



The Antigua Planned Parenthood Association was established in September 1970 by the late Dr. Sir Luther Winter. Initially the focus was on delivery of contraceptives through medical clinical services. In 1973 a community based distribution service the first of its kind in the Caribbean was launched. Today APPA is the only NGO in Antigua providing comprehensive Sexual and Reproductive Health Service

The Association's mission is to advance the sexual and reproductive well-being of the Antiguan/Barbudan population by providing safe, efficient and affordable sexual and reproductive health services including family planning.

The Association is well known for its quality service and confidentiality and works closely with the government and other NGO's on several initiatives in providing access to services for the population

APPA has also worked with international and regional partners such as Population Service International (PSI), Caribbean HIV/AIDS Alliance (CHAA), Caribbean Vulnerable Community (CVC) in reaching and providing services to Most At Risk Population (MARP).

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I. Human Rights Commitments

In the second cycle of the UPR, Slovenia recommended to Antigua and Barbuda that they “[a]llow abortion, especially in cases where the pregnancy involves a risk to the life or health of the pregnant woman, or is the result of rape or incest;” and that they “[e]nsure comprehensive sexuality education with a view to preventing teen pregnancies and the spread of sexually transmitted infections, in particular HIV.” Both recommendations were unfortunately noted by the country. Since then, no changes have been made in the abortion law nor to improve the existing Health and Family Life Education curriculum.

Antigua and Barbuda is a state party to several international human rights treaties, including the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) (1988), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1989), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (1993), and the Convention on the Rights of the Child (CRC) (1993). Since the second cycle of the UPR, the country has ratified the Convention on the Rights of Persons with Disabilities (CRPD) (2016), the International Covenant on Civil and Political Rights (ICCPR) (2019) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) (2019).

The ICESCR includes the right to health, which, as the CESCR Committee has elaborated in General Comment 36, explicitly includes the right to sexual and reproductive health.ⁱ

Antigua and Barbuda is also a signatory to the 2030 Agenda for Sustainable Development (2015), the Programme of Action of the International Conference on Population and Development (ICPD) (Egypt, 1994), and the Montevideo Consensus on Population and Development (2013), and the Beijing Declaration and Platform of Action (1995). All of these commitments obligate States to ensure universal access to sexual and reproductive health information, education, services and rights

II. Sexual and Reproductive Health Data & Indicators

Antigua and Barbuda is a twin Small Island Developing State in the Eastern Caribbean with a population of just over 100,000 with a major data gap in terms of sexual and reproductive health (SRH) indicators. The most current data often almost ten years old or more; for example, the UNFPA country profile was last published in 2014 with data from 2012, in which the majority of indicators are blank as a result of no available data.ⁱⁱ The majority of indicators tracked by UNICEF on SRH are not available.ⁱⁱⁱ

Although WHO reports no data on any SDG indicator for SDG 3 (healthy lives for all) or SDG5 (gender equality and empowerment of women and girls) from 2015-2020, it does report a single indicator for adolescent pregnancy: 43.5 girls aged 10-14 and 15-19 per live 1000 births. Importantly, this data takes into account births to the 10-14 age range as well as the 15-19 range.^{iv} There are no other SDG indicators available from the WHO (proportion of women 15-29 whose need for modern methods of family planning are satisfied; proportion of women 15-49 who make their own informed decision regarding SRH, contraceptive use and reproductive health care; law and regulations that guarantee women aged 15-49 access to SRH care, information and education; rates of sexual or gender-based violence, child marriage, or maternal mortality, etc). However, UNFPA does report in the online World Population Dashboard a maternal mortality rate of 42 per 100,000 live births, and an adolescent pregnancy rate (only including ages 15-19) of 28 per 1000 births,^v a contraceptive prevalence rate for women aged 15-49 of 78%, and a 10% unmet need for family planning,^{vi} though the source of this data is unclear.

III. Abortion

A. Laws & Policies

In terms of laws and policies, abortion is criminalized in Articles 56 and 57 of penal code, with a penalty of up to 10 years in prison (with the option of hard labor) for any women attempting to induce miscarriage, and a penalty of up to two years (with the option of hard labor), for any person who helps her or provides the means of inducing a miscarriage.^{vii} A narrow exception exists under the Infant Life Preservation Act of 1937, under which “no person shall be found guilty of the offence of destroying a child capable of being born alive if the act was done in good faith for preserving the life of the mother.”^{viii}

In practice, it is possible to have an abortion performed by a license medical practitioner in order to save a woman’s life, but it is costly, meaning that this is primarily only available to wealthy women whose lives are at risk. Additionally, due to the stigma around abortion, women and girls still seek out and have unsafe abortions, which can threaten their health and lives. There is no reliable data on how many take place and the impact this has on preventable maternal mortality and morbidity rates.

