people occurs between the age of 11 and 17 yearsⁱⁱ. By law, the age of consent for sex is 16 years. The 2008 National Reproductive Health Survey indicated

that 34 percent of adolescent girls reported that their first sexual encounter was forced.

7. Data from the Office of the Children's Registry (OCR) are that in 2013, 3386 sexual abuse cases were reported, a 23% increase over the previous year. Of the reported cases, 92% were of girls; more than half (1,910) of all reported cases of sexual abuse were carnal abuse (sex with children under 16 years old) and there were 349 cases of child rape. These events were more than likely unprotected – a factor that is likely to lead to pregnancy and HIV/STI infection. Between 18% and 20% of births in any year are to adolescentsⁱⁱⁱ and HIV infection rates for adolescents is high. UNICEF reports that adolescents are a high-risk group for HIV infection as almost 10 percent of all reported AIDS cases are among young people under age 19 years of age^{iv}.
8. The JFPA has been consistent in promoting the value of school-based comprehensive sexuality education (CSE) to reversing many of these adolescent health trends and, in 2008, worked with a multi-disciplinary national task force of CSO partners to develop a set of guidelines for comprehensive sexuality education^v.
9. There is compelling evidence that comprehensive sexuality education (CSE) enables young people to protect their health, well-being and dignity^{vi}. CSE provides basic, fundamental sexual and reproductive health and rights information that is essential for young people to fully comprehend their bodies, feelings, and sexuality, in order to enable them make well informed choices, but also goes beyond biological information to include values creation around gender equality by providing children and young people with age-appropriate, culture sensitive and phased education based on human rights, gender equality, relationships, reproduction, sexual behaviors, risks and prevention of ill health, and emphasizes values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.^{vii}
10. Because CSE programmes are based on human rights principles, they advance gender equality and the rights and empowerment of young people^{viii}. In countries with generalized HIV epidemics, as is Jamaica, schools can be a critical avenue for reaching adolescents with the information and skills they need to avoid HIV infection - as school-based sex education can be effective in changing the knowledge, attitudes and practices that lead to risky behaviours^{ix}.
11. The Education Ministry has made significant strides over the years to incorporate non-traditional information into school curricula. However, moral and religious norms appear to still dictate the content of the HFLE curricula as well as the delivery of the content. The negative connotations associated with expanding the Health and HFLE syllabus to encompass a more comprehensive curriculum continues to limit the quality of information provided in schools. The constant outcry against exposing youth and adolescents to information related to their sexual health remains a barrier.

12. In this respect, an extensive national review of the Health and Family Life (HFLE) curriculum conducted by JFPA in 2016 found that the current curriculum did not provide a holistic perspective on the information required by young people to make informed decisions. Analysis of the responses from the 18 groups of students participating in the study indicate gaps in knowledge, a clear understanding of what human rights were and, by their own admission, gaps in their communication and decision-making skills. In addition, students thought that:
- The most common strategy to discourage early sexual intercourse was more education about sex;
 - Men and women were not equal; and
 - The fear of the consequences of pregnancy did not deter young people from having sexual intercourse.
13. They made the following recommendations for addressing the gaps in their knowledge: i) providing more information, especially through exposing students to more HFLE classes and seminars on sexuality issues, ii) providing counselling; iii) positive parental guidance, and iv) building students' self-esteem.
14. Furthermore, CSE is necessary but not sufficient to assure healthy sexual and reproductive health (SRH) outcomes for young people. They will need to have access to SRH information and services, including safe, modern and affordable contraceptives. Currently, there are legal barriers to contraceptive access for young people. Although Section 8 of the Age of Majority (Law Reform) Act (1979) clearly states that persons who can consent to sex (that is, 16 year olds) can access contraceptives^x, language in the Child Care and Protection Act (2004) appears contradictory, leading health care providers to refuse providing contraceptives to adolescents younger than 18, unless the minor is emancipated, usually through parenthood.

Recommendations

15. Revise the existing HFLE curriculum to bring it in line with UN technical guidelines on sexuality education and provide on-going, regular training for teachers and providers curriculum to ensure content is delivered in a nonjudgmental, evidence-based and non-biased manner which does not reinforce existing cultural, religious or gender stereotypes
16. Remove all barriers to contraceptive access for young people 16 years and older since the age of consent for sex permitted by law is 16 years by intensive provider education about the laws.