Most concerning is that women and girls who become pregnant as a result of rape or incest, or are carrying fetuses with malformations incompatible with life outside the womb, are subjected to forced continuation of pregnancy by the state in violation of numerous human rights, including life, freedom from torture, cruel, inhuman, or degrading treatment, freedom from discrimination and gender-based violence, the right to health, which includes the right to sexual and reproductive health, the right to found a family and chose the number and spaces of children, and the rights to privacy, free development of the person and the benefits of scientific progress.

As elaborated by numerous UN Special Rapporteurs and Treaty Monitoring Bodies, women and girls who may become pregnant due to rape, incest or fetal malformation should not have to bear the burden of forced pregnancy under these circumstances, and should be protected by laws which protect, respect and fulfill their sexual and reproductive health and rights.

B. Political Developments

Antigua and Barbuda prides itself on being a Christian society, with over 20 per cent of the population practicing Roman Catholics. The prominent role of the church means that their support is important for individuals who are looking to be elected or re-elected in the future as government officials. However there seems to be growing support on the ground especially amongst the younger generation for the laws to be revisited and for abortion to be not deemed an offence especially in cases of incest and rape. In new research reported by the Antigua Observer in March 2020, 83.4 percent of respondents said that the existing abortion law should be amended and 88.5 percent of respondents asserted that women and or couples should be able to decide the best time to plan a family.^{ix}

This growing support on the issue of sexual and reproductive health and abortion has been demonstrated by political actions as well. In the Antigua & Barbuda Review of the Beijing Declaration and Platform for Action Report 2014-2019, the government stated that:

“in addition to strengthening the existing mechanisms and programmes to improve access to affordable health care, including sexual and reproductive health and rights, Antigua & Barbuda is considering legalizing abortion in cases of rape, incest, threat to the life or health of the mother, and severe fetal impairment. The Government is also considering decriminalizing abortion in all other cases to ensure access to safe, high-quality, and affordable abortions, including post-abortion care in case of complications resulting from unsafe abortions.”^x

In 2019, the Minister of Health, Wellness and the Environment committed in a letter to the Secretary General of the United Nations to take a series of actions, including to “Establish legislation to allow women with unwanted pregnancies to access legal and safe methods of termination of pregnancy so as to prevent maternal morbidity and mortality related to illegal and unsafe abortions,” as well as to establish a National Adolescent Health Department by 2020 which would, *inter alia*, aid the reduction of teenage pregnancy to less than 8% and improve accessibility to health services and better facilitate access to reproductive health and contraceptive measures.^{xi} The government committed US \$32 million to the health of women and children to realize these commitments.^{xii}

In March 2020, the Attorney General committed to bring the issue of abortion to the Cabinet and review the Offense Against the Person Act of 1873. According to the Attorney General, the Legal Affairs department conducted studies on the issue and concluded that, “where the life of the mother is threatened, where there is a rape, that special provisions be made that in those special limited circumstances only that an abortion may be ordered...by a board of doctors who would have examined the lady...and made a recommendation.”

These demonstrations of willingness to review the abortion laws and the current UPR provide a critical opportunity to encourage the government to make real progress on access to abortion and respect, protect and fulfill women and girls human rights through recommendations on decriminalizing abortion, at a minimum in the cases of rape, incest, fetal malformation, and the pregnant woman’s health.

IV. Adolescent Sexual and Reproductive Health & Education

A. Laws & Policies

Adolescents in Antigua and Barbuda have little access to sexual and reproductive health education, information, and services. This is, in part, due to discrepancies and contradictions in the law: the legal age of consent to sex is 16, but the legal age of majority (below which parental consent is required for medical treatment) is 18. This means that adolescents aged 16-17 are legally allowed to engage in sex but unable to legally access sexual and reproductive health services, including contraceptives, without parental consent. The only available family planning methods at health services for these young people are condoms.

Access to SRH services, education and information is also limited due to limited education on these issues. Officially, the National Health and Family Life Education Policy (2010) (HFLE) of Antigua and Barbuda sets out to mainstream health and family life education, making it a “core curriculum component of schooling as a means of fostering positive life skills and behavioural attitudes in children and youths which will carry over into their adult lives.” Among its four thematic areas are focuses on the self and interpersonal relationships, and sexuality and sexual health, but the government itself admits that despite this guiding policy framework, there is no legislative provision which provides for the related services to support this forward-looking education model.^{xiii}

However, the Situation Analysis of Children in Antigua & Barbuda, commissioned by the United Nations Children’s Fund (UNICEF) in collaboration with the Government of Antigua and Barbuda, found that most schools do not teach sex education, and only provided covered minimal information on sexual and reproductive health within the framework of the HFLE.^{xiv} Despite the evidence that the number of sexually active adolescents in the country is high, and this information greatly needed so that young people can make informed decisions about their health and lives, the prevailing conservative Christian culture was largely credited with the fact that SRH information was minimally covered and that issues on diverse sexual orientation and gender identity and expression are not incorporated at all.^{xv}

B. Comprehensive Sexuality Education

To address this lack of adequate comprehensive sexuality education, APPA has been invited into several government/private secondary schools to provide students with information on sexual and reproductive health issues to include family planning in the past. APPA conducts regular school visits to discuss sexual reproductive health issues with students at both the primary and secondary school levels. In 2015, we launched a youth-friendly adolescent clinic which targets young men and women seeking adolescent health services and psychosocial support.