Right to freedom from Gender Based Violence in all its forms

17. Gender-based violence (GBV) is a violation of human rights and a barrier to achieve gender equality. Throughout the years, civil society organizations, government agencies, private sector have established many initiatives to provide more sensitization on the issue. For example:
- The annual observance of IDEVAW on November 25, a series of activities are generally held during this period.
 - Training provided by CSO's who's mandate focuses on sexual violence (gender-based violence)
 - Training of police personnel facilitated by Caribbean Association for Feminist Research and Action (CAFRA) on how to handle cases of gender-based violence.
18. Although in Jamaica, data on violence against women is limited and there is no systematic process to collect such data, the existing 2018 data from the Statistical Institute of Jamaica (STATIN) show high levels of sexual and gender-based violence. For example,
- 27.8% of ever-partnered women aged 15-49 years' experience intimate partner physical and/or sexual violence in their lifetime;
 - 7 % of women 15-49 experienced physical and/or sexual intimate partner violence in the last 12 months;
 - 23% lifetime prevalence of non-partner sexual violence^{xi}.
19. Additionally, the Committee on the Elimination of Discrimination against women (CEDAW), in its 2012 report on Jamaica, expressed concern that although the Domestic Violence (Amendment) Act, 2004, creates a regime of protection and occupation orders to protect women from domestic violence and widens the range of persons who can seek relief under the legislation, the incidence of domestic violence remains high^{xii}
20. Jamaica is party to seven of the nine core international human rights instruments, and has also passed local legislation to complement the rights and protections offered by these international conventions. In addition to the introduction of this explicit constitutional protection, other legislative additions and amendments in the last decade have improved the legal protection of women and girls in areas ranging from property rights to sexual victimisation.
21. But, gender-based violence remains widespread, and women and girls continue to suffer a high rate of sexual victimisation. The 2016 Women's Health Survey data showed that intimate partner violence affects more than one in four women in Jamaica. Women are at risk for both physical and sexual violence by an intimate partner, with young women under 30 years old being particularly at risk. Women who are poorly educated, those who are economically vulnerable and those who began living with a man as minors were shown to be more consistently at risk for a range of violence and abuse.^{xiii}

22. Indeed, the Bureau of Gender Affairs notes that the high incidence of gender-based violence and violence against women remains a major obstacle in the achievement of gender equality, the empowerment of women, and national development.^{xiv}
23. In 2018, the government launched a 10-year national strategic plan to eliminate gender-based violence. Development of this plan was informed by the first national survey on gender-based violence conducted in Jamaica^{xv}. The Plan focuses on five strategic priority areas – prevention, protection, intervention, legal procedures and protocols for data collection. Each of these areas is critical to efforts to eliminate gender-based violence.
24. Shelters are important institutional supports for women who have been victimized. Carol Watson Williams (2016) notes that leaving an abusive relationship is complex and that some women leave and return multiple times before finally ending the relationship; others never leave. It is important, she argues for women to have a space where they (and their children) can get counselling on a consistent basis or can live if necessary.
25. Currently, there is only one official shelter for battered women. This shelter, located in the Kingston and St. Andrew Metropolitan area, reopened in 2017. It can only accommodate 12 women and their children.
26. In 1989, in response to the prevalence of sexual violence the Jamaican Constabulary Force set up the Centre for Sexual Offences and Child Abuse (CISOCA). There is now an island-wide network of centres located in the central police station of each parish. Many staff members have received special training in working with survivors of sexual assault.
27. Amnesty International reports (June 2006) that the response about the CISOCA service is generally positive, although reports of its effectiveness were mixed. Among the complaints heard about the service are that the service only operates during business hours while many sexual assault cases occur in the evening hours. Second, the specially trained police officers are not the investigators of the crime. Usually, the investigating officer is a police officer from the region in which the crime was committed, who may not have received any training in sexual assault investigations^{xvi}.

Recommendations

28. Guarantee financial and institutional support for implementing the recently launched 10-year national strategic action plan to eliminate gender-based violence and ensure its implementation nationwide.
29. Reinforce training of security and judicial personnel on how to handle cases of gender-based violence especially in instances where men are the victims.
30. Establish and ensure financial and human resources of centres for women who face domestic violence so they can be removed from spaces that increase or reinforce their vulnerability to sexual violence.

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