However, the main obligations to guarantee human rights lies with the State, and while civil society organizations such as APPA can offer expertise, guidance and partnership, it is ultimately a government responsibility to ensure laws, policies, budgets, and social services guarantee adolescents' sexual and reproductive health and rights. As far back as 1994, the CEDAW Committee recommended in Concluding Observations that Antigua/Barbuda introduce appropriate policies and programmes for sex education and family planning education,^{xvi} but adequate policies have still not been put into place 25 years later.

Bringing the existing HFLE curriculum in line with the Updated UN Technical Guidelines on Sexuality Education, as well as access to birth control within schools, would have a substantial impact on adolescents' ability to exercise their rights to sexual and reproductive health. The revised Technical Guidelines recognize that there is a need to adapt the content of CSE to the local and cultural context, but the overall objective is to bring knowledge, skills, attitudes and values that will empower young people to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.^{xvii} A UNESCO review of 87 comprehensive sexuality education programmes, including 29 in developing countries, found a number of positive outcomes: delayed initiation of sexual intercourse, decreased number of sexual partners, increased use of condoms and decreased sexual risk taking. No studies showed hastened initiation of sex, an increased number of sexual partners, or decreased use of condoms.^{xviii} In addition to improving adolescent SRH, this change would contribute to preventing unplanned pregnancies while at the same time minimizing the number of girls seeking dangerous unsafe abortions. With the ability to control their reproductive lines, young women will be able to finish school, pursue higher education and become fulfilled members of society.

V. Recommendations

Based on the above information, APPA suggests that Member States make the following recommendations to Antigua and Barbuda during the 39th session of the UPR:

- 1. Initiate legislative review to reform the current abortion law in order to allow safe and legal termination of pregnancy, at a minimum in the case of pregnancy resulting from rape or incest, fetal malformation, or when the pregnancy threatens the life or health of the woman.**
- 2. Revise the Health and Family Life Education curriculum to bring it in line with UN guidelines on education and partner with knowledge experts to train the teachers who are already providing HFLE in the schools to deliver this information adequately.**

ⁱ Committee on Economic, Social and Cultural Rights, General Comment No. 22 (2016) on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc E/C.12/GC/22

ⁱⁱ https://www.unfpa.org/sites/default/files/resource-pdf/FINAL_Antigua_and_Barbuda.pdf

ⁱⁱⁱ <https://data.unicef.org/country/atg/>

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- ^{iv} <https://abortion-policies.srhr.org/country/antigua-and-barbuda/>
- ^v <https://www.unfpa.org/data/world-population/AG>
- ^{vi} Ibid.
- ^{vii} Offenses Against the Person Act (1873), Cap. 58, Part IV, Article 53-54.
- ^{viii} Laws of Antigua and Barbuda, Chapter 216 The Infant Life (Preservation) Act, Article 2(1) <https://abortion-policies.srhr.org/documents/countries/01-Antigua-The-Infant-Life-Preservation-Act-1937.pdf>
- ^{ix} Antigua Observer, “Abortion laws to come under Cabinet scrutiny,” March 10, 2020 <https://antiguaobserver.com/abortion-laws-to-come-under-cabinet-scrutiny/>
- ^x Antigua & Barbuda Review of the Beijing Declaration and Platform for Action Report 2014-2019, https://www.cepal.org/sites/default/files/informe_beijing25_antigua_y_barbuda.pdf
- ^{xi} <https://www.everywomaneverychild.org/wp-content/uploads/2020/05/Antigua-and-Barbuda-Commitment-Letter.pdf>
- ^{xii} Ibid.
- ^{xiii} https://www.cepal.org/sites/default/files/informe_beijing25_antigua_y_barbuda.pdf
- ^{xiv} https://www.unicef.org/ECA_A_and_B_SitAn.pdf
- ^{xv} https://www.unicef.org/ECA_A_and_B_SitAn.pdf
- ^{xvi} Committee on the Elimination of Discrimination Against Women, Concluding Observations: Antigua and Barbuda, U.N. Doc. A/52/38/Rev.1, Part II para. 267 (1994).
- ^{xvii} UNFPA. Retrieved from <https://www.unfpa.org/comprehensive-sexuality-education>
- ^{xviii} International technical guidance for sexual education, Volumes 1 and 2, United Nations Educational, Scientific and Cultural Organization, 2009